

2026 STATE HEALTH PLAN COMPARISON

MEDICARE PRIMARY Subscribers



HUMANA® MEDICARE ADVANTAGE & HUMANA® PRESCRIPTION DRUG

70/30 PPO Plan*

MEDICAL BENEFITS

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 70/30 Plan, cost-sharing amounts between you and the StateHealth Plan will vary. Medicare pays first. Then, the 70/30 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

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Out-of-Pocket Maximum	\$2,100 Individual No Family Maximum	N/A
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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 (CGMs) 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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