

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 65 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 **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)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

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

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)**.

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

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **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]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge 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 linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 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]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

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

हिन्दी [Hindi]: नि:शुल्क 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)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama 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。

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

GHHNOA2025HUM_0425

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជូនម្រងផ្សេងៗជំនួយសមាជិក
រកបាន។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

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

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນ
ໃຫ້ໃຊ້ຟຣີ. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjì' bee adahodooníígíí diné bich'í'
anídahazt'í'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjì'
hodíílnih **877-320-1235 (TTY: 711)**.

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

Português [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]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன.
877-320-1235 (TTY: 711) ஐ அழைக்கவும்.

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

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

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

አማርኛ [Amharic]: ቋንቋ፣ አገዥ ማዳመጫ እና አማራጭ ቅርፅ ሆላቸው አገልግሎቶችዎ ይገኛሉ። በ
877-320-1235 (TTY: 711) ላይ ይደውሉ።

Bàsà [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fáńa-nyo, kè nyo-boŭn-po-kà bé bé
nyuεε se wídí péè-péè dò ko. **877-320-1235 (TTY: 711)** dá.

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

Òyìnbó [Yoruba]: Àwọn isẹ àtilẹhin ìrànlowó èdè, àti ònà kíkà mírán wà lárọwótó. Pe
877-320-1235 (TTY: 711).

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था)
सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।