# 2019 Iowa State University
Humana Medicare Part D Prescription Drug Plan

**Note:** This is not a full plan description. See Humana mailing for Summary of Benefit for complete plan details. Part D Rx member costs are tracked separately from the medical plan per CMS guidelines and Stage limits are set by CMS.

| Prescription tiers | Retail Pharmacy  
|---------------------|------------------
|                     | **30 Day Supply (90 day)** | **Mail Order  
|                     | **90 Day Supply** |

### Stage 1 = $0 to Initial Coverage Limit (ICL):
When total drug cost reaches $3,820

| Tier 1 - Generics or Preferred Generics | $10 ($30) | $0 |
| Tier 2 - Preferred Brand | 30% up to $50 maximum out-of-pocket per prescription (30% up to $150) | 20% up to $100 maximum out-of-pocket per prescription |
| Tier 3 - Non-Preferred Brand | 50% up to $50 maximum out-of-pocket per prescription (50% up to $150) | 33% up to $100 maximum out-of-pocket per prescription |
| Tier 4 – Specialty | 50% up to $50 maximum out-of-pocket per prescription (N/A) | N/A - Some injectables and other higher-cost drugs are not available in 90 day supplies |

### Stage 2 = Coverage Gap
Your total drug costs from $3,820 to $5,100

| Tier 1 - Generics or Preferred Generics | $10 ($30) | $0 |
| Tier 2 - Preferred Brand | 30% up to $50 maximum out-of-pocket per prescription (30% up to $150) | 20% up to $100 maximum out-of-pocket per prescription |
| Tier 3 - Non-Preferred Brand | 30% | 30% |
| Tier 4 - Specialty | 30% (N/A) | N/A |

### Stage 3 = Catastrophic to Unlimited
When True Out-of-Pocket cost reaches $5,100

Greater of $3.40 for Generic/Multiple Source Drugs ($8.50 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).
### 2019 ISU Plan Express Scripts Prescription Drug Plan

<table>
<thead>
<tr>
<th>Pharmacy Benefit Manager</th>
<th>EXPRESS SCRIPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member criteria</td>
<td>Those not yet eligible for Medicare but enrolled in ISU Medical plans as a retiree or a dependent</td>
</tr>
<tr>
<td>Drug Tiers:</td>
<td>Tier 1 is Generic drugs</td>
</tr>
<tr>
<td></td>
<td>Tier 2 is a Preferred Brand Name drugs</td>
</tr>
<tr>
<td></td>
<td>Tier 3 is Non-Preferred Brand Name drugs</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs may be Tier 2 or 3.</td>
</tr>
<tr>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td>Prescription Co-insurance/Pay Maximum Out-of-Pocket (MOOP)</td>
<td>$1,500/single</td>
</tr>
<tr>
<td></td>
<td>$3,000 total/year for plan with spouse/partner/child/family</td>
</tr>
<tr>
<td>30-day supply</td>
<td><strong>Tier 1</strong> - $10 co-pay / script</td>
</tr>
<tr>
<td>Participating Retail Pharmacy</td>
<td><strong>Tier 2</strong> - 30% co-insurance up to $100.00 maximum co-pay / script</td>
</tr>
<tr>
<td></td>
<td><strong>Tier 3</strong> - 50% co-insurance up to $200.00 maximum co-pay /script</td>
</tr>
<tr>
<td></td>
<td>Above applies until MOOP is reached.</td>
</tr>
<tr>
<td>90-day Supply</td>
<td><strong>Tier 1</strong> - $30 co-pay/script</td>
</tr>
<tr>
<td>Participating Retail Pharmacy</td>
<td><strong>Tier 2</strong> - 30% co-insurance up to $300.00 maximum co-pay / script</td>
</tr>
<tr>
<td></td>
<td><strong>Tier 3</strong> - 50% co-insurance up to $600.00 maximum co-pay /script</td>
</tr>
<tr>
<td></td>
<td>Above applies until MOOP is reached.</td>
</tr>
<tr>
<td>90-day Supply</td>
<td>Using Express Scripts By Mail</td>
</tr>
<tr>
<td>Express Scripts By Mail</td>
<td><strong>Tier 1</strong> - Generics - no cost to member</td>
</tr>
<tr>
<td>(Home Delivery)</td>
<td><strong>Tier 2</strong> - 25% co-insurance up to $250.00 maximum co-pay / script</td>
</tr>
<tr>
<td></td>
<td><strong>Tier 3</strong> - 33% co-insurance up to $500.00 maximum co-pay / script</td>
</tr>
<tr>
<td></td>
<td>Above applies until MOOP is reached.</td>
</tr>
</tbody>
</table>

- Some prescriptions require prior authorization, quantity limits or step therapy. These rules per script are subject to change.
- When switching from Express Scripts to Humana, the OOP and other information does not transfer. Members should work with the appropriate customer service for questions regarding authorization information or coverage limits.
- If a family member remains on Express Scripts, the on-line computer program for refills may not be operational. Refills may be called in.
- The phone number to contact customer service is on each prescription ID card.
- Immunizations are covered by the medical insurance when administered in a doctor’s office when the doctor provides the vaccine. Vaccines obtained from a pharmacy are considered a pharmacy claim. Check with your pharmacy benefit manager, Express Scripts or Humana regarding coverage of vaccines prior to approving services in a pharmacy setting.