North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

HBR Monthly Webinar

May 18, 2016

A Division of the Department of State Treasurer

Agenda

- Flexible Query Tool: Kayla Williams, BF Account Manager
- Important Reminders
- Approved Benefit Design Changes for 2017
- Q&A

Flexible Query Tool Live Demo

Important Reminders from the HBR Update

State Health Plan Premiums
As a reminder, State Health Plan premiums are due by the 1st of the month and must be paid in full. Our ability to pay claims is dependent upon prompt payment receipt of employer and employee contributions. Claims incurred for the employees and dependents of a group with a past due balance will not be paid for services received after the paid through date until the payment has been received.

eEnroll is Self-Service
The Plan continues to receive exceptions for members where the HBR has processed the enrollment. Please remember that eEnroll is self-service. If a member is not able to use the online system, they must call the Eligibility and Enrollment Center.

Open Enrollment Training
Open Enrollment training for HBRs will be held during the month of July. Dates are being finalized. An HBR Alert with links to register will be issued soon.

Approved Benefit Design Changes for 2017

2017 Benefit Design – CDHP 85/15 *(no change)*

	Current CY 2016 In-Network Non-Grandfathered	Current CY 2016 Out-of-Network Non-Grandfathered	Approved CY 2017 In-Network Non-Grandfathered	Approved CY 2017 Out-of-Network Non-Grandfathered
HRA Starting Balance	$600 Employee $1,200 Employee + 1 $1,800 Employee + 2 or more	$600 Employee $1,200 Employee + 1 $1,800 Employee + 2 or more	$600 Employee $1,200 Employee + 1 $1,800 Employee + 2 or more	$600 Employee $1,200 Employee + 1 $1,800 Employee + 2 or more
Annual Deductible	$1,500 Individual $4,500 Family	$3,000 Individual $9,000 Family	$1,500 Individual $4,500 Family	$3,000 Individual $9,000 Family
Coinsurance	15% of eligible expenses after deductible	35% of eligible expenses after deductible and the difference between the allowed amount and the charge	15% of eligible expenses after deductible	35% of eligible expenses after deductible and the difference between the allowed amount and the charge
Coinsurance Maximum	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum (Combined Medical and Pharmacy) *Includes Deductible*	$3,500 Individual $10,500 Family	$7,000 Individual $21,000 Family	$3,500 Individual $10,500 Family	$7,000 Individual $21,000 Family
ACA Preventive Services	Covered at 100%	65% after deductible	Covered at 100%	65% after deductible
Office Visits Selected PCP Non-selected PCP	15% after deductible+$25 HRA credit 15% after deductible+$20 HRA credit if a B.O.D provider	35% after deductible	15% after deductible+$25 HRA credit 15% after deductible+$20 HRA credit if a B.O.D provider	35% after deductible

2017 Benefit Design – CDHP 85/15 *(no change)*

	Current CY 2016 In-Network Non-Grandfathered	Current CY 2016 Out-of-Network Non-Grandfathered	Approved CY 2017 In-Network Non-Grandfathered	Approved CY 2017 Out-of-Network Non-Grandfathered
Office Visits B.O.D. Specialist. Non-B.O.D. Specialist	15% after deductible+$20 HRA credit (for B.O.D.specialists. 15% after deductible	35% after deductible	15% after deductible+$20 HRA credit (for B.O.D.specialists. 15% after deductible	35% after deductible
Urgent Care	15% after deductible	15% after deductible	15% after deductible	15% after deductible
Emergency Room	15% after deductible	15% after deductible	15% after deductible	15% after deductible
Outpatient Hospital	15% after deductible	35% after deductible	15% after deductible	35% after deductible
Inpatient Hospital B.O.D Non-B.O.D.	15% after deductible. + $200 HRA Credit for B.O.D. Hospitals 15% after deductible	35% after deductible	15% after deductible. + $200 HRA Credit for B.O.D. Hospitals 15% after deductible	35% after deductible
Therapy Services (Chiro/PT/OT)	15% after deductible	35% after deductible	15% after deductible	35% after deductible
Drugs	15% after deductible CDHP Maintenance Medications are deductible exempt	35% after deductible CDHP Maintenance Medications are deductible exempt	15% after deductible CDHP Maintenance Medications are deductible exempt	35% after deductible CDHP Maintenance Medications are deductible exempt

B.O.D = Blue Options Designated Provider

2017 Benefit Design – Enhanced 80/20 Plan

	Current CY 2016 In-Network Grandfathered	Current CY 2016 Out-of-Network Grandfathered	Approved Value Based Design CY 2017 In-Network Non-Grandfather	Approved Value Based Design CY 2017 Out-of-Network Non-Grandfather
Annual Deductible	$700 Individual $2,100 Family	$1,400 Individual $4,200 Family	**$1,250 Individual $3,750 Family**	**$2,500 Individual $7,500 Family**
Coinsurance	20% eligible expenses after deductible	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	20% eligible expenses after deductible	40% of eligible expenses after deductible and the difference between the allowed amount and the charge
Medical Coinsurance Max	$3,210 Individual/ $9,630 Family	$6,420 Individual/ $19,260 Family	N/A	N/A
Medical Out-of-Pocket Max	N/A	N/A	**$4,350 Individual $13,050 Family**	**$8,700 Individual $26,100 Family**
Pharmacy Out-of-Pocket Max	$2,500	$2,500	$2,500	$2,500
Total Out-of-Pocket Max *(Includes Deductible)*	N/A	N/A	**$6,850 Individual $14,300 Family**	**$11,200 Individual $28,600 Family**
ACA Preventive Services	Covered at 100%	Dependent on Service	Covered at 100%	Dependent on Service
Office Visits Selected PCP Non-selected PCP	$15 $30	40% after deductible	**$10 $25**	40% after deductible
Office Visits B.O.D. Specialist. Non-B.O.D. Specialist	$60 $70	40% after deductible	**$45 $85**	40% after deductible

B.O.D = Blue Options Designated Provider

2017 Benefit Design – Enhanced 80/20 Plan

	Current CY 2016 In-Network Grandfathered	Current CY 2016 Out-of-Network Grandfathered	Approved Value Based Design CY 2017 In-Network Non-Grandfather	Approved Value Based Design CY 2017 Out-of-Network Non-Grandfather
Urgent Care	$87	$87	**$70**	**$70**
Emergency Room *(Copay waived w/ admission or observation stay)*	$233, then 20% after deductible	$233, then 20% after deductible	**$300, then 20% after deductible**	**$300, then 20% after deductible**
Outpatient Hospital	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospital B.O.D Non-B.O.D.	$0, then 20% after deductible $233, then 20% after deductible	$233, then 40% after deductible	$0, then 20% after deductible **$450, then 20% after deductible**	**$450, then 40% after deductible**
Therapy Services (Chiro/PT/OT)	$52	40% after deductible	$52	40% after deductible
Drugs Tier 1 (Generic) Tier 2 (Preferred Brand & High-cost Generic) Tier 3 (Non-preferred Brand) Tier 4 (Low-cost/Generic Specialty) Tier 5 (Preferred Specialty) Tier 6 (Non-preferred Specialty)	$12 $40 $64 N/A 25% up to $100 25% up to $132	$12 $40 $64 N/A 25% up to $100 25% up to $132	**$5** **$25** **Deductible/Coinsurance** **$100** **$250** **Deductible/Coinsurance**	**$5** **$25** **Deductible/Coinsurance** **$100** **$250** **Deductible/Coinsurance**

B.O.D = Blue Options Designated Provider

2017 Benefit Design – Traditional 70/30 Plan

	Current CY 2016 In-Network Grandfathered	Current CY 2016 Out-of-Network Grandfathered	Approved CY 2017 In-Network Grandfathered	Approved CY 2017 Out-of-Network Grandfathered
Annual Deductible	$1,054 Individual $3,162 Family	$2,108 Individual $6,324 Family	**$1,080 Individual $3,240 Family**	**$2,160 Individual $4,320 Family**
Coinsurance	30% of eligible expenses after deductible	50% 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 Max Pharmacy Max Out-of-Pocket Max *(Includes Deductible)*	$4,282 Individual/$12,845 Family $3,294 N/A	$8,564 Individual/ $25,692 Family $3,294 N/A	**$4,388 Individual/ $13,164 Family** **$3,360** N/A	**$8,776 Individual/ $26,328 Family** **$3,360** N/A
ACA Preventive Services	Cost-Sharing Applies ($39 for Primary Care/$92 for Specialists)	Only certain services are covered	Cost-Sharing Applies **($40 for Primary Care $94 for Specialists)**	Only certain services are covered
Office Visits PCP Copay	$39	50% after deductible	**$40**	50% after deductible
Office Visits Specialist Copay	$92	50% after deductible	**$94**	50% after deductible

2017 Benefit Design – Traditional 70/30 Plan

	Current CY 2016 In-Network Grandfathered	Current CY 2016 Out-of-Network Grandfathered	Approved CY 2017 In-Network Grandfathered	Approved CY 2017 Out-of-Network Grandfathered
Urgent Care	$98	$98	**$100**	**$100**
ER *(Copay waived w/ admission or observation stay)*	$329, then 30% deductible	$329, then 30% deductible	**$337, then 30% deductible**	**$337, then 30% deductible**
Outpatient Hospital	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Inpatient Hospital	$329, then 30% deductible	$329, then 50% deductible	**$337, then deductible/30% coinsurance**	**$337, then deductible/50% coinsurance**
Therapy Services (Chiro/PT/OT)	$72 Copay	deductible/ coinsurance	$72 Copay	50% after deductible
Drugs				
Tier 1 (Generic)	$15	$15	**$16**	**$16**
Tier 2 (Preferred Brand & High-cost Generic)	$46	$46	**$47**	**$47**
Tier 3 (Non-preferred Brand)	$72	$72	**$74**	**$74**
Tier 4 (Low-cost/Generic Specialty)	N/A	N/A	**10% up to $100**	**10% up to $100**
Tier 5 (Preferred Specialty)	25% up to $100	25% up to $100	**25% up to $103**	**25% up to $103**
Tier 6 (Non-preferred Specialty)	25% up to $132	25% up to $132	**25% up to $133**	**25% up to $133**

Thank you for your continued support!

Questions?

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