

2025

# Prescription Drug Summary of Benefits

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**Humana Group Medicare Advantage Plan**

**Rx 125 and Rx 126**

**West Virginia PEIA  
Humana/PEIA Plan 1**

**Humana®**

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# Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## Deductible

### Pharmacy (Part D) deductible

This plan has a **\$75** deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total out-of-pocket drug costs reach **\$1,825**. Once you reach this amount, the plan will pay 100% of your plan-covered drug costs for the remainder of the year.

| Tier                                     | Standard Retail Pharmacy | Standard Mail Order    |
|--|--------------------------|------------------------|
| <b>30-day supply</b>                     |                          |                        |
| <b>1 (Generic or Preferred Generic)</b>  | <b>\$5</b> copay         | <b>\$5</b> copay       |
| <b>2 (Preferred Brand)</b>               | <b>\$15</b> copay        | <b>\$15</b> copay      |
| <b>3 (Non-Preferred Drug)</b>            | <b>50%</b> of the cost   | <b>50%</b> of the cost |
| <b>4 (Specialty Tier)</b>                | <b>\$100</b> copay       | <b>\$100</b> copay     |
| <b>90-day supply (Maintenance Drugs)</b> |                          |                        |
| <b>1 (Generic or Preferred Generic)</b>  | <b>\$10</b> copay        | <b>\$10</b> copay      |
| <b>2 (Preferred Brand)</b>               | <b>\$30</b> copay        | <b>\$30</b> copay      |
| <b>3 (Non-Preferred Drug)</b>            | <b>50%</b> of the cost   | <b>50%</b> of the cost |
| <b>4 (Specialty Tier)</b>                | N/A                      | N/A                    |

\*\*Some Immunosuppressive Drugs are covered at **100%** for all members.

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit [www.humana.com/SearchResources](http://www.humana.com/SearchResources), locate Prescription Drug section, select [www.humana.com/MedicareDrugList](http://www.humana.com/MedicareDrugList) link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP11.

**Important Message About What You Pay for Vaccines** – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than **\$35** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on (even if you haven't paid your deductible, if applicable).

### ADDITIONAL DRUG COVERAGE

#### Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Cough/Cold, Erectile Dysfunction, Vitamins/Minerals, WV Buy-up drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage.

Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

## Catastrophic Coverage

After your total out-of-pocket costs reach **\$1,825**, you pay **\$0** for plan-covered Part D and excluded drugs.



## PEIA Retiree Benefit Assistance Program

The PEIA retiree benefit assistance program offers qualified retirees reduced copayment on certain services. If PEIA determines you qualify for this assistance, the copayments for the services listed below will apply. For services not listed here, the copayments on the previous pages will apply. For more information regarding qualifications, please contact PEIA.

**Pharmacy (Part D) deductible** This plan has a **\$75** deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total out-of-pocket drug costs reach **\$325**. Once you reach this amount, the plan will pay 100% of your plan-covered drug costs for the remainder of the year.

| Tier                                     | Standard Retail Pharmacy | Standard Mail Order    |
|--|--------------------------|------------------------|
| <b>30-day supply</b>                     |                          |                        |
| <b>1 (Generic or Preferred Generic)</b>  | <b>\$5</b> copay         | <b>\$5</b> copay       |
| <b>2 (Preferred Brand)</b>               | <b>\$15</b> copay        | <b>\$15</b> copay      |
| <b>3 (Non-Preferred Drug)</b>            | <b>50%</b> of the cost   | <b>50%</b> of the cost |
| <b>4 (Specialty Tier)</b>                | <b>\$100</b> copay       | <b>\$100</b> copay     |
| <b>90-day supply (Maintenance Drugs)</b> |                          |                        |
| <b>1 (Generic or Preferred Generic)</b>  | <b>\$10</b> copay        | <b>\$10</b> copay      |
| <b>2 (Preferred Brand)</b>               | <b>\$30</b> copay        | <b>\$30</b> copay      |
| <b>3 (Non-Preferred Drug)</b>            | <b>50%</b> of the cost   | <b>50%</b> of the cost |
| <b>4 (Specialty Tier)</b>                | N/A                      | N/A                    |

\*\*Some Immunosuppressive Drugs are covered at **100%** for all members.

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit [www.humana.com/SearchResources](http://www.humana.com/SearchResources), locate Prescription Drug section, select [www.humana.com/MedicareDrugList](http://www.humana.com/MedicareDrugList) link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP11.

**Important Message About What You Pay for Vaccines** – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than **\$35** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on (even if you haven't paid your deductible, if applicable).

## ADDITIONAL DRUG COVERAGE

### Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Cough/Cold, Erectile Dysfunction, Vitamins/Minerals, WV Buy-up drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage.

Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

## Catastrophic Coverage

After your total out-of-pocket costs reach **\$325**, you pay **\$0** for plan-covered Part D and excluded drugs.







## 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 1-877-320-1235 (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 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 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 1-877-320-1235 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese 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 1-877-320-1235 (聽障專線：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:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**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 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**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 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**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 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخططنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**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 1-877-320-1235 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**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 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**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 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**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 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**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 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康保険と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をご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY:711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。



## Find out **more**

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You can see this plan's pharmacy directory at <https://www.Humana.com/finder/pharmacy/> or call us at the number listed at the beginning of this booklet and we will send you one.



You can see this plan's drug formulary at [www.Humana.com/medicaredruglist](http://www.Humana.com/medicaredruglist) or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

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<https://your.Humana.com/wvpeia>

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