

2026 STATE HEALTH PLAN COMPARISON

ACTIVE and NON-MEDICARE Subscribers



MEDICAL BENEFITS

Annual Deductible
Coinsurance
Out-of-Pocket Maximum combined Medical and Pharmacy
Preventive Services
Primary Care Provider (PCP) Office Visit
Specialist Visit
Behavioral Health Visit
Speech, Occupational, Chiropractic, Physical Therapy
Urgent Care
Emergency Room
Inpatient Hospital Services
Out-Patient Surgery
Out-Patient Surgery at Ambulatory Surgical Center
Lantern Bundle Program

STANDARD PPO Plan

Network	
In	Out
\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family
30% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met
\$6,500 Individual \$16,300 Family	\$13,000 Individual \$32,600 Family
\$0	N/A
\$15 Preferred PCP on ID Card \$40 Other PCP on ID Card \$50 Other PCP	50% after deductible is met
\$50 Preferred Provider \$94 Other Provider	50% after deductible is met
\$15	50% after deductible is met
\$62	50% after deductible is met
\$100	
\$600, then 30% after deductible is met (copay waived with admission)	
\$600, then 30% after deductible	\$600, then 50% after deductible
\$350, then 30% after deductible	\$350, then 50% after deductible
Deductible / Coinsurance	
\$0	

PLUS PPO Plan

Network	
In	Out
\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
20% of eligible expenses after deductible is met	40% of eligible expenses after deductible is met
\$5,000 Individual \$15,000 Family	\$10,000 Individual \$30,000 Family
\$0	N/A
\$10 Preferred PCP on ID Card \$30 Other PCP on ID Card \$40 Other PCP	40% after deductible is met
\$40 Preferred Provider \$80 Other Provider	40% after deductible is met
\$10	40% after deductible is met
\$42	40% after deductible is met
\$70	
\$500, then 20% after deductible is met (copay waived with admission)	
\$500, then 20% after deductible	\$500, then 40% after deductible
\$300, then 20% after deductible	\$300, then 40% after deductible
Deductible / Coinsurance	
\$0	

PHARMACY BENEFITS

Rx Tier 1	\$25	\$15
Rx Tier 2	\$75	\$55
Rx Tier 3	Deductible / Coinsurance	Deductible / Coinsurance
Rx Tier 4	\$200	\$100
Rx Tier 5	\$600	\$500
Rx Tier 6	Deductible / Coinsurance	Deductible / Coinsurance
Preferred Blood Glucose Meters (BGM) and Supplies*	\$10*	\$5*
Preferred and Non-Preferred Insulin	\$0	\$0
Preventive Medications	\$0	\$0

Rx copays for 30-day supply.

*This does not include Continuous Glucose Monitoring Systems or associated supplies. These are considered a Tier 2 member copay.