

October 17, 2025, Member Alert!



Attention State Health Plan Members: Open Enrollment is Underway!

Open Enrollment is underway and ends Oct. 31!

All Medicare-eligible members **WILL REMAIN** in the plan in which you are currently enrolled **UNLESS** you would like to enroll in a different plan during Open Enrollment. You need to **TAKE ACTION** during Open Enrollment if you want to be enrolled in a different plan or need to make any changes to your dependents.

As a Medicare-eligible member, you continue to have **THREE PLAN OPTIONS** to choose from:

- Humana Medicare Advantage PPO & Prescription Drug Base Plans
- Humana Medicare Advantage PPO & Prescription Drug Enhanced Plans
- The 70/30 Plan, Administered by Aetna

There are changes for 2026, so members are encouraged to review their plan options during Open Enrollment. No matter what action members take during Open Enrollment, **ALL** members will receive a new State Health Plan ID card for 2026, from either Humana or Aetna, depending on the plan in which you enroll.

The 70/30 Plan, Administered by Aetna Highlights

- There are **INCREASES** to the deductible and copays in this plan for 2026.
- For 2026, the Clear Pricing Project is ending and will not be available; however, the Plan will continue to offer lower copays for certain Preferred Providers.
- If you would like to change your selected Primary Care Provider (PCP) to a Preferred Provider, you will need to wait until after Jan. 1, 2026, to make that change.

- If your selected PCP is already noted as a Preferred Provider, you do not need to take any action. As a reminder, PCPs can be changed anytime, and ID cards typically arrive 7-10 days after the change is made.
- The formulary (drug list) for the 70/30 Plan is updated quarterly, so there is always a possibility that your medication could change tier levels or become a non-covered drug.

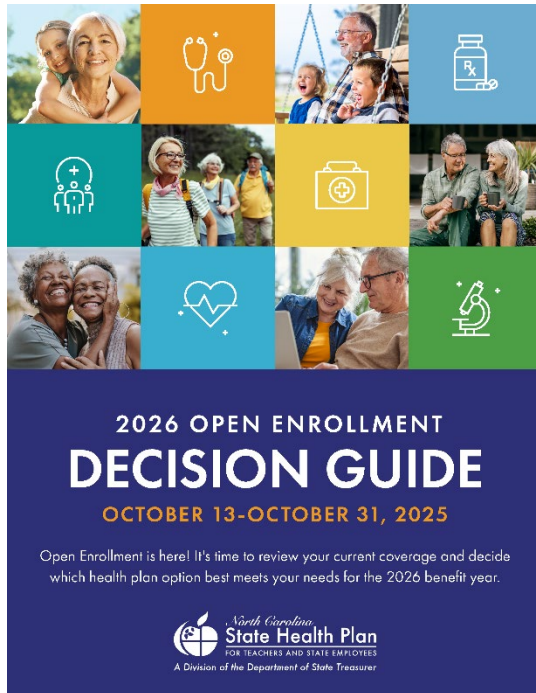
2026 Humana Medicare Advantage Plans Highlights

- The Centers for Medicaid & Medicare Services (CMS) made policy changes for 2026 that impact Medicare Advantage plans. These changes allow Humana to administer medical and pharmacy benefits separately. Splitting the medical and pharmacy benefit is managed by Humana, with members not experiencing a lot of change or noticeable differences.
- Splitting the medical and pharmacy benefit allows for significant savings to the State Health Plan.
- There is ONE SLIGHT CHANGE to the pharmacy benefit under BOTH Humana Medicare Prescription Drug Plans in 2026. The change is required by CMS and increases the Pharmacy out-of-pocket maximum from \$2,000 to \$2,100.
- Although the pharmacy benefit is separate from the medical benefit, you cannot elect to opt out of the pharmacy benefit.
- You'll receive 2 NEW ID CARDS – one for medical, one for pharmacy. These cards will arrive separately in the mail. Starting Jan. 1, 2026, provide your new medical plan ID card to your medical providers and your new prescription plan ID card to your pharmacy.
- You'll receive 2 CONFIRMATIONS OF ENROLLMENT – one for medical, one for pharmacy and some other duplicated CMS required notices.
- There may be changes to the Humana Medicare Prescription Drug Plan formulary (drug list), so members are encouraged to review that information when it becomes available.

The State Health Plan is hosting several webinars and in-person information sessions for Medicare members in October. These outreach events provide an overview of your health plan options. For a complete list of events and to register, visit the Plan's [website](#).

**[CLICK HERE TO TAKE ACTION AND COMPLETE
YOUR ENROLLMENT →](#)**

Medicare Decision Guide



Medicare Overview Video



The Eligibility and Enrollment Support Center
is offering extended hours during Open Enrollment.

Monday-Friday: 8am-10pm; and Saturdays: 8am-5pm
855-859-0966



Connect with us on **facebook**



Follow us on **Instagram**