

2026 STATE HEALTH PLAN COMPARISON

ACTIVE and NON-MEDICARE Subscribers



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

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

MEDICAL BENEFITS

	Network		Network	
	In	Out	In	Out
Annual Deductible	\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met	20% of eligible expenses after deductible is met	40% 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	\$5,000 Individual \$15,000 Family	\$10,000 Individual \$30,000 Family
Preventive Services	\$0	N/A	\$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	\$10 Preferred PCP on ID Card \$30 Other PCP on ID Card \$40 Other PCP	40% after deductible is met
Specialist Visit	\$50 Preferred Provider \$94 Other Provider	50% after deductible is met	\$40 Preferred Provider \$80 Other Provider	40% after deductible is met
Behavioral Health Visit	\$15	50% after deductible is met	\$10	40% after deductible is met
Speech, Occupational, Chiropractic, Physical Therapy	\$62	50% after deductible is met	\$42	40% after deductible is met
Urgent Care	\$100		\$70	
Emergency Room	\$600, then 30% after deductible is met (copay waived with admission)		\$500, then 20% after deductible is met (copay waived with admission)	
Inpatient Hospital Services	\$600, then 30% after deductible	\$600, then 50% after deductible	\$500, then 20% after deductible	\$500, then 40% after deductible
Outpatient Surgery	\$350, then 30% after deductible	\$350, then 50% after deductible	\$300, then 20% after deductible	\$300, then 40% after deductible
Outpatient Surgery at Ambulatory Surgical Center	Deductible / Coinsurance		Deductible / Coinsurance	
Lantern Bundle Program	\$0		\$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.