

2025

Prescription Drug Summary of Benefits

**Humana Group Medicare Advantage Plan
Rx 387**

The Pension Boards-United Church of Christ, Inc.

Humana®

This page is left intentionally blank.



Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".



Deductible

Pharmacy (Part D) deductible This plan does not have a deductible.



Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total out-of-pocket drug costs reach **\$2,000**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$17 copay	\$17 copay
2 (Preferred Brand)	\$35 copay	\$35 copay
3 (Non-Preferred Drug)	\$50 copay	\$50 copay
4 (Specialty Tier)	\$50 copay	\$50 copay
90-day supply		
1 (Generic or Preferred Generic)	\$55 copay	\$34 copay
2 (Preferred Brand)	\$105 copay	\$90 copay
3 (Non-Preferred Drug)	\$150 copay	\$125 copay
4 (Specialty Tier)	N/A	N/A

Some Vaccines are covered at **100% for all members.

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit www.humana.com/SearchResources, locate Prescription Drug section, select www.humana.com/MedicareDrugList link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP38.

Important Message About What You Pay for Vaccines – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Cough/Cold, Erectile Dysfunction, Fertility, Vitamins/Minerals drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage.

Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,000**, you pay **\$0** for plan-covered Part D and excluded drugs.