Humana Pharmacy
Welcome Guide
Welcome to Humana Pharmacy

Your well-being is important to everyone at Humana Pharmacy®. We understand that being healthy and having time to enjoy life go hand-in-hand.

With Humana Pharmacy, you’ll get your medicine conveniently shipped to the location of your choice, and we’ll make sure your order is safe and secure every time.

You’ll have access to Humana Pharmacy pharmacists who can help answer your questions, and I am confident you’ll see the convenience and ease of getting your medicine and diabetic testing supplies in the mail.

We are continuously working to find new ways to make your experience as easy as possible. In this booklet, you’ll find helpful information about using the online tools at HumanaPharmacy.com and the Humana Pharmacy Mobile app. These will help you place a new order, check your order status, order refills and more.

Thank you for choosing Humana Pharmacy. We appreciate your business and we look forward to serving you.

Sincerely,

Scott Clark, Pharm.D.
Director, Humana Pharmacy Professional Practice
Humana Pharmacy is URAC, DMEPOS and Digital Pharmacy accredited

URAC is an independent nonprofit organization that establishes quality standards for the healthcare industry. To receive accreditation, Humana Pharmacy meets strict quality standards with a commitment to consumer safety and ease of access to care. URAC accreditation assures consumers that Humana Pharmacy has processes to deliver prescriptions in a timely and accurate manner.

Since 2010, Humana Pharmacy has been accredited by the National Association of Boards of Pharmacy (NABP) for both Digital Pharmacy and DMEPOS. This means Humana Pharmacy meets nationally endorsed standards of privacy, safety and security practices when it comes to delivering prescriptions and providing meaningful guidance to providers and customers.
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Have you ever wondered how mail delivery works? Follow the steps below to find out.

1. Once Humana Pharmacy receives your prescription order request from either you or your healthcare provider, an associate will check your pharmacy benefit coverage, add your profile to a secure database, scan your order and create a unique order number.

   • Once this is complete, you can track the progress of your prescription online or in the mobile app on the order details page. See page 14 in this guide for information on your order status.

2. A Humana pharmacist reviews your prescription order for accuracy and possible drug, disease or allergy interactions. If there are questions or concerns, a pharmacist will contact your healthcare provider.

3. Orders then go through the payment process. If your prescription benefit doesn’t cover the medicine, or an approval is required, an associate will review the claim and Humana Pharmacy will attempt to resolve the issue. This may require a follow-up call to you or your healthcare provider.
4. Your order is then filled by an automated dispensing system and reviewed by a Humana Pharmacy pharmacist to ensure the medicine and label are accurate before shipping.

5. Humana Pharmacy ships the order to you, along with an invoice for your records and the required medicine information and proper dosing directions. Standard shipping is free. Faster shipping is available for an additional cost.

**Please note:** Humana Pharmacy does not offer credits or refunds for returned medicines or supplies that are properly dispensed. If there is an issue with your medicines upon receipt, please call us immediately.

You may be charged sales tax on certain items depending on the state where your items are shipped. You can view sales tax on your invoice, online or in the Humana Pharmacy mobile app.
Managing your Humana Pharmacy account online

Use your MyHumana.com username and password to sign in to HumanaPharmacy.com. If you haven’t registered with Humana Pharmacy, just click the Register for Humana Pharmacy button on the homepage and follow the instructions.

HumanaPharmacy.com is available 24 hours a day, seven days a week to:
• Order refills, check your order status, and start a new prescription request
• Find your Humana Pharmacy account information (such as your shipping address, Humana member ID and healthcare providers)
• Add or update your allergies and health conditions
• Update contact and payment information

You can also add or update your communication preferences and high copay alert notifications.

Note: You will be able to view all of your orders and personal information as well as all information for any covered dependents younger than 18.
Choose how you’d like to be contacted

We use emails, text messages and automated phone calls to reach you promptly with information about your order or your account. Help us contact you quickly in the method you prefer by setting your preferences.

You’ll find Preferences under the My Account section. Here, you can set the primary email address and phone number that Humana Pharmacy will use to contact you. If you provide the number for a mobile device, you can select to receive refill reminders and order status updates via text message.

How to start a prescription with Humana Pharmacy

2. Select the Start a new prescription button from the Account Highlights section at the top of your homepage. Use this link for all new prescriptions.
3. You’ll be given the option to fill a new prescription or transfer a prescription from another pharmacy to Humana Pharmacy. Select Fill a new prescription to fill a brand new prescription. Show my transfers will allow you to transfer a prescription.
4. Enter your prescription information and select from the drop-down menus in each field. You’ll also need to select your healthcare provider, or select Add new prescriber, if you do not see them listed, and then enter contact information for your healthcare provider.
5. Confirm your shipping and contact information. You can schedule a call from our Customer Care specialist to go over your new prescription request.
How to transfer a prescription to Humana Pharmacy

2. Select My Transfers from the My Account drop-down and then select the Show Me button or start a new prescription.
3. Choose the prescriptions you wish to have transferred or, if there are no prescriptions available to transfer, you can enter your prescription information. You’ll also need to select your healthcare provider, or select Add new prescriber, if you do not see them listed, and then enter the contact information for your healthcare provider.
4. Confirm your shipping and contact information. You can also schedule a call from our Customer Care representative to go over your request.

Humana Pharmacy will then reach out to your healthcare provider for a prescription. We will attempt to contact your healthcare provider at least twice, and we will reach out to you if we are unable to obtain a prescription.

For new prescription requests, you can expect your order within 7–10 days after we receive the prescription from your healthcare provider.

How to set your preferences

We use emails, text messages, and automated phone calls to reach you promptly with information about your order or your account. Help us contact you quickly in the method you prefer by setting your preferences.

You’ll find Preferences on HumanaPharmacy.com under the My Account section and under the Account tab in the Humana Pharmacy Mobile app. Here, you can set the primary email address and phone number that Humana Pharmacy will use to contact you. If you provide the number for a mobile device, you can select to receive refill reminders and order status updates via text message.
You’ll see these notification options on the Preferences page:

- **Refill reminders:** We’ll let you know when refills are available, when no refills remain, or when your prescription is about to expire.
  
  **Note:** Medicines that are considered controlled substances and prescribed on an as-needed basis may not qualify for refill reminders.

- **Order updates:** We’ll notify you when your order is received or shipped.

- **Order delays:** You will receive an alert when there is a problem with your order which may result in a delay.

- **Important health and prescription information:** We’ll inform you of any health and safety info related to the medicines you’re taking.

- **Include medication name in emails:** You can choose whether or not you’d like medicine names to be included in emails.
  
  **Note:** If you share an email with another member, we cannot include medication names in emails.

- **Bottle cap preference:** Decide if you prefer child-proof or easy-open prescription bottles.

- **High copay alert preferences:** We’ll contact you for approval if an item in your order is greater than the amount you select. You can set the approval amount before we contact you (between $30–$999).

  **Note:** We understand the importance of keeping your personal and health information private. When you provide your phone number and email address, we will never sell your information to other parties. Both under law and our policy, Humana Pharmacy has a responsibility to protect the privacy of your personal and health information.
Why Humana Pharmacy may need to contact you

We use automated phone calls, emails or text messages, if you prefer, to reach you quickly with information about your order or your account.

These communications from Humana Pharmacy may include:

- **Refill available:** One of your prescriptions is ready to refill. Your prescriptions ready to refill will be listed by prescription number.

- **Prescription renewal:** One of your prescriptions has expired or your prescription has no refills remaining. You can ask Humana Pharmacy to request a new prescription directly from your healthcare provider.

- **Pharmacist counseling:** One of our pharmacists may provide clinical information about your medicines.

- **Credit card expired:** Your preferred credit or debit card on file is about to expire or has expired. You can update your card information over the phone.

- **High copayment:** There is a high copayment on your order. You have the opportunity to approve the order prior to shipping to prevent delay.

- **Balance due:** Your current order is on hold because you have an outstanding balance. You can pay for your order on the call.

- **Formulary alternative:** There is an alternative medicine that could be available at a lower cost to you. One of our team members will review the alternative medicine(s) with you and reach out to your healthcare provider if you decide the alternative is a better option for you.

- **Other helpful communications from Humana Pharmacy:**
  - We need to verify your address
  - We need information from you or your healthcare provider
  - You tried to order your medicine before it can be filled
  - Your medicine requires prior authorization from your plan before it can be filled
  - Your medicine is on back order from the manufacturer
• **Authentication:** To protect your privacy, we may ask for your date of birth, ZIP code and/or your Humana member ID before we give any prescription information over the phone. We may need more information if you are speaking on behalf of another member. We will only ask you to provide your Social Security number if it is required by your state in order to dispense a controlled substance medicine.

**Note:** If there is no answer to the phone call, the phone system will leave a message and a 7-digit priority code for you to use when you call back.

**How to refill your prescriptions online**

Humana Pharmacy will notify you with a courtesy call, text message or email reminder when most of your prescription(s) are available for refill—some exceptions may apply. The preferences you set (which are described on page 10) will determine how you receive these messages.

You can easily refill your prescription online, even without a [HumanaPharmacy.com](https://www.humana.com/pharmacy) account. Simply enter your prescription number (found in the top right corner of your prescription label) and birth date on the homepage. You can refill up to five prescriptions without signing in by selecting the **refill multiple prescriptions** link.
When you sign into your account to refill, follow these three steps:

1. You’ll see a list of all your prescriptions on the homepage. Select the **Refill** or **Renew** button next to each prescription you’d like to refill or renew. You can also select the **Refill/Renew all** button at the top, which will show you how many total refills and/or renewals you have waiting.

2. Review and confirm the refilled prescriptions in your cart.

3. Confirm your shipping address and payment information from the checkout page, and then submit your order.

Humana Pharmacy refill orders should arrive by mail within 5–7 days. If we need to contact your healthcare provider to renew your prescription, your order should arrive within 7–10 days after we receive the prescription from your healthcare provider. Please make sure you have at least a week’s worth of medicine left when you place your refill or renewal order.

You can select **Upcoming refills** in the status drop-down menu to view refills that will be available in the next 30 days.

**How to check the status of your order**

You can find your order status by selecting the **View my orders** button in the Account Highlights section of your homepage.

You can filter your orders to show the following:

- **Action required**: If we need more information from you to process your order, you’ll see an **Action required** message with the action that needs to be taken. This may include updating your shipping address or your credit card information.

- **In process**: Your order is in the process of being filled.

- **Shipped**: Your order has been shipped and you should receive it soon.

- **Request**: We’re waiting on your healthcare provider to provide the prescription based on your request.

- **Delayed**: Your order has been delayed.

- **Canceled**: Your order has been canceled.
If you select a specific order number from your My Orders page, you can see additional details about the status of your order. Please contact us if you have any questions about your order.

To avoid any delays with your order, you can update your communication preferences if you prefer an email or phone call for these types of notifications. You can set your communication preferences by going to Preferences under My Account at the top of the page.

**Need help? Chat with us!**

Our Live Agent Chat helps you get the assistance you need, when you need it, fast and easy. To find the Live Agent Chat, sign in to your account on HumanaPharmacy.com and select View my orders from the dashboard. You’ll notice a Chat with us box in the bottom right-hand corner of the page. Type in your question and one of our representatives will be available to answer your questions. The Live Agent Chat feature is available Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
Download the new and improved Humana Pharmacy Mobile app and your pharmacy can be as mobile as you are!

Use your MyHumana.com username and password to sign in to the Humana Pharmacy Mobile app. If you haven’t registered with Humana Pharmacy, select Register and you will be taken to HumanaPharmacy.com to register.

- **Fast and easy refills.** View your refills right from your smartphone and refill them all at once.

- **Easy Rx transfers.** Transfer prescriptions to Humana Pharmacy just by sending a photo of your pill bottle, even without signing in.

- **Track and confirm.** View your order status, approve payments and track shipments from your phone.

- **Manage your preferences.** Set communication preferences and high copay alert notifications (explained on page 10).

**Download the FREE Humana Pharmacy Mobile app from your app store today!**
How to transfer or refill prescriptions in the Humana Pharmacy Mobile app

To transfer your prescription:
1. You can transfer as soon as you open the app, or sign in and then select **Transfer Rx to Humana Pharmacy** from the My Meds tab.
2. To take a photo of your medicine bottle, press the camera symbol. Make sure the medicine’s name and your doctor’s name can be clearly seen.
3. You can add more photos or enter in the prescriber’s name, phone and fax numbers if desired. Confirm your shipping address and select **Submit** to send your photo(s). Once your request is complete, we will contact your healthcare provider for a new prescription.

To refill an existing prescription:
1. View your available refills under the **Ready to refill** section at the top of the **My meds** tab.
2. Scroll down the list and select which prescriptions you’d like to refill, and then select **Add to cart**.
3. Select the cart icon to check out when you’re ready. You can also verify your shipping and payment information.
Here are other ways you can get started with Humana Pharmacy

By phone:  
1-800-379-0092  
(TTY: 711)  
Monday – Friday,  
8 a.m. – 11 p.m.,  
Saturday,  
8 a.m. – 6:30 p.m.,  
Eastern time

Mail paper prescriptions to:  
Humana Pharmacy  
P.O. Box 745099  
Cincinnati, OH 45274-5099

Your healthcare provider can submit your prescription:  
• Electronically through e-prescribe (NCPDP ID: 0353108)  
• By fax at 1-800-379-7617  
• By phone at 1-800-379-0092

Note: Humana Pharmacy can accept most faxed prescriptions from healthcare providers only. Pharmacies cannot accept prescriptions faxed by patients. If you mail a paper prescription to us, please see the prescription checklist below to help us fill your prescription faster.
Helpful Hints

Prescription checklist

If you have a paper prescription to mail in to us, check your prescription before you leave your healthcare provider’s office to make sure the following information is clearly marked. We may contact you or your healthcare provider if any information is missing or unclear.

- Healthcare provider’s name and your name are easy to read
- Healthcare provider’s phone number, fax number, address and signature are included
- Exact drug name, strength, dosage form (for example: tablet, capsule, injection), instructions, quantity and refills are included

Identification

Write your name, date of birth, Humana member ID and shipping address on the back of each paper prescription to help us fill your prescription faster.

Easy refills over the phone

To order refills over the phone, call 1-800-379-0092 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time. We may ask you to provide your date of birth, Humana member ID and/or ZIP code. Once your information is verified, we’ll let you know which medicines are able to be refilled, then confirm your payment and shipping information.
**Review drug coverage:** Make sure your Humana prescription drug plan covers the new medicine prescribed by your healthcare provider. You can find specific drug coverage information several ways:

- **Review your benefit materials** that you receive at the beginning of each plan year.

- **Speak to a Humana representative** by calling the phone number on the back of your Humana member ID card or give us a call at **1-800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., Saturday, 8 a.m. – 6:30 p.m., Eastern time.

- **Sign in to MyHumana** and use the **Drug Pricing** tool located in the **Tools & Resources** section at the bottom of the homepage. Here you can view specific coverage information and review suggested generic equivalents that may save you money. An indicator will also show if the drug requires prior authorization, step therapy or has a quantity limit.

A Humana Pharmacy pharmacist is available to discuss any questions or concerns you may have about your medicines, including alternative medicines. Call us at the number above if you have any questions.
On-demand videos about your medicine

Humana Pharmacy provides a “link to video” option where you can access information about your medicines. These videos include general information, as well as dosage and side effect information. You can access the videos:

• **Online:** Sign in to your HumanaPharmacy.com account, and select the medicine you’d like to learn more about from your homepage to see additional details. Select Additional information for this medicine is available here.

• **Mobile device:** From the Humana Pharmacy Mobile app, select View medication list from the home screen, then select the medicine you’d like to learn more about. Choose Watch a video about side effects, interactions and more. If you don’t have the app, go to HumanaPharmacy.com/app for instructions on how to download.
Prescription labels can be difficult to read because there’s a lot of information in a limited space. Here’s a sample of a Humana Pharmacy prescription label with definitions of several key items.

- **Medicine name and strength**: The medicine name is shown first.
- **Substituted for**: The brand name of the generic will appear, if applicable.
- **Instructions box**: Directions from your healthcare provider on how you should take your medicine.
- **Medicine description**: Medicines come in different forms, colors, sizes and shapes. The description of your medicine will display here.
• Rx number (Also known as your prescription number): Use this number to identify your prescription and order refills.

• Quantity: The quantity dispensed is shown in numbers. The date shown is the date your medicine was dispensed from Humana Pharmacy.

• # refills until MM/DD/YY: For a new prescription, most labels will show “03 Refills Before MM/DD/YY.”
  
a) The number indicates your allowable refills. This number decreases each time we fill your medicine. Your last prescription label will show “No Refills Remain.”
  
b) The date (MM/DD/YY) is the expiration of the prescription written by your healthcare provider. Most prescriptions expire one year from the date written, although prescriptions for certain medicines like controlled substances may expire in six months or less.

• Prescriber: The name of the healthcare provider prescribing your medicine.

• Discard by MM/DD/YY: The date shown is the date by which the medicine should be discarded.

• Auxiliary labels: This section will show warnings, if any.

• Address: Your prescription can be filled at any of our Humana Pharmacy locations. The address shown is where Humana Pharmacy dispensed your medicine.

Humana Pharmacy can help you request a new prescription from your healthcare provider. Healthcare providers can also fax or electronically send new prescriptions to Humana Pharmacy.

Do you have trouble reading your prescriptions?

Humana Pharmacy can help provide you with talking labels that read your prescription information to you using a compatible iPhone or Android app or a talking label station. Talking labels are a safe and easy way to manage your medicines. This feature is available for customers with a visual or reading impairment. A small computer chip attached to the prescription bottle will read the instructions. Braille labels, magnifiers and medicine information sheets in large print are also available upon request.
For Medicare members

Depending on your Humana Medicare plan, you may be eligible to receive an allowance for select over-the-counter (OTC) products when you order them from Humana Pharmacy. Some examples of OTC products include vitamins, pain relievers, cough and cold medicines, allergy medicines, and first-aid materials.

To see if you qualify or to start an order, sign in to the Humana Pharmacy Mobile app or HumanaPharmacy.com.

Ordering via the Humana Pharmacy Mobile app

Select OTC store from the main menu. You’ll see a list of product categories. Select the items you want and add them to your cart. You’ll be able to review them when you check out.

Ordering online at HumanaPharmacy.com

Find the Shop OTC & Supplies tab at the top of the page and select Over-the-Counter (OTC) Items. You’ll be taken to a list of product categories. In each category, you can sort the items to find the one you’re looking for. Select the item and then choose the quantity. Add the items to your cart, and you’ll be able to review them when you check out.

Once you review and place your OTC product order, you can expect the order to arrive within 10–14 business days.

Call us at 1-800-379-0092 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time, and mention “Talking Label” or “Braille” for more information.
Other ways to order

• **Fax:** Fill out the OTC Health and Wellness Product Order Form and fax only the order form pages to Humana Pharmacy at: **1-800-379-7617.**

• **Mail:** Fill out the OTC Health and Wellness Product Order Form and mail only the order form pages to:

  Humana Pharmacy
  P.O. Box 1197
  Cincinnati, OH 45201-1197
Humana Specialty Pharmacy® offers medicines to treat chronic and complex conditions such as rheumatoid arthritis (RA), multiple sclerosis (MS), cancer, hemophilia and others. Our team is devoted to helping you manage your treatment and the costs of your specialty therapy. Let us be a partner in your care and make your specialty pharmacy experience a little easier. With Humana Specialty Pharmacy, you’ll have access to:

- **Financial assistance.** We understand that specialty medicine can often be expensive. If you need help paying for your specialty medicine, you can request financial aid for prescription copays or coinsurance and Humana Specialty Pharmacy will search for eligible patient assistance programs (PAPs).

- **Personal guidance.** We provide extra attention and support from a specialized team of pharmacists, nurses and patient care coordinators to help you live healthier. We help manage your therapy, so you can focus on your family, friends and living life to the fullest.

- **Convenience.** Your medicine is delivered to the location of your choice in temperature-controlled (if applicable), plain packaging to protect your privacy.
• **Everything you need.** We provide needles and syringes at zero cost with each medicine that requires these for administration—to ensure that you have everything you need. Home infusion services and self-injection training are also available for therapy administered outside of a hospital or clinic setting.

• **Service.** Humana Specialty Pharmacy will reach out to remind you about refills, check on approvals and answer questions about potential drug interactions. Refill reminders are available by phone or email to help you stay in control of your therapy.

• **Award-winning care.** Humana Specialty Pharmacy has received the Patient Choice Award for PBM/Payer Pharmacy for three years in a row. This award represents the highest quality in customer service and optimal patient care by a specialty pharmacy.

To get more information about Humana Specialty Pharmacy, visit HumanaPharmacy.com/Specialty or call 1-800-486-2668 (TTY: 711). Please only use this number if you need to contact Humana Specialty Pharmacy. Our hours are Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.
Q: Is it safe to receive medicine through the mail?
A: Yes. Each order arrives in plain packaging for your privacy. Two Humana pharmacists review each new prescription for possible drug-to-drug interactions, plus prescription bottles are heat-sealed with tamper-resistant foil for additional safety.

Q: If my medicine needs to be refrigerated, how will Humana Pharmacy ship it?
A: Humana Pharmacy will send medicines that require refrigerated packaging with ice packs at no extra cost. Due to the changes in temperatures throughout the year, you may receive your medicine in a cooler, or you may receive a different number of ice packs depending on the forecasted temperatures. This will not impact the integrity of your medicine. We may contact you to verify the physical shipping address on your order since these items cannot be delivered to a P.O. Box.
Q: **When can I refill my medicine?**
A: Depending on the type of medicine, dose and day supply of your prescription, most medicines can be refilled when you have two week’s worth of medicine remaining. Once you set your communication preferences, we will notify you with a courtesy call, text message or email reminder when your prescription(s) are available for refill. This keeps you from having to track when you are able to refill.

Q: **What’s the difference between a brand-name drug and its generic equivalent drug?**
A: Generic equivalent medicines work the same way in the human body as the brand-name medicines. They are the same as a brand-name medicine in dosage, safety, effectiveness, strength, stability and quality.

Q: **What if I need to talk to a pharmacist?**
A: If you need to talk to a pharmacist, call Humana Pharmacy at **1-800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., Saturday, 8 a.m. – 6:30 p.m., Eastern time. For urgent matters, pharmacists are available 24 hours a day, seven days a week at the number above.

Q: **What information will Humana Pharmacy need from me?**
A: In an effort to provide you with great service, we’d like to ensure we have the most up-to-date health information on your Humana Pharmacy account. This covers allergies, drug reactions, chronic conditions and all medicines being used—including over-the-counter medication, supplements and prescribed drugs that aren’t filled at Humana Pharmacy.
Q: What is the difference between Humana Specialty Pharmacy and Humana Pharmacy?
A: Humana Specialty Pharmacy and Humana Pharmacy are both pharmacies owned by Humana. These pharmacies store different types of medicine and use their own ordering systems. Our specialty pharmacy offers medicines to treat chronic and complex conditions such as rheumatoid arthritis (RA), multiple sclerosis (MS), cancer, hemophilia and other conditions. If you use both pharmacies, you’ll receive invoices from each pharmacy and your shipments will arrive separately.

Q: Do I need to be home when my medicine arrives?
A: Unless your medicine is a Schedule II controlled substance, you generally do not need to be home when your medicine arrives. Certain medicines may require a signature upon delivery. You can give us a call if you have questions about your delivery. If you fill specialty medicines through Humana Specialty Pharmacy, your patient care coordinator can confirm if you will need to be home to accept your delivery.

Q: How much will my drugs cost at Humana Pharmacy?
A: You can use the online pricing tool to estimate the cost of your medicine at Humana Pharmacy. All prices are estimates. Sign in to MyHumana.com and use the Drug Pricing tool located in the Tools & Resources section. The actual cost of your drug is determined at the time it’s processed at Humana Pharmacy. The cost is based on your pharmacy benefits, the specific quantity, strength and dosage of the medicine. Humana Pharmacy will charge based upon the preferred cost-share, mail-order benefit included in your Humana insurance plan. You can contact Humana Pharmacy directly if you have any questions.
Q: How do I pay for my order?
A: For orders placed online, on the mobile app or with the automated phone system, your payment options include the Humana Access® Mastercard® Debit Card, or any other Mastercard, Visa®, Discover® or American Express® cards. For orders placed through the mail, your payment options include those listed above, as well as personal check or money order. For orders placed over the phone, you can pay by credit card or check by phone. Write your Humana member ID number on all checks and money orders. Please don’t send cash. To help prevent delays and process your order faster, you can set a credit card to auto-charge.

Q: How do I set my credit card to auto-charge?
A: Once you have added a credit card to your Humana Pharmacy account as payment, you can set it to auto-charge by going to Shipping and Billing under the My Account tab at HumanaPharmacy.com or in the Humana Pharmacy Mobile app. Here you can review your credit card information and update your payment preference to auto-charge by selecting the Auto-Charge option. Or you can call us and a representative can update your information over the phone. When your credit card is set to auto-charge, it will automatically be used as your form of payment for copay(s) or coinsurance due. You can remove the auto-charge setting at the Shipping and Billing page on our website or in the mobile app. You can also call us and a representative can change the auto-charge setting on your account.
Q: Is there a credit limit for orders?
A: If you have a credit card on file set to auto-charge, we will process your order up to the High Copay Alert preference you set (see page 11 for more information). However, if you do not have a credit card on file set to auto-charge, we may contact you so you can approve shipment of your order and make a payment for the copay(s) or coinsurance due using a credit card or check. Please allow additional time for orders that are paid using a check.

Q: What should I do with my unused or expired medicines?
A: It is recommended that you don’t flush unused or expired medicines as this can contaminate the water supply. Check your prescription information, or use the Medication Disposal link under the Help section at the bottom of HumanaPharmacy.com for general disposal instructions for your medicines. We now offer a DisposeRx™ packet with certain opioid prescriptions as a safe disposal method for unused opioid medicines. Please call us to discuss if DisposeRx is an option for you.

Q: Where can I see how much I’ve paid for my prescriptions this year?
A: To see an overview of your pharmacy claims spending, including the amount both you and Humana have paid for your prescriptions, sign in to your HumanaPharmacy.com account and click View your expense report under the My Prescriptions section on the homepage to download your Prescription Expense Report.
Q: Can I get a 90-day supply at Humana Pharmacy?
A: Most maintenance medicine that is taken on a regular, ongoing basis for conditions like cholesterol, diabetes, high blood pressure, etc. at Humana Pharmacy is dispensed as a 90-day supply, as permitted. Prescriptions for opioids and some controlled substances may be limited to a 30-day supply or less due to federal, state or plan regulations. For specialty medicine: Due to the cost and care management required for specialty medicine, our specialty pharmacy dispenses most medicines in a 30-day supply.

Q: Can I get less than a 90-day supply at Humana Pharmacy?
A: To get the most benefit and cost savings from your prescription plan, many of your maintenance medicines may be filled as a 90-day supply. Other benefits include spending less time ordering your medicines and helping ensure you have enough medicine to prevent a missed dose. For these reasons, our pharmacists will fill your prescriptions for a 90-day supply unless you or your healthcare provider tell us otherwise. If however, you want us to fill less than a 90-day supply of your medicine, please request a smaller quantity when you refill your medicine. If a new prescription is being sent to us by your healthcare provider, please have your healthcare provider add a note requesting the smaller quantity or call us to request the smaller quantity once the prescription is sent. If you are taking more than one medicine, you may be able to fill your prescriptions for less than a 90-day supply in order to fill all medicines at the same time. These prescriptions may be covered at a prorated cost-share rate depending on your pharmacy benefits. You can contact Humana Pharmacy directly if you have any questions.
Q: Will Humana Pharmacy ever contact my healthcare provider?
A: Yes, Humana Pharmacy may need to contact your healthcare provider to:
• Answer any questions or concerns about a prescription
• Discuss possible drug allergies or interactions with other medicines you’re taking
• Request a new prescription on your behalf or request a renewal on a prescription that is expired or has no refills remaining
• Notify your healthcare provider that your medicine requires a prior authorization from your prescription drug plan before it can be filled

Q: Does Humana Pharmacy accept returns?
A: To ensure the integrity of medicines dispensed, Humana Pharmacy does not offer credits or refunds for returned medicines or supplies that are properly dispensed. However, if you have any questions about your order, your order arrived in poor condition or you receive an order you are not expecting, please contact us right away to discuss your options.

Q: Does Humana Pharmacy need my permission to ship certain medicines?
A: Yes. We will ask your permission to ship certain medicines due to their high copayment. Your order will remain on hold until we receive your permission. We'll notify you if your order has been delayed and you can give permission to ship the order. If you’d like to avoid these order delays, you have the option to select a copay amount in which Humana Pharmacy will contact you. You can set the High Copay Alert preference on HumanaPharmacy.com by selecting Preferences under the My Account tab. If you are using the Humana Pharmacy Mobile app, you can find the High Copay Alert preference under the Account tab. You can also give us a call and a representative can update your preference for you.
Q: Do I need to update my information at HumanaPharmacy.com if I already updated it at MyHumana.com?

A: Yes. Humana Pharmacy operates as a stand-alone pharmacy. If you update your contact information, shipping address or payment information on your Humana account at MyHumana.com or over the phone, please update HumanaPharmacy.com or give Humana Pharmacy a call to avoid delays in processing your orders or payments.

Q: Does your pharmacy report medicines to any prescription drug monitoring program?

A: Humana Pharmacy may be required by your state to report controlled medicines and other medicines as required to their prescription drug monitoring program (PDMP). PDMPs are statewide electronic databases that collect prescription dispensing data of certain medicines like controlled substances.

Q: Does Humana Pharmacy fill compounded medicines?

A: No. Humana Pharmacy will not fill compounded medicines. You may have these prescriptions filled at a retail compounding pharmacy in Humana’s network. To find an in-network pharmacy, click on the Find a Doctor link at the bottom of MyHumana.com under the Membership Benefits section, then use the drop-down menu to select Pharmacy.
Q: Can I get an immediate supply of my medicine?
A: If you’re trying a new medicine, or if you’ll need your medicine right away, you can ask your healthcare provider for two prescriptions:
• One written for a one-month supply you can fill at a retail pharmacy in Humana’s network.
• A second prescription for up to a three-month supply and refills that can be sent by you to Humana Pharmacy, or have your healthcare provider send it to us on your behalf. Humana Pharmacy will process the second prescription as soon as your benefit allows, or per your request at a later date.

Q: Can Humana Pharmacy fill my glucose meter and other diabetic testing supply needs?
A: Depending on your Humana Medicare plan, you may be eligible to receive diabetic testing supplies through Humana Pharmacy. We can fill glucose meters like Humana True Metrix® Air, ACCU-CHEK Aviva® Plus, or ACCU-CHEK Guide®, and ACCU-CHEK Guide Me® test strips, lancets, lancing devices and control solutions. Visit HumanaPharmacy.com for a list of all supplies. Once you sign in, select Diabetes Supplies under the Shop Supplies tab.

Q: Will you notify me of recalls and manufacturer back orders?
A: Humana Pharmacy will notify you directly by phone, email and/or mail if your medicine is affected by a recall or a manufacturer back order and provide you with specific information to resolve the issue, if necessary. We will also provide recall information at HumanaPharmacy.com and may notify your healthcare provider of the recall. If you have questions or concerns about your medicine, please call us at 1-800-379-0092 (TTY: 711). We’re available Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.
Q: What do I do if I am affected by a natural disaster or severe weather?
A: In the event of a disaster to your home or in your area, it may not always be possible to deliver your medicines to your normal residence. Please call us at 1-800-379-0092 (TTY: 711) to tell us where to deliver your medicines. We're available Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time. This will ensure that there are no interruptions to your therapy. When you have returned to your residence, please call us at the number above to let us know. To learn more about what you can do in the event of a disaster and for other safety information, please check the Patient Safety category at HumanaPharmacy.com/blog. In the event of an emergency, call 911.

Q: Can I request a specific manufacturer for my medicines?
A: We are unable to fulfill requests for specific manufacturers of generic medicines. If you would like to receive the brand-name medicine instead of a generic medicine, you can call us or your healthcare provider can note on the prescription that you need the brand-name medicine. If you decide to fill a brand-name in place of a generic medicine, you may have an increased copay or coinsurance.
Q: What if I need to file a complaint?

A: Please call us at 1-800-379-0092 (TTY: 711) so our Customer Care specialists can assist you further. We’re available Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time. You can also submit a written complaint to the address below. Once we receive your complaint, we will investigate and respond within three business days by phone, email or mail.

Humana Pharmacy
P.O. Box 745099,
Cincinnati, OH 45274-5099

Humana Pharmacy patients also have the right to voice grievances or complaints to URAC, NABP or ACHC using the contact information below:

URAC:
URAC
1220 L Street NW, Suite 400,
Washington, DC 20005
Phone: 202-216-9010

Digital Pharmacy/NABP:
NABP
1600 Feehanville Dr.
Mount Prospect, IL 60056
Phone: 847-391-4406

ACHC:
Accreditation Commission for Health Care
139 Weston Oaks Ct.
Cary, NC 27513
Toll-free phone: 1-855-937-2242
www.achc.org
Important!

At Humana Pharmacy, it is important you are treated fairly.

Humana Pharmacy does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana Pharmacy complies with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana Pharmacy, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances,
  P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call 1-800-379-0092 or if you use a TTY, call 711.


- California residents: You may also call California Department of Insurance toll-free hotline number: 1-800-927-HELP (4357), to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-800-379-0092 (TTY: 711)

Humana Pharmacy provides 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.
Language assistance services, free of charge, are available to you. 1-800-379-0092 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号まで電話ください。

فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódale béésh bee hani’i’ bee wolta’í’ígíí bich’í’í hóldíílnih éi bee t’áá jiik’eh saad bee áká’ánída’áwo’déé niká’adoowoł.
Notice of Privacy Practices

Humana Pharmacy

This notice describes how protected health information about you may be used and disclosed and how you can get access to your protected health information. Please review it carefully.

I. CONTACT PERSON. If you have any questions about this Notice of Privacy Practices (Notice), please contact us through one of the methods listed at the end of this Notice.

II. EFFECTIVE DATE OF THIS NOTICE. The original effective date of this Notice was April 26, 2003. The most recent revision date is at the end.

III. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). We are required by law to maintain the privacy of your personal information. This medical information is called protected health information or “PHI” for short. PHI includes information that can be used to identify you that we have created or received about your past, present, or future health or medical condition, the provision of health care to you, or the payment of this health care. We need access to your medical records to provide you with health care and to comply with certain legal requirements. This Notice applies to all of the records of the care and services you receive from us, whether made by our employees or your physician. This Notice will tell you about the ways in which we may use and disclose PHI about you and describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

However, we reserve the right to change the terms of this Notice and our Privacy Policies and Procedures at any time. Any changes will apply to the PHI we already have. When we make a significant change in our privacy practices, we will change this notice and post when applicable or provide you a copy of the revised notice. You can also request a copy of this Notice from us at any time by contacting us using any of the methods described on the last page of this notice.
IV. OUR DUTIES. We are required by law to:

• make sure that PHI that identifies you is kept private;
• give you this Notice of our privacy practices with respect to your PHI;
• disclose information on HIV, mental health, and/or communicable diseases only as permitted under federal and state law; and
• follow the terms of this Notice as long as it is currently in effect. If we revise this Notice, we will follow the terms of the revised Notice.

V. HOW WE MAY USE AND DISCLOSE YOUR PHI. The following categories (listed in bold-face print) describe different ways that we use and disclose your PHI. Disclosures of PHI may be provided in various media, including electronically. For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information about you will fall within one of the bold-face print categories. Also, not all of the categories may apply to the health care service you are seeking. For example, if your employer is paying for a service (pre-employment or biometric screening), then we would not release your information to the insurance carrier for payment.

A. For treatment. We may disclose your PHI to physicians, nurses, case managers, and other health care personnel who provide you with health care services or are involved in your care. We may use and disclose your PHI to provide and coordinate the treatment, medications and services you receive including dispensing of prescription medications when applicable. For example, if you’re being treated for a knee injury, we may disclose your PHI regarding this injury to a physical therapist or radiologist, or to medical equipment suppliers or case managers.

B. To obtain payment for treatment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health
plan to get paid for the health care services we provided to you. We may also provide your PHI to our Business Associates, such as billing companies and others that process our health care claims.

C. **For health care operations.** We may disclose your PHI in order to operate our facilities. For example, we may use your PHI to evaluate the quality of health care services that you received, for utilization management activities, or to evaluate the performance of the health care professionals who provided the health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

D. **To business associates for treatment, payment, and health care operations.** We may disclose PHI about you to one of our Business Associates in order to carry out treatment, payment, or health care operations. For example, we may disclose PHI about you to a company who bills insurance companies on our behalf so that company can help us obtain payment for the health care services we provide.

E. **Individuals involved in your care or payment for your care.** We may release PHI about you to a family member, other relative, or close personal friend who is directly involved in your medical care if the PHI released is relevant to such person’s involvement with your care. We also may release information to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your location and general condition.

We may release health or health-related information about you to your employer if we provide services at their request. If services are provided at your employer’s location, please be aware that due to the nature of shared facilities and services, your employer may have access to your records. For example, this may occur with shared staff, storage, or technology.

F. **Appointment reminders.** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or health care if you have not opted out of such reminders.
G. **Treatment alternatives.** We may use and disclose PHI to give you information about treatment options or alternatives if you have not opted out of such reminders. We may contact you regarding compliance programs such as drug recommendations, drug utilization review, product recalls and therapeutic substitutions.

H. **Health-related benefits and services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you if you have not opted out of such reminders.

I. **Workers’ compensation.** We may release PHI about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

J. **Special situations.**

1. **As required by law.** We will disclose PHI about you when required to do so by federal, state, or local law, such as the Occupational Safety and Health Act (OSHA), Federal Drug Administration (FDA), or Department of Transportation (DOT).

2. **Public health activities.** We may disclose PHI about you for public health activities. Public health activities generally include:
   a. preventing or controlling disease, injury or disability;
   b. reporting births and deaths;
   c. reporting child abuse or neglect;
   d. reporting reactions to medications or problems with products;
   e. notifying people of recalls of products;
   f. notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
   g. notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
3. **Health oversight activities.** We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

4. **Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you under a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else in the dispute.

5. **Law enforcement.** We may release PHI if asked to do so by a law enforcement official:
   a. in response to a court order, subpoena, warrant, summons or similar process;
   b. to identify or locate a suspect, fugitive, material witness, or missing person, but only if limited information (e.g., name and address, date and place of birth, social security number, blood type, RH factor, injury, date and time of treatment, and details of death) is disclosed;
   c. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
   d. about a death we believe may be the result of criminal conduct;
   e. about criminal conduct we believed occurred at our facility; and
   f. in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

6. **Coroners, medical examiners and funeral directors.** We may release PHI about patients to a coroner or medical examiner to identify a deceased person or to determine the cause of death or to funeral directors to carry out their duties.

7. **Organ and tissue donation.** We may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation.
8. **Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects are subject to a special approval process which requires an evaluation of the proposed research project and its use of PHI, and balances these research needs with our patients’ need for privacy. Before we use or disclose PHI for research, the project generally will have been approved through this special approval process. However, this approval process is not required when we allow PHI about you to be reviewed by people who are preparing a research project and who want to look at information about patients with specific medical needs, so long as the PHI does not leave our facility.

9. **To avert a serious threat to health or safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone who is able to help prevent the threat.

10. **Armed forces and foreign military personnel.** If you are a member of the Armed Forces, we may release PHI as required by military command authorities or about foreign military personnel to the appropriate foreign military authority.

11. **National security and intelligence activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

12. **Protective services for the president and others.** We may disclose PHI about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

13. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be
necessary, for example, for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

14. **Food and Drug Administration (FDA).** We may use and disclose to the Food and Drug Administration (FDA), or person under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

K. **Incidental uses and disclosures.** Uses and disclosures that occur incidentally with a use or disclosure described in this Notice are acceptable provided there are reasonable safeguards in place to limit such incidental uses and disclosures.

*In New Mexico and Pennsylvania, uses and disclosures other than those marked with an asterisk may require your written authorization.

VI. **WHAT DO WE DO WITH YOUR INFORMATION WHEN YOU ARE NO LONGER A PATIENT OR YOU DO NOT OBTAIN SERVICES THROUGH US?** Your information may continue to be used for purposes described in this notice when you do not obtain services through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

*This right applies only to our Massachusetts residents in accordance with state regulations.

VII. **YOUR RIGHTS REGARDING YOUR PHI.**

A. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to approve it. If we approve your request, we will put any limits in writing and follow them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
You have the right to request a restriction on disclosures of medical information to a health plan for purposes of carrying out payment or health care operations. We must comply as long as it is not for purposes of carrying out treatment; and the PHI pertains only to a health care service for which we have been paid out of pocket in full without the application of insurance benefits or discounts. If the payment is not honored, then we do not need to comply with the request if we need to seek payment.

B. The right to choose how we send PHI to you. You have the right to ask that we send information to you to an alternate address or via an alternate method. We must agree to your request so long as we can easily provide it in the format you requested.

C. The right to see and get copies of your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we do not have your PHI, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, there may be a per page charge. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to any additional costs in advance.

D. The right to get a list of the disclosures we have made. You have the right to get a list of instances in which we have disclosed your PHI in the past six (6) years. The list will include the date of the disclosure(s), to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. The list will not include uses or disclosures that were made for the purposes of treatment, payment or health care operations, uses or disclosures that you authorized, or disclosures made directly to you or to your family. The list also will not include uses and disclosures made for national security purposes, or to corrections or law enforcement personnel. Your request must state a time period that may not be longer than six (6) years prior, but may certainly be less than six (6) years.
E. The right to correct or update your PHI. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of the existing information or to add the missing information. You must provide the request and your reason for the request in writing. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI. We may deny your request if the PHI is: (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI.

F. The right to get this notice. You have the right to get a copy of this Notice in paper and by email.

G. How will my information be used for purposes not described in this notice? In all situations other than described in this notice, we will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not disclose your information for any reason not described in this notice without your permission. The following uses and disclosures will require authorization:
   1. Most uses and disclosures of psychotherapy notes
   2. Marketing purposes
   3. Sale of protected health information

H. What type of communications can I opt out of being made to me? You can opt out at the address below regarding the following communications:
   a. Appointment reminders.
   b. Treatment alternatives or other health-related benefits and services.
VIII. HOW TO REQUEST YOUR PRIVACY RIGHTS. If you believe your privacy has been violated in any way, you may file a complaint by contacting us as described below. We are committed to responding to your rights request in a timely manner. To request any of your privacy rights, please contact us:

• Call us at 1-866-861-2762
• Email us at privacyoffice@humana.com.
• Send your opt-out request to us in writing
  Humana Inc.
  Privacy Office 003/10911
  101 E. Main Street
  Louisville, KY 40202

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to email your complaint to OCRComplaint@hhs.gov. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

We will respond to all privacy requests and complaints. It has always been our goal to ensure the protection and integrity of your personal and health information. Therefore, we will notify you of any potential situation where your information would be used for reasons other than what is listed above.

IX. WHAT WILL HAPPEN IF MY PRIVATE INFORMATION IS USED OF DISCLOSED INAPPROPRIATELY. You have the right to receive a notice that a breach has resulted in your unsecured private information being inappropriately used or disclosed. We will notify you in a timely manner if such a breach occurs.

Date of Last Revision: July 2013
Humana Pharmacy.

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

IMPORTANT CONTACT INFORMATION

Online: HumanaPharmacy.com
facebook.com/HumanaPharmacy

Mobile app: Download the Humana Pharmacy Mobile app for iOS and Android

24-hour automated phone: 1-800-379-0092 (TTY: 711)

Customer Care hours (Eastern time):
Monday – Friday, 8 a.m. – 11 p.m.
Saturday, 8 a.m. – 6:30 p.m.

24-hour fax line:
Healthcare providers’ use only
1-800-379-7617