

# 2020 STATE HEALTH PLAN COMPARISON

## Medicare Primary Subscribers

PLAN DESIGN FEATURES	UNITEDHEALTHCARE® (UHC) GROUP MEDICARE		70/30 PLAN*
	ADVANTAGE 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 and 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.
<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
<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 (An out-of-pocket maximum applies for this plan; it includes copays and coinsurance.)	\$3,300 Individual No Family Maximum (An out-of-pocket maximum applies for this plan; it includes copays and 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>	See plan materials for information about ACA covered services, as some require a copay.		<b>In-network:</b> \$0 (covered at 100%)
<b>Office Visits</b>	\$20 for PCP; \$40 for Specialist	\$15 for PCP; \$35 for Specialist	<b>In-network:</b> \$45 for PCP; \$30 if you use PCP on ID card; \$94 for Specialist
<b>Lab Services</b>	\$40 copay	\$20 copay	If performed during PCP or Specialist office visit, no additional fee if in-network lab used.

PCP: Primary Care Provider

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	ADVANTAGE BASE PLAN	ENHANCED PLAN	
Urgent Care	\$50	\$40	\$100
Emergency Room (Copay waived w/admission or observation stay)	\$65		<b>In-network:</b> \$337 copay plus 30% coinsurance after deductible is met
Inpatient Hospital	Days 1-10: \$160/day Days 11+: \$0	Days 1-10: \$150/day Days 11+: \$0	<b>In-network:</b> \$337 copay plus 30% coinsurance after deductible is met
Outpatient Hospital	\$125	\$100	<b>In-network:</b> 30% coinsurance after deductible is met
Outpatient Surgery - Ambulatory Surgical Center	\$250		<b>In-network:</b> 30% coinsurance after deductible is met
Diagnostic (e.g., CT, MRI)	\$100		<b>In-network:</b> 30% coinsurance after deductible is met
Skilled Nursing Facility	Days 1-20: \$0 Days 21-100: \$50/day		<b>In-network:</b> 30% coinsurance after deductible is met
Chiropractic Visits	\$20		<b>In-network:</b> \$72
Durable Medical Equipment	20% coinsurance		<b>In-network:</b> 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.

## Pharmacy Benefits

PLAN DESIGN FEATURES	UNITEDHEALTHCARE® (UHC) GROUP MEDICARE		70/30 PLAN*
	ADVANTAGE BASE PLAN	ENHANCED PLAN	
Pharmacy Out-of- Pocket Maximum	\$2,500 Individual No Family Maximum		N/A
<b>RETAIL PURCHASE FROM AN IN-NETWORK PROVIDER</b>			
Tier 1	\$10 copay per 31-day supply		\$16 copay per 30-day supply
Tier 2	\$40 copay per 31-day supply	\$35 copay per 31-day supply	\$47 copay per 30-day supply
Tier 3	\$64 copay per 31-day supply	\$50 copay per 31-day supply	Deductible/coinsurance
Tier 4	25% coinsurance up to \$100 per 31-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 Diabetic Testing Supplies	\$0*		\$10 copay per 30-day supply**
<b>MAINTENANCE DRUGS FROM AN IN-NETWORK PROVIDER—UP TO A 90-DAY SUPPLY</b>			
Tier 1	\$24 copay	\$20 copay	\$48 copay
Tier 2	\$80 copay	\$70 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

\* Non-preferred diabetic testing supplies are not covered.

\*\* Preferred brand is the OneTouch Test Strips. Non-preferred diabetic testing supplies are considered a Tier 3 member copay.

\*\*\* Some specialty drugs are limited to a 30- or 31-day supply (depending on the plan).