

# New SmartSummary<sup>SM</sup>

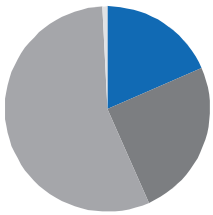
Your personal prescription and medical  
benefits statement





**HUMANA.**  
Guidance when you need it most

**Member name:** John Sample  
**Member ID:** H12345678  
**Plan name:** HumanaChoice PPO  
 R1234-567  
**Rx PCN:** 12345678

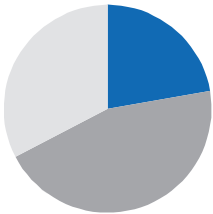
**Statement date:** October 1-31, 2008




## Your 2008 medical spending



 <b>Your responsibility</b>	<b>\$442.69</b>
 What Humana paid	\$596.01
 Humana discounts	\$1,335.10
 Excluded costs	\$20.70
<hr/>	
Total billed charges	\$2,034.50

## Your 2008 prescription spending



 <b>What you paid</b>	<b>\$790.00</b>
 What Humana paid	\$1,612.14
 Humana discounts	\$1,163.91
<hr/>	
Average retail price	\$3,566.05

**You are in Stage 1.**  
 Total drug costs left before the coverage gap: \$107.86

### *This notice includes...*

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Medicare Prescription Drug Costs	

### *Look for these markers*

-  Savings alerts
-  Health alerts
-  Prescription coverage changes
-  Online resources
-  Phone resources
-  How your plan works

### *Contact us*

#### **Benefit questions**

visit [Humana.com](http://Humana.com)  
 or call 1-877-691-1983

#### **Hours of operation**

Monday to Friday 8 a.m.- 8 p.m., Saturday  
 8 a.m.- 3 p.m.

#### **Alternate format**

TTY 1-800-833-3301  
 (speech and hearing impairment)

A5482731113200821570000001

JOHN SAMPLE  
 500 WEST MAIN STREET  
 LOUISVILLE KY 40202-1234

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## Your medical plan

### Health and wellness services available to you through your plan

You may be eligible for additional benefits and value-added services. If you have any questions about your coverage, refer to your Evidence of Coverage (EOC) or value-added services brochure for details.

The products and services described within are neither offered nor guaranteed under our contract with the Medicare program. They are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process.

Benefits	Value-Added Services	Did you know?
<ul style="list-style-type: none"> <li>Smoking Cessation</li> <li>Routine Dental</li> <li>Routine Vision</li> <li>Worldwide Foreign Travel</li> <li>Fitness Program</li> </ul>	<ul style="list-style-type: none"> <li>Dental Discount</li> <li>Hearing Discount</li> <li>Vision Discount</li> <li>OTC Discount</li> <li>CAM (Complementary and Alternative Medicine) Discount</li> </ul>	 Great news! The programs and opportunities listed here are available to you to help improve your health by making the most of what your health plan offers.

### Numbers to watch - What you've paid

"Excluded costs" represents the services or items that are not covered by your plan. You may be responsible for paying for these services.

Medical Costs	This year
-Copayments	\$432.39
-Other medical costs	\$10.30
<b>Your responsibility</b>	<b>\$442.69</b>
Excluded costs	\$20.70



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### How your prescription plan works for you

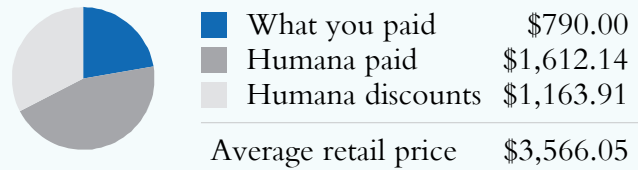
This information is current as of October 31, 2008. For more detailed information about your prescription drug coverage, please review your Evidence of Coverage or your benefits summary you received during enrollment.

**Stage 1** Initial coverage period - Ends when maximum prescription costs paid by you/your plan/others reach \$2,510

You pay:

Preferred Generic drugs	\$5.00
Preferred brand drugs	\$35.00
Non-Preferred brand drugs	\$65.00
Specialty drugs	25%
The plan pays:	the rest

**Your 2008 Spending this year:**



**→ You are here. Total drug costs left before the coverage gap: \$107.86**

**Stage 2** Coverage gap - Ends when maximum paid by you/others on your behalf reaches \$4,050

You pay	100%
The Plan pays	0%

**Likelihood of reaching Coverage Gap:**  
If your current use of medications continues unchanged throughout the year, it is likely that you will enter this stage before the end of this plan year.  
Your average prescription costs to date are \$240.21 per month.

**Stage 3** Catastrophic coverage - No maximum

You pay:

Preferred Generic drugs	\$2.25 minimum
All other drugs	\$5.60 minimum
The plan pays:	95%



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**Your medical claims (for Oct 1 to Oct 31, 2008)**

This section lists new medical claims that were processed this month or previously processed claims that have been adjusted this month. As a Humana member, you pay a reduced price that has been negotiated by Humana with participating doctors and hospitals. The "Humana discounts" column represents these savings. The "Exclusions" column represents the services or items that are not covered by your plan, or amounts from an out-of-network provider that you may be responsible for paying to the doctor or hospital. If you have a question about information in this section, you can call the customer service number listed on the front of this statement. If you believe a claim was processed incorrectly, refer to your Explanation of Benefits (EOB) for instructions and appeal rights.

The amounts below may be different than what you actually paid. Some claims may have been adjusted and payment information for adjusted claims is not included in this statement.


Date of Service, Provider Name	Total charge	Humana discounts	Your responsibility with this plan				Humana paid
			Deductible	Copay	Coinsurance	Exclusions	
<i>(Processed on: Oct 3/08)</i>							
<b>Sep 25/08, Claim 375534003</b>							
<b>Advanced Dermatology And Cosmetic Surgery</b>							
- Level IV - Surgical Pathology Gross & Micro Exam, (In-Network)	201.00	121.47	-	-	-	-	79.53
<i>(Processed on: Oct 4/08)</i>							
<b>Sep 25/08, Claim 375802575</b>							
<b>Advanced Dermatology And Cosmetic Surgery</b>							
- Repair Complex Scalp Arms &/ Legs; 2.6 To 7.5 Cm, (In-Network)	729.00	397.34	-	-	-	-	331.66
- Exc Mal Les Marg Trnk Arms/Legs; Diam 1.1-2.0 Cm, (In-Network)	398.00	307.40	-	-	-	-	90.60
<i>(Processed on: Oct 23/08)</i>							
<b>Oct 7/08, Claim 379575689</b>							
<b>Fpmg Radiology Specialists Of Florida</b>							
- Radiologic Examination Chst 2 Views Frntl&Lat, (Out-Of-Network)	31.00	-	10.30	-	-	20.70	-
<i>(Processed on: Oct 25/08)</i>							
<b>Oct 22/08, Claim 380206064</b>							
<b>Winter Park Urology Associates PA</b>							
- Ofc/Outpt Visit E&M Est Mod-HI Severity 25 Min, (In-Network)	173.00	89.14	-	30.00	-	-	53.86
- Collection Of Venous Blood By Venipuncture, (In-Network)	7.00	4.15	-	-	-	-	2.85
- UA Dip Stick/Tablet Reagent; Non-Auto W/Micro,	20.00	15.79	-	-	-	-	4.21





Your medical claims continued...

Date of Service, Provider Name	Total charge	Humana discounts	Your responsibility with this plan				Humana paid
			Deductible	Copay	Coinsurance	Exclusions	
<i>(Processed on: Oct 28/08)</i>							
<b>Oct 22/08</b> , Claim 380772905							
<b>Quest Diagnostics-Middle Tennessee Family Wellness Group</b>							
- Prostate Specific Antigen; Total, (In-Network)	94.00	76.33	-	-	-	-	17.67
- Bld Count; Cmpl Auto & Auto Diff Wbc Count, (In-Network)	33.00	26.75	-	-	-	-	6.25
- Comprehensive Metabolic Panel, (In-Network)	49.50	40.12	-	-	-	-	9.38

 You have 1 out-of-network claim this month. You may be able to save money by seeing doctors in your network. See the Physician Finder tool at **Humana.com** for a list of doctors in your area.

 The American Cancer Society recommends screening tests for colorectal cancer in men and women beginning at age 50. Screening tests are important because they can detect cancer at an early, more curable stage, even before a person has symptoms. Ask your doctor which test may be best for you.

 Using antibiotics when they are not needed can be harmful to your health. You should not use antibiotics to treat viral infections, such as a cold or influenza (the flu). Using antibiotics when they are not needed can cause some bacteria to become resistant to antibiotics and can be harder to treat, which may require a possible stay in the hospital.

 Because we care about your health, we encourage you to seek medical service whenever necessary. We also encourage you to schedule annual visits for routine checkups - to protect your health and catch any small problems before they become bigger concerns. Remember, preventive care can go a long way toward helping you feel your best and stretch your healthcare dollars even further.



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**Your prescription claims (for Oct 1 to Oct 31, 2008)**

Humana negotiates a reduced price with the pharmacy for its members, which is reflected in "Prescription cost with plan" column. The prescription cost can vary by pharmacy, location, quantity, strength and dosage of the medication. Adjusted claims may not be reflected in the table below; or if displayed, the amount paid may not be accurately accurate because of the amount of the adjustment. The "Average Retail Price" is the retail price submitted by the pharmacy at the time your claim was processed.

If you did not receive the medication below, please contact Humana's Special Investigations Unit at 1-800-558-4444 (TTY 1-800-325-2025) Monday to Friday 8 a.m.- 8 p.m., Saturday 8 a.m.- 3 p.m.

**THIS IS NOT A BILL. Keep this notice for your records.**

Drug name	Prescription cost with plan	You paid	Humana paid
Oct 20, 2008, Rightsource Claim number: 086945084581 <b>LEXAPRO 10 MG TABLET</b> 90 day supply Drug Category: Preferred brand	\$230.15	\$87.50	\$142.65
Oct 20, 2008, Rightsource Claim number: 086948384341 <b>LISINOPRIL 5 MG TABLET</b> 90 day supply Drug Category: Preferred Generic	\$16.74	\$0.00	\$16.74
Oct 20, 2008, Rightsource Claim number: 086948653081 <b>LIPITOR 10 MG TABLET</b> 90 day supply Drug Category: Preferred brand	\$230.37	\$87.50	\$142.87
<b>Total this month</b>	<b>\$477.26</b>	<b>\$175.00</b>	<b>\$302.26</b>
<b>Total for this year</b>	<b>\$2,402.14</b>	<b>\$790.00</b>	<b>\$1,612.14</b>

**Total Drug Costs from Jan 1 to Oct 31, 2008: \$2,402.14**

**Out-of-Pocket Costs: \$790.00**


**Amount You Paid: \$790.00**


**To date your total costs are \$2,402.14, leaving \$107.86 left to pay before the coverage gap.**



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 It's important to maintain a healthy heart when you've been diagnosed with a cardiovascular condition such as high blood pressure or high cholesterol. Visit the Cardiovascular Condition Center in the Health & Wellness section on *MyHumana*, your secure website on **Humana.com**, to find out more about these conditions and explore treatment options.

 **You are currently taking the drug(s) listed below. There are lower-cost drugs that may be possible alternatives. Contact your doctor to see if an alternative is right for you.**

Current Medication


Possible Alternative

LIPITOR

LOVASTATIN, PRAVASTATIN SODIUM,  
SIMVASTATIN

LEXAPRO

CITALOPRAM HYDROBROMIDE, FLUOXETINE  
HCL, PAROXETINE HCL, SERTRALINE HCL

 With *RightSourceRx*<sup>SM</sup>, refilling your prescriptions can be fast and easy! Just choose one of the following convenient options.

**Online:**

- Log in to your secure *RightSourceRx* account at **RightSourceRx.com** and click "Order Refill."
- On the list of available medication, select the ones you need and follow the directions to complete the order.

**By Phone:**

- Use our toll-free automated system 24 hours a day, 7 days a week. Call 1-800-379-0092 (TTY users call: 1-877-833-4486).
- Please have the following ready when you call: The Rx numbers from the prescription labels, the date of birth of the person the medication is for, and payment information and Humana ID number

**Note:** Prescriptions filled by mail-order are available for refill after you use two-thirds, or 67 percent, of your medication.

### Updates to Humana's Drug List (formulary)

Humana may remove drugs from our formulary or add rules about whether and when certain drugs are covered during the year. This chart lists upcoming changes. Unless otherwise noted in the chart below, these changes will be effective in 60 days.

Effective Date	Drug	Change	Reason
<b>There are no formulary changes this month</b>			

### For your information and protection

#### Your privacy

At Humana, we consider your personal, health and financial information to be confidential. Humana protects your information and only uses or discloses your information in accordance with federal and state privacy laws and Humana's privacy policy. For additional information on Humana's privacy policy, please access Humana's Notice of Privacy Practices on the Web at Humana.com.



***What to do if you have any questions.***

If you have questions, please call toll-free 1-877-691-1983, Monday to Friday 8 a.m.– 8 p.m., Saturday 8 a.m.– 3 p.m. or, visit Humana.com on the web. TTY users should call 1-800-833-3301.

Para obtener una copia de esta información en español, llame al número gratuito 1-877-691-1983. Los usuarios de TTY deben llamar al 1-800-833-3301.

***What to do if you disagree with the accuracy of this Explanation of Benefits.***

If you have a question or complaint about any information contained here we encourage you to contact us at the number shown. If still dissatisfied you have the right to file a grievance with us. Grievances should be sent to us at Humana Inc., Grievance & Appeals, P.O. Box 14165, Lexington, KY 40512-4165 .

***What to do if you disagree with a Medicare Drug Plan's coverage decision.***

If we deny your request for a drug you haven't received, or deny your request to pay you back for a drug you have received, we will send you a letter explaining our decision. If you disagree with our decision, you can request an appeal within 60 calendar days from the date of our first decision. You can request a standard or fast (expedited) appeal. We will automatically give you a fast appeal if your physician tells us that your life or health may be seriously jeopardized by waiting for a standard decision. You can request an appeal by:

- Writing a letter to:  
Humana Inc.  
Grievance & Appeals  
P.O. Box 14165  
Lexington, KY 40512-4165
- We do not accept standard requests by phone
- Sending a fax to 1-800-949-2961

Your doctor needs to give us a statement explaining that the drug you need is medically necessary to treat your condition if you or your doctor believe:

- You need a drug that isn't on our list of covered drugs (formulary),
- The plan should waive a coverage rule or limit on a drug you need, or
- You can't take any of the drugs on our preferred tier for your condition, and you would like us to cover a non-preferred drug at the preferred cost-sharing amount.

Your doctor needs to give us a statement by sending it to 1-800-949-2961 .

***Suspect fraud?***

If you suspect fraud, please contact Humana, Inc., 1100 Employers Blvd., Green Bay, WI 54344 (1-800-614-4126). Or, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048.

***Do you have limited income and resources?***

You may qualify for extra help paying your Medicare prescription drug costs. For more information about applying for extra help, visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the web or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.





January 31, 2008 to October 31, 2008

John Sample

Your Rx Record is provided as a courtesy to help you manage taking and refilling your medications and to communicate with your doctor or pharmacist about the medications you are taking. You may want to have this with you on your next visit with your doctor or pharmacy.

The pictures displayed below should match the drugs you are currently taking. However, in some instances, your actual drug may look different. Contact your doctor or pharmacist for more information or if you have questions about the information displayed below.

## YOUR PRESCRIPTIONS

### CELEBREX (commonly used for: Pain Management - Cox 2 s)



Category: Preferred brand  
Quantity: 30 CAPS  
Days supply: 30  
Strength: 200MG

Pharmacy: CVS Pharmacy  
Doctor:

Refill dates

Please fill in your next refill date

Jul '08														
11th														

### CEPHALEXIN (commonly used for: Antibiotics)



Category: Preferred Generic  
Quantity: 20 CAPS  
Days supply: 7  
Strength: 500MG

Pharmacy: CVS Pharmacy  
Doctor: Rivera-Ramirez

Refill dates

Please fill in your next refill date

Jan '08														
10th														

### LEVAQUIN (commonly used for: Antibiotics)



Category: Preferred brand  
Quantity: 10 TABS  
Days supply: 10  
Strength: 500MG

Pharmacy: Longs Drug Store  
Doctor: Heilman

Refill dates

Please fill in your next refill date

Feb '08														
26th														

## LEXAPRO (commonly used for: Mental Health-Depression)



Category: Preferred brand  
Quantity: 90 TABS  
Days supply: 90  
Strength: 10MG

Pharmacy: Rightsource  
Doctor:

Refill dates

Please fill in your next refill date

Oct '08	Jul '08	Apr '08									
20th	10th	1st									

## LIPITOR (commonly used for: Cholesterol)



Category: Preferred brand  
Quantity: 90 TABS  
Days supply: 90  
Strength: 10MG

Pharmacy: Rightsource  
Doctor:

Refill dates

Please fill in your next refill date

Oct '08	Jul '08	Apr '08									
20th	10th	1st									

## LISINOPRIL (commonly used for: Heart)



Category: Preferred Generic  
Quantity: 90 TABS  
Days supply: 90  
Strength: 5MG

Pharmacy: Rightsource  
Doctor:

Refill dates

Please fill in your next refill date

Oct '08	Jul '08	Apr '08									
20th	10th	1st									

## NEXIUM (commonly used for: Stomach - PPI)



Category: Preferred brand  
Quantity: 30 CPDR  
Days supply: 30  
Strength: 40MG

Pharmacy: CVS Pharmacy  
Doctor:

Refill dates

Please fill in your next refill date

Jun '08	May '08	Apr '08									
12th	9th	11th									

*Summary of Your Year-to-Date Medicare Prescription Drug Costs*

Definitions of the terms used are provided on the next page of this document

<b>1. Initial Coverage Period</b>	Total Humana paid:  \$1,612.14	Total you/others on your behalf paid:  \$790.00	Total that you/others on your behalf paid that <b>counted</b> toward your out-of-pocket costs:  \$790.00	Total that you/others on your behalf paid that <b>didn't count</b> toward your out-of-pocket costs:  \$0.00
<b>2. Coverage Gap</b>	Total Humana paid:  \$0.00	Total you/others on your behalf paid:  \$0.00	Total that you/others on your behalf paid that <b>counted</b> toward your out-of-pocket costs:  \$0.00	Total that you/others on your behalf paid that <b>didn't count</b> toward your out-of-pocket costs:  \$0.00
<b>3. Catastrophic Coverage</b>	Total Humana paid:  \$0.00	Total you/others on your behalf paid:  \$0.00		

**Out-of-Pocket Costs to Date: \$790.00**  
**Total Drug Costs to Date: \$2,402.14**



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**Yearly Deductible** – There is no deductible for this plan.

**Initial Coverage Period** – The initial coverage period begins after you meet the yearly deductible. You generally pay a copayment/coinsurance for each prescription during this period. The initial coverage period ends when your total drug costs reach the initial coverage limit of \$2,510 during the coverage year. The total costs for your drugs in this period include the amount Humana, you, and/or all others making payments on your behalf have paid for your prescriptions so far this coverage year after meeting the deductible.

**Coverage Gap** - This is the period after the initial coverage limit and before catastrophic coverage during which you and/or all others making payments on your behalf are responsible for all of your drug costs. Humana doesn't cover any drug costs during this coverage period. This period ends when you or certain others making payments on your behalf spend \$4,050 in out-of-pocket costs.

**Out-of-Pocket Costs** - Includes payments that you and/or certain others on your behalf paid for covered drugs during the coverage year. This includes payments made in the deductible, initial coverage period, and/or coverage gap this coverage year. Payments made by certain others that count toward your out-of-pocket costs include those made by family members, State Pharmaceutical Assistance Programs (SPAPs), and most charities. This amount does not include amounts paid by Humana or certain others making payments on your behalf. Payments made by certain others that don't count toward your out-of-pocket costs include those made by group health plans (like from a current or former employer or union), other insurance, or Government-funded health programs. Once your out-of-pocket costs reach \$4,050, you move into the catastrophic coverage period.

**Catastrophic Coverage** – This period begins once your out-of-pocket drug costs reach \$4,050. This is the period where you pay the greater of either 5% coinsurance or up to a \$5.60 copayment for your covered drugs for the remainder of the coverage year.

**Total Drug Costs** - This is the total amount spent on your covered drugs this coverage year by Humana, you, and/or all others making payments on your behalf during all coverage periods.

