

	Preferred-Choice²	Premier
Stage 1: Yearly Deductible	\$150 (Tiers 2, 3 and 4 Only)	\$0

Stage 2: Initial Coverage	Up to \$4,020		Up to \$6,350³	
	30 day supply, you pay			
Generic	\$12.50		\$12.50	
Preferred Brands	\$45.00		\$45.00	
Non-Preferred Brands	\$75.00		\$75.00	
Specialty	\$100.00		\$200.00	
	90 day supply, you pay			
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	\$15	\$30	\$15	\$30
Preferred Brands	\$60	\$95	\$60	\$95
Non-Preferred Brands	\$100	\$155	\$100	\$155
Specialty	N/A	N/A	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. See the Prescription Drug Guide to identify commonly prescribed prescription drugs in each tier.

Stage 3: Coverage Gap	<p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020. After you enter the coverage gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		Not Applicable	
	30 day supply, you pay			
Generic	25% to maximum of \$12.50		N/A	
Preferred Brands	25%		N/A	
Non-Preferred Brands	25%		N/A	
Specialty	25%		N/A	
	90 day supply, you pay			
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	25% to maximum of \$15.00	25% to maximum of \$30.00	N/A	N/A
Preferred Brands	25%	25%	N/A	N/A
Non-Preferred Brands	25%	25%	N/A	N/A
Specialty	N/A	N/A	N/A	N/A

Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$6,350 you pay the greater of:			
	30-90 day supply¹, you pay			
Generic (including Brand drugs treated as Generic)	\$3.60		\$3.60	
All Others	\$8.95		\$8.95	
Or the greater of (including Generic)	5% of co-insurance		5% of co-insurance; up to \$200 maximum per prescription.	

Monthly Premium	\$109.49	\$323.21
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1 The benefit for a 90 day supply is limited to Rx formulary tiers 1-2 and most drugs on tier 3. Regardless of tier placement, Specialty Drugs are limited to a 30 day supply.
 2 Home infusion drugs: after the deductible has been met, these drugs will be covered at the specified copayments until the member reaches the Catastrophic level.
 3 Medicare sets rules about what counts and what does not count as your out-of-pocket costs. Refer to your evidence of coverage for full details.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change each year. You must continue to pay your Part B premium.