2026 STATE HEALTH PLAN COMPARISON

MEDICARE PRIMARY—COBRA, DIRECT BILL and SPONSORED DEPENDENT Subscribers

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

MEDICAL BENEFITS	HUMANA® MEDICARE ADVANTAGE & HUMANA® PRESCRIPTION DRUG		STANDARD PPO Plan*
	Enhanced Plan	Base Plan	
Use of Network Providers	You can see any provider (in-network or out-of-network) that participates in Medicare, accepts your insurance and preferably accepts Medicare assignment. Your copays or coinsurance stay the same		You pay less when you use Aetna network providers
Annual Deductible	$0		**Individual:** $3,000 in-network $6,000 out of-network **Family:** $9,000 in-network $18,000 out of-network (includes medical & pharmacy deductible)
Coinsurance	Most covered services require only a copay; however, some services require coinsurance (usually 20%)		**In-network:** 30% of eligible expenses after deductible is met **Out-of-network:** 50% of eligible expenses after deductible is met and the difference between the allowed amount and the charge
Out-of-Pocket Maximum	$3,300 Individual No Family Max	$4,000 Individual No Family Max	**Individual:** $6,500 in-network $13,000 out of-network **Family:** $16,300 in-network $32,600 out of-network (includes medical & pharmacy)
Preventive Services	$0 (may be charged a copay if other services are provided and billed during visit)		**In-network:** $0
Primary Care Provider (PCP) Office Visit	$10	$20	$15 Preferred PCP on ID Card $40 Other PCP on ID Card $50 Other PCP
Specialist Visit	$35	$40	$50 Preferred Provider $94 Other Provider
Chiropractic Visit	$20		$62
Lab Services	$10 $0 if lab test is performed and processed in doctor's office	$40 $0 if lab test is performed and processed in doctor's office	**In-network:** 30% coinsurance **Out-of-network:** 50% coinsurance; if performed during PCP or Specialist office visit, no additional fee if in-network lab used
Urgent Care	$40	$50	$100
Emergency Room	$65 (copay waived with admission)		**In-network:** $600, then 30% after deductible is met (copay waived with admission)

*When enrolled in the Standard PPO Plan, cost-sharing amounts between you and the StateHealth Plan will vary. Medicare pays first. Then, the Standard PPO Plan may help pay some of the costs that Medicare does not cover.

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Inpatient Hospital Services	Days 1-10: $125/day Days 11+: $0	Days 1-10: $160/day Days 11+: $0	**In-network:** $600, then 30% after deductible is met
Outpatient Surgery at Hospital	$250		**In-network:** $350, then 30% after deductible is met
Outpatient Surgery at Ambulatory Surgical Center	$250		**Deductible / Coinsurance**
Diagnostic (e.g.: CT, MRI)	$100		**In-network:** 30% coinsurance
Skilled Nursing Facility	Days 1-20: $0 Days 21-100: $50/day		**In-network:** 30% coinsurance
Durable Medical Equipment	20% coinsurance		**In-network:** 30% coinsurance
SilverSneakers® Program	Included		Not covered

PHARMACY BENEFITS	Enhanced Plan	Base Plan	STANDARD PPO Plan*
Out-of-Pocket Maximum	$2,100 Individual No Family Maximum		N/A
RETAIL PURCHASE FROM AN IN-NETWORK PROVIDER — 30-DAY SUPPLY			
Rx Tier 1	$10		$25
Rx Tier 2	$40		$75
Rx Tier 3	$50	$64	Deductible / Coinsurance
Rx Tier 4	25% coinsurance up to $100		$200
Rx Tier 5	N/A		$600
Rx Tier 6	N/A		Deductible / Coinsurance
Preferred Blood Glucose Meters (BGM) and Supplies	$0		$10
Continuous Glucose Monitors (GCMs) and Supplies	$0 for Medicare-covered therapeutic CGMs and supplies		CGMs and supplies are considered a Tier 2 member copay
Preferred and Non-Preferred Insulin	Member cost share of the Humana Plan's covered Part D or Part B insulin products will be no more than $35 for every one-month supply		$0
MAINTENANCE DRUGS FROM AN IN-NETWORK PROVIDER — UP TO 90-DAY SUPPLY			
Rx Tier 1	$24		$75
Rx Tier 2	$80		$225
Rx Tier 3	$100	$128	Deductible / Coinsurance
Rx Tier 4	25% coinsurance up to $200	25% coinsurance up to $300	$600
Rx Tier 5	N/A		$1,800
Rx Tier 6	N/A		Deductible / Coinsurance

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