

# Summary of Benefits for the ISU–Humana Prescription Drug Plan

March 1, 2006 – December 31, 2006

Welcome to the ISU- Humana Prescription Drug Plan. Our plan is offered by Humana Insurance Company and Humana Insurance Company of New York; both are a Medicare prescription drug plan that contracts with Medicare. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation or exclusion. To get a complete list of benefits, please call Humana Prescription Drug Plan Custom 037-104 (see phone listing box at end of Section I) and ask for Evidence of Coverage.

## **You Have Choices in Your Medicare Prescription Drug Coverage**

As a Medicare beneficiary, you may choose from different Medicare prescription drug coverage options. One option is to remain with your ISU medical plan which will include Medicare prescription drug coverage through Humana. Another option is to terminate your ISU Medical plan and enroll in other Medical and prescription plans. You make the choice.

## **How May I Compare My Options?**

The chart in the booklet lists the benefits for ISU Plan retirees with the Humana Prescription Drug Plan. To compare benefits with Standard Part D, you may refer to The Centers for Medicare & Medicaid Services official government handbook titled Medicare & You 2006.

## **Where is my ISU Plan-Humana Prescription Drug Plan available?**

The service area for this plan is all fifty United States. Our plan is based out of the region designated for Iowa by Medicare. Our retiree's address is not an issue.

## **Who is eligible to join?**

Only ISU retirees entitled to Medicare Part A and/or enrolled in Medicare Part B and that have continued the ISU Plan medical insurance into retirement will be able to enroll in this plan. Eligible individuals may only enroll in one Medicare prescription drug plan at a time and may not be enrolled in a Medicare Advantage Plan unless they are a member of Medicare Private-Fee-For-Services plan that does not offer Medicare prescription drug coverage or are enrolled in an 1876 Cost Plan. You may join a Medicare prescription drug plan during certain times of the year.

## **Where may I get my prescriptions?**

Humana has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. Humana may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in the Humana network may change at any time. You may ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

## **Does Humana cover Medicare Part B or Part D Drugs?**

We do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biologicals and medical supplies that are covered under the Medicare prescription drug benefit (Part D) and that are on our formulary.

## **Does my plan have a prescription drug formulary?**

Humana Prescription Drug Plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing before the change is made.

### **What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a service that your plan may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. If you have questions concerning our MTM Program please contact our Customer Service number listed at the end of this section.

### **What should I do if I have other insurance in addition to Medicare?**

If you are Medicare eligible you should only have Medicare A and B, one supplemental medical plan and one prescription drug plan. You are not allowed to duplicate coverage. Your ISU Plan medical insurance has always included a prescription drug benefit. That benefit will be with Humana effective March 1, 2006. Because of this, if you intend to remain on the ISU Plan, you should not enroll in any other Medical or Prescription drug plan. If you have enrolled in another plan, you must contact ISU Benefits Office to end your ISU Plan participation or cancel the duplicate plan. Once you leave the ISU Plan, you may never enroll again.

### **How may I get help with drug plan costs?**

Medicare beneficiaries with low or limited income and resources may qualify for additional assistance. If you qualify, your Medicare prescription drug plan costs, the amount of your premium and your drug cost at the pharmacy will be less. Once you have enrolled in ISU Plan-Humana Prescription Drug Plan Custom 037-104, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact 1-800-MEDICARE to see if you might qualify.

### **What are my protections in this plan?**

All Medicare prescription drug plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare prescription drug plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

If Humana Prescription Drug Plan Custom 037-104 ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary, is not a preferred drug or is subject to additional utilization rules, you may ask us to make coverage exception.

**Please call Humana Prescription Drug Plan Custom 037-104  
for more information about this plan.**

Customer Service Hours: 8 a.m. – 6 p.m., Monday-Friday

Current members should call 1-800-281-6918. TTY/TDD 1-877-833-4486  
Prospective members should call 1-800-281-6918. TTY/TDD 1-877-833-4486

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227).  
TTY/TDD users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week. Or visit [www.medicare.gov](http://www.medicare.gov).

If you have special needs, this document may be available in other formats.

## Benefits for ISU Plan - Humana Prescription Drug Plan

Pharmacy Benefit Manager	<b>HUMANA</b>
Member criteria	Eligible for Medicare A & B
Deductibles	\$0
Co-pay Out-of-Pocket Maximum	\$1,500/ <b>member</b> /year Separate from applicable medical plan out-of-pocket
30-day supply – Retail Pharmacy Must be used for prescription medications used on a short-term basis. May be used for long-term medications.	\$10 co-pay for generic 30% co-pay for preferred brand name 50% co-pay for non-preferred brand name Limited coverage for nonparticipating pharmacies.
90-day Supply – Retail Pharmacy For prescription medications used on a regular basis (for 3 months or more)	\$30 co-pay for generic 30% co-pay for preferred brand name 50% co-pay for non-preferred brand name
90-day Supply –By Mail (Home Delivery)  For prescription medications used on a regular basis (for 3 months or more)	\$20 co-pay for generic 20% co-pay for preferred brand name 33% co-pay for non-preferred brand name

### Benefit Inclusions and Exclusions

Includes: prescription drugs, biological products, insulin, vaccines, and certain medical supplies associated with the injection of insulin (syringes, needles, alcohol swabs, and gauze).

Excludes: drugs when used for anorexia, weight loss, or weight gain; drugs when used to promote fertility; drugs when used for cosmetic purposes or hair growth; drugs when used for the symptomatic relief of cough and colds; prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations; nonprescription drugs; outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale; barbiturates; and benzodiazepines.

Excludes drugs covered under Part B.