

# \$0 PREVENTIVE MEDICATION COVERAGE



Humana makes it easier than ever to get the pharmacy preventive services you need to maintain your overall health. Our plans provide a range of preventive medications at no cost to members.<sup>1</sup>

The medications listed below will be covered **100 percent** when they're prescribed for preventive care purposes. This means no copayments, coinsurance or deductibles when prescriptions are filled by pharmacies in your plan's pharmacy network. You can locate pharmacies in your network by going to [Humana.com/PharmacyLocator](https://www.humana.com/PharmacyLocator).

Remember, preventive care keeps you healthy and may prevent illness.

Covered preventive medication (with a doctor's prescription)	Who's eligible
<b>Aspirin</b>	Adults 45–79 to prevent cardiovascular disease; pregnant women to prevent pre-eclampsia
<b>Atorvastatin, lovastatin and simvastatin</b>	Adults 40 and older to prevent cardiovascular disease
<b>Colonoscopy bowel preparation medications</b>	Adults 50–75 for preventive screening colonoscopy
<b>Contraceptives</b>	Women of reproductive age to prevent pregnancy
<b>Fluoride</b>	Children 6 months to 6 years whose primary water source is deficient in fluoride
<b>Folic acid</b>	Women who plan to become pregnant or may become pregnant
<b>Iron</b>	Children 6–12 months who show no symptoms but are at increased risk for iron deficiency anemia
<b>Preventive vaccines</b>	Children and adults as recommended by the Advisory Committee on Immunization Practices (ACIP)
<b>Smoking cessation medications</b>	Adults 18 and older
<b>Tamoxifen and raloxifene</b>	Women who are at increased risk for breast cancer and at low risk for adverse medication effects
<b>Vitamin D</b>	Adults 65 and older who are at risk for falling and live in a residential care setting

<sup>1</sup>Coverage is dependent upon the plan. Terms of the policy control.

**Humana**  
Pharmacy Solutions.

Coverage is for certain dosage amounts of over-the-counter (OTC) products so check Humana's \$0 Preventive Drug List for specific information, which can be located at **Humana.com/DrugList**. To understand more about your plan's prescription drug benefit, go to **Humana.com** and sign in to MyHumana or go to the MyHumana Mobile app. You can also call a Customer Care specialist using the phone number on the back of your Humana member ID card.

## Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Humana Inc. and its subsidiaries provide free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate, in addition to free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call **1-877-320-1235** or if you use a TTY, call **711**.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Civil Rights/LEP/ADA/Section 1557 Compliance Officer, 500 W. Main Street -10th floor, Louisville, Kentucky 40202

If you need help filing a grievance, call **1-877-320-1235** or if you use a TTY, call **711**.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, **1-800-368-1019**,

**800-537-7697 (TDD)**.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card **(TTY: 711)**... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al número que figura en su tarjeta de identificación **(TTY: 711)**... 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

請致電會員卡上的電話號碼 **(TTY: 711)**... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị **(TTY: 711)**... 주의：한국어를 사용하시는 경우，언어 지원 서비스를 무료로 이용하실 수 있습니다. ID 카드에 적혀 있는 번호로 전화해 주십시오 **(TTY: 711)**... PAUNAWA:

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card **(TTY: 711)**... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении телетайп: **(711)**...

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou **(TTY: 711)**... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Appelez le numéro figurant sur votre carte de membre **(ATS: 711)**... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej **(TTY: 711)**... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação **(TTY: 711)**... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa **(TTY: 711)**... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet **(TTY: 711)**... 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちのIDカードに記載されている電話番号までご連絡ください **(TTY: 711)**...

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توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن روی کارت شناسایی تان تماس بگیرید **(TTY: 711)**...

Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námboo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' **(TTY: 711)**...

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك **(TTY: 711)**.