

# Medicare Plan Design Comparison: 2014 Options vs. Former 80/20 PPO

State Health Plan Medicare Primary Retirees						
	No Longer Offered	Plan Design Options for Medicare Primary Retirees				
	Standard PPO 80%	Traditional PPO Plan 70%	Proposed MA-PDP Base Plans 80%		Proposed MA-PDP Enhanced Plans 100%	
	BCBSNC/ESI	BCBSNC/ESI	Humana Base Plan	UHC Base Plan	Humana Enhanced Plan	UHC Enhanced Plan
Out-of Pockets						
<b>Physician Services</b>						
Primary Care Physician	\$30 copay*	\$35 copay*	\$20 copay	\$20 copay	\$10 copay	\$10 copay
Preventive Care	\$30 copay*	\$35 copay*	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist	\$70 copay*	\$81 copay*	\$40 copay	\$40 copay	\$30 copay	\$35 copay
Urgent Care	\$87 copay*	\$87 copay*	\$50 copay	\$50 copay	\$40 copay	\$35 copay
Emergency Room	\$233 Copay/Ded/Coins	\$291 Copay/Ded/Coins	\$65 copay	\$65 copay	\$50 copay	\$50 copay
Outpatient Lab/Xray	Deductible/Coinsurance	Deductible/Coinsurance	\$40 copay	\$40 copay	\$25 copay	\$25 copay
Physical, Speech, Occupational Therapy	\$52 copay*	\$64 copay*	\$20 copay	\$20 copay	\$20 copay	\$10 copay
Chiropractic Visits	\$52 copay*	\$64 copay*	\$20 copay	\$20 copay	\$20 copay	\$10 copay
Annual Deductible	\$700/\$2,100	\$933/\$2,799*	\$0	\$0	\$0	\$0
Outpatient Hospital Services	Deductible/Coinsurance	Deductible/Coinsurance	\$125 copay	\$125 copay	\$75 copay	\$50 copay
Outpatient Surgery	Deductible/Coinsurance	Deductible/Coinsurance	\$250 copay	\$250 copay	\$150 copay	\$100 copay
<b>Inpatient Hospital Confinement</b>	\$233 Copay/Ded/Coins	\$291 Copay/Ded/Coins	\$160/day (Days 1 - 10) Zero after that	\$160/day (Days 1 - 10) Zero after that	\$150/day (Days 1 - 10) Zero after that	\$150/day (Days 1 - 8) Zero after that
Coinsurance Max/OOP	\$3,210 Individual Max \$9630 Family Max	\$3,793 Individual Max \$11,379 Family Max	\$4,000 OOP (No Family Max)	\$4,000 OOP (No Family Max)	\$2,600 OOP (No Family Max)	\$2,600 OOP (No Family Max)
<b>Fitness</b>	Not Covered	Not Covered	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers
<b>Prescriptions Drug Coverage</b>						
Part D Gap Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Formulary Name	Custom	Custom	Custom	Custom	Custom	Custom
<b>Part D Retail (up to a 31 day supply)</b>						
Tier 1	\$12 co-pay	\$12 co-pay	\$10 co-pay	\$10 co-pay	\$7 co-pay	\$5 co-pay
Tier 2	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$35 co-pay	\$30 co-pay
Tier 3	\$64 co-pay	\$64 co-pay	\$64 co-pay	\$64 co-pay	\$50 co-pay	\$40 co-pay
Tier 4	25% co-insurance (\$100 Max)	25% co-insurance (\$100 Max)	25% co-insurance (\$100 Max)	25% co-insurance (\$100 Max)	25% co-insurance (\$95 Max)	25% co-insurance (\$95 Max)
<b>Maintenance Drugs (up to a 90 day supply)</b>						
Tier 1	\$36 (61 -90 days)	\$36 (61 -90 days)	\$24 co-pay	\$24 co-pay	\$14 co-pay	\$10 co-pay
Tier 2	\$120 (61 - 90 days)	\$120 (61 - 90 days)	\$80 co-pay	\$80 co-pay	\$70 co-pay	\$60 co-pay
Tier 3	\$192 (61 - 90 days)	\$192 (61 - 90 days)	\$128 co-pay	\$128 co-pay	\$100 co-pay	\$80 co-pay
Tier 4	25% co-insurance (\$300 Max)	25% co-insurance (\$300 Max)	25% co-insurance (\$300 Max)	25% co-insurance (\$300 Max)	25% co-insurance (\$190 Max)	25% co-insurance (\$200 Max)
Prescription Drug Annual OOP Max	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500

\*Actual Cost Share paid by member may vary - State Health Plan is secondary for medical services.