

2018 Direct Member Reimbursement Policy Humana's Part D Prescription Drug Coverage

As a Humana member, you can save on your prescription drug costs through a nationwide network of nearly 60,000 pharmacies. To find a Humana Medicare Part D network pharmacy, please visit **Humana.com** or call our Customer Care team at **1-800-457-4708** (TTY: 711) if you're an MAPD member, or **1-800-281-6918** (TTY: 711) if you're a PDP member. You can call Monday through Friday, 8 a.m. to 8 p.m.

In addition to obtaining medications from in-network retail pharmacies, you may also choose a mail order pharmacy to have up to a 90-day supply of covered Part D drugs* mailed directly to your home or other address you designate. Information related to in-network mail-order pharmacy(s) is available on Humana.com.

*Specialty drugs are limited to a 30 day supply.

If you use a non-preferred mail order vendor or retail provider, standard retail rates will apply. That means you may pay more for your medications. Please check your Summary of Benefits or Evidence of Coverage or visit Humana.com for more information.

Out-of-Network Pharmacies

We understand that you may need to use pharmacies outside your plan network from time to time. Generally, we only reimburse medications filled at an out-of-network pharmacy when a network pharmacy isn't available. Below you'll find some situations when we may reimburse medications from an out-of-network pharmacy. If possible, before you fill a prescription out-of-network, call our Customer Care team and a representative will help and find out if a network pharmacy is available. You can reach our Customer Care team at **1-800-457-4708** (TTY: 711) if you're an MAPD member, or **1-800-281-6918** (TTY: 711) if you're a PDP member. You can call Monday through Friday, 8 a.m. to 8 p.m.

We may reimburse you for a prescription filled at an out-of-network pharmacy with an out-of-network penalty* if:

- You can't get a covered medication in a timely manner because there are no network pharmacies providing 24-hour service within a reasonable driving distance.
- You're trying to fill a covered medication that isn't regularly stocked at a network retail or mail order pharmacy; this includes specialty medications.
- You need a covered drug related to emergency or urgently-needed medical care.
- You get a covered prescription drug from an institutional-based pharmacy while a patient in an emergency room, provider-based clinic, outpatient surgery clinic, or other outpatient setting.
- You're automatically enrolled in our plan because you're Medicaid eligible and have covered prescription drug expenses that weren't reimbursed by other insurance. This is in effect for up to a seven month retroactive enrollment period.
- You are evacuated due to a state or federal emergency disaster declaration (FEMA) or other public health emergency declaration and can't readily find an in-network pharmacy.

If you go to an out-of-network pharmacy for the reasons listed above, you'll have to pay the full cost when you fill your prescription. We will pay you back our share of the cost if you submit a paper claim form. To submit a paper claim for reimbursement, see "**How do I submit a paper claim?**" in the "**Frequently Asked Questions**" (FAQ) section at the bottom of this document.

*Please note that an out-of-network penalty, as described in the FAQ section below, will apply.

In-Network Pharmacies

Humana's network pharmacies are required to automatically submit your claims online. You should always present your ID card at the pharmacy so the pharmacy can gather the information needed for this online submission.

If you do not present your ID card at the pharmacy, or the network pharmacy cannot submit your claim online for some other reason, you can pay the cash price for the prescription and submit it to Humana for reimbursement.* To submit a paper claim for reimbursement, see “**How do I submit a paper claim?**” in the **FAQ** section at the bottom of this document.

***Effective 02/01/2014, you will be charged a penalty for any in-network claims that are not submitted online through your pharmacy.** The penalty is the difference between the cash price you paid and the negotiated rate Humana and the network pharmacy agreed Humana would pay to the pharmacy. You will have to pay this penalty in addition to any cost-sharing you are responsible for under your plan. While you will get credit on your True Out of Pocket (TrOOP) for your cost-sharing, you will not get credit for this penalty amount.

If you are getting extra help from Medicare to pay for your prescription drug premiums and costs, you will still only pay your reduced cost share amount as you normally would.

If you have questions about whether a pharmacy is in Humana's network, you can call our Customer Care team at **1-800-457-4708** (TTY: 711) if you're an MAPD member, or **1-800-281-6918** (TTY: 711) if you're a PDP member. You can call Monday through Friday, 8 a.m. to 8 p.m.

Vaccines

What if I get a covered Part D vaccine in the doctor's office?

This is treated as an out-of-network situation whether or not the doctor is in your medical network because the doctor is not in your pharmacy network. If a Part D covered vaccine is appropriately administered or dispensed in a doctor's office, you'll have to pay the full cost of the vaccine and its administration at that time.

We will pay you back our share of the cost if you submit a paper claim form. In most cases, when you get the vaccine from your doctor, we will not be able to reimburse you the full amount you paid in the doctor's office. You will be responsible for an out-of-network penalty and your copay. See the **FAQ** section at the bottom of this document for an explanation of the out-of-network penalty.

To submit a paper claim for reimbursement, see “**How do I submit a paper claim?**” in the **FAQ** section at the bottom of this document.

Remember, if you get the vaccine from a network pharmacy and it is processed at point of sale (POS), you may avoid the out-of-network penalty.

If you obtain the vaccine at the:	And the vaccine is administered at the:	Then you pay (and/or are reimbursed):
Network Pharmacy	Network Pharmacy	You pay the normal coinsurance or copayment for the vaccine.
Doctor's office	Doctor's office	You pay the full cost of the vaccine, including administration fee, when the vaccine is received. When you submit a paper receipt, Humana reimburses the cost minus the OON penalty and the copay/cost share. The administration fee is only reimbursed up to a \$20 maximum. This is treated as an out-of-network situation whether or not the doctor participates with the member's medical plan because the doctor is not in the Pharmacy network.
Network Pharmacy	Doctor's office	You pay the normal coinsurance or copayment for the vaccine at the pharmacy. You must also pay the cost for administering the vaccine to the doctor and submit it as a paper claim to Humana. The administration fee is only reimbursed up to a \$20 maximum.

Frequently Asked Questions

What if I need a prescription due to a medical emergency?

If this happens, you'll have to pay the full cost when you fill your prescription. We will pay you back our share of the cost if you submit a paper claim form. To submit a paper claim for reimbursement, see "**How do I submit a paper claim?**" further down in this section. Please note the out-of-network penalty, which is defined later in this section, will apply.

What if I need medicine while I'm traveling away from my plan's service area?

If you regularly take a prescription drug and you're planning a trip, check your drug supply before you leave. Try to take along all the medication you'll need for the duration of your trip. You may also check a network mail order or retail pharmacy to see if they can fill your prescription for an extended supply.

Humana has a national pharmacy network that can fill your prescriptions, even when you're outside your plan's service area. If you travel outside your plan's service area in the United States and need prescription drugs, call our Customer Care team at **1-800-457-4708** (TTY: 711) if you're an MAPD member, or **1-800-281-6918** (TTY: 711) if you're a PDP member. You can call Monday through Friday, 8 a.m. to 8 p.m. We'll help you find a network pharmacy where you can fill your prescription.

If a network pharmacy isn't available outside of your plan service area, you'll have to pay the full cost when you fill your prescription. We will pay you back our share of the cost if you submit a paper claim form. To submit a paper claim for reimbursement, see "**How do I submit a paper claim?**" further down in this section. Please note the out-of-network penalty, which is defined later in this section, will apply.

Are there limitations to drugs received from an out-of-network pharmacy?

Out-of-network pharmacy coverage is intended for emergency or other extenuating circumstances as described above for a short-term basis only. Therefore, prescriptions filled outside the Humana pharmacy network are limited to a 30-day supply.

Sometimes your doctor may need to submit additional documentation so we can process your reimbursement payment request. This can happen if you get:

- A drug from an out-of-network pharmacy that isn't on our drug list
- A drug that's subject to coverage requirements or limits

You can call Customer Care at our Customer Care team at **1-800-457-4708** (TTY: 711) if you're an MAPD member, or **1-800-281-6918** (TTY: 711) if you're a PDP member. You can call Monday through Friday, 8 a.m. to 8 p.m. to:

- Find out if your drug is on the drug list
- See if the drug is subject to coverage requirements or limits
- Request a copy of our drug list

You can also get updated information about covered drugs on **Humana.com**.

How long do I have to submit my paper claim for reimbursement?

CMS requires that members be given 36 months from the date of the prescription fill to submit their claim for reimbursement.

How do out-of-network pharmacy claims affect my cost share?

Usually, out-of-network pharmacy claims result in a greater cost to both you and to the plan. Because the out-of-network pharmacy typically charges a higher total cost for the drug than in-network pharmacies, your cost share goes up as well. There is also an out-of-network penalty assessed per Medicare's guidelines, which is described next.

What is the in-network penalty?

The in-network penalty is the difference between the cash price you paid for the drug at the pharmacy and the negotiated rate Humana and the pharmacy agreed Humana would pay to the pharmacy. Please be aware this means that you might not receive the full amount that you paid for the drug. You will have to pay this penalty in addition to any cost-sharing you are responsible for under your plan. If the cash price you paid to the pharmacy is higher than negotiated rate, then the reimbursement will be less than what you actually paid for the drug.

What is the out-of-network (OON) penalty?

The OON penalty is the difference between the cash price you paid for the drug at the pharmacy and Humana's plan allowance for that drug. Please be aware this means that you might not receive the full amount that you paid for the drug. The cash price paid and Humana's plan allowance varies in cost. If the cash price you paid to the pharmacy is higher than the plan allowance, then the reimbursement will be less than what you actually paid for the drug.

What happens if I use out-of-network pharmacies for reasons other than given in this policy?

Repeated out-of-network pharmacy use that isn't consistent with this policy will result in denial of your claim for reimbursement. In addition, we can't pay for lost or stolen prescriptions or prescriptions filled by pharmacies outside the United States, even in a medical emergency.

Where do I find the paper claim form?

The Prescription Drug Claim form can be found on Humana.com in the same area where the Part D drug list is displayed. The claim form can also be obtained by calling customer service.

How do I submit a paper claim?

Submit your claim by completing the Prescription Drug Claim form or a written request for reimbursement. Include an explanation of your circumstances when submitting your claim. You must include your receipt with this submission.

Send the Prescription Drug Claim Form or written request and receipts to:

Humana Claims Office
P.O. Box 14140
Lexington, KY 40512-4140

or

FAX to: 866-754-5362

Please keep a copy of the receipts for your records.

Public Notice of Out-of-Network Pharmacy Access Policy

This Out-of-Network Pharmacy Access Policy and the Prescription Drug Claim Form are available on **Humana.com**, in the same area where the Part D formulary drug list is displayed.

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year.

Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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. The pharmacy network may change at any time. You will receive notice when necessary.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-800-457-4708 or if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-800-457-4708 or if you use a TTY, call 711.

You can also file a civil rights 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, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-457-4708 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-457-4708 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-457-4708 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-457-4708 (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-457-4708 (TTY: 711) 번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-457-4708 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-457-4708 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-457-4708 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-457-4708 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-457-4708 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-457-4708 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-457-4708 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-457-4708 (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-457-4708 (TTY : 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-457-4708 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kójjí' hódíłnih 1-800-457-4708 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-457-4708 (هاتف الضم: 711).