

2027

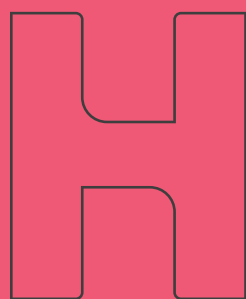
HUMANA GROUP MEDICARE PLAN GUIDE

PRESCRIPTION DRUG PLAN (PDP)

This communication does not guarantee benefits and does not indicate all services received will be covered by your plan. Please refer to your Evidence of Coverage or call Customer Care at the number on the back of your Humana ID card to confirm that the service will be covered by your plan.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. For more information, call the number on the back of your Humana member ID card.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. 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.



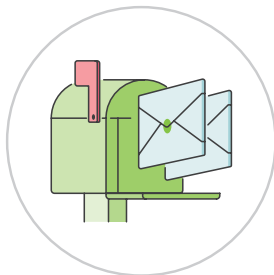
Humana Plan Guide

Humana Group Medicare

This page intentionally left blank.

What is Medicare Part D?

Medicare Part D is a prescription drug plan (PDP) (insurance for your medication needs). You use the insurance carrier's network of pharmacies to purchase your prescription medications. Instead of paying the full price, you will pay either a copay which is a fixed dollar amount, or coinsurance which is a percentage of the medication's cost. The insurance company will pay the rest.



How it works

You must use network pharmacies to enjoy the benefits of our plan, except in an emergency. Pharmacies in the network have agreed to work with Humana to fill prescriptions for our members. If you use a pharmacy outside the network, your costs may be higher.

Our pharmacy network includes access to mail delivery, specialty, retail, long-term care, home infusion, and Indian, tribal and urban pharmacies.

Is your pharmacy in Humana's network?

You can find a complete list of network pharmacies at MyHumana, your personal, secure online account at **MyHumana.com**, the MyHumana Mobile app or **FindCare.Humana.com**.^{*} Get printable maps and directions, along with many more details to find a pharmacy that fits your needs.

^{*}Standard data rates may apply.

Comprehensive pharmacy options for retirees

Retail pharmacy network

With Humana plans you have a variety of retail and mail-order options to fill your prescription.

- Robust network of retail national and independent pharmacies
- Offers flexibility and convenience
- Find a pharmacy in your network by visiting **FindCare.Humana.com**

CenterWell Pharmacy™

You have the choice of pharmacies for prescription retail and mail order services, CenterWell Pharmacy is one option.[†] CenterWell Pharmacy offers:

- Comprehensive pharmacy services
- Convenient mail-order solutions, refill reminders and member support
- Safe and secure delivery backed by multiple checks by pharmacists
- Connect with CenterWell Pharmacy by visiting **CenterWellPharmacy.com**

CenterWell Specialty Pharmacy™

CenterWell Specialty Pharmacy offers a variety of specialty therapies that can help treat your condition. CenterWell Specialty Pharmacy offers:

- Outstanding care & member experience
- Specially-trained associates to provide member support
- Enhanced experience for cancer, neuromuscular disorders and certain pulmonary conditions
- Connect with CenterWell Specialty Pharmacy by visiting **CenterWellSpecialtyPharmacy.com**



[†]Other pharmacies are available in the Humana network.

Prescription drug coverage

Some medications covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, quantity limits or step therapy. If you have additional questions, please call our Customer Care number on the back of your Humana member ID card.

Prior authorization

The Humana Group Medicare plan requires you or your provider to get prior authorization for certain medications. This means that you may need to get approval from the Humana Group Medicare plan before you fill your prescriptions. The reason a prior authorization is required can vary depending on the medication. Humana will work with your provider when a prior authorization is required. The Centers for Medicare & Medicaid Services (CMS) requires a turnaround time of 72 hours for a prior authorization. However, an expedited review can be requested by your provider if waiting 72 hours may be harmful to you.

Quantity limits

For some medications, the Humana Group Medicare plan limits the quantity of the medication that is covered. The Humana Group Medicare plan might limit how many refills you can get or quantity of a medication you can get each time you fill your prescription. Specialty medications are limited to a 30-day supply regardless of tier placement.

Step therapy

In some cases, the Humana Group Medicare plan requires that you first try certain medications to treat your medical condition before coverage is available for a more expensive medication prescribed to treat your medical condition.

One-time transition fill

For certain medications typically requiring prior authorization or step therapy, Humana will cover a one-time, 30-day supply of your Part D covered medication during the first 90 days of your enrollment. Once you have received the transition fill* for your prescription requiring a prior authorization or step therapy, you'll receive a letter from Humana telling you about the requirements or limits on the prescription. The letter will also advise that you will need to get approval before future refills will be covered.

*Some medications do not qualify for a transition fill, such as medications that require a Part B vs D determination, CMS Excluded medications, or those that require a diagnosis review to determine coverage.

Talk to your provider about your medications to see if they require prior authorization, have quantity limits or if step therapy is needed.

Pharmacy coverage that centers around you



Pharmacy (Part D) benefit

Your pharmacy (Part D) benefit covers the following:

- Most medications dispensed by a pharmacy.
- Common vaccines.
- **Shingles:** This vaccine protects against shingles, a virus that causes a painful rash in people who have previously had chickenpox.
- **Tdap:** This booster vaccine protects against tetanus, diphtheria and pertussis (whooping cough). (Medicare Part B coverage will apply when a tetanus shot is related to injury and administered at your provider's office.)
- **RSV:** This vaccine protects against Respiratory Syncytial Virus, a lung and lower airway infection.



Diabetes prescriptions and supplies covered under Part D

Part D typically covers diabetes supplies used to administer insulin. You must be enrolled in a Medicare drug plan to get the supplies Part D covers, like:

- Diabetes medications.
- Insulin administered (or used) with syringes or pens.
- Syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g. Omnipod or VGO).

Important information for your pharmacist

Let your pharmacist know to use **BIN 015581** and **PCN 03200000** when filling your prescription for items covered under Part D. This information is also available on your Humana member ID card.

You can find a complete list of network pharmacies at **FindCare.Humana.com**.

Because vaccines are covered differently at the provider's office and the pharmacy, you may want to call first to understand how your insurance covers a specific vaccine. Call the Customer Care number on the back of your Humana member ID card or sign in to **MyHumana.com**.

The Medicare Part D portion of your plan covers vaccines that are considered necessary to help prevent illness. Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list¹ will be \$0.

¹For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/acip-recs/hcp/vaccine-specific/index.html.

Track your preventive immunizations/vaccines

Below is a list of commonly recommended preventive immunizations/vaccines you may want to discuss with your doctor. Always work with your doctor to decide what's best for you.

Immunizations/ Vaccines Type	Age range	Frequency	Date completed
Influenza (flu)	Discuss with your doctor	Every year	
Pneumococcal (pneumonia)	Discuss with your doctor	One time (may need booster)	
Shingles	Discuss with your doctor	Discuss with your doctor	
Tdap (tetanus, diphtheria, pertussis)	Discuss with your doctor	10 years	
RSV (respiratory syncytial virus)	Discuss with your doctor	Discuss with your doctor	

References

List of recommended screenings are from the US Preventive Services Task Force
www.USpreventiveservicestaskforce.org/browseRec/Index, last accessed April 21, 2026.

List of recommended immunizations are from the Centers for Disease Control and Prevention
www.cdc.gov/vaccines, last accessed April 21, 2026.

Physical exam and health guidance from Centers for Medicare & Medicaid Services
www.medicare.gov/coverage/yearly-wellness-visits, last accessed April 21, 2026.

Pharmacy terms

Deductible (if applicable)

Your cost for Part D prescription medications before the plan pays

The amount you pay for Part D prescription medications before the plan begins to pay its share.

Coinsurance

Your share of your prescription's cost

This is a percentage of the total cost of a medication you pay each time you fill a prescription.

Copayment

What you pay at the pharmacy for your prescription

The set dollar amount you pay when you fill a prescription.

Exclusions and limitations

Anything not covered

Specific conditions or circumstances that aren't covered under a plan.

Formulary

Medications covered under your plan

A list of medications approved for coverage under the plan, also called a Drug List.

Maximum out-of-pocket

The most you'll spend before your plan pays 100% of the cost

The most you would have to pay for prescriptions covered by a health plan during the plan year, including deductibles, copays and coinsurance. Once your annual out-of-pocket limit has been reached, the Humana Group Medicare plan pays 100% for most pharmacy charges.

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**.

Humana®

A more human way
to healthcare™