

DETAILS of Humana's Prescription Drug Plans

Costs and benefits of each plan

		Standard Plan \$1.87 - \$17.91 (range of monthly plan premium)	Enhanced Plan \$4.91 - \$25.36 (range of monthly plan premium)	Complete Plan \$38.70 - \$73.17 (range of monthly plan premium)
STAGE 1	YOU PAY	\$250 deductible	Copayments until total drug costs reach \$250 : ▪Generics.....\$0 ▪Preferred.....\$30 ▪Non-preferred....\$60 ▪Specialty.....25% coinsurance	Copayments until total drug costs reach \$250 : ▪Generics.....\$0 ▪Preferred.....\$30 ▪Non-preferred....\$60 ▪Specialty.....25% coinsurance
	<i>Humana pays</i>	\$0	Balance of costs	Balance of costs
STAGE 2	YOU PAY	25% of next \$2,000 of total drug costs (= \$500)	Copayments until total drug costs reach \$2000 : ▪Generics.....\$7 ▪Preferred.....\$30 ▪Non-preferred....\$60 ▪Specialty.....25% coinsurance	Copayments until out-of-pocket costs reach \$2000 : ▪Generics.....\$7 ▪Preferred.....\$30 ▪Non-preferred....\$60 ▪Specialty.....25% coinsurance
	<i>Humana pays</i>	75% (\$1,500)	Balance of costs	Balance of costs
STAGE 3	YOU PAY	Next \$2,850 of total drug costs. (This brings your total out-of-pocket costs to \$3,600)	Next \$2,850 of total drug costs. (This brings your total out-of-pocket costs to \$3,600)	Copayments until your total out-of-pocket costs reach \$3,600 : ▪Generics.....\$7 ▪Preferred.....\$30 ▪Non-preferred....\$60 ▪Specialty.....25% coinsurance
	<i>Humana pays</i>	This is the coverage gap \$0	This is the coverage gap \$0	NO COVERAGE GAP Balance of costs
STAGE 4	YOU PAY	5% of total drug costs for the rest of the year	5% of total drug costs for the rest of the year	5% of total drug costs for the rest of the year
	<i>Humana pays</i>	95% of total drug costs for the rest of the year ⁽¹⁾	95% of total drug costs for the rest of the year ⁽¹⁾	95% of total drug costs for the rest of the year ⁽¹⁾

(1) Member pays the greater of \$2 for generic or a preferred drug that is a multiple source drug and \$5 for all other drugs, or 5% coinsurance.