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The Official U.S. Government Site for People with Medicare

Find and Compare Plans

Review Plan Details

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Humana PDP Enhanced S5884-013 (S5884-013)

General Plan Information

- Medicare Prescription Drug Plan
- Approved by Medicare
- This organization has plans available nationwide
- [View plan formulary](#)
- [View important notes and benefit summary](#)
- [View pharmacy network](#)

Enroll Now

Contact Information

500 West Main Street, Louisville, KY 40202

Members

1-800-281-6918
1-800-833-3301
(TTY/TDD)

Non-Members

1-800-706-0872
1-877-833-4486
(TTY/TDD)

[View plan website](#)

Provider website information not available

Calculate the Plan's Drug Costs

If you pay more than \$35 a month for drugs, we suggest you enter your drugs to find out what you might pay for drugs each month with each of the plans listed below.

If you already entered and saved your drug list on a previous visit, you can retrieve it to get drug costs more quickly.

Get Drug Costs

Plan Ratings

[View plan ratings in a new browser window](#)

The number of [stars](#) shows how well the plans perform.

Excellent ★★★★★

Plan Ratings [[Click here to view more details on Plan Ratings](#)]

Drug Plan Customer Service	★★★★★
Using Your Plan To Get Your Prescriptions Filled	★★★★
Drug Pricing Information	★★★★

Fixed Cost Details

Total Premium	\$30.80/month (\$369.60/year)
Total annual deductible	\$0

Copay/Coinsurance Details - Initial Coverage Limit

Preferred Pharmacies	Preferred Generic: \$4 Preferred Brand: \$25 Non-Preferred Brand: \$54 Specialty: 25%
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Plans often cover drugs in "tiers". Tiers are specific to the list of drugs covered by the plan. Plans may have several tiers, and the copay for a drug depends on which tier the drug is in. Plans can form their own tiers, so you should contact the plan to find out what copays and limitations are associated with each tier.

Available Cobrands

Cobrand Details	State Farm Wal*Mart
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Estimated Out-of-Pocket Costs for People Ages 75 - 79 in Good Health

Part D Premium	\$30.80
Part D Drugs	\$68.00
Total Monthly Estimated Costs	\$98.00
Total Annual Estimated Costs	\$1,200.00

Estimated Monthly Out-of-Pocket Costs (OOPC) for People with High-Cost Conditions (chronic care and unexpected illnesses)

Average Monthly OOPC For a Typical Person With Diabetes	\$101 to \$150
Average Monthly OOPC For a Typical Person With Congestive Heart Failure	\$101 to \$150

Very Good ★★★★★

Good ★★★

Fair ★★

Poor ★

Related Tools

[Medicare Options Compare](#)

Use this tool if you want to start over and compare Medicare Health Plans or Medigap policies. These plans offer health and hospitalization coverage. Some of these plans also offer drug coverage.

Average Monthly OOPC For a Typical Person Who Has a Heart Attack	\$101 to \$150
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