2025 STATE HEALTH PLAN COMPARISON

Medicare Primary Subscribers

PLAN DESIGN FEATURES	Humana® GROUP MEDICARE		Base PPO Plan (70/30)*
	BASE PLAN	ENHANCED PLAN	
Use of Network Providers	You can see any provider (in-network or out-of-network) that participates in Medicare, accepts your insurance and preferably accepts Medicare assignment. Your copays or coinsurance stay the same.		You pay less when you use Aetna network providers.
Annual Deductible	$0		**Individual:** $1,500 in network; $3,000 out-of-nework **Family:** $4,500 in network; $9,000 out-of-nework (includes medical & pharmacy deductible)
Coinsurance	Most covered services require only a copay; however, some services require coinsurance (usually 20%)		**In-network:** 30% of eligible expenses after deductible **Out-of-network:** 50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Annual Out-of-Pocket Maximum	$4,000 Individual No Family Maximum (This is a medical maximum out-of-pocket limit and includes medical copays/coinsurance)	$3,300 Individual No Family Maximum (This is a medical maximum out-of-pocket limit and includes medical copays/coinsurance)	**Individual:** $5,900 in network; $11,800 out-of-nework **Family:** $16,300 in network; $32,600 out-of-nework (includes medical & pharmacy)
Preventive Services	$0 (may be charged a copay if other services are provided and billed during visit)		**In-network:** $0 (covered by the Plan at 100%)
Office Visits	$20 for PCP; $40 for Specialist	$10 for PCP; $35 for Specialist	**In-network:** $0 for CPP PCP on ID card; $30 for Non-CPP PCP on ID card; $45 other PCP; $47 for CPP Specialist; $94 for Non-CPP Specialist
Teladoc	N/A		$45

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

PCP: Primary Care Provider, CPP: Clear Pricing Project
To find a CPP Provider, visit **www.shpnc.org** and click Find a Doctor.

PLAN DESIGN FEATURES	Humana® GROUP MEDICARE		Base PPO Plan (70/30)*
	BASE PLAN	ENHANCED PLAN	
Lab Services	$40 copay; $0 copay if lab test is performed and processed in doctor's office	$10 copay; $0 copay if lab test is performed and processed in doctor's office	**In-network:** 30% coinsurance **Out-of-network:** 50% coinsurance; If performed during PCP or Specialist office visit, no additional fee if in-network lab used
Urgent Care	$50	$40	$100
Emergency Room (Copay waived w/admission or observation stay)	$65		**In-network:** $337 copay, plus 30% coinsurance after deductible
Inpatient Hospital	Days 1-10: $160/day Days 11+: $0	Days 1-10: $125/day Days 11+: $0	**In-network:** $337 copay, plus 30% coinsurance after deductible
Outpatient Hospital	$125	$100	**In-network:** 30% coinsurance after deductible
Outpatient Surgery - Ambulatory Surgical Center	$250		**In-network:** 30% coinsurance after deductible
Diagnostic (e.g.: CT, MRI)	$100		**In-network:** 30% coinsurance after deductible
Skilled Nursing Facility	Days 1-20: $0 Days 21-100; $50/day		**In-network:** 30% coinsurance after deductible
Chiropractic Visits	$20		**In-network:** $36 for CPP Providers; $72 for other Providers
Durable Medical Equipment	20% coinsurance		**In-network:** 30% coinsurance after deductible
Silver Sneakers® Fitness Program	Included		Not covered

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Pharmacy Benefits

PLAN DESIGN FEATURES	Humana® GROUP MEDICARE		Base PPO Plan (70/30)*
	BASE PLAN	ENHANCED PLAN	
Pharmacy Out-of-Pocket Maximum	$2,000 Individual No Family Maximum		N/A
RETAIL PURCHASE FROM AN IN-NETWORK PROVIDER			
Tier 1	$10 copay per 30-day supply		$16 copay per 30-day supply
Tier 2	$40 copay per 30-day supply		$47 copay per 30-day supply
Tier 3	$64 copay per 30-day supply	$50 copay per 30-day supply	Deductible/coinsurance
Tier 4	25% coinsurance up to $100 per 30-day supply		$200 copay per 30-day supply
Tier 5	N/A		$350 copay per 30-day supply
Tier 6	N/A		Deductible/coinsurance
Preferred Blood Glucose Meters (BGM) and Supplies	$0 copay		$10 copay per 30-day supply
Continuous Glucose Monitors (GCMs) and Supplies	$0 copay for Medicare-covered therapeutic CGMs and supplies		CGMs and associated supplies are considered a Tier 2 member copay
Preferred and Non-Preferred Insulin	Member cost share of the Humana plan's covered Part D or Part B insulin products will be no more than $35 for every one-month (up to a 30-day) supply		$0 copay per 30-day supply
MAINTENANCE DRUGS FROM AN IN-NETWORK PROVIDER — UP TO A 90-DAY SUPPLY			
Tier 1	$24 copay		$48 copay
Tier 2	$80 copay		$141 copay
Tier 3	$128 copay	$100 copay	Deductible/coinsurance
Tier 4	25% coinsurance up to $300	25% coinsurance up to $200	$600
Tier 5	N/A		$1,050
Tier 6	N/A		Deductible/coinsurance

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