

2016 STATE HEALTH PLAN OPTIONS *for MEDICARE PRIMARY RETIREES*

MEDICAL AND HOSPITAL BENEFITS

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

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MEDICAL AND HOSPITAL BENEFITS (Continued)

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

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PRESCRIPTION DRUG COVERAGE

	TRADITIONAL 70/30 PLAN	HUMANA AND UNITEDHEALTHCARE MEDICARE ADVANTAGE BASE PLANS
Individual Prescription Drug Out-of-Pocket Maximum	\$3,294	\$2,500
RETAIL	(UP TO 30-DAY SUPPLY IN-NETWORK)	(UP TO 31-DAY SUPPLY IN-NETWORK)
Tier 1 Drugs	\$15 copay	\$10 copay
Tier 2 Drugs	\$46 copay	\$40 copay
Tier 3 Drugs	\$72 copay <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
Tier 4 Drugs	25% coinsurance, up to \$100	25% coinsurance, up to \$100
Tier 5 Drugs	25% coinsurance, up to \$132	Not applicable
MAINTENANCE DRUGS (UP TO 90-DAY SUPPLY IN-NETWORK)		
Tier 1 Drugs	\$45 copay	\$24 copay
Tier 2 Drugs	\$138 copay	\$80 copay
Tier 3 Drugs	\$216 copay <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
Tier 4 Drugs*	25% coinsurance, up to \$300	25% coinsurance, up to \$300
Tier 5 Drugs	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.

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PRESCRIPTION DRUG COVERAGE (Continued)

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