

ISU Humana Medicare Part D Prescription Drug Plan

Effective January 1, 2025 – December 31, 2025

Note: This is not a complete description of the benefits. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Prescription tiers See description below in Tier Details	<u>Retail Pharmacy</u> 30-Day Supply (90-day cost)	<u>Mail Order – CenterWell Pharmacy</u> 90-Day Supply
Tier 1 <i>Generic or Preferred Generic</i>	\$10 (\$30) Maximum	\$0
Tier 2 <i>Preferred Brand</i>	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 <i>Non-Preferred Drug</i>	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 <i>Specialty</i>	50% up to \$50 maximum out-of-pocket per prescription	N/A - Limited to a 30-day supply
Coverage Gap eliminated with the Inflation Reduction Act (IRA) Effective 1/1/2025		
Annual Maximum Out-of-Pocket (MOOP)	\$2,000 - 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.	