

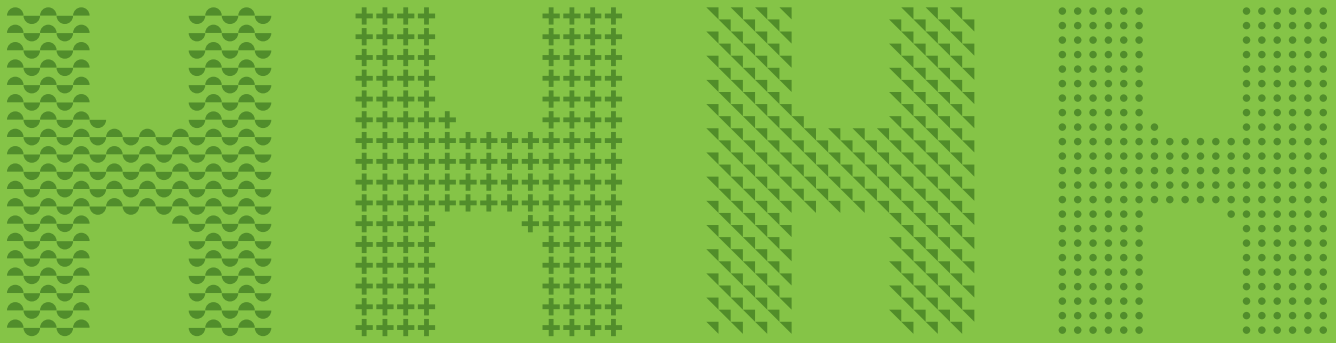
Humana®

HumanaChoice
H5216-223-000
Select Counties in CO,NM
H5216223000MAPDEN22PODBW
ENGLISH



**A Medicare plan
that's all about you—
the whole you**

Humana®



Expect more

You expect your health plan to pay its portion of the costs of your care, to answer your questions, and to provide you with easy access to your health information. Humana does that—and so much more.

We get to know you, what you need and how we can help make things better for you—often above and beyond what you expect. We call it human care.

Your licensed Humana sales agent is ready to walk you through your options and help you enroll.

Care centered on you

Human care is many things. If you're looking for a new doctor, we'll give you the information you need to help you find the right one for you. If you lack transportation to an appointment, we'll help you come up with a solution. It's care that treats you like an individual, recognizes your needs and goals are yours alone, and gives you the tools to take charge of your health—tools like MyHumana, your personalized online account. From a computer, tablet or smartphone, you can access provider details and ratings, ID cards, coverage and claims information, and even compare prescription costs in your area so you can be sure to get the best price.



Visit [Humana.com](https://www.humana.com)/logon to register or sign in to your MyHumana online account.

If you do have questions about your plan and its health-focused programs and services, you can call **800-457-4708 (TTY: 711)**, and speak with someone who has answers: a Customer Care specialist.

Oct. 1 – March 31

Daily, 8 a.m. – 8 p.m., Eastern time

April 1 – Sept. 30

Monday – Friday, 8 a.m. – 8 p.m., Eastern time

Or for fast answers anytime, visit **Humana.com**. You can also contact your licensed Humana sales agent—your Medicare plan professional—year-round about your plan.

Medicare: What you need to know

Original Medicare (Parts A and B) is provided by the federal government and helps cover hospital and doctor costs. Medicare Advantage (Part C) works in place of Original Medicare and often includes additional benefits. The prescription drug plan (Part D) Medicare coverage provides coverage for prescription drugs. These are some of the different options available to you.

Original Medicare; Part A and Part B



- Part A: hospital and inpatient costs
- Part B: doctor and outpatient costs

Medicare Advantage; Part C and Part D



- Original Medicare (must continue to pay Part B premium)
- Part C: Usually includes extra benefits
- Part D: Includes prescription drug coverage

Types of Medicare Advantage plans

When choosing a Humana Medicare Advantage plan, compare options and costs to find the best fit for you.

HMO

Health maintenance organization (HMO)

- You choose an in-network primary care provider (PCP) to coordinate your care.
- Specialist referrals are required.
- Except in true emergencies, out-of-network care is not covered.

PPO

Preferred provider organization (PPO)

- You can see any doctor or use any hospital that accepts Medicare and the plan terms.*
- Generally, you are not required to choose a PCP and don't need a referral to see a specialist.
- You may be able to reduce your costs by seeing in-network doctors.
- Many of our plans provide emergency care coverage while you are traveling worldwide.
- The PPO national network gives you in-network coverage across the country, so you'll be able to travel with ease or split your time between locations.

PFFS

Private-fee-for-service (PFFS)

- This plan may offer more freedom to choose providers.
- You don't need a referral to see a specialist.
- Providers must accept Medicare and bill the plan per its terms and conditions.

Go paperless

The documents listed below are available digitally. After you've made your selection on the enrollment form, simply activate your secure MyHumana account to view them.

- Summary of Benefits and Value Added Items and Services
- Annual Notice of Change
- SmartSummary – Explanation of Benefits (EOB)
- Health and wellness information
- Plan messages and notifications (Verification of Enrollment, Confirmation of Enrollment)
- Medication information and resources

*You may pay a lower cost share by seeing in-network doctors, which may save you money.

Your plan selection

With your licensed sales agent, fill out the following information and keep as a handy reference.

Plan information

Plan name _____

Effective date _____

Premium _____

Deductible _____

Agent information

Agent name _____

Agent phone number _____

Agent email _____

Primary care provider (PCP) information

PCP name _____

PCP phone number _____

PCP copayment _____

Specialist copayment _____

Quick reference guide

We're here to help. Keep this resource guide handy so you can easily and quickly get answers to your questions after you enroll.



Humana Customer Care

For questions about claims, benefits or anything else regarding your Humana coverage, visit [Humana.com/help](https://www.humana.com/help) or call **800-457-4708 (TTY: 711)**.

Oct. 1 – March 31

Daily

8 a.m. – 8 p.m., Eastern time

April 1 – Sept. 30

Monday – Friday

8 a.m. – 8 p.m., Eastern time



Find a Doctor

[Humana.com/FindADoctor](https://www.humana.com/FindADoctor)



SilverSneakers®

888-423-4632 (TTY: 711)



Go365 by Humana™

[Go365.com](https://www.go365.com)



Create a MyHumana account

[MyHumana.com](https://www.MyHumana.com)



Home care services

[Humana.com/AtHome](https://www.humana.com/AtHome)



Humana Neighborhood Centers

[Humana.com/Humana-Neighborhood-Centers](https://www.humana.com/Humana-Neighborhood-Centers)



Virtual visits, or telehealth

[Humana.com/virtualvisits](https://www.humana.com/virtualvisits)



Social health

(Help with food, transportation and housing)

[PopulationHealth.Humana.com](https://www.PopulationHealth.Humana.com)



Pharmacy education

844-330-0816

Not all benefits and resources listed are available on all plans or in all areas. Consult your Evidence of Coverage or ask your licensed Humana sales agent to find out what benefits are included in your plan.

How we strive to improve on Original Medicare

Humana Medicare Advantage plans are designed to fit your needs—to help you maintain your best health, manage conditions, and recover comfortably from surgery and other procedures. We start with Medicare-required coverage and add benefits created with you in mind,* often included in the plan at no extra cost to you.



Go365 by Humana™

Get rewarded for making healthy choices. You can earn more than \$300 in rewards** for completing eligible healthy activities—many of which you may already be doing, such as exercising, volunteering or receiving preventive screenings. Visit [Go365.com](https://www.go365.com) or [MyHumana.com](https://www.myhumana.com) to learn more.



SilverSneakers® fitness program

Get moving, have fun and work toward being healthier when you attend classes at a local fitness club, gym, rec center or online. Want to start working out at home or can't get to a fitness location? Enjoy SilverSneakers LIVE virtual classes, over 200+ video workouts or download the SilverSneakers GO™ app. You can also request an in-home kit. Kits are available to members who can't get to a fitness center or prefer to exercise at home. Call **888-423-4632 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. Most Humana Medicare Advantage plans include this benefit. Ask your licensed Humana sales agent if it is included in your plan or visit [SilverSneakers.com/StartHere](https://www.silversneakers.com/starthere) to check your eligibility.



Humana Neighborhood Centers

Visitors can participate in a variety of free activities such as healthy cooking demos, nutrition education classes, trivia and other fun social events. Plus they can meet one-on-one to get their questions answered with a health educator or Customer Care specialist, and even take classes on condition management. Services are offered in locations throughout the U.S. and Puerto Rico, and virtually via both live Zoom sessions and on-demand videos. Visit [Humana.com/Humana-neighborhood-centers](https://www.humana.com/humana-neighborhood-centers) to learn more.

*Benefits and services listed may not be available on all plans or in all areas.

**Rewards have no cash value and must be earned and redeemed within the same program year. Any rewards not redeemed by December 31 will expire.

Access convenient healthcare



Find a Doctor

Humana's Find a Doctor, at [Humana.com/FindaDoctor](https://www.humana.com/FindaDoctor), is a listing of network providers. Some specialties include ratings on their quality of care and cost efficiency.* Humana has earned NCQA accreditation for its rigorous physician review. Learn more at [Humana.com/CareHighlight](https://www.humana.com/CareHighlight).



Home care services

If you have health challenges, you may need support to help you feel better—and safer—at home. Care management services, such as Humana At Home, may help eligible members find resources for meals, transportation and more. Visit [Humana.com/AtHome](https://www.humana.com/AtHome) to learn more.



Pharmacy

Humana Medicare members can use their prescription drug benefits through participating retail and mail-delivery pharmacies, including Humana Pharmacy®, the preferred cost-sharing mail-order pharmacy on most plans. Humana Pharmacy makes sure you get the right medication shipped safely to your home.

If you have questions, call **855-310-5799 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time. Learn more at [HumanaPharmacy.com](https://www.humana.com/Pharmacy). Other pharmacies are available in our network.



Telehealth

With Humana Medicare Advantage, you can connect to a doctor without leaving home.** Over your computer, tablet or phone, you may be able to receive care from your own doctor—just ask—or through MDLIVE®. Visit [Humana.com/virtualvisits](https://www.humana.com/virtualvisits) to learn more.

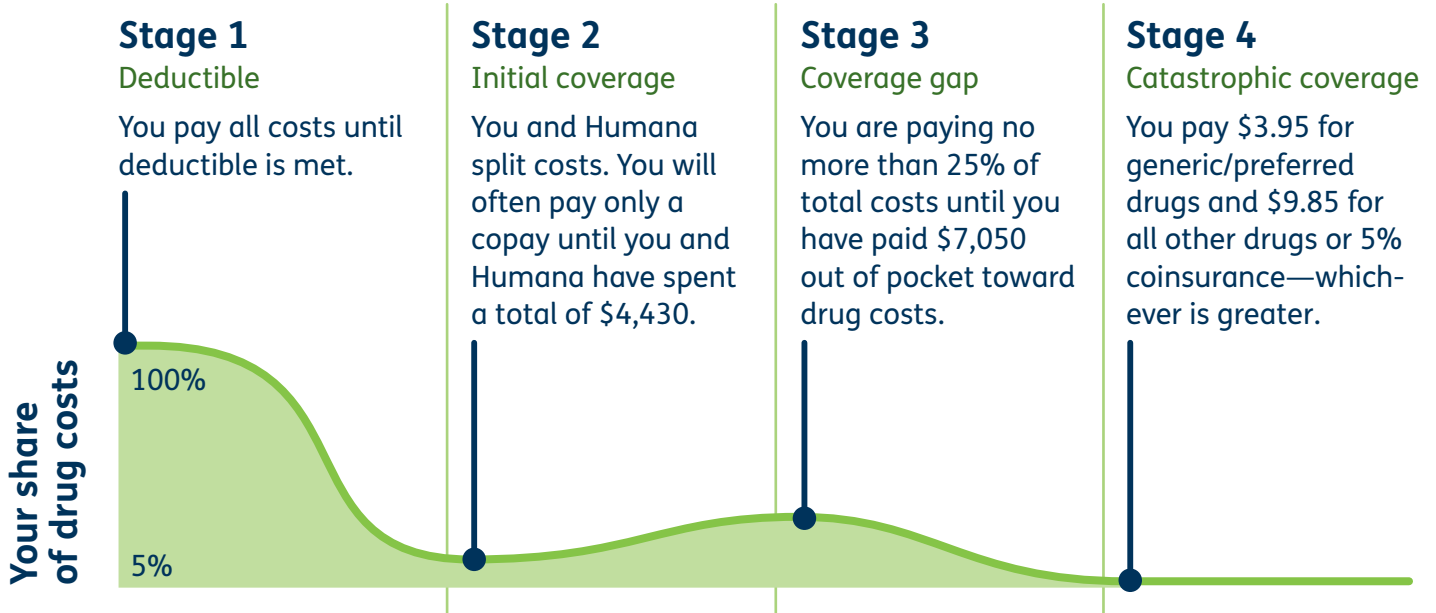
Medical virtual visits can be used to treat many nonemergency injuries or illnesses, order lab tests, refill medications and help you and your PCP manage certain chronic conditions. You can receive care by appointment or on demand, and information may be shared with your PCP. Emotional health virtual visits are by appointment only and may be used to treat a variety of nonemergency mental and emotional health issues. Not all providers offer telehealth services.

*Provider ratings not available in all states or for all specialties.
Ratings should not be the sole basis for selecting a doctor.

**Internet access required.

Mapping the coverage gap

Most Medicare prescription drug plans have a coverage gap, where you may have to pay a higher percentage of drug costs.



Stage 1: Deductible—you pay 100%

- A deductible is the amount you pay of your medication costs before your plan pays its share.
- Some plans do not have a deductible for Tier 1 and Tier 2.

Stage 2: Initial coverage—shared cost with insurance company

- Both you and your insurance plan pay medication costs until the shared total drug costs equal \$4,430.
- You're generally responsible for copays and coinsurance during this stage.

Stage 3: Coverage gap

- The coverage gap begins after you and your plan have spent \$4,430 for covered drugs, and ends when your out-of-pocket cost reaches \$7,050 for them.
- In this stage, you pay no more than 25% of the cost of brand-name and generic drugs.
- Any medication-related deductible, discounts you receive on covered brand-name drugs, coinsurance, copayments and the amounts you pay in the coverage gap count toward the \$7,050 limit.

Stage 4: Catastrophic coverage stage—follows the coverage gap

- This stage begins when you reach the \$7,050 coverage gap limit.
- In this stage, you pay \$9.85 for brand-name and \$3.95 for generic drugs, or 5% of your medication costs—whichever is greater.



We understand your health needs go beyond medical care— your mental and social health matter, too

Working towards your healthiest self goes beyond just visiting your doctor and taking medications as prescribed. Often, it's about having regular access to healthy food, a ride to a doctor's appointment, safe housing, and friends and family for support. That's where we can help. Humana is your ally for challenges that get in the way of your best health and helping members utilize their plan benefits or connect to area resources, like:



**Food programs
and nutrition tips**



**Social connections
and loneliness support**



**Transportation
options**



**Housing assistance
and resources**



Visit PopulationHealth.Humana.com for more information.



Humana Pharmacy will soon be CenterWell Pharmacy

**A mail-order pharmacy that's
centered on you**



You may have seen reference to Humana Pharmacy® in your enrollment book.

Humana members can choose any network pharmacy. One option is Humana Pharmacy, a preferred cost-sharing pharmacy under your plan, which means you pay less for a 90-day supply of certain prescriptions compared to standard cost-share network pharmacies.

All the information outlined there will stay the same, but in June 2022, Humana Pharmacy will become CenterWell Pharmacy™.



**Contact your licensed Humana sales agent
for more information**

Humana
Pharmacy®

soon
becoming



CenterWell™
Pharmacy

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Find the right doctor for you

Humana's Physician Finder, found easily by selecting the "Find a Doctor" link at [Humana.com](https://www.humana.com), is an online database of primary care physicians and specialists, with easy-to-understand ratings based on two key performance measures:

Clinical quality



Highest rating



Lowest rating

Cost-efficiency



Highest rating



Lowest rating



Here's how it works

- The system is built on two graphic icons—a heart and a badge.
- "Clinical quality"* is based on quality of care, or the effectiveness of treatment that members received.
- "Cost efficiency"* is based on the cost of treatment that members received compared to the cost of treatment by similar physicians.
- The more icons, the better the rating. Ratings that state "not enough information to measure" do not indicate that the physician does not provide quality services. All physicians rated have met certain minimum requirements. Patients have access to all physicians in the Humana network whether or not the physician has received a Care Highlight rating. Care Highlight is not intended to endorse certain providers. Ratings do not guarantee the quality or outcome of healthcare services.
- For more information, visit [Humana.com/CareHighlight](https://www.humana.com/CareHighlight). Care Highlight is intended for informational purposes only. Physicians' ratings have a risk of error, and should be one of many factors to consider when selecting a PCP or specialist. Patients may want to consult with their current physician when selecting a new provider.



Feel good about your choice.

Start by visiting [Humana.com/FindaDoctor](https://www.humana.com/FindaDoctor).

*Quality of care and cost-efficiency ratings are available in most, not all, states and are not available for all specialists. Ratings are only available for physicians when there is enough information available to evaluate their quality and cost-efficiency.



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Complete eligible activities and earn rewards

Welcome to Go365 by Humana™



It's part of most Humana Medicare Advantage plans—at no extra charge

Getting started with Go365 is easy. Sign in to [MyHumana.com](https://www.MyHumana.com) or visit [Go365.com](https://www.Go365.com). To participate by paper, call the number on the back of your Humana member ID card.



Earn rewards you can redeem for gift cards

Complete eligible healthy activities like exercise, health education classes and attending eligible preventive health appointments with your doctor.* Once you've earned at least \$10 in rewards, redeem your rewards by choosing your gift card in the Go365 Mall from the list of options.**



Choose how to track your exercise progress either online or offline

1. Attend a class at a participating SilverSneakers® fitness location. Your reward may take up to 90 days to appear in your Go365 account.
2. Connect a compatible activity tracker to Go365, log at least 500 steps a day, and earn rewards.*** You may use devices from a variety of manufacturers. Learn more and join the Go365 support community at [community.medicare.Go365.com](https://www.community.medicare.Go365.com).
3. Track your activities online or through the paper-based experience and return the sheet of tracked activities to us each month to earn rewards.

Helping you maintain your whole health with Go365

You can earn more than \$300 in rewards with the following activities. Redeem your rewards for gift cards in the Go365 Mall. Go365 is available on many Humana MA plans and rewards may vary by plan.

Preventive Activity	Reward	Activity limit
Maintain your health: preventive screenings		
Annual Wellness Visit	\$25 [†]	1 per year
Mammogram	\$30	1 per year
Colorectal screening	\$30	1 per year
Cardiovascular disease screening	\$10	1 per year
Bone density screening	\$20	once every 2 years
Flu shot	\$10	1 per year

continued –

Preventive Activity	Reward	Activity limit
Get healthy: preventive screenings		
Diabetic eye exam	\$10	1 per year
Diabetic kidney function test	\$10	1 per year
Hemoglobin A1c (HbA1c) test	\$10	1 per year
Diabetic foot exam	\$10	1 per year

Your reward will show up automatically in your Go365 account if the eligible activity is billed through your Humana plan. This can take up to 90 days.

Get involved: social and health education activities		
Attend a class at your Humana neighborhood center	\$5	
Athletic event ^{††} (e.g., 5k walk/run, cycling)	\$5	
Volunteering ^{††}	\$5	12 per year (\$60 annual maximum)
Go365 Community post (community.medicare.Go365.com)	\$5	
Eligible nutritional seminar or healthy living class ^{††}	\$5	

Get active: exercise and fitness		
8–15 workouts per month (SilverSneakers, connected activity tracker)	\$5	Once per month
16+ workouts per month (SilverSneakers, connected activity tracker)	\$10	(\$120 annual maximum)

Rewards for preventive diabetic screening result from clinical triggers. Not all Medicare Rewards patients will be eligible for rewards associated with these activities.

*See full list of eligible health activities at community.medicare.Go365.com/welcome.

**Gift card options subject to change.

***Always speak with your doctor before beginning an exercise program.

Humana is a Medicare Advantage HMO, PPO and PFFS organization with Medicare contract. Humana is also a Coordinated Care plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in any Humana plan depends on contract renewal.

The monetary amounts shown above represent the value of the reward earned for completing the activity, not actual dollars. Members can earn up to \$345 in redeemable gift cards in a plan year through the plan.

[†]Based on your plan, this is the minimum you will be rewarded for the Annual Wellness Visit.

^{††}You will be required to fill out and submit a Go365 activity form to receive your reward for eligible activities.

The forms can be found when you sign in at **Humana.com** or by requesting paper materials. The monetary amounts shown above represent the value of the reward earned for completing the activity. Rewards can not be redeemed for cash. You must redeem your rewards in the program year they are earned. **Any rewards that are not redeemed by Dec. 31 will be forfeited.** Some items may be discontinued in the Go365 Mall and new items may be added. For the most up-to-date list, visit Go365.com or call 1-866-677-0999. In accordance with the federal requirement of the Centers for Medicare & Medicaid Services, no amounts on the gift cards shall be used to purchase covered medical supplies or prescription drugs nor are they redeemable for cash. The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for details. **At Humana, it is important you are treated fairly.** It is important that we treat you fairly. Discrimination is against the law. Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Humana complies with all Federal and State Civil Rights laws. Language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

Español: Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística. **繁體中文:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。

Humana[®]

At Humana, you have choices for urgent medical care

Why urgent care matters, whether in a brick-and-mortar setting or at the home:

- May keep you out of the ER or hospital
- Provides immediate treatment for a range of illnesses or injuries
- Most provide care without an appointment

One option is in your home with DispatchHealth

With DispatchHealth, one of the providers in your Humana plan network, you can get treated for a non-life-threatening illness or injury from the safety and comfort of your home.

- Available 365 days a year from 8 a.m. – 8 p.m.
- Visits covered under most Humana MA plans as an urgent care service and subject to an urgent care copay
- Care from a mobile medical team, including a nurse practitioner or physician assistant and medical technician
- An ER doctor who is always available by phone

Here's how DispatchHealth works:



You request care

Call DispatchHealth at **833-760-1833** and explain your symptoms to the medical team. They'll determine if it's safe to treat you at home.



Mobile medical team arrives at your home within a few hours

They'll arrive equipped with the necessary equipment to treat your illness or injury—such as a 12-lead EKG machine, ENT, eye and respiratory kit, IV kit, etc.



DispatchHealth takes care of the rest

They'll call in prescriptions, update your doctor, and work with Humana to process paperwork and billing—all so you can focus on feeling better, faster.



Check the Humana provider directory to ensure DispatchHealth is in your market. To learn more about DispatchHealth, go to **dispatchhealth.com/Humanahealth**. To request care, call DispatchHealth at **833-760-1833**. Call your licensed Humana sales agent today with any additional questions.



Here are some of the conditions that DispatchHealth can treat:

- Eye injuries or infections
- Heart conditions such as racing, fluttering or exacerbation of congestive heart failure
- Shortness of breath with COPD or asthma
- Pneumonia, croup or COVID-19
- Kidney stones, catheter issues, or inability to urinate
- Skin infections, infected wounds or cuts that require stitches or glue
- And much more

To see an extended list of conditions that DispatchHealth can treat, go to **dispatchhealth.com/Humanahealth**.

DispatchHealth is not available in all areas. To confirm if DispatchHealth is in your area, please go to the Humana provider directory, type in your ZIP code and enter DispatchHealth.

Any descriptions of when to use urgent care or DispatchHealth services are for informational purposes only and should not be construed as medical advice. If you experience life threatening symptoms, please contact 911 immediately. Refer to your plan documents for additional details on urgent care coverage. Other providers are available in our network. Provider may also contract with other plan sponsors.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do 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 and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, 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 **1-877-320-1235** 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocrportal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **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. 1-877-320-1235 (TTY: 711)

Humana 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. 1-877-320-1235 (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 các 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、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



Humana's PPO National Network

In-network coverage coast to coast gives you peace of mind while traveling

When you're outside of your home state, the last thing you need to think about is where to find an in-network provider. With a Humana Choice PPO plan, you don't have to. Our PPO national network gives you in-network coverage across the country, so you can see any one of the thousands of doctors within Humana's network that have accepted the plan terms.

You'll be able to travel with ease or split your time between locations. Because you'll have the freedom to choose doctors and hospitals across the U.S., this may even save you money.

It's part of your Humana plan—and it's just one of the ways we go above and beyond to give you the benefits that matter to you.



If you have questions about the PPO National Network or other plan features, ask your licensed Humana sales agent.

Important!

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Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
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العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Humana's Insulin Savings Program offers low, predictable insulin costs in 2022

Lower costs, helpful planning, less stress

In 2022, Humana is participating in the Part D Senior Savings Model, which we call the Insulin Savings Program (ISP). It offers low, predictable copays for covered Select Insulins* in the deductible, initial coverage and coverage gap stages of the Part D benefit.



Eligible members will pay a maximum \$35 copay per Select Insulin per 30-day supply

If you're eligible, you'll pay no more than \$35 at standard cost-sharing pharmacies for a 30 day supply of each covered Select Insulin that your doctor prescribes. There are no deductible or coverage gap increases in the 2022 plan year. You can find more cost-sharing information in the summary of benefits document.



Here are the eligibility requirements for Humana's Insulin Savings Program:

- Prescribed a Part D Select Insulin
- Member of a Humana Medicare Advantage with Prescription Drug Plan plan participating in Insulin Savings Program or the Humana Premier Rx Plan (PDP)

If you are eligible for Humana's Insulin Savings Program, you do not have to apply. Your access to the set copays for the first three Part D stages is automatic.

If you already receive prescription drug assistance through Medicare's Extra Help program, or if you have a Group Medicare plan, you're not eligible for Humana's Insulin Savings Program.



Learn more about Humana's Insulin Savings Program

Visit [Humana.com/Insulin](https://www.humana.com/insulin). For more information about Humana benefits or to ask questions about the Insulin Savings Program, call a licensed Humana sales agent today.

*Covered Select Insulins include all Tier 2 or Tier 3 insulins found on the list of covered drugs for each participating MAPD or prescription drug plan. They include rapid-acting, short-acting, intermediate-acting, and long-acting insulin vials and pens. Insulins paid through Part B, such as insulin used with a pump, are not included. Your plan's Drug List shows which insulins it covers.

Humana is a Medicare Advantage HMO, PPO and PFFS organization with a Medicare contract. Humana is also a Coordinated Care plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in any Humana Plan depends on contract renewal.



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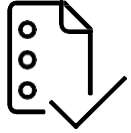
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Enclosed you will find:

-
- Benefits at a Glance..... 1-8
 - Summary of Benefits 9-28
 - Prescription Drug Guide 29-68

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2022 Health Plan Benefits at a Glance

HumanaChoice H5216-223 (PPO) Greater Colorado

Plan Costs	With Medicare only In-Network	With Medicare only Out-of-Network	With Medicare Cost-Share Protection
Monthly plan premium	\$28		If you receive premium assistance, your plan premium may be reduced.
Annual out-of-pocket maximum	\$5,500	\$11,300 combined	\$0
Doctor Office Visits			
Primary care provider (PCP)	\$0 copay	\$30 copay	\$0 copay
Specialist	\$35 copay	\$60 copay	\$0 copay
Preventive Care			
Including: Medicare covered screenings	Covered at no cost when you see an in-network provider	Cost-sharing may apply for out-of-network providers	\$0 copay
Telehealth Services (in addition to Original Medicare)			
Primary care provider (PCP)	\$0 copay	Not covered	\$0 copay
Specialist	\$35 copay	Not covered	\$0 copay
Urgent care services	\$0 copay	Not covered	\$0 copay
Substance abuse or behavioral health services	\$0 copay	Not covered	\$0 copay
Inpatient Care			
Acute inpatient hospital care	\$250 copay per day for days 1-5 \$0 copay per day for days 6-90	\$500 copay per day for days 1-20 \$0 copay per day for days 21-90	\$0 deductible \$0 copay per day for days 1-150
Lab Services			
Lab tests from lab facility	\$0 copay	50% of the cost	\$0 copay
Lab tests from outpatient hospital facility	\$0 copay	50% of the cost	\$0 copay

Continued:

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Outpatient Care

Outpatient surgery at ambulatory surgical center	\$250 copay	40% of the cost	\$0 copay
Physical therapy at therapy facility	\$30 copay	50% of the cost	\$0 copay
X-rays at outpatient hospital facility	\$100 copay	50% of the cost	\$0 copay
Diagnostic testing at outpatient hospital facility	\$100 copay	50% of the cost	\$0 copay

Mental Health Services

Inpatient psychiatric hospital	\$250 copay per day for days 1-5 \$0 copay per day for days 6-90	\$500 copay per day for days 1-20 \$0 copay per day for days 21-90	\$0 deductible \$0 copay per day for days 1-190
Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.			
Specialist's office	\$20 copay	50% of the cost	\$0 copay
Outpatient hospital	\$20 copay	50% of the cost	\$0 copay
Partial hospitalization	\$20 copay	50% of the cost	\$0 copay

Emergency Services

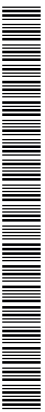
Urgently needed services at an urgent care center	\$30 at a preferred urgent care center \$40 copay at a non-preferred urgent care center	50% of the cost	\$0 copay
Ambulance services	\$265 copay per date of service	\$265 copay per date of service	\$0 copay
Emergency room	\$90 copay	\$90 copay	\$0 copay

Additional Benefits & Programs

Routine dental services DEN916	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.		
Routine vision services VIS711	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.		
Over-the-Counter (OTC) mail order	\$75 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.		

Additional Benefits & Programs (continued)

SilverSneakers® fitness program	Included
Humana Well Dine® Meal Program	Included
Routine hearing services HER941	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Routine foot care	\$0 copay in network per visit for up to 12 visit(s) (limit combined in- and out-of-network) per year.
Routine chiropractic	\$35 copay in network per visit for up to 12 visits per year (limit combined in- and out-of-network) per year.
Travel Coverage	The PPO national network gives you in-network coverage across the country, so you can see any doctor who accepts the plan terms and conditions. You'll be able to travel with ease or split your time between locations. Visit Humana.com or contact Customer Care on the back of your ID card if you need help finding an in-network provider.



2022 Prescription Drug Benefits at a Glance

HumanaChoice H5216-223 (PPO) Greater Colorado

If you don't receive Extra Help for your drugs, you'll pay the following:

Deductible This plan does not have a deductible.

Initial Coverage In this stage, you may pay a cost-share that is either a **copay** — a set dollar amount — or **coinsurance** — a set percentage amount you pay each time you fill your drug.

Preferred cost-sharing

Pharmacy options	Retail		Mail Order	
	30-day supply	90-day supply*	30-day supply	90-day supply*
Get more value with cost-share options in bold	To find the preferred cost-share retail pharmacies near you, go to Humana.com/pharmacyfinder		Humana Pharmacy®	
Tier 1: Preferred Generic	\$2	\$6	\$2	\$0
Tier 2: Generic	\$5	\$15	\$5	\$0
Tier 3: Preferred Brand	\$47	\$141	\$47	\$131
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$290
Tier 5: Specialty Tier	33%	N/A	33%	N/A

Standard cost-sharing

Pharmacy options	Retail		Mail Order	
	30-day supply	90-day supply*	30-day supply	90-day supply*
	All other network retail pharmacies.		Walmart Mail, PillPack	
Tier 1: Preferred Generic	\$10	\$30	\$10	\$30
Tier 2: Generic	\$20	\$60	\$20	\$60
Tier 3: Preferred Brand	\$47	\$141	\$47	\$141
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A

Once your total yearly drug costs—what is paid both by you and our plan—reach **\$4,430**, the costs of your drugs may go up. Please refer to the Summary of Benefits for more information.

This plan participates in the Insulin Savings Program. You will pay no more than \$35 for a one-month (up to a 30-day) supply for Select Insulins through the first three drug payment stages (Deductible (if applicable), Initial Coverage and Coverage Gap). To find out which drugs are Select Insulins, please check this plan's Humana Drug Guide. You can identify Select Insulins by the "ISP" indicator in the Drug Guide. Please refer to the Summary of Benefits for details.

You can get more out of your plan by doing the following:

- **Stay in-network.** You'll pay less for your drugs at in-network pharmacies.

Continued:

- **Use preferred cost-sharing pharmacies.** They offer a lower cost-share than standard cost-sharing pharmacies for most drugs (your cost-share for specialty drugs is the same at any in-network pharmacy).
- **Get a 90-day supply of many of the drugs you take all of the time.** You'll get more and may pay less, especially when you fill at a preferred cost-sharing mail-order pharmacy.

If you receive Extra Help for your drugs, you'll pay the following:

Deductible This plan does not have a deductible.

Pharmacy cost-sharing

	30-day supply	90-day supply*
For generic drugs (including brand drugs treated as generic), either:	\$0 copay; or \$1.35 copay; or \$3.95 copay; or 15% of the cost	\$0 copay; or \$1.35 copay; or \$3.95 copay; or 15% of the cost
For all other drugs, either:	\$0 copay; or \$4 copay; or \$9.85 copay; or 15% of the cost	\$0 copay; or \$4 copay; or \$9.85 copay; or 15% of the cost

Other pharmacies are available in our network.

*Some drugs are limited to a 30-day supply.

If you have questions and are a Humana member, please contact Customer Care at 1-800-457-4708 (TTY: 711). If you are not currently a Humana member, please contact a licensed Humana sales agent at 1-844-775-9622 (TTY: 711), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2021 - Mar. 31, 2022 and Monday through Friday the rest of the year.

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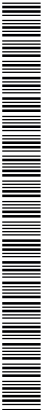
Telehealth services shown are in addition to the Original Medicare covered telehealth. Your cost may be different for Original Medicare telehealth.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. 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.



Get all your health plan details at
[Humana.com/Benefits](https://www.humana.com/benefits)



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2022

Summary of Benefits

HumanaChoice H5216-223 (PPO)

Greater Colorado

Humana[®]

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-833-2364 (TTY: 711)**.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **Humana.com/medicare** or call **1-800-833-2364 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

Summary of Benefits

HumanaChoice H5216-223 (PPO)

Greater Colorado



Our service area includes the following county/counties in Colorado: Adams, Alamosa, Arapahoe, Archuleta, Bent, Boulder, Broomfield, Chaffee, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver, Dolores, Douglas, El Paso, Elbert, Fremont, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Jefferson, La Plata, Lake, Larimer, Las Animas, Lincoln, Logan, Mesa, Mineral, Montezuma, Montrose, Morgan, Otero, Ouray, Park, Pueblo, Rio Blanco, Rio Grande, Saguache, San Juan, San Miguel, Summit, Teller, Washington, Weld
New Mexico: San Juan.



Let's talk about HumanaChoice H5216-223 (PPO)

Find out more about the HumanaChoice H5216-223 (PPO) plan - including the health and drug services it covers - in this easy-to-use guide.

HumanaChoice H5216-223 (PPO) is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

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

To be eligible

To join HumanaChoice H5216-223 (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Plan name:

HumanaChoice H5216-223 (PPO)

How to reach us:

If you're a member of this plan, call toll-free: **1-800-457-4708 (TTY: 711)**.

If you're **not** a member of this plan, call toll free: **1-800-833-2364 (TTY: 711)**.

October 1 - March 31:

Call 7 days a week from 8 a.m. - 8 p.m.

April 1 - September 30:

Call Monday - Friday, 8 a.m. - 8 p.m.

Or visit our website:

Humana.com/medicare

More about HumanaChoice H5216-223 (PPO)

Do you have Medicare and Medicaid? If you are a dual-eligible beneficiary enrolled in both Medicare and the state's program, you may not have to pay the medical costs displayed in this booklet and your prescription drug costs will be lower, too.

If you have Medicaid, be sure to show your Medicaid ID card in addition to your Humana membership card to make your provider aware that you may have additional coverage. Your services are paid first by Humana and then by Medicaid.

As a member it's a good idea to select a doctor as your Primary Care Provider (PCP). HumanaChoice H5216-223 (PPO) has a network of doctors, hospitals, pharmacies and other providers. If you use providers who aren't in our network, you may be subject to higher copayments/coinsurance.



A healthy partnership

Get more from your plan — with extra services and resources provided by Humana!



Monthly Premium, Deductible and Limits

PLAN COSTS

Monthly plan premium

\$28

You must keep paying your Medicare Part B premium.

If you receive premium assistance, your plan premium may be reduced.

Medical deductible

This plan does not have a deductible.

Pharmacy (Part D) deductible

This plan does not have a deductible.

Maximum out-of-pocket responsibility

\$5,500 in-network
\$11,300 combined in- and out-of-network

The most you pay for copays, coinsurance and other costs for medical services for the year.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUTE INPATIENT HOSPITAL CARE		
	<p>\$250 copay per day for days 1-5 \$0 copay per day for days 6-90 Your plan covers an unlimited number of days for an inpatient stay.</p>	<p>\$500 copay per day for days 1-20 \$0 copay per day for days 21-90</p>
OUTPATIENT HOSPITAL COVERAGE		
Outpatient surgery at outpatient hospital	\$250 copay	40% of the cost
Outpatient surgery at ambulatory surgical center	\$250 copay	40% of the cost
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	\$0 copay	\$30 copay
Specialists	\$35 copay	\$60 copay

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

H5216223000

PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
	<p>Our plan covers many preventive services at no cost when you see an in-network provider including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including flu shots, hepatitis B shots, pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Annual Wellness Visit • Lung cancer screening • Routine physical exam • Medicare diabetes prevention program 	<p>\$0 to \$30 copay or 40% to 50% of the cost, depending on the service and where service is provided</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

	IN-NETWORK	OUT-OF-NETWORK
	Any additional preventive services approved by Medicare during the contract year will be covered.	
EMERGENCY CARE		
Emergency room If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the emergency care.	\$90 copay	\$90 copay
Urgently needed services Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	\$30 copay at a preferred urgent care center \$40 copay at a non-preferred urgent care center	50% of the cost at an urgent care center
OUTPATIENT CARE AND DIAGNOSTIC SERVICES, LABS AND IMAGING Cost share may vary depending on the service and where service is provided		
Diagnostic mammography	\$0 copay	40% to 50% of the cost
Diagnostic radiology	\$180 to \$275 copay	\$500 copay or 40% to 50% of the cost
Lab services	\$0 copay	50% of the cost
Diagnostic tests and procedures	\$0 to \$100 copay	\$30 to \$60 copay or 40% to 50% of the cost
Outpatient X-rays	\$0 to \$100 copay	\$30 to \$60 copay or 50% of the cost
Radiation therapy	\$40 copay or 20% of the cost	40% to 50% of the cost
HEARING SERVICES		
Medicare-covered hearing	\$35 copay	\$60 copay

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

	IN-NETWORK	OUT-OF-NETWORK
Routine hearing	<p>HER941</p> <ul style="list-style-type: none"> • \$0 copayment for routine hearing exams up to 1 per year. • \$699 copayment for each Advanced level hearing aid up to 1 per ear per year. • \$999 copayment for each Premium level hearing aid up to 1 per ear per year. <p>Hearing aid purchase includes:</p> <ul style="list-style-type: none"> • Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase • 60-day trial period • 3-year extended warranty • 80 batteries per aid for non-rechargeable models 	<p>HER941</p> <ul style="list-style-type: none"> • \$0 copayment for routine hearing exams up to 1 per year. • \$699 copayment for each Advanced level hearing aid up to 1 per ear per year. • \$999 copayment for each Premium level hearing aid up to 1 per ear per year. <p>You must see a TruHearing provider to use this benefit. Call 1-844-255-7144 to schedule an appointment (for TTY, dial 711).</p>

DENTAL SERVICES

The cost-share indicated below is what you pay for the covered service.

Medicare-covered dental

\$35 copay

\$60 copay

Routine dental

DEN916

DEN916

Dental benefits may not cover all American Dental Association procedure codes. Information regarding each plan is available at Humana.com/sb.

Use the HumanaDental Medicare network for the Mandatory Supplemental Dental. The provider locator can be found at Humana.com > Find a Doctor > from the Search Type drop down select Dental > under Coverage Type select All Dental Networks > enter zip code > from the network drop down select HumanaDental Medicare.

- **0%** coinsurance for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.
- **0%** coinsurance for panoramic film or diagnostic x-rays up to 1 every 5 years.
- **0%** coinsurance for bitewing x-rays up to 1 set(s) per year.
- **0%** coinsurance for intraoral x-rays up to 1 per year.
- **0%** coinsurance for periodic oral exam, prophylaxis (cleaning) up to 2 per year.
- **0%** coinsurance for necessary anesthesia with covered service up to unlimited per year.
- **50%** coinsurance for amalgam and/or composite filling, simple or surgical extraction up to 2 per year.

- **50%** coinsurance for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.
- **50%** coinsurance for panoramic film or diagnostic x-rays up to 1 every 5 years.
- **50%** coinsurance for bitewing x-rays up to 1 set(s) per year.
- **50%** coinsurance for intraoral x-rays up to 1 per year.
- **50%** coinsurance for periodic oral exam, prophylaxis (cleaning) up to 2 per year.
- **50%** coinsurance for necessary anesthesia with covered service up to unlimited per year.
- **55%** coinsurance for amalgam and/or composite filling, simple or surgical extraction up to 2 per year.

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

	IN-NETWORK	OUT-OF-NETWORK
	<ul style="list-style-type: none"> • 70% coinsurance for complete dentures, partial dentures up to 1 set(s) every 5 years. • 70% coinsurance for adjustments to dentures, crown, denture relines up to 1 per year. • \$2000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits. 	<ul style="list-style-type: none"> • 75% coinsurance for complete dentures, partial dentures up to 1 set(s) every 5 years. • 75% coinsurance for adjustments to dentures, crown, denture relines up to 1 per year. • \$2000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
VISION SERVICES		
Medicare-covered vision services	\$35 copay	\$60 copay
Medicare-covered diabetic eye exam	\$0 copay	50% of the cost
Medicare-covered glaucoma screening	\$0 copay	50% of the cost
Medicare-covered eyewear (post-cataract)	\$0 copay	\$0 copay

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

H5216223000

	IN-NETWORK	OUT-OF-NETWORK
<p>Routine vision</p> <p>Refraction is only covered when billed as part of the routine vision exam.</p> <p>The provider locator for routine vision can be found at Humana.com > Find a Doctor > select Vision care icon > Vision coverage through Medicare Advantage plans.</p>	<p>VIS711</p> <ul style="list-style-type: none"> • \$0 copayment for routine exam up to 1 per year. • \$40 combined maximum benefit coverage amount per year for routine exam. • \$300 combined maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. • Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. • Maximum benefit coverage amount is limited to one time use per year. 	<p>VIS711</p> <ul style="list-style-type: none"> • \$0 copayment for routine exam up to 1 per year. • \$40 combined maximum benefit coverage amount per year for routine exam. • \$300 combined maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. • Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. • Maximum benefit coverage amount is limited to one time use per year. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
MENTAL HEALTH SERVICES		
<p>Inpatient</p> <p>Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital</p>	<p>\$250 copay per day for days 1-5 \$0 copay per day for days 6-90</p>	<p>\$500 copay per day for days 1-20 \$0 copay per day for days 21-90</p>
<p>Outpatient group and individual therapy visits</p>	<p>\$20 copay</p>	<p>50% of the cost</p>
SKILLED NURSING FACILITY (SNF)		
<p>Your plan covers up to 100 days in a SNF</p>	<p>\$0 copay per day for days 1-20 \$188 copay per day for days 21-100</p>	<p>50% of the cost for days 1-100</p>
PHYSICAL THERAPY		
	<p>\$30 copay</p>	<p>50% of the cost</p>
AMBULANCE		
<p>Ambulance</p>	<p>\$265 copay per date of service</p>	<p>\$265 copay per date of service</p>

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

IN-NETWORK

OUT-OF-NETWORK

TRANSPORTATION

Not covered

Not covered



Prescription Drug Benefits

MEDICARE PART B DRUGS

Chemotherapy drugs

20% of the cost

50% of the cost

Other Part B drugs

20% of the cost

50% of the cost

PRESCRIPTION DRUGS

If you don't receive Extra Help for your drugs, you'll pay the following:

Deductible This plan does not have a deductible.

Initial coverage

You pay the following until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap. As part of the Insulin Savings Program, you will pay no more than \$35 for a one-month (up to a 30-day) supply for Select Insulins in the initial coverage stage. See the Additional Drug Coverage section of this document for specific details.

Preferred cost-sharing

Pharmacy options	Retail		Mail order	
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 1: Preferred Generic	\$2	\$6	\$2	\$0
Tier 2: Generic	\$5	\$15	\$5	\$0
Tier 3: Preferred Brand	\$47	\$141	\$47	\$131
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$290
Tier 5: Specialty Tier	33%	N/A	33%	N/A

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.

Standard cost-sharing

Pharmacy options	Retail		Mail order	
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 1: Preferred Generic	\$10	\$30	\$10	\$30
Tier 2: Generic	\$20	\$60	\$20	\$60
Tier 3: Preferred Brand	\$47	\$141	\$47	\$141
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A

Generic drugs may be covered on tiers other than Tier 1 and Tier 2 so please check this plan's Humana Drug Guide to validate the specific tier on which your drugs are covered.

Other pharmacies are available in our network.

Specialty drugs are limited to a 30-day supply.

If you receive Extra Help for your drugs, you'll pay the following:

Deductible This plan does not have a deductible.

Pharmacy cost-sharing

	30-day supply	90-day supply
For generic drugs (including brand drugs treated as generic), either:	\$0 copay; or \$1.35 copay; or \$3.95 copay ; or 15% of the cost	\$0 copay; or \$1.35 copay; or \$3.95 copay ; or 15% of the cost
For all other drugs , either:	\$0 copay; or \$4 copay; or \$9.85 copay ; or 15% of the cost	\$0 copay; or \$4 copay; or \$9.85 copay ; or 15% of the cost

ADDITIONAL DRUG COVERAGE

Erectile dysfunction (ED) drugs Covered at Tier 1 cost-share amount.

Anti-Obesity drugs Covered at Tier 2 cost-share amount.

This plan participates in the Insulin Savings Program which provides affordable, predictable copayments on Select Insulins through the first three drug payment stages (Deductible (if applicable), Initial Coverage and Coverage Gap) of the Part D benefit. The Insulin Savings Program does not apply to the Catastrophic Coverage stage. To find out which drugs are Select Insulins, please check this plan's Humana Drug Guide. You can identify Select Insulins by the "ISP" indicator in the Drug Guide. You are not eligible for this program if you receive Extra Help.

Your share of the cost for Select Insulins through the Deductible Stage (if applicable), Initial Coverage Stage and Coverage Gap Stage as part of the Insulin Savings Program:

Preferred cost-sharing for Select Insulins

Pharmacy options	Retail To find the preferred cost-share retail pharmacies near you, go to Humana.com/pharmacyfinder		Mail Order Humana Pharmacy®	
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 3: Preferred Brand	\$35	\$105	\$35	\$95

Standard cost-sharing for Select Insulins

Pharmacy options	Retail All other network retail pharmacies.		Mail Order Walmart Mail, PillPack	
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 3: Preferred Brand	\$35	\$105	\$35	\$105

Cost sharing may change depending on the pharmacy you choose, when you enter another phase of the Part D benefit and if you qualify for "Extra Help." To find out if you qualify for "Extra Help," please contact the Social Security Office at 1-800-772-1213 Monday — Friday, 7 a.m. — 7 p.m. TTY users should call 1-800-325-0778. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access your "Evidence of Coverage" online.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.

You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.

Days' Supply Available

Unless otherwise specified, you can get your Part D drug 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 = 31 days)

Coverage Gap

After you enter the coverage gap, you pay **25 percent** of the plan's cost for covered brand name drugs and **25 percent** of the plan's cost for covered generic drugs until your costs total **\$7,050** — which is the end of the coverage gap. As part of the Insulin Savings Program, you will pay no more than \$35 for a one-month (up to a 30-day) supply for Select Insulins in the coverage gap. See the Additional Drug Coverage section of this document for specific details. Not everyone will enter the coverage gap.

Under this plan, you may pay even less for the following:

Tier 3 (Preferred Brand) - Select Insulin Drugs

For more information on cost sharing in the coverage gap, please call us or access your Evidence of Coverage online.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay the greater of:

- **5%** of the cost, or
- **\$3.95** copay for generic (including brand drugs treated as generic) and a **\$9.85** copayment for all other drugs



Additional Benefits

	IN-NETWORK	OUT-OF-NETWORK
Medicare-covered foot care (podiatry)	\$35 copay	\$60 copay
Medicare-covered chiropractic services	\$20 copay	50% of the cost
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	18% of the cost	25% of the cost
Medical Supplies	20% of the cost	50% of the cost
Prosthetics (artificial limbs or braces)	20% of the cost	50% of the cost
Diabetic monitoring supplies Cost share may vary depending on where service is provided.	\$0 copay or 10% to 20% of the cost	50% of the cost
REHABILITATION SERVICES		
Occupational and speech therapy	\$30 copay	50% of the cost
Cardiac rehabilitation Cost share may vary depending on the service and where service is provided.	\$30 copay	40% to 50% of the cost
Pulmonary rehabilitation Cost share may vary depending on the service and where service is provided.	\$30 copay	40% to 50% of the cost
TELEHEALTH SERVICES (in addition to Original Medicare)		
Primary care provider (PCP)	\$0 copay	Not Covered
Specialist	\$35 copay	Not Covered
Urgent care services	\$0 copay	Not Covered
Substance abuse or behavioral health services	\$0 copay	Not Covered



More benefits with **your plan**

Enjoy some of these extra benefits included in your plan.

COVID-19 Testing and Treatment

\$0 copay for testing and treatment services for COVID-19.

Travel Coverage

The PPO national network gives you in-network coverage across the country, so you can see any doctor who accepts the plan terms and conditions. You'll be able to travel with ease or split your time between locations. Visit

Humana.com or contact Customer Care on the back of your ID card if you need help finding an in-network provider.

Chiropractic services

Routine chiropractic:

- In-network: **\$35** copay.
- Out-of-network: **50%** of the cost.
- Combined in- and out-of network visit limit: 12 visits per year.

Routine foot care

- In-network: **\$0** copay.
- Out-of-network: **\$60** copay.
- Combined in- and out-of-network visit limit: 12 visits per year.

Humana Well Dine® Meal Program

Humana's meal program for members following an inpatient stay in the hospital or nursing facility.

Over-the-Counter (OTC) mail order

\$75 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.

Rewards and Incentives

Go365 by Humana® a Rewards and Incentive program for completing certain preventive health screenings and health and wellness activities.

SilverSneakers® fitness program

Basic fitness center membership including fitness classes.



Find out **more**



You can see our plan's **provider and pharmacy directory** at our website at **humana.com/finder/search** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see our plan's **drug guide** at our website at **humana.com/medicaredruglist** or call us at the number listed at the beginning of this booklet and we will send you one.

To find out more about the coverage and costs of Original Medicare, look in the current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Medicare-covered eye refractions during a specialist medical visit are not covered.

Telehealth services shown are in addition to the Original Medicare covered telehealth. Your cost may be different for Original Medicare telehealth.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. 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.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do 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 and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, 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 **1-877-320-1235** 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **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. 1-877-320-1235 (TTY: 711)

Humana 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.

1-877-320-1235 (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 các 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、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jii'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

HumanaChoice H5216-223 (PPO)

H5216223000 ENG

Greater Colorado



2022

Prescription Drug Guide

Humana Abbreviated Formulary

Partial list of covered drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN.

HumanaChoice (PPO)
HumanaChoice Florida (PPO)

This abridged formulary was updated on 05/04/2022 and is not a complete list of drugs covered by our plan. For a complete listing, or other questions, please contact Humana with any questions at 1-800-457-4708 or for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com**.

Instructions for getting information about all covered drugs are inside.

For a complete list of Contract/PBP numbers this document relates to, please see the final page of this document.

The Humana logo consists of the word "Humana" in a bold, black, sans-serif font, followed by a registered trademark symbol (®).

Welcome to Humana!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means Humana. This document includes a partial list of the drugs (formulary) for our plan which is current as of May 2022. For a complete, updated formulary, please contact us on our website at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments) or you can call the number below to request a paper copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

What is the abridged Humana Medicare formulary?

A formulary is the entire list of covered drugs or medicines selected by Humana. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. Humana worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. Humana will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

This document is a partial formulary, which means it includes only some of the drugs covered by Humana. To search the complete list of all prescription drugs Humana covers, you can visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist). The Drug List Search tool lets you search for your drug by name or drug type.

For help or a complete list of covered drugs, please contact Humana Customer Care with any questions at 1-800-457-4708 (TTY: 711). five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting [Humana.com](https://www.humana.com).

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the Humana Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make

changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

We will notify members who are affected by the following changes to the formulary:

- When a drug is removed from the formulary
- When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive
- When a drug is moved to a higher cost sharing tier

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the Humana Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

What if you are affected by a Drug List change?

We will notify you by mail at least 30 days before one of these changes happens or we will provide a 30-day refill of the affected medicine with notice of the change.

The enclosed formulary is current as of May 2022. We will update the printed formularies each month and they will be available on **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**.

To get updated information about the drugs that Humana covers, please visit **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**. The Drug List Search tool lets you search for your drug by name or drug type.

Please contact Customer Care with any questions at **1-800-457-4708** (TTY: 711), five days a week April 1-September 30 or seven days a week October 1 – March 31 from 8 a.m. – 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **[Humana.com](https://www.humana.com)**.

How do I use the formulary?

There are two ways to find your drug in the formulary:

Medical condition

The formulary starts on page 12. We have put the drugs into groups depending on the type of medical conditions that they are used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Agents." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 12. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 6 for more information on Utilization Management Requirements).

Alphabetical listing

If you are not sure about your drug's group, you should look for your drug in the Index that begins on page 32. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.

Humana covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

- **Tier 1 - Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan
- **Tier 2 - Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs
- **Tier 3 - Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred drugs
- **Tier 4 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs
- **Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs

How much will I pay for covered drugs?

Humana pays part of the costs for your covered drugs and you pay part of the costs, too.

The amount of money you pay depends on:

- Which tier your drug is on
- Whether you fill your prescription at a network pharmacy
- Your current drug payment stage - please read your Evidence of Coverage (EOC) for more information

If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage (EOC) or call Customer Care to find out what your costs are.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These are called Utilization Management Requirements. These requirements and limits may include:

- **Prior Authorization (PA):** Humana requires you to get prior authorization for certain drugs to be covered under your plan. This means that you will need to get approval from Humana before you fill your prescriptions. If you do not get approval, Humana may not cover the drug.
- **Quantity Limits (QL):** For some drugs, Humana limits the amount of the drug that is covered. Humana might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, Humana requires that you first try certain drugs to treat your medical condition before coverage is available for another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Humana may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Humana will then cover Drug B.
- **Part B versus Part D (B vs D):** Some drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted to Humana that describes the use and the place where you receive and take the drug so a determination can be made.

For drugs that need prior authorization or step therapy, or drugs that fall outside of quantity limits, your health care provider can fax information about your condition and need for those drugs to Humana at **1-877-486-2621**. Representatives are available Monday - Friday, 8 a.m. - 8 p.m.

Insulin Savings Program

The Part D Senior Savings Model, which Humana calls the Insulin Savings Program, provides affordable, predictable copayments on Select Insulins through the first three drug payment stages (Deductible, Initial Coverage, and Coverage Gap) of the Part D benefit. To find out more about the Insulin Savings Program, visit [Humana.com/insulin](https://www.humana.com/insulin).

To identify which Select Insulins participate in the Insulin Savings Program, look for the **ISP** indicator in the Utilization Management column.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12.

You can also visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to get more information about the restrictions applied to specific covered drugs.

You can ask Humana to make an exception to these restrictions or limits. See the section "**How do I request an exception to the formulary?**" on page 7 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this list of covered drugs, visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to see if your plan covers your drug. You can also call Customer Care and ask if your drug is covered.

If Humana does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that Humana covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by Humana.
- You can ask Humana to make an exception and cover your drug. See below for information about how to request an exception.

Talk to your health care provider to decide if you should switch to another drug that is covered or if you should request a formulary exception so that it can be considered for coverage.

What is a compounded drug?

A compounded drug is used to provide drug therapies that are not commercially available as FDA-approved finished products in the same dose, formulation, and/or combination of ingredients, but are instead created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. While some compounded drugs may be Part D eligible, most compounded drugs are non-formulary drugs (not covered) by your plan. You may need to ask for and receive an approved coverage determination from us to have your compounded drug covered.

How do I request an exception to the formulary?

You can ask Humana to make an exception to the coverage rules. There are several types of exceptions that you can ask to be made.

- **Formulary exception:** You can request that your drug be covered if it is not on the formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- **Utilization restriction exception:** You can request coverage restrictions or limits not be applied to your drug. For example, if your drug has a quantity limit, you can ask for the limit not to be applied and to cover more doses of the drug.
- **Tier exception:** You can request a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can request it to be covered as a preferred drug instead. This would lower how much money you must pay for your drug. Please remember a higher level of coverage cannot be requested for the drug if approval was granted to cover a drug that was not on the formulary. *You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier.*

Generally, Humana will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost sharing drug, or other restrictions would not be as effective in treating your health condition and/or would cause adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception.

When you ask for an exception, you should submit a statement from your health care provider that supports your request. This is called a supporting statement.

Generally, we must make the decision within 72 hours of receiving your health care provider's supporting statement. You can request a fast, or expedited, exception if you or your health care provider thinks your health would seriously suffer if you wait as long as 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your health care provider's supporting statement.

Will my plan cover my drugs if they are not on the formulary?

You may take drugs that your plan does not cover. Or you may talk to your provider about taking a different drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior

Authorization or Step Therapy, that keeps you from getting the drug right away. In certain cases, we may cover as much as a 30-day supply of your drug during the first 90 days you are a member of the plan.

Here is what we will do for each of your current Part D drugs that are not on the formulary, or if you have limited ability to get your drugs:

- We will temporarily cover a 30-day supply of your drug unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 30 days of a drug) when you go to a pharmacy.
- There will be no coverage for the drugs after your first 30-day supply, even if you have been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you are a resident of a long-term care facility and you take Part D drugs that are not on the formulary, we will cover a 31-day supply unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 31 days of a drug) during the first 90 days you are a member of our plan. We will cover a 31-day emergency supply of your drug unless you have a prescription for fewer days (in which we will allow multiple fills to provide up to a total of 31 days of a drug) while you request a formulary exception if:

- You need a drug that is not on the formulary *or*
- You have limited ability to get your drugs *and*
- You are past the first 90 days of membership in the plan

Throughout the plan year, your treatment setting (the place where you receive and take your medicine) may change. These changes include:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, Humana will cover as much as a 31-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. Humana will review requests for continuation of therapy on a case-by-case basis understanding when you are on a stabilized drug regimen that, if changed, is known to have risks.

Transition extension

Humana will consider on a case-by-case basis an extension of the transition period if your exception request or appeal has not been processed by the end of your initial transition period. We will continue to provide necessary drugs to you if your transition period is extended.

A Transition Policy is available on Humana's Medicare website, **Humana.com**, in the same area where the Prescription Drug Guides are displayed.

Humana Pharmacy® makes it easy to manage your prescriptions with mail delivery solutions

You may be able to fill your medicines at any network pharmacy. Humana Pharmacy – Humana's mail-delivery pharmacy is one option. Humana Pharmacy is the preferred cost-sharing mail order pharmacy for many Humana MAPD and prescription drug plans (PDP), which means you may pay less for some medications than at standard cost-sharing pharmacies. You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that is most convenient for you. You should get your new prescription by mail in 7 – 10 days after Humana Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. To get started or learn more, visit **humanapharmacy.com**. You can also call Humana Pharmacy at **1-844-222-2151 (TTY: 711)** Monday – Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m.

Other pharmacies are available in our network.

For More Information

For more detailed information about your Humana prescription drug coverage, please read your Evidence of Coverage (EOC) and other plan materials.

If you have questions about Humana, please visit our website at **Humana.com/medicaredruglist**. The Drug List Search tool lets you search for your drug by name or drug type.

Please contact Humana Customer Care with any questions at **1-800-457-4708 (TTY: 711)**, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. – 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com**.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**. You can also visit **www.medicare.gov**.

Humana Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 32.

Remember: This is only a partial list of drugs covered by Humana. If your prescription drug is not listed in this partial formulary, please visit our website at **Humana.com**. Our additional contact information is listed on the previous page.

Your Humana plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 31.

How to read your formulary

The first column of the chart lists categories of medical conditions in alphabetical order. The drug names are then listed in alphabetical order within each category. Brand-name drugs are CAPITALIZED and generic drugs are listed in lower-case italics. Next to the drug name or Utilization Management column, you may see an indicator to tell you about additional coverage information for that drug. You might see the following indicators:

ISP - Insulin Savings Program; insulin drugs that are included in the program benefit.

DL - Dispensing Limit; Drugs that may be limited to a 30 day supply, regardless of tier placement.

MO - Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.

LA - Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number on the back of your ID card for additional information.

The second column lists the tier of the drug. See page 5 for more details on the drug tiers in your plan.

The third column shows the Utilization Management Requirements for the drug. Humana may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 6 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANALGESICS		
acetaminophen-cod #3 tablet DL	3	QL (360 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG, BUCCAL FILM DL	4	QL (60 per 30 days)
celecoxib 100 mg, 200 mg, 400 mg, 50 mg, capsule MO	2	QL (60 per 30 days)
diclofenac sod ec 50 mg, 75 mg, tab MO	2	
diclofenac sodium 1% gel MO	3	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour, patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch DL	4	QL (20 per 30 days)
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg,; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 DL	3	QL (360 per 30 days)
ibuprofen 400 mg, 600 mg, 800 mg, tablet MO	1	
meloxicam 15 mg, tablet MO	1	QL (30 per 30 days)
meloxicam 7.5 mg, tablet MO	1	QL (60 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg, tablet DL	3	QL (120 per 30 days)
naproxen 250 mg, 375 mg, 500 mg, tablet; naproxen dr 250 mg, 375 mg, 500 mg, tablet MO	1	
oxycodone hcl (ir) 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, tab; oxycodone hcl (ir) 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, tablet DL	3	QL (360 per 30 days)
oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325; oxycodone-acetaminophn 2.5-325; oxycodone-acetaminophn 7.5-325 DL	3	QL (360 per 30 days)
tramadol hcl 50 mg, tablet DL	2	QL (240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG, CAPSULE SPRINKLE DL	3	QL (60 per 30 days)
Anesthetics		
lidocaine 5% patch MO	4	PA,QL (90 per 30 days)
lidocaine-prilocaine cream MO	4	
Anti-Addiction/Substance Abuse Treatment Agents		
NARCAN 4 MG/ACTUATION, NASAL SPRAY MO	3	QL (2 per 30 days)
VIVITROL 380 MG, INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	5	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET MO	2	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MO	2	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MO	2	QL (60 per 30 days)
Antibacterials		
amoxicillin 250 mg, 500 mg, capsule MO	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg, tablet MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 11.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
DL – Dispensing Limit • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azithromycin 250 mg, 500 mg, 600 mg, tablet MO	2	
cefdinir 300 mg, capsule MO	2	
cephalexin 250 mg, 500 mg, capsule MO	2	
ciprofloxacin hcl 250 mg, 500 mg, 750 mg, tab MO	1	
clindamycin hcl 150 mg, 300 mg, 75 mg, capsule MO	2	
daptomycin 350 mg, 500 mg, vial DL	5	
DIFICID 200 MG, TABLET DL	5	
DIFICID 40 MG/ML, ORAL SUSPENSION DL	5	
doxycycline hyclate 100 mg, 50 mg, cap MO	3	
imipenem-cilastatin 250 mg, 500 mg, vl MO	4	
levofloxacin 250 mg, 500 mg, 750 mg, tablet MO	2	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg, vial MO	4	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 MO	4	
metronidazole 250 mg, 500 mg, tablet MO	2	
nafcillin 1 gm add-van vial; nafcillin 1 gm vial; nafcillin 10 gm bulk vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial MO	4	
nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj DL	5	
nitrofurantoin mono-mcr 100 mg, MO	3	
NUZYRA 150 MG, TABLET DL	5	QL (30 per 14 days)
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram;; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial MO	4	
polymyxin b sulfate vial MO	3	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet MO	1	
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml,-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl MO	4	
ANTICONVULSANTS		
divalproex sod dr 125 mg, 250 mg, 500 mg, tab MO	2	
divalproex sod er 250 mg, 500 mg, tab MO	3	
EPIDIOLEX 100 MG/ML, ORAL SOLUTION DL	5	PA
gabapentin 100 mg, 300 mg, 400 mg, capsule MO	2	QL (270 per 30 days)
gabapentin 600 mg, 800 mg, tablet MO	2	QL (180 per 30 days)
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, tablet MO	1	
levetiracetam 1,000 mg, 500 mg, 750 mg, tablet MO	2	
topiramate 100 mg, 200 mg, 50 mg, tablet MO	2	QL (120 per 30 days)
VIMPAT 10 MG/ML, ORAL SOLUTION MO	4	QL (1395 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 11.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
DL – Dispensing Limit • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG, TABLET MO	4	QL (60 per 30 days)
VIMPAT 200 MG/20 ML, INTRAVENOUS SOLUTION MO	4	
ANTIDEMENTIA AGENTS		
donepezil hcl 10 mg, 5 mg, tablet; donepezil hcl odt 10 mg, 5 mg, tablet MO	1	QL (30 per 30 days)
donepezil hcl 10 mg, tablet MO	1	QL (60 per 30 days)
memantine hcl 10 mg, 5 mg, tablet MO	2	PA,QL (60 per 30 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG, CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK MO	3	QL (28 per 28 days)
Antidepressants		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, tab MO	2	
bupropion hcl sr 150 mg, tablet MO	3	QL (90 per 30 days)
bupropion hcl xl 300 mg, tablet MO	3	QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg, tablet MO	1	QL (30 per 30 days)
citalopram hbr 20 mg, tablet MO	1	QL (60 per 30 days)
duloxetine hcl dr 20 mg, 60 mg, cap MO	2	QL (60 per 30 days)
duloxetine hcl dr 30 mg, cap MO	2	QL (90 per 30 days)
escitalopram 10 mg, tablet MO	1	QL (45 per 30 days)
fluoxetine hcl 10 mg, 40 mg, capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 20 mg, capsule MO	1	QL (120 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg, 7.5 mg, tablet MO	2	
paroxetine hcl 10 mg, 20 mg, tablet MO	2	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg, tablet MO	2	QL (60 per 30 days)
sertraline hcl 100 mg, tablet MO	1	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg, tablet MO	1	QL (90 per 30 days)
trazodone 100 mg, 150 mg, 50 mg, tablet MO	1	
TRINTELLIX 10 MG, 20 MG, 5 MG, TABLET MO	4	ST,QL (30 per 30 days)
venlafaxine hcl er 150 mg, cap MO	2	QL (60 per 30 days)
venlafaxine hcl er 75 mg, cap MO	2	QL (90 per 30 days)
Antiemetics		
meclizine 12.5 mg, 25 mg, tablet MO	2	
ondansetron odt 4 mg, 8 mg, tablet MO	2	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg, 8 mg, tablet MO	2	B vs D,QL (90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 11.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
DL – Dispensing Limit • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
promethazine 12.5 mg, 25 mg, 50 mg, tablet MO	4	
SANCUSO 3.1 MG/24 HOUR, TRANSDERMAL PATCH MO	4	QL (4 per 30 days)
Antifungals		
clotrimazole-betamethasone crm MO	3	QL (180 per 30 days)
fluconazole 100 mg, 150 mg, 200 mg, 50 mg, tablet MO	2	
ketoconazole 2% shampoo MO	2	QL (120 per 30 days)
nystatin 100,000 unit/gm cream MO	2	
Antigout Agents		
allopurinol 100 mg, 300 mg, tablet MO	1	
MITIGARE 0.6 MG, CAPSULE MO	3	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML, SUBCUTANEOUS AUTO-INJECTOR MO	4	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML, SUBCUTANEOUS AUTO-INJECTOR MO	4	PA,QL (2 per 30 days)
EMGALITY PEN 120 MG/ML, SUBCUTANEOUS PEN INJECTOR MO	4	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML, SUBCUTANEOUS SYRINGE MO	4	PA,QL (2 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg, tablet MO	1	QL (9 per 30 days)
Antimyasthenic Agents		
pyridostigmine br 30 mg, 60 mg, tablet MO	3	
Antimycobacterials		
rifabutin 150 mg, capsule MO	4	
rifampin 150 mg, 300 mg, capsule MO	3	
ANTINEOPLASTICS		
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG, TABLET DL	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG, TABLET FOR ORAL SUSPENSION DL	5	PA
ALUNBRIG 180 MG, 90 MG, 90 MG (7)- 180 MG (23), TABLET; ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK DL	5	PA,QL (30 per 30 days)
ALUNBRIG 30 MG, TABLET DL	5	PA,QL (180 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG, TABLET DL	5	PA,QL (30 per 30 days)
ERIVEDGE 150 MG, CAPSULE DL	5	PA,QL (28 per 28 days)
ERLEADA 60 MG, TABLET DL	5	PA,QL (120 per 30 days)
HERCEPTIN 150 MG, 420 MG, INTRAVENOUS SOLUTION; HERCEPTIN 150 MG, 420 MG, VIAL DL	5	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML, SUBCUTANEOUS SOLUTION DL	5	PA,QL (5 per 21 days)
IBRANCE 100 MG, 125 MG, 75 MG, CAPSULE DL	5	PA,QL (21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG, TABLET DL	5	PA,QL (21 per 28 days)
IMBRUVICA 140 MG, CAPSULE DL	5	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMBRUVICA 420 MG, 560 MG, TABLET DL	5	PA,QL (28 per 28 days)
IMBRUVICA 70 MG, CAPSULE DL	5	PA,QL (28 per 28 days)
NUBEQA 300 MG, TABLET DL	5	PA,QL (120 per 30 days)
RITUXAN 10 MG/ML, CONCENTRATE,INTRAVENOUS DL	5	PA
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG, TABLET DL	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG, TABLET DL	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG, TABLET DL	5	PA,QL (90 per 30 days)
TYKERB 250 MG, TABLET DL	5	PA,QL (180 per 30 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG, TABLET DL	5	PA,QL (60 per 30 days)
XTANDI 40 MG, CAPSULE DL	5	PA,QL (120 per 30 days)
Antiparasitics		
hydroxychloroquine 100 mg, 200 mg, 300 mg, 400 mg, tab MO	2	
ivermectin 3 mg, tablet MO	3	
ANTIPARKINSON AGENTS		
benztropine mes 0.5 mg, 1 mg, 2 mg, tab; benztropine mes 0.5 mg, 1 mg, 2 mg, tablet MO	2	
carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab MO	2	
KYNMOBI 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG, SUBLINGUAL FILM; KYNMOBI 10 MG-15 MG-20 MG-25 MG-30 MG SUBLINGUAL FILM DL	5	PA,QL (150 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR, TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, tablet MO	2	
ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg, tablet MO	2	
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE MO	4	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE MO	4	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE MO	4	ST,QL (300 per 30 days)
ANTIPSYCHOTICS		
ABILIFY MAINTENA 300 MG, 400 MG, INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	5	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG, SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE DL	5	QL (1 per 28 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg, tablet MO	3	
ARISTADA 1,064 MG/3.9 ML, SUSPENSION, EXTEND.REL. IM SYRINGE	5	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML, SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML, SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (2.4 per 28 days)

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ARISTADA 882 MG/3.2 ML, SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML, SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (2.4 per 42 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML, INTRAMUSCULAR SYRINGE DL	5	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML, INTRAMUSCULAR SYRINGE DL	5	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML, INTRAMUSCULAR SYRINGE	5	QL (0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML, INTRAMUSCULAR SYRINGE	5	QL (1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML, INTRAMUSCULAR SYRINGE	5	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML, INTRAMUSCULAR SYRINGE	5	QL (2.63 per 90 days)
<i>olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg, tablet</i> MO	3	
PERSERIS 120 MG, 90 MG, ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE DL	5	QL (1 per 28 days)
<i>quetiapine fumarate 200 mg, 25 mg, 50 mg, tab</i> MO	2	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, TABLET MO	4	PA,QL (30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, INTRAMUSCULAR SUSP,EXTENDED RELEASE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML, INTRAMUSCULAR SUSP,EXTENDED RELEASE DL	5	QL (2 per 28 days)
<i>risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, tablet</i> MO	1	QL (60 per 30 days)
Antispasticity Agents		
<i>baclofen 10 mg, 20 mg, tablet</i> MO	2	
<i>dantrolene sodium 100 mg, 50 mg, cap</i> MO	4	
<i>dantrolene sodium 25 mg, cap</i> MO	3	
<i>tizanidine hcl 2 mg, 4 mg, tablet</i> MO	1	
ANTIVIRALS		
<i>acyclovir 400 mg, 800 mg, tablet</i> MO	2	
BIKTARVY 30 MG-120 MG-15 MG TABLET; BIKTARVY 50 MG-200 MG-25 MG TABLET DL	5	QL (30 per 30 days)
DESCOVY 120 MG-15 MG TABLET; DESCOVY 200 MG-25 MG TABLET DL	5	QL (30 per 30 days)
EPCLUSA 200 MG-50 MG TABLET; EPCLUSA 400 MG-100 MG TABLET DL	5	PA,QL (28 per 28 days)
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET DL	5	QL (30 per 30 days)
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET DL	5	PA,QL (28 per 28 days)
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET DL	5	PA,QL (56 per 28 days)
HARVONI 45 MG-200 MG TABLET; HARVONI 90 MG-400 MG TABLET DL	5	PA,QL (28 per 28 days)
<i>ledipasvir-sofosbuvir 90-400mg</i> DL	5	PA,QL (28 per 28 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET DL	5	QL (30 per 30 days)

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oseltamivir phos 45 mg, 75 mg, capsule MO	3	QL (112 per 365 days)
VOSEVI 400 MG-100 MG-100 MG TABLET DL	5	PA,QL (28 per 28 days)
XOFLUZA 20 MG, 40 MG, TABLET MO	4	QL (10 per 365 days)
Anxiolytics		
alprazolam 0.25 mg, 0.5 mg, 1 mg, tablet DL	2	QL (120 per 30 days)
bupirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg, tablet MO	1	
clonazepam 0.5 mg, 1 mg, 2 mg tablet DL	3	
diazepam 2 mg, 5 mg, tablet DL	3	QL (90 per 30 days)
hydroxyzine hcl 10 mg, 25 mg, 50 mg, tablet MO	3	
lorazepam 0.5 mg, 1 mg, tablet DL	2	QL (90 per 30 days)
Bipolar Agents		
lithium carbonate 150 mg, 300 mg, 600 mg, cap MO	1	
lithium carbonate 300 mg, tab MO	2	
lithium carbonate er 300 mg, 450 mg, tb MO	2	
Blood Glucose Regulators		
BAQSIMI 3 MG/ACTUATION, NASAL SPRAY MO	3	
BYDUREON 2 MG PEN INJECT MO	4	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML, SUBCUTANEOUS AUTO-INJECTOR MO	4	QL (3.4 per 28 days)
FARXIGA 10 MG, 5 MG, TABLET MO	4	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN MO	3	ISP
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS CARTRIDGE MO	3	ISP
FIASP U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION MO	3	ISP
glimepiride 1 mg, 2 mg, 4 mg, tablet MO	1	
glipizide 10 mg, 5 mg, tablet MO	1	
glipizide er 10 mg, 2.5 mg, 5 mg, tablet MO	1	
GLUCAGEN HYPOKIT 1 MG, INJECTION MO	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO	3	QL (30 per 30 days)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS AUTO-INJECTOR MO	3	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS SYRINGE MO	3	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS SYRINGE MO	3	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML, SUBCUTANEOUS SOLN DL	5	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML), SUBCUTANEOUS DL	5	

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INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG, TABLET MO	3	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG, TABLET MO	3	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG, TABLET MO	3	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO	3	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	4	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET, EXTENDED RELEASE MO	4	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN MO	3	ISP
LANTUS U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION MO	3	ISP
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN MO	3	ISP
LEVEMIR U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION MO	3	ISP
<i>metformin hcl 1,000 mg, 500 mg, 850 mg, tablet</i> MO	1	
<i>metformin hcl er 500 mg, tablet</i> MO	1	QL (120 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30), SUBCUTANEOUS MO	3	ISP
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	ISP
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN MO	3	ISP
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML, SUBCUTANEOUS SUSP MO	3	ISP
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN MO	3	ISP
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML, INJECTION SOLUTION MO	3	ISP

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NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML), SUBCUTANEOUS MO	3	ISP
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	ISP
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	ISP
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS CARTRIDGE MO	3	ISP
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS SOLUTION MO	3	ISP
ONGLYZA 2.5 MG, 5 MG, TABLET MO	4	QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML), SUBCUTANEOUS PEN INJECTOR; OZEMPIC 1 MG/DOSE (2 MG/1.5ML) MO	3	QL (3 per 28 days)
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg, tablet</i> MO	1	QL (30 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG, TABLET MO	3	QL (30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML, SUBCUTANEOUS INSULIN PEN MO	3	QL (15 per 24 days) ISP
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET MO	3	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN MO	3	ISP
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML), SUBCUTANEOUS PEN MO	3	ISP
TRADJENTA 5 MG, TABLET MO	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN MO	3	ISP
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML), SUBCUTANEOUS PEN MO	3	ISP
TRESIBA U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION MO	3	ISP
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)

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TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML, SUBCUTANEOUS PEN INJECTOR MO	3	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	QL (15 per 30 days) ISP
BLOOD PRODUCTS AND MODIFIERS		
BRILINTA 60 MG, 90 MG, TABLET MO	3	QL (60 per 30 days)
<i>clopidogrel 75 mg, tablet</i> MO	1	QL (30 per 30 days)
ELIQUIS 2.5 MG, TABLET MO	3	QL (60 per 30 days)
ELIQUIS 5 MG, TABLET MO	3	QL (74 per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK MO	3	QL (74 per 30 days)
<i>enoxaparin 100 mg/ml, 150 mg/ml, syringe</i> MO	4	QL (28 per 28 days)
<i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml, syr</i> MO	4	QL (22.4 per 28 days)
<i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml, syr</i> MO	4	QL (16.8 per 28 days)
<i>enoxaparin 300 mg/3 ml, vial</i> MO	4	QL (84 per 28 days)
<i>enoxaparin 40 mg/0.4 ml, syr</i> MO	4	QL (11.2 per 28 days)
NEULASTA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML, WITH WEARABLE SUBCUTANEOUS INJECTOR DL	5	PA,QL (1.2 per 28 days)
NIVESTYM 300 MCG/0.5 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML, INJECTION SOLUTION DL	5	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML, INJECTION SOLUTION DL	5	PA,QL (22.4 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG, CAPSULE MO	4	QL (60 per 30 days)
PROMACTA 12.5 MG, 75 MG, TABLET DL, LA	5	PA,QL (60 per 30 days)
PROMACTA 12.5 MG, ORAL POWDER PACKET DL, LA	5	PA,QL (360 per 30 days)
PROMACTA 25 MG, ORAL POWDER PACKET DL, LA	5	PA,QL (180 per 30 days)
PROMACTA 25 MG, TABLET DL, LA	5	PA,QL (30 per 30 days)
PROMACTA 50 MG, TABLET DL, LA	5	PA,QL (90 per 30 days)

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RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML, INJECTION SOLUTION MO	4	PA,QL (14 per 30 days)
UDENYCA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (1.2 per 28 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, tablet MO	1	
XARELTO 10 MG, 20 MG, TABLET MO	3	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG, TABLET MO	3	QL (60 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK MO	3	QL (51 per 30 days)
ZARXIO 300 MCG/0.5 ML, INJECTION SYRINGE DL	5	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML, INJECTION SYRINGE DL	5	PA,QL (11.2 per 30 days)
CARDIOVASCULAR AGENTS		
amiodarone hcl 200 mg, tablet MO	2	
amlodipine besylate 10 mg, 2.5 mg, 5 mg, tab MO	1	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg;; amlodipine-benazepril 2.5-10 MO	1	QL (60 per 30 days)
atenolol 100 mg, 25 mg, 50 mg, tablet MO	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg, tablet MO	1	
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg, tablet MO	1	
bumetanide 0.5 mg, 1 mg, 2 mg, tablet MO	2	
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg, tablet MO	1	
chlorthalidone 25 mg, 50 mg, tablet MO	2	
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg, tablet MO	1	
CORLANOR 5 MG, 7.5 MG, TABLET MO	4	PA,QL (60 per 30 days)
digoxin 125 mcg tablet; digoxin 250 mcg tablet MO	2	QL (30 per 30 days)
diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg, cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg, cap MO	2	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg, tab MO	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg, tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg, tablet MO	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET MO	3	QL (60 per 30 days)
ezetimibe 10 mg, tablet MO	2	QL (30 per 30 days)
fenofibrate 160 mg, tablet MO	2	QL (30 per 30 days)
furosemide 20 mg, 40 mg, 80 mg, tablet MO	1	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg, tablet MO	2	

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B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrochlorothiazide 12.5 mg, 25 mg, 50 mg, tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg, tb MO	1	
irbesartan 150 mg, 300 mg, 75 mg, tablet MO	1	QL (30 per 30 days)
isosorbide mononit er 30 mg, 60 mg, tb MO	1	
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg, tablet MO	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, tab MO	1	
losartan potassium 100 mg, 25 mg, 50 mg, tab MO	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg, tab MO	1	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg, tablet MO	1	
metoprolol succ er 100 mg, 200 mg, 50 mg, tab MO	1	QL (60 per 30 days)
metoprolol succ er 25 mg, tab MO	1	QL (90 per 30 days)
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tb MO	1	
MULTAQ 400 MG, TABLET MO	3	QL (60 per 30 days)
NEXLETOL 180 MG, TABLET MO	3	PA,QL (30 per 30 days)
NEXLIZET 180 MG-10 MG TABLET MO	3	PA,QL (30 per 30 days)
nifedipine er 30 mg, 60 mg, 90 mg, tablet MO	3	QL (60 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg, tablet sl MO	3	
olmesartan medoxomil 20 mg, 40 mg, 5 mg, tab MO	1	QL (30 per 30 days)
pravastatin sodium 10 mg, 20 mg, 40 mg, 80 mg, tab MO	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg, tablet MO	2	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg, capsule MO	1	
REPATHA PUSHTRONEX 420 MG/3.5 ML, SUBCUTANEOUS WEARABLE INJECTOR MO	3	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML, SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML, SUBCUTANEOUS SYRINGE MO	3	PA,QL (3 per 28 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg, tab MO	1	
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg, tablet MO	1	
spironolactone 100 mg, 25 mg, 50 mg, tablet MO	1	
torseamide 10 mg, 100 mg, 20 mg, 5 mg, tablet MO	2	
triamterene-hctz 37.5-25 mg, 75-50 mg, tab; triamterene-hctz 37.5-25 mg, 75-50 mg, tb MO	1	
valsartan 160 mg, 320 mg, 40 mg, 80 mg, tablet MO	1	QL (60 per 30 days)
VASCEPA 0.5 GRAM, CAPSULE MO	3	QL (240 per 30 days)
VASCEPA 1 GRAM, CAPSULE MO	3	QL (120 per 30 days)
ZYPITAMAG 2 MG, 4 MG, TABLET MO	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Central Nervous System Agents		
AUSTEDO 12 MG, 9 MG, TABLET DL	5	PA,QL (120 per 30 days)
AUSTEDO 6 MG, TABLET DL	5	PA,QL (60 per 30 days)
BETASERON 0.3 MG, SUBCUTANEOUS KIT DL	5	PA,QL (15 per 30 days)
COPAXONE 20 MG/ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (12 per 28 days)
<i>dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg, tab;</i> <i>dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg, tab;</i> <i>dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg, tab</i> MO	3	QL (90 per 30 days)
GILENYA 0.25 MG, 0.5 MG, CAPSULE DL	5	PA,QL (30 per 30 days)
<i>pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg, capsule</i> MO	3	QL (90 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG, TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	3	QL (60 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG, CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE DL	5	PA,QL (60 per 30 days)
TECFIDERA 120 MG, CAPSULE,DELAYED RELEASE DL	5	PA,QL (14 per 30 days)
Dental & Oral Agents		
<i>chlorhexidine 0.12% rinse</i> MO	1	
<i>triamcinolone 0.1% paste</i> MO	3	
DERMATOLOGICAL AGENTS		
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM MO	4	QL (120 per 30 days)
<i>hydrocortisone 1% cream; hydrocortisone 2.5% cream</i> MO	2	QL (240 per 30 days)
<i>mupirocin 2% ointment</i> MO	2	
REGANEX 0.01 %, TOPICAL GEL DL	5	PA
SANTYL 250 UNIT/GRAM, TOPICAL OINTMENT MO	3	QL (180 per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
LOKELMA 10 GRAM, 5 GRAM, ORAL POWDER PACKET MO	3	QL (30 per 30 days)
<i>potassium cl er 10 meq, 15 meq, 20 meq, tablet</i> MO	2	
GASTROINTESTINAL AGENTS		
DEXILANT 30 MG, 60 MG, CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
<i>dicyclomine 10 mg, capsule</i> MO	2	
<i>esomeprazole mag dr 20 mg, 40 mg, cap</i> MO	3	QL (60 per 30 days)
<i>famotidine 20 mg, 40 mg, tablet</i> MO	2	
LINZESS 145 MCG, 290 MCG, 72 MCG, CAPSULE MO	3	QL (30 per 30 days)
MOVANTIK 12.5 MG, 25 MG, TABLET MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
omeprazole dr 10 mg, 20 mg, 40 mg, capsule MO	1	QL (60 per 30 days)
pantoprazole sod dr 20 mg, 40 mg, tab MO	1	QL (60 per 30 days)
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	4	QL (120 per 30 days)
RELISTOR 12 MG/0.6 ML, SUBCUTANEOUS SOLUTION MO	4	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML, SUBCUTANEOUS SYRINGE MO	4	QL (36 per 28 days)
RELISTOR 150 MG, TABLET MO	4	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML, SUBCUTANEOUS SYRINGE MO	4	QL (12 per 30 days)
sucralfate 1 gm tablet MO	2	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	3	
SUTAB 1.479-0.188-0.225 GRAM TABLET MO	4	
XIFAXAN 200 MG, TABLET DL	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG, TABLET DL	5	PA,QL (84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CERDELGA 84 MG, CAPSULE DL	5	PA
CEREZYME 400 UNIT, INTRAVENOUS SOLUTION DL	5	PA
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ELELYSO 200 UNIT, INTRAVENOUS SOLUTION DL	5	PA
PROLASTIN-C 1,000 MG (+-)/20 ML INTRAVENOUS SOLUTION; PROLASTIN-C 1,000 MG, 1,000 MG (+-)/20 ML, INTRAVENOUS POWDER FOR SOLUTION DL	5	PA
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML, SUBCUTANEOUS SOLUTION DL	5	PA
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE MO	4	
Genitourinary Agents		
finasteride 5 mg, tablet MO	1	QL (30 per 30 days)
GEMTESA 75 MG, TABLET MO	4	QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG, TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxybutynin 5 mg, tablet MO	2	
oxybutynin cl er 10 mg, 15 mg, 5 mg, tablet MO	3	QL (60 per 30 days)
tamsulosin hcl 0.4 mg, capsule MO	2	
TOVIAZ 4 MG, 8 MG, TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
methylprednisolone 4 mg, dosepk MO	2	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg, tablet MO	1	B vs D
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream MO	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate 0.1 mg, tb MO	3	QL (180 per 30 days)
desmopressin acetate 0.2 mg, tb MO	4	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML), SUBCUTANEOUS CARTRIDGE DL	5	PA
OMNITROPE 5.8 MG, SUBCUTANEOUS SOLUTION DL	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
estradiol 0.5 mg, 1 mg, 2 mg, tablet MO	1	
OSPHENA 60 MG, TABLET MO	3	PA
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG, TABLET MO	4	
PREMARIN 0.625 MG/GRAM, VAGINAL CREAM MO	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg, tablet MO	1	
liothyronine sod 10 mcg/ml, vl MO	3	
liothyronine sod 25 mcg, 5 mcg, 50 mcg, tab MO	3	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET MO	3	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN 500 MG, TABLET DL	5	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
ORGOVYX 120 MG, TABLET DL	5	PA,QL (32 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.3 per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
methimazole 10 mg, 5 mg, tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMMUNOLOGICAL AGENTS		
COSENTYX 150 MG/ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (8 per 28 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML,) SUBCUTANEOUS DL	5	PA,QL (8 per 28 days)
COSENTYX PEN 150 MG/ML, SUBCUTANEOUS DL	5	PA,QL (8 per 28 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML,) SUBCUTANEOUS DL	5	PA,QL (8 per 28 days)
DUPIXENT 300 MG/2 ML, SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (6 per 28 days)
DUPIXENT 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (3.42 per 28 days)
DUPIXENT 300 MG/2 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (6 per 28 days)
ENBREL 25 MG (1 ML), 25 MG/0.5 ML, SUBCUTANEOUS POWDER FOR SOLUTION; ENBREL 25 MG (1 ML), 25 MG/0.5 ML, SUBCUTANEOUS SOLUTION DL	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE; ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML), SUBCUTANEOUS SYRINGE DL	5	PA,QL (8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML), SUBCUTANEOUS CARTRIDGE DL	5	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML), SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (8 per 28 days)
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG, TABLET,EXTENDED RELEASE MO	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %), INJECTION SOLUTION DL	5	PA
HUMIRA 40 MG/0.8 ML, SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML, SUBCUTANEOUS KIT DL	5	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML, SUBCUT KIT DL	5	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML, SUBCUT KT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML, SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML, SUBCUT SYR KIT; HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML, SUBCUT SYRINGE KIT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML, SUBCUTANEOUS KIT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML, SUBCUT KT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT DL	5	PA,QL (6 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (2.28 per 28 days)
methotrexate 2.5 mg, tablet MO	2	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RINVOQ 15 MG, 30 MG, TABLET,EXTENDED RELEASE DL	5	PA,QL (30 per 30 days)
SHINGRIX (PF) 50 MCG/0.5 ML, INTRAMUSCULAR SUSPENSION, KIT DL	3	
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT; SKYRIZI 150 MG/ML, 150MG/1.66ML(75 MG/0.83 ML X2), SUBCUTANEOUS SYRINGE	5	PA,QL (6 per 365 days)
STELARA 45 MG/0.5 ML, SUBCUTANEOUS SOLUTION DL	5	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (3 per 84 days)
Inflammatory Bowel Disease Agents		
<i>mesalamine er 0.375 gram, cap</i> MO	4	QL (120 per 30 days)
Metabolic Bone Disease Agents		
<i>alendronate sodium 35 mg, 70 mg, tab</i> MO	1	QL (4 per 28 days)
PROLIA 60 MG/ML, SUBCUTANEOUS SYRINGE MO	4	QL (1 per 180 days)
RAYALDEE 30 MCG, CAPSULE,EXTENDED RELEASE DL	5	QL (60 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR	5	PA,QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML), SUBCUTANEOUS SOLUTION DL	5	PA,QL (1.7 per 28 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
BD ALCOHOL SWABS MO	1	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE MO	3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE MO	3	
RECTIV 0.4 % (W/W), OINTMENT MO	4	QL (30 per 30 days)
V-GO 20 DEVICE MO	3	
V-GO 30 DEVICE MO	3	
V-GO 40 DEVICE MO	3	
Ophthalmic Agents		
ALPHAGAN P 0.1 %, EYE DROPS MO	3	
<i>brimonidine 0.2% eye drop</i> MO	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	3	QL (5 per 25 days)
<i>dorzolamide-timolol eye drops</i> MO	1	
DUREZOL 0.05 %, EYE DROPS MO	3	
ILEVRO 0.3 %, EYE DROPS,SUSPENSION MO	3	QL (3 per 30 days)
<i>latanoprost 0.005% eye drops</i> MO	1	QL (5 per 25 days)
LOTEMAX SM 0.38 %, EYE GEL DROPS MO	4	
LUMIGAN 0.01 %, EYE DROPS MO	3	QL (2.5 per 25 days)
<i>prednisolone ac 1% eye drop</i> MO	3	
RESTASIS 0.05 %, EYE DROPS IN A DROPPERETTE MO	3	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 %, EYE DROPS MO	3	QL (5.5 per 25 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RHOPRESSA 0.02 %, EYE DROPS MO	3	ST,QL (2.5 per 25 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS MO	3	ST,QL (2.5 per 25 days)
VYZULTA 0.024 %, EYE DROPS MO	4	QL (5 per 30 days)
Otic Agents		
<i>ciproflox-dexameth otic susp</i> MO	4	
<i>neomycin-polymyxin-hc ear soln</i> MO	3	
<i>neomycin-polymyxin-hc ear susp</i> MO	3	
<i>ofloxacin 0.3% ear drops</i> MO	3	
Respiratory Tract/Pulmonary Agents		
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG, TABLET DL, LA	5	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	3	QL (12 per 30 days)
<i>albuterol hfa 90 mcg inhaler</i> MO	3	QL (36 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION, POWDER FOR INHALATION MO	3	QL (30 per 30 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER MO	4	QL (10.7 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION MO	4	QL (4 per 20 days)
DALIRESP 250 MCG, TABLET MO	3	QL (28 per 365 days)
DALIRESP 500 MCG, TABLET MO	3	QL (30 per 30 days)
ESBRIET 267 MG, CAPSULE DL, LA	5	PA,QL (270 per 30 days)
ESBRIET 267 MG, TABLET DL, LA	5	PA,QL (270 per 30 days)
ESBRIET 801 MG, TABLET DL, LA	5	PA,QL (90 per 30 days)
FASENRA PEN 30 MG/ML, SUBCUTANEOUS AUTO-INJECTOR	5	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION, POWDER FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION, AEROSOL INHALER MO	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION, AEROSOL INHALER MO	3	QL (10.6 per 30 days)
<i>fluticasone prop 50 mcg spray</i> MO	2	QL (16 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydroxyzine pam 100 mg, 25 mg, 50 mg, cap MO	3	
levocetirizine 5 mg, tablet MO	1	QL (30 per 30 days)
montelukast sod 10 mg, tablet MO	1	QL (30 per 30 days)
NUCALA 100 MG/ML, SUBCUTANEOUS AUTO-INJECTOR DL	5	PA,QL (3 per 28 days)
NUCALA 100 MG/ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (3 per 28 days)
OFEV 100 MG, 150 MG, CAPSULE DL, LA	5	PA,QL (60 per 30 days)
PERFORMIST 20 MCG/2 ML, SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION, SOLUTION FOR INHALATION MO	3	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG, AND INHALATION CAPSULES MO	3	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION, SOLUTION FOR INHALATION MO	3	QL (4 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (10.2 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION; TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION MO	3	QL (60 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION, AEROSOL INHALER MO	3	QL (36 per 30 days)
wixela inhub 100 mcg-50 mcg/dose powder for inhalation; wixela inhub 250 mcg-50 mcg/dose powder for inhalation; wixela inhub 500 mcg-50 mcg/dose powder for inhalation MO	3	QL (60 per 30 days)
Skeletal Muscle Relaxants		
cyclobenzaprine 10 mg, 5 mg, tablet MO	2	
methocarbamol 500 mg, 750 mg, tablet MO	2	
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG, TABLET MO	3	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG, TABLET MO	3	QL (30 per 30 days)
BELSOMRA 5 MG, TABLET MO	3	QL (120 per 30 days)
temazepam 15 mg, 30 mg, capsule DL	4	QL (30 per 30 days)
zolpidem tartrate 10 mg, 5 mg, tablet MO	2	QL (30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 11.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
DL – Dispensing Limit • ISP – Insulin Savings Program • LA – Limited Access

Humana Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERECTILE DYSFUNCTION		
<i>sildenafil 100 mg, 25 mg, 50 mg, tablet</i> MO	1	QL (6 per 30 days)
WEIGHT LOSS		
CONTRACE 8 MG-90 MG TABLET,EXTENDED RELEASE MO	2	PA,QL (120 per 30 days)

Your Humana plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D. These drugs are not subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage).

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
DL – Dispensing Limit • ISP – Insulin Savings Program • LA – Limited Access

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Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do 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 and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, 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 **1-877-320-1235** 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 at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

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

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana 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. 1-877-320-1235 (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 các 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、上記の番号までお電話ください。


فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

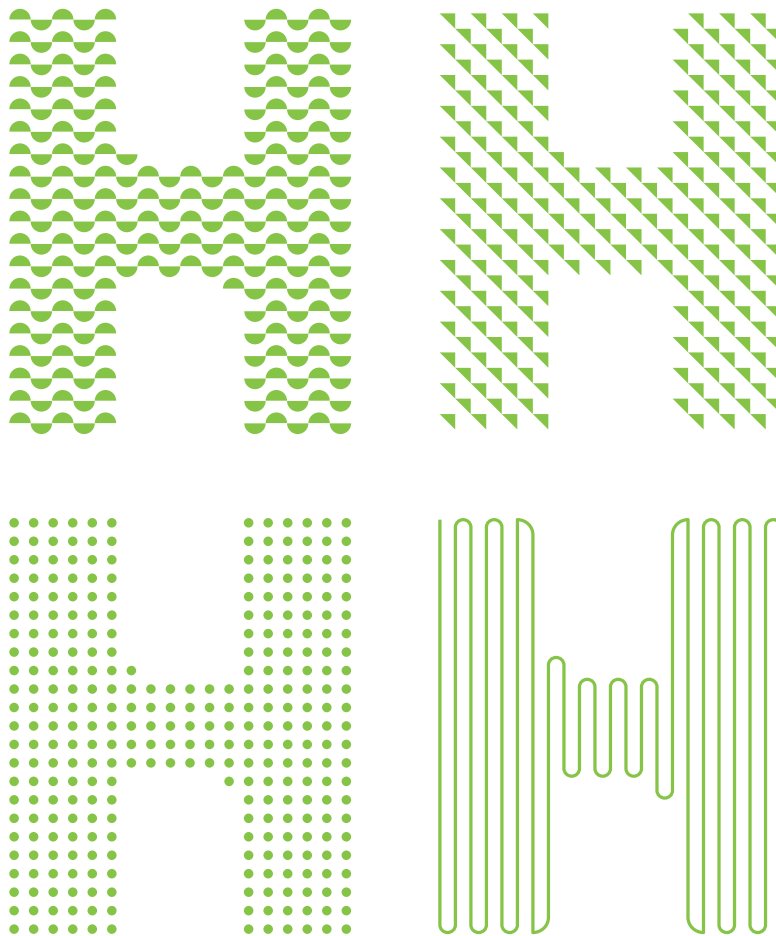


This abridged formulary was updated on 05/04/2022 and is not a complete list of drugs covered by our plan. For a complete listing, or other questions, please contact Humana with any questions at 1-800-457-4708 or, for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1– March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com**.

H0473-003; H5216-033, 034, 062, 070, 072, 074, 078, 196, 223, 261, 263, 265; H7284-001; H9070-004, 005

Humana[®]

Humana.com



Over-the-counter health and wellness products

2022 CATALOG AND ORDER FORM

Humana[®]



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Note

The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Over-the-counter health products, available through your Humana plan

Order from Humana Pharmacy, have it shipped to you

You may need over-the-counter health and wellness products, but they may be hard to budget for. To help, your Humana plan offers an over-the-counter benefit that allows you to purchase some of these products from Humana Pharmacy® and have them shipped to your home.

How to place your order



For all members: mail and fax

Due to added time to receive your request by mail, we encourage you to allow extra time when placing your order. If you have a monthly allowance, submit your order by the 20th of each month. If you have a quarterly allowance, submit your order by the 20th of your allowance period. Last month of quarters are March, June, September, and December. Fill out the Health and Wellness Products Order Form and mail only the order form pages to:

Humana Pharmacy

P.O. Box 1197 Cincinnati, OH 45201-1197

or fax the order form pages to **800-379-7617**



For MAPD members: online

Sign in to **HumanaPharmacy.com** and select “Over the Counter (OTC) items” from the “Shop OTC” drop-down menu at the top of the page.



Mobile

Order your OTC products whenever and wherever you'd like with the Humana Pharmacy mobile app, directly from your mobile device.

A few things to note before you order

- Know your plan's allowance. You can find this information in your Summary of Benefits, or by contacting your sales agent. If you have a plan that includes rollover allowance, your unused balance will carry over to your next month or quarter and expire on Dec. 31, 2022. If you have a plan that does not include a rollover allowance, your allowance will need to be used within each month or quarter, depending on your plan.
- If your order exceeds your plan's allowance, please include a check, money order or enter your credit card information to pay the remaining amount due. Balances higher than the allowance amount will have sales tax applied. If your order isn't paid in full, items will be cancelled to bring your total to or below your benefit allowance.
- If you order multiple products, you may receive them in multiple shipments.
- If you have an OTC card, you will need to activate your card before using. Eligible members can call **888-682-2400 (TTY: 711)**, 24 hours a day, 7 days a week, or visit <https://www.otcnetwork.com/Member/Account/LoginCardNo> to activate your card and check your balance. Card activation requires you to enter your OTC card number and Humana member ID number.



OTC: a how-to helpline

If you have questions about how to use the OTC benefit, call Humana Pharmacy at **855-211-8370 (TTY: 711)**. Customer Care specialists are available Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Keep this catalog handy.

You'll need this to look up the health and wellness products you want to order.

2022 Humana Health and Wellness Product Order Form



990



MEMBER INFORMATION

Member ID (found on Humana ID card)

Date of Birth

Gender

Male

Female

First Name

Last Name

MI

Street Number

Street Name

Apt/Suite #

Urbanization Code (for Puerto Rico addresses only)

City

State

Zip Code

Daytime Phone

Evening Phone

Please check box if this is a new address:

During which month would you like to receive this order?

If a month is not selected, your order will be processed the month your request is received.

PAYMENT INFORMATION (if applicable)

If your total order is less than your plan's allowance, you DO NOT need to include payment and you will receive the items you ordered. If your order exceeds your plan's allowance, please include your check, money order, or enter your credit card information below to pay the remaining amount due. **Failure to submit payment in full will lead to items being cancelled to bring your order total at or below your benefit allowance. Please be sure to provide your payment information each time you order over your allowance amount.**

Please make checks payable to "Humana Pharmacy". Please do not send cash.

To pay by credit card, please complete the following:

Credit/Debit Card #

Exp. Date

Cardholder First Name

Cardholder Last Name

Cardholder Signature:

Orders will be shipped to your home by UPS or the US Postal Service at no extra charge to you. Please allow 10 to 14 business days for processing from the time Humana Pharmacy receives your order. **Orders may be split into multiple shipments.** You'll receive a generic comparable to the name-brand product. This product list is subject to change - the most up to date product list is available on **HumanaPharmacy.com**. If a product is unavailable or not in stock, it may be substituted for a similar product at no additional charge. The brand name product may also be sent. **Humana Pharmacy reserves the right to limit the quantities of OTC medications and supplies dispensed.** Please check with your healthcare provider before taking OTC medicines. Some items may vary depending on manufacturer (for example: caplets, tablets, capsules or soft gels may be substituted for one another). Returns or refunds are not accepted for items that were properly dispensed.

Y0040_GHHL8FJEN_C

Member ID (found on Humana ID card)

□□□□□□□□□□ - □□

Date of Birth

□□/□□/□□□□



990A



First name

□□□□□□□□□□□□□□□□

Last name

□□□□□□□□□□□□□□□□□□□□

MI

□

PRODUCT SELECTION

*Write in the quantity of the product you would like to receive, not the package size listed in catalog.

Product Code	Product Name	Quantity*	Price
<i>Example:</i> 0 1 6	Aspirin Low Dose 81mg EC	1	\$6
1 OTC □□□	_____	□	_____
2 OTC □□□	_____	□	_____
3 OTC □□□	_____	□	_____
4 OTC □□□	_____	□	_____
5 OTC □□□	_____	□	_____
6 OTC □□□	_____	□	_____
7 OTC □□□	_____	□	_____
8 OTC □□□	_____	□	_____
9 OTC □□□	_____	□	_____
10 OTC □□□	_____	□	_____
11 OTC □□□	_____	□	_____
12 OTC □□□	_____	□	_____
13 OTC □□□	_____	□	_____
14 OTC □□□	_____	□	_____
15 OTC □□□	_____	□	_____

To order by mail, send the completed Humana Health and Wellness Product Order Form page along with payment (if applicable) to:
Humana Pharmacy
P.O. Box 1197
Cincinnati, OH 45201-1197

Your total order amount \$ _____
Humana allowance \$ _____
Total remaining amount due \$ _____

Balances higher than the allowance amount will have sales tax applied

Antacid, anti-diarrheal and laxatives

Antacid/anti-gas liquid

Compare to: Mylanta®



\$8 | 12 oz
Product code
032

Anti-diarrheal tablets – Loperamide 2 mg

Compare to: Imodium® A-D



\$7 | 24 count
Product code
318

Anti-hemorrhoidal ointment

Compare to: Preparation H®



\$7 | 2 oz
Product code
031

Biscodyl 5 mg

Compare to: Dulcolax®



\$7 | 25 count
Product code
093

Calcium carbonate antacid – Regular strength

Compare to: Tums® Regular Strength



\$7 | 150 count
Product code
203

Dairy digestive supplement – Lactase enzyme

Compare to: Lactaid® Tabs



\$10 | 60 count
Product code
116

Effervescent antacid and pain relief

Compare to: Alka-Seltzer®



\$8 | 36 count
Product code
215

Esomeprazole 20 mg

Compare to: Nexium® 24 HR



\$17 | 28 count
Product code
323

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Extra strength gas relief softgels

Compare to: Gas-X® Extra Strength



\$8 | 48 count
Product code
320

Famotidine 20 mg

Compare to: Pepcid® 20 mg



\$8 | 25 count
Product code
261

Fiber gummies

Compare to: Vitafusion™ Fiber Well Gummies



\$16 | 90 count
Product code
415

Fiber laxative tablets

Compare to: FiberCon®



\$9 | 90 count
Product code
208

Glycerin suppositories

Compare to: Fleet®



\$7 | 25 count
Product code
503

Hemorrhoidal suppositories

Compare to: Preparation H® Suppositories



\$7 | 12 count
Product code
216

Laxative (Bisacodyl) 10 mg suppositories

\$7 | 12 count
Product code
504

Meclizine 25 mg

Compare to: Bonine®



\$8 | 100 count
Product code
505

Medicated hemorrhoidal pads

Compare to: Tucks® Pads



\$8 | 100 count
Product code
358

Milk of magnesia – Laxative/antacid

Compare to: Phillips® Milk of Magnesia



\$7 | 12 oz
Product code
033

Motion sickness tablets – Dimenhydrinate 50 mg

Compare to: Dramamine®



\$6 | 12 count
Product code
120

Nausea relief liquid

Compare to: Emetrol®



\$7 | 4 oz
Product code
351

Omeprazole 20 mg

Compare to: Prilosec OTC® 20 mg



\$10 | 14 count
Product code
112

Pink bismuth – chewable tablets

Compare to: Pepto-Bismol® Chewable Tablets



\$7 | 30 count
Product code
115

Polyethylene glycol 3350

Compare to: MiraLAX®



\$10 | 8.3 oz
Product code
264

Psyllium fiber laxative capsules

Compare to: Metamucil® Capsules



\$11 | 160 count
Product code
258

Psyllium fiber supplement, orange, smooth texture powder

Compare to: Metamucil®



\$10 | 13 oz
Product code
359

Psyllium fiber supplement, orange, sugar-free, smooth texture powder

Compare to: Metamucil® Sugar Free



\$9 | 10 oz
Product code
360

Senna laxative tablets

Compare to: Senokot®



\$10 | 100 count
Product code
233

Stool softener capsules

Compare to: Colace®



\$7 | 100 count
Product code
101

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Bath safety

Adjustable transfer bench**

Compare to: Drive Medical



\$80 | 1 count
Product code
416

Bath bench with arms and back**

Compare to: Essential Medical Supply Shower Bench with Back



\$60 | 1 count
Product code
417

Bath bench with arms, no back**

Compare to: Essential Medical Supply Shower Bench



\$50 | 1 count
Product code
418

Bath mat**



\$12 | 1 count
Product code
371

Grab bar, knurled chrome, 12"



\$15 | 1 count
Product code
491

Grab bar, knurled chrome, 24"



\$18 | 1 count
Product code
492

Grab bar, knurled chrome, 32"



\$22 | 1 count
Product code
493

Handheld shower



\$22 | 1 count
Product code
494

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Raised toilet seat – 250 lbs. capacity**



\$25 | 1 count
Product code
372

Toilet safety rails**

Compare to: Nova® Toilet Safety Rails



\$40 | 1 count
Product code
420

Tub and stair safety treads



\$8 | 8 count
Product code
373

Tub safety bar**

Compare to: Drive Medical Tub Safety Bar



\$40 | 1 count
Product code
421

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Cough, cold and allergy

Cetirizine HCL 10 mg

Compare to: Zyrtec® 10 mg



\$12 | 30 count
Product code
113

Claritin® RediTabs



\$24 | 30 count
Product code
495

Cough and cold high blood pressure tablets*

Compare to: Coricidin® HBP Cough and Cold



\$7 | 16 count
Product code
260

Cough drops, black cherry, sugar-free

Compare to: Halls® Cough Drops, Sugar Free



\$3 | 25 count
Product code
422

Cough drops, honey lemon

Compare to: Halls® Cough Drops



\$3 | 30 count
Product code
423

Cough formula expectorant

Compare to: Robitussin®



\$7 | 8 oz
Product code
321

Cough suppressant/expectorant, sugar-free*

Compare to: Robitussin® Sugar Free DM



\$7 | 4 oz
Product code
210

Cough suppressant/nasal decongestant/expectorant*

Compare to: Robitussin® CF



\$7 | 4 oz
Product code
096

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Daytime cold and flu softgels*

Compare to: DayQuil™



\$7 | 16 count
Product code
237

Expectorant – Guaifenesin 400 mg

Compare to: Mucus Relief 400 mg



\$9 | 30 count
Product code
111

Eye itch relief 0.025% eye drops

Compare to: Zaditor®



\$13 | .17 fl oz
Product code
291

Fexofenadine 180 mg

Compare to: Allegra®



\$15 | 30 count
Product code
496

Guaifenesin, Extended Release, 600mg



\$18 | 20 count
Product code
589

Levocetirizine

Compare to: Xyzal®



\$10 | 35 count
Product code
361

Loratadine 10 mg

Compare to: Claritin®



\$10 | 30 count
Product code
110

Loratadine liquid 5 mg/5 ml

Compare to: Children's Claritin®



\$9 | 4 oz
Product code
290

Medicated chest rub

Compare to: Vicks VapoRub®



\$7 | 100 gm
Product code
043

Menthol/Benzocaine sore throat lozenges

Compare to: Cepacol® Lozenges



\$7 | 18 count
Product code
117

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Nasal decongestant PE max strength

Compare to: Sudafed® PE Tablets



\$6 | 36 count
Product code
228

Nasal decongestant spray

Compare to: Afrin®



\$6 | 1 oz
Product code
095

Nasal rinse kit

Compare to: NeilMed® Sinus Rinse™



\$18 | 1 count
Product code
497

Nasal strips medium

Compare to: Breathe Right® Nasal Strips



\$12 | 30 count
Product code
362

Phenol/oral anesthetic sore throat spray

Compare to: Chloraseptic®



\$7 | 6 oz
Product code
220

Saline nasal spray

Compare to: Ocean® Saline Nasal Spray



\$7 | 3 oz
Product code
325

Sinus – Acetaminophen/phenylephrine HCl

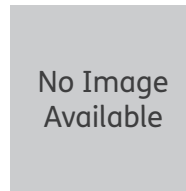
Compare to: Tylenol® Sinus



\$7 | 24 count
Product code
097

Steam inhaler**

Compare to: Vicks® Steam Inhaler



\$45 | 1 count
Product code
424

Theraflu MultiSymptom Severe Cold*

Compare to: Theraflu MultiSymptom Severe Cold with Green Tea & Honey Lemon Hot Liquid Powder for Cough & Cold Relief



\$12 | 6 count
Product code
498

Triamcinolone allergy nasal spray

Compare to: Nascort® Allergy 24 hour



\$18 | .57 fl oz
Product code
293

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Diabetes management

Compression dress socks, 8–15 mmHg, black – L

Compare to: Curad®



\$17 | 1 pair
Product code
499

Compression dress socks, 8–15 mmHg, black – M

Compare to: Curad®



\$17 | 1 pair
Product code
500

Compression dress socks, 8–15 mmHg, black – S

Compare to: Curad®



\$17 | 1 pair
Product code
501

Compression stockings, 15–20 mmHg, regular beige size A (Ankle: 7" – 7 7/8"; Calf: 10" – 13")

Compare to: Jobst®



\$13 | 1 pair
Product code
265

Compression stockings, 15–20 mmHg, regular beige size B (Ankle: 8" – 8 7/8"; Calf: 12" – 15")

Compare to: Jobst®



\$13 | 1 pair
Product code
266

Compression stockings, 15–20 mmHg, regular beige size C (Ankle: 9" – 9 7/8"; Calf: 14" – 17")

Compare to: Jobst®



\$13 | 1 pair
Product code
267

Compression stockings, 15–20 mmHg, regular beige size D (Ankle: 10" – 10 7/8"; Calf: 16" – 19")

Compare to: Jobst®



\$13 | 1 pair
Product code
268

Compression stockings, 15–20 mmHg, regular beige size E (Ankle: 11" – 11 7/8"; Calf: 18" – 21")

Compare to: Jobst®



\$13 | 1 pair
Product code
269

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

66 Compression stockings, 15–20 mmHg, regular beige size F (Ankle: 12" – 12 7/8"; Calf: 20" – 23")

Compare to: Jobst®



\$13 | 1 pair
Product code
270

Compression stockings, 15–20 mmHg, regular beige size G (Ankle: 13" – 13 7/8"; Calf: 22" – 26")

Compare to: Jobst®



\$13 | 1 pair
Product code
271

Compression stockings, 15–20 mmHg, regular black size A (Ankle: 7" – 7 7/8"; Calf: 10" – 13")

Compare to: Jobst®



\$13 | 1 pair
Product code
329

Compression stockings, 15–20 mmHg, regular black size B (Ankle: 8" – 8 7/8"; Calf: 12" – 15")

Compare to: Jobst®



\$13 | 1 pair
Product code
330

Compression stockings, 15–20 mmHg, regular black size C (Ankle: 9" – 9 7/8"; Calf: 14" – 17")

Compare to: Jobst®



\$13 | 1 pair
Product code
331

Compression stockings, 15–20 mmHg, regular black size D (Ankle: 10" – 10 7/8"; Calf: 16" – 19")

Compare to: Jobst®



\$13 | 1 pair
Product code
332

Compression stockings, 15–20 mmHg, regular black size E (Ankle: 11" – 11 7/8"; Calf: 18" – 21")

Compare to: Jobst®



\$13 | 1 pair
Product code
333

Compression stockings, 15–20 mmHg, regular black size F (Ankle: 12" – 12 7/8"; Calf: 20" – 23")

Compare to: Jobst®



\$13 | 1 pair
Product code
334

Compression stockings, 15–20 mmHg, regular black size G (Ankle: 13" – 13 7/8"; Calf: 22" – 26")

Compare to: Jobst®



\$13 | 1 pair
Product code
335

Diabetes circulatory crew socks, 8–15 mmHg, black L



\$10 | 1 pair
Product code
374

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Diabetes circulatory crew socks, 8–15 mmHg, black M



\$10 | 1 pair
Product code
375

Diabetes circulatory crew socks, 8–15 mmHg, black S



\$10 | 1 pair
Product code
376

Diabetes circulatory crew socks, 8–15 mmHg, black XL



\$10 | 1 pair
Product code
377

Diabetes circulatory crew socks, 8–15 mmHg, white L



\$10 | 1 pair
Product code
379

Diabetes circulatory crew socks, 8–15 mmHg, white M



\$10 | 1 pair
Product code
380

Diabetes circulatory crew socks, 8–15 mmHg, white S



\$10 | 1 pair
Product code
381

Diabetes circulatory crew socks, 8–15 mmHg, white XL



\$10 | 1 pair
Product code
382

Diabetic blood sugar log book



\$11 | 1 count
Product code
502

Diabetic foot care telescoping inspection mirror



\$12 | 1 count
Product code
368

Diabetic skin relief foot cream

Compare to: Gold Bond® Diabetic Skin Relief Foot Cream



\$11 | 3.4 oz
Product code
272

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Glucose tablets – Six pack of 10

Compare to: DEX4® Glucose Tablets



\$12 | 60 count

Product code

305

Sharps container

Compare to: BD™ Home Sharps container



\$6 | 1 count

Product code

274

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

First aid

Alcohol prep pads

Compare to: Curad® Alcohol Swabs



\$4 | 100 count
Product code
035

Antiseptic spray



\$4 | 2 oz
Product code
506

Burn relief spray



\$4 | 2 oz
Product code
507

Butterfly closures



\$4 | 12 count
Product code
508

Cloth tape 1" X 10 yards



\$5 | 1 count
Product code
509

Curad® Adhesive Bandages – Fingertip



\$8 | 100 count
Product code
510

Curad® Adhesive Bandages – Knuckles



\$8 | 100 count
Product code
511

Curad® Bandage Variety Pack



\$11 | 200 count
Product code
512

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Curad® Germ Shield Gel



\$6 | .5 oz
Product code
513

Curad® Non-Stick Pads 3" X 4"



\$5 | 10 count
Product code
519

Curad® Quick Stop Blood Controlling Bandages



\$6 | 30 count
Product code
514

Curad® Silicone Bandages



\$4 | 20 count
Product code
515

Curad® Soothe & Cool Burn Bandages, Instant Cooling, Assorted Sizes



\$9 | 8 count
Product code
516

Curad® Spray Bandage†



\$10 | 1.35 oz
Product code
517

Curad® Wound Care Kit (gauze pads, non-stick pad, paper tape)



\$9 | 25 pcs.
Product code
518

Elastic bandage, 4"

Compare to: Ace® Bandage



\$5 | 1 count
Product code
226

Elastic bandage, 6"

Compare to: Ace® Bandage



\$9 | 1 count
Product code
425

First-aid kit, 175 pieces

Compare to: Curad® First Aid Kit 175 pcs



\$12 | 1 count
Product code
385

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Gauze sponges 4" X 4"



\$8 | 50 count
Product code
520

Hand sanitizer†

Compare to: Purell®



\$4 | 8 oz
Product code
427

Hand sanitizer wipes†

Compare to: Purell®



\$12 | 160 count
Product code
521

Hot water bottle



\$10 | 1 count
Product code
428

Hydrogen peroxide



\$2 | 16 oz
Product code
429

Ice bag



\$6 | 1 count
Product code
430

Paper tape 2" X 10 yards

Compare to: Curad® Paper Tape



\$9 | 1 count
Product code
431

Petroleum jelly

Compare to: Vaseline®



\$4 | 4 oz
Product code
432

Plastic bandages

Compare to: Band-Aid®



\$9 | 200 count
Product code
324

Rubbing alcohol†



\$3 | 16 oz
Product code
433

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Triple antibiotic ointment plus

Compare to: NEOSPORIN® + Pain Relief



\$7 | 1 oz

Product code

231

Waterproof adhesive bandages



\$9 | 100 count

Product code

384

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Fitness devices

Fitbit® Charge**



\$150 | 1 count

Product code

434

Fitbit® Inspire**



\$100 | 1 count

Product code

523

Fitbit® Versa**



\$230 | 1 count

Product code

522

Pedometer



\$20 | 1 count

Product code

441

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Home medical

7-day pill box



\$9 | 1 count
Product code
257

Bed pan



\$10 | 1 count
Product code
524

Bedside stool with handle**



\$57 | 1 count
Product code
525

Blood pressure cuff – XL



\$27 | 1 count
Product code
591

Blood pressure home kit (manual pump w/stethoscope)**



\$17 | 1 count
Product code
242

Cane for people with vision impairments**



\$20 | 1 count
Product code
526

Cane with offset handle**



\$20 | 1 count
Product code
527

Cloth face mask



\$14 | 3 count
Product code
486

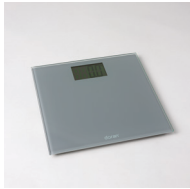
Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

CPAP memory foam pillow**

\$60 | 1 count
Product code
443

CPAP pillow fiber filled**

\$45 | 1 count
Product code
444

Digital bathroom scale**

\$24 | 1 count
Product code
247

Digital blood pressure monitor**

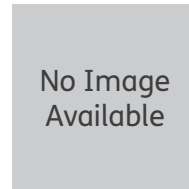
\$50 | 1 count
Product code
245

Digital hearing amplifier

Compare to: Clearon Hearing Amplifier



\$50 | 1 count
Product code
445

Disposable face mask

\$10 | 10 count
Product code
485

Electric heating pad – Standard**

Compare to: Sunbeam® Electric Heating Pad



\$30 | 1 count
Product code
244

Foam ring cushion

Compare to: Carex®



\$21 | 1 count
Product code
447

Foam roller

\$17 | 1 count
Product code
528

Folding cane**

\$18 | 1 count
Product code
529

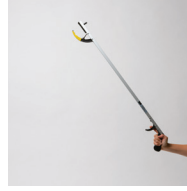
Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Food scale



\$20 | 1 count
Product code
530

Grabber reacher tool



\$15 | 1 count
Product code
531

Heating pad wrap for shoulder and neck**

Compare to: Sunbeam®



\$40 | 1 count
Product code
448

Humidifier, ultrasonic cool mist**

Compare to: Honeywell® Humidifier - Ultrasonic



\$50 | 1 count
Product code
449

Hypoallergenic pillow



\$25 | 1 count
Product code
450

Inhaler spacer



\$20 | 1 count
Product code
592

Lumbar cushion

Compare to: Carex®



\$25 | 1 count
Product code
451

Magnifying glass



\$13 | 1 count
Product code
446

Medical bracelet – Diabetes

Compare to: Medical Bracelet



\$21 | 1 count
Product code
452

Medical bracelet – Heart patient

Compare to: Medical Bracelet



\$21 | 1 count
Product code
453

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Medication disposal powder

Compare to: DisposeRx™



\$11 | 3 count
Product code
370

Medication lock

Compare to: Pillpod



\$22 | 1 count
Product code
458

Non-skid slipper socks



\$3 | 1 pair
Product code
532

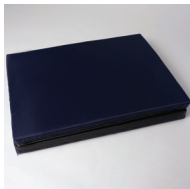
Oral thermometer

Compare to: B-D® Oral Thermometer



\$7 | 1 count
Product code
048

Padded bedside fall mat**



\$65 | 1 count
Product code
533

Peak flow meter



\$18 | 1 count
Product code
455

Pill bottle opener with magnifying glass



\$7 | 1 count
Product code
456

Pill splitter & crusher



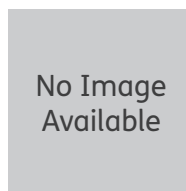
\$9 | 1 count
Product code
457

Plug-in LED night lights



\$8 | 2 count
Product code
419

Pulse oximeter**



\$50 | 1 count
Product code
309

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Quad cane large base – 300 lbs. capacity**



\$25 | 1 count
Product code
386

Quad cane small base – 300 lbs. capacity**



\$25 | 1 count
Product code
387

Resistance band, medium resistance

Compare to: Theraband®



\$9 | 1 count
Product code
534

Sock assistance device

Compare to: Sock assistance device



\$13 | 1 count
Product code
594

Talking blood pressure monitor**

Compare to: Omron®



\$75 | 1 count
Product code
460

Talking digital bathroom scale**



\$35 | 1 count
Product code
461

Talking ear and forehead thermometer**

Compare to: DualScan® Thermometer, Audio



\$30 | 1 count
Product code
462

Talking pulse oximeter**



\$60 | 1 count
Product code
593

Warm mist humidifier with steam inhaler**

Compare to: Crane



\$50 | 1 count
Product code
535

Warm mist steam inhaler pads

Compare to: Crane



\$13 | 12 count
Product code
536

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Weighted utensil set



\$40 | 1 count

Product code

463

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Incontinence

Absorbent underpads (disposable chux pads) 23" X 36"

Compare to: Protection Plus® Disposable Underpads
23" X 36"



\$15 | 20 count
Product code
256

Adult incontinence tab-style disposable briefs, extra absorbency – L

Compare to: FitRight® Disposable Briefs,
Extra Absorbency – L



\$17 | 20 count
Product code
394

Adult incontinence tab-style disposable briefs, extra absorbency – M

Compare to: FitRight® Disposable Briefs,
Extra Absorbency – M



\$17 | 20 count
Product code
395

Adult incontinence tab-style disposable briefs, extra absorbency – S

Compare to: FitRight® Disposable Briefs,
Extra Absorbency – S



\$17 | 20 count
Product code
396

Adult incontinence tab-style disposable briefs, extra absorbency – XL

Compare to: FitRight® Disposable Briefs,
Extra Absorbency – XL



\$17 | 20 count
Product code
397

Adult incontinence tab-style disposable briefs, extra absorbency – XXL

Compare to: FitRight® Disposable Briefs,
Extra Absorbency – XXL



\$17 | 20 count
Product code
398

Adult incontinence tab-style disposable briefs, ultra absorbency – L

Compare to: FitRight® Disposable Briefs,
Ultra Absorbency – L



\$17 | 20 count
Product code
399

Adult incontinence tab-style disposable briefs, ultra absorbency – M

Compare to: FitRight® Disposable Briefs,
Ultra Absorbency – M



\$17 | 20 count
Product code
400

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Adult incontinence tab-style disposable briefs, ultra absorbency – S

Compare to: FitRight® Disposable Briefs, Ultra Absorbency – S



\$17 | 20 count
Product code
401

Adult incontinence tab-style disposable briefs, ultra absorbency – XL

Compare to: FitRight® Disposable Briefs, Ultra Absorbency – XL



\$17 | 20 count
Product code
402

Adult incontinence tab-style disposable briefs, ultra absorbency – XXL

Compare to: FitRight® Disposable Briefs, Ultra Absorbency – XXL



\$17 | 20 count
Product code
403

Bladder control guards for men

Compare to: Fit Right® Active Bladder Guards for Men



\$14 | 52 count
Product code
366

Bladder control pad for women – Light

Compare to: FitRight



\$8 | 20 count
Product code
595

Bladder control pad for women – Maximum

Compare to: FitRight



\$8 | 10 count
Product code
597

Bladder control pad for women – Moderate

Compare to: FitRight



\$8 | 16 count
Product code
596

Bladder control pad for women – Ultimate

Compare to: FitRight



\$8 | 10 count
Product code
598

Diaper rash ointment

Compare to: Desitin® Ointment



\$8 | 2 oz
Product code
307

Disposable underpad 36" X 36"



\$35 | 50 count
Product code
537

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Extended wear underwear – L



\$18 | 15 count
Product code
538

Extended wear underwear – M



\$18 | 15 count
Product code
539

Extended wear underwear – S



\$22 | 30 count
Product code
540

Extended wear underwear – XL



\$18 | 15 count
Product code
541

Flushable cleansing cloths

Compare to: Cottonelle®



\$5 | 40 count
Product code
369

Incontinence underwear for men, heavy absorbency – L/XL

Compare to: FitRight



\$17 | 20 count
Product code
603

Incontinence underwear for men, heavy absorbency – SM/MD

Compare to: FitRight



\$17 | 20 count
Product code
602

Incontinence underwear for women, heavy absorbency – L/XL

Compare to: FitRight



\$17 | 20 count
Product code
601

Incontinence underwear for women, heavy absorbency – SM/MD

Compare to: FitRight



\$17 | 20 count
Product code
600

Incontinence unisex underwear, heavy absorbency – 2XL

Compare to: FitRight



\$19 | 20 count
Product code
604

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Panty liner – Long



\$8 | 40 count
Product code
599

Washable underpads



\$10 | 1 count
Product code
542

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Pain relievers

Acetaminophen 325 mg

Compare to: Tylenol® Regular Strength



\$7 | 100 count
Product code
294

Acetaminophen 500 mg

Compare to: Tylenol® Extra Strength



\$7 | 100 count
Product code
002

Acetaminophen 80 mg chewable

Compare to: Tylenol® Children's Chewable



\$7 | 30 count
Product code
020

Acetaminophen arthritis

Compare to: Tylenol Arthritis



\$8 | 24 count
Product code
605

Arthritis pain gel

Compare to: Voltaren Gel



\$15 | 3.53 oz
Product code
543

Aspirin low dose 81 mg EC

Compare to: Bayer® Adult Low Strength EC



\$6 | 120 count
Product code
016

Children's acetaminophen – Liquid

Compare to: Children's Tylenol®



\$7 | 4 oz
Product code
353

Cold and hot patches

Compare to: Icy Hot® Patch



\$8 | 5 count
Product code
213

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Enteric-coated aspirin 325 mg

Compare to: Ecotrin®



\$7 | 100 count
Product code
229

Headache formula – Aspirin/acetaminophen/caffeine

Compare to: Excedrin®



\$9 | 100 count
Product code
125

Ibuprofen 200 mg tablets

Compare to: Advil®



\$7 | 50 count
Product code
019

Ibuprofen suspension (children's)

Compare to: Children's Motrin®



\$8 | 4 oz
Product code
094

Lidocaine patch

Compare to: Salonpas® Lidocaine Gel Patches



\$10 | 6 count
Product code
365

Muscle rub

Compare to: BENGAY®



\$8 | 4 oz
Product code
046

Naproxen sodium 220 mg

Compare to: Aleve®



\$9 | 100 count
Product code
283

Roll-on muscle relief

Compare to: Biofreeze®



\$13 | 2.5 oz
Product code
344

Spray-on muscle relief†

Compare to: Biofreeze® Spray



\$13 | 4 oz
Product code
464

Topical analgesic cream – Capsicum cream 0.025%

Compare to: Zostrix® Cream



\$9 | 2 oz
Product code
119

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Personal care

Abreva® Cold Sore Treatment



\$28 | .07 oz
Product code
544

Aim® Toothpaste



\$6 | 5.5 oz
Product code
545

Battery-operated water jet**

Compare to: Interplak® Battery-Operated Water Jet



\$35 | 1 count
Product code
471

Battery-operated water jet tips

Compare to: Interplak® Battery-Operated Water Jet Tips



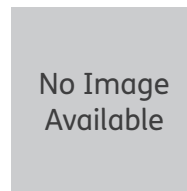
\$9 | 5 count
Product code
472

Bausch + Lomb Alaway® Antihistamine Eye Drops



\$15 | .34 oz
Product code
546

Bausch + Lomb Soothe® Lubricant Eye Drops, Hydration



\$15 | .5 oz
Product code
547

Biotene® Spray



\$11 | 1.5 oz
Product code
548

Biotene® Toothpaste



\$11 | 4.3 oz
Product code
549

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Bunion guard



\$9 | 1 count
Product code
465

Colgate® Toothpaste



\$6 | 4.0 oz
Product code
550

Contact lens solution

Compare to: Opti-Free® Replenish®



\$10 | 12 oz
Product code
551

Cotton swabs

Compare to: Q-Tips® Cotton Swabs



\$6 | 300 count
Product code
036

Crest® Toothpaste



\$7 | 5.4 oz
Product code
552

Dental floss, waxed



\$5 | 100 yards
Product code
224

Dental flossers



\$6 | 90 count
Product code
391

Denture adhesive

Compare to: Fixodent®



\$6 | 1.5 oz
Product code
225

Denture brush

Compare to: GUM® Denture Brush



\$6 | 1 count
Product code
392

Disposable gloves – Nonlatex

Compare to: Curad®



\$10 | 100 count
Product code
345

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Dry mouth oral rinse

Compare to: Biotene® Dry Mouth Oral Rinse



\$9 | 16 fl oz
Product code
393

Earwax removal drops

Compare to: Debrox® Earwax Removal Drops



\$7 | .5 fl oz
Product code
118

Effervescent denture tabs

Compare to: Efferdent®



\$9 | 90 count
Product code
319

Eye drops – Redness reliever

Compare to: Visine® Original



\$6 | .5 oz
Product code
219

Fixodent® Denture Adhesive

\$9 | 2.4 oz
Product code
553

Insect bite relief

Compare to: After Bite®



\$9 | .5 oz
Product code
388

Insect repellent

Compare to: Off® Deep Woods® Insect Repellent



\$11 | 6 oz
Product code
327

Interdental brush picks

Compare to: Gum®



\$6 | 275 count
Product code
554

Interdental gum brushes

Compare to: Gum®



\$7 | 10 count
Product code
555

Lubricant eye drops

Compare to: Refresh Optive® Lubricant Eye Drops



\$15 | .5 oz
Product code
356

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Lubricant eye drops (sterile)



\$7 | .5 oz
Product code
114

Lubricant eye gel

Compare to: GenTeal®



\$12 | .34 oz
Product code
346

Medicated foot powder

Compare to: Gold Bond® Medicated Foot Powder



\$6 | 4 oz
Product code
404

Medicated lip treatment squeeze tube – 2-pack

Compare to: Carmex®



\$6 | 2 count
Product code
414

Moleskin



\$6 | 3 strips
Product code
473

Oral pain relief – Benzocaine 20%

Compare to: Orajel™ Maximum



\$7 | .5 oz
Product code
295

Pataday® Once Daily Relief



\$22 | 2.5 ml
Product code
556

Pataday® Twice Daily Relief



\$20 | 5 ml
Product code
557

Pepsodent® Toothpaste



\$5 | 5.5 oz
Product code
558

Preservative-free lubricant eye drops

Compare to: Refresh Optive® PF



\$15 | 30 count
Product code
405

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Rechargeable power toothbrush**



\$35 | 1 count
Product code
407

Rechargeable power toothbrush replacement heads



\$22 | 2 count
Product code
406

Reusable cold compress

Compare to: ACE™ Cold Compress



\$7 | 1 count
Product code
310

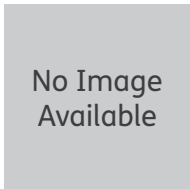
Sensodyne® Toothpaste



\$13 | 6 oz
Product code
606

Swimmer's ear solution

Compare to: Debrox® Swimmer's Ear Drying Drops



\$9 | 1 oz
Product code
559

Toothbrush



\$7 | 3 count
Product code
284

Toothpaste



\$8 | 2 count
Product code
285

Wart remover liquid

Compare to: Compound W® Max Strength



\$9 | 0.31 oz
Product code
296

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Skin care

Allergy cream – Itch and pain relief

Compare to: Benadryl® Extra Strength Cream



\$6 | 1 oz
Product code
217

Aloe vera with lidocaine



\$10 | 20 oz
Product code
560

Calamine lotion



\$7 | 6 oz
Product code
037

Clotrimazole cream 1%

Compare to: Lotrimin AF®



\$7 | .5 oz
Product code
038

Diabetic skin relief

Compare to: Gold Bond® Ultimate Diabetics' Dry Skin Relief Hydrating Lotion



\$11 | 4.5 oz
Product code
408

Eczema moisturizing cream

Compare to: Aveeno® Active Naturals® Eczema Therapy Moisturizing Cream



\$13 | 5 oz
Product code
409

Hydrocortisone cream 1%

Compare to: Cortaid®



\$7 | 2 oz
Product code
322

Medicated callus remover

Compare to: Dr. Scholl's®



\$7 | 6 count
Product code
241

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Phytoplex calazime skin protectant



\$13 | 4 oz
Product code
561

Psoriasis medicated ointment



\$13 | 3.8 oz
Product code
410

Skin protectant paste



\$9 | 4 oz
Product code
562

Skin repair cream

Compare to: Remedy® Intensive Skin Therapy Skin Repair Cream



\$6 | 4 oz
Product code
563

Soothing oatmeal bath treatment

Compare to: Aveeno® Soothing Bath Treatment



\$10 | 8 count
Product code
411

Sunscreen SPF 30

Compare to: Coppertone® SPF 30



\$9 | 8 oz
Product code
306

Sunscreen SPF 50



\$9 | 8 oz
Product code
564

Tolnaftate 1% antifungal

Compare to: Tinactin® Cream



\$8 | 1 oz
Product code
218

Vitamin A&D ointment

Compare to: A&D® Original Ointment



\$8 | 4 oz
Product code
308

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Smoking cessation

Nicotine transdermal 14 mg patch^{††}



\$25 | 7 count
Product code
313

Nicotine transdermal 21 mg patch^{††}



\$25 | 7 count
Product code
314

Nicotine transdermal 7 mg patch^{††}



\$25 | 7 count
Product code
315

Stop smoking gum – 2 mg^{††}

Compare to: Nicorette® 2 mg gum



\$20 | 50 count
Product code
123

Stop smoking gum – 4 mg^{††}

Compare to: Nicorette® 4 mg gum



\$20 | 50 count
Product code
124

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Supports

Ankle support

Compare to: Futuro®



\$11 | 1 count
Product code
336

Arthritis gloves – L

Compare to: Vive Arthritis Gloves



\$18 | 1 pair
Product code
363

Arthritis gloves – M

Compare to: Vive Arthritis Gloves



\$18 | 1 pair
Product code
364

Arthritis gloves – S

Compare to: Vive Arthritis Gloves



\$18 | 1 pair
Product code
565

Back support elastic – One size fits most

Compare to: Futuro®



\$25 | 1 count
Product code
337

Back support with pulley system – L/XL



\$18 | 1 count
Product code
566

Back support with pulley system – S/M



\$18 | 1 count
Product code
567

Back support with pulley system – XXL



\$18 | 1 count
Product code
568

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Carpal tunnel night brace

Compare to: Futuro® Carpal Tunnel Night Brace



\$23 | 1 count
Product code
442

Elbow support

Compare to: Futuro®



\$10 | 1 count
Product code
339

Knee support with stays – L

Compare to: Futuro®



\$15 | 1 count
Product code
340

Knee support with stays – M

Compare to: Futuro®



\$15 | 1 count
Product code
341

Knee support with stays – S

Compare to: Futuro®



\$15 | 1 count
Product code
342

Knee support with stays – XL

Compare to: Futuro®



\$15 | 1 count
Product code
357

Plantar fasciitis relief sleeve



\$12 | 1 pair
Product code
459

Wrist support

Compare to: Futuro®



\$15 | 1 count
Product code
343

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Vitamins, minerals and supplements

Almebex Plus B-12



\$27 | 473 ml
Product code
250

Antioxidant tablets



\$8 | 60 count
Product code
297

Bausch + Lomb PreserVision® AREDS 2 chewables



\$25 | 60 count
Product code
569

Biotin gummies

Compare to: Vitafusion™



\$12 | 100 count
Product code
475

Calcium + vitamin D gummies

Compare to: Nature's Way® Alive!®



\$12 | 60 count
Product code
476

Calcium carbonate with vitamin D 600 mg/400 IU tab



\$11 | 100 count
Product code
570

Calcium citrate + vitamin D

Compare to: Citracal® Caplets+D



\$7 | 60 count
Product code
109

Chewable calcium with vitamin D

Compare to: Caltrate® 600 + D Plus Minerals Chewable



\$9 | 60 count
Product code
248

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Coenzyme Q-10 100 mg

\$12 | 30 count
Product code
367

Coenzyme Q-10 30 mg

\$10 | 30 count
Product code
902

Complete senior vitamins and minerals

Compare to: Centrum® Silver



\$10 | 60 count
Product code
063

Daily multivitamin and mineral

Compare to: Centrum®



\$10 | 130 count
Product code
011

Elderberry Gummies

Compare to: VitaJoy



\$12 | 60 count
Product code
608

Ensure® Nutrition Shake, chocolate, 8 oz

\$55 | 24 count
Product code
571

Ensure® Nutrition Shake, vanilla, 8 oz

\$55 | 24 count
Product code
577

Eye care vitamins

Compare to: Ocuvite® Extra



\$9 | 36 count
Product code
907

Ferrous sulfate 5 gr

Compare to: Feosol® Original



\$8 | 100 count
Product code
298

Flaxseed oil 1000 mg softgels

Compare to: Flaxseed oil



\$10 | 90 count
Product code
477

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Folic acid 800 mcg



\$7 | 100 count
Product code
240

Food and beverage thickener

Compare to: Thick-It® Food and Beverage Thickener



\$8 | 10 oz
Product code
572

Ginseng Extract, 200mg



\$15 | 60 count
Product code
609

Glucerna® Diabetes Nutrition Shake, chocolate, 8 oz



\$55 | 24 count
Product code
573

Glucerna® Diabetes Nutrition Shake, vanilla, 8 oz



\$55 | 24 count
Product code
578

Glucosamine chondroitin triple strength



\$25 | 100 count
Product code
412

Gummy multivitamin



\$12 | 120 count
Product code
299

Gummy vitamin C 250 mg



\$11 | 100 count
Product code
300

Gummy vitamin D 2000 IU



\$11 | 120 count
Product code
301

Immune support chewable tablets

Compare to: Airborne®



\$9 | 32 count
Product code
474

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Liquid iron formulation 220 mg/5 ml

\$9 | 16 oz
Product code
246

Magnesium oxide 400 mg

Compare to: Mag-Ox® 400 mg



\$9 | 120 count
Product code
302

Melatonin 5 mg

\$8 | 100 count
Product code
278

Melatonin gummies, 5 mg

Compare to: VitaJoy®



\$12 | 120 count
Product code
479

Omega-3 fish oil 1000 mg

\$10 | 90 count
Product code
413

One daily men's multivitamin

Compare to: One-A-Day Men's®



\$8 | 60 count
Product code
316

One daily women's multivitamin

Compare to: One-A-Day Women's®



\$8 | 60 count
Product code
107

Organic sulfur MSM 1000 mg

\$9 | 90 count
Product code
317

Papaya Enzyme

\$10 | 100 count
Product code
610

Potassium gluconate 595 mg

\$7 | 100 count
Product code
303

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Probiotic



\$18 | 30 count
Product code
607

Rena-vite vitamins



\$15 | 100 count
Product code
481

Timed release niacin 500 mg



\$9 | 100 count
Product code
909

Vitamin B-Complex gummies

Compare to: Vitafusion™



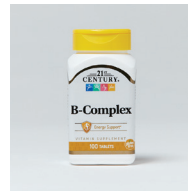
\$12 | 70 count
Product code
482

Vitamin B-Complex sublingual



\$8 | 60 count
Product code
280

Vitamin B-Complex with B12



\$8 | 100 count
Product code
903

Vitamin B12 1000 mcg



\$8 | 100 count
Product code
238

Vitamin B12 500 mcg tab



\$7 | 100 count
Product code
574

Vitamin B12 5000 mcg sublingual



\$8 | 30 count
Product code
279

Vitamin C 500 mg

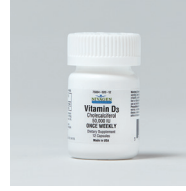


\$7 | 100 count
Product code
010

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Vitamin D 1000 IU

\$8 | 100 count
Product code
209

Vitamin D 50,000 IU

\$20 | 12 count
Product code
483

Vitamin D 5000 IU

\$9 | 100 count
Product code
239

Vitamin D3 2000 IU

\$11 | 240 count
Product code
576

Vitamin E 400 IU synthetic

\$10 | 100 count
Product code
012

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Women's health

Clotrimazole 1% vaginal cream

Compare to: Gyne-Lotrimin® 45 gm



\$9 | 1.5 oz
Product code
041

Miconazole 3

Compare to: Monistat® 3 Combo Pack



\$13 | 3-day supply
Product code
304

Urinary pain relief

Compare to: AZO Urinary Pain Relief®



\$8 | 30 count
Product code
326

Urinary tract infection test strips

Compare to: AZO Urinary Tract Infection Test Strips®



\$14 | 3 count
Product code
484

Vaginal moisturizer

Compare to: Replens Vaginal Moisturizer



\$21 | 8 count
Product code
611

*Sale of products containing dextromethorphan are prohibited to members under the age of 18.
Limit quantity of two per order.

**Limit one per plan year. Prior to purchase, the enrollees are strongly encouraged to have a conversation with their personal provider about the appropriateness of this OTC item.

†Product cannot be shipped to P.O. Boxes, Alaska, Hawaii or Puerto Rico.

††Sale of products containing nicotine are prohibited to members under the age of 21.

Note: The products you receive may look different from the images shown in this catalog. The packaging may change, but the active ingredients in the products will remain the same.

Get your questions answered



Online

HumanaPharmacy.com



Call Humana Pharmacy

855-211-8370 (TTY: 711)

OTC items may only be purchased for the plan enrollee. It is prohibited to purchase OTC items for family members and friends. Purchase of covered OTC products made under emergency circumstances may be eligible for reimbursement when the benefit allowance is available.

The following items are not covered under this OTC benefit (non-eligible items): baby items, contraceptives, convenience (non-medical items), cosmetics and food supplements.

An allowance amount is only available if your plan offers the OTC service as a benefit.

Call Humana Pharmacy at **855-211-8370 (TTY: 711)** if you have questions about your order or about how to use this benefit, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Other pharmacies are available in our network.

Remember, keep this catalog

You'll need it to look up health and wellness products you want to order

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do 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 and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, 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 **1-877-320-1235** 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **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. 1-877-320-1235 (TTY: 711)

Humana 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. 1-877-320-1235 (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 các 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、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Humana®

**A more human way
to healthcare™**

Care and communication on your terms

Your privacy and well-being are important to us. There may be times when you want a family member or friend to talk to Humana on your behalf.

To make that possible, you must first complete a Consent for Release of Protected Health Information (PHI) Form. This form will allow you to choose a trusted individual who can have access to your protected health information. We would consider this person to be your family or friend caregiver.

This is not a power of attorney (POA). To have someone help you enroll or to request account changes or updates, you must submit a POA or other authorization under state law to allow them to act on your behalf. You can submit POA and PHI consent forms together.



If you complete the PHI form and grant authorization to someone, we will consider that individual your caregiver who can:

- Speak to Humana on your behalf about the plan—but may not make or request any account changes or updates (unless they are your POA or have other legal authorization from the state to act on your behalf)
- Keep track of your benefits and claims
- Get answers to healthcare coverage questions
- Receive helpful information and advice on caregiving from Humana



How to get started*

You have three options for completing and submitting your consent form.

1. If you have a MyHumana account or plan to create one after enrolling, you can complete a consent form online from the “Accounts & Settings” page.
2. Your agent can utilize one of our sales systems to help you complete a consent form electronically as part of your enrollment.
3. Complete the paper form included with this packet (after you have submitted your application and received your Humana member ID card).

You don’t need to use this consent form to authorize an individual if you are also submitting a POA or other legal authorization for the same individual.

Helping you in the ways that matter most to you—that’s part of what we call human care.

*If you have previously submitted a consent form for this individual, you do not need to submit again at this time. We will notify you if your consent is due to expire.

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Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do 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 and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, 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 the number on your ID card 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **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. Call the number on your ID card (TTY: 711)

Humana 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. Call the number on your ID card (TTY: 711)

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (**TTY: 711**)... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (**TTY: 711**)... 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (**TTY: 711**)... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (**TTY: 711**)... 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. ID 카드에 적혀 있는 번호로 전화해 주십시오 (**TTY: 711**)... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (**TTY: 711**)... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (**телетайп: 711**)... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (**TTY: 711**)... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (**ATS: 711**)... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (**TTY: 711**)... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (**TTY: 711**)... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (**TTY: 711**)... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (**TTY: 711**)... 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。お手持ちの ID カードに記載されている電話番号までご連絡ください (**TTY: 711**)...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن روی کارت شناسایی تان تماس بگیرید (**TTY: 711**)...

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, námboo ninaaltsoos yézhí, bee néé ho'dólzin bikáá'ígíí bee hółne' (**TTY: 711**)...

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (**TTY: 711**).

2022 Enrollment Form

Follow these easy steps to become a Humana Medicare member



Have your Medicare card ready

Each individual applying must fill out a separate form.



Sign and date the enrollment form

If the enrollment form is not completed and returned within the allotted time period, the enrollment could be denied.



Submit your enrollment form

You may fax the Member Services pages of this enrollment form to: **1-877-889-9936**. Or mail this enrollment form to:

Humana Medicare Enrollment
P.O. Box 14309
Lexington, KY
40512-4309

Please don't send in the same enrollment form or apply to the same plan more than once.



Call us with questions

If you have questions, please call a licensed Humana sales agent at **1-800-833-2367 (TTY: 711)**. We're available seven days a week, 8 a.m. – 8 p.m.

However, please note that our automated phone system may answer your call on holidays and during weekends April 1 – September 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.



Electronic enrollment options

Have you considered enrolling online at **Humana.com/Medicare** instead? It's a fast, secure and easy way to apply.

Instructions

- Completely fill the ovals.
- Use black ink only.
- Print only one clear number or capital block letter in each box.
- If you make a mistake, fix it by crossing out the box with an X. Put in the correct letter or number above or below the box as shown:

Correct numbers and letters

1 2 3 S M I ~~X~~ H
T

Humana®

Additional Notes

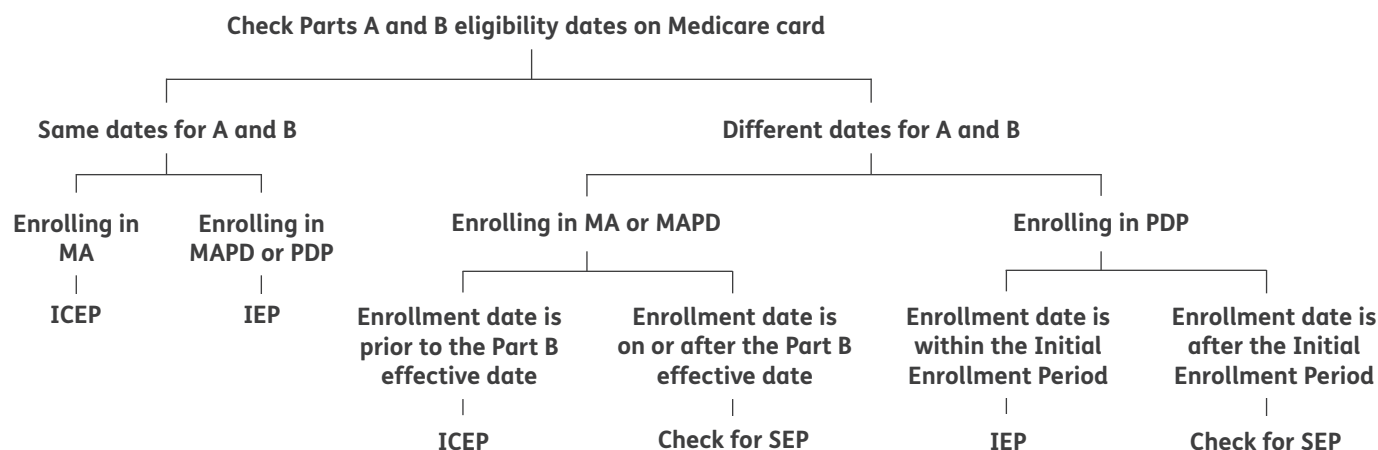
Asterisks (*) indicate required fields
 Answering non-required fields is your choice. You can't be denied coverage if you don't complete them.

Initial Enrollment Period (IEP) and Initial Coverage Election Period (ICEP)

- If Part A and Part B dates are the same, the election period spans 7 months: 3 months prior to the month you become eligible, the month you become eligible, and 3 months after the month you became eligible.
- If Part A and Part B dates are different, the election period spans 3 months: 3 months prior to the month of the later effective date (often Part B), only for enrollment into a Medicare Advantage (MA)-only plan or a Medicare Advantage prescription drug (MAPD) plan. If enrollment is for a prescription drug plan (PDP), check to see if the 7-month IEP may still be available.
- The coverage start date is based on factors such as Medicare entitlement and the submission of the completed enrollment form.

When inputting your Medicare Number on the enrollment form, print it exactly as it is on your Medicare card. N indicates a number, A indicates an alphabetic character, and E indicates either a number or alphabetic character. Medicare numbers will not start with a zero or contain the letters B, I, L, O, S or Z.

Enrollment periods may overlap. Ensure you mark any Special Election Period (SEP) oval that applies to you from the list of SEP statements on page 4 of the enrollment form. When enrolling specifically during an SEP, one of the SEP statements must be true to be eligible for an SEP. Agents, please refer to the Enrollment Options Job Aid (DMS-024) found in Humana MarketPoint University in Vantage if you do not see the SEP listed on page 4, or contact the Agent Support Unit for assistance.



Scope Of Appointment (SOA) (Page 8)

Agents, please use one of the three-letter codes below for the appointment type field. Note: An SOA is not required for SEM—Seminar or GCS—Neighborhood Center Seminar. An SOA is also not required for enrollment forms taken at an informal event such as reported retail store hours e.g., Walmart.

- | | | |
|-----------------------------------|---------------------------|------------------|
| F2F – Face to Face | INH – In Home Appointment | SEM – Seminar |
| GCS – Neighborhood Center Seminar | OTH – Other | WAL – Walmart |
| GCW – Neighborhood Center Walk-in | RET – Retail Partner | TEL – Telephonic |

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- 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 **1-877-320-1235** 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **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. **1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to individuals 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. **1-877-320-1235 (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 các 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 resewva 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、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jii'eh saad bee áká'ánída'áwo'déé' níká'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



If you currently have health coverage from an employer or union, joining Humana could affect your employer or union healthcare benefits. You could lose your employer or union health coverage if you join Humana.

By completing this enrollment form, I agree to the following:

If I am enrolling in a Medicare Advantage health plan that has a contract with the federal government, I will need to keep my Medicare Parts A and B to stay in the plan. I must continue to pay my Medicare Part B premium. If I am enrolling in a Medicare prescription drug plan, I will need to keep my Medicare Parts A or B coverage. It is my responsibility to inform Humana of any prescription drug coverage that I have or may get in the future. **I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.** With few exceptions, I can only be in one Medicare Advantage health plan or Medicare prescription drug plan at a time. I understand that my enrollment in my selected plan may end my enrollment in another Medicare Advantage health plan or prescription drug plan. Enrollment in my selected plan is generally for the entire year.

I understand that when my Humana coverage begins, I must get all of my medical and prescription drug benefits from Humana. Benefits and services provided by Humana and contained in my "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Humana will pay for benefits or services that are not covered. I will abide by the rules of my Evidence of Coverage. Once I am a member of Humana, I have the right to appeal plan decisions about payment or services if I disagree.

This Humana plan serves a specific service area. If I move out of the area that this Humana plan serves, I need to notify Humana so I can disenroll and find a new plan in my new area. I understand that Medicare beneficiaries are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.

Once Humana has received my enrollment form, I may get a verification letter to make sure that I understand how my plan works and to confirm my intent to enroll. This is not a secondary plan to Medicare Parts A and B. Humana pays instead of Medicare, and I will be responsible for the amounts that Humana doesn't cover, such as copayments and coinsurances. Medicare Parts A and B won't pay for my healthcare while I am enrolled in Humana.

- If you are requesting membership in a **Private Fee For Service (PFFS)** plan, the following statement applies: I understand that this plan is a Medicare Advantage PFFS plan which may have prescription drug coverage built in. Before seeing a provider, I should verify that the provider will accept this plan before each visit. My doctor or hospital isn't required to agree to accept the plan's terms and conditions, and thus may choose not to treat me, except for emergencies. I understand that my healthcare providers have the right to choose whether to accept a PFFS plan's payment terms and conditions every time I see them. I understand that if my provider decides not to accept PFFS, I will need to find another provider that will. I understand that if my PFFS plan doesn't offer Medicare prescription drug coverage, I may obtain coverage from another Medicare prescription drug plan.
- If you are requesting membership in a **Chronic Condition Special Needs Plan (C-SNP)**, the following statement applies: I understand this plan is a chronic condition special needs plan. My ability to enroll is based on physician verification that I have the qualifying medical condition(s).
- If you are requesting membership in an **Institutional Special Needs Plan (I-SNP)**, the following statement applies: I understand this plan is an institutional special needs plan. My ability to enroll is based on verification that my condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days; or, I reside in the community and meet state requirements for institutional level of care.

- I understand that I am enrolling into a Humana Medicare Advantage plan or a Humana Medicare prescription drug plan and not a Medicare Supplement, Medigap, Medicare Select or Medicaid plan.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Release of Information:

By joining this Medicare plan, I acknowledge that Humana will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below).

Privacy Act Statement:

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. **Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.**


2022 Humana Medicare Enrollment Form

Please print this information exactly as it is on your Medicare card.

Print clearly. Use black ink.

Asterisks (*) indicate required fields.

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MEDICARE HEALTH INSURANCE

LAST NAME*

FIRST NAME* MI

MEDICARE NUMBER*
N A E N - A E N - A A N N

IS ENTITLED TO EFFECTIVE DATE*
HOSPITAL (PART A) M M - 0 1 - Y Y Y Y
MEDICAL (PART B) M M - 0 1 - Y Y Y Y

AGENT NUMBER (SAN)

DATE OF BIRTH* SEX* M F

MEMBER ID NUMBER
H

(For current or past Humana members)

Please see your agent to complete these questions.

PROPOSED COVERAGE START DATE*
M M - 0 1 - 2 0 2 2
(Must be after the sign date on page 8)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ICEP	IEP	AEP	OEP	OEP	OEPI	SEP
MA or	PDP or			NEW		
MAPD	MAPD					CODE [†]

(See Additional Notes page)

[†]Required if SEP selected. See page 4 for code.

RESIDENTIAL ADDRESS* P.O. Box not allowed. Physical address is required.

APT or STE

CITY* ST* ZIP*

COUNTY*

MAILING ADDRESS Your residential address confirms your service area. Print your mailing address/P.O. Box here, if applicable. If your mailing address is your residential address, please fill this oval.

APT or STE

CITY ST ZIP

It is important that we can reach you to help you stay informed and take care of your health. Please provide your telephone number and email address.

TELEPHONE
() -

There may be times when Humana will use an automated system to call or text you. When that happens we will be sure to use the telephone number you provided.

EMAIL By providing your email address, you authorize Humana to send you health information to this address.

Go paperless. Many plan documents are now available in a digital format. See the enrollment book for a list of available communications and guidance on how to view your documents. To choose this option, please fill this oval.

We strongly recommend that all medical plan applicants include their primary care physician's (PCP) information below. If you are applying for an HMO plan, then you must complete this section. Please see your Summary of Benefits to determine if your plan requires a PCP.

PRIMARY CARE PHYSICIAN (PCP) PCP ID NUMBER

First Name Last Name

Are you already a patient of the physician you chose? Yes No

Typically, you may enroll in a Medicare Advantage or prescription drug plan during the Annual Election Period (AEP) between October 15 and December 7 of each year. In addition, you can choose to change your Medicare Advantage plan once during the annual Open Enrollment Period (OEP) between January 1 and March 31 of each year, or immediately after enrolling in a plan during your IEP/ICEP (OEP NEW). Limitations on allowed plan changes during OEP apply. There are exceptions that may allow you to enroll outside of these periods. Please read the following statements carefully and mark the oval to the left of any statement that applies to you. By marking any of the following ovals you are certifying that, to the best of your knowledge, the text is a true statement about you. **If we later determine that this information is incorrect, you may be disenrolled.**

SEP Code	Special Election Period (SEP) statements
<input type="radio"/> LEC	I am either losing/leaving coverage I had from an employer or union or lost this type of coverage within the last two months.
<input type="radio"/> MDE	I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I HAVEN'T had a change. Note: This SEP is only valid once per calendar quarter from January 1 through September 30.
<input type="radio"/> NLS	I had a change in my Extra Help paying for Medicare prescription drug coverage (newly got assistance, had a change in level or lost eligibility) within the last three months.
<input type="radio"/> MCD	I had a change in my Medicaid status (newly got assistance, had a change in level or lost eligibility) within the last three months.
<input type="radio"/> MOV	I am moving or have moved within the last two months. The move is either outside the service area for my current plan or this plan is a new option for me.
<input type="radio"/> SNP	I have been notified that I no longer qualify for my Dual Eligible Special Needs Plan and am in a period of deemed continued eligibility or I was disenrolled from my Dual Eligible Special Needs Plan within the past three months due to a Medicaid change or loss.
<input type="radio"/> DST	I was affected by a Federal Emergency Management Agency (FEMA) declared emergency/ disaster or a disaster or other emergency declaration issued by a federal, state or local government entity, and was unable to use another election period available to me due to it.
<input type="radio"/> NON	My existing Medicare Advantage (MA) plan is non-renewing for the upcoming contract year. Note: This SEP is only valid from December 8 through the last day of February.
<input type="radio"/> OTH	None of the above statements apply to me. However, I feel I have a special circumstance which allows me an exception to enroll. Humana will contact you to determine if an exception can be granted. Must include the reason below.

Notes (if OTH):

Plan selection

Please provide the plan information below for the medical or prescription drug plan you'd like. Plan information can be found in your Summary of Benefits.

CONTRACT* PBP* SEGMENT
 0 0

Please provide the base monthly premium for this plan from the Summary of Benefits. This amount helps us identify the plan you would like and should not include any OSB options, late enrollment penalties or payments from other parties, like Medicaid.

BASE MONTHLY PREMIUM*
 \$.

Select one option below corresponding with the plan details you provided above. Refer to your Summary of Benefits or your agent for assistance.

I would like **ONE** of the following options:*

- | | |
|---|---|
| <input type="radio"/> Humana Gold Plus® HMO | <input type="radio"/> HumanaChoice® PPO |
| <input type="radio"/> Humana Value Plus HMO | <input type="radio"/> Humana Value Plus PPO |
| <input type="radio"/> Humana Honor HMO | <input type="radio"/> Humana Honor PPO |
| <input type="radio"/> Humana Gold Plus® HMO C-SNP
(Additional Pre-Qualification Form Required) | <input type="radio"/> HumanaChoice® PPO C-SNP
(Additional Pre-Qualification Form Required) |
| <input type="radio"/> Humana Community HMO C-SNP
(Additional Pre-Qualification Form Required) | <input type="radio"/> Humana Together in Health PPO I-SNP
(Additional Attestation Form Required) |
| <input type="radio"/> Humana Together in Health HMO I-SNP
(Additional Attestation Form Required) | <input type="radio"/> HumanaChoice® Value PPO |
| <input type="radio"/> Humana Community HMO | <input type="radio"/> HumanaChoice® Partnered PPO |
| <input type="radio"/> Humana Community Select HMO | <input type="radio"/> Humana Basic Rx Plan (PDP) |
| <input type="radio"/> Humana-Ochsner Network HMO | <input type="radio"/> Humana Premier Rx Plan (PDP) |
| <input type="radio"/> Humana Cleveland Clinic Preferred HMO | <input type="radio"/> Humana Walmart Value Rx Plan (PDP) |
| <input type="radio"/> Humana LCMC Advantage HMO | <input type="radio"/> Humana Gold Choice® PFFS |
| <input type="radio"/> UC San Diego Health Humana HMO | |
| <input type="radio"/> Humana FMOL Network HMO | |
| <input type="radio"/> Humana BR Clinic-BR Gen HMO | |

If selecting a Medicare Advantage HMO or PPO plan that does not include prescription drug coverage, a stand-alone prescription drug plan (PDP) cannot be carried at the same time.

OPTIONAL SUPPLEMENTAL BENEFIT (OSB) YOU ARE ENROLLING IN:

Please fill in the ovals for the OSBs you want to enroll in. If you're currently enrolled in an OSB, you MUST choose it on this form to continue receiving this benefit. Not all OSB offerings are available in all areas. Please review the OSB options below and your Summary of Benefits to verify that yours are still offered and available.

Enrollees must continue to pay the Medicare Part B premium and the Humana plan premium plus the OSB premium.

- MyOptionSM Platinum Dental
- MyOptionSM Dental - High
- MyOptionSM Total Dental
- MyOptionSM Total Dental Plus
- MyOptionSM Dental Enriched
- MyOptionSM Enhanced Dental
- MyOptionSM Enhanced Dental Plus
- MyOptionSM Fitness
- MyOptionSM Plus
- MyOptionSM Vision
- MyOptionSM DEN204
- MyOptionSM DEN205
- MyOptionSM DEN206
- MyOptionSM DEN207

1. If you will have other prescription drug coverage (like VA, TRICARE) in addition to this plan for which you are applying, please fill this oval.*

I will have other prescription drug coverage

Please provide your other prescription drug coverage details here, if applicable.

NAME OF OTHER COVERAGE

Grid of 25 empty boxes for name of other coverage

ID NUMBER FOR THIS COVERAGE

Grid of 10 empty boxes for ID number

GROUP NUMBER FOR THIS COVERAGE

Grid of 10 empty boxes for group number

2. Once enrolled, will you or your spouse work?

Yes No

Preferred Language

- English
- Spanish
- Chinese
- Korean
- Other _____

If an accessible format is needed, please select one option

- Audio
- Large print
- Accessible screen reader PDF
- Oral over the phone
- Braille

Please call a licensed Humana sales agent at 1-800-833-2367 (TTY: 711) if you need information in another format or language.

PLEASE SELECT ONE PREMIUM PAYMENT OPTION.* You may pay your monthly plan premium and/or late enrollment penalty via automatic deduction from your bank account (ACH), Social Security Administration (SSA) or Railroad Retirement Board (RRB) benefit check, or credit or debit card (CC/DC). You may also choose to pay by mail using a Coupon book. **If you do not select a payment option below, you may be defaulted to a Coupon book.**

Automatic bank account deduction

Bank account information (Only complete this section if you selected Automatic bank account deduction as your payment option).

Checking account Savings account

BANK NAME

Grid of 28 empty boxes for bank name

ROUTING NUMBER

ACCOUNT NUMBER

Routing and account number input fields with vertical bars on the left and right



Routing number Account number

Social Security benefit check deduction (Please see note below)

Railroad Retirement Board benefit check deduction (Please see note below)

You must currently be receiving a Railroad Retirement Board benefit check in order to qualify for this payment option.

NOTE: Due to processing timelines mandated by CMS (Medicare), your SSA or RRB deduction may be denied for your first premium payment. Humana will issue you an invoice for the initial payment and resubmit your request to CMS (Medicare) for SSA or RRB deduction to begin with your second month's premium. The deduction may take two or more benefit checks to begin. In most cases, if SSA or RRB accepts your request for automatic deduction, the first deduction from your benefit check will start with the month that SSA accepts the withholding. If SSA or RRB does not approve your request for automatic deduction, we will send you a Coupon book for your monthly premiums.

Automatic credit or debit card deduction

Credit or debit card information (Only complete this section if you selected Automatic credit or debit card deduction as your payment option).

Mastercard Visa Discover

CREDIT OR DEBIT CARD NUMBER

EXPIRATION DATE

Grid of 16 empty boxes for credit or debit card number

MM - 2 0 Y Y

Coupon book

You can visit [Humana.com/pay](https://www.humana.com/pay) to make your monthly premium payments online. If you have selected Coupon book as your payment option, you can pay as far in advance as you like. You can also log in to your secure MyHumana account (click Register if you haven't signed up yet) or download the MyHumana mobile app to take advantage of other premium-related services.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. Do NOT pay Humana the Part D-IRMAA.

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER* 153

N A E N - A E N - A A N N

I have read and understand the important information on the preceding pages. I have reviewed and received a copy of the Summary of Benefits.

SIGNATURE OF APPLICANT* or authorized legal representative (including valid Power of Attorney, Legal Guardian, etc.)

[Signature line]

SIGNATURE DATE*

M M - D D - 2 0 Y Y

I understand that my signature (or the signature of the individual legally authorized to act on my behalf) on this enrollment form means that I have read and understand the contents of this enrollment form. If signed by an authorized representative (as described above), the signature certifies that: 1) this individual is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

If you are the authorized legal representative, you MUST sign above and provide the following information:*

LAST NAME FIRST NAME MI
STREET ADDRESS
CITY ST ZIP
TELEPHONE RELATIONSHIP TO APPLICANT

AGENT USE ONLY

APPOINTMENT TYPE SCOPE OF APPOINTMENT ID NUMBER
WRITING AGENT NAME*
AGENT NUMBER (SAN)* DATE*
AFFINITY PARTNER LOCATION CAMPAIGN
REFERRING AGENT NAME
REFERRING AGENT NUMBER (SAN)
ASK THE APPLICANT: Would you like to provide your Veteran status?*
LEAD SOURCE*

Humana MyOptionSM Optional Supplemental Benefits (OSB) are only available to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on January 1 each year.

Humana[®]

Humana.com

Welcome to care that's all about you

Receipt of enrollment form

Receipt of enrollment in Humana's Medicare plans*

Application ID number _____

Plan name _____

Member name _____

Primary care provider (PCP) _____

Proposed effective date _____

PCP phone (if applicable) _____

Plan premium _____ Copayment PCP _____

Specialist _____ ER _____

I have read and reviewed the Summary of Benefits.

Name of the optional supplemental benefit (OSB) you are enrolling in:

- | | |
|---|---|
| <input type="checkbox"/> MyOption SM Dental Enriched (DEN786) | <input type="checkbox"/> MyOption SM Enhanced Dental (DEN839) |
| <input type="checkbox"/> MyOption SM Dental – High (DEN838) | <input type="checkbox"/> MyOption SM Enhanced Dental (DEN840) |
| <input type="checkbox"/> MyOption SM Total Dental Plus (DEN152) | <input type="checkbox"/> MyOption SM Enhanced Dental Plus (DEN153) |
| <input type="checkbox"/> MyOption SM Enhanced Dental Plus (DEN151) | <input type="checkbox"/> MyOption SM Total Dental Plus (DEN154) |
| <input type="checkbox"/> MyOption SM Fitness (FTP010) | <input type="checkbox"/> MyOption SM Dental Enriched (DEN787) |
| <input type="checkbox"/> MyOption SM Platinum Dental (DEN887) | <input type="checkbox"/> MyOption SM DEN204 |
| <input type="checkbox"/> MyOption SM Plus (VIS759/DEN843) | <input type="checkbox"/> MyOption SM DEN205 |
| <input type="checkbox"/> MyOption SM Total Dental (DEN983) | <input type="checkbox"/> MyOption SM DEN206 |
| <input type="checkbox"/> MyOption SM Total Dental (DEN984) | <input type="checkbox"/> MyOption SM DEN207 |
| <input type="checkbox"/> MyOption SM Vision (VIS757) | |

Humana Medicare plans

Contract-PBP _____ – _____

Rx plan: PCN: 03200000

BN: 610649

Agent name _____

Member signature _____

Segment _____

Date _____

Date _____

*Enrollment is pending final approval by Medicare. Humana will send a letter once processing is complete.

Customer Care: 800-457-4708 (TTY: 711) Oct. 1 – Feb. 15, 8 a.m. – 8 p.m., seven days a week. The rest of the year, Monday – Friday, 8 a.m. – 8 p.m.

24-hour authorization: 800-523-0023 (TTY: 711)

Doctor and hospital: HMO and PPO plans require authorization for all non-emergency and non-urgent services. Notification is requested for PFFS plans. Providers can call **866-291-9714** for PFFS plan terms and conditions.

Humana MyOption optional supplemental benefits (OSB) are only available to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on January 1 each year. This is not a Medicare Supplement or Medigap plan. Enrollees must continue to pay the Medicare Part B premium, their Humana plan premium and the OSB premium.

Important!

At Humana, it is important you are treated fairly.

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, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (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 **1-877-320-1235 (TTY :711)**。

IMPORTANT INFORMATION:

2022 Medicare Star Ratings



Humana - H5216

For 2022, Humana - H5216 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆

Health Services Rating: ★★★★★☆

Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Humana 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 800-833-2364 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-457-4708 (toll-free) or 711 (TTY).

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- 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 **1-877-320-1235** 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **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. 1-877-320-1235 (TTY: 711)

Humana 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. 1-877-320-1235 (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 các 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、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowó.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Humana is a Medicare Advantage HMO, PPO and PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Humana is also a Coordinated Care plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in any Humana plan depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. 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.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

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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 **1-877-320-1235 (TTY : 711)**。

HumanaChoice
H5216-223-000
Select Counties in CO,NM
H5216223000MAPDEN22PODBW
ENGLISH