2027 STATE HEALTH PLAN COMPARISON

MEDICARE PRIMARY Subscribers

	HUMANA MEDICARE ADVANTAGE & HUMANA PRESCRIPTION DRUG		70/30 PPO Plan*			
	Enhanced Plan	Base Plan	Preferred	Access	Non-Preferred	Out-of-Network
Use of Nework Providers	*You can see any provider (in or out-of-network) as long as they accept Medicare assignment and will agree to bill Humana. Your copay or coinsurance will be the same.*		*You pay less when you use Aetna network providers. Deducitble & OOP max cross-accumulates and has combined medical and pharmacy.*			
Annual Deductible	$0		$1,500 Ind $4,500 Fam	$3,000 Ind $9,000 Fam	$5,000 Ind $15,000 Fam	$15,000 Ind $45,000 Fam
Out-of-Pocket Maximum	$3,700 Individual No Family Max	$4,500 Individual No Family Max	$4,000 Ind $12,000 Fam	$6,500 Ind $16,300 Fam	$12,000 Ind ACA LIMIT $24,000 Fam ACA LIMIT	$36,000 Ind $72,000 Fam
Coinsurance	Most covered services require only a copay; however, some services require coinsurance (usually 20%)		30% after deductible is met			50% after deductible
MEDICAL BENEFITS						
Preventive	$0 (may be charged a copay if other services are provided and billed during visit)		$0 Preventive Services			
Primary Care Provider (PCP)	$10	$20	$15 Preferred PCP listed on ID card $40 other PCP listed on ID card $50 other PCP			50% after deductible
Walk-In Clinic	This is not separated benefit in the Humana plans.		$40 other PCP on ID card $50 other PCP			50% after deductible
Specialist	$45	$50	$40	$65	30% after deductible	50% after deductible
Chiropractic Visit	$20	$15	$62			50% after deductible
Lab Services	$10 ($0 if lab test is performed and processed in doctor's office)	$40 ($0 if lab test is performed and processed in doctor's office)	30% after deductible			50% after deductible
High-Cost Imaging	$150	$175	$400	30% after deductible	$1,000, then 30% after ded	50% after deductible
Urgent Care	$40	$50	$100			
Emergency Room	$65 (copay waived with admission)		$600, then 30% after deductible (copay waived with admission)			
Inpatient Hospital	Days 1-10: $150/day Days 11+: $0	Days 1-10: $200/day Days 11+: $0	$750**	$600, then 30% after ded	$1,500, then 30% after ded	50% after deductible

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

**Facility copay only. Additional cost-share may apply.

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MEDICAL BENEFITS						
Outpatient Hospital Surgery	$250		$600**	$350, then 30% after ded	$1,000, then 30% after ded	50% after deductible
Ambulatory Surgical Center	$250		$400**	30% after deductible	$1,000, then 30% after ded	50% after deductible
Skilled Nursing Facility	Days 1-20: $0 Days 21-100: $50/day		30% after deductible			
Durable Medical Equipment	20% coinsurance		30% after deductible			
SilverSneakers Program	Included					
PHARMACY BENEFITS						
Out-of-Pocket Maximum	$2,400 Individual No Family Max		The 70/30 Plan has combined medical & pharmacy			
Retail Purchase from an In-Network Provider – 30-Day Supply						
Rx Tier 1	$10	$15	$25			
Rx Tier 2	$40	$50	$75			
Rx Tier 3	$50	$70	Deductible / Coinsurance			
Rx Tier 4	25% coinsurance up to $100	25% coinsurance up to $150	$200			
Rx Tier 5	N/A		$600			
Rx Tier 6	N/A		Deductible / Coinsurance			
Preferred Blood Glucose Meters and Supplies	$0		$10			
Continuous Glucose Monitors and Supplies	$0 for Medicare-covered therapeutic CGMs and supplies		CGMs and supplies are considered a Tier 2 member copay			
Preferred & 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 supply		$0			
Maintenance Drugs from an In-Network Provider						
	UP TO 100-DAY SUPPLY		UP TO 90-DAY SUPPLY			
Rx Tier 1	$24	$36	$75			
Rx Tier 2	$80	$100	$225			
Rx Tier 3	$100	$140	Deductible / Coinsurance			
Rx Tier 4	25% coinsurance up to $200	25% coinsurance up to $300	$600			
Rx Tier 5	N/A		$1,800			
Rx Tier 6	N/A		Deductible / Coinsurance			

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