



2024 Transition Policy for Humana Gold Plus Integrated (Medicare-Medicaid Plan) Prescription Drug Coverage

Humana wants to make sure that members like you get the medicine you need in the coming plan year. Starting Jan. 1, 2024, you may not be able to get the drug you get now if:

- The drug is not on our approved list, or
- We need to approve it in advance because:
 - There are limits on the amount you can get
 - You need to try a less costly drug first, or
 - We need to know some facts about your health

If your drug is not on our approved list or we need to approve it in advance, you can keep getting your drug for a little while. This is called a transition supply.

If you are a new member or an existing member with history of a drug

During your first **90 days** as a member, Humana will cover **30 days'** worth of a drug that Medicare Part D covers. Humana will do this only **one** time per drug *unless* the prescription is written for less than 30 days (in which case Humana will allow multiple fills to provide up to a total of 30 days of medication).

After you get this 30-day supply, we will send you a letter. The letter will explain that we will not cover more of the drug.

We suggest you talk with your doctor. Decide if you should:

- Try another drug to treat your health problem. You can review the Prescription Drug Guide to find out which drugs are covered by visiting <https://www.humana.com/medicaid/illinois-gold-plus-integrated/coverage/pharmacy>
- Ask us to make an exception, **or**
- Ask us to approve your drug in advance

If you get the low-income subsidy (LIS, also known as “Extra Help”) in 2024

The amount you pay for your 30-day supply will be **no more than** your LIS limit.

If you don't get LIS

The amount you pay for your 30-day supply will be based on your plan's terms. Refer to your Member Handbook for more information on your plan's terms by visiting <https://www.humana.com/medicaid/illinois-gold-plus-integrated/coverage>.



If you are a new member in a long-term care facility

We will help you if you:

- Are new to your plan
- Have both Medicare and full Medicaid benefits
- Ask us to make an exception, **or**
- Make an appeal

During your first **90 days** as a member, we will cover a **31 day** supply *unless* the prescription is written for less than 31 days (in which Humana will allow multiple fills to provide up to a total of 31 days of medication) of a drug that Medicare Part D covers.

After that, we will cover a **31-day** emergency supply *unless* the prescription is written for less than 31 days (in which case Humana will allow multiple fills to provide up to a total of 31 days of medication) of a drug that Medicare Part D covers. This will let you keep getting your drug while we look at your request to:

- Make an exception, **or**
- Approve your drug in advance

If you change treatment settings

During the plan year, you may change treatment settings because of a change in the level of your care. For instance, you may:

- Move from a hospital or skilled nursing facility to a home setting
- Move from a home setting to a hospital or skilled nursing facility
- Move from one skilled nursing facility to another, so you need to use a new pharmacy
- Stop staying at a skilled nursing facility where Medicare Part A covered your prescription drugs, so you need to use Part D now
- Give up your Hospice status, so you need to use Medicare Parts A and B now
- Leave a long-term psychiatric hospital where your drugs were tailored to you

In such cases, we will cover up to **31 days'** worth of a drug that Medicare Part D covers when you get the drug at a pharmacy.

If you change treatment settings more than once in the same month you may need to ask us to make an exception, **or** approve your drug in advance.

We will look at your request to see if you have a treatment plan, **and** changing it would harm your health.

If you need more time

We may extend your transition supply. This will let you keep getting your drug while we look at your appeal, **or** request for an exception.



After you get a transition supply of a Part D drug

We may need to do a medical review of the drug if:

- The drug is not on our approved list, or
- We need to approve it in advance because:
 - There are limits on the amount you can get, **or**
 - You need to try a less costly drug first, **or**
 - We need to know some facts about your health

If we need to know some facts about your health

Your doctor can give us these facts. This will help us work on your request to approve your drug in advance or make an exception if:

- Your drug is not on our approved list, **or**
- We need to approve your drug in advance, **or**
- You have tried other drugs to treat your health problem

To ask for an exception

Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than **72 hours** after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health, or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

If we say no to your request for an exception

You can ask us if we cover another drug for your health problem if:

- Your drug is **not** on our approved list, **or**
- Your drug **is** on our list, but:
 - We need to approve your drug in advance
 - You need to try a less costly drug first, **or**
 - There are limits on the amount you can get

Ask your doctor if this drug is a good choice for you.



You can also ask us to review our decision. You must make this appeal no more than **60 days** after our first decision.

We can help

We can help you and your doctor:

- Ask for an exception
- Make an appeal
- Find another drug for your health problem
- Learn more about your Transition Policy

You and your doctor can also get forms to ask us to:

- Approve your drug in advance
- Make an exception

Just call the customer service number on the back of your Humana member ID card. Or go to our website, <https://www.humana.com/medicaid/illinois-gold-plus-integrated/coverage/pharmacy>.

Pharmacy and Therapeutics (P&T) committee

This committee watches over our Part D drug list and related rules. It made these rules for certain Part D drugs. The rules are meant to make sure the drugs:

- Are used per medical guidelines
- Have been proven safe and effective for the health problem they are treating
- Are prescribed per the maker's guidelines

Humana Gold Plus Integrated (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

If you have questions, you can call us at 1-800-787-3311 (TTY: 711). We're available Monday - Friday, from 8 a.m. – 8 p.m. Central time. However, please note that our automated phone system may answer your call after hours, during weekends, and holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day. The call is free. Visit [humana.com/medicare/medicaid-dual/illinois/](https://www.humana.com/medicare/medicaid-dual/illinois/) for 24 hour access to information such as claims history, eligibility, and Humana's drug list. There you can also use the physician finder and get health news and information.

If you speak Spanish, language assistance services, free of charge, are available to you. Call Customer Care at 1-800-787-3311 (TTY: 711), Monday - Friday, from 8 a.m. – 8 p.m. Central time. The call is free.



ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-787-3311 (TTY: 711). Estamos disponibles de lunes a viernes, de 8 a.m. a 8 p.m. hora Central. La llamada es gratuita.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Humana Gold Plus Integrated Member Handbook. Limitations and restrictions may apply. For more information, call Humana Gold Plus Integrated Customer Care or read the Humana Gold Plus Integrated Member Handbook. Benefits may change on January 1 of each year. The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **1-800-787-3311 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m., Central time. However, please note that our automated phone system may answer your call after-hours, during weekends, and on holidays. We can help you at no cost to you. We can explain the document in English or in your preferred language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, language, medical or claims history, mental or physical disability, genetic information, or source payment. Discrimination is against the law. Humana and its subsidiaries comply with applicable state and federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **1-800-787-3311** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the:
U.S. Department of Health and Human Services, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. **1-800-787-3311 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-787-3311 (TTY: 711)**. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-787-3311 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

簡體中文 (Simplified): 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-787-3311 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

廣東話 (Cantonese): 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-787-3311 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog (Tagalog – Filipino): Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-787-3311 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Français (French): Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-787-3311 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Tiếng Việt (Vietnamese): Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-787-3311 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

Deutsch (German): Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-787-3311 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

한국어 (Korean): 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-787-3311 (TTY: 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Русский (Russian): Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-787-3311 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

العربية (Arabic): إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-787-3311 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

हिंदी (Hindi): हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-787-3311 (TTY: 711)** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italiano (Italian): È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-787-3311 (TTY: 711)**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português (Portuguese): Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-787-3311 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

Kreyòl Ayisyen (French Creole): Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-787-3311 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polski (Polish): Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-787-3311 (TTY: 711)**. Ta usługa jest bezpłatna.

日本語 (Japanese): 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-787-3311 (TTY: 711)** にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。