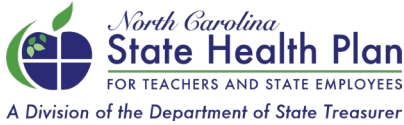


2026 STATE HEALTH PLAN COMPARISON

ACTIVE and NON-MEDICARE Subscribers



STANDARD PPO Plan (formerly named Base PPO Plan 70/30)

Network

In

Out

Annual Deductible

\$3,000 Individual
\$9,000 Family

\$6,000 Individual
\$18,000 Family

Coinsurance

30% of eligible
expenses after
deductible is met

50% of eligible
expenses after
deductible is met

Out-of-Pocket Maximum combined Medical and Pharmacy

\$6,500 Individual
\$16,300 Family

\$13,000 Individual
\$32,600 Family

Preventive Services

\$0

N/A

Primary Care Provider (PCP) Office Visit

\$15 Preferred PCP on ID Card
\$40 Other PCP on ID Card
\$50 Other PCP

50% after
deductible is met

Specialist Visit

\$50 Preferred Provider
\$94 Other Provider

50% after
deductible is met

Behavioral Health Visit

\$15

50% after
deductible is met

Speech, Occupational, Chiropractic, Physical Therapy

\$62

50% after
deductible is met

Urgent Care

\$100

Emergency Room

\$600, then 30% after deductible is met
(copay waived with admission)

Inpatient Hospital Services

\$600, then 30%
after deductible

\$600, then 50%
after deductible

Outpatient Surgery

\$350, then 30%
after deductible

\$350, then 50%
after deductible

Outpatient Surgery at Ambulatory Surgical Center

Deductible / Coinsurance

Lantern Bundle Program

\$0

PLUS PPO Plan (formerly named Enhanced PPO Plan 80/20)

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.