### Prescription Tiers

<table>
<thead>
<tr>
<th>Tier</th>
<th>Retail Pharmacy 30 Day Supply (90 day cost)</th>
<th>Mail Order 90 Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$10 ($30) Maximum</td>
<td>$0</td>
</tr>
<tr>
<td>Tier 2</td>
<td>30% up to $50 maximum out-of-pocket per prescription (30% up to $150)</td>
<td>20% up to $100 maximum out-of-pocket per prescription</td>
</tr>
<tr>
<td>Tier 3</td>
<td>50% up to $50 maximum out-of-pocket per prescription (50% up to $150)</td>
<td>33% up to $100 maximum out-of-pocket per prescription</td>
</tr>
<tr>
<td>Tier 4</td>
<td>50% up to $50 maximum out-of-pocket per prescription</td>
<td>N/A - Limited to a 30 day supply</td>
</tr>
</tbody>
</table>

#### Stage 1 = $0 to Initial Coverage Limit (ICL):

*When total drug cost reaches $4,430*

- Tier 1: $10 ($30)
- Tier 2: 30% up to $50 maximum out-of-pocket per prescription (30% up to $150)
- Tier 3: 50% up to $50 maximum out-of-pocket per prescription (50% up to $150)
- Tier 4: 50% up to $50 maximum out-of-pocket per prescription

#### Stage 2 = Coverage Gap – Begins when the yearly drug cost total (what you & the plan have paid) reaches $4,430

- Tier 1: $10 ($30)
- Tier 2: 30% up to $50 maximum out-of-pocket per prescription (30% up to $150)
- Tier 3: 30% (30%)
- Tier 4: 30% (N/A)

#### Stage 3 = Catastrophic to Unlimited - Begins

*When Your True Out-of-Pocket cost reaches $7,050*

Greater of $3.95 for Generic/Multiple Source Drugs ($9.85 for all others) or 5% coinsurance

Annual Maximum Out-of-Pocket (MOOP) $2,500 - After your out-of-pocket drug costs reach this total, Humana pays 100% of your total drug costs.

**Tier Details**

- Tier 1: Generic or brand drugs that are available at the lowest cost share for this plan
- Tier 2: Generic or brand drugs that Humana offers at a lower cost than Tier 3 drugs
- Tier 3: Generic or brand drugs that Humana offers at a higher cost than Tier 2 drugs
- Tier 4: Some injectable medications and other higher-cost drugs

**Out of Network**

If a drug is purchased at an out-of-network pharmacy in an emergency situation: a) member pays the same coinsurance as would have applied at a network pharmacy but at the out-of-network pharmacy price and/or b) member will pay copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price, no to include maximums.