

## HUMANA MEDICARE EMPLOYER Rx PLAN

2026 Rx for International Association of Machinists & Aerospace Workers Rx 564

Group Plus Formulary - PDG 2

Effective Date: 01/01/2026 - 12/31/2026

### 30 day Supplies

Plan/ Option	30 day Standard Retail from \$0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
079/699	\$5	\$35	\$80	25%	\$0	\$2,100

Plan/ Option	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
079/699	\$5	\$35	\$80	25%	\$0	\$2,100

**Note:** Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

**Note:** Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on.

\*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.

Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.

Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.

Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

**90 day Supplies**

Plan/ Option	90 day Standard Retail (3) from \$0 to Catastrophic (1)				90 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
079/699	\$15	\$105	\$240	N/A	\$0	\$2,100

Plan/ Option	90 day Standard Mail Order (3) from \$0 to Catastrophic (1)				90 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
079/699	\$0	\$70	\$160	N/A	\$0	\$2,100

**Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.**

**Footnotes**

**1** Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,100, Humana then pays 100% of covered Part D Rx claims.

**2** Part D MOOP: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,100, Humana then pays 100% of covered Part D Rx claims.

**3** Retail and Mail Order: The benefit for a 90-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Specialty drugs are limited to a 30-day supply.

**Out of Network: Emergency Situations**

When a member purchases a drug at an out-of-network pharmacy in an emergency situation:

- a. the member will pay the same coinsurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,
- b. the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. The formulary and pharmacy network may change at any time. The member will receive notice when necessary. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.