

How the Rx4 structure works

Covered prescription drugs are assigned to one of four different levels with corresponding copayment amounts. The levels are organized as follows:

- **Level One:** lowest copayment for lowest cost generic and brand-name drugs.
- **Level Two:** higher copayment for higher cost generic and brand-name drugs.
- **Level Three:** higher copayment than Level Two for higher cost, mostly brand-name drugs that may have generic or therapeutic equivalents in Levels One or Two.
- **Level Four:** 25% copayment for high-technology drugs (certain brand-name drugs, biotechnology drugs and self administered injectable medications).
- Medications may be moved from one level to a different level during the plan year. Please check our Web site or contact Customer Service for the most up-to-date information.



Some drugs in all levels may be subject to dispensing limitations, based on age, gender, duration or quantity. Additionally, some Level Four drugs may need prior authorization in order to be covered. In these cases your physician should contact Humana Clinical Pharmacy Review, at 1-800-555-CLIN (2546).

Members can visit Humana's Web site, www.humana.com, to obtain information about their prescription drug and corresponding benefits, or they can call Humana's Customer Service with questions or to request a Humana Rx4 Drug List by mail. We will also work with physicians and pharmacists to explain the Rx4 structure.

For a complete listing of participating pharmacies, please refer to our Web site or your participating provider directory.

Coverage at Participating Pharmacies

When you present your membership card at a participating pharmacy, you are required to make a copayment for each prescription based on the current assigned level of the drug.

Drugs assigned to:	Copayment per prescription or refill:
Level One:	\$10
Level Two:	\$25
Level Three:	\$50
Level Four:	25%* of the total required payment to the dispensing pharmacy per prescription or refill.

- * The total maximum out-of-pocket copayment costs for drugs in Level Four is limited to \$2,500 per calendar year, per member.
- If the dispensing pharmacy's charge is less than the corresponding copayment, you will only be responsible for the lower amount.
- Your copayments for covered prescription drugs are made on a per prescription or refill basis and will not change if Humana receives any retrospective volume discounts or prescription drug rebates.

There are no claim forms to file if you use a participating pharmacy and present your membership card with each prescription.

Nonparticipating pharmacy coverage

You may also purchase prescribed medications from a nonparticipating pharmacy. You will be required to pay for your prescriptions according to the following rule.

- You pay 100 percent of the dispensing pharmacy's charges.
 - You file a claim form with Humana (address is on the back of ID card).
 - Claim is paid at 70 percent of the dispensing pharmacy's charges, after they are first reduced by the applicable copayment.

Coverage specifics

Your coverage includes the following:

- A 30-day supply or the amount prescribed, whichever is less, for each prescription or refill
- Oral contraceptives
- Certain self-administered injectable drugs and related supplies approved by Humana
- Certain drugs, medicines or medications that, under federal or state law, may be dispensed only by prescription from a physician.

Mail-order benefit

For your convenience, you may receive a maximum 90-day supply per prescription or refill through the mail (maximum 30-day supply for self-administered injectable drugs). The same requirements apply when purchasing medications through a participating mail-order pharmacy as apply when purchasing in person at a pharmacy. Members can call Customer Service or visit our Web site for more information, including mail-order forms.

Definition of terms

- Drug list: a list of prescription drugs, medicines, medications and supplies specified by Humana. This list identifies drugs as Level One, Level Two, Level Three or Level Four and indicates applicable dispensing limits and/or any prior authorization requirements. (This list is subject to change.)
- Copayment: the amount to be paid by the member toward the cost of each separate prescription or refill of a covered prescription drug when dispensed by a pharmacy.
- Nonparticipating pharmacy: a pharmacy which has not been designated by Humana to provide services to members.
- Participating pharmacy: a pharmacy designated by Humana and which has entered into an agreement with Humana to provide services to members under the terms of such agreement.

Limitations and exclusions

Unless specifically stated otherwise, no coverage is provided for the following:

- Any portion of a prescription or refill that exceeds a 30-day supply for a medication; or a 90-day supply for a prescription or refill (30-day supply for self-administered injectables) purchased through mail order
- Prescription refills in excess of the number specified by the physician's original order or dispensed more than one year from the date of the original order
- The administration of a covered medication
- Allergen extracts
- Any drug or medicine that is lawfully obtainable without a prescription, except insulin
- Infertility services including medications
- Drug delivery implants
- Any drug, medicine or medication labeled "Caution - limited by federal law to investigational use" or any experimental drug, medicine or medication, even though a charge is, or may be, made to the member
- Any costs related to the mailing, sending or delivery of prescription drugs
- Contraceptives, other than oral, whether medication or device, regardless of the purpose for which they are prescribed
- Any drug used for the purpose of weight control
- Any drug prescribed for a noncovered sickness or injury
- Abortifacients (drugs used to induce abortions)
- Any drug prescribed for impotence and/or sexual dysfunction, e.g. Viagra

This is only a partial list of limitations and exclusions.

Please refer to the Certificate of Coverage for complete details regarding prescription drug coverage.