

2026

# Summary of Benefits

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PEEHIP Humana Group Medicare Prescription Drug Plan  
PDP 037/395

PEEHIP



**PEEHIP**

**Humana**<sup>®</sup>

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SB037395EN26

Our service area includes the United States and Puerto Rico.



# Let's talk about the **PEEHIP Humana Group Medicare Prescription Drug Plan (PDP)**.

Find out more about the PEEHIP Humana Group Medicare PDP – 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."

## **To be eligible**

To join the PEEHIP Humana Group Medicare PDP, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

## **Plan name:**

PEEHIP Humana Group Medicare PDP

## **How to reach us:**

Members should call toll-free  
**1-800-747-0008** for questions  
**(TTY/TDD: 711)**

Call Monday – Friday, 7 a.m. – 8 p.m.,  
Central time.

Or visit our website:  
**[your.Humana.com/peehip](http://your.Humana.com/peehip)**



## Deductible

**Pharmacy (Part D) deductible** This plan does not have a 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 **\$2,100**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy
<b>30-day supply</b>	
<b>1 (Generic or Preferred Generic)</b>	<b>\$6</b> copay
<b>2 (Preferred Brand)</b>	<b>\$40</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>\$60</b> copay
<b>4 (Specialty Tier)</b>	<b>\$60</b> copay
<b>60-day supply</b>	
<b>1 (Generic or Preferred Generic)</b>	<b>\$12</b> copay
<b>2 (Preferred Brand)</b>	<b>\$80</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>\$120</b> copay
<b>4 (Specialty Tier)</b>	N/A
<b>90-day supply</b>	
<b>1 (Generic or Preferred Generic)</b>	<b>\$12</b> copay
<b>2 (Preferred Brand)</b>	<b>\$120</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>\$180</b> copay
<b>4 (Specialty Tier)</b>	N/A

\*\*Some Preventive Medications 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, as of October 1st, 2025, 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 GRP82.

**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 your PEEHIP Humana Group Medicare Customer Care at **1-800-747-0008** 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. Note: Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.

## 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, Dental, Fertility, Senior Care, Vitamins/Minerals 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 PEEHIP Humana Group Medicare Customer Care at **1-800-747-0008** for more details.

## Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,100**, you pay **\$0** for plan-covered Part D and plan-covered excluded drugs.

# 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 مجاناً. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլնտրանսլային ծևառափի ծառայություններ: Չանգահարեք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যসে 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 fòma 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]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

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

हिन्दी [Hindi]: निःशुल्क 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)**.

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

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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。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្លូវការភាសា ជំនួយ និង សេវាកម្មជាណម័យផ្លូវការភាសាខ្មែរ 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]: ມີການປ່ຽນປັນພາສາ, ອັບກອນຈ່າຍເຫັນ ອະນະ ດຸບແບບທາງເວີອກອັນໃຫ້ໄວ້ຟົດ. ໂທ 877-320-1235 (TTY: 711).

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjí' bee adahodoonílgíí diné bich'í' anídahazt'i'i, dóó lahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'i dahólq. Kohjí' hodíilnih 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]: ਮੁੜਤ ਭਾਸ਼ਾ, 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 serbisyon 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) ஜி அழைக்கவும்.

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

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

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]: አዲስ: አበባ ማቅረብ እና አማራር ቅዱት የለችው አገልግሎቶችም ይገኛል:: በ 877-320-1235 (TTY: 711) ላይ ይደምላ::

Bāsəɔ̄́ [Bassa]: Wuqu-xwíñíñ-mú-zà-zà kùà, Hwòdò-fíñó-ñyɔ́, kè nyɔ́-bɔ́ññ-po-kà bě bé nyuee se wídí pèè-péè dò kò. 877-320-1235 (TTY: 711) dá.

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

Òyìnbo [Yoruba]: Àwọn isé àtìlèhìn ìrànlówó èdè, àti ọnà kíkà míràn wà láròwótó. 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 ।



## Find out **more**



You can see this plan's pharmacy directory at [your.Humana.com/peehip](http://your.Humana.com/peehip) or call us at **1-800-747-0008** and we will send you one.



You can see this plan's drug formulary at [your.Humana.com/peehip/plan-documents](http://your.Humana.com/peehip/plan-documents) or call us at **1-800-747-0008** and we will send you one.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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[your.Humana.com/peehip](http://your.Humana.com/peehip)

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