

We're here for you

Humana Group Medicare Customer Care 800-585-7417 (TTY: 711) Monday – Friday, 7 a.m. – 8 p.m., Central time

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **800-585-7417 (TTY: 711)** for more information.

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Group Medicare prescription drug plan guide

Understanding your Medicare plan and how it works is important. Your prescription drug plan should help you on your journey to better health, which may help you achieve the retirement you want—so you can spend more time doing what you love most.

Inside this guide you'll find:

What Humana offers you 2
Welcome letter
MyHumana and MyHumana mobile app 5
Choosing a pharmacy 6
Find a Pharmacy 7
CenterWell Pharmacy™ 8
Prescription drug coverage
Prescription drug guide 10
Vaccines and diabetes coverage 11
SmartSummary [®] 12
Frequently asked questions 13
Pharmacy terms and definitions 14
Know your numbers 15

Plan specific information

- Prescription Summary of Benefits
- Prescription Drug Guide



Humana.



Get the hassle-free care you deserve

Humana prescription drug plan offers you:

A large network

There are more than 66,000 participating pharmacies in our network.

Almost no claims paperwork

The plan works with your pharmacist to handle claims for you.

Pharmacy finder

An online tool that helps you find in-network pharmacies. It also tells you how far they are from you, the hours they're open, if they have a drive-through available, if they offer emergency Rx, delivery options and if they have bilingual employees.

Details you need to know

North Dakota Public Employees Retirement System (NDPERS) partners with Humana Group Medicare for your prescription drug plan (PDP). If you have already enrolled, no further action is needed as your enrollment has been processed. If you would like to enroll in this plan, please contact the NDPERS office to verify eligibility and to request application materials. Enrollment in this plan will end your enrollment in any Medicare prescription drug plan or Medicare Advantage prescription drug plan that you are currently enrolled in.

Welcome to a more human way to healthcare

Dear North Dakota Public Employees Retirement System (NDPERS) Member,

We're excited to let you know that **North Dakota Public Employees Retirement System (NDPERS)** continues to partner with Humana to offer you a prescription drug plan that gives you prescription drug coverage to add to your Original Medicare plan.

Your health is more important than ever. That's why Humana has a variety of tools, programs and resources to help you stay on track. At Humana, helping you achieve lifelong well-being is our mission. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

Get to know your plan

Review the enclosed materials. This packet includes information on your Group Medicare healthcare option along with extra services Humana provides.

- If you have questions about your premium, please call **North Dakota Public Employees Retirement System (NDPERS)** at **800-803-7377 or 701-328-3900 (TTY: 711)**.
- Please see your enclosed prescription drug guide (PDG) to determine if your medications have quantity limits, require a prior authorization or step therapy. You can also visit **Humana.com/Pharmacy** or call Group Medicare Customer Care for assistance.
- Go to Humana.com, "Member Resources" and select "Humana Drug List" then scroll to Required Fields" to find a list of drugs covered by your Humana Group Medicare plan. For Rx 037/161 choose GRP 49.

What to expect after you enroll

• Enrollment confirmation

You'll receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

• Humana member ID card

Your Humana member ID card will arrive in the mail shortly after you enroll.

• Evidence of Coverage (EOC)

You will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement). Please read the document to learn about the plan's coverage and services. This will also include your privacy notice.

We look forward to serving you now and for many years to come.

Sincerely, Group Medicare Operations

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Your health at your fingertips with MyHumana

Get your personalized health information on MyHumana

A valuable part of your Humana plan is a secure online account called MyHumana where you can keep track of your claims and benefits, find pharmacies, view important plan documents and more.

Get the most out of MyHumana by keeping your account profile up to date. Whether you prefer using a desktop, laptop, or smartphone, you can access your account anytime.*

Getting started is easy—just have your Humana member ID card ready and follow these three steps:

Create

Create your account.

Visit **Humana.com/registration** and select the "Start activation now" button.

Choos

Choose your preferences.

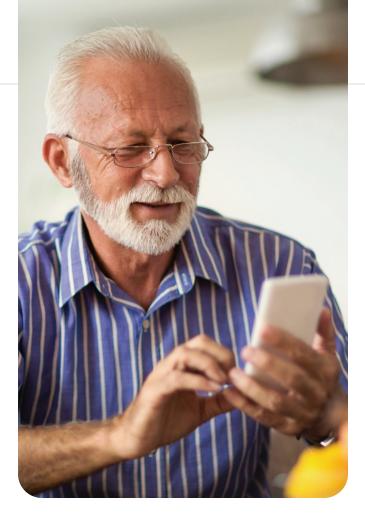
The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.

3

View your plan benefits.

After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.

*Standard data rates may apply.



The MyHumana mobile app

If you have an iPhone or Android, download the MyHumana mobile app. You'll have your plan details with you at all times.*

Visit **Humana.com/mobile-apps** to learn about our many mobile apps, the app features and how to use them.

With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Lookup and compare medication prices
- View or update your medication list
- View or print your Humana member ID card

Have questions?

If you need help using MyHumana, try our Chat feature or call Customer Care at the number listed on the back of your Humana member ID card.

Building healthy relationships

Your relationship with your pharmacist is important in protecting and managing your health.

You must use network pharmacies to enjoy the benefits of our plan except in an emergency. Pharmacies in the network have agreed to work with Humana to fill prescriptions for our members. If you use a pharmacy outside the network, your costs may be higher.

Our pharmacy network includes access to mail delivery, specialty, retail, long-term care, home infusion, and Indian, tribal and urban pharmacies.

Is your pharmacy in Humana's network?

You can find a complete list of network pharmacies at MyHumana, your personal, secure online account at **Humana.com** and the MyHumana Mobile app.* Get printable maps and directions, along with many more details to find a pharmacy that fits your needs. Other information at **Humana.com/ pharmacy/medicare/tools** includes:

- Printable Drug Lists
- Prior authorization information

*Standard data rates may apply.



Our **wide network of pharmacies** means less time searching for a pharmacy, and more time building a relationship with the one that's right for you.

Use Humana's Find a Pharmacy tool to search for a pharmacy near you

Choosing a pharmacy is an important decision. You can use Humana's Find a Pharmacy tool to search for an in-network pharmacy near you.



Go to Humana.com/FindaPharmacy.

Location

Enter a ZIP code you want to search.



Options

Select a lookup method from 2 options:

- 1) In the Network dropdown select Humana Medicare Employer Plan (Medicare Group), or
- 2) Sign in to MyHumana for more accurate results in finding your network.



Select the "Search" button for your results

Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.



Find a pharmacy on the MyHumana mobile app

Once you are enrolled with Humana, you can use the MyHumana mobile app to find a pharmacy near you. On the app dashboard, locate the "Find Care" section.

Call our Customer Care team at **800-585-7417 (TTY: 711)**, Monday – Friday, 7 a.m. – 8 p.m., Central time.

CenterWell Pharmacy

You have the choice of pharmacies for prescription retail and mail order services, CenterWell Pharmacy[™] is one option.*



Online

After you become a Humana member, you can sign in to **CenterWellPharmacy.com** with your MyHumana identification number and start a new prescription, order refills or check on an order.



Provider

Your provider can send prescriptions electronically through e-prescribe or by downloading the fax form from **CenterWellPharmacy.com/forms** and faxing the prescription to CenterWell Pharmacy at **800-379-7617** or CenterWell Specialty Pharmacy[™] at **877-405-7940**.

Mail

Download the "Registration & Prescription Order Form" from **CenterWellPharmacy.com/forms** and mail your paper prescriptions to: CenterWell Pharmacy, P.O. Box 745099, Cincinnati, OH 45274-5099

Phone

For maintenance medication(s), call CenterWell Pharmacy at **800-379-0092** (TTY: 711), Mon. – Fri., 7 a.m. - 10 p.m., and Sat., 7 a.m. - 5:30 p.m., Central time.

For specialty medication(s), call CenterWell Specialty Pharmacy at **800-486-2668** (TTY: 711), Mon. – Fri., 7 a.m. - 10 p.m., and Sat., 7 a.m. - 5:30 p.m., Central time.

*Other pharmacies are available in the network.

Medicare Part D prescription medication tiers

Tier 1 – Generic or preferred generic

Essentially the same medications, usually priced differently

Have the same active ingredients as brand-name medications and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic medications to have the same quality, strength, purity and stability as brand-name medications. Your cost for generic medications is usually lower than your cost for brand-name medications.

Tier 2 – Preferred brand

A medication available to you for less than a nonpreferred

Generic or brand-name medications that Humana offers at a lower cost to you than nonpreferred medications.

Tier 3 - Nonpreferred medication

A more expensive medication than a preferred More expensive generic or brand-name prescription medications that Humana offers at a higher cost to you than preferred medications.

Tier 4 – Specialty

Medications for specific uses

Some injectable and other high-cost medications to treat chronic or complex illnesses like rheumatoid arthritis and cancer.

Important information about your prescription medication coverage

Some medications covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, quantity limits or step therapy. You can visit **Humana.com** to register or sign in and select Pharmacy or call Humana's Group Medicare Customer Care team to check coverage on the medications you take.

Prior authorization

The Humana Group Medicare Plan requires you or your provider to get prior authorization for certain medications. This means that you will need to get approval from the Humana Group Medicare Plan before you fill your prescriptions. The reason a prior authorization is required can vary depending on the medication. Humana will work with your provider when a prior authorization is required. The Centers for Medicare & Medicaid Services (CMS) requires a turnaround time of 72 hours for a prior authorization. However, an expedited review can be requested by your provider if waiting 72 hours may be harmful to you.

Quantity limits

For some medications, the Humana Group Medicare Plan limits the quantity of the medication that is covered. The Humana Group Medicare Plan might limit how many refills you can get or quantity of a medication you can get each time you fill your prescription. Specialty medications are limited to a 30-day supply regardless of tier placement.

One-time transition fill

For certain medications typically requiring prior authorization or step therapy, Humana will cover a one-time, 30-day supply of your Part D covered medication during the first 90 days of your enrollment. Once you have received the transition fill* for your prescription requiring a prior authorization or step therapy, you'll receive a letter from Humana telling you about the requirements or limits on the prescription. The letter will also advise that you will need to get approval before future refills will be covered. A prior authorization will need to be approved or other alternative medications should be tried if the medication requires step therapy.

*Some medications do not qualify for a transitional fill, such as medications that require a Part B vs D determination, CMS Excluded medications, or those that require a diagnosis review to determine coverage.

Step therapy

In some cases, the Humana Group Medicare Plan requires that you first try certain medications to treat your medical condition before coverage is available for a more expensive medication prescribed to treat your medical condition.

Next steps for you

- 1. Visit **Humana.com/Pharmacy** to view your prescription drug guide. The prescription drug guide will provide information on quantity limits, step therapy or if a prior authorization is required. If you have additional questions, please call our Customer Care number on the back of your Humana member ID card.
- 2. Talk to your provider about your medications if they require prior authorization, have quantity limits or if step therapy is needed.

Next steps for your provider

- Go online to Humana.com/Provider and visit our provider prior authorization page. This page has a printable form that can be mailed or faxed to Humana.
- 2. Call **800-555-2546 (TTY: 711)** to speak with our Humana Clinical Pharmacy Review team, Monday – Friday, 7 a.m. – 7 p.m., Central time.



How to find the list of medications covered by your Humana Group Medicare plan

View the most complete and current Drug Guide information online.

Humana's Drug List, also called "formulary," lists the most widely prescribed medications covered by Humana and is updated regularly by doctors and pharmacists in our medical committee. Updates to this year's formulary are posted monthly. New medications are added as needed, and medications that are deemed unsafe by the Food and Drug Administration (FDA) or a drug's manufacturer are immediately removed. We will communicate changes to the Drug List to members based on the Drug List notification requirements established by each state.

If a specific medication you need is not on the list, please call the Customer Care number on the back of your Humana member ID card.

To find a list of drugs, use the GRP# provided within the Welcome Letter.

- Go to Humana.com
- Hover over the tab, "Member Resources" and then select "Humana Drug List"
- Scroll to "Required Fields", from the "Select plan type" choose Group Medicare in the drop-down menu, select "plan year" and then select the "Find Drug Guide" button
- Scroll and locate your GRP # within the drug list

You can print out the full list of drugs covered under your Humana plan, called the Prescription Drug Guide. (You must have Adobe Reader to view and print these documents.)

10



Where you get your vaccines may determine how it is covered

The Medicare Part D portion of your plan covers vaccines that are considered necessary to help prevent illness. Some common vaccines that you should get at your pharmacy, not from your provider, include shingles, Tdap and hepatitis A.

Diabetes coverage

At Humana, we make it easy for you to understand your benefits and get what you need to help manage your condition.

Diabetes prescriptions and supplies covered under Part D

Part D typically covers diabetes supplies used to administer insulin. You must be enrolled in a Medicare drug plan to get the supplies Part D covers, like:

- diabetes medications
- insulin administered (or used) with syringes or pens
- syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g., Omnipod or VGO)

Enhanced vaccine and insulin coverage

\$0 vaccines: Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list[†] will be **\$0**.

\$35 insulin copay: Member cost share of this plan's covered Part D insulin products will be **no more than \$35** for every one-month (up to a 30-day) supply.

[†]For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/ vaccines/hcp/acip-recs/vacc-specific/index.html.

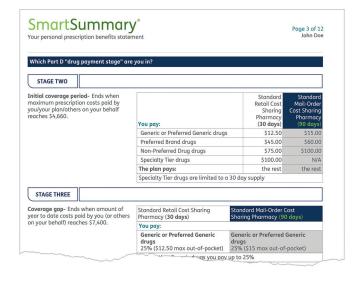
Your personalized benefits statement

Humana's SmartSummary provides a comprehensive overview of your Part D benefits and prescription drug spending. You'll receive this statement after each month you've had a prescription claim processed. You can also sign-in to MyHumana and see your past SmartSummary statements anytime.

SmartSummary includes:

- Numbers to watch. SmartSummary shows your total drug costs for the month and year-to-date. It also shows how much of these costs your plan paid and how much you paid—so you can see the value of your prescription benefits.
- Personalized messages. SmartSummary gives you tips on saving money on the prescription drugs you take, information about changes in prescription copayments and how to plan ahead.
- Your prescription details. A personalized prescription section tells you more about your prescription medications, including information about dosage and the pharmacy provider. This page can be useful to take to your provider appointments or to your pharmacist.

Humana.
JOHN DOE Member ID: H12345678 Plan name: Humana Group Medicare PDP Rx PCN or Rx Group number: 03200000
64,46 You are currently in Stage One of your Part D Drug Payment Plan. (see page 2) 19.13 45.33
CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.
Questions Login to MyHumana at Humana.com to see your benefits, drug lists, prescriptions and claims.
Call us Call 866-396-8810 (TTY: 711) Monday to Friday 8 a.m 9 p.m. EST. Calls to these numbers are free.
For large print or another format To get this material in other formats, or ask fo
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SmartSummal		Page 4 of 12 John Doe
R Your Part D "out-of (amounts and defin	-pocket costs" and "total drug costs" itions)	
	Jr "out-of-packet costs" and "total drug costs." These As explained in the drug payment stage section, the p pur prescriptions.	
Your "out-of-pocket costs"	February 2023	\$45.33
	Year-to-date since January 2023	\$71.70
Your "total drug costs"	February 2023	\$64.46
	Year-to-date since January 2023	\$90.83
Definitions		
drugs, if any, that are made by family • Payments made for your drugs by an	y of the following programs or organizations: "Extra H ogram; Indian Health Service; AIDS drug assistance pr	elp" from Medicare;
	wing programs or organizations: employe	t meet our

Frequently asked questions

Do I need to show my red, white and blue Medicare card when I visit the pharmacy? No. You'll get a Humana member ID card. Keep your Medicare ID card in a safe place.

What should I do if I move or have a temporary address change?

If you move to another area or state, it may affect your plan. It's important to contact your group benefits administrator for details.

What should I do if I need prescriptions filled before I receive my Humana member ID card?

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any innetwork pharmacy.

How can I get help with my drug plan costs? People with limited incomes may qualify for assistance from the Extra Help program to pay for their prescription drug costs. To see if you qualify for Extra Help, call **800-MEDICARE** (**800-633-4227**), 24 hours a day, seven days a week. If you use a TTY, call **877-486-2048**. You can also call the Social Security Administration at **800-772-1213**. If you use a TTY, call **800-325-0778**. Your state's Medical Assistance (Medicaid) Office may also be able to help, or you can apply for Extra Help online at www. socialsecurity.gov.

What should I do if I have to file a claim?

To request reimbursement for a charge you paid for a prescription drug, send the provider's itemized receipt and the Prescription Drug Claim Form (available at **Humana.com** or by calling Customer Care) to the claims address on the back of your Humana member ID card. Make sure the receipt includes your name and Humana member ID number. Call Humana Group Medicare Customer Care for more information and assistance.

When does my coverage begin?

Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current pharmacy coverage until your Humana Group Medicare PDP plan enrollment is confirmed.

Pharmacy terms

Catastrophic coverage

What you pay for covered drugs after reaching \$8,000

Once your out-of-pocket costs reach the \$8,000 maximum, you pay \$0 until the end of the plan year.

Coinsurance

Your share of your prescription's cost

This is a percentage of the total cost of a drug you pay each time you fill a prescription.

Copayment

What you pay at the pharmacy for your prescription The set dollar amount you pay when you fill a prescription.

Deductible

Your cost for Part D prescription drugs before the plan pays The amount you pay for Part D prescription drugs before the plan begins to pay its share.

Exclusions and limitations

Anything not covered Specific conditions or circumstances that aren't covered under a plan.

Formulary

Drugs covered under your plan

A list of drugs approved for coverage under the plan. Also called a Drug List.

Out-of-pocket

Portion of costs you pay

Amount you may have to pay for most plans, including deductibles, copays and coinsurance.

Plan discount

A way Humana helps you save money

Amount you are not responsible for due to Humana's negotiated rate with provider.

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care

800-585-7417 (TTY: 711), Monday – Friday, 7 a.m. – 8 p.m., Central time

MyHumana

Sign in to or register for MyHumana to access your personal and secure plan information at **Humana.com**

MyHumana mobile app

Humana.com/mobile-apps

Pharmacies in your network Humana.com/FindaDoctor

CenterWell Pharmacy™

800-379-0092 (TTY: 711), Mon. – Fri., 7 a.m. - 10 p.m., and Sat., 7 a.m. - 5:30 p.m., Central time CenterWellPharmacy.com

CenterWell Specialty Pharmacy™

800-486-2668 (TTY: 711), Mon. – Fri., 7 a.m. - 10 p.m., and Sat., 7 a.m. - 5:30 p.m., Central time **CenterWellSpecialtyPharmacy.com**

Humana Clinical Pharmacy Review Team

800-555-2546 (TTY: 711), Monday – Friday, 7 a.m. – 7 p.m., Central time

State health insurance program offices 800-633-4227 (TTY: 711), daily www.cms.gov/apps/contacts/#

*You must be a Humana member to use these services.

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, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

• The following department has been designated to handle inquiries regarding Humana's nondiscrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **800-585-7417 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 800-585-7417 (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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese):本資訊也有其他語言版本可供免費索取。請致電客戶服務部:877-320-1235 (聽障專線:711)。辦公時間:東部時間上午8時至晚上8時。

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