

## **2025 Direct Member Reimbursement Policy**

### **Humana's Part D Prescription Drug Coverage**

As a Humana member, you can save on your prescription drug costs through a nationwide network of nearly 60,000 pharmacies. To find a Humana Medicare Part D network pharmacy, please visit [Humana.com](https://www.humana.com) or call our Customer Care team at **800-457-4708** (TTY: **711**) if you're an MAPD member, or **800-281-6918** (TTY: **711**) if you're a PDP member. You can call Monday through Friday, 8 a.m. to 8 p.m.

In addition to obtaining medications from in-network retail pharmacies, you may also choose a mail order pharmacy to have up to a 90-day supply of covered Part D drugs\* mailed directly to your home or other address you designate. Information related to in-network mail-order pharmacy(s) is available on [Humana.com](https://www.humana.com).

\*Specialty drugs are limited to a 30-day supply.

If you use a non-preferred mail order vendor or retail provider, standard retail rates will apply. That means you may pay more for your medications. Please check your Summary of Benefits or Evidence of Coverage or visit [Humana.com](https://www.humana.com) for more information.

### **Out-of-Network Pharmacies**

We understand that you may need to use pharmacies outside your plan network from time to time. Generally, we only reimburse medications filled at an out-of-network pharmacy when a network pharmacy isn't available. Below you'll find some situations when we may reimburse medications from an out-of-network pharmacy. If possible, before you fill a prescription out-of-network, call our Customer Care team and a representative will help and find out if a network pharmacy is available. You can reach our Customer Care team at **800-457-4708** (TTY: **711**) if you're an MAPD member, or **800-281-6918** (TTY: **711**) if you're a PDP member. You can call Monday through Friday, 8 a.m. to 8 p.m.

We may reimburse you for a prescription filled at an out-of-network pharmacy with an out-of-network penalty\* if:

- You can't get a covered medication in a timely manner because there are no network pharmacies providing 24-hour service within a reasonable driving distance.
- You're trying to fill a covered medication that isn't regularly stocked at a network retail or mail order pharmacy; this includes specialty medications.
- You need a covered drug related to emergency or urgently-needed medical care.
- You get a covered prescription drug from an institutional-based pharmacy while a patient in an emergency room, provider-based clinic, outpatient surgery clinic, or other outpatient setting.
- You're automatically enrolled in our plan because you're Medicaid eligible and have covered prescription drug expenses that weren't reimbursed by other insurance. This is in effect for up to a seven month retroactive enrollment period.

- You are evacuated due to a state or federal emergency disaster declaration (FEMA) or other public health emergency declaration and can't readily find an in-network pharmacy

If you go to an out-of-network pharmacy for the reasons listed above, you'll have to pay the full cost when you fill your prescription. We will pay you back our share of the cost if you submit a reimbursement request form. To submit a request for reimbursement, see “**How do I submit a reimbursement request?**” in the **FAQ** section at the bottom of this document.

\*Please note that an out-of-network penalty, as described in the **FAQ** section below, may apply.

### **In-Network Pharmacies**

Humana's network pharmacies are required to automatically submit your claims online. You should always present your ID card at the pharmacy so the pharmacy can gather the information needed for this online submission. If you do not present your ID card at the pharmacy, or the network pharmacy cannot submit your claim online for some other reason, you can pay the cash price for the prescription and submit it to Humana for reimbursement. To submit a request for reimbursement, see “**How do I submit a reimbursement request?**” in the **FAQ** section at the bottom of this document.

You may be charged a penalty for any in-network claims that are not submitted online through your pharmacy. The penalty is the difference between the cash price you paid and the negotiated rate Humana and the network pharmacy agreed Humana would pay to the pharmacy. You may have to pay this penalty in addition to any cost-sharing you are responsible for under your plan. While you will get credit on your True Out of Pocket (TrOOP) for your cost-sharing, you will not get credit for this penalty amount.

If you are getting extra help from Medicare to pay for your prescription drug premiums and costs, you will still only pay your reduced cost share amount as you normally would.

If you have questions about whether a pharmacy is in Humana's network, you can call our Customer Care team at **800-457-4708** (TTY: **711**) if you're an MAPD member, or **800-281-6918** (TTY: **711**) if you're a PDP member. You can call Monday through Friday, 8 a.m. to 8 p.m.

### **Vaccines**

#### **What if I get a covered Part D vaccine in the doctor's office?**

All Medicare Advantage plans with prescription drug coverage will cover most Part D vaccines and the administration at no cost to you. Please note, the no cost benefit may only apply to adults aged 19 and older, depending on the vaccine you are getting. Coverage applies regardless of the vaccine's drug tier, where the vaccine was administered (doctor's office or pharmacy), and even if your plan has a deductible and you haven't met it yet. If it is covered on your plan's Part D drug list (Humana Prescription Drug Guide), then it is \$0 for you.

Please note: An out-of-network penalty will not be assessed on any ACIP Recommended Vaccines. This applies to adults who meet the age criteria for vaccines covered under the Inflation Reduction Act (IRA). Any ACIP Recommended vaccines received on or after 1/1/2023 will not be assessed a penalty.

### **What if I get a non-covered Part D vaccine in the doctor's office?**

Part D vaccines that are not eligible for the no cost benefit and are received in a doctor's office are treated as an out-of-network situation, whether or not the doctor is in your medical network, because the doctor is not in your pharmacy network. You may be charged an out of network penalty for any vaccines received in this setting. If a Part D covered vaccine is appropriately administered or dispensed in a doctor's office, you'll have to pay the full cost of the vaccine and its administration at that time. Remember, if you get the vaccine from a network pharmacy and it is processed at point of sale (POS) instead, you may avoid the out-of-network penalty. We will pay you back our share of the cost if you submit a reimbursement request form. In most cases, when you get the vaccine from your doctor, we will not be able to reimburse you the full amount you paid in the doctor's office. You will be responsible for an out-of-network penalty, your copay, and the administration fee that is more than \$20.

See the **FAQ** section at the bottom of this document for an explanation of the out-of-network penalty.

To submit a request for reimbursement, see "**How do I submit a reimbursement request?**" in the **FAQ** section at the bottom of this document.

## **Frequently Asked Questions**

### **What if I need a prescription due to a medical emergency?**

If this happens, you'll have to pay the full cost when you fill your prescription. We will pay you back our share of the cost if you submit a reimbursement request form. To submit a request for reimbursement, see "**How do I submit a reimbursement request?**" in the **FAQ** section at the bottom of this document. Please note the out-of-network penalty, which is defined later in this section, may apply.

### **What if I need medicine while I'm traveling away from my plan's service area?**

If you regularly take a prescription drug and you're planning a trip, check your drug supply before you leave. Try to take along all the medication you'll need for the duration of your trip. You may also check a network mail order or retail pharmacy to see if they can fill your prescription for an extended supply.

Humana has a national pharmacy network that can fill your prescriptions, even when you're outside your plan's service area. If you travel outside your plan's service area in the United States and need prescription drugs, call our Customer Care team at **800-457-4708 (TTY: 711)** if you're an MAPD member, or **800-281-6918 (TTY: 711)** if you're a PDP member. You can call

Monday through Friday, 8 a.m. to 8 p.m. We'll help you find a network pharmacy where you can fill your prescription.

If a network pharmacy isn't available outside of your plan service area, you'll have to pay the full cost when you fill your prescription. We will pay you back our share of the cost if you submit a reimbursement request form.

To submit a request for reimbursement, see "**How do I submit a reimbursement request?**" in the **FAQ** section at the bottom of this document.

Please note the out-of-network penalty, which is defined later in this section, may apply.

### **Are there limitations to drugs received from an out-of-network pharmacy?**

Out-of-network pharmacy coverage is intended for emergency or other extenuating circumstances as described above for a short-term basis only unless a Part D covered vaccine. Therefore, prescriptions filled outside the Humana pharmacy network are limited to a 30-day supply.

Sometimes your doctor may need to submit additional documentation so we can process your reimbursement request. This can happen if you get:

- A drug from an out-of-network pharmacy that isn't on our drug list
- A drug that's subject to coverage requirements or limits

You can call our Customer Care team at **800-457-4708** (TTY: **711**) if you're an MAPD member, or **800-281-6918** (TTY: **711**) if you're a PDP member. You can call Monday through Friday, 8 a.m. to 8 p.m. to:

- Find out if your drug is on the drug list
- See if the drug is subject to coverage requirements or limits
- Request a copy of our drug list

You can also get updated information about covered drugs on [Humana.com](https://www.humana.com).

### **How long do I have to submit my request for reimbursement?**

You have 36 months from the date of the prescription fill to submit your request for reimbursement.

### **How do out-of-network pharmacy claims affect my cost share?**

Usually, out-of-network pharmacy claims result in a greater cost to both you and to the plan. Because the out-of-network pharmacy typically charges a higher total cost for the drug than in-network pharmacies, your cost share goes up as well. There is also an out-of-network penalty assessed per Medicare's guidelines, which is described below.

Please note: An out-of-network penalty will not be assessed on any ACIP Recommended Vaccines. This applies to adults who meet the age criteria for vaccines covered under the

Inflation Reduction Act (IRA); out-of-network penalty will be capped for any Part D covered insulin so your out of pocket cost is not higher than \$35 per 30-day supply as stated in the Inflation Reduction Act (IRA). This applies for any ACIP Recommended vaccines and Part D covered insulins received on or after 1/1/2023.

### **What is the in-network penalty?**

The in-network penalty is the difference between the cash price you paid for the drug at the pharmacy and the negotiated rate Humana and the pharmacy agreed Humana would pay to the pharmacy. Please be aware this means that you might not receive the full amount that you paid for the drug. You will have to pay this penalty in addition to any cost-sharing you are responsible for under your plan. If the cash price you paid to the pharmacy is higher than negotiated rate, then the reimbursement will be less than what you actually paid for the drug.

### **What is the out-of-network penalty?**

The out-of-network penalty is the difference between the cash price you paid for the drug at the pharmacy and Humana's plan allowance for that drug. Please be aware this means that you might not receive the full amount that you paid for the drug. The cash price paid and Humana's plan allowance varies in cost. If the cash price you paid to the pharmacy is higher than the plan allowance, then the reimbursement will be less than what you actually paid for the drug.

Please note: An out-of-network penalty will not be assessed on any ACIP Recommended Vaccines. This applies to adults who meet the age criteria for vaccines covered under the Inflation Reduction Act (IRA); out-of-network penalty will be capped for any Part D covered insulin so your out of pocket cost is not higher than \$35 per 30-day supply as stated in the Inflation Reduction Act (IRA). This applies for any ACIP Recommended vaccines and Part D covered insulins received on or after 1/1/2023.

### **What happens if I use out-of-network pharmacies for reasons other than given in this policy?**

Repeated out-of-network pharmacy use that isn't consistent with this policy will result in denial of your claim for reimbursement. In addition, we can't pay for lost or stolen prescriptions or prescriptions filled by pharmacies outside the United States, even in a medical emergency.

### **Where do I find the reimbursement request form?**

The Prescription Drug Claim form can be found on Humana.com in the same area where the Part D drug list is displayed. The claim form can also be obtained by calling customer service.

### **How do I submit a reimbursement request?**

Submit your claim by completing the Prescription Drug Claim form or a written request for reimbursement. Include an explanation of your circumstances when submitting your claim. If are requesting reimbursement for a vaccine and you paid an administration fee, remember to include it with your request.

Send the Prescription Drug Claim Form or written request and receipts to:

Humana Claims Office  
P.O. Box 14140  
Lexington, KY 40512-4140

or

FAX to: 866-754-5362

Please keep a copy of the receipts for your records.

**Public Notice of Out-of-Network Pharmacy Access Policy**

This Out-of-Network Pharmacy Access Policy and the Prescription Drug Claim Form are available on Humana.com, in the same area where the Part D formulary drug list is displayed.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year.

Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The pharmacy network may change at any time. You will receive notice when necessary