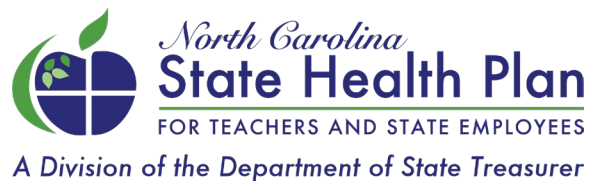




2026 Open Enrollment Medicare Outreach Event

**Open Enrollment
October 13 – October 31, 2025**



Presentation Overview

- Open Enrollment Action
- 2026 Health Plan Offerings & Changes
- Medicare Advantage Plan Reminders
- Humana
- Aetna – 70/30 Plan
- Premium Rates
- How to Make Changes



**OPEN
ENROLLMENT**

2026 Plan Design Summary

NEW PLAN NAMES for Non-Medicare in an effort to move away from numerical/actuarial plan names.

 70/30 Plan → Standard PPO Plan
80/20 Plan → Plus PPO Plan

Humana® Group Medicare Base and Enhanced Plans

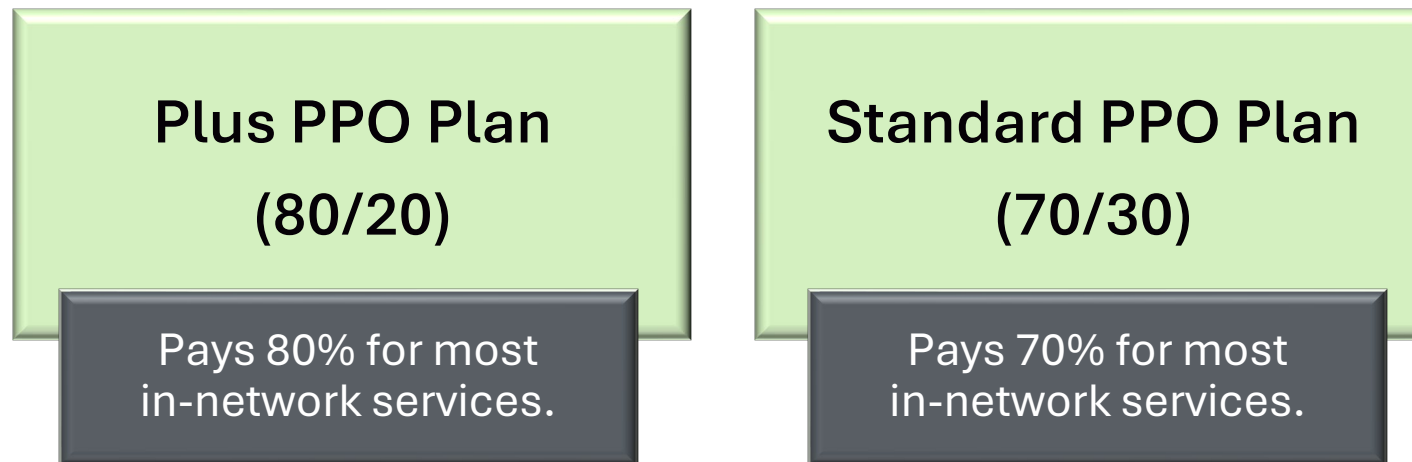
Humana® Medicare Advantage & Humana® Prescription Drug
Base (PPO) and Enhanced (PPO) Plans

Base PPO Plan (70/30) → 70/30 Plan



Plan Options for **Non-Medicare** Primary Members

The State Health Plan continues to offer TWO Preferred Provider Organization (PPO) plans for Non-Medicare members:

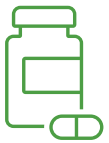


Plan Options for **Non-Medicare** Primary Members



The Plan utilizes a Third-Party Administrator or TPA that is responsible for the provider network and processing your medical claims. Our current TPA is Aetna.

But your **MEDICAL CLAIMS** are **PAID BY THE STATE**, not Aetna.



The Plan also utilizes a Pharmacy Benefit Manager or PBM that is responsible for providing a pharmacy network, managing the formulary (drug list) and processing your pharmacy claims. Our current PBM is CVS Caremark.

But your **PHARMACY CLAIMS** are **PAID BY THE STATE**, not CVS.

Plan Options for **Medicare** Primary Members

**Humana® Group
Medicare Advantage
PPO & Prescription
Drug Base Plan**

Premium free for
Medicare Primary
qualified retiree;
monthly premium for
Medicare-eligible spouse
and/or dependents.

**Humana® Group
Medicare Advantage
(PPO) & Prescription
Drug Enhanced Plan**

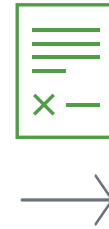
Monthly premium for
Medicare Primary
qualified retiree;
and Medicare-eligible
spouse and/or
dependents.

**70/30 Plan
Administered
by Aetna**

Premium free for
Medicare Primary
qualified retiree;
monthly premium for
Medicare-eligible spouse
and/or dependents.

Plan Options for **Medicare** Primary Members

HUMANA® is a Medicare Advantage Organization that contracts with the Centers for Medicare and Medicaid Services (CMS) to administer Medicare Part A & Medicare Part B benefits on their behalf.



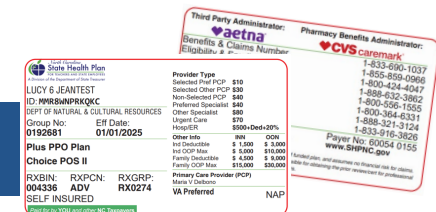
THE PLAN contracts with Humana® to provide Group Medicare Advantage and Prescription Drug plan options to our Medicare Primary members which includes payment of claims.

2026 Open Enrollment Action

Open Enrollment is the perfect time to **REVIEW YOUR COVERAGE** and options provided under the State Health Plan for this next benefit year and make any necessary changes.

- **CHANGE** plans
 - **OPT IN / OUT** of the State Health Plan
 - **ADD / REMOVE** spouse/dependents
- For the 2026 benefit year, all **MEDICARE ELIGIBLE** members will remain in the plan you are currently enrolled **UNLESS** you would like to enroll in a different plan during Open Enrollment. You will need to **TAKE ACTION** if you would like to enroll in a different plan.
 - All **NON-MEDICARE** members, including **NON-MEDICARE** spouse/dependents will be moved to the Standard PPO Plan (*formally named 70/30*) effective Jan. 1, 2026. You will need to **TAKE ACTION** if you and/or they want to be enrolled in the Plus PPO Plan (*formally named 80/20 Plan*).

ALL MEMBERS will receive a new ID card(s) prior to Jan. 1, 2026.



Adding / Removing Dependents

As a member under the State Retirement Systems, you may drop your coverage or remove a dependent **AT ANY TIME** outside of the Open Enrollment Period without a Qualifying Life Event (QLE).

- Spouse or dependent child gains Employer Group Health Coverage
- Spouse turns 65 and chooses to enroll in individual coverage

Members **CANNOT** add spouse or a dependent child(ren) outside of Open Enrollment without a QLE.



2026 Medicare Advantage Changes

CMS made some policy changes for 2026. These changes improve the flexibility of Medicare Advantage plans making it easier to split how companies, like Humana® administer medical and pharmacy benefits.

THE SAVINGS IS MEANINGFUL, which allows the State Health Plan to keep benefits stable for members.

Splitting the Medicare Advantage (Medical) and Prescription Drug Plan (Pharmacy) while running them concurrently with Humana® is really all done on the back end, members will not experience a lot of change.

MEMBER IMPACT INCLUDES:

- 2 ID cards – one for medical, one for pharmacy
- 2 confirmations of enrollment – one for medical, one for pharmacy (these are CMS required, and system generated)
- Some duplicated mandated notices
- There may be changes to the Humana Medicare Prescription Drug Plan formulary (drug list). You are encouraged to review the formulary as it becomes available.

This change allows for **only one slight change to benefits** for **BOTH** Humana® Medicare Advantage Plans for 2026.

While possible duplicative mailings and two ID cards may cause some confusion, the ability to hold benefits largely steady and create savings for the Plan with little disruption is encouraging.

2026 Plan Design *Medicare Advantage Plans*

SERVICES	2025		2026	
	Humana® GROUP MEDICARE Advantage		Humana® Medicare Advantage & Humana® Prescription Drug	
	BASE PLAN	ENHANCED PLAN	BASE PLAN	ENHANCED PLAN
Annual Deductible	\$0		\$0	
Out-of-Pocket Maximum (Medical)	\$4,000	\$3,300	\$4,000	\$3,300
Out-of-Pocket Maximum (Pharmacy)	\$2,000		\$2,100	
In-Patient Hospital / Emergency Room	Days 1-10: \$160/day Days 11+: \$0 / \$65 ER	Days 1-10: \$125/day Days 11+: \$0 / \$65 ER	Days 1-10: \$160/day Days 11+: \$0 / \$65 ER	Days 1-10: \$125/day Days 11+: \$0 / \$65 ER
Out-Patient Surgical Copay	\$250		\$250	
Primary Care Provider Office Visit	\$20	\$10	\$20	\$10
Specialist Visits	\$40	\$35	\$40	\$35
Chiropractic Visits	\$20		\$20	
Rx Tier 1	\$10		\$10	
Rx Tier 2	\$40		\$40	
Rx Tier 4	25% coins up to \$100		25% coins up to \$100	
Rx Tier 5	N/A		N/A	
Actuarial Value	90.2%	91.0%	90.2%	91.0%

Only one benefit adjustment: the Prescription OOP maximum per CMS requirement.

2026 Plan Design Changes *70/30 Plan*

SERVICES	2025	2026
	Base PPO (70/30)	70/30 PLAN
Annual Deductible	\$1,500 / \$4,500	\$3,000 / \$9,000
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$5,900 / \$16,300	\$6,500 / \$16,300
In-Patient Hospital / Emergency Room	\$337 +ded/coins	\$600 +ded/coins
Out-Patient Surgical Copay	ded/coins	\$350 +ded/coins
Primary Care Provider Office Visit	\$45 / \$30 / CPP \$0	\$50 / \$40 / \$15*
Specialist Visits	\$94 / CPP \$47	\$94 / \$50*
Chiropractic Visits	\$72 / CPP \$36	\$62
Rx Tier 1	\$16	\$25
Rx Tier 2	\$47	\$75
Rx Tier 4	\$200	\$200
Rx Tier 5	\$350	\$600
Actuarial Value	90.4%	88.6%

*Lowest copay for Preferred Providers.

Humana Group Medicare Advantage Plans & Other Insurance

With the Humana® Group Medicare Advantage Plans there is **NO NEED** for additional coverage.

- Additional Medicare Health Plan coverage can cause you to be **DISENROLLED** from your State Health Plan Humana® Group Medicare Advantage Plan and to be placed on our 70/30 Plan. This could cause a significant impact to monthly premiums for you (or a Medicare eligible dependent).
- If already enrolled in another Medicare Advantage or Part D prescription drug plan, your coverage with those plans **WILL TERMINATE** when you enroll in the Humana® Group Medicare Advantage Plan (unless you elect to not enroll in one of the Humana® Group Medicare Advantage Plans).
- If you are enrolled in a Medicare Advantage Plan, you **CANNOT** purchase a Medicare Supplement/Medigap without terminating your Medicare Advantage plan. This is for your protection as Medicare Supplement/Medigap plans only work with Original Medicare.

Humana Group Medicare Advantage Plans & Other Insurance

- If you have other retiree group health coverage, it is **VITAL** you know what type of coverage it will become once you are Medicare eligible.
- You need to review Open Enrollment materials each year for changes.
- TRICARE® for Life (TFL) (TRICARE® + Medicare) beneficiaries **CAN** enroll in Medicare Advantage Plans and TFL will typically cover the copays for services covered by TFL.
- Individual health plans like cancer, long-term care, hospital indemnity, dental or vision **WILL NOT** affect eligibility or coverage under a Medicare Advantage plan.



Important Reminders / Tips

You need to maintain Medicare Part A and Medicare Part B coverage to be enrolled in the Humana® Group Medicare Advantage & Prescription Drug Plans. You must continue to pay the Medicare Part B monthly premium to the federal government.

You **CANNOT BE ENROLLED IN TWO (2)** Medicare Advantage Plans or Medicare Prescription Drug Plans at the same time.

- If you enroll in an outside Medicare Advantage or Medicare Prescription Drug Plan, you will be **MOVED AUTOMATICALLY** to the 70/30 Plan which may have a significant financial impact for you (or spouse).
- Enrollment into an outside Medicare Advantage or Medicare Prescription Drug Plan **WILL CANCEL** the Humana Group Medicare Advantage & Prescription Drug Plan **BUT** it will not remove you as a member of the State Health Plan.

Important Reminders / Tips



You may receive telephone calls from insurance agents/carriers encouraging you to look at their Medicare Health Plans.

- They **DO NOT** represent the State Health Plan options.


The plans featured on television or in a magazine **ARE NOT THE SAME** as your State Health Plan coverage.

If you call to inquire about the outside Medicare Health Plans, please do not give out or confirm your personal information over the phone. You may end up enrolled in a plan you do not want and lose your Humana Group coverage.

North Carolina State Health Plan

2026 Open Enrollment Presentation

Humana®

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



Humana Group Medicare Advantage

About Humana:

- Dedicated to communities around the country for more than 30 years
- Over 8.7 million Medicare members just like you, across all 50 states¹
- Providing Medicare plans to beneficiaries since 1987
- Easily find a provider with our **nationwide network** which includes over **1,000,000 providers and 3,525 hospitals**
- In North Carolina, our provider network includes **7,665 Primary Care Physicians (PCPs), nearly 12,000 Specialists, and 103 hospitals**
- 2024 Best Overall Medicare Advantage Plan Company and Best Company for Member Experience²

¹Humana Inc. 2024 Annual Report, February 2025

²U.S. News Announces the 2024 Best Insurance Companies for Medicare Advantage, Press Room, U.S. News (usnews.com)



What's Changing for 2026?

- **Starting January 1, 2026**, the State Health Plan's Humana's Group Medicare Advantage and Prescription Drug Plans will be administered as **two separate plans**, rather than being combined into one.
- The medical and pharmacy coverage will be provided separately. This means you will receive **two new Humana ID cards in the mail**.
- **Starting January 1, 2026**, give your **new medical plan ID card to medical providers** and your **new prescription plan ID card to network pharmacies**. These cards will arrive separately in the mail.
- You will receive **2 confirmations of enrollment** – one for medical, one for pharmacy and some other duplicated CMS-required notices. Mailings will arrive at different times.
- You will enjoy the **same medical benefits** and **one small change to the prescription benefits** – the pharmacy maximum out of pocket (MOOP) is increasing from \$2,000 to \$2,100*
- **NEW Routine Transportation Benefit**: \$0 copay for plan-approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer diagnosis. This benefit is not to exceed 50 miles per trip.

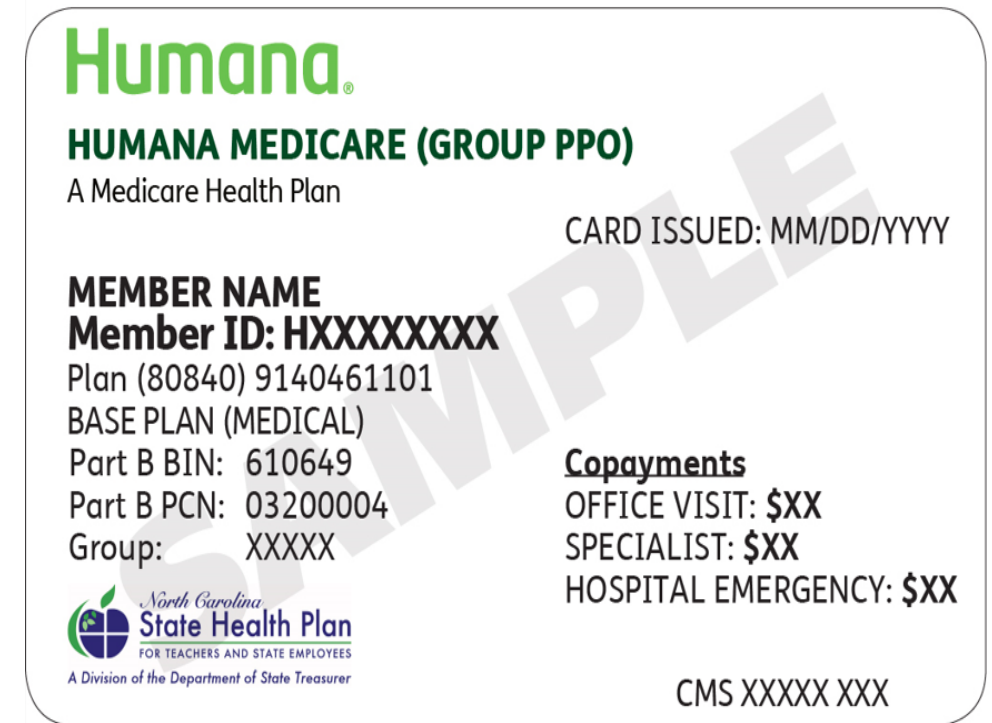
What is a PPO?

Humana's a Preferred Provider Organization (PPO)

Preferred Provider Organization

Choose any provider that accepts Medicare and agrees to bill the plan.

- With your PPO plan, you will pay the same amount for both in- and out-of-network for care
- Preventative care is covered at 100%
- Out-of-pocket maximum for covered medical services
- Worldwide emergency coverage



Note: All new and existing Humana members will receive a **new Medical Humana ID card** in December and will need to give that card to **your medical providers** as of Jan. 1, 2026.

Providers

- As a State Health Plan member, the in-network and out-of-network benefits are structured the same for any member of this plan.
- This means you don't need to find a new provider.
- As long as your provider participates in Medicare and agrees to bill Humana, you can continue with the provider you know and trust at no extra cost—even if they are out-of-network.
- If a provider is still resistant to filing a claim with Humana, the member would pay for the service and then file a paper claim with Humana for reimbursement (less any applicable copayment/coinsurance).



Your PPO benefits (Extra benefits)

Extra benefits	Base plan	Enhanced plan
Routine Vision services	\$40 copay for routine exam (includes refraction) up to 1 per year	\$35 copay for routine exam (includes refraction) up to 1 per year
Routine Podiatry services	\$40 copay for routine podiatry visits up to 6 combined in and out of network visit(s) per year	\$35 copay for routine podiatry visits up to 6 combined in and out of network visit(s) per year
Routine Hearing services	<ul style="list-style-type: none"> • \$0 copay for fitting/evaluation, routine hearing exams up to 1 per year • \$500 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years 	
Routine Chiropractic services	\$20 copay for routine chiropractic visits up to unlimited combined in and out of network visit(s) per year	
Private Duty Nursing	20% of the cost, \$5,000 combined In & Out-of-Network maximum benefit coverage amount per year	
Medicare-covered Acupuncture (for chronic low back pain)	\$40 copay; limit 20 combined visits per year	\$35 copay; limit 20 combined visits per year

There are NO medical benefit changes with the Humana Medicare Advantage Plans for 2026.

Plan reminders – Medical

- **Durable Medical Equipment (DME)**
 - **Examples of DME:** Oxygen, CPAP machines & supplies, walkers
 - **Preferred providers are as follows:**
 - CCS Medical – 877-531-7959
 - Edwards Healthcare – 888-344-3434
 - AdaptHealth – 800-955-3440
- **Physical, Occupational, Speech Therapy**
 - Cohere
- **MRI/Advanced Imaging**
 - Cohere
- **Nursing Facility**
 - naviHealth

Claim form submission

- Download a claim form at **[your.Humana.com/ncshp](https://your.humana.com/ncshp)** and follow the instructions to submit to Humana.
- You may also call your **dedicated Humana Group Medicare Customer Care team** at **888-700-2263** to request one to be sent to you, they can assist you with the submission.

The Humana Difference

Medicare Advantage provides additional support, included in your plan



Find Care

You can use Humana's Find Care tool to search for an in-network provider near you.

[your.Humana.com/ncshp/tools-and-resources](https://your.humana.com/ncshp/tools-and-resources)



Telehealth

Telehealth, also known as virtual visits, allow you to connect with your provider online from the comfort and safety of your own home.

This plan covers virtual visits 100% for both in- and out-of-network providers.

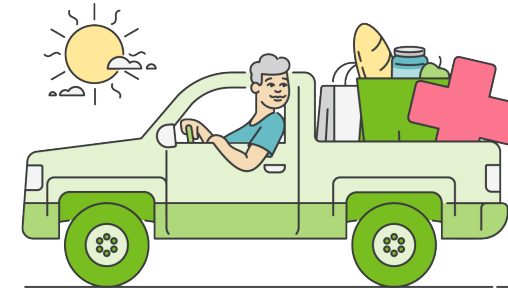
The Humana Difference

Medicare Advantage provides additional support, included in your plan



Clinical support

- Health & well-being assessment
 - Receive **\$15 Walmart Gift Card** when you complete a visit
- Education and resource support
- Care management for eligible members



Post-hospitalization support

- Post-discharge personal home care
 - Up to 8 hours of support with clinical care
- Post-discharge transportation
 - 12 one-way trips, up to 50 miles per trip
- Post-discharge meal program
 - 2 per day for 14 days

The Humana Difference

Medicare Advantage provides additional support, included in your plan



Go365 by Humana®

Your wellness program that rewards you for making healthier choices

Humana Health Coaching programs provide guidance on multiple topics to help meet your health goals

Go365.com



SilverSneakers®

A fitness program to improve your health, gain confidence and connect with your community at participating facilities

Get moving from the comfort of your own home with our LIVE online classes, workshops, and on-demand video workouts

SilverSneakers.com

Go365 by Humana – 2026 Program Updates



In 2026, there will be **\$30 additional Go365 Earnable Rewards** available to members for a total of up to **\$255 Maximum Earnable Rewards** for the year!



Prevention Activities – up to \$185 earnable rewards!

Flu shot, annual wellness visit, mammogram, colorectal screening, diabetic bundle, bone density, completion of the medication usage survey



Health Education Activities – up to \$10 earnable rewards!

Participate in social and health education classes



Exercise & Fitness Activities – up to \$60 earnable rewards!

Connect a device and/or complete a first workout, and complete minimum of 12 workouts per month tracked via SilverSneakers, fitness device, or online/paper tracker (min 5,000 steps per day)

Preventive care screenings

Protect your health by staying informed about the screenings and treatments you may need.

Vaccines

Influenza (flu) virus

Pneumococcal (pneumonia)

Women's health screenings

Breast cancer screening

Cervical cancer screening

Bone mineral density test

Men's health screenings

Prostate exam

Physical exam and health guidance

Physical exam

Colorectal cancer screening

Colonoscopy

Flexible sigmoidoscopy

Home test kit (FOBT/FIT)

Multitarget stool DNA test

Diabetes screening and management

Blood sugar reading by either

HbA1c or glucose monitor

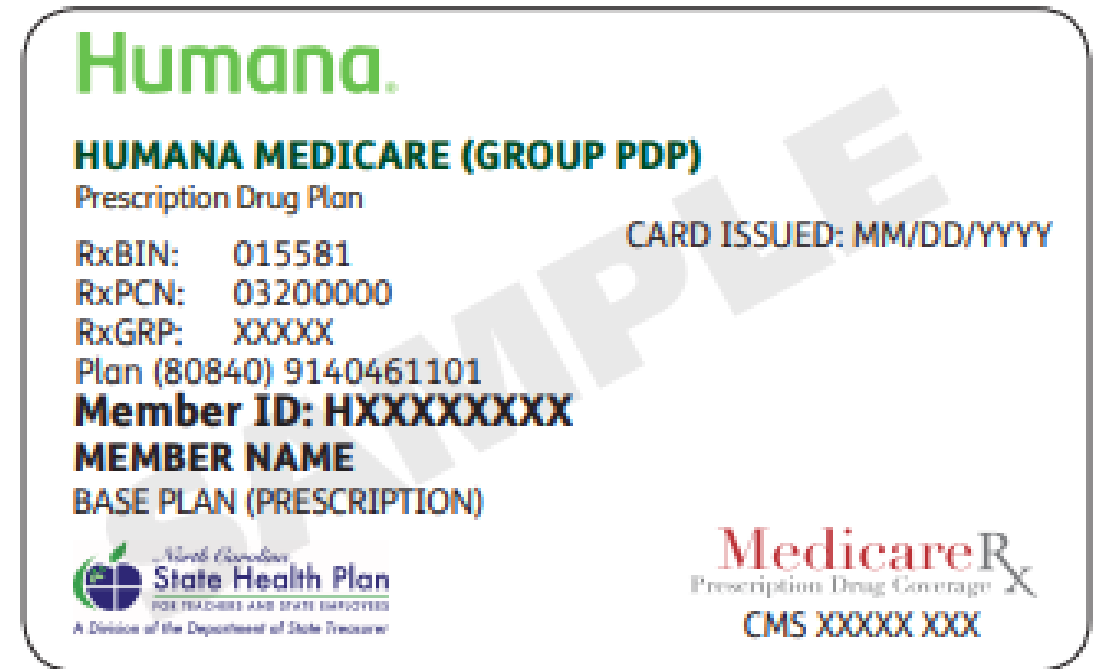
Comprehensive eye exam

Urine test

Annual Wellness Visit. There's no cost to you, and you can earn **\$25 in rewards from Go365 by Humana®** for completing your visit.

Prescription Drug Plan (PDP)

- Generic, brand and specialty drug coverage
- Access to retail and mail-order pharmacies
- Member cost share of the Humana plan's covered insulin products covered under Part B and Part D is no more than \$35 for every one-month (up to a 30-day) supply.
- \$0 copay for all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list†.
- The Humana formulary does not change on a quarterly basis (unlike the 70/30 plan which can change each quarter).



Note: All new and existing Humana members will receive a **new Prescription Humana ID card** in December and will need to give that card to **your pharmacy** as of Jan. 1, 2026.

Plan Reminders – Pharmacy

Humana’s Part D coverage is spread among four groupings based on the drug type—also called “tiers”.

Pharmacy maximum out of pocket (MOOP) is increasing from \$2,000 to \$2,100*

Tiers	Base plan (30-day / 90-day supply)	Enhanced plan (30-day / 90-day supply)
Tier 1 Generic/preferred generic	\$10 copay / \$24 copay	\$10 copay / \$24 copay
Tier 2 Preferred brand	\$40 copay / \$80 copay	\$40 copay / \$80 copay
Tier 3 Nonpreferred drug	\$64 copay / \$128 copay	\$50 copay / \$100 copay
Tier 4 Specialty (some Tier 4 non-specialty medications are available in a 90-day supply)	25% of the cost (\$100 copay max 30-day \$300 copay max 90-day per prescription)	25% of the cost (\$100 copay max 30-day \$200 copay max 90-day per prescription)

Prior authorization	Step therapy	Medicare exclusions
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*This change is required by the Inflation Reduction Act (IRA) of 2022

Pharmacy options

Other pharmacies are available in the Humana network.

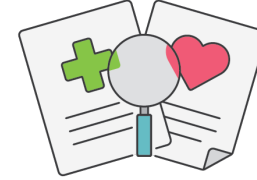


Retail pharmacy network

- Robust network
- Flexibility and convenience



- Patient assistance program
- Clinical support
- Specially-trained associates



- Comprehensive pharmacy services
- Convenient mail-order solutions
- Safe and secure delivery

- Coverage for some vitamins, minerals and cough & cold medications
- Transition fill process
- Drug list change letters

Continuous glucose monitors (CGMs) and diabetic supplies

- Preferred diabetic supplies and administration supplies are covered 100%; supplies include meters, test strips and lancets
- \$0 copay for Medicare-covered therapeutic continuous glucose monitors (CGM) and supplies
- CGMs are available through participating retail pharmacies
- CGMs and Insulin pumps are available through our preferred durable medical equipment vendors, CCS Medical, 877-531-7959 or Edwards Healthcare, 888-344-3434

Be sure to show your **Humana medical ID card** for these Part B items



Part B vs. Part D coverage



Part B - Medical Benefits

- Injectable/IV drugs given in provider's office
- Diabetic testing supplies, insulin pumps, insulin for insulin pump and CGMs
- Commonly used nebulized medications
- Vaccines such as influenza, pneumococcal, and COVID-19 vaccine & boosters

**Show your Humana medical plan ID card
for these Part B items**



Part D - Pharmacy Benefits

- Covers most medications
- Diabetes medications
- Insulin administered (or used) with syringes or pens
- Syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g., Omnipod or VGO).
- Vaccines such as Shingles, Tdap, RSV

**Show your Humana prescription plan ID card
for these Part D items**

What else does Humana provide for you?

- Discounts on hearing aids, vision services, and dental services
- Lifeline® Medical Alert Systems
- Meal delivery discounts
- Smart Teeth brushing trackers to improve oral healthcare, 20% off devices, and Free App
- IMG Global offers discounts on medical services and evacuation protection when traveling outside of the U.S.
- Petzey offers discounts on unlimited pet telehealth visits.
- SWORKIT offers discount on virtual wellbeing program.
- Poplin offers discounts on select laundry services.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process.

TruHearing™

Lifeline



MOM'S MEALS®
A PURFOODS® COMPANY



Truthbrush

Poplin

SWORKIT
HEALTH



Manage your Humana account online

MyHumana is a secure online portal with tools to manage your plan.

Get your personalized health information on MyHumana

- Explore coverage and benefit details the moment you need them
- Get Humana member ID cards and add them to your phone's wallet
- Estimate drug prices and check for alternatives before you even leave your doctor's office
- Find care close to you and get directions on your phone's map app*Standard data rates may apply

SmartSummary

Your personalized benefits statement

- **Medical version:** Comprehensive overview of your health benefits and healthcare spending
- **Prescription version:** Comprehensive overview of your Part D benefits and prescription drug spending
- Statements sent each month after you've had a claim
- View statements anytime on MyHumana
- Go Green via MyHumana if you prefer electronic delivery

SmartSummary®

Your Medical and Hospital claims processed in August 2026

Humana.

JOHN DOE
Member ID: H12345678
Plan name: HUMANA HEALTH INSURANCE

THIS IS NOT A BILL

This summary is your "Explanation of Benefits" (EOB) and claim payments for your medical and hospital coverage. Please review this summary and keep it for your records. **This is not a bill.**

OVERVIEW OF YOUR AUGUST CLAIMS

Medical, hospital and Part B pharmacy (see page 3)

Total billed charges this month	\$352.25
Humana discounts	- \$0.00
Benefit exclusions	- \$352.25
Other insurance	- \$0.00
Amount Humana paid	- \$0.00
Your share	\$352.25

SmartSummary®

Your Part D Pharmacy claims processed in August 2026

Humana.

JOHN DOE
Member ID: H12345678
Plan name: Humana Group Medicare PDP
Rx PCN or Rx Group number: 03200000

THIS IS NOT A BILL

This summary is your "Explanation of Benefits" (EOB) and claim payments for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. **This is not a bill.**

OVERVIEW OF YOUR FEBRUARY CLAIMS

Part D prescription drug claims (see page 5)

Total cost this month	\$64.46
Other payments	- \$0.00
Amount Humana paid	- \$19.13
Your share	\$45.33

You are currently in **Stage One** of your Part D Drug Payment Plan. (see page 2)

 **CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.**

Questions

Login to MyHumana at [Humana.com](https://www.humana.com) to see your benefits, drug lists, prescriptions and claims.

Call us

Call 866-396-8810 (TTY: 711)
Monday to Friday 8 a.m.- 9 p.m. EST. Calls to these numbers are free.

For large print or another format

To get this material in other formats, or ask for *large print*, call Humana.

Compare your 2026 SHP Plan Options

- Be sure to compare benefits among the plan options to ensure you are getting the **best value and the right healthcare coverage for you.**
- In several instances, the **Humana plans offer more plan features and extra programs and services** than the 70/30 Plan, administered by Aetna.
- If you are not already enrolled in one of the Humana plans, **now is the time to take a closer look to see if one may be right for you!**

Compare your 2026 State Health Plan Medicare-Eligible Retiree Coverage Options

The State Health Plan offers Medicare-eligible retirees three options for healthcare coverage:

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

It's important to compare benefits among these plan options to ensure you are getting the best value and the right healthcare coverage for you. In several instances, the Humana plans offer more plan features and extra programs and services than the 70/30 Plan, administered by Aetna. The below chart illustrates the plan features and program and services' differences between the plan options.

Plan features and extra programs and services	Humana PPO/PDP Plans	70/30 Plan
NO deductible	✓	✗
Out-of-network provider visits for the same copay or coinsurance as in-network (provider must participate in Medicare and agree to bill Humana)	✓	✗
\$0 copay for dialysis services at dialysis center and outpatient facility	✓	✗
\$0 copay for lab services at urgent care facilities	✓	✗
\$0 copay for virtual visits for both in and out of network providers	✓	✗
\$0 copay for one routine hearing exam per year; includes \$500 hearing aid allowance	✓	✗
\$0 copay for post-discharge benefits including transportation and in-home personal care	✓	✗
\$0 copay for all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list ¹	✓	✗
\$0 copay for Medicare-covered therapeutic continuous glucose monitors (CGMs) and supplies	✓	✗
\$0 copay for preferred blood glucose meters and supplies	✓	✗
\$0 copay for Part D diabetic supplies and administration supplies	✓	✗
\$0 copay for routine transportation benefits for plan approved locations for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer diagnosis.	✓	✗
Coverage for routine services—vision exam, podiatry, chiropractic, private duty nursing	✓	✗
Free enrollment in the SilverSneakers® fitness program	✓	✗
Humana Well Dine®, which includes up to 28 meals delivered following an inpatient hospital or nursing facility stay	✓	✗
Go365 by Humana™ wellness and rewards program ²	✓	✗

Humana.



your.Humana.com/ncshp

What to expect after you enroll

- **Enrollment confirmations**

You will receive two letters from Humana.

- **Two Humana member ID cards**

One medical and one prescription drug ID card. These cards will arrive separately in the mail.

- **Access to Evidence of Coverage (EOC)**

Read this document to learn about the plan's coverage and services.

- Starting **January 1, 2026**, give your new medical plan ID card to medical providers and your new prescription plan ID card to network pharmacies.

Humana.

HUMANA MEDICARE (GROUP PPO)

A Medicare Health Plan

CARD ISSUED: MM/DD/YYYY

MEMBER NAME

Member ID: HXXXXXXXXX

Plan (80840) 9140461101

BASE PLAN (MEDICAL)

Part B BIN: 610649

Part B PCN: 03200004

Group: XXXXX

Copayments

OFFICE VISIT: \$XX

SPECIALIST: \$XX

HOSPITAL EMERGENCY: \$XX



CMS XXXXX XXX

Humana.

HUMANA MEDICARE (GROUP PDP)

Prescription Drug Plan

CARD ISSUED: MM/DD/YYYY

RxBIN: 015581

RxPCN: 03200000

RxGRP: XXXXX

Plan (80840) 9140461101

Member ID: HXXXXXXXXX

MEMBER NAME

BASE PLAN (PRESCRIPTION)



MedicareRx
Prescription Drug Coverage
CMS XXXXX XXX

Stay connected with Humana

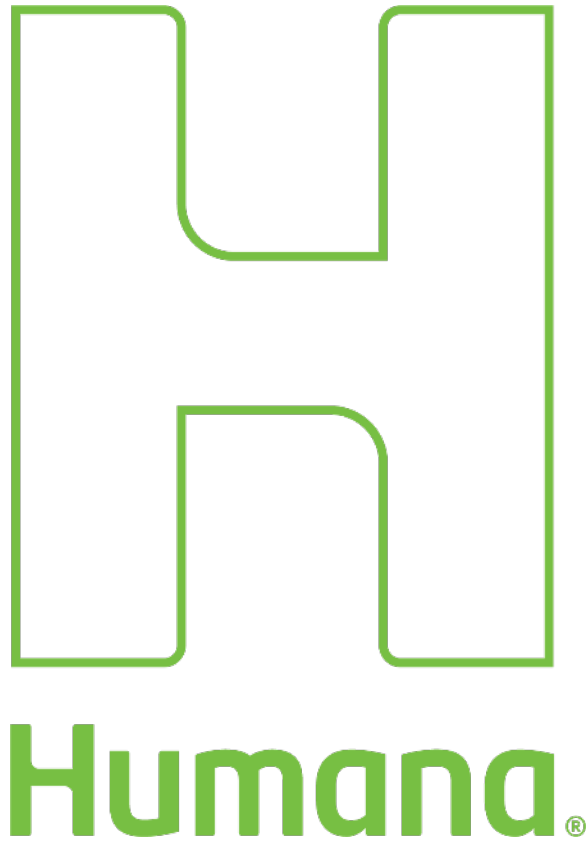
For more information:

You have a dedicated Humana Group Medicare Customer Care team to help you with your State Health Plan Humana Group Medicare Advantage PPO and Prescription Drug Plans, call

888-700-2263 (TTY: 711)

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

- Visit **your.humana.com/ncshp** to access plan-related information.
- To get started with MyHumana, a secure online account to access your plan information, visit **your.humana.com/ncshp** and click on “Register now as a new user” in the MyHumana box.





ENGAGEMENT | SIMPLICITY | VALUE

Aetna 70/30 Plan



Our 2026 Plan Includes

- Comprehensive Benefits
- Strong National Network
- Robust Member Assistance



Aetna is here for you in North Carolina

Right in your neighborhood

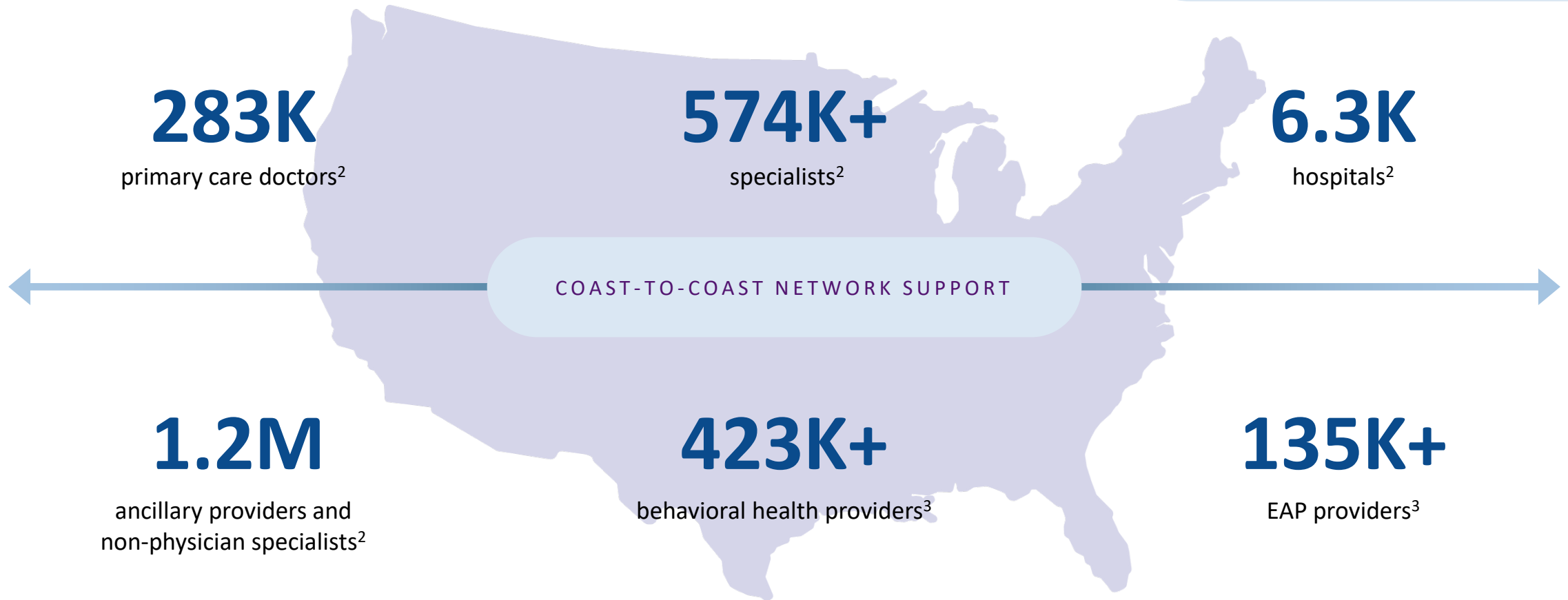
- We've served North Carolina for **more than 100 years**.
- We have local offices in **Cary & High Point**.
- We have **600 Aetna employees** dedicated to the North Carolina State Health Plan.
- We currently serve **more than 1.3 Million North Carolinians**.



Savings and flexibility



We are a leader in total cost for 72% of the population¹



¹ Based on Aetna insured pricing and claims analysis and in conjunction with the latest available external consultant benchmarking. Sourced September 2024.

² Based on physician head count for Aetna Open Access[®] PPO. Primary care doctors includes pediatric PCPs. Specialists include ob/gyn and physician specialists. Aetna[®] Executive Level Provider Counts (ELPC) monthly and commercial reporting sourced February 2025.

³ Aetna internal behavioral health and EAP reporting. Sourced September 2024.

Farewell, CPP. Hello, Preferred Providers.

Clear Pricing Project (CPP) will terminate on December 31, 2025.

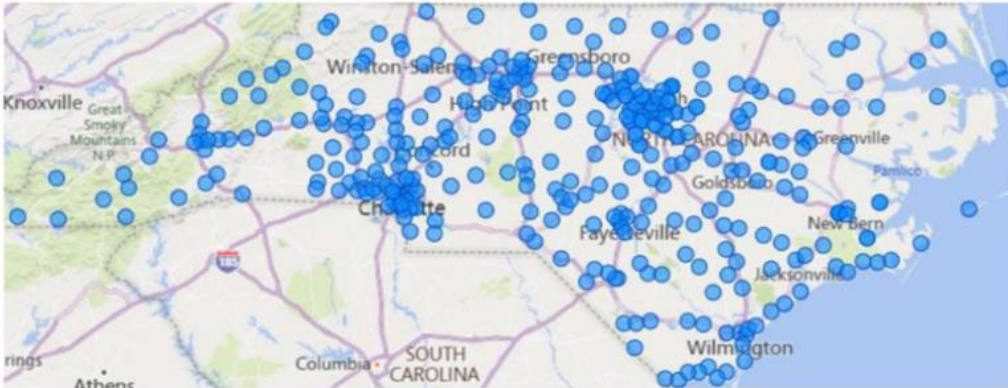
The State Health Plan is committed to keeping prices affordable and transparent for members across North Carolina and is introducing a *Preferred Provider Program*.



Preferred
Provider

Preferred Providers

The State Health Plan continues its **COMMITMENT** to **PROVIDING MEMBERS** access to **HIGH QUALITY** and **AFFORDABLE** health care through **PREFERRED PROVIDERS**.



Preferred
Provider

- Aledade
- Bethany
- Community Care Physician Network
- Coastal Carolina
- Eagle
- EmergeOrtho
- OneHealth
- Piedmont
- Pinehurst
- Tryon
- UNC Alliance
- WakeMed Key
- Wilmington Health

- Starting January 1, 2026, members will be able to select a Preferred Provider to receive the **lowest** copay.

Broad Network Support



Directory of health care professionals for North Carolina State Health Plan

www.shpnc.gov/FindADoctor

Already a member?

Login to Secure Site

Not registered with Aetna yet?

Register Now

Why Register?

You will be able to find all your coverage information online when you need it.

Searching as a member is better

You Can:

- ✓ Get results for your plan
- ✓ View cost estimates
- ✓ Select a primary care doctor

Continue as a guest

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

Enter location here

Traveling? You can change your location after you select your plan

Look within



Search

Coordination of Benefits

Medicare

- If you elect the 70/30 Plan, Medicare will remain your primary insurance.
- With the 70/30 Plan, charges left unpaid by Medicare are paid by the State Health Plan after your yearly deductible, coinsurance and copays are applied.
- If you don't have Medicare Part B, you will be responsible for what Medicare Part B would have paid.

Medigap (Medicare Supplement) Plan

- A Medigap plan is generally not needed when you have secondary coverage to Medicare.
- Medigap plans ONLY work with "Original Medicare" (Medicare Parts A & B). They will not work with Medicare Advantage plans.

70/30 Plan – Administered by Aetna

The 70/30 Plan is a true out-of-pocket, ACA (Affordable Care Act) compliant plan.

You must meet the yearly \$3,000 deductible for those medical services and medications that are subject to the deductible.

Once you've met the \$3,000 deductible, you will pay 30% of all remaining covered charges (after Medicare has paid the medical portion) up to the \$6,500 out-of-pocket maximum.

Once the out-of-pocket maximum is met, medical and pharmacy benefits will be paid at 100%.

Note: Your out-of-pocket maximum include copays, coinsurance, and deductible.

The 70/30 Plan is Secondary to Medicare

Deductible / Out-of-Pocket Maximum


2026 Pharmacy Benefits	Applied to Individual Deductible \$3,000	Out-of-Pocket Maximum (Combined Medical & Pharmacy) \$6,500
All Medical Copays Includes office visits, urgent care, ER, inpatient/outpatient hospital		✓
Deductible & 30% Coinsurance <ul style="list-style-type: none"> Facility based services Tier 3 and 6 prescriptions Non-preferred diabetic testing supplies 	✓	✓
Pharmacy Copays <ul style="list-style-type: none"> Tiers 1, 2, 4 & 5 Preferred diabetic testing supplies 		✓

- ✓ Amounts applied to the individual deductible are also applied to the out-of-pocket maximum.
- ✓ After the individual deductible has been met, you will pay a 30% coinsurance until the out-of-pocket maximum has been met.
- ✓ ACA preventive services & preventive prescriptions covered at 100% are not subject to deductible or out-of-pocket maximum.

2026 ID Cards

If you elect the 70/30 Plan through Aetna, you will receive a new ID card.

ID cards will be sent out after Open Enrollment. Please keep an eye out in your mailbox for your new ID card!

 A Division of the Department of State Treasurer		Provider Type	
ID: [REDACTED]		Selected Pref PCP	\$10
DEPT OF NATURAL & CULTURAL RESOURCES		Selected Other PCP	\$30
Group No:	Eff Date:	Non-Selected PCP	\$40
0192681	01/01/2026	Preferred Specialist	\$40
Plus PPO Plan		Other Specialist	\$80
Choice POS II		Urgent Care	\$70
RXBIN:	RXPCN:	RXGRP:	Hosp/ER
004336	ADV	RX0274	\$500+Ded+20%
SELF INSURED		Other Info	INN OON
Paid for by YOU and other NC Taxpayers		Ind Deductible	\$ 1,500 \$ 3,000
		Ind OOP Max	\$ 5,000 \$10,000
		Family Deductible	\$ 4,500 \$ 9,000
		Family OOP Max	\$15,000 \$30,000
		Primary Care Provider (PCP)	
		Maria V Delbono	
		VA Preferred	NAP

Third Party Administrator:	Pharmacy Benefits Administrator:
	
Benefits & Claims Number	1-833-690-1037
Eligibility & Enrollment	1-855-859-0966
Behavioral Health	1-800-424-4047
Provider Relations/Precert	1-888-632-3862
24-Hour Nurse Line	1-800-556-1555
Pharmacy Help Desk	1-800-364-6331
CVS Caremark	1-888-321-3124
Lantern \$0 Surgery	1-833-916-3826
Aetna Life Insurance Company	Payer No: 60054 0155
Submit Claims To: PO Box 14079	www.SHPNC.gov
Lexington, KY 40512-4079	
<small>Aetna provides administrative services only for the self funded plan, and assumes no financial risk for claims. Claims may be subject to review. Members are responsible for obtaining the prior review/cert for professional and/or outpatient services for non-participating providers.</small>	

Member Resources



Health Concierge

The dedicated Aetna Health Concierge and Customer Service staff can help:

- Search for providers and schedule doctor visits
- Provide guidance on all programs
- Estimate costs
- Explain benefits
- Review clinical alerts

Health Concierge
Call the dedicated toll-free
number to get started:
1-833-690-1037



Aetna 24-Hour Nurse Line

With the Aetna 24-hour Nurse Line, health information is just a phone call away. You'll be able to:

- Get information on health and wellness topics
- Make better health care decisions
- Find out more about tests and/or procedures
- Prepare for your doctor's visit
- Receive emails with links to helpful videos



Lifestyle and Condition Coaching

To help you stay healthy, you'll get support for these and more:

- Tobacco cessation
- Diabetes
- Back pain
- Lowering cholesterol
- Asthma
- Stress
- Weight management and healthy eating



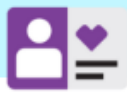
Virtual Care

Enjoy convenient care through Virtual Care:

Get 24/7 on-demand support by phone, video or mobile app to avoid costly trips to the emergency room and save time.

Get a diagnosis for issues, such as:

- Cold and flu
- Sinus infection
- Allergies
- Mental health care
- Dermatology



Aetna Health App

Making health care easier:

With the Aetna Health app, you can navigate your benefits, connect to quality care, and manage your costs.

Here's what you can find on the app:

- Aetna Digital ID Card
- Benefit Info
- Providers
- Cost Estimates & Claim Updates
- Deductibles
- Health Reminders



Discounts

Save with discounts on items related to:

- Fitness
- Natural products and services
- Oral health
- Hearing
- Weight management
- Vision
- LifeMart (deals on travel, entertainment, wellness, apparel and more)

MEDICARE PRIMARY PLANS

for Medicare Subscribers in Retirement Systems

Monthly Premium Rates January 1, 2026 to December 31, 2026	MEDICARE ADVANTAGE		MEDICARE 70/30 PLAN
	BASE PLAN	ENHANCED PLAN	
MEDICARE PRIMARY SUBSCRIBERS & DEPENDENTS			
Subscriber Only	\$0	\$81	\$0
Subscriber + Child(ren)	\$68	\$226	\$185
Subscriber + Spouse	\$68	\$226	\$575
Subscriber + Family	\$136	\$371	\$575
NON-MEDICARE PRIMARY for DEPENDENT(S) on PLUS PPO PLAN			
Subscriber + Child(ren)	\$210	\$291	\$210
Subscriber + Spouse	\$680	\$761	\$680
Subscriber + Family	\$680	\$761	\$680
NON-MEDICARE PRIMARY for DEPENDENT(S) on STANDARD PPO PLAN			
Subscriber + Child(ren)	\$185	\$266	\$185
Subscriber + Spouse	\$575	\$656	\$575
Subscriber + Family	\$575	\$656	\$575

Income-Related Monthly Adjustment Amount (IRMAA)

- Members with higher income levels are required to pay an adjusted Medicare Part B premium plus, an additional amount when enrolled in Medicare Part D prescription drug coverage. The additional amount is called Income-Related Monthly Adjustment Amount or IRMAA.
- Income level is based on modified adjusted gross income, which is the total of your adjusted gross income and tax-exempt interest income.
- IRMAA is mandated by federal law and is deducted from your monthly Social Security payments (or direct billed if delayed Social Security).
- IRMAA will apply if individual income **is over \$106,000**; or if married (filing joint tax return) income **is over \$212,000**.
- When enrolled in one of our Humana Group Medicare Advantage plans, higher income members may be subject to Part D IRMAA in addition to their already higher Medicare Part B premium.

IRMAA amounts for 2025 Medicare Part D may range from \$13.70 to \$85.80 per month.

IRMAA determination is based on IRS tax return from 2 years ago (2023).

Important Address Information

If you currently have a P.O. Box address on record with the State Health Plan you will need to provide a physical address as well.

- Humana is unable to process an enrollment with *only* a P.O. Box address.
- Systems can store multiple addresses. The Plan can retain the P.O. Box address for mailing purposes and will store the physical address separately.

Please update through eBenefits or by calling the Eligibility and Enrollment Support Center at 855-859-0966.

It is important to also update any address change with the State Retirement System. You may contact them at 919-814-4590.



Open Enrollment Medicare Outreach Events



DATE	TIME
10/2/2025	2 p.m.
10/3/2025	10 a.m.
10/9/2025	2 p.m.
10/13/2025	10 a.m.
10/16/2025	10 a.m.
10/16/2025	6 p.m.
10/17/2025	2 p.m.
10/27/2025	10 a.m.
10/28/2025	6 p.m.
10/29/2025	10 a.m.

The Plan will be offering **15 IN-PERSON EVENTS** and **10 WEBINARS** prior to and during Open Enrollment.

The Plan is also hosting

TWO MEDICARE TELEPHONE TOWN HALL EVENTS.



- Members with a valid phone number in the Plan's enrollment system, eBenefits, will receive a call at the start of one of these events which will prompt you to join.
- You can also call 800-303-1480 at the date and time that works best for you. Registration is not required.
- In-person, webinar and Telephone Town Hall events will share the same information.

DATE	TIME
9/26/2025	2 p.m.
10/10/2025	2 p.m.

If you would like to attend any of these events, please RSVP at www.shpnc.gov or call **866-720-0114**.

How to Make a Change During Open Enrollment

Enroll Online:

Visit the State Health Plan website:
www.shpnc.gov and click eBenefits.

Then click ORBIT*

Once logged into ORBIT*, click
State Health Plan Benefits.



Enroll by Phone:

The Plan's Eligibility & Enrollment Support Center will offer extended hours to assist you with your enrollment.

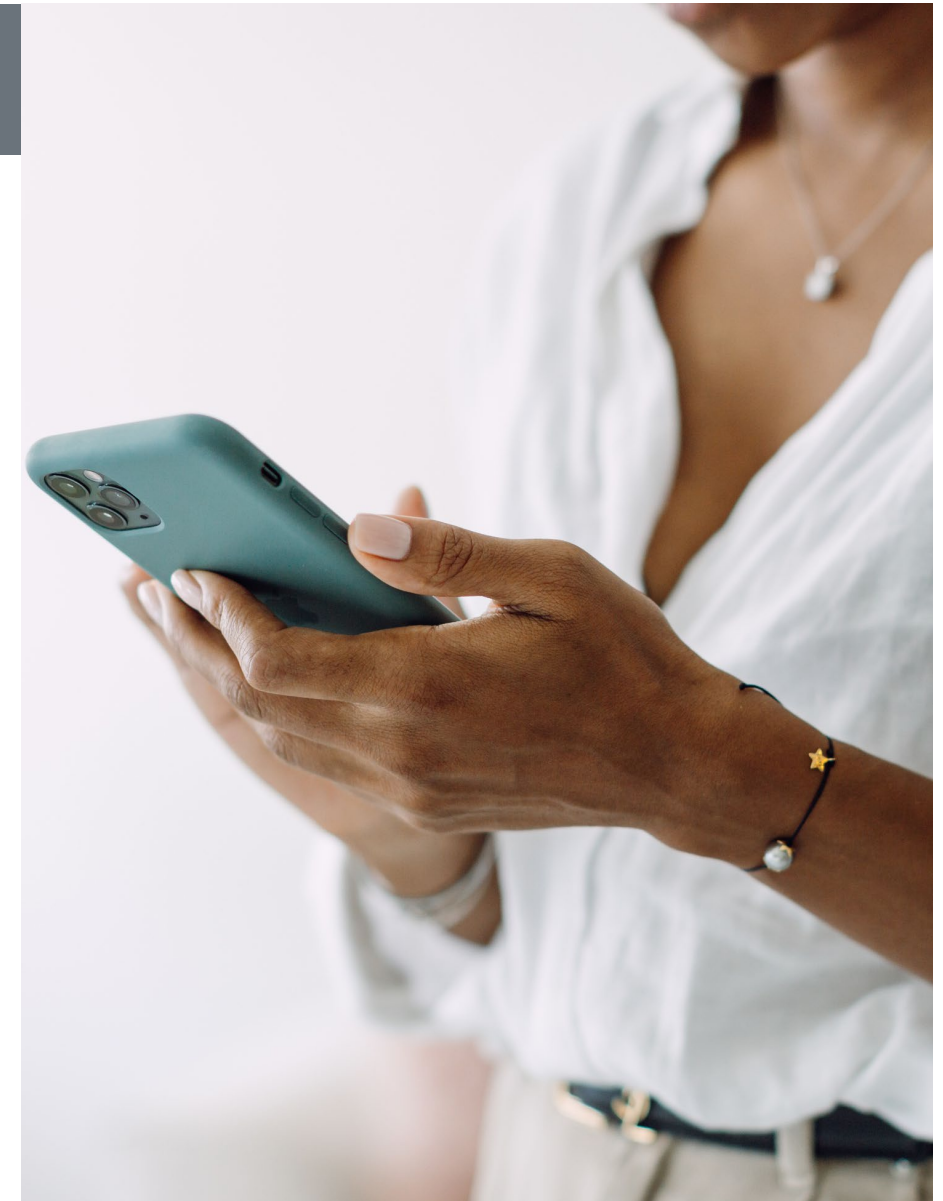
855-859-0966

Mon-Fri: 8 a.m.-10 p.m. (ET)

Sat: 8 a.m.-5 p.m. (ET)

Important Phone Numbers

State Health Plan's Eligibility and Enrollment Support Center	855-859-0966
Humana Customer Service	888-700-2263
Aetna Concierge Service	833-690-1037
CVS Caremark 70/30 (Pharmacy Benefits)	888-321-3124
State Retirement System	919-814-4590
Pierce Insurance Agency (Dental/Vision/Identity Theft Protection)	855-627-3847



Keep Up-To-Date on State Health Plan News

VISIT US online at www.shpnc.gov

SIGN UP for Member Focus, the Plan's monthly e-newsletter at
www.shpnc.gov/MemberFocus

FOLLOW the State Health Plan on social media for updates

Facebook  @SHPNC

Instagram  @nchealthplan

