

# 2025 STATE HEALTH PLAN COMPARISON

## Medicare Primary Subscribers

PLAN DESIGN FEATURES	Humana® GROUP MEDICARE (90/10)**		Base PPO Plan (70/30)*
	BASE PLAN	ENHANCED PLAN	
<b>Use of Network Providers</b>	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.
<b>Annual Deductible</b>	\$0		<b>Individual:</b> \$1,500 in network; \$3,000 out-of-network <b>Family:</b> \$4,500 in network; \$9,000 out-of-network (includes medical & pharmacy deductible)
<b>Coinsurance</b>	Most covered services require only a copay; however, some services require coinsurance (usually 20%)		<b>In-network:</b> 30% of eligible expenses after deductible <b>Out-of-network:</b> 50% of eligible expenses after deductible and the difference between the allowed amount and the charge
<b>Annual Out-of-Pocket Maximum</b>	\$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)	<b>Individual:</b> \$5,900 in network; \$11,800 out-of-network <b>Family:</b> \$16,300 in network; \$32,600 out-of-network (includes medical & pharmacy)
<b>Preventive Services</b>	\$0 (may be charged a copay if other services are provided and billed during visit)		<b>In-network:</b> \$0 (covered by the Plan at 100%)
<b>Office Visits</b>	\$20 for PCP; \$40 for Specialist	\$10 for PCP; \$35 for Specialist	<b>In-network:</b> \$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
<b>Teladoc</b>	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.

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

PCP: Primary Care Provider, CPP: Clear Pricing Project

To find a CPP Provider, visit [www.shpnc.org](http://www.shpnc.org) and click Find a Doctor.

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

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# Pharmacy Benefits

PLAN DESIGN FEATURES	Humana® GROUP MEDICARE (90/10)**		Base PPO Plan (70/30)*
	BASE PLAN	ENHANCED PLAN	
Pharmacy Out-of-Pocket Maximum	\$2,000 Individual No Family Maximum		N/A
<b>RETAIL PURCHASE FROM AN IN-NETWORK PROVIDER</b>			
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
<b>MAINTENANCE DRUGS FROM AN IN-NETWORK PROVIDER — UP TO A 90-DAY SUPPLY</b>			
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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