2022 STATE HEALTH PLAN COMPARISON

Medicare Primary Subscribers

PLAN DESIGN FEATURES	Humana® GROUP MEDICARE (90/10)**		70/30 PPO*
	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 Blue Cross Blue Shield of North Carolina (Blue Cross NC) network providers.
Annual Deductible	$0		**Individual:** $1,500 in-network; $3,000 out-of-network **Family:** $4,500 in-network; $9,000 out-of-network (includes medical and 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-network **Family:** $16,300 in-network; $32,600 out-of-network (includes medical & pharmacy)
Preventive Services	$0 (may be charged a copay if other services are provided and billed during visit).		**In-network:** $0 (covered 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
Lab Services	$40 copay; if lab test performed and processed in doctor's office, $0 copay	$10 copay; if lab test is performed and processed in doctor's office, $0 copay	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.

PCP: Primary Care Provider, CPP: Clear Pricing Project

To find a CPP Provider, visit www.shpnc.org and click Find a Doctor.

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

PLAN DESIGN FEATURES	Humana® GROUP MEDICARE (90/10)**		70/30 PPO*
	BASE PLAN	ENHANCED PLAN	
Urgent Care	$50	$40	$100
Emergency Room (Copay waived w/admission or observation stay)	$65		**In-network:** $337 copay plus 30% coinsurance after deductible is met
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 is met
Outpatient Hospital	$125	$100	**In-network:** 30% coinsurance after deductible is met
Outpatient Surgery - Ambulatory Surgical Center	$250		**In-network:** 30% coinsurance after deductible is met
Diagnostic (e.g., CT, MRI)	$100		**In-network:** 30% coinsurance after deductible is met
Skilled Nursing Facility	Days 1-20: $0 Days 21-100: $50/day		**In-network:** 30% coinsurance after deductible is met
Chiropractic Visits	$20		**In-network:** $36 for CPP Providers; $72 for other Providers
Durable Medical Equipment	20% coinsurance		**In-network:** 30% coinsurance after deductible is met
SilverSneakers® Fitness Program	Included		Not covered

* 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.

** The Humana Group Medicare Advantage Plans have a benefit value equivalent of a 90/10 plan.

Pharmacy Benefits

PLAN DESIGN FEATURES	Humana® GROUP MEDICARE (90/10)***		70/30 PPO*
	BASE PLAN	ENHANCED PLAN	
Pharmacy Out-of- Pocket Maximum	$2,500 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		$10 copay per 30-day supply
Preferred and Non-Preferred Insulin	$40 copay per 30-day supply (Preferred Brand insulin only)		$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

* This does not include Continuous Glucose Monitoring Systems or associated supplies. Preferred Continuous Glucose Monitoring Systems and associated supplies are considered a Tier 2 member copay.

** Some specialty drugs are limited to a 30-day supply (depending on the plan).

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