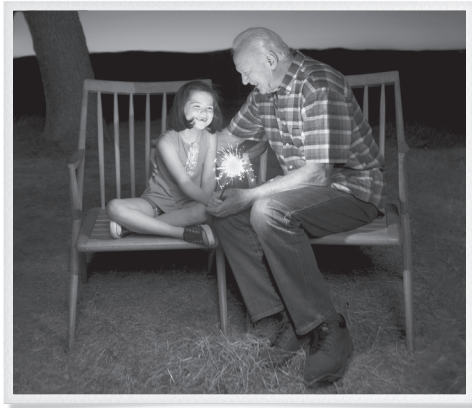


2012

Summary of Benefits  
Extra Services and Programs

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**Humana Complete (PDP)**



# 2012

## Summary of Benefits

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### **Humana Complete (PDP)**

S5884-060

State of California

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**HUMANA**<sup>®</sup>

# Section I - Introduction to Summary of Benefits

Thank you for your interest in Humana Complete (PDP). Our plan is offered by HUMANA INSURANCE COMPANY, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Humana Complete (PDP) and ask for the "Evidence of Coverage".

## **You Have Choices In Your Medicare Prescription Drug Coverage**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Humana Complete (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

## **How Can I Compare My Options?**

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Humana Complete (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

## **Where Is Humana Complete (PDP) Available?**

The service area for this plan includes: California. You must live in this area to join this plan.

## **Who Is Eligible To Join?**

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

## **Where Can I Get My Prescriptions?**

Humana Complete (PDP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

Humana Complete (PDP) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copayment or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at [http://www.humana.com/Medicare/medicare\\_prescription\\_drugs](http://www.humana.com/Medicare/medicare_prescription_drugs). Our customer service number is listed at the end of this introduction.

## **Does My Plan Cover Medicare Part B Or Part D Drugs?**

Humana Complete (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

## **Section I** (continued)

### **What Is A Prescription Drug Formulary?**

Humana Complete (PDP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at

**[http://www.humana.com/members/tools/prescription\\_tools/medicare\\_drug\\_list.asp](http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp).**

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **What Should I Do If I Have Other Insurance In Addition To Medicare?**

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Humana Complete (PDP). Get this information before you decide to enroll in this plan.

### **How Can I Get Extra Help With My Prescription Drug Plan Costs Or Get Extra Help With Other Medicare Costs?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

## **Section I** (continued)

### **What Are My Protections In This Plan?**

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Plan Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Humana Complete (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### **What Is A Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Humana Complete (PDP) for more details.

### **Where Can I Find Information On Plan Ratings?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

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Please call Humana Insurance Company for more information about Humana Complete (PDP).

Visit us at **www.humana-medicare.com** or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. - 8 p.m. Eastern

Current members should call toll-free **(800)-281-6918**.  
**(TTY/TDD 711)**

Prospective members should call toll-free **(800)-706-0872**.  
**(TTY/TDD 711)**

Current members should call locally **(800)-281-6918**.  
**(TTY/TDD 711)**

Prospective members should call locally **(800)-706-0872**.  
**(TTY/TDD 711)**

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web. This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento podría estar disponible en un idioma diferente del inglés. Si desea información adicional, comuníquese con el Departamento de Atención al Cliente al número telefónico indicado arriba.

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
<p><b>Outpatient Prescription Drugs</b></p>	<ul style="list-style-type: none"> <li>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</li> </ul>	<p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp">http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp</a> on the web.</li> <li>Different out-of-pocket costs may apply for people who             <ul style="list-style-type: none"> <li>have limited incomes,</li> <li>live in long term care facilities, or</li> <li>have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> </li> <li><b>\$114.90</b> monthly premium</li> <li>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over <b>\$85,000</b> for singles, <b>\$170,000</b> for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</li> <li>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</li> <li>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</li> <li>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</li> <li>Some drugs have quantity limits.</li> <li>Your provider must get prior authorization from Humana Complete (PDP) for certain drugs.</li> <li>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</li> <li>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</li> <li>If you request a formulary exception for a drug and Humana Complete (PDP) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li><b>\$0</b> deductible.</li> </ul> <p><b>Initial Coverage</b></p> <ul style="list-style-type: none"> <li>You pay the following until total yearly drug costs reach <b>\$2,930</b>:</li> </ul> <p><b>Retail Pharmacy</b></p> <ul style="list-style-type: none"> <li>Tier 1: Preferred Generic Drugs</li> </ul>

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> <li>– <b>\$5</b> copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>– <b>\$15</b> copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>– <b>\$10</b> copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>– <b>\$30</b> copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 2: Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$37</b> copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>– <b>\$111</b> copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>– <b>\$42</b> copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>– <b>\$126</b> copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$69</b> copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>– <b>\$207</b> copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>– <b>\$74</b> copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>– <b>\$222</b> copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 4: Specialty Tier Drugs</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> </li> </ul>

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## Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<p><b>Long Term Care Pharmacy</b></p> <ul style="list-style-type: none"> <li>• <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$5</b> copayment for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> <li>• <u>Tier 2: Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$37</b> copayment for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> <li>• <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$69</b> copayment for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> <li>• <u>Tier 4: Specialty Tier Drugs</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> </ul> <p><b>Mail Order</b></p> <ul style="list-style-type: none"> <li>• <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$0</b> copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$0</b> copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$5</b> copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>– <b>\$15</b> copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 2: Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$37</b> copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$101</b> copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$37</b> copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>– <b>\$111</b> copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$69</b> copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> </ul> </li> </ul>

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## Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> <li>– <b>\$197</b> copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$69</b> copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>– <b>\$207</b> copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 4: Specialty Tier Drugs</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> </li> </ul> <p><b><u>Additional Coverage Gap</u></b></p> <ul style="list-style-type: none"> <li>• The plan covers many formulary generics (<b>65%-99%</b> of formulary generic drugs), some formulary brands (<b>10%-64%</b> of formulary brand drugs) through the coverage gap.</li> <li>• You pay the following:</li> </ul> <p><b><u>Retail Pharmacy</u></b></p> <ul style="list-style-type: none"> <li>• <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$5</b> copayment for a one-month (30-day) supply of all drugs covered in this tier from a preferred pharmacy</li> <li>– <b>\$15</b> copayment for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy</li> <li>– <b>\$10</b> copayment for a one-month (30-day) supply of all drugs covered in this tier at a non-preferred pharmacy</li> <li>– <b>\$30</b> copayment for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 2: Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>50%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a preferred pharmacy</li> <li>– <b>50%</b> coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy</li> <li>– <b>55%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier at a non-preferred pharmacy</li> <li>– <b>55%</b> coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy</li> </ul> </li> </ul>

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## Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>50%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a preferred pharmacy</li> <li>– <b>50%</b> coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy</li> <li>– <b>55%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier at a non-preferred pharmacy</li> <li>– <b>55%</b> coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <b><u>Long Term Care Pharmacy</u></b> <ul style="list-style-type: none"> <li>• <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$5</b> copayment for a one-month (34-day) supply of all drugs covered in this tier</li> </ul> </li> <li>• <u>Tier 2: Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>50%</b> coinsurance for a one-month (34-day) supply of select drugs covered in this tier</li> </ul> </li> <li>• <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>50%</b> coinsurance for a one-month (34-day) supply of select drugs covered in this tier</li> </ul> </li> </ul> </li> <li>• <b><u>Mail Order</u></b> <ul style="list-style-type: none"> <li>• <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$0</b> copayment for a one-month (30-day) supply of all drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>\$0</b> copayment for a three-month (90-day) supply of all drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>\$5</b> copayment for a one-month (30-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy</li> <li>– <b>\$15</b> copayment for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 2: Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>50%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> </ul> </li> </ul> </li> </ul>

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## Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> <li>– <b>50%</b> coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>55%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> <li>– <b>55%</b> coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>50%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>50%</b> coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>55%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> <li>– <b>55%</b> coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• Please contact the plan for a complete list of drugs covered through the gap.</li> <li>• After your total yearly drug costs reach <b>\$2,930</b>, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than <b>86%</b> of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach <b>\$4,700</b>.</li> <li><b><u>Catastrophic Coverage</u></b> <ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach <b>\$4,700</b>, you pay the greater of: <ul style="list-style-type: none"> <li>– <b>5%</b> coinsurance, or</li> <li>– <b>\$2.60</b> copayment for generic (including brand drugs treated as generic) and a <b>\$6.50</b> copayment for all other drugs.</li> </ul> </li> </ul> </li> <li><b><u>Out-of-Network</u></b> <ul style="list-style-type: none"> <li>• Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Complete (PDP).</li> </ul> </li> <li><b><u>Out-of-Network Initial Coverage</u></b> <ul style="list-style-type: none"> <li>• You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach <b>\$2,930</b>:</li> </ul> </li> </ul>

(Continued next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> <li>• <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$10</b> copayment for a one-month (30-day) supply of drugs in this tier</li> </ul> </li> <li>• <u>Tier 2: Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$42</b> copayment for a one-month (30-day) supply of drugs in this tier</li> </ul> </li> <li>• <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$74</b> copayment for a one-month (30-day) supply of drugs in this tier</li> </ul> </li> <li>• <u>Tier 4: Specialty Tier Drugs</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> </li> <li>• You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</li> </ul> <p><b><u>Additional Out-of-Network Coverage Gap</u></b></p> <ul style="list-style-type: none"> <li>• You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:           <ul style="list-style-type: none"> <li>• <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> <li>– <b>\$10</b> copayment for a one-month (30-day) supply of all drugs covered in this tier</li> </ul> </li> <li>• <u>Tier 2: Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>55%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier</li> </ul> </li> <li>• <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> <li>– <b>55%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier</li> </ul> </li> <li>• <u>Tier 4: Specialty Tier Drugs</u> <ul style="list-style-type: none"> <li>– You will be reimbursed up to <b>14%</b> of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach <b>\$4,700.</b></li> <li>– You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach <b>\$4,700.</b></li> </ul> </li> </ul> </li> <li>• You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</li> </ul> <p><b><u>Out-of-Network Catastrophic Coverage</u></b></p> <ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach <b>\$4,700</b>, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:           <ul style="list-style-type: none"> <li>– <b>5%</b> coinsurance, or</li> <li>– <b>\$2.60</b> copayment for generic (including brand drugs treated as generic) and a <b>\$6.50</b> copayment for all other drugs.</li> </ul> </li> </ul>

(Continued next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"><li>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</li></ul>

## Section III – About Your Plan

This section further explains some of the benefits of our plan. To get a complete list of benefits, limitations, and exclusions, call Humana and ask for the “Evidence of Coverage.”

### Humana Complete (PDP)

#### Enrollment Limitations

- Eligible individuals can enroll in only one Medicare Prescription Drug Plan (PDP) at a time.
- You can't enroll in a Medicare Advantage Plan HMO or PPO and a stand-alone PDP at the same time.
- You can enroll in a Private-Fee-For-Service (PFFS) plan and a stand alone PDP. However, you can't do so if the PFFS plan already has a prescription drug benefit attached.

#### Days' Supply Available

Unless otherwise specified, you can get your Part D medicine in the following days' supply amounts:

- One-month supply (up to 30 days)\*
- Two-month supply (31 – 60 days)
- Three-month supply (61 – 90 days)

\*Long Term Care Pharmacy (one month supply = 34 days)

#### Specialty Drugs

Regardless of tier placement, Specialty drugs are limited to a one-month supply.

#### Coverage Gap Cost Shares

- Humana Complete PDP provides coverage for all Tier 1 Preferred Generics in the gap. Your cost share for these Tier 1 medications will remain the same as during Initial Coverage.
- Humana Complete PDP will also cover select Brand medications in Tiers 2 and 3 in the gap. Your cost shares for these medications will increase when you are in the gap.
- Please refer to Section II of this Summary of Benefits for details.

#### Limit Out-of-Pocket Costs by using Preferred Pharmacies

- **Preferred Mail Order Pharmacy: \$0 Tier 1 Preferred Generics**

With Humana Complete Prescription Drug Plan, you pay nothing for Tier 1 generics when filled by Humana's preferred mail order pharmacy.

- **Preferred Retail Pharmacies**

Using preferred retail pharmacies will minimize your out-of-pocket costs. Humana has both preferred and non-preferred retail pharmacies in its network. If you get your prescription(s) filled at a non-preferred retail pharmacy, your cost-share (per 30-day supply) may increase.\*\*

\*\*Will not apply to low income subsidized beneficiaries.





**HUMANA.**

- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the program, to verify that the mail order pharmacy will coordinate with the program.

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**Humana.com**

# 2012

## Value-Added Services

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### **Humana Complete (PDP)**

S5884-060

State of California

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**HUMANA**<sup>®</sup>

# Value-Added Services

Humana has deals that let you get items and services for less. In this part, we'll let you know how you can save. To get some of the discounts, you may need to show your Humana ID card or a discount card.

For information, call Humana Customer Care at **1-800-457-4708**, seven days a week, 8 a.m. to 8 p.m. If you use a TTY, please call **711**. Our voice mail system takes your call on Saturdays, Sundays, and some holidays. Just leave a message and tell us why you're calling. A Humana representative will return your call.

- The products and services described on the following pages are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process. If you do not wish to receive information concerning value-added items and services available with the plan, please contact Humana.
- If you're unhappy with any of these items or services, we'd like to know about it. Please call **1-800-457-4708**, seven days a week, 8 a.m. to 8 p.m. If you use a TTY, call **711**.

# Health and Wellness Products

Members of some Humana plans may be able to get discounts on over-the-counter (OTC) health and wellness products from RightSource.

The discounts are for a wide range of non-prescription products in the following groups:

- Vitamins and minerals
- Pain relievers
- Cold and allergy medicines
- Antacids
- Laxatives and anti-diarrhea products
- First-aid and medical supplies
- Women's health products
- And many more OTC health and wellness products

## How the discount works

Simply call our Customer Service department at **1-800-457-4708**. Ask for an OTC health and wellness order form. Then fill it out and mail it to:

RightSource  
P.O. Box 745099  
Cincinnati, OH 45274-5099

## Contact information

To find out if you can get the discounts or to request an order form, call our Customer Service department at **1-800-457-4708**. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card handy when you call.

# HumanaDental Discount

You can save on dental services with HumanaDental. Just see a HumanaDental dentist or specialist. The discount will be taken off your bill.

## How it works

Simply choose a HumanaDental dentist. Call to make an appointment. Cut out the HumanaDental discount card on the last page of this booklet. Show the dentist your Humana ID card and the dental discount card when you go in. The dentist will give you the discount. He or she will tell you if you pay then or wait for a bill. You don't need to send a claim form to HumanaDental.

## Contact information

To find a dentist or specialist near you, visit **www.HumanaDental.com**. Call HumanaDental at **1-800-898-0371**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. If you use a TTY, call **1-800-325-2025**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

- The HumanaDental program is not intended to replace any other dental coverage.
- If your dentist leaves the network, you'll need to select another dentist in the HumanaDental network. Not all types of dentists may be in your area.
- If you have questions or concerns about the care you got from a Humana dentist, call Customer Care at the number on your Humana ID card.

- If you already started dental work before joining Humana, you can't get the discount.
- Procedures not contracted with the dentist or contracted at the dentist's normal fee are not subject to a discount.

## Humana's Discount Hearing Program

As a Humana member, you have access to discounts and services from Humana's national hearing aid providers, TruHearing and HearUSA. Discounts and services are applied when you purchase your hearing aid. You must call one of the provider's listed below to schedule an appointment in order to receive the discount. Please check with the providers below for locations and available discounts in your area. Florida has an exclusive agreement with HearX/HearUSA.

### How the discount works

#### TruHearing

Call TruHearing toll-free at **1-888-403-3937** or use the TTY number **1-800-975-2674**, to make an appointment to get the Value Added Program discount.

- More than 3,000 providers in the US
- 100 percent digital hearing aids using the latest technology from three leading manufacturers
- Free hearing screening. The free screening is a basic four-tone test that determines whether there is a measurable hearing loss. If there is a loss, then the provider may recommend a complete comprehensive hearing evaluation.
- Free DVD when you make an appointment
- Up to a **60 percent** discount on all hearing aids
- Free supply of batteries (48 cells per aid) when you buy; and an additional 40 cells per aid when you re-enroll with Humana
- Three year repair warranty
- Three year one-time loss/damage coverage (deductible applies)
- Try hearing aid for 45 days. Money back if you aren't happy.
- Payment plans, including 12-month no-interest financing, available upon approved credit

WANT TO SAVE MORE? Save an additional \$600 - \$2000 per pair of aids off our current Health Plan pricing, through membership in the new **MEMBERPLUS** program. For just \$108 one-time annual fee, you and your dependents are covered; and for just \$79 each, you can add up to four extended family members – parent, aunt, grandparent, brother, etc. With enrollment and purchase, you receive a free supply of batteries (40 cells per aid) with a retail value of \$80-\$100. For complete program details and to enroll, go to [www.truhearingmemberplus.com](http://www.truhearingmemberplus.com).

**Be sure to use Group Number MPHU-MANA for enrollment in MEMBERPLUS**

### Contact information

To get more information or schedule a free screening, call TruHearing at **1-888-403-3937**, Monday through Friday, 8 a.m. to 8 p.m. Central time. If you use a TTY, call **1-800-975-2674**, Monday through Friday, 8 a.m. to 8 p.m. Central time.

### How the discount works

#### HearUSA

Call HearUSA toll-free at **1-800-333-3389** or use the TTY number **1-888-300-3277**, to make an appointment to get the Value Added Program discount.

- Access to an accredited network of over 2,000 providers nationwide. Please call the number under **Contact**

**information** to schedule your appointment to ensure your discount.

- Complete hearing exam at no charge (\$135 value).
- Humana-negotiated discounts provide:
  - o The latest digital hearing aids from a variety of manufacturers.
  - o Fixed prices across 5 levels of technology, regardless of style or size of the hearing aid.
  - o Standard prices that are not inflated to claim higher discounts.
- Comprehensive three-year warranty, including loss and damage.
- Free two-year supply of batteries (up to 96 cells).
- In-office service at no charge for the life of the hearing aids.
- 30-day money-back guarantee.
- **0 percent** financing available.
- A **20 percent** discount on accessories & assisted listening devices is also available by calling 1-800-432-7872 or through [www.hearingshop.com](http://www.hearingshop.com). Please be sure to use checkout code "EARHUMANA."

**Contact information**

For a list of HearUSA providers in your area, visit [www.hearusa.com](http://www.hearusa.com) or call HearUSA toll-free at **1-800-333-3389**, Monday through Friday, 8:30 a.m. to 8:30 p.m. Eastern time. If you use a TTY, call **1-888-300-3277**, Monday through Friday, 8:30 a.m. to 8:30 p.m. Eastern time.

**Beltone**

As a Humana member, you are entitled to participate in the Beltone/Humana Hearing Care Program. You must call the provider to schedule an appointment in order to receive the discount.

**How the discount works**

**Call Beltone to schedule an appointment in order to receive the discount.**

Humana Hearing Care Discount Program – 2012 Summary

Retail price each	\$2,495.00	\$1,995.00	\$1,495.00	\$995.00
Products	Reach, True 9	Identity, True 6	Change, Force	Access, Turn
Channels	17 & 9	9 & 6	6	6
Features available	Feedback Eraser, Speech Spotter Pro, Adaptive Directionality, Smart Beam, Monitored Directionality, Wind Noise Reduction, Adaptive Anti-Feedback Control, Satisfaction Manager, Data Logging, Learning Volume Control, Sound Cleaner	Speech Pattern Detection, Feedback Eraser, Adaptive Directionality, Wide Dynamic Range Curvilinear Compression, Smart Gain, Wind Noise Suppression, Data Logging, multi-memory, Learning Volume Control	WDRC, Automatic feedback cancellation, Speech Pattern Detection with Noise Reduction, Data Logging, Multi-memory, Automatic Compression Adaptor	WDRC, Curvilinear Compression, Silencer System, Multi-memory, Gain Explorer, Noise Reduction

- Free annual hearing screening and hearing exams (\$135 value)
- Up to **50 percent** off suggested retail pricing for specified technology levels

- Free In-home service, if needed (where available)
- BelCare™ patient satisfaction plan includes:
  - o Lifetime Care™ Program
  - o Two-year hearing loss change protection
  - o Authorized service at any U.S. Beltone location
- Free Two-year supply of batteries (96 cells) with purchase (\$120 value)
- Free Three-year manufacturer's warranty on all products (up to \$290 value)
- Three-year Loss, Stolen & Damage coverage included
- 45-day credit return with money-back guarantee
- Unlimited support for fitting and training on your hearing aids
- Exclusive Patient Financing Program available:
  - o Low fixed monthly payments with up to 60 months to pay
  - o No-interest promotions available
  - o Based on approved credit, some minimums apply
- Nationwide network of hearing care providers

### Contact information

To get more information, or for your nearest provider location, call Beltone at **1-800-BELTONE (1-800-235-8663)**, Monday through Friday from 8 a.m. to 8 p.m., Eastern Time, or go online at [www.beltone.com](http://www.beltone.com). If you have a speech or hearing impairment and use a TTY, call **711**. You can call seven days a week from 8 a.m. to 8 p.m. Our automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card handy when you call.

## Prescription Medicine Discount

As a Humana member, you can get discounts on some medicines you get from the drug store. Use this discount for prescriptions Medicare won't pay for.

### How the discount works

Show your Humana ID card at a participating pharmacy when you buy non-covered prescriptions/medicines. Dependent upon your purchase, you may be limited to a certain amount.

### Contact Information

All major pharmacy chains participate. To find out if an independent pharmacy participates, call Customer Service at **1-800-281-6918**. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our voice mail system takes your call on Saturdays, Sundays, and some holidays. Just leave a message and tell us why you are calling. We'll call back by the end of the next business day. Please have your Humana ID card when you call.

## Vision Discount Program

You can get this program through EyeMed Vision Care. Vision wellness is important to your overall health and well-being. With the vision discount program, it's easy to care for your eyes. You can also save on your eyewear needs. You have access to the extensive EyeMed network of 40,000 providers across the country. They are at about 20,000 locations. Some of them are companies that you know and trust. These include LensCrafters®, Pearle Vision®, Sears Optical, Target Optical, and JCPenney™ Optical. The program includes the following services:

- Exam with dilation (if necessary) – **\$5 off** routine exam; **\$10 off** contact lens exam.
- Frames – **40 percent off** retail price on all frames except when not allowed by the manufacturer.
- Lenses – fixed prices for lenses and lens options.



- Contact Lens – **15 percent off** retail price for non-disposable contact lenses.
- Laser Vision Correction (Lasik or PRK)\* – **15 percent off** retail price or **5 percent off** promotional price.

### How the discount works

The discount applies only to services you get from providers in the EyeMed Select network. Choose a participating EyeMed provider by visiting **Humana.com** > Find a doctor > click onto EyeMed Vision Care. You can also call EyeMed’s provider locator service at **1-866-392-6056**. Your personal information or ID is not in the EyeMed system. Once you’ve chosen a provider, call and schedule your appointment. Make sure to tell them you have the EyeMed discount through Humana.

Clip out the EyeMed Vision discount card printed on the last page of this booklet. Show the card when you go to your appointment. The EyeMed provider will take care of the rest. He or she will automatically give you the discount. You won’t need to submit a claim. Since this is a discount offer, your ID, name, and address are not in EyeMed’s files.

If you lose your discount card, just tell your provider you’re a Humana member with the EyeMed discount.

### Contact information

To choose a participating EyeMed Select provider, visit **Humana.com**. You can also call EyeMed’s provider locator service at **1-866-392-6056**, Monday through Saturday, 8 a.m. to 11 p.m., and Sunday, 11 a.m. to 8 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

\* LASIK or PRK vision correction is a procedure you choose to have done. It is not needed for medical reasons. It is performed by specially trained providers. You may not always be able to get this discount from a provider near you. For a location near you and the discount authorization, please call **1-877-5LASER6 (1-877-552-7376)**, Monday through Friday, 8 a.m. to 8 p.m., and Saturday, 9 a.m. to 5 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

## Lifeline® Medical Alert Systems

Every day, Lifeline® helps thousands of people live more independent, active lives at home. In partnership with Humana, Lifeline offers a monthly rate of **\$38.00** for its standard medical alert service to all Humana members. You can also take advantage of a **free** activation rate – a \$90.00 value.

### How the discount works Standard Lifeline Service

Installation and enrollment fee

- Regular rate for self installations: \$90.00
- Humana members’ installation rate: **Free**

Monthly fee

- Regular rate: \$42.00
- Humana members: **\$38.00**

### How this service works

The standard service includes the new Lifeline CarePartners Home Communicator model and Lifeline monitoring services by a trained, dedicated professional staff 24 hours a day, every day of the year.

If you need medical assistance, a push of a button signals the Lifeline monitoring center. One of our professionals will speak to you over our Home Communicator phone to determine what help is needed and dispatch the appropriate responders. Responders are your family members, friends, or neighbors, as well as emergency service personnel who can quickly get to your home.

The standard service includes your choice of a necklace-style Slimline or Classic transmitter or a wristwatch-style Slimline.

**Contact information**

For details about the program, visit the Lifeline Website at [www.lifelinesys.com](http://www.lifelinesys.com) or call **1-800-594-8192**, Monday through Friday, 7:30 a.m. to 10 p.m., and Saturday, 8 a.m. to 7 p.m. Eastern time. If you use a TTY, call **1-800-855-2881**. If you are located in Massachusetts and use a TTY, call **1-800-439-0183**, Monday through Friday, 7:30 a.m. to 10 p.m., and Saturday, 8 a.m. to 7 p.m. Eastern time.

CUT OUT THIS CARD AND KEEP IT IN YOUR WALLET FOR HANDY REFERENCE.

<p><b>HumanaVision</b> Medicare <i>Discount</i> Card</p> <p>MEMBER NAME: _____ PLAN ID: 9243247</p> <p><b>HUMANA.</b></p>	<p>For more information, call EyeMed: <b>1-866-392-6056</b></p> <p>This discount program is <b>not</b> part of your Medicare Advantage plan coverage. Discounts are only available at participating providers.</p> <p><b>EyeMed</b> VISION CARE®</p>
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CUT OUT THIS CARD AND KEEP IT IN YOUR WALLET FOR HANDY REFERENCE.

<p><b>HumanaDental</b> Access Discount Card</p> <p>MEMBER NAME: _____ MEMBER ID: _____</p> <p>For more information, visit <b>Humana-Medicare.com</b> or call <b>1-800-898-0371</b></p>	<p>This discount program is <b>not</b> part of your Medicare Advantage plan coverage. Discounts are only available at participating providers.</p> <p><b>HUMANA DENTAL</b></p> <p>In addition to the HumanaDental network, the following networks are available in the respective states: DenteMax in District of Columbia, Connecticut, Maryland, Michigan, Massachusetts, New Jersey, New York, Pennsylvania &amp; Virginia, MN Premier in Minnesota, Diversified in Nevada, ADP in Wisconsin</p>
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**HUMANA.**

- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

A stand-alone prescription drug plan with a Medicare contract, available to anyone entitled to Part A and/or enrolled in Part B of Medicare. Medicare members may enroll in the plan only during specific times of the year. Contact Humana for more information.

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**HUMANA.**

- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

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