

## Medicare Plan Design Comparison: 2014 Options vs. Former 80/20 PPO

| State Health Plan Medicare Primary Retirees   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
|   | No Longer Offered                           | Plan Design Options for Medicare Primary Retirees |   |   |   |  |
|   | Standard PPO<br>80%                         | Traditional PPO Plan<br>70%                       | Proposed MA-PDP Base Plans<br>80%       |   | Proposed MA-PDP Enhanced Plans<br>100%  |  |
|   | BCBSNC/ESI                                  | BCBSNC/ESI  | Humana Base Plan                        | UHC Base Plan                           | Humana Enhanced Plan                    | UHC Enhanced Plan                      |
|   | Out-of Pockets                              |   |   |   |   |  |
| Physician Services  |   |   |   |   |   |  |
| Primary Care Physician  | \$30 copay*                                 | \$35 copay*                                       | \$20 copay                              | \$20 copay                              | \$10 copay                              | \$10 copay                             |
| Preventive Care   | \$30 copay*                                 | \$35 copay*                                       | \$0 copay                               | \$0 copay                               | \$0 copay                               | \$0 copay                              |
| Specialist  | \$70 copay*                                 | \$81 copay*                                       | \$40 copay                              | \$40 copay                              | \$30 copay                              | \$35 copay                             |
| Urgent Care   | \$87 copay*                                 | \$87 copay*                                       | \$50 copay                              | \$50 copay                              | \$40 copay                              | \$35 copay                             |
| Emergency Room  | \$233 Copay/Ded/Coins                       | \$291 Copay/Ded/Coins                             | \$65 copay                              | \$65 copay                              | \$50 copay                              | \$50 copay                             |
| Outpatient Lab/Xray   | Deductible/Coinsurance                      | Deductible/Coinsurance                            | \$40 copay                              | \$40 copay                              | \$25 copay                              | \$25 copay                             |
| Physical, Speech, Occupational Therapy  | \$52 copay*                                 | \$64 copay*                                       | \$20 copay                              | \$20 copay                              | \$20 copay                              | \$10 copay                             |
| Chiropractic Visits   | \$52 copay*                                 | \$64 copay*                                       | \$20 copay                              | \$20 copay                              | \$20 copay                              | \$10 copay                             |
| Annual Deductible   | \$700/\$2,100                               | \$933/\$2,799*                                    | \$0                                     | \$0                                     | \$0                                     | \$0                                    |
| Outpatient Hospital Services  | Deductible/Coinsurance                      | Deductible/Coinsurance                            | \$125 copay                             | \$125 copay                             | \$75 copay                              | \$50 copay                             |
| Outpatient Surgery  | Deductible/Coinsurance                      | Deductible/Coinsurance                            | \$250 copay                             | \$250 copay                             | \$150 copay                             | \$100 copay                            |
| Inpatient Hospital Confinement  | \$233 Copay/Ded/Coins                       | \$291 Copay/Ded/Coins                             | \$160/day (Days 1 - 10) Zero after that | \$160/day (Days 1 - 10) Zero after that | \$150/day (Days 1 - 10) Zero after that | \$150/day (Days 1 - 8) Zero after that |
| Coinsurance Max/OOP   | \$3,210 Individual Max<br>\$9630 Family Max | \$3,793 Individual Max<br>\$11,379 Family Max     | \$4,000 OOP<br>(No Family Max)          | \$4,000 OOP<br>(No Family Max)          | \$2,600 OOP<br>(No Family Max)          | \$2,600 OOP<br>(No Family Max)         |
| Fitness   | Not Covered                                 | Not Covered                                       | Silver Sneakers                         | Silver Sneakers                         | Silver Sneakers                         | Silver Sneakers                        |
| Prescriptions Drug Coverage   |   |   |   |   |   |  |
| Part D Gap Coverage   | Full Coverage                               | Full Coverage                                     | Full Coverage                           | Full Coverage                           | Full Coverage                           | Full Coverage                          |
| Formulary Name  | Custom                                      | Custom  | Custom                                  | Custom                                  | Custom                                  | Custom                                 |
| Part D Retail (up to a 31 day supply)   |   |   |   |   |   |  |
| Tier 1  | \$12 co-pay                                 | \$12 co-pay                                       | \$10 co-pay                             | \$10 co-pay                             | \$7 co-pay                              | \$5 co-pay                             |
| Tier 2  | \$40 co-pay                                 | \$40 co-pay                                       | \$40 co-pay                             | \$40 co-pay                             | \$35 co-pay                             | \$30 co-pay                            |
| Tier 3  | \$64 co-pay                                 | \$64 co-pay                                       | \$64 co-pay                             | \$64 co-pay                             | \$50 co-pay                             | \$40 co-pay                            |
| Tier 4  | 25% co-insurance (\$100 Max)                | 25% co-insurance (\$100 Max)                      | 25% co-insurance (\$100 Max)            | 25% co-insurance (\$100 Max)            | 25% co-insurance (\$95 Max)             | 25% co-insurance (\$95 Max)            |
| Maintenance Drugs (up to a 90 day supply)   |   |   |   |   |   |  |
| Tier 1  | \$36 (61 -90 days)                          | \$36 (61 -90 days)                                | \$24 co-pay                             | \$24 co-pay                             | \$14 co-pay                             | \$10 co-pay                            |
| Tier 2  | \$120 (61 - 90 days)                        | \$120 (61 - 90 days)                              | \$80 co-pay                             | \$80 co-pay                             | \$70 co-pay                             | \$60 co-pay                            |
| Tier 3  | \$192 (61 - 90 days)                        | \$192 (61 - 90 days)                              | \$128 co-pay                            | \$128 co-pay                            | \$100 co-pay                            | \$80 co-pay                            |
| Tier 4  | 25% co-insurance (\$300 Max)                | 25% co-insurance (\$300 Max)                      | 25% co-insurance (\$300 Max)            | 25% co-insurance (\$300 Max)            | 25% co-insurance (\$190 Max)            | 25% co-insurance (\$200 Max)           |
| Prescription Drug Annual OOP Max  | \$2,500                                     | \$2,500   | \$2,500                                 | \$2,500                                 | \$2,500                                 | \$2,500                                |
| *Actual Cost Share paid by member may vary - State Health Plan is secondary for medical services. |   |   |   |   |   |  |