

For Non-Medicare Retirees

DECISION GUIDE FOR OPEN ENROLLMENT

October 1–31, 2016

Get Ready to En-ROLL With the Changes!

Times change, lives change,
people change, plans change.
Your State Health Plan
coverage is changing too.

Open Enrollment is the
perfect time to take a look at
your current coverage and
the three health plan options
available to you and decide
which one best meets your
needs for 2017—your best
choice may be different from
your current plan.

2017

ROLL CALL: A LOOK AT YOUR OPTIONS

For 2017, the State Health Plan will continue offering three Preferred Provider Organization (PPO) plans through Blue Cross and Blue Shield of North Carolina (BCBSNC):

- **The Consumer-Directed Health Plan (CDHP) (85/15) with a Health Reimbursement Account (HRA)**
- **The Enhanced 80/20 Plan**
- **The Traditional 70/30 Plan**

These PPO plans allow you the flexibility to visit any provider—in- or out-of-network—and receive benefits. Generally, you pay less when you visit an in-network provider. All three plans offer comprehensive coverage and a large provider network.



If you do nothing during Open Enrollment, you and any currently covered dependents will be automatically enrolled in the Traditional 70/30 Plan for 2017 coverage.

If you want to enroll in either the Enhanced 80/20 Plan or the CDHP (85/15), as well as reduce your premium for either of these plans, you must take action during Open Enrollment.

NEW PHARMACY BENEFIT MANAGER

As of January 1, 2017, CVS Caremark will become the State Health Plan's new Pharmacy Benefit Manager for all three PPO plans.

During Open Enrollment, you will have access to an online drug lookup tool which allows you to compare costs for various drugs covered under the plan. This tool can help you save money on medications for which you pay coinsurance. Visit the Plan's website at www.shpnc.org for more information.

In December, you will receive more information from CVS Caremark regarding your prescription drug coverage and the new programs and tools available. You will also receive a new member ID card from BCBSNC. This is the card that you **MUST** start using as of January 1, 2017. Your old card will not work at the pharmacy or provider's office.

New for 2017: Rolling Out the Changes

This year, the State Health Plan is making the following changes to your health coverage:

1. Under the Enhanced 80/20 and Traditional 70/30 Plans, there are changes to the annual deductible, out-of-pocket maximum and various copays.
2. Under all three health plans, the formulary, or drug list, for prescription drugs is moving from an open formulary to a closed formulary. Under a closed formulary, certain drugs are not covered. Members who are currently taking a drug that will not be covered beginning in 2017 will receive information regarding their prescription.

Please note that there will be an exception process available to providers who believe that, based on medical necessity, it is in the member's best interest to remain on the non-covered drug(s).

3. Under all three health plans, there is a new Diabetic Testing Supplies pharmacy tier that includes coinsurance or a copay for test strips, lancets, syringes and needles.

LOWER YOUR MONTHLY PREMIUMS

The State Health Plan offers you several ways to lower your costs for health plan coverage in 2017 if you enroll in the CDHP (85/15) or the Enhanced 80/20 Plan.

By participating in the wellness activities shown below, you can earn wellness premium credits that will reduce your monthly premium for those two plans. (Wellness premium credits only apply to the retiree premium.)

IF YOU COMPLETE THE FOLLOWING WELLNESS ACTIVITIES		YOUR MONTHLY PREMIUM WILL BE REDUCED BY		
		CDHP (85/15)	ENHANCED 80/20 PLAN	TRADITIONAL 70/30 PLAN
Attest that you are tobacco-free or will enroll in QuitlineNC's multiple-call program between October 1 and October 31*	Even if you attested during last year's Open Enrollment, you will need to re-attest during Open Enrollment! If you are a tobacco user, you must enroll in the QuitlineNC tobacco-cessation program to receive the wellness credit. You can enroll in QuitlineNC's program any time between now and December 31, 2016.	\$40	\$40	N/A
Select or confirm a Primary Care Provider (PCP) for you and all covered dependents	If you have already selected a PCP for yourself and, if applicable, for each of your dependents, then all you have to do during Open Enrollment is confirm in eEnroll that they are correct.	\$20	\$25	N/A
Take your Health Assessment	Complete or update your Health Assessment between May 1, 2016 and October 31, 2016 to earn this wellness premium credit for 2017. To take or update your Health Assessment: <ul style="list-style-type: none"> • Online: You can quickly and easily access and complete the Health Assessment through eEnroll during the enrollment process. • By telephone: Call 800-817-7044 to take or update your Health Assessment by telephone. 	\$20	\$25	N/A
Maximum Total Monthly Savings:		\$80	\$90	N/A
Total Monthly Retiree-Only Premium: (Assuming Maximum Credits)		\$0	\$15.04	\$0

*Tobacco attestation must be completed each year. The tobacco attestation is different from the smoking question asked in the Health Assessment.

Take Your Health Assessment Online Early—by October 15—for a Chance to Win a Prize

If you take your Health Assessment **online** between May 1 and October 15, 2016, not only will it count toward your wellness premium credit for 2017, but you also will be entered into a weekly drawing beginning in September for a \$250 Amazon gift card—and one lucky grand prize winner will receive an Apple Watch!

Don't delay and let this chance pass you by! You can take your Health Assessment online now by visiting the Plan's website at www.shpnc.org and clicking My Personal Health Portal. Winners will be notified by phone or mail.

Save Even More with the CDHP (85/15) and Enhanced 80/20 Plan

You can also earn or save money under the CDHP (85/15) or Enhanced 80/20 Plan when you choose high-quality provider options as shown below. These actions will earn you additional contributions to your HRA if you enroll in the CDHP (85/15), or reductions to copays if you enroll in the Enhanced 80/20 Plan.

ACTION	REWARD	
	CDHP (85/15): ADDITIONAL HRA CONTRIBUTION	ENHANCED 80/20 PLAN: COPAY REDUCED TO:
See your selected Primary Care Provider (or see another provider in your PCP's office)	\$25	\$10
See a Blue Options Designated Specialist	\$20	\$45
Use a Blue Options Designated Hospital for an inpatient stay	\$200	\$0; copay not applied

Finding a Blue Options Designated Provider

Blue Options Designated providers have been designated because they provide high-quality and cost-effective services. To find a Blue Options Designated provider, visit the State Health Plan website (www.shpnc.org) and click on Member Login to access Blue Connect. Then, select "Find a Doctor or Facility" and look for the label "Designated for Cost and Quality." Or, call Blue Cross and Blue Shield of North Carolina (BCBSNC) at **888-234-2416**.

Note: The CDHP (85/15) offers the opportunity to receive even more HRA contributions if you participate in the State Health Plan's Health Engagement Program. See page 5.



THE CONSUMER-DIRECTED HEALTH PLAN (CDHP) (85/15)

The CDHP (85/15) is a high deductible health plan that is accompanied by a Health Reimbursement Account (HRA). Under this plan, once you meet your deductible, you will pay 15% coinsurance for most eligible in-network services. Affordable Care Act (ACA) Preventive Services performed by an in-network provider are covered at 100% in this plan.

What's New Under the CDHP (85/15) for 2017?

- You have more opportunities to earn incentives under the Health Engagement Program.
- Other than the prescription drug coverage changes mentioned on page 2, there are no other benefit changes for 2017.

How the CDHP (85/15) Works

When you enroll in the CDHP (85/15), the State Health Plan automatically sets up a Health Reimbursement Account (HRA) in your name. This account starts with a balance provided by the State Health Plan. Your HRA is used to help you meet the deductible and pay other out-of-pocket covered medical expenses.

The State Health Plan's contribution to your HRA in 2017 depends on how many people you enroll in your plan, as shown below. If you are enrolled in the CDHP (85/15) now and have funds remaining in your HRA, those funds will roll over and be added to the amounts below.

- Yourself only: \$600; or
- Yourself and one dependent: \$1,200; or
- Yourself and two or more dependents: \$1,800.

Health Engagement Program

If you're enrolled in the CDHP (85/15), you will have the opportunity to earn additional HRA contributions under the State Health Plan's Health Engagement Program.

The Health Engagement Program is all about helping you live a healthier life. There are two parts to the program:

- 1. Healthy Lifestyles:** You earn incentives just by doing things that can help improve your health and prevent disease, such as working with an NC HealthSmart lifestyle coach and tracking your daily physical activity and/or nutrition through the Personal Health Portal.
- 2. Positive Pursuits:** If you're living with diabetes, chronic obstructive pulmonary disease (COPD), asthma, high blood pressure, high cholesterol, congestive heart failure or coronary artery disease, you can earn extra HRA funds by (any of the following):
 - Visiting your Primary Care Provider
 - Getting doctor-recommended lab tests
 - Following prescribed treatments to improve your health
 - Completing educational activities to learn more about your condition

CDHP (85/15) PHARMACY DEBIT CARD

You'll receive a pharmacy debit card when you enroll in the CDHP (85/15) for 2017—or if you're currently a CDHP (85/15) member, you'll use the same card you have today. Use this card like a regular debit card when paying for prescriptions at your local pharmacy. Most retail pharmacies accept the card—be sure to ask your pharmacy if it does.

Your payment will be deducted from your HRA automatically. By using the card, you won't need to pay the full cost of a prescription when it's filled and then wait for reimbursement.

New for
2017

You will have more activities in which to earn incentives with **RivalHealth!** RivalHealth is a fitness-based wellness platform that engages members with daily exercise and nutrition activities as well as social interaction and challenges. Check them out at www.rivalhealth.com!

THE ENHANCED 80/20 PLAN

The Enhanced 80/20 Plan is a PPO plan where you pay 20% coinsurance for eligible in-network services. For some services (i.e., office visits, urgent care or emergency room visits), you pay a copay. Under this plan, you generally pay less out-of-pocket than with the Traditional 70/30 Plan, in exchange for a higher monthly premium. Affordable Care Act (ACA) Preventive Services performed by an in-network provider are covered at 100% in this plan.

What's New for 2017?

Along with the prescription drug changes mentioned on page 2, below are additional changes to the Enhanced 80/20 Plan:

- A higher deductible. (Both medical and pharmacy expenses count toward meeting the deductible.)
- As a limit on the amount you are required to pay out-of-pocket in a calendar year, the medical coinsurance maximum is being replaced by a general medical out-of-pocket maximum. Expenses you pay that apply toward meeting this out-of-pocket maximum include medical coinsurance amounts, medical copays and any other covered medical expenses you pay out-of-pocket that apply toward the deductible.
- **Lower** copays for most office visits and urgent care
- Larger copays for the following:
 - Emergency room visit
 - Out-of-network or non-Blue Options Designated hospital admissions
- Restructuring of prescription drug coverage tiers, with **lower** copays for Tiers 1 and 2

See the plan comparison chart on pages 8-9 for details regarding the benefits changes.



THE TRADITIONAL 70/30 PLAN

The Traditional 70/30 Plan is a PPO Plan where you pay 30% coinsurance for eligible in-network expenses. For some services (i.e., office visits, urgent care or emergency room visits), you pay a copay. Affordable Care Act preventive services and medications require the applicable copay under this plan.



What's New for 2017?

Along with the prescription drug changes mentioned on page 2, below are additional changes to the Traditional 70/30 Plan:

- Larger deductible
- Larger medical coinsurance maximum
- Larger pharmacy out-of-pocket maximum
- Larger copays for:
 - Office visits
 - Urgent care
 - Emergency room visit (waived with hospital admission or observation stay)
 - Hospital admissions
- Pharmacy copays and the maximum amount you can be required to pay for a supply of prescription drugs are increasing, in most cases slightly

See the plan comparison chart on pages 8-9 for details regarding the benefits changes.

When You Become Medicare-Eligible

When you become eligible for Medicare, your State Health Plan options change. You will be enrolled automatically in the UnitedHealthcare® (UHC) Group Medicare Advantage (PPO) Base Plan offered by the State Health Plan. This plan is premium-free, for eligible retirees if you enroll yourself only. If you prefer to be enrolled in the UnitedHealthcare® (UHC) Group Medicare Advantage (PPO) Enhanced Plan or the Traditional 70/30 Plan offered by the State Health Plan, you must enroll online through the ORBIT system or call **855-859-0966**.

Before becoming Medicare-eligible, you will receive a lot of information about health plan coverage, which may be confusing. The Seniors' Health Insurance Information Program (SHIIP) is a great resource to help you understand your health coverage options and navigate through your decisions. SHIIP, a division of the North Carolina Department of Insurance, offers free, objective information about Medicare, Medicare Advantage plans, Medicare claims, Medicare supplement insurance, Medicare Prescription Drug Plans, and fraud and abuse prevention. To learn more, visit the SHIIP website (www.ncdoi.com/SHIIP) or call **855-408-1212**.

2017 STATE HEALTH PLAN COMPARISON

PLAN DESIGN FEATURES	CDHP (85/15)		ENHANCED 80/20 PLAN		TRADITIONAL 70/30 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HRA Starting Balance	\$600 Retiree \$1,200 Retiree +1 \$1,800 Retiree + 2 or more		N/A		N/A	
Annual Deductible	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,080 Individual \$3,240 Family	\$2,160 Individual \$6,480 Family
Coinsurance	15% of eligible expenses after deductible	35% of eligible expenses after deductible and the difference between the allowed amount and the charge	20% of eligible expenses after deductible	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Medical Coinsurance Maximum	N/A	N/A	N/A	N/A	\$4,388 Individual \$13,164 Family	\$8,776 Individual \$26,328 Family
Medical Out-of-Pocket Maximum	See Out-of-Pocket Maximum		\$4,350 Individual \$10,300 Family	\$8,700 Individual \$26,100 Family	N/A	N/A
Pharmacy Out-of-Pocket Maximum	See Out-of-Pocket Maximum		\$2,500 Individual \$4,000 Family	\$2,500 Individual \$4,000 Family	\$3,360	
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$3,500 Individual \$10,500 Family	\$7,000 Individual \$21,000 Family	\$6,850 Individual \$14,300 Family	\$11,200 Individual \$30,100 Family	N/A	N/A
ACA Preventive Services	\$0 (covered at 100%)	65% after deductible	\$0 (covered at 100%)	Dependent on service	\$40 for primary doctor; \$94 for specialist	Only certain services are covered
Office Visits	15% after deductible; \$25 added to HRA if you use PCP on ID card; \$20 added to HRA if you use Blue Options Designated specialist	35% after deductible	\$25 for primary doctor; \$10 if you use PCP on ID card; \$85 for specialist; \$45 if you use Blue Options Designated specialist	40% after deductible	\$40 for primary doctor; \$94 for specialist	50% after deductible
Urgent Care	15% after deductible	15% after deductible	\$70	\$70	\$100	\$100

PLAN DESIGN FEATURES	CDHP (85/15)		ENHANCED 80/20 PLAN		TRADITIONAL 70/30 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Copay waived w/admission or observation stay)	15% after deductible	15% after deductible	\$300 copay, then 20% after deductible	\$300 copay, then 20% after deductible	\$337 copay, then 30% after deductible	\$337 copay, then 30% after deductible
Inpatient Hospital	15% after deductible; \$200 added to HRA if you use Blue Options Designated Hospital	35% after deductible	\$450 copay, then 20% after deductible; copay not applied if you use a Blue Options Designated Hospital	\$450 copay, then 40% after deductible	\$337 copay, then 30% after deductible	\$337 copay, then 50% after deductible
PRESCRIPTION DRUGS						
Tier 1 (Generic)			\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2 (Preferred Brand & High-Cost Generic)			\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3 (Non-preferred Brand)			Deductible/coinsurance		\$74 copay per 30-day supply	
Tier 4 (Low-Cost Generic Specialty)	15% after deductible	35% after deductible	\$100 copay per 30-day supply		10% up to \$100 per 30-day supply	
Tier 5 (Preferred Specialty)			\$250 copay per 30-day supply		25% up to \$103 per 30-day supply	
Tier 6 (Non-preferred Specialty)			Deductible/coinsurance		25% up to \$133 per 30-day supply	
Preferred Diabetic Testing Supplies*			\$5 copay per 30-day supply		\$10 copay per 30-day supply	
ACA Preventive Medications	\$0	\$0	\$0	\$0	N/A	N/A
CDHP Preventive Medications	15%, no deductible	15%, no deductible	N/A	N/A	N/A	N/A

* Non-preferred diabetic testing supplies are paid as Tier 3.

2017 MONTHLY PREMIUMS

The premiums shown below apply only for non-Medicare retirees where the retiree and dependents are not eligible for Medicare. To review all rates for all plans, visit www.shpnc.org.

CDHP (85/15)

COVERAGE TYPE	RETIREE MONTHLY PREMIUM	MONTHLY WELLNESS PREMIUM CREDIT	NET MONTHLY PREMIUM
Retiree	\$80	(\$80)	\$0*
Retiree + Child(ren)	\$276.32	(\$80)	\$196.32*
Retiree + Spouse	\$585.90	(\$80)	\$505.90*
Retiree + Family	\$618.82	(\$80)	\$538.82*

*Assumes completion of all wellness activities.

Enhanced 80/20 Plan

COVERAGE TYPE	RETIREE MONTHLY PREMIUM	MONTHLY WELLNESS PREMIUM CREDIT	NET MONTHLY PREMIUM
Retiree	\$105.04	(\$90)	\$15.04*
Retiree + Child(ren)	\$395.18	(\$90)	\$305.18*
Retiree + Spouse	\$773.52	(\$90)	\$683.52*
Retiree + Family	\$813.76	(\$90)	\$723.76*

*Assumes completion of all wellness activities.

Traditional 70/30 Plan

COVERAGE TYPE	RETIREE MONTHLY PREMIUM
Retiree	\$0
Retiree + Child(ren)	\$218.14
Retiree + Spouse	\$562.10
Retiree + Family	\$598.70

LET'S ROLL: TAKE ACTION AND ENROLL!

Follow the steps below to choose the coverage that's best for you in 2017.



Visit www.shpnc.org for information about your 2017 benefits.



Consider your options: CDHP (85/15), Enhanced 80/20 Plan or Traditional 70/30 Plan.



Decide who you want to cover under the plan: you only, you + spouse, you + children, you + family. Gather Social Security numbers for all dependents you want to enroll.

When you're ready to enroll or change your plan, you may do so online or by phone.



To enroll online:

- Visit the State Health Plan's website (www.shpnc.org), click **Enroll Now** in the green bar, and select **Log into eEnroll through ORBIT**.
- Once you are logged into ORBIT, locate the eEnroll button.
- Log into the eEnroll system. You may be required to create an account if you are a first-time eEnroll user.
 - Review your dependent information and make changes, if needed.
 - Elect your plan: CDHP (85/15), Enhanced 80/20 Plan or Traditional 70/30 Plan.
 - Attest to and complete the wellness activities to reduce your monthly premium, if applicable.
 - Review the benefits you've selected. If you are OK with your elections, you will be prompted to save your enrollment.

IMPORTANT: After you have made your choices, and they are displayed for you to review and print, you **MUST** scroll down to the bottom and **click SAVE** or your choices will not be recorded! **Don't overlook this critical step!**

- Print your confirmation statement for your records.



To enroll by phone:

- During Open Enrollment, call **855-859-0966**, Monday–Friday, 8 a.m.–10 p.m. ET, or Saturday, 8 a.m.–3 p.m. ET.
- For your records, ask your phone representative for your reference case number.



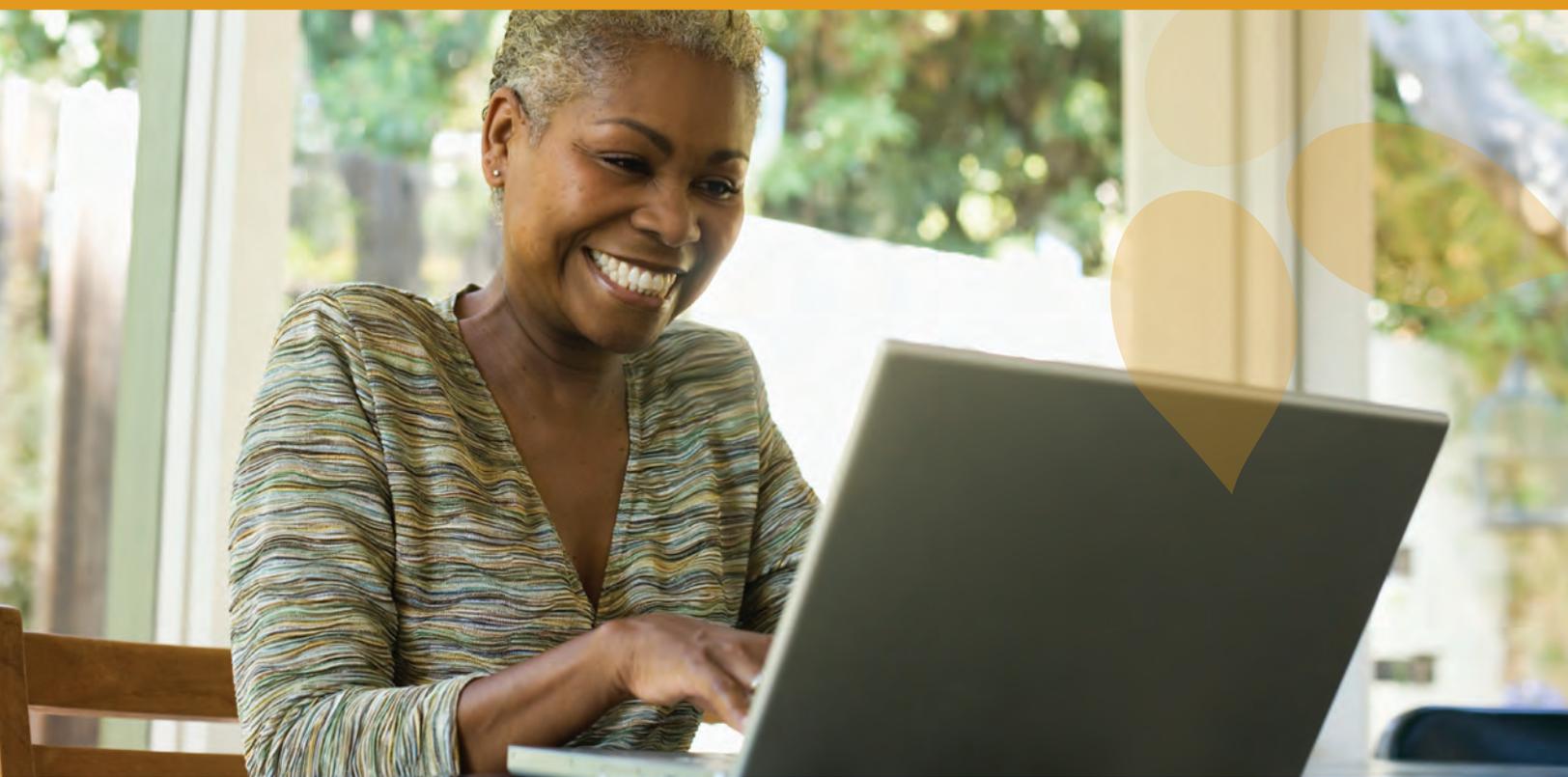
You must enroll by the deadline of October 31, 2016, or you and your currently covered dependents will be enrolled in the Traditional 70/30 Plan effective January 1, 2017.

INFORMATION TO **HELP YOU CHOOSE A PLAN**

There are a number of resources available to help you make an informed decision.

1. Visit **www.shpnc.org** for details about the 2017 Health Plan options. Here you will find tools and resources including:
 - Videos about your State Health Plan options and how to complete the online enrollment process through eEnroll
 - A Health Benefits Cost Estimator to help you choose which plan is right for you
 - Links to the CVS Caremark drug lookup tool to assist you with determining your out-of-pocket costs for medications
 - Benefits summaries
 - Comparison charts showing details of how the State Health Plan options stack up against each other
 - Rate sheets showing your premiums for each option
2. Participate in a Telephone Town Hall meeting. Reserve your spot now by visiting **www.shpnc.org**.

DATE	TIME
September 27, 2016	7 p.m.



3. Attend a Member Outreach Event. See below for schedule. Details are available on www.shpnc.org.

DATE	TIME	COUNTY	LOCATION
September 13, 2016	2 p.m.	Burke	Western Piedmont Community College
September 15, 2016	2 p.m.	Forsyth	Forsyth Tech Community College
September 19, 2016	10 a.m. and 2 p.m.	Wake	Wake Tech Main
September 21, 2016	2 p.m.	Durham	Durham Tech Community College
September 22, 2016	2 p.m.	Pitt	East Carolina University
September 26, 2016	2 p.m.	New Hanover	UNC-Wilmington
September 27, 2016	10 a.m.	Cabarrus	Rowan-Cabarrus Community College
September 28, 2016	2 p.m.	Wake	NC State University
September 29, 2016	10 a.m.	Cumberland	Fayetteville Tech Community College
September 29, 2016	2 p.m.	Robeson	Robeson Community College
September 29, 2016	2 p.m.	Guilford	Guilford Tech Community College
October 6, 2016	2 p.m.	Wayne	Wayne Community College
October 7, 2016	10 a.m.	Johnston	Johnston Community College
October 11, 2016	2 p.m.	Alamance	Alamance Community College
October 13, 2016	2 p.m.	Pasquotank	College of the Albemarle

4. Participate in a “State Health Plan 101” webinar on Open Enrollment. Reserve your spot now by visiting www.shpnc.org.

DATE	TIME
September 13, 2016	12:30 p.m.
September 13, 2016	4 p.m.
September 20, 2016	12:30 p.m.
September 20, 2016	4 p.m.
October 4, 2016	12:30 p.m.
October 4, 2016	4 p.m.
October 18, 2016	12:30 p.m.
October 18, 2016	4 p.m.

Eligibility and Enrollment Support Center: 855-859-0966

During the Open Enrollment period of October 1–31, the Eligibility and Enrollment Support Center will be open extended hours to help you with any enrollment questions you may have.

Monday–Friday: 8 a.m.–10 p.m. ET and Saturday: 8 a.m.–3 p.m. ET.



WHICH PLAN IS RIGHT FOR ME?

Only you can decide which plan option is best for you and your family. But to help you make the decision that's right for you, we're providing some scenarios that show how members may evaluate their medical choices.

Please note in each scenario, you will see the terms “engaged” or “non-engaged.” These refer to the member undertaking activities that would affect his or her costs under the CDHP (85/15) or Enhanced 80/20 Plan. An “engaged” member has completed all premium wellness credit activities to reduce his or her premium and plans to use his or her selected PCP and Blue Options Designated providers. A “non-engaged” member has earned no premium credits and does not plan to use a selected PCP or Blue Options Designated providers. (Under the Traditional 70/30 Plan, the wellness credits and other activities do not apply.)

Meet Holly



Holly is a State Health Plan member with two children covered on her plan trying to decide which plan is right for her and her family in 2017.

A typical year of medical and pharmacy services for Holly and her children might include the following:

- 3 preventive care visits with PCP
- 2 additional Primary Care visits
- 1 specialist visit
- 2 urgent care visits
- 1 monthly maintenance prescription (Tier 1 Preventive Medication)
- 1 Tier 1 prescription

“To help me decide on a plan, I need to know how much I will have to pay under each plan option.”

Holly's Health Plan Costs

		CDHP (85/15)				ENHANCED 80/20 PLAN				TRADITIONAL 70/30 PLAN			
		NON-ENGAGED		ENGAGED		NON-ENGAGED		ENGAGED		NON-ENGAGED		ENGAGED	
		UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST
MEDICAL SERVICES	#												
Preventive Visits with PCP	3	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40	\$120	\$40	\$120
Primary Care Visits	2	\$150	\$300	\$150	\$300	\$25	\$50	\$10	\$20	\$40	\$80	\$40	\$80
Specialist Visits	1	\$210	\$210	\$210	\$210	\$85	\$85	\$45	\$45	\$94	\$94	\$94	\$94
Urgent Care Visits	2	\$160	\$320	\$160	\$320	\$70	\$140	\$70	\$140	\$100	\$200	\$100	\$200
DRUGS													
ACA Preventive Drugs (Tier 1)	12	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16	\$192	\$16	\$192
Tier 1 Prescriptions	1	\$40	\$40	\$40	\$40	\$5	\$5	\$5	\$5	\$16	\$16	\$16	\$16
Total (before considering HRA)			\$870		\$870		\$280		\$210		\$702		\$702
HRA FUNDS PROVIDED BY STATE HEALTH PLAN													
Starting Balance			\$1,800		\$1,800								
HRA Incentive Dollar													
Identified PCP			\$0		\$125								
Blue Options Designated Specialist			\$0		\$20								
Blue Options Designated Hospital			\$0		\$0								
Healthy Lifestyle Program			\$0		\$125								
Total HRA Dollars to Use			\$1,800		\$2,070								

Holly's Projected Health Care Costs for 2017

ANNUAL MEMBER COSTS	CDHP (85/15)	ENHANCED 80/20 PLAN	TRADITIONAL 70/30 PLAN
IF HOLLY IS "ENGAGED"*			
Premium Payments	\$2,356	\$3,662	\$2,618
Out-of-Pocket Costs	\$0*	\$210	\$702
Engaged Member Total	\$2,356	\$3,872	\$3,320
IF HOLLY IS "NON-ENGAGED"*			
Premium Payments	\$3,316	\$4,742	\$2,618
Out-of-Pocket Costs	\$0*	\$280	\$702
Non-Engaged Member Total	\$3,316	\$5,022	\$3,320

*Holly's HRA will cover all of her out-of-pocket expenses, and Holly could have an estimated \$1,200 in her HRA to use in 2018 if she is engaged, or approximately \$930 if she is not.



Rolling Up the Score: Which Option Is Best for Holly?

As you can see, the CDHP (85/15) has lower dependent premiums, and Holly's projected 2017 out-of-pocket costs are less than the initial HRA starting balance of \$1,800. **Based on the calculations, the CDHP (85/15) is Holly's best option.**

Meet Pete



Pete is a State Health Plan member with retiree-only coverage, who visits doctors regularly, and is trying to decide which plan is right for him.

A year of medical and pharmacy services for Pete might include:

- 1 preventive care visit with PCP
- 3 additional Primary Care visits
- 2 specialist visits
- 2 chiropractor visits
- 1 urgent care visit
- 4 Tier 1 prescriptions
- 2 Tier 2 prescriptions

“I don’t have any major conditions, but I do get sick and visit the doctor more often than I used to. I’m trying to determine how much I will have to pay under each plan option.”

Pete’s Health Plan Costs

		CDHP (85/15)				ENHANCED 80/20 PLAN				TRADITIONAL 70/30 PLAN			
		NON-ENGAGED		ENGAGED		NON-ENGAGED		ENGAGED		NON-ENGAGED		ENGAGED	
		UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST
MEDICAL SERVICES	#												
Preventive Visits with PCP	1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40	\$40	\$40	\$40
Primary Care Visits	3	\$150	\$450	\$150	\$450	\$25	\$75	\$10	\$30	\$40	\$120	\$40	\$120
Specialist Visits	2	\$210	\$420	\$210	\$420	\$85	\$170	\$45	\$90	\$94	\$188	\$94	\$188
Mid-Level Office Visits	2	\$85	\$170	\$85	\$170	\$52	\$104	\$52	\$104	\$72	\$144	\$72	\$144
Urgent Care Visits*	1	\$160	\$143	\$160	\$143	\$70	\$70	\$70	\$70	\$100	\$100	\$100	\$100
DRUGS													
Tier 1 Prescription	4	\$40	\$160	\$40	\$160	\$5	\$20	\$5	\$20	\$16	\$64	\$16	\$64
Tier 2 Prescription	2	\$80	\$160	\$80	\$160	\$30	\$60	\$30	\$60	\$47	\$94	\$16	\$94
Total (before considering HRA)			\$1,503		\$1,503		\$499		\$374		\$750		\$750
HRA FUNDS PROVIDED BY STATE HEALTH PLAN													
Starting Balance			\$600		\$600								
HRA Incentive Dollar													
Identified PCP			\$0		\$100								
Blue Options Designated Specialist			\$0		\$40								
Blue Options Designated Hospital			\$0		\$0								
Healthy Lifestyle Program			\$0		\$125								
Total HRA Dollars to Use			\$600		\$865								

*Assumes Pete has met his deductible.

Pete's Projected Health Care Costs for 2017

ANNUAL MEMBER COSTS	CDHP (85/15)	ENHANCED 80/20 PLAN	TRADITIONAL 70/30 PLAN
IF PETE IS "ENGAGED"			
Premium Payments	\$0	\$180	\$0
Out-of-Pocket Costs	\$638	\$374	\$750
Engaged Member Total	\$638	\$554	\$750
IF PETE IS "NON-ENGAGED"			
Premium Payments	\$960	\$1,260	\$0
Out-of-Pocket Costs	\$903	\$499	\$750
Non-Engaged Member Total	\$1,863	\$1,759	\$750



Rolling Up the Score: Which Option Is Best for Pete?

Because Pete uses a relatively large number of services that are subject to copays in the 70/30 and 80/20 plans, **Pete does best in the Enhanced 80/20 Plan if he is engaged or the Traditional 70/30 Plan if he is non-engaged.**

Note: The year of services described for Pete would bring him to the \$1,500 deductible in the CDHP (85/15), so one major health event would likely make the CDHP (85/15) a lower-cost option for him due to the lower coinsurance and the combined medical and pharmacy out-of-pocket maximum.

Meet Maxine



Maxine is a State Health Plan member with retiree-only coverage, who is on an expensive monthly specialty medication, and is trying to decide which plan is right for her.

A year of medical and pharmacy services for Maxine might include:

- 1 preventive care visit with PCP
- 3 additional Primary Care visits
- 6 diagnostic laboratory tests as part of her PCP visits
- 1 monthly Tier 1 prescription
- 1 monthly Tier 5 (specialty) prescription

"I take a specialty medication, which can be expensive—so given that, I'm not sure what would be the best plan for me."

Maxine's Health Plan Costs

		CDHP (85/15)*				ENHANCED 80/20 PLAN				TRADITIONAL 70/30 PLAN			
		NON-ENGAGED		ENGAGED		NON-ENGAGED		ENGAGED		NON-ENGAGED		ENGAGED	
		UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST	UNIT COPAY/COST	TOTAL COST
MEDICAL SERVICES	#												
Preventive Visits with PCP	1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40	\$40	\$40	\$40
Primary Care Visits	3	\$150	\$173	\$150	\$173	\$25	\$75	\$10	\$30	\$40	\$120	\$40	\$120
Diagnostic Labs	6	\$25	\$58	\$25	\$58	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DRUGS													
Tier 1 Prescriptions	12	\$40	\$64	\$40	\$64	\$5	\$50	\$5	\$50	\$16	\$192	\$16	\$192
Tier 5 Prescriptions	12	\$2,700	\$3,205	\$2,700	\$3,205	\$250	\$2,450	\$250	\$2,450	\$103	\$1,236	\$103	\$1,236
Total (before considering HRA)			\$3,500		\$3,500		\$2,575		\$2,530		\$1,588		\$1,588
HRA FUNDS PROVIDED BY STATE HEALTH PLAN													
Starting Balance			\$600		\$600								
HRA Incentive Dollar													
Identified PCP			\$0		\$100								
Blue Options Designated Specialist			\$0		\$0								
Blue Options Designated Hospital			\$0		\$0								
Healthy Lifestyle Program			\$0		\$125								
Total HRA Dollars to Use			\$600		\$825								

*Assumes a certain order of Maxine's services until she reaches the out-of-pocket maximum.

Maxine's Projected Health Care Costs for 2017

ANNUAL MEMBER COSTS	CDHP (85/15)	ENHANCED 80/20 PLAN	TRADITIONAL 70/30 PLAN
IF MAXINE IS "ENGAGED"			
Premium Payments	\$0	\$180	\$0
Out-of-Pocket Costs	\$2,675	\$2,530	\$1,588
Engaged Member Total	\$2,675	\$2,710	\$1,588
IF MAXINE IS "NON-ENGAGED"			
Premium Payments	\$960	\$1,260	\$0
Out-of-Pocket Costs	\$2,900	\$2,575	\$1,588
Non-Engaged Member Total	\$3,860	\$3,835	\$1,588



Rolling Up the Score: Which Option Is Best for Maxine?

As a result of the lower copay for her specialty medication drug, **Maxine does best in the Traditional 70/30 Plan.**

Under the Enhanced 80/20 Plan, Maxine hits her pharmacy out-of-pocket maximum of \$2,500, but she still pays more out-of-pocket with that plan than with the Traditional 70/30 Plan (as well as paying a higher premium).

Under the CDHP (85/15), Maxine would quickly reach her deductible and would hit her out-of-pocket maximum before finishing the year because of the high cost of the specialty drug she takes.

Contact Us

Eligibility and Enrollment Support Center (eEnroll questions): **855-859-0966**

(Extended hours during Open Enrollment: Monday-Friday, 8 a.m.-10 p.m. ET and Saturday, 8 a.m.-3 p.m. ET)

Blue Cross and Blue Shield of NC (benefits and claims): **888-234-2416**

CVS Caremark (2017 pharmacy benefits questions): **888-321-3124**

(Phone line opens October 1)

NC HealthSmart (Health Assessment): **800-817-7044**



State Health Plan
Eligibility and Support Center
100 Benefitfocus Way
Charleston, SC 29492

FIRST CLASS MAIL
PRESORTED
U.S. POSTAGE
PAID
Durham, NC
Permit No. 785

2017 DECISION GUIDE FOR OPEN ENROLLMENT