

2025 Transition Policy for Humana Gold Plus Integrated Medicare-Medicaid Plan Prescription Drug Coverage

Humana Gold Plus® Integrated wants to make sure that members like you get the medicine you need.

Starting Jan. 1, 2025, 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 these are true for your drug, you can still get a “transition supply” while you and your provider make other arrangements.

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

During your first 90 days as a member, Humana will cover 30 days 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. If this is the case, Humana will allow multiple fills to provide up to a total of a 30-day supply.

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 to decide if you should:

- Try another drug to treat your health problem. You can find which drugs are covered in the Prescription Drug Guide at [Humana.com/illinoisGoldPlusPharmacy](https://www.humana.com/illinoisgoldpluspharmacy).
- Ask us to make an exception.
- Ask us to approve your drug in advance.

If you get the low-income subsidy (LIS), also known as “Extra Help,” in 2025

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

If you do not get LIS

The amount you pay for your 30-day supply will be based on your plan's terms. Your plan's terms can be found in your Member Handbook at [Humana.com/IllinoisGoldPlusCoverage](https://www.humana.com/IllinoisGoldPlusCoverage).

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
- 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 this case, Humana will allow multiple fills to provide up to a total of a 31-day supply of any drug that Medicare Part D covers.

After that, we will also cover a 31-day emergency supply unless the prescription is written for less than 31 days. In this case, Humana will allow multiple fills to provide up to a total of 31 days of any drug that Medicare Part D covers. This will let you keep getting your drug while we review 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
- Leave 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 any of these situations, we will cover up to a 31-day supply 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 review your request to see if you have a treatment plan, and if 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 review your request for an appeal or exception.

After you get a transition supply of a Part D drug

We may need to review 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,
 - 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.

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:

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

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

- is not appropriate given your health problem, **or**
- will harm your health.

In most cases, we will tell you our decision no more than 72 hours after we get your doctor's letter. We will grant you an expedited (fast) request if waiting for a standard request could

harm your health. With an expedited request, we will 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. Talk with your doctor about whether this drug would be a good option 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 visit **[Humana.com/IllinoisGoldPlusPharmacy](https://www.humana.com/IllinoisGoldPlusPharmacy)**.

Pharmacy & Therapeutics (P&T) Committee

This committee oversees the Part D drug list and related rules to ensure 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

If you have questions, you can call us at **800-787-3311 (TTY: 711)**. We are available Monday – Friday, 8 a.m. – 8 p.m., Central time. Our automated phone system will answer your call after hours and on weekends and holidays. Please leave your name and telephone number, and we will call you back by the end of the next business day. Visit

[Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated) for access to your account information and

Humana's drug list. You can also use the physician finder and get health news and information.

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **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 benefits 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.

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 **1-800-787-3311 (TTY: 711)**, Monday through Friday, from 8:00 a.m. to 8:00 p.m., Central 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, **1-800-787-3311 (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 **[Humana.com/IllinoisGoldPlus2024Documents](https://www.humana.com/IllinoisGoldPlus2024Documents)**.

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 members.

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Auxiliary aids and services, free of charge, are available to you.
1-800-787-3311 (TTY: 711), Monday through Friday, from 8:00 a.m. to 8:00 p.m., Central time.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

簡體中文 (Simplified): 您可以拨打上面的电话号码以获得免费的语言协助服务。

廣東話 (Cantonese): 你可以打上面嘅電話號碼嚟獲得免費嘅語言協助服務。

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

Italiano (Italian): Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

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