

	Preferred-Choice ²	Premier
Stage 1: Yearly Deductible	\$150 (Tiers 2, 3 and 4 Only)	\$0

Stage 2: Initial Coverage	Up to \$2,000		Up to \$2,000 ³	
30 day supply, you pay				
Generic	\$12.50		\$12.50	
Preferred Brands	\$45.00		\$45.00	
Non-Preferred Brands	\$75.00		\$75.00	
Specialty	\$100.00		\$200.00	
90 day supply, you pay				
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	\$15	\$30	\$15	\$30
Preferred Brands	\$60	\$95	\$60	\$95
Non-Preferred Brands	\$100	\$155	\$100	\$155
Specialty	N/A	N/A	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. See the Prescription Drug Guide to identify commonly prescribed prescription drugs in each tier.

Stage 3: Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,000 you pay the greater of:			
30-90 day supply ¹ , you pay				
Generic (including Brand drugs treated as Generic)	\$0		\$0	
All Others	\$0		\$0	
Or the greater of (including Generic)	\$0		\$0	
Monthly Premium*	\$168.47		\$489.53	

¹ The benefit for a 90 day supply is limited to Rx formulary tiers 1-2 and most drugs on tier 3. Regardless of tier placement, Specialty Drugs are limited to a 30 day supply.

² Home infusion drugs: after the deductible has been met, these drugs will be covered at the specified copayments until the member reaches the Catastrophic level.

³ Medicare sets rules about what counts and what does not count as your out-of-pocket costs. Refer to your evidence of coverage for full details.

*Premium does include \$16.00 administration fee

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change each year. You must continue to pay your Part B premium.