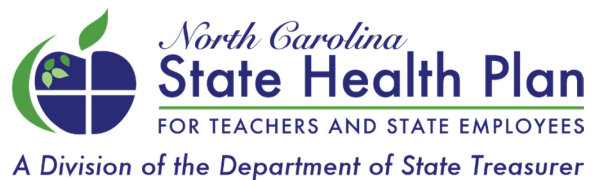




2027 Open Enrollment Medicare Outreach Event

**Open Enrollment
October 12 – 30, 2026**



Presentation Overview

- 2027 Health Plan Options & Changes
- Medicare Advantage Plan Reminders
- Humana
- Aetna
- Premium Rates
- How to Make Changes



**OPEN
ENROLLMENT**

Plan Options for **Non-Medicare** Members

The State Health Plan offers two (2) Preferred Provider Organization (PPO) plans. Both plans are administered by Aetna.

Plus PPO Plan

Pays 80% for most in-network services.

Standard PPO Plan

Pays 70% for most in-network services.



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

Once Medicare primary, you have three (3) options, which consist of two Humana and one Aetna administered plans. ALL options are under the State Health Plan umbrella and include prescription drug coverage, so a separate Medicare Drug Plan (Part D) is not necessary.

Humana Medicare Advantage PPO & Prescription Drug Base Plan

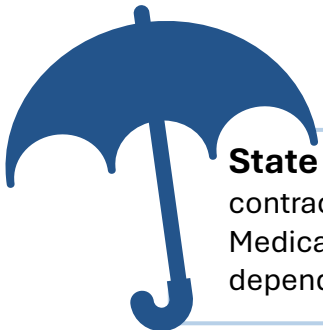
Premium free for Medicare-eligible qualified retiree.

Humana Medicare Advantage PPO & Prescription Drug Enhanced Plan

Monthly premium of **\$83** for Medicare-eligible qualified retiree.

70/30 PPO Plan Administered by Aetna

Premium free for Medicare-eligible qualified retiree.



State Health Plan

contracts with Humana to offer options for Medicare primary members and eligible dependents, including payment of claims.

Humana

a Medicare Advantage Organization (MAO) that contracts with CMS to administer Medicare Parts A and B benefits.

Centers for Medicare and Medicaid Services (CMS)

oversees Medicare Parts A and B, partnering with MAOs like Humana.

2027 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 2027 benefit year, all members in the Humana Medicare Advantage PPO & Prescription Drug Base (or Enhanced) Plan **WILL REMAIN** in that plan **UNLESS** you enroll in a different plan during Open Enrollment. You will need to **TAKE ACTION** if you would like to enroll in a different plan.
 - **MEDICARE-PRIMARY** members enrolled in the 70/30 Plan **WILL BE MOVED** to the Humana Medicare Advantage PPO & Prescription Drug Base Plan effective Jan. 1, 2027, unless they **TAKE ACTION** during Open Enrollment.
 - All **NON-MEDICARE** members, including **NON-MEDICARE** spouse/dependents **WILL BE MOVED** to the Standard PPO Plan effective Jan. 1, 2027. You will need to **TAKE ACTION** if you and/or they want to be enrolled in the Plus PPO Plan.



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2027 Humana Medicare Advantage Plan Highlights

Humana Group Medicare Advantage Plans and Other Insurance

With the Humana Medicare Advantage PPO & Prescription Drug Plans there is **NO NEED** for additional coverage.

IF YOU...

enroll in additional Medicare Health Plan coverage, this may result in **DISENROLLMENT** from your State Health Plan Humana Group Medicare Advantage Plan, placing you **AUTOMATICALLY** on the 70/30 Plan.

This could significantly affect your **MONTHLY PREMIUM**.

IF YOU...

are already enrolled in a Medicare Advantage or Part D prescription drug plan, your coverage with that plan **WILL TERMINATE** when you enroll in the Humana Group Medicare Advantage Plan.

IF YOU...

are enrolled in a Medicare Advantage Plan, you **CANNOT** purchase a Medicare Supplement / Medigap plan without terminating your Medicare Advantage plan first.

This is to protect you, as Medicare Supplement / Medigap plans only work with Original Medicare.

Humana Group Medicare Advantage Plans and Other Insurance

- You **CANNOT** be enrolled in multiple Medicare Health Plans at the same time.
- If you have other retiree group health coverage, it is important to understand what type of coverage it **WILL BECOME** once you are Medicare-eligible.
- TRICARE for Life (TFL) and CHAMPVA members are permitted to enroll in Medicare Advantage Plans.
- **INDIVIDUAL** health plans like cancer, long-term care, hospital indemnity, dental or vision **WILL NOT** affect eligibility or coverage under a Medicare Advantage plan.
- **NEVER SHARE** or confirm your personal information over the phone. You may end up enrolled in a plan and lose your Humana coverage.

REMEMBER If enrolled in other retiree health coverage, review all Open Enrollment material received from the Plan. Coverage options may change from year to year.

Important Enrollment Reminders

- You **MUST** 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.

2027 Medicare Advantage Changes

For the past five years, the Plan has absorbed increasing costs for our Medicare Advantage members in an effort to keep your benefits stable and costs down. However, with **HEALTH CARE COSTS CONTINUING TO RISE** in particularly Medicare Part B drugs, without changes, the rising costs would place even greater pressure on the long-term stability of benefits for all Plan members.

The following slides will show the changes approved by the Board earlier this year relative to some copays and maximum out-of-pocket limits.

MEMBER IMPACT INCLUDES:

- Higher Maximum Out-of-Pocket Limit
- Higher copays for Inpatient Hospital stays; Specialist Visit, Radiology, etc.
- 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.

2027 Medicare Advantage Cost-Sharing Changes

Benefit Copays	BASE PLAN		ENHANCED PLAN	
	2026 Benefits	2027 Benefits	2026 Benefits	2027 Benefits
MEDICAL BENEFIT				
Medical Out-of-Pocket Maximum	\$4,000	\$4,500	\$3,300	\$3,700
Inpatient Acute Hospital Admit Copay <i>(per day, days 1-10)</i>	\$160	\$200	\$125	\$150
Specialist Visit Copay	\$40	\$50	\$35	\$45
Advanced Imaging Copay	\$100	\$175	\$100	\$150
Radiology Copay	\$40	\$75	\$40	\$50
Therapies Copay – physical, occupational, speech, etc.	\$20	\$30	\$20	No change
Part B Drugs Copay	\$0	\$50	\$0	\$50
PHARMACY BENEFIT				
Pharmacy Out-of-Pocket Maximum	\$2,100	\$2,400	\$2,100	\$2,400
Tier 1 Drugs	\$10	\$15	\$10	No change
Tier 2 Drugs	\$40	\$50	\$40	No change
Tier 3 Drugs	\$64	\$70	\$50	No change
Tier 4 Drugs	25% to \$100	25% to \$150	25% to \$100	No change

Pharmacy Coverage

Humana Group Medicare Advantage Plans

The same formulary (drug list) applies to BOTH the Humana Base and Enhanced plans. While similar, it is different from the formulary used under the 70/30 Plan.



GENERIC OR PREFERRED GENERIC: The lowest cost-share for generic or brand drugs under this plan.

PREFERRED BRAND: Generic or brand drugs offered at a lower cost than Tier 3 non-preferred drugs.

NON-PREFERRED DRUG: Generic or brand drugs offered at a higher cost than Tier 2 preferred brand drugs.

SPECIALTY TIER: Includes some injectables and other higher-cost drugs.

TIER
1

TIER
2

TIER
3

TIER
4

Most formulary changes occur at the start of a benefit year.
The Humana Drug Guide is posted on the Plan's website.

Frequently Asked Questions

Humana Group Medicare Advantage Plans Pharmacy Benefits

Do I have to pay a copay even if the covered drug costs less than the copay?

NO. You will pay either the full price of the drug or the copay amount, whichever is “lower.”

Why is my copay assist card not working?

Most Pharmaceutical Assistance programs/manufacturers copay assistance programs will not work with Medicare Part D.

What can I do about expensive medication?

Check with your provider to see if a different drug in a lower Tier might work for you.

Your provider can request a Tier Level exception; **HOWEVER**, specialty (Tier 4) medications are not eligible for this exception.

TIP. If you have limited income and resources, you may be eligible for assistance through the Medicare Part D “Extra Help” program.

Apply for the Medicare Extra Help program through the Social Security website or call SHIP at 855-408-1212.



Providers

- ✓ The medical benefits under the Humana Plan provide for a passive/open network. There is **NO COST DIFFERENTIAL** between in-network and out-of-network benefits.
- ✓ If your provider participates in Medicare and agrees to file claims with Humana, you can continue to see the provider even if they are out-of-network and there would be no extra cost.
- ✓ Should the out-of-network provider still resist filing a claim with Humana, the member could pay for the service and file a paper claim with Humana for reimbursement (less any applicable copayment/coinsurance).
 - ✓ Humana has a Provider flyer available to members to give to a provider which explains the claim process and payment for an out-of-network provider.



If your healthcare provider says they do not accept Humana insurance, give them this flyer

Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.

Don't forget to take your Humana member ID card to your first appointment and present it at the time of service.

A message for your provider

Humana will provide coverage for this member under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this member or any member of this plan if you are a provider who is eligible to participate in Medicare.

Contracted healthcare providers

If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

Out-of-network healthcare providers

Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.

Claims process for providers

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **800-626-2741**, Monday – Friday, 9 a.m. – 6 p.m., Eastern time.

This number is not for patient use.



Providers, scan this QR code

Providers, scan this QR code with your mobile device to take you to the Humana Provider page.

Patients, have questions?

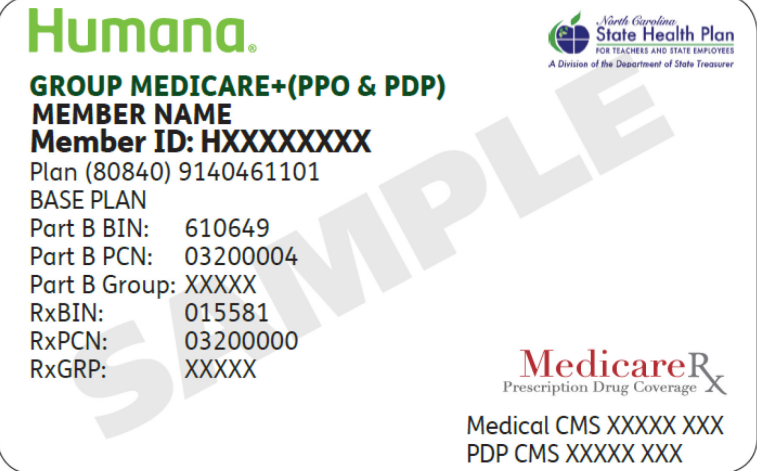
Patients, please call the Group Medicare Customer Care number listed on the back of your Humana member ID card.

Humana.



2027 Humana ID Card

- We are returning to having a combined medical/pharmacy ID card for 2027.
- As a result of having to comply with Centers for Medicare & Medicaid Services (CMS) relative to other information being reflected, copayments will not be reflected on ID card.
- The State Health Plan logo will be shown in the upper right-hand corner of the ID card.





2027 70/30 Plan Highlights

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

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 Highlights

Beginning Jan. 1, 2027, the State Health Plan will introduce a new tiered provider network for this plan.

- Medicare will remain primary and work the same as it does today, but your out-of-pocket cost may vary based on the tier level of your provider.
- Providers will be grouped into network tiers: Preferred, Access, Non-Preferred and Out-of-Network. You will pay the least when you see a **PREFERRED PROVIDER**.
- Primary Care Provider (PCP) copays will continue to work the same way, with lower copays if you select a Preferred Provider or by selecting PCP. The following office visit copays are **NOT IMPACTED** by tier placement:
 - Behavioral Health Providers
 - Speech, Occupational, Chiropractor and Physical Therapy
 - Urgent Care Facilities



Preferred Providers Tier Structure

Aligning COST, ACCESS and movement toward VALUE across all provider tiers.

PREFERRED PROVIDERS

- Focuses on reducing total cost of care and improving health outcomes
- Provides lowest cost sharing for members
- Includes the 4,500 Independent providers that are Preferred today but will expand to health systems.

ACCESS PROVIDERS

- Maintains essential access points in rural areas and outside of NC with limited provider options
- Cost neutral for members or in some cases may be lower out-of-pocket costs

NON-PREFERRED PROVIDERS

- These providers elected or were not selected to participate in PPP
- Members will see a significant cost increase when seeing these providers

OUT-OF-NETWORK PROVIDERS

- There is little member impact as the Plan's TPA, Aetna, has a broad, national network

Pharmacy Coverage Plus and Standard PPO Plans

The same formulary (drug list) applies to **BOTH** the Plus and Standard PPO plans. It is different from the Humana formulary. A separate list of no-cost Affordable Care Act (ACA) Preventative Medications is available and applies to **BOTH** plans.

TIER
1

GENERIC: Most cost-effective non-specialty drugs (mostly generic).

TIER
2

PREFERRED BRAND: Non-specialty drugs (includes some high-cost generics).

TIER
3*

NON-PREFERRED BRAND: Non-specialty drugs and compounds.



SPECIALTY: Most cost-effective specialty drugs (includes generics & some biosimilars).

PREFERRED BRAND SPECIALTY: Preferred brand specialty drugs.

NON-PREFERRED BRAND: Non-preferred brand specialty drugs.

TIER
4

TIER
5

TIER
6*

The formulary is updated on a quarterly basis.
The CVS Caremark formulary is posted on the Plan's website.

*Tier 3 & 6 are subject to the deductible and coinsurance amounts and are applied to the combined out-of-pocket maximum.

Frequently Asked Questions

70/30 Plan Pharmacy Benefits

I have been approved for the Extra Help program. Why is it not recognized by the 70/30 Plan?

The Extra Help program will only work with Medicare Part D coverage.

The prescription coverage under the 70/30 Plan is **NOT** Medicare Part D coverage but is creditable drug coverage.

TIP: You could consider enrolling in a Humana Group Medicare Advantage Plan option during our next Open Enrollment Period.

My drug costs are too high. What can I do?

Check with your provider to see if a different drug in a lower Tier might work for you.

Ask your provider or pharmacist whether there is a pharmaceutical assistance program which may provide you with copay assistance. Some of these programs will cap your copay to a certain amount for up to 12 months or longer.

Unlike the Medicare plans, medications are **NOT** eligible for a Tier level exception under the 70/30 Plan.



2027 Aetna ID Card

- All members on the 70/30 Plan will receive a new State Health Plan cards for 2027, from Aetna.
- You will need to begin using this card Jan. 1, 2027, for all medical and pharmacy services.
- The State Health Plan logo will be shown in the upper left-hand corner of the ID card.



State Health Plan
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Standard PPO Plan
Choice POS II

Copay/Coinsurance

Provider Type	Pref	Access	Non Pref
Selected PCP	\$15	\$40	\$40
Other PCP	\$50	\$50	\$50
Spec (*+Ded)	\$40	\$65	*30%
Urgent Care	\$100	\$100	\$100
ER (+Ded+30%)	\$600	\$600	\$600
Hosp(*+Ded+30%)	\$750	*\$600	*\$1500

Primary Care Provider (PCP)

North Carolina
Preferred +

NAP

ID:

DEPARTMENT OF INFORMATION TECHNOLOGY

Group No:

Effective Date: **01/01/2027**

SELF INSURED

RXBIN: RXPCN: RXGRP:

ADV

Paid for by YOU and other NC Taxpayers

Third Party Administrator 

INDIVIDUAL	Preferred	Access	Non Pref
INN DED	\$ 1500	\$ 3000	\$ 5000
INN OOP MAX	\$ 4000	\$ 6500	\$12000
OON DED	\$15000		
OON OOP MAX	\$36000		

Pharmacy Benefits Administrator 

FAMILY	Preferred	Access	Non Pref
	\$ 4500	\$ 9000	\$15000
	\$12000	\$16300	\$24000
	\$45000		
	\$72000		

Benefits & Claims Number 1-833-690-1037

Eligibility & Enrollment 1-855-859-0966

Provider Relations/Precert 1-888-632-3862

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

Aetna provides administrative services only for the self-funded plan and assumes no financial risk for claims. See plan documents for plan requirements, including precertification. This card does not guarantee coverage.



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2027 Premiums

MEDICARE PRIMARY PLANS

for Medicare Subscribers in Retirement Systems

Monthly Premium Rates January 1, 2027 to December 31, 2027	MEDICARE ADVANTAGE		70/30 Plan
	BASE Plan	ENHANCED Plan	
MEDICARE PRIMARY SUBSCRIBERS & DEPENDENTS			
Subscriber Only	\$0.00	\$83.00	\$0.00
Subscriber + Child(ren)	\$64.00	\$230.00	\$167.00
Subscriber + Spouse	\$64.00	\$230.00	\$542.24
Subscriber + Family	\$128.00	\$377.00	\$542.24
NON-MEDICARE PRIMARY for DEPENDENT(S) on PLUS PPO PLAN			
Subscriber + Child(ren)	\$271.96	\$354.96	\$271.96
Subscriber + Spouse	\$760.20	\$843.20	\$760.20
Subscriber + Family	\$760.20	\$843.20	\$760.20
NON-MEDICARE PRIMARY for DEPENDENT(S) on STANDARD PPO PLAN			
Subscriber + Child(ren)	\$194.24	\$277.24	\$194.24
Subscriber + Spouse	\$603.76	\$686.76	\$603.76
Subscriber + Family	\$603.76	\$686.76	\$603.76

NOTES:

1. The Retirement System share for Retiree Subscribers in the Medicare Advantage plans is \$378.
2. The Retirement System share for Retiree Subscribers in the Medicare 70/30 Plan is \$378.
3. Subscribers in Retirement Systems with 50% or 100% contributions should see other rate sheets.

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 \$109,000**; or if married (filing joint tax return) income **is over \$218,000**.
- 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 2026 Medicare Part D may range from \$14.50 to \$91.00 per month.

IRMAA determination is based on IRS tax return from 2 years ago (2024).



North Carolina State Health Plan

2027 Open Enrollment Presentation



Humana Group Medicare Advantage

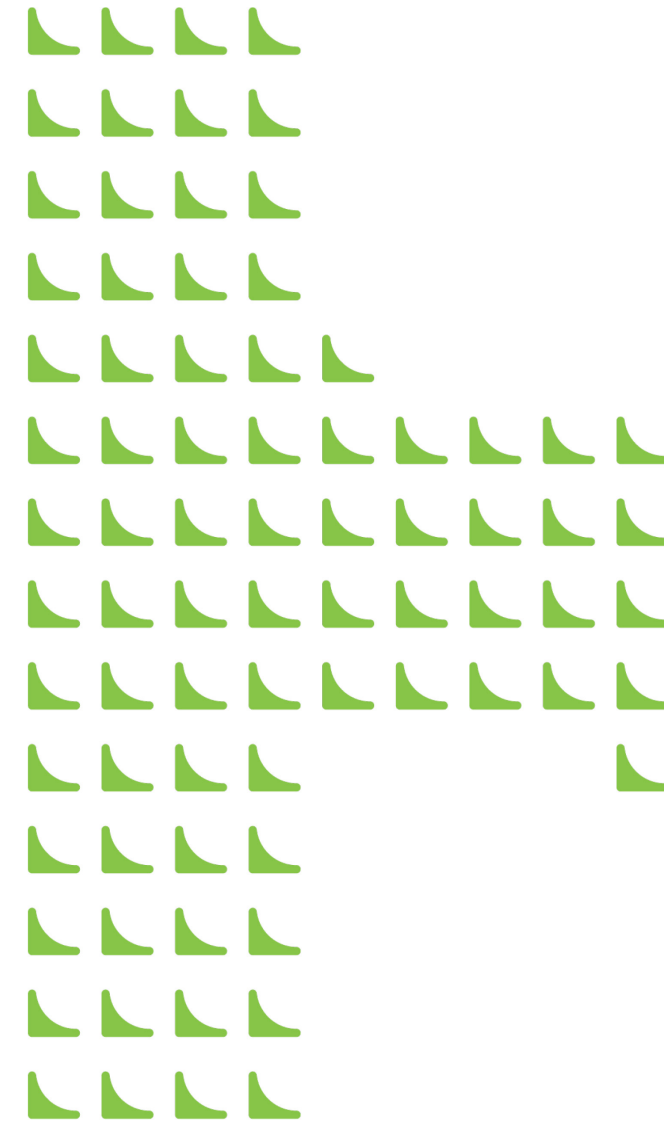
About Humana:

- 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
- Humana's Medicare PPO network offers broad access to a wide range of contracted hospitals, primary care providers, specialists, and other healthcare professionals and facilities across North Carolina & nationwide
- With this PPO plan, you will pay the same amount for both in- and out-of-network for care*
- Most preventative care is covered at 100%
- Worldwide emergency coverage

All new and existing Humana members will receive
one new Humana Member ID card for both medical and pharmacy.

¹Humana Inc. 2025 Annual Report, February 2026

*Out-of-network provider must participate in Medicare and agree to bill Humana



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](https://your.humana.com/ncshp)



Telehealth

Telehealth 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

- In-home wellness assessments
 - 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 for certain in-home support services
- 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



Non-Emergency Medical Transportation

- \$0 copay for plan-approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle
- Eligible for members with Chronic Kidney Disease (CKD), End-Stage Renal Disease (ESRD), or Cancer diagnosis
- Not to exceed 50 miles per trip
- NationsTransport is vendor partner



Virtual Cardiac Recovery Program

- \$0 copay for eligible for members
- Coverage is available post- inpatient stay for members with Congestive Heart Failure (CHF), Hypertension, Pneumonia or Respiratory Illness.
- Provides up to 36 covered sessions to support recovery and reduce the risk of hospital readmission
- CardaHealth is vendor partner

The Humana Difference

Medicare Advantage provides additional support, included in your plan



SilverSneakers®

A health and fitness program designed for senior adults that offers fun and engaging classes and activities.

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

[SilverSneakers.com](https://www.silversneakers.com)

The Humana Difference

Medicare Advantage provides additional support, included in your plan



Go365 by Humana®

A wellness program that rewards you for completing eligible healthy activities like working out or getting your Annual Wellness Visit.

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

[MyHumana.com](https://www.MyHumana.com)

Rewards must be earned and redeemed within the same plan year. Rewards not redeemed before Dec. 31st will be forfeited.
Rewards have no cash value and must be earned and redeemed within the same plan year. Rewards not redeemed before Dec. 31st will be forfeited.

Go365 by Humana – 2027 Program Updates



In 2027, members will be able to earn up to **\$260 Maximum Earnable Rewards!**



Prevention Activities: Annual wellness visit, mammogram, colorectal screening, diabetic bundle, bone density, completion of the medication usage survey



Health Education Activities: Participate in social and health education classes



Exercise & Fitness Activities: 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)

Only for Humana members

Earn up to \$260 in rewards

How to earn rewards with Go365 by Humana in 2027

It's part of your Humana Medicare Advantage plan

Taking care of your health can be rewarding

Go365 by Humana® makes wellness fun and easy. We can help you reach your physical and emotional health goals. Track your activity and redeem rewards:

- By going online at [MyHumana.com](https://myhumana.com)
- By filling out and mailing in paper forms

Earn rewards you can redeem for gift cards

More healthy activities = more gift cards for you

Complete eligible healthy activities like walking or getting your Annual Wellness Visit to earn rewards to redeem for gift cards. Once you've earned at least \$10 in rewards, choose your gift cards in the Go365 Mall.

Activate your Go365 Profile

Now it's time to get going with Go365

If you have a MyHumana account, log in to see eligible activities you can complete to earn rewards and details on how to track your actions. If not, log in to MyHumana and activate your profile.

Track your exercise the easy way

Earn rewards each month for completing **12 or more workouts**. Here is how to track and earn:

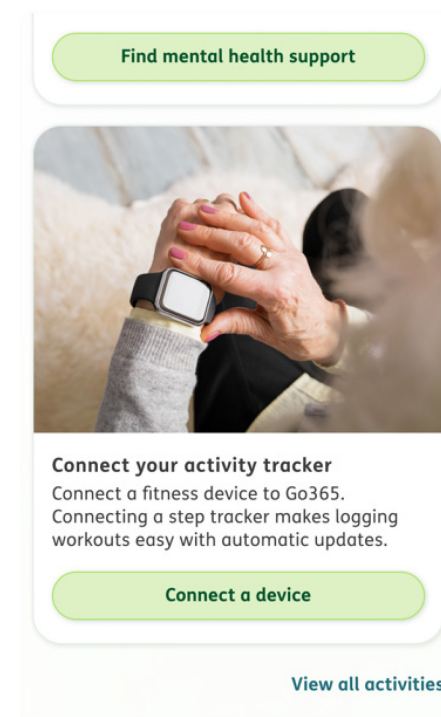
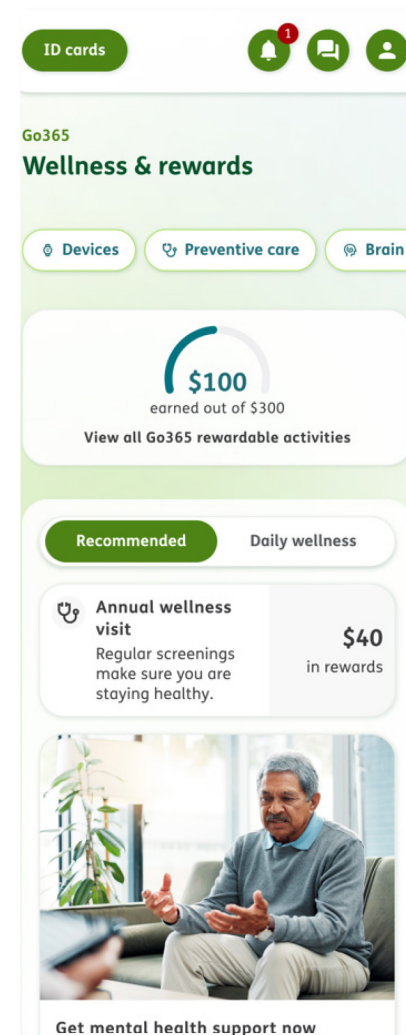
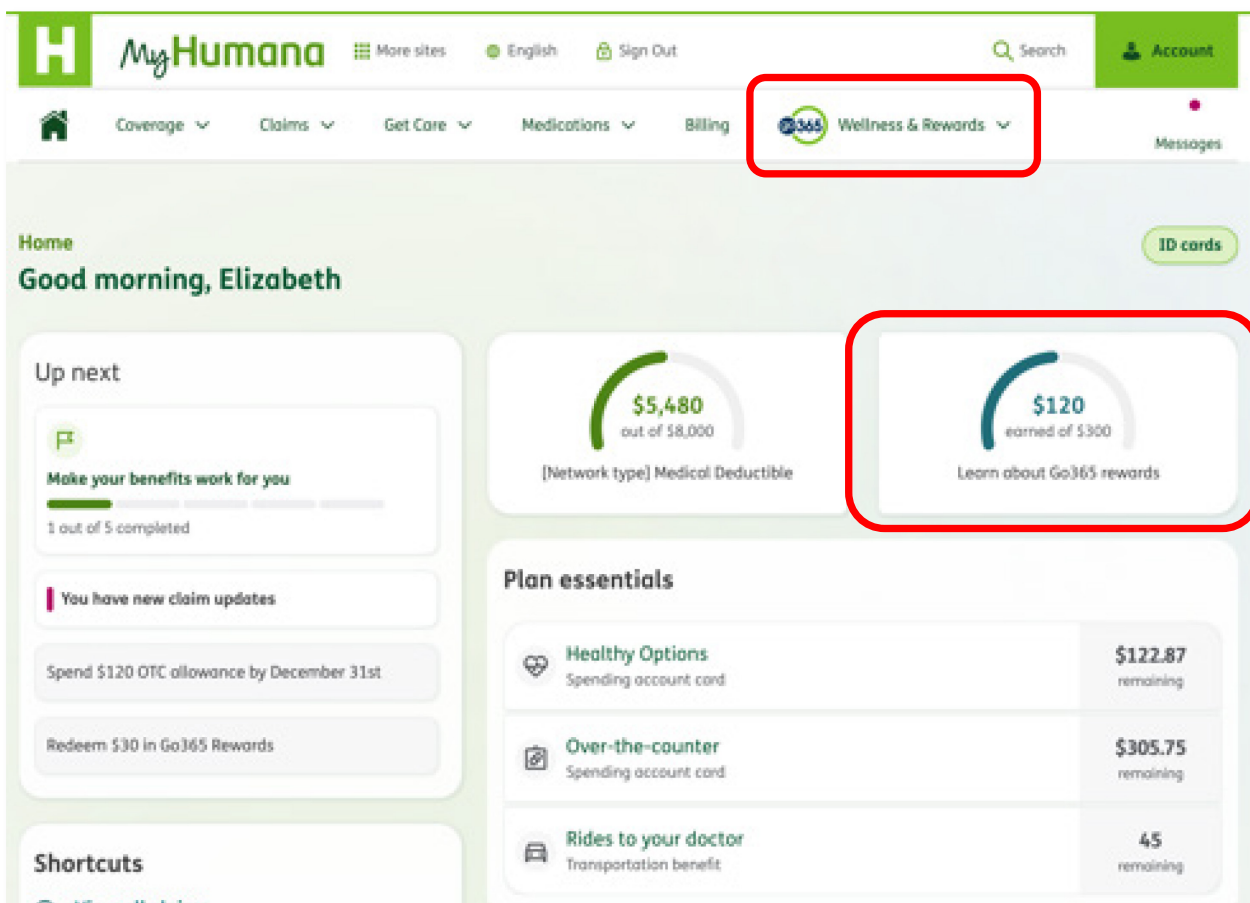
- 1. Attend a participating SilverSneakers® Fitness class** to earn rewards automatically if your plan includes SilverSneakers. Your rewards may take up to 45 days to show up in your Go365 account.
- 2. Log your workouts online** in your Go365 account or use a paper workout tracker to record your exercise. Eligible activities include yoga, dance, gardening, cycling, pickleball, strength training and more. Submit your workout within **90 days** of completion.
- 3. Connect a compatible activity tracker to Go365** to earn rewards automatically when you take at least 5,000 steps a day.

Go365 is compatible with activity trackers from a variety of manufacturers like Fitbit and Garmin. For a full list, sign in to your Go365 account.

Go365 by Humana – 2027 Program Updates

Go365 is now integrated with MyHumana!

Go365 will be available via the MyHumana Mobile App beginning January 1, 2027!



Schedule your Annual Wellness Visit

It's covered by your Humana Medicare plan.

- **Make the most of your plan.** It's worth it to use all the benefits of your coverage, especially your Annual Wellness Visit. There's no cost to you and you can **earn \$25 in rewards** from Go365 by Humana for completing your visit.
- **Your Annual Checkup is a great way to create a personalized plan** for managing your health. It is not a typical checkup or physical. It's a relaxed conversation between you and your doctor—with more time to focus on protecting your overall wellness and health as you age.
- **You can also schedule a preventive physical examination each calendar year.** This includes a head-to-toe checkup, medical history, routine tests and screenings as recommended by your doctor.

This communication does not guarantee benefits and does not indicate all services received will be covered by your plan. Please refer to your Evidence of Coverage or call Customer Care at the number on the back of your Humana ID card to confirm that the service will be covered by your plan.

Pharmacy options

Other pharmacies are available in the Humana network.



Retail pharmacy network

- Robust network
- Flexibility and convenience



- Outstanding care & patient experience
- Specially-trained associates
- Enhanced experience



- 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
- Members will have access to 100-day supply for certain Part D medications

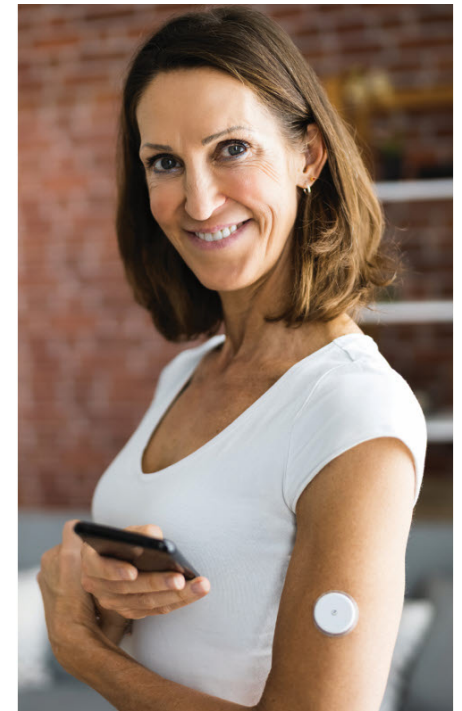
Continuous glucose monitors and diabetic supplies

Continuous Glucose Monitors (CGMs)

- \$0 copay for Medicare-covered therapeutic CGMs and supplies
- Preferred Continuous Glucose Monitoring Systems include Dexcom G6*, G7 and Freestyle Libre 2, 3, etc.
- CGMs are available at no cost to members through the following places of service:
 - Participating retail pharmacies
 - CenterWell Pharmacy
 - Humana's preferred durable medical equipment vendors: CCS Medical, 877-531-7959 and Edwards Healthcare, 888-344-3434

Diabetic Supplies

- Preferred diabetic supplies and administration supplies are covered 100%; supplies include meters, test strips and lancets
- Preferred diabetic test strips and meters are available in multiple brands, including Roche Accu-Chek Aviva, Roche Accu-Chek Guide, and Trividia Health True Metrix Air



*Dexcom G6 stopped being manufactured in July 2026; While supplies may continue to be available through your local pharmacy or medical distributor for a period of time after that date, we cannot guarantee availability after this date. To ensure uninterrupted Dexcom CGM supplies and support, we recommend working with your doctor to upgrade to either Dexcom G7 or Dexcom G7 15 Day by July 2026

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.
- SilverBills offers discounts on monthly bill management 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.

Humana®

nationshearing

IMG™

Lifeline

MOM'S MEALS®
A PURFOODS® COMPANY

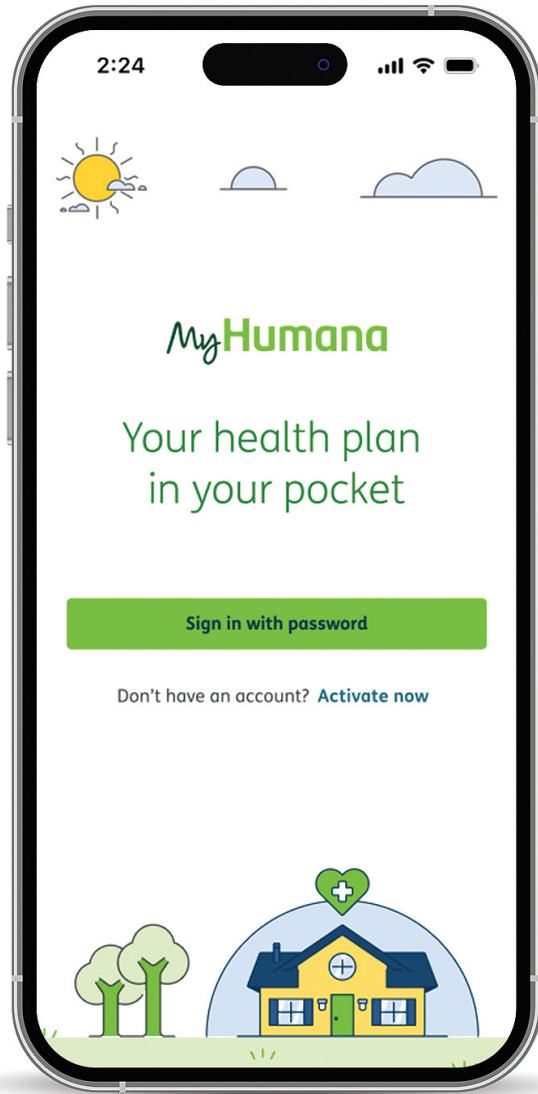
Truthbrush

SWORKIT
HEALTH



Silver
Bills

Poplin



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 your Humana member ID card and add it to your phone's wallet
- Find care close to you and get directions on your phone's map app*
- Review claims status
- Access your exclusive member discounts
- Beginning January 1st, 2027, Go365 will available via MyHumana mobile 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
- Statement 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 2027

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

CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.

Questions
Login to MyHumana at [Humana.com](#) to see your benefits, drug lists, prescriptions and claims.

Call us
Call 800-733-3602 (TTY: 711)
Monday - Sunday, 8 a.m. - 8 p.m. Saturdays, Sundays and holidays your call may be handled by a call center.

SmartSummary®

Your Part D Pharmacy claims processed in February 2027

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](#) 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 assistance, call Humana at 866-396-8810.

Compare your 2027 SHP 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 PPO Plan, administered by Aetna.
- **Now is the time** to take a closer look at the Humana plans!

Compare your 2027 State Health Plan Medicare-Eligible Member Coverage Options

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

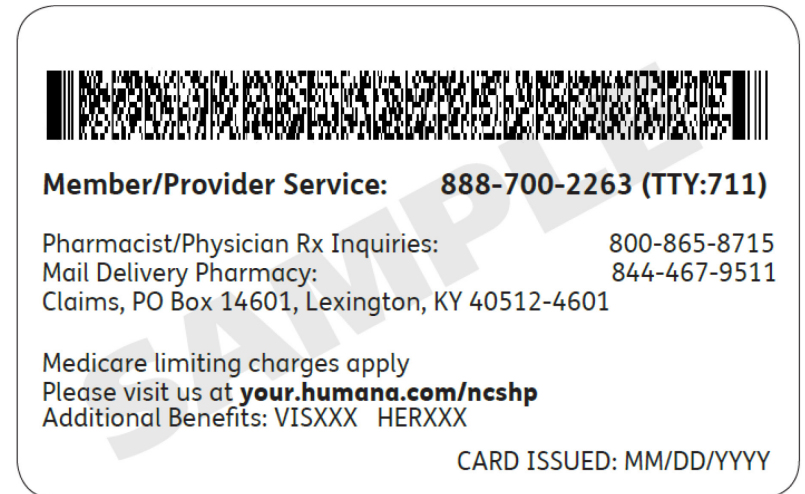
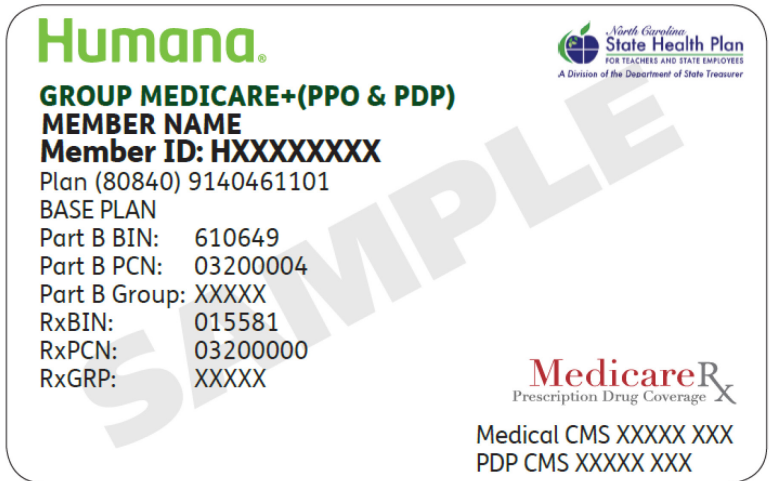
- Humana Group Medicare Advantage PPO & Prescription Drug Base Plans
- Humana Group Medicare Advantage PPO & Prescription Drug Enhanced Plans
- 70/30 Plan, administered by Aetna

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, in home personal care and the Humana Well Dine® meal program	✓	✗
\$0 copay for all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list†	✓	✗
\$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.	✓	✗
\$0 copay for virtual cardiac recovery program that provides up to 36 covered sessions to support recovery and reduce the risk of hospital readmission	✓	✗
Coverage for routine services—vision exam, podiatry, chiropractic, private duty nursing	✓	✗
Enrollment in the SilverSneakers® fitness program at no extra cost	✓	✗
Go365 by Humana™ wellness and rewards program‡	✓	✗

What to expect after you enroll

- **Enrollment confirmation letters**
New members will receive two letters from Humana – one for medical and one for pharmacy.
Renewing members will not receive confirmation of enrollment letters unless a plan change is made.
- **Humana member ID card**
Once you receive your ID card, create a MyHumana profile.
- **Access to Evidence of Coverage (EOC)**
Read this document to learn about the plan's coverage and services.
- **Additional mailings during the year**
You can expect to receive some other duplicated CMS-required notices. Mailings will arrive at different times.



Stay connected with Humana

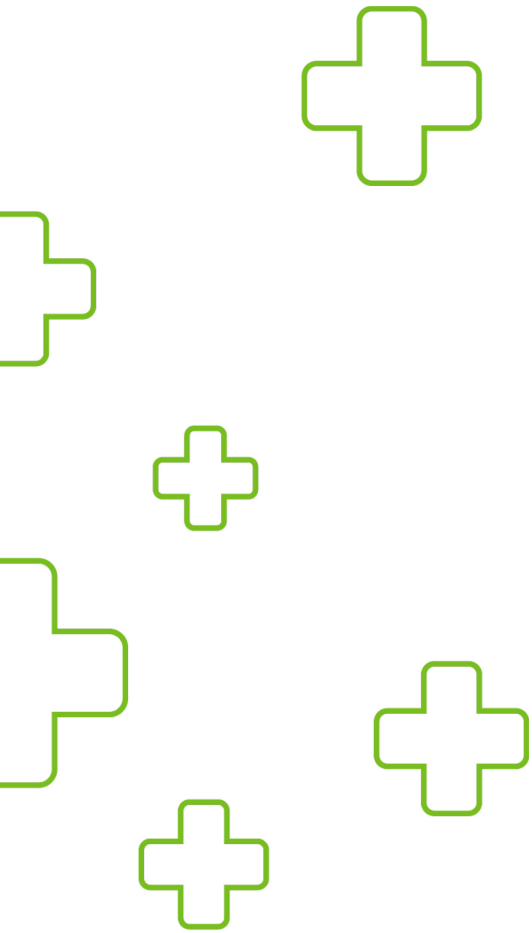
For more information:

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.



- Humana is a Medicare Advantage PPO plan and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Call **888-700-2263 (TTY: 711)** for more information.
- Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.
- Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.
- All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.
- Other pharmacies are available in the Humana network.

Humana®



ENGAGEMENT | SIMPLICITY | VALUE

Aetna 70/30 PPO Plan



Our 2027 Plan Includes

- Comprehensive Benefits
- Strong National Network
- Robust Member Assistance



Take charge of your health care

With the Aetna® member website, Aetna HealthSM app,
& Member Portal

CONNECT with the WEBSITE

- 1 go to **www.aetna.com**
- 2 **Log In** with your Member ID
find your Member ID on your ID card
- 3 **Create** an Account

CONNECT with the MOBILE APP

- 1 **Download** the app
- 2 **Log In** with your
Username/Password



To ACCESS the PORTAL

- 1 go to **www.SHPNC.gov**
- 2 log into **eBenefits**
- 3 click on **Aetna Member Portal** *under Quick Links*
- 4 create an Account and **Log In**

Scan the QR Code
to download the
Aetna Health app.

Text "AETNA" to 90156
to receive a download link.
Message and data rates may apply.



Helpful Features of the Member Portal

Finding care



- Find in-network providers.
- Choose or change your primary care provider.
- Search for walk-in clinics, urgent care centers and more.

Managing prescriptions



- Estimate drug costs.
- Find an in-network pharmacy.
- Learn about drug information and side effects.
- Refill a prescription.
- Enroll in mail-order for home delivery.

Managing claims



- View and sort claims.
- Track deductible spending.
- View claims progress.
- See past appointments and care.

Staying healthy



- Take a health survey.
- Try health coaching.
- Start a wellness program.
- Get treatment options.
- Save on gyms, vision and more.

Reviewing costs



- See out-of-pocket costs.
- Estimate the costs of doctors and procedures.
- Compare costs across providers.

Viewing health benefits



- Easily access your health plan information, all in one place.
- Get coverage details.
- Access your ID card.

Get Personalized Support When You Need It

Two direct resources can help answer health care questions and guide next steps.

Ask your Aetna Health Concierge



**Health
Concierge:
833-690-1037**

Get personalized support and the answers you need



How can I find the right specialist?



I have my diagnosis, what do I do?



Is this covered under my plan?

24-Hour Nurse Advice Line



24-Hour Nurse Line
Health information is a phone call away

- Get information on a wide range of health and wellness topics
- Make better health care decisions
- Find out more about a medical procedure

**24-Hour Nurse
Line:
1-800-556-1555
(TTY: 711)**

More Ways to Support Health and Well-Being

Lifestyle and Condition Coaching

Programs for healthy changes that lasts:

- Be tobacco-free
- Manage diabetes
- Have a healthy back
- Get heart healthy by managing cholesterol
- Stress less
- Manage weight – Eat Healthier
- Live well with asthma



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



Discounts thru LifeMart

Count on savings with the LifeMart Discount Program*

- Fitness
- Books
- Natural products and services
- Oral health
- Hearing
- Weight management
- Vision
- At-home products





Important Reminders

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.

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.



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.

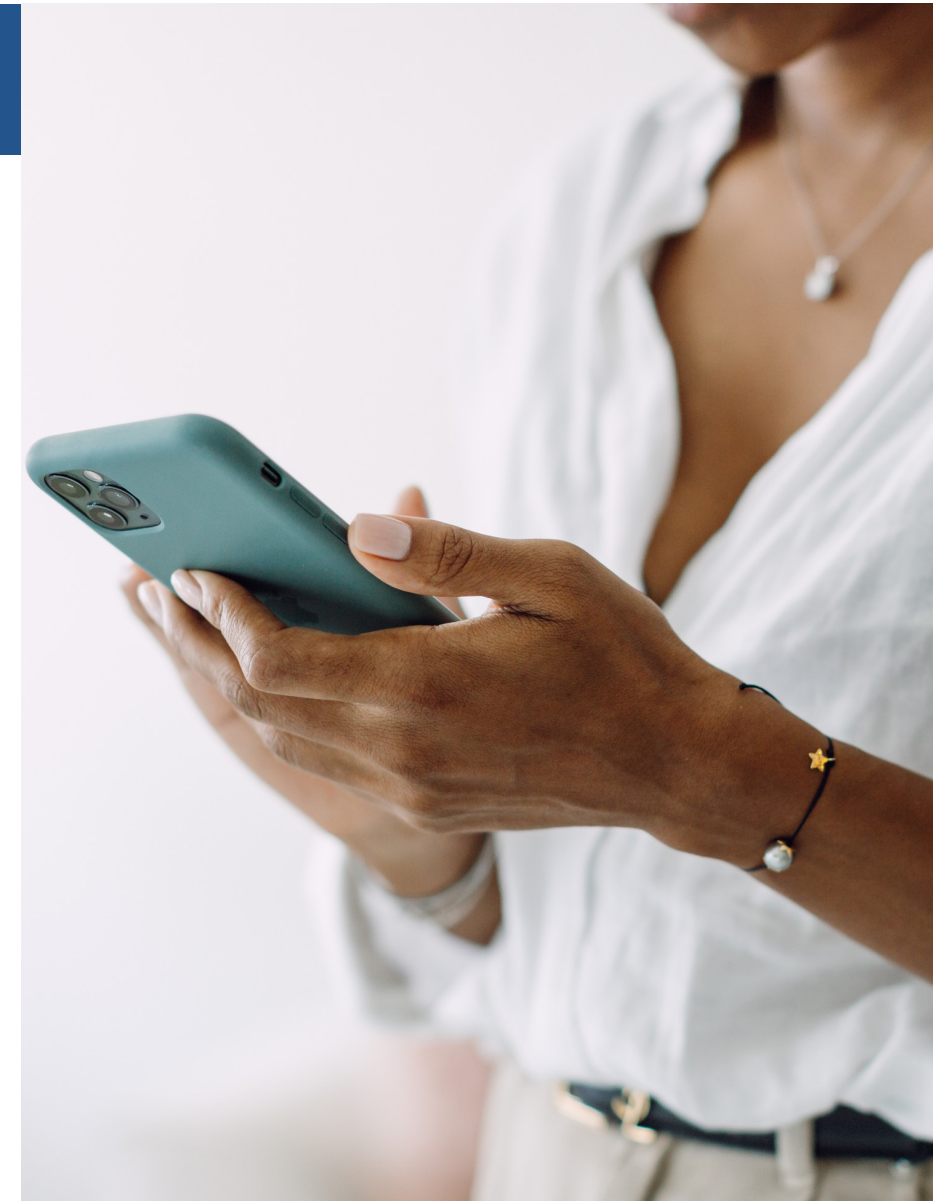
855-859-0966

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 <i>70/30 (Pharmacy Benefits)</i>	888-321-3124
State Retirement System	919-814-4590
Pierce Insurance Agency <i>(Dental/Vision/Identity Theft Protection)</i>	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

