

# 2016 STATE HEALTH PLAN OPTIONS *for MEDICARE PRIMARY RETIREES*

## MEDICAL AND HOSPITAL BENEFITS

|  | TRADITIONAL 70/30 PLAN*  | HUMANA AND UNITEDHEALTHCARE MEDICARE ADVANTAGE BASE PLANS  |
|--|--|--|
| <b>Use of Network Providers</b>                            | You pay less when you use BCBSNC network providers   | Use any Medicare-participating provider who accepts the carrier's Medicare Advantage Plan; in-network and out-of-network benefits are the same |
| <b>Annual Deductible</b>                                   | <b>Individual:</b> • \$1,054 in-network<br>• \$2,108 out-of-network<br><b>Family:</b> • \$3,162 in-network<br>• \$6,324 out-of-network   | \$0  |
| <b>Annual Out-of-Pocket Maximum or Coinsurance Maximum</b> | A coinsurance maximum applies for this plan; it does not include your payments toward your deductible or your copays<br><b>Individual:</b> • \$4,282 in-network<br>• \$8,564 out-of-network<br><b>Family:</b> • \$12,846 in-network<br>• \$25,692 out-of-network | An out-of-pocket maximum applies for these plans; it includes your copays and your share of coinsurance<br>\$4,000                             |
| <b>Physician Services</b>                                  | <i>In-network:</i><br><b>Primary Care:</b> ..... \$39 copay<br><b>Specialist:</b> ..... \$92 copay<br><b>Preventive Care:</b> ..... \$39 copay   | <b>Primary Care:</b> ..... \$20 copay<br><b>Specialist:</b> ..... \$40 copay<br><b>Preventive Care:</b> ..... \$0                              |
| <b>Emergency Room</b><br>(copay waived if admitted)        | <i>In-network:</i> \$329 copay plus 30% coinsurance after deductible   | \$65 copay   |
| <b>Inpatient Hospital</b>                                  | <i>In-network:</i> \$329 copay plus 30% coinsurance after deductible   | Days 1-10: ..... \$160/day<br>Days 11+: ..... \$0  |
| <b>Outpatient Hospital</b>                                 | <i>In-network:</i> 30% coinsurance after deductible  | \$125 copay  |
| <b>Outpatient Surgery</b>                                  | <i>In-network:</i> 30% coinsurance after deductible  | \$250 copay  |
| <b>Diagnostic Procedures</b><br>(e.g., CT, MRI)            | <i>In-network:</i> 30% coinsurance after deductible  | \$100 copay  |
| <b>Skilled Nursing Facility</b>                            | <i>In-network:</i> 30% coinsurance after deductible  | Days 1-20: ..... \$0<br>Days 21-100: ..... \$50/day  |
| <b>SilverSneakers® Fitness Program</b>                     | Not covered  | Included   |

\* Cost-sharing amounts between you and the State Health Plan will vary if you enroll in the Traditional 70/30 Plan. Medicare pays benefits first. Then, the Traditional 70/30 Plan may help pay some of the costs that Medicare does not cover.

## 2016 STATE HEALTH PLAN OPTIONS *for MEDICARE PRIMARY RETIREES*

### MEDICAL AND HOSPITAL BENEFITS (Continued)

|  | HUMANA MEDICARE ADVANTAGE ENHANCED PLAN   | UNITEDHEALTHCARE MEDICARE ADVANTAGE ENHANCED PLAN   |
|--|---|---|
| <b>Use of Network Providers</b>                            | Use any Medicare-participating provider who accepts the Humana Medicare Advantage Plan; in-network and out-of-network benefits are the same | Use any Medicare-participating provider who accepts the UnitedHealthcare Medicare Advantage Plan; in-network and out-of-network benefits are the same |
| <b>Annual Deductible</b>                                   | \$0   | \$0   |
| <b>Annual Out-of-Pocket Maximum or Coinsurance Maximum</b> | An out-of-pocket maximum applies for this plan; it includes your copays and your share of coinsurance<br>\$3,300                            | An out-of-pocket maximum applies for this plan; it includes your copays and your share of coinsurance<br>\$3,300                                      |
| <b>Physician Services</b>                                  | Primary Care: .....\$15 copay<br>Specialist: .....\$35 copay<br>Preventive Care: ....\$0  | Primary Care: .....\$15 copay<br>Specialist: .....\$35 copay<br>Preventive Care: ....\$0  |
| <b>Emergency Room</b><br>(copay waived if admitted)        | \$65 copay  | \$65 copay  |
| <b>Inpatient Hospital</b>                                  | Days 1-10:.....\$160/day<br>Days 11+:.....\$0   | Days 1-10:.....\$150/day<br>Days 11+:.....\$0   |
| <b>Outpatient Hospital</b>                                 | \$100 copay   | \$100 copay   |
| <b>Outpatient Surgery</b>                                  | \$175 copay   | \$250 copay   |
| <b>Diagnostic Procedures</b><br>(e.g., CT, MRI)            | \$100 copay   | \$100 copay   |
| <b>Skilled Nursing Facility</b>                            | Days 1-20:.....\$0<br>Days 21-100:.....\$50/day   | Days 1-20:.....\$0<br>Days 21-100:.....\$50/day   |
| <b>SilverSneakers® Fitness Program</b>                     | Included  | Included  |

Copays may vary by place of service. More detailed information on these cost-sharing amounts will be available in the documents sent by your assigned plan.

## 2016 STATE HEALTH PLAN OPTIONS *for MEDICARE PRIMARY RETIREES*

### PRESCRIPTION DRUG COVERAGE

|   | TRADITIONAL 70/30 PLAN  | HUMANA AND UNITEDHEALTHCARE<br>MEDICARE ADVANTAGE BASE PLANS |
|---|---|--|
| <b>Individual Prescription Drug Out-of-Pocket Maximum</b> | \$3,294   | \$2,500  |
| <b>RETAIL</b>   | (UP TO 30-DAY SUPPLY IN-NETWORK)  | (UP TO 31-DAY SUPPLY IN-NETWORK)                             |
| <b>Tier 1 Drugs</b>                                       | \$15 copay  | \$10 copay   |
| <b>Tier 2 Drugs</b>                                       | \$46 copay  | \$40 copay   |
| <b>Tier 3 Drugs</b>                                       | \$72 copay<br><i>Note: If generic is available, member pays generic copay plus the difference between the plan's cost for the brand name drug and the generic drug, not to exceed \$100 per 30-day supply for the brand medication</i>  | \$64 copay   |
| <b>Tier 4 Drugs</b>                                       | 25% coinsurance, up to \$100  | 25% coinsurance, up to \$100                                 |
| <b>Tier 5 Drugs</b>                                       | 25% coinsurance, up to \$132  | Not applicable   |
| <b>MAINTENANCE DRUGS (UP TO 90-DAY SUPPLY IN-NETWORK)</b> |   |  |
| <b>Tier 1 Drugs</b>                                       | \$45 copay  | \$24 copay   |
| <b>Tier 2 Drugs</b>                                       | \$138 copay   | \$80 copay   |
| <b>Tier 3 Drugs</b>                                       | \$216 copay<br><i>Note: If generic is available, member pays generic copay plus the difference between the plan's cost for the brand name drug and the generic drug, not to exceed \$100 per 30-day supply for the brand medication</i> | \$128 copay  |
| <b>Tier 4 Drugs*</b>                                      | 25% coinsurance, up to \$300  | 25% coinsurance, up to \$300                                 |
| <b>Tier 5 Drugs</b>                                       | 25% coinsurance, up to \$396  | Not applicable   |

\* Certain Tier 4 drugs are available in a 90-day supply. Some specialty drugs are limited to a 30- or 31-day supply, as applicable.

All of the plans provide prescription drug coverage. Therefore, you DO NOT need to enroll in a separate Medicare Part D prescription drug plan if you enroll in a State Health Plan option. Also note, the in-network pharmacies and drug formularies may vary by carrier (Humana or UnitedHealthcare). Thus, as you make your plan decision for 2016, be sure to compare and understand how the medications you use are covered through each carrier's formulary. Contact Humana at 800-944-9442, UnitedHealthcare at 866-747-1014, or Express Scripts (for the Traditional 70/30 Plan) at 800-336-5933 to get more information.

## 2016 STATE HEALTH PLAN OPTIONS *for* **MEDICARE PRIMARY RETIREES**

### PRESCRIPTION DRUG COVERAGE (Continued)

|   | HUMANA MEDICARE<br>ADVANTAGE ENHANCED PLAN | UNITEDHEALTHCARE MEDICARE<br>ADVANTAGE ENHANCED PLAN |
|---|--|--|
| <b>Individual Prescription<br/>Drug Out-of-Pocket<br/>Maximum</b> | \$2,500                                    | \$2,500  |
| <b>RETAIL (UP TO 31-DAY SUPPLY)</b>                               |  |  |
| <b>Tier 1 Drugs</b>   | \$7 copay                                  | \$10 copay   |
| <b>Tier 2 Drugs</b>   | \$33 copay                                 | \$35 copay   |
| <b>Tier 3 Drugs</b>   | \$50 copay                                 | \$50 copay   |
| <b>Tier 4 Drugs</b>   | 25% coinsurance, up to \$100               | 25% coinsurance, up to \$100                         |
| <b>Tier 5 Drugs</b>   | Not applicable                             | Not applicable                                       |
| <b>MAINTENANCE DRUGS (UP TO 90-DAY SUPPLY)</b>                    |  |  |
| <b>Tier 1 Drugs</b>   | \$14 copay                                 | \$20 copay   |
| <b>Tier 2 Drugs</b>   | \$66 copay                                 | \$70 copay   |
| <b>Tier 3 Drugs</b>   | \$100 copay                                | \$100 copay  |
| <b>Tier 4 Drugs</b>   | 25% coinsurance, up to \$200*              | 25% coinsurance, up to \$200                         |
| <b>Tier 5 Drugs</b>   | Not applicable                             | Not applicable                                       |

\* Certain Tier 4 drugs are available in a 90-day supply. Some specialty drugs are limited to a 31-day supply.