Humana®

Going beyond your expectations

At Humana, what we do is more than health insurance. It's human care—care that works harder, goes farther and digs deeper.

All for you.

2026 State Health Plan
Humana Group Medicare Advantage Plan

Understanding your Medicare plan and how it works is important. Humana believes everyone should have access to the tools and support needed to have a fair and just opportunity to be as healthy as possible.

Inside this guide you'll find

What your benefits include

Humana Member Fact Sheet

Comparison Coverage Options

Plan Highlights

Routine Hearing and Routine Vision

Manage your Humana account online

Find Care tool

Take this to your Provider

Know your numbers

Learn more about extra programs and services Humana offers

Scan the QR code with your mobile device.

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

Your benefits include:

All the benefits of Original Medicare, plus extra benefits

Maximum out-of-pocket protections

Worldwide emergency coverage

Programs to help improve health and well-being

Get the care you deserve

- **Your benefit levels are the same for in-network and out-of-network providers**
- A network of providers, specialists and hospitals to choose from
- There are more than 61,000 participating pharmacies in our network
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

Coverage that fits the way you live

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

Care delivered how and where you need it

Humana offers a variety of programs for patients who need care for complex medical situations or support for chronic conditions. Through these programs, care managers collaborate with physicians and other healthcare professionals to help patients manage their healthcare needs at home, in the hospital, by phone or email.

Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

2026 Humana Member Fact Sheet

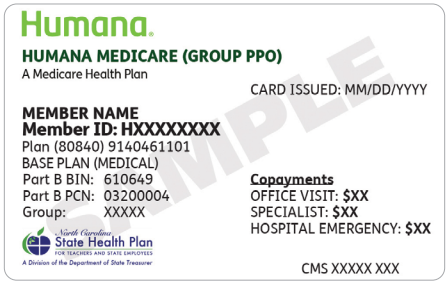
Humana Group Medicare Advantage PPO and Prescription Drug Plans

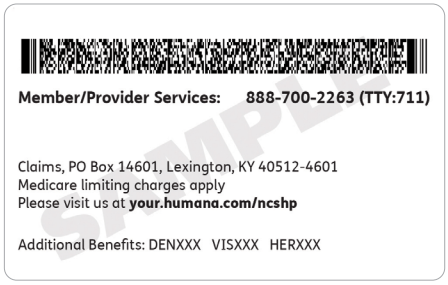
Starting January 1, 2026, the State Health Plan's Humana's Group Medicare Advantage PPO and Prescription Drug Plans will be administered as two separate plans, rather than being combined into one. The medical and prescription drug coverage will be provided separately.

Member ID Cards

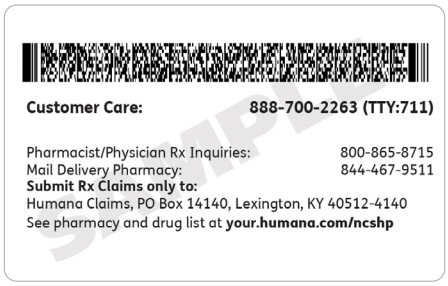
This means you will receive <u>two</u> new Humana ID cards.
Below is an example of the Base Medical and Base Prescription ID cards.
(If you are enrolled in the Enhanced Plans, your ID cards will read Enhanced Plan.)

Base Plan (Medical)





Base Plan (Prescription)



Register or login to your.Humana.com/ncshp to view your 2026 benefits

Or scan the QR code with your mobile device.

Have questions?

If you need help along the way, please call our Customer Care team at **888-700-2263 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

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2026 Humana Member Fact Sheet

Important information Humana members need to know for 2026

- **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.
- **Most prescriptions and vaccines will be covered** through your pharmacy benefit (prescription plan ID card), but some items may be covered through your medical benefit (medical plan ID card) including:
  - Diabetic testing supplies including continuous glucose monitors, insulin used via an insulin pump, vaccines such as influenza and pneumococcal, and commonly used nebulized medications.
  - If unsure, present your pharmacy with both cards and let them know you have both pharmacy and medical coverage through Humana.

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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†	✓	✗
$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‡	✓	✗

†For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines.

‡Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same program year. Rewards not redeemed before Dec. 31 will be forfeited. Gift cards cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs, alcohol, tobacco, e-cigarettes, or firearms. Gift cards must not be converted to cash.

2026 North Carolina State Health Plan

HUMANA GROUP MEDICARE ADVANTAGE PPO AND PRESCRIPTION DRUG PLANS HIGHLIGHTS

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage which can be found online at **your.Humana.com/ncshp**. You may also contact the dedicated State Health Plan Humana Customer Care Team at **888-700-2263 (TTY:711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

	Base PPO Plan In-network and out-of-network	Enhanced PPO Plan In-network and out-of-network
Annual maximum out-of-pocket	This plan has an annual combined in-network and out-of-network out-of-pocket maximum of $4,000 per individual per plan year (excludes Part D pharmacy, extra services and plan premium)	This plan has an annual combined in-network and out-of-network out-of-pocket maximum of $3,300 per individual per plan year (excludes Part D pharmacy, extra services and plan premium)
Annual deductible	$0	$0
Benefits covered by Original Medicare and your plan		
Doctor's office visit	• Primary care physician: $20 copay • Specialist: $40 copay • $0 copay for virtual visit **For virtual visit only:** provider must have the ability and be qualified to offer virtual medical visits	• Primary care physician: $10 copay • Specialist: $35 copay • $0 copay for virtual visit **For virtual visit only:** provider must have the ability and be qualified to offer virtual medical visits
Dialysis services (at dialysis center and outpatient facility)	$0 copay	$0 copay
Inpatient hospital care	$160 copay per day (days 1-10); $0 copay per day after day 10	$125 copay per day (days 1-10); $0 copay per day after day 10
Outpatient surgery	$250 copay	$250 copay
Outpatient rehabilitation	$20 copay (physical, occupational or speech/language therapy)	$20 copay (physical, occupational or speech/language therapy)
Diagnostic radiology services (such as MRIs, CT scans)	$100 copay	$100 copay
Lab services	$40 copay	$10 copay
Lab services (at urgent care facility)	$0 copay	$0 copay

	Base PPO Plan In-network and out-of-network	Enhanced PPO Plan In-network and out-of-network
Diabetic monitoring supplies	$0 copay	$0 copay
Continuous glucose monitors (CGMs)	$0 copay (Medicare-covered therapeutic CGMs and supplies)	$0 copay (Medicare-covered therapeutic CGMs and supplies)
Durable medical equipment	20% of the cost	20% of the cost
Urgent care	$50 copay	$40 copay
Emergency care	$65 copay (waived if admitted within 24 hours)	$65 copay (waived if admitted within 24 hours)
Additional benefits and programs not covered by Original Medicare but are covered by your plan		
Hearing (routine services)	• $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	
Vision (routine services)	$40 copay; routine eye exam, includes refraction (1 exam per year)	$35 copay; routine eye exam, includes refraction (1 exam per year)
Foot care (podiatry routine services)	$40 copay; maximum of 6 combined visits per year	$35 copay; maximum of 6 combined visits per year
Chiropractic (routine services)	$20 copay for routine chiropractic visits up to unlimited visit(s) per year	$20 copay for routine chiropractic visits up to unlimited visit(s) per year
Private duty nursing	20% of the cost; $5,000 combined maximum benefit per year	20% of the cost; $5,000 combined maximum benefit per year
Medicare-covered Acupuncture	$40 copay; limit 20 combined visits per year	$35 copay; limit 20 combined visits per year
Transportation (routine services)	$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.	
SilverSneakers®	A fitness membership with access to participating SilverSneaker locations nationwide.	
Go365 by Humana®	Humana's wellness and rewards program.*	

*Reward amounts represent the value of the reward, not actual dollars. Rewards have no cash value and must be earned and redeemed within the same program year. Any rewards not redeemed by December 31 will expire. Gift cards and denominations are subject to change at any time without notice.

Benefits available post-discharge after inpatient hospital or nursing facility stay	
Post-discharge transportation	$0 copay for plan approved location up to 12 one-way trip(s) by rideshare services, car, van or wheelchair accessible vehicle (not to exceed 50 miles per trip).
In-home personal care	$0 copay for a minimum of 4 hours per day, up to a maximum of 8 hours for certain in-home support services.
Humana Well Dine®	Receive a total of 28 meals (2 meals per day for 14 days), delivered to member's home.

	Base PPO Plan Prescription Drugs In-network only	Enhanced PPO Plan Prescription Drugs In-network only
Annual drug out-of-pocket maximum	$2,100	$2,100
Retail (30-day supply)		
Tier 1 Generic or Preferred generic	$10 copay	$10 copay
Tier 2 Preferred brand	$40 copay	$40 copay
Tier 3 Non-preferred drug	$64 copay	$50 copay
Tier 4 Specialty	25% of the cost ($100 maximum out-of-pocket per prescription)	25% of the cost ($100 maximum out-of-pocket per prescription)
Retail and mail delivery (90-day supply)		
Tier 1 Generic or Preferred generic	$24 copay	$24 copay
Tier 2 Preferred brand	$80 copay	$80 copay
Tier 3 Non-preferred drug	$128 copay	$100 copay
Tier 4* Specialty	25% of the cost ($300 maximum out-of-pocket per prescription)	25% of the cost ($200 maximum out-of-pocket per prescription)

Additional information

- $0 copay for all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list†.
- Member cost share of this plan's covered Part B and Part D insulin products are no more than $35 for every one month (up to a 30-day) supply.
- Most Part D diabetic supplies are covered 100%.
- This plan includes coverage for some vitamins, minerals, fertility, and cough & cold medications with a prescription.

*Some Tier 4 medications are available at 90-day supply.
†For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to https://www.cdc.gov/acip-recs/hcp/vaccine-specific/index.html.

Humana is a Medicare Advantage PPO plan and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

Routine Hearing and Routine Vision

	Base PPO Plan In-network and out-of-network	Enhanced PPO Plan In-network and out-of-network
Hearing (routine services)	• $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	
Vision (routine services)	$40 copay; routine eye exam, includes refraction (1 exam per year)	$35 copay; routine eye exam, includes refraction (1 exam per year)

Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

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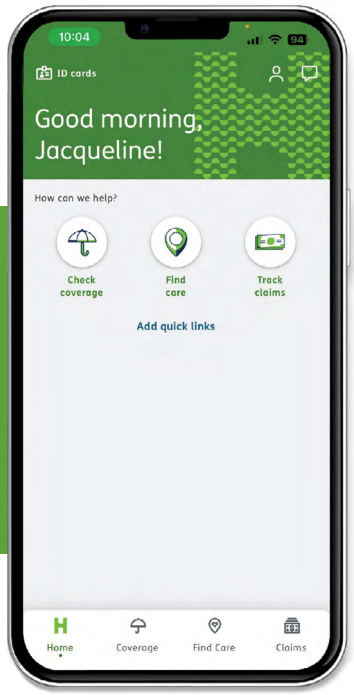
Manage your Humana plan online

MyHumana on the go

Get the most out of your plan with a MyHumana account and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the MyHumana mobile app to:

- Explore coverage and benefit details the moment you need them
- Get Humana member ID cards and add them 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



Once your Humana plan coverage begins, go to **your.Humana.com/ncshp** to activate your account or download and register on the MyHumana app for iOS and Android.* Learn more at **Humana.com/member/manage-your-account**.

Download on the App Store

ANDROID APP ON Google play

Getting started is easy— just have your Humana member ID card and follow these three steps:

1. **Create your account.**
   Visit **your.Humana.com/ncshp**.

2. **Choose your preferences.**
   The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.

3. **View your plan benefits.**
   After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.

Scan this QR code

Scan this QR code with your mobile device to create your account.

*App Store and Google Play app store are registered trademarks of Apple Inc. and Google. All rights reserved. Apple and Google are not participants in or sponsors of this promotion.

Find a doctor using Humana's Find Care search tool

Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find Care search tool to find in-network doctors near you.

Go to

your.Humana.com/ncshp/tools-and-resources and select "Find Care".

Search as a Member or Guest

- Sign in to your secure MyHumana account to conduct a search, or
- Search as a guest by entering your location.

Already a Humana plan member?

Sign in →

Don't have an account?

Sign in using your member ID →

Search as a guest

Enter your location and network to search near you

Your location

Address, city, county, or ZIP code

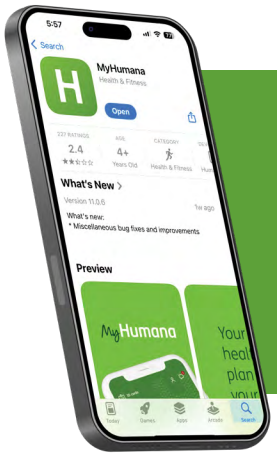
Get started →

Find medical care

Select a tab to search by Provider Name, Facility or Specialty.

Select the "Search" button for your results

Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.



Find Care on the MyHumana mobile app

Once you are enrolled with Humana, you can download and use the MyHumana mobile app to find care near you. On the app dashboard, locate the "Find Care" section.

Call our Customer Care team at **888-700-2263 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

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

Member to provider information

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.

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.**

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

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care
888-700-2263 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

MyHumana
Visit **your.Humana.com/ncshp** and click on "Register now" in the MyHumana box to access your personal and secure plan information.

Doctors in your network
your.Humana.com/ncshp/tools-and-resources, then click "Find Care".

Telehealth (Virtual Visits)
Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the "Find Care" tool on **your.Humana.com/ncshp/tools-and-resources** or call the number on the back of your member ID card to get connected with a provider that offers this service.

Humana Clinical Pharmacy Review Team
800-555-2546 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m., Eastern time

SilverSneakers®
888-423-4632 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m., Eastern time
SilverSneakers.com

Go365 by Humana®
your.Humana.com/ncshp/extra-benefits

Humana Care Management
888-700-2263 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
your.Humana.com/ncshp/extra-benefits

Post-discharge Meal Program
888-700-2263 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
your.Humana.com/ncshp/extra-benefits

Humana Health Coaching
877-567-6450 (TTY: 711),
your.Humana.com/ncshp/extra-benefits

Caregiver Support
your.Humana.com/ncshp/extra-benefits

CenterWell Pharmacy™
800-379-0092 (TTY: 711),
Monday – Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time
CenterWellPharmacy.com

CenterWell Specialty Pharmacy™
800-486-2668 (TTY: 711),
Monday – Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time
CenterWellSpecialtyPharmacy.com

State health insurance program offices
800-633-4227 (TTY: 711), daily
www.cms.gov/apps/contacts/#

*You must be a Humana member to use these services.

We're here for you

Humana Group Medicare Customer Care
888-700-2263 (TTY: 711)
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
your.Humana.com/ncshp

Humana is a Medicare Advantage PPO plan and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this 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.

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