2027

# Summary of Benefits

## Humana Premier Rx Plan (PDP) S5884-174

State of Arizona

Our service area includes the following state(s): Arizona.

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **877-529-9871 (TTY: 711)**.

### Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **Humana.com/medicare** or call **877-529-9871 (TTY: 711)** to view a copy of the EOC.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary (Drug Guide) to make sure your drugs are covered.

### Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copays/coinsurance may change on January 1, 2028.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Prescription Drug plan, your current Medicare Prescription Drug healthcare coverage will end once your new Medicare Prescription Drug coverage starts. If you have TRICARE, your coverage may be affected once your new Medicare Prescription Drug coverage starts. Please contact TRICARE for more information.

# Let's talk about Humana Premier Rx Plan (PDP)

Find out more about the Humana Premier Rx Plan (PDP) – including the drug services it covers – in this easy-to-use booklet.

Humana Premier Rx Plan (PDP) is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, please refer to the plan's Evidence of Coverage on our website, **Humana.com/PlanInformation.**

## To be eligible

To join Humana Premier Rx Plan (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B and live in our service area.

## Plan name

Humana Premier Rx Plan (PDP)

## How to reach us

If you're a member of this plan, call toll free: **800-281-6918 (TTY: 711)**.

If you're **not** a member of this plan, call toll free: **877-529-9871 (TTY: 711)**.

You can call us seven days a week from 8 a.m. to 8 p.m. Please note that our automated phone system may answer your call during weekends and holidays.

Or visit our website: **Humana.com/Medicare**

## More about Humana Premier Rx Plan (PDP)

Do you have Medicare and Medicaid? If you are a dual-eligible beneficiary enrolled in both Medicare and the state's program, your prescription drug costs may be lower.

If you have Medicaid, be sure to show your Medicaid ID card in addition to your Humana membership card to make your provider aware that you may have additional coverage. Your services are paid first by Humana and then by Medicaid.

Humana Premier Rx Plan (PDP) offers a pharmacy network with preferred cost sharing at select pharmacies. You may pay more at other pharmacies.

## A healthy partnership

Get more from this plan — with extra services and resources provided by Humana!

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## Monthly Premium, Deductible and Limits

| | |
|---|---|
| **Monthly plan premium** | **$137.60**<br>If you receive premium assistance, this plan premium may be reduced. If you have Part B, you must keep paying your Medicare Part B premium. |
| **Pharmacy (Part D) deductible** | **$0** deductible for Tier 1, Tier 2 and Tier 3<br>**$350** deductible for Tier 4 and Tier 5 |

## Prescription Drug Benefits

**PLAN HIGHLIGHTS**

| | |
|---|---|
| **$0 copays** | **$0** copays at select pharmacy locations and tiers. Additional details below. |
| **Deductible** | **$0** deductible for Tier 1, Tier 2 and Tier 3 |
| **Insulin costs** | You won't pay more than **$35** for a one-month (up to 30-day) supply of each insulin product covered by this plan. |
| **Excluded drug coverage** | Additional drug coverage for the following:<br>Erectile dysfunction (ED) drugs<br>Prescription vitamins |
| **$0 vaccines** | **$0** copay for adult Part D covered vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) |

**DEDUCTIBLE**

**$0** deductible for Tier 1, Tier 2 and Tier 3. This plan has a **$350** deductible for Tier 4 and Tier 5 drugs. You pay the full cost of these drugs until you reach **$350**. Then, you only pay your cost-share, entering into the Initial Coverage Stage.

**INITIAL COVERAGE**

You pay the following until your total out-of-pocket costs reach **$2,400**. Once you reach this amount, you will enter the Catastrophic Stage.

**Mail Order Cost-Sharing**

| | **Standard Mail Order Cost-Sharing** | | **Preferred Mail Order Cost-Sharing** CenterWell Pharmacy® | |
|---|---|---|---|---|
| **Day Supply** | **30-day** | **90-day*** | **30-day** | **90-day*** |
| **Tier 1:** Preferred Generic | $5 | $15 | $0 | $0 |
| **Tier 2:** Generic | $10 | $30 | $0 | $0 |
| **Tier 3:** Preferred Brand | 16% | 16% | 16% | 11% |
| **Tier 4:** Non-Preferred Drug | 50% | 50% | 50% | 50% |
| **Tier 5:** Specialty Tier | 29% | N/A | 29% | N/A |

| Retail Cost-Sharing | | | | |
|---|---|---|---|---|
| | Standard Retail Cost-Sharing | | Preferred Retail Cost-Sharing | |
| **Day Supply** | **30-day** | **90-day*** | **30-day** | **90-day*** |
| **Tier 1:** Preferred Generic | $5 | $15 | $0 | $0 |
| **Tier 2:** Generic | $10 | $30 | $4 | $12 |
| **Tier 3:** Preferred Brand | 16% | 16% | 16% | 16% |
| **Tier 4:** Non-Preferred Drug | 50% | 50% | 50% | 50% |
| **Tier 5:** Specialty Tier | 29% | N/A | 29% | N/A |

You can fill your prescriptions in several ways, including through retail and mail-order pharmacies. For Humana plans, CenterWell Pharmacy® is the preferred mail-order pharmacy with cost-sharing benefits. To learn more, visit **CenterWellPharmacy.com**.

Other pharmacies are available in our network. To find which pharmacies are available in our network, go to **Humana.com/pharmacyfinder**.

*Some drugs are limited to a 30-day supply.

| Insulin Mail Order Cost-Sharing | | | | |
|---|---|---|---|---|
| | **Standard Mail Order Cost-Sharing** | | **Preferred Mail Order Cost-Sharing** CenterWell Pharmacy® | |
| **Day Supply** | **30-day** | **90-day*** | **30-day** | **90-day*** |
| **Tier 1:** Preferred Generic | 25% up to $5 | 25% up to $15 | $0 | $0 |
| **Tier 2:** Generic | 15% up to $10 | 15% up to $30 | $0 | $0 |
| **Tier 3:** Preferred Brand | 16% up to $20 | 16% up to $60 | 16% up to $20 | 11% up to $60 |
| **Tier 4:** Non-Preferred Drug | 25% up to $35 | 25% up to $105 | 25% up to $35 | 25% up to $105 |
| **Tier 5:** Specialty Tier | 25% up to $35 | N/A | 25% up to $35 | N/A |

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| Insulin Retail Cost-Sharing | | | | |
|---|---|---|---|---|
| | Standard Retail Cost-Sharing | | Preferred Retail Cost-Sharing | |
| **Day Supply** | **30-day** | **90-day*** | **30-day** | **90-day*** |
| **Tier 1:** Preferred Generic | 25% up to $5 | 25% up to $15 | $0 | $0 |
| **Tier 2:** Generic | 15% up to $10 | 15% up to $30 | 15% up to $4 | 15% up to $12 |
| **Tier 3:** Preferred Brand | 16% up to $20 | 16% up to $60 | 16% up to $20 | 16% up to $60 |
| **Tier 4:** Non-Preferred Drug | 25% up to $35 | 25% up to $105 | 25% up to $35 | 25% up to $105 |
| **Tier 5:** Specialty Tier | 25% up to $35 | N/A | 25% up to $35 | N/A |

*Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.

You won't pay more than **$35** for a one-month (up to 30-day) supply of each plan-covered insulin product regardless of cost-sharing tier, even if you haven't paid your deductible.

Other pharmacies are available in our network. To find which pharmacies are available in our network, go to **Humana.com/pharmacyfinder**.

*Some drugs are limited to a 30-day supply.

## CATASTROPHIC COVERAGE

After your total out-of-pocket costs reach **$2,400** you pay **$0** for plan-covered Part D and Excluded drugs.

## EXCLUDED DRUG COVERAGE

| | |
|---|---|
| **Erectile dysfunction (ED) drugs** | Select drugs covered at Tier 2 cost-share amount. |
| **Prescription vitamins** | Select drugs covered at Tier 2 cost-share amount. |

*Refer to your Evidence of Coverage for more information on Excluded Drug coverage.

## EXTRA HELP

If you receive Extra Help for your drugs, you will have a **$0** deductible.

Prior to reaching your annual **$2,400** out-of-pocket limit, you will pay one of the following depending on your level of Extra Help:

- **$5.80** for generic/preferred multi-source drug or biosimilar; **$14.40** for any other drug; OR
- **$1.65** for generic/preferred multi-source drug or biosimilar; **$5.00** for any other drug; OR
- **$0** for all drugs

After reaching your annual **$2,400** out-of-pocket limit, you will pay **$0** for the remainder of the calendar year, regardless of the level of Extra Help you receive. Additional information will be available on your LIS rider.

Cost sharing may change depending on the pharmacy you choose, when you enter another phase of the Part D benefit and if you qualify for Extra Help. To find out if you qualify for Extra Help, please contact the Social Security Office at 800-772-1213 (TTY: 800-325-0778), Monday – Friday, 7 a.m. – 7 p.m. For more information on your prescription drug benefit, please call us or access your Evidence of Coverage online.

If you reside at an in-network long-term care facility, you pay the same as you would at a standard retail pharmacy. Under certain situations you may be able to get drugs from an out-of-network pharmacy but may pay more than you would pay at an in-network pharmacy.

# Find out **more**

You can see this plan's **Pharmacy Directory** at our website at **humana.com/finder/pharmacy/** or call us at the number listed at the beginning of this booklet and we will send you one.

You can see this plan's **Drug Guide** at our website at **Humana.com/druglist** or call us at the number listed at the beginning of this booklet and we will send you one.

To find out more about the coverage and costs of Original Medicare, look in the current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

The Humana Premier Rx Plan (PDP) Prescription Drug Plan pharmacy networks include limited lower-cost, preferred pharmacies in urban areas of CT, DE, IA, IN, KY, MA, ME, MI, MN, MO, ND, NJ, NY, OH, RI, SD, WI, WV; suburban areas of CT, DE, HI, IN, MA, MI, MN, MS, MT, ND, NH, NJ, NY, OH, PA, RI, WI, WV; and rural areas of IA, MN, MT, ND, NE, SD, VT, WY. There are an extremely limited number of preferred cost share pharmacies in urban areas in the following states: DE, MI, MN, ND; suburban areas of MT and ND; and rural areas of ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Care at 800-281-6918 (TTY: 711) or consult the online pharmacy directory at **Humana.com/PlanInformation**.

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## More information is just a click away.

Visit **Humana.com/PlanInformation** to see additional details about this plan, including benefits and costs.

If you'd like a printed Evidence of Coverage, Provider Directory, or Drug Guide mailed to you, you can request one online at the website above, or call **800-281-6918 (TTY: 711)**, 24 hours a day, seven days a week. Please have your Humana member ID card ready when you call. When asked for the reason you've called, say "Evidence of Coverage," "Drug Guide" or "Provider Directory."

## Activate your secure MyHumana account.

Your online MyHumana account is an important part of your Humana membership. Use it to view this plan's details anytime and access important plan documents online, all in one place. It's easy to use and tailored to you.

### Already have an account?

Go to **Humana.com/Member/ManageYourAccount** and log in.

### Don't have an account yet?

Create one using the same link above in just minutes.

## Receiving information about other insurance products

As a Humana member, we may call you to offer other insurance-related products. You can opt out of any future calls using the Customer Care number on the back of your ID card.

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# Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).

- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

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# Notice of Availability - Auxiliary Aids and Services Notice



English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]፦ነፃ ቋንቋ፣ አጋዥ ማዳመጫ፣ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسّيق البديل مجاناً. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք **877-320-1235 (TTY՝ 711)** հեռախոսահամարով:

Bǎsɔ́ɔ̀ [Bassa]: Wudu-xwíníín-mú-zà-zà kǔà, hwòdǒ-fɔ́nɔ́-nyɔ̀,, kè nyɔ-ɓɔ̌-po-kà ɓě ɓé wa nyuɛsé wídí pɛ́è-pɛ́èdɔ̀ kɔ.̌ Ɓá **877-320-1235 (TTY: 711)**.

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235**（听障专线：**711**）。

繁體中文 [Traditional Chinese]：我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235**（聽障專線：**711**）。

Kreyòl Ayisyen [Haitian Creole]: Gen sèvis lengwistik gratis, èd oksilyè, ak lòt fòma sèvis ki disponib. Rele **877-320-1235 (TTY: 711).**

Hrvatski [Croatian]: Dostupne su besplatne jezične usluge, usluge dodatne pomoći i alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi] : خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits d'assistance linguistique, d'aide auxiliaire et de format alternatif sont disponibles. Appelez le **877-320-1235 (ATS : 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati] : મફત ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કૉલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**

हिंदी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY:711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

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Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiamare il numero **877-320-1235 (TTY: 711)**.

日本語 [Japanese]:言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបានฯ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)** ฯ

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)** 번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີບໍລິການພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນບໍ່ເສຍຄ່າໃຫ້. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad bee áná'álwo', bee haz'áanii, dóó naaltsoos t'áá ajiłii'ígíí bee ak'e'elyaaígíí t'áá jiik'eh hóló. **877-320-1235 (TTY: 711)** bich'į' hodíilnih.

नेपाली [Nepali]: नि:शुल्क भाषा सेवा, सहायक सामग्री र वैकल्पिक ढाँचाका सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Brazilian Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: மொழி,, உதவிப் பொருட்கள் மற்றும் மாற்று வடிவமைப்புச் சேவைகள் இலவசமாகக் கிடைக்கின்றன. **877-320-1235 (TTY: 711)** எண்ணை அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **877-320-1235 (TTY: 711)**۔

Tiếng Việt [Vietnamese]: Có sẵn miễn phí các dịch vụ ngôn ngữ, hỗ trợ phụ trợ và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹ́hìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọ̀wọ́tó lọ́fẹ̀ẹ́.
Pe **877-320-1235 (TTY: 711)**.

This notice is available at **https://www.humana.com/legal/multi-language-support**.

# Notes



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Important information about this plan

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