



STATE HEALTH BENEFIT PLAN 2013 MEDICARE ADVANTAGE PLANS COMPARISON

Medical Benefit	Standard Plan	Premium Plan
Annual Deductible	N/A	N/A
Annual Out-of-Pocket	\$3,500	\$2,500
DOCTOR OFFICE VISITS		
Primary care physician	\$25 copay	\$15 copay
Specialist	\$30 copay	\$25 copay
Complex radiology services and radiation therapy	\$35 copay	\$35 copay
Diagnostic procedures and testing services received in a doctor's office (doctor's office visit copay will apply)	\$0 copay	\$0 copay
HOSPITAL SERVICES		
Inpatient Hospital Services	20% coinsurance per admission	20% coinsurance per admission
Outpatient Services		
Clinical laboratory services	\$0 copay	\$0 copay
Complex radiology service and radiation therapy services (when the service is performed at a hospital, outpatient facility or a free-standing facility imaging or diagnostic center)	20% coinsurance	20% coinsurance
Diagnostic procedures and testing services (when the service is performed at a hospital, outpatient facility or a free-standing facility imaging or diagnostic center)	\$95 copay	\$50 copay
Surgery and observation	\$95 copay	\$50 copay
Medical services performed in an outpatient hospital services	\$95 copay	\$50 copay
EMERGENCY SERVICES		
Ambulance services	\$50 copay	\$50 copay
Emergency Room	\$50 copay	\$50 copay
Urgently Needed Care	\$25 copay	\$20 copay
ADDITIONAL SERVICES		
Routine podiatry (6 visits per year)	\$30 copay	\$25 copay
Chiropractor (20 visits per year)	\$30 copay	\$25 copay
Vision services (1 routine vision exam per 12 months)	\$30 copay	\$25 copay
Vision services (hardware - (allowance every 24 months for frames and contact lenses)	\$125 benefit	\$125 benefit
Hearing Services (1 routine hearing test every 12 months)	\$30 copay	\$25 copay
Hearing Services Hardware – (allowance every 48 months)	\$1,000	\$1,000
PRESCRIPTION DRUG COVERAGE		
Coverage in the gap	Yes	Yes
Retail (for up to 31-day supply)		
Tier 1 - Generic	\$15 copay	\$15 copay
Tier 2 - Preferred brand	\$45 copay	\$45 copay
Tier 3, Non-preferred and Tier 4, Specialty	\$85 copay	\$85 copay
Preferred Mail Order (for up to 90-day supply)		
Tier 1 - Generic	\$37.50 copay	\$37.50 copay
Tier 2 - Preferred brand	\$112.50 copay	\$112.50 copay
Tier 3, Non-preferred and Tier 4, Specialty	\$212.50 copay	\$212.50 copay

NOTE: Humana will only offer a MA PPO Standard Plan in 2013