

HUMANA

# Humana Walmart Value Rx Plan (PDP)

**Plan type:** Drug plan (Part D)

**Plan ID:** S5884-187-0

[Plan website](#) | **Non-members:** [1-800-706-0872](tel:1-800-706-0872) | **Members:** [1-800-281-6918](tel:1-800-281-6918)

## What you'll pay

Total monthly premium

**\$22.70**

Retail pharmacy: 2022 estimated total drug costs

**\$277.44**

Covers **10 of 10** drugs

## Overview

### PREMIUMS

**Total monthly premium**

\$22.70

### DEDUCTIBLES

The amount you must pay each year before your plan starts to pay for covered services or drugs.

**Drug deductible**

\$480.00

### CONTACT INFORMATION

**Plan address**

500 West Main Street  
Louisville, KY 40202

# Drug Coverage

[See if there's help to lower costs for drugs you take.](#)

## PHARMACIES

See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

**PUBLIX PHARMACY #1509** Preferred Preferred in-network pharmacy

## YEARLY DRUG COSTS BY PHARMACY

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. [Can my drug costs change by pharmacy?](#)

**Publix Pharmacy #1509**  
Preferred Preferred in-network pharmacy

**Publix Pharmacy #1509**  
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\$12.00

## ESTIMATED TOTAL DRUG + PREMIUM COST

**Publix Pharmacy #1509**  
Preferred Preferred in-network pharmacy

**Publix Pharmacy #1509**  
Preferred Preferred in-network pharmacy

**Total yearly drug + premium cost**  
\$549.84

**Publix Pharmacy #1509**  
Preferred Preferred in-network pharmacy

**When you'll meet your deductible**  
You won't meet your deductible in 2022

## ESTIMATED TOTAL MONTHLY DRUG COST

	<b>Publix Pharmacy #1509</b> <b>Preferred</b> Preferred in-network pharmacy
<b>January</b>	<b>Publix Pharmacy #1509</b> <b>Preferred</b> Preferred in-network pharmacy \$23.12
<b>February</b>	<b>Publix Pharmacy #1509</b> <b>Preferred</b> Preferred in-network pharmacy \$23.12
<b>March</b>	<b>Publix Pharmacy #1509</b> <b>Preferred</b> Preferred in-network pharmacy \$23.12
<b>April</b>	<b>Publix Pharmacy #1509</b> <b>Preferred</b> Preferred in-network pharmacy \$23.12
<b>May</b>	<b>Publix Pharmacy #1509</b> <b>Preferred</b> Preferred in-network pharmacy \$23.12
<b>June</b>	<b>Publix Pharmacy #1509</b> <b>Preferred</b> Preferred in-network pharmacy \$23.12
<b>July</b>	<b>Publix Pharmacy #1509</b> <b>Preferred</b> Preferred in-network pharmacy \$23.12
<b>August</b>	<b>Publix Pharmacy #1509</b> <b>Preferred</b> Preferred in-network pharmacy \$23.12
<b>September</b>	<b>Publix Pharmacy #1509</b> <b>Preferred</b> Preferred in-network pharmacy \$23.12

**Publix Pharmacy #1509**

Preferred

Preferred in-network pharmacy

**October****Publix Pharmacy #1509**

Preferred

Preferred in-network pharmacy

\$23.12

**November****Publix Pharmacy #1509**

Preferred

Preferred in-network pharmacy

\$23.12

**December****Publix Pharmacy #1509**

Preferred

Preferred in-network pharmacy

\$23.12

**ESTIMATED DRUG COSTS DURING COVERAGE PHASES**

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

**PUBLIX PHARMACY #1509**

	<b>Retail cost</b>	<b>Cost before deductible</b>	<b>Cost after deductible</b>	<b>Cost in coverage gap</b>	<b>Cost after coverage gap</b>
<b>Amlodipine 10mg tablet</b>	\$1.40	\$1.00	\$1.00	\$0.35	\$1.40
<b>Atorvastatin 20mg tablet</b>	\$5.00	\$1.00	\$1.00	\$1.25	\$3.95
<b>Brimonidine tartrate 0.2% solution</b>	\$5.95	\$4.00	\$4.00	\$1.49	\$3.95
<b>Dorzolamide / timolol 22.3-6.8mg/ml solution</b>	\$43.00	\$4.00	\$4.00	\$10.75	\$3.95
<b>Hydrochlorothiazide 25mg tablet</b>	\$1.03	\$1.00	\$1.00	\$0.26	\$1.03
<b>Latanoprost 0.005% solution</b>	\$8.25	\$1.00	\$1.00	\$2.06	\$3.95
<b>Losartan potassium 100mg tablet</b>	\$7.45	\$4.00	\$4.00	\$1.86	\$3.95
<b>Metoprolol tartrate 50mg tablet</b>	\$1.22	\$1.00	\$1.00	\$0.30	\$1.22
<b>Omeprazole 20mg capsule delayed release</b>	\$2.12	\$2.12	\$2.12	\$0.53	\$2.12
<b>Potassium chloride 10meq capsule extended release</b>	\$29.30	\$4.00	\$4.00	\$7.33	\$3.95
<b>Monthly totals</b>	\$104.72	\$23.12	\$23.12	\$26.18	\$29.47

**COSTS BY DRUG TIER**

Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.

[Learn more about drug tiers.](#)

	<b>Initial coverage phase</b>	<b>Gap coverage phase</b>	<b>Catastrophic coverage phase</b>
<b>Preferred Generic</b>	<b>Initial coverage phase</b> \$1.00 copay	<b>Gap coverage phase</b> Generic drugs: 25%  Brand-name drugs: 25%	<b>Catastrophic coverage phase</b> Generic drugs: \$3.95 copay or 5% (whichever costs more)  Brand-name drugs: \$9.85 copay or 5% (whichever costs more)
<b>Generic</b>	<b>Initial coverage phase</b> \$4.00 copay	<b>Gap coverage phase</b> Generic drugs: 25%  Brand-name drugs: 25%	<b>Catastrophic coverage phase</b> Generic drugs: \$3.95 copay or 5% (whichever costs more)  Brand-name drugs: \$9.85 copay or 5% (whichever costs more)
<b>Preferred Brand</b>	<b>Initial coverage phase</b> 15%	<b>Gap coverage phase</b> Generic drugs: 25%  Brand-name drugs: 25%	<b>Catastrophic coverage phase</b> Generic drugs: \$3.95 copay or 5% (whichever costs more)  Brand-name drugs: \$9.85 copay or 5% (whichever costs more)
<b>Non-Preferred Drug</b>	<b>Initial coverage phase</b> 45%	<b>Gap coverage phase</b> Generic drugs: 25%  Brand-name drugs: 25%	<b>Catastrophic coverage phase</b> Generic drugs: \$3.95 copay or 5% (whichever costs more)  Brand-name drugs: \$9.85 copay or 5% (whichever costs more)
<b>Specialty Tier</b>	<b>Initial coverage phase</b> 25%	<b>Gap coverage phase</b> Generic drugs: 25%  Brand-name drugs: 25%	<b>Catastrophic coverage phase</b> Generic drugs: \$3.95 copay or 5% (whichever costs more)  Brand-name drugs: \$9.85 copay or 5% (whichever costs more)

## OTHER DRUG INFORMATION

	Tier	Prior authorization	Quantity limits	Step therapy
<b>Amlodipine 10mg tablet</b>	Tier 1	—	—	—
<b>Atorvastatin 20mg tablet</b>	Tier 1	—	—	—
<b>Brimonidine tartrate 0.2% solution</b>	Tier 2	—	—	—
<b>Dorzolamide / timolol 22.3-6.8mg/ml solution</b>	Tier 2	—	—	—
<b>Hydrochlorothiazide 25mg tablet</b>	Tier 1	—	—	—
<b>Latanoprost 0.005% solution</b>	Tier 1	—	<u>Yes</u>	—
<b>Losartan potassium 100mg tablet</b>	Tier 2	—	<u>Yes</u>	—
<b>Metoprolol tartrate 50mg tablet</b>	Tier 1	—	—	—
<b>Omeprazole 20mg capsule delayed release</b>	Tier 2	—	<u>Yes</u>	—
<b>Potassium chloride 10meq capsule extended release</b>	Tier 2	—	—	—

## MY DRUG LIST

	Package	Quantity	Frequency	Brand/Generic
<b>Amlodipine 10mg tablet</b>		30	Every month	Generic
<b>Atorvastatin 20mg tablet</b>		30	Every month	Generic
<b>Brimonidine tartrate 0.2% solution</b>	5ml bottle	1	Every month	Generic
<b>Dorzolamide / timolol 22.3-6.8mg/ml solution</b>	10ml bottle	1	Every month	Generic
<b>Hydrochlorothiazide 25mg tablet</b>		30	Every month	Generic
<b>Latanoprost 0.005% solution</b>	2.5ml bottle	1	Every month	Generic
<b>Losartan potassium 100mg tablet</b>		30	Every month	Generic
<b>Metoprolol tartrate 50mg tablet</b>		30	Every month	Generic
<b>Omeprazole 20mg capsule delayed release</b>		30	Every month	Generic
<b>Potassium chloride 10meq capsule extended release</b>		60	Every month	Generic

## PART B DRUGS

These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.

<b>Chemotherapy drugs</b>	Not covered
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<b>Other Part B drugs</b>	Not covered
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## Star ratings

+ Expand All Ratings



**Overall star rating**



Overall rating is based on the categories below.

**+ Drug plan star rating**

**Summary rating of drug plan quality**













