



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



2017 State Health Plan Open Enrollment

Training for Health Benefit Representatives

Open Enrollment Dates: Oct. 1-31, 2016

A Division of the Department of State Treasurer

Purpose of This Training

- Prepare Health Benefit Representatives (HBRs) for 2017 Open Enrollment, which will take place Oct. 1-31, 2016.



What We Will Cover Today

- Why your role as an HBR is critical
- Overview of changes
 - Default enrollment in the Traditional 70/30 Plan
 - Tobacco Attestation for Traditional 70/30 Plan
 - Health Engagement Program changes
 - Medical benefit changes for Enhanced 80/20 and Traditional 70/30 plans
 - Prescription benefit plan changes
- Communicating about Open Enrollment and Plan changes to members
- New member role within the eEnroll system





HBR Role

Your Critical Role as an HBR

- HBRs are the main avenue through which members receive benefit information.
- You serve as ambassadors for the Plan.
- It is critical that you are knowledgeable about Plan changes prior to Open Enrollment.
- If you are well-prepared to handle questions, it will create a better member experience.
- Your role is to educate employees on benefits NOT enroll them in the eEnroll system. eEnroll is a self-service system.

Dependent Eligibility Reminder

- Open Enrollment is the time to add and drop dependents as well as change plans.
- Outside of OE, there must be a qualifying event to add or drop dependents and those changes must be made within 30 days of the event.
- It is essential that dependent verification documentation is maintained on all dependents. (e.g., birth certificate, marriage certificate, court orders). Refer to list on Plan's website.
- eEnroll users may use the document upload functionality to store the dependent verification documentation. For more information on how to use that tool, contact your Benefitfocus Account Manager.



Changes Ahead

Overview of Changes: Rationale

- In the 2015 Budget, the General Assembly required the State Health Plan to take steps to reduce the projected increase to the state contribution for the 2017-19 fiscal biennium while maintaining significant cash reserves.
- With this legislative directive in mind and in an effort to avoid double digit premium increases in the next few years, the State Health Plan's Board of Trustees approved benefit changes for 2017 that are designed to increase member engagement.
- Increasing member engagement is a priority for the Board as a way to reduce costs over time while providing benefits that are value based to Plan members.

Overview of Changes

- The State Health Plan will continue to offer three plan options to actives and non-Medicare retirees for 2017:

Consumer-Directed Health Plan 85/15 (CDHP)

Enhanced 80/20 Plan

Traditional 70/30 Plan

- The Plan will continue to offer the opportunity to earn **Wellness Premium Credits** to reduce employee-only premiums.
- These credits reduce premiums for the CDHP 85/15 and 80/20 Plan, and **NEW** this year, the 70/30 Plan.
- There is a **NEW** Wellness Premium Credit for the Traditional 70/30 Plan for active members – we will cover this in a moment.

Overview of Changes: Enrollment Process

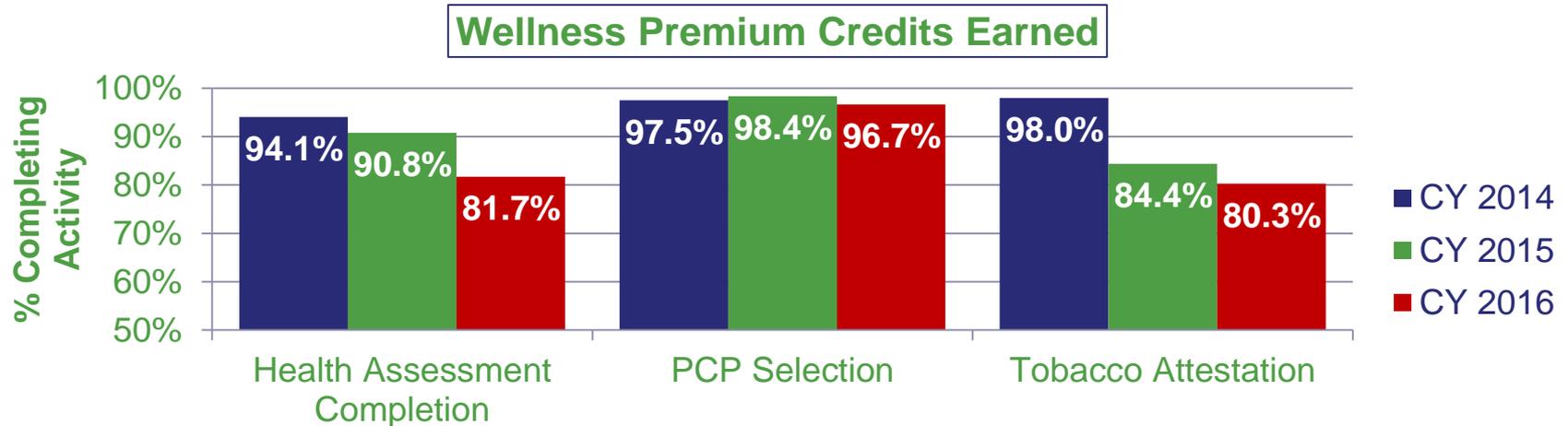
- **New:** ALL members and eligible dependents will be moved to the Traditional 70/30 Plan –effective Jan. 1, 2017.
 - When members log in to eEnroll in October, they will see that they (and any currently covered dependents) have been enrolled in the 70/30 Plan for 2017.
 - If members want coverage under a different Plan, they **MUST** take action and enroll in their preferred Plan.
 - If members fail to take any action by Oct. 31, they will remain enrolled in the 70/30 Plan and pay an employee-only premium.

Why Is Active Enrollment Required for 2017?

- Members need to be actively engaged in managing their health and health care.
- It is good for members to periodically re-evaluate their options – is their current choice the best choice?
- This helps ensure that members are enrolled in the Plan that best fits their health care needs and financial situation.
- The State Health Plan continues to offer members an online Health Benefit Estimator tool to help them choose the best plan for their circumstances.

Why Is Active Enrollment Required for 2017?

- The year that the State Health Plan introduced wellness premium credits into the enrollment strategy was the year that our members had the most success in completing all three credits.
- **2014 Open Enrollment (OE)** – All members were moved to the Traditional 70/30 Plan and subscribers had to elect a higher value plan **and** complete healthy activities to earn premium credits
- **2015 & 2016 OE** – Members remained in the plan they elected for 2014 and if they did not want to change plans, only had to complete some of the wellness premium credits during OE



Wellness Premium Credit Opportunities

- Active members have three opportunities to earn Wellness Premium Credits if enrolled in the CDHP 85/15 and 80/20 Plans:



Attest to being tobacco-free OR enroll in QuitlineNC. (Subscribers only)



Confirm selected Primary Care Provider (PCP) for all covered members.



Take (or RETAKE) the Health Assessment if the member hasn't taken it SINCE MAY 1, 2016. (Subscribers only)

- For each of these actions, the member earns reductions on his or her premiums.
 - Wellness premium credits apply only to the employee-only premium.
 - Reminder:** All Health Assessment data entered prior to May 1, 2016 was cleared. This credit can be completed prior to OE.
 - New hires must re-attest to being tobacco-free during Open Enrollment even though they might have just enrolled.
 - This tobacco-free attestation is separate from the tobacco question included in the Health Assessment. Doing the Health Assessment doesn't count as doing the attestation.



Tobacco Wellness Premium Credit: NEW for 70/30 Plan

- ACTIVE members who enroll in the 70/30 Plan MUST do the following in order to receive coverage premium-free for employee-only coverage in 2017:
 - Attest to being tobacco-free OR enroll in QuitlineNC (subscribers only) by Oct. 31, 2016.
- This premium credit only applies to the employee-only premium.
- This credit opportunity does not apply to spouses, dependents, non-Medicare or Medicare-eligible retirees.

Wellness Premium Credit Amounts for 2017

	CDHP	80/20 Plan	70/30 Plan
Attest to being tobacco-free OR enroll in QuitlineNC	\$40	\$40	\$40*
Choose/confirm a Primary Care Provider (PCP)	\$20	\$25	N/A
Complete the Health Assessment	\$20	\$25	N/A
TOTAL CREDITS AVAILABLE FOR 2017	\$80	\$90	\$40

*New for 2017

2017 Premium Rates Coming Soon

Change Comparison Charts: CDHP 85/15 (No Change)

	2016 In-Network	2017 In-Network	2017 Out-of-Network
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
Annual Deductible	\$1,500 Individual \$4,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	15% of eligible expenses after deductible	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
Out-of-Pocket Maximum (Combined Medical and Pharmacy) <i>Includes Deductible</i>	\$3,500 Individual \$10,500 Family	\$3,500 Individual \$10,500 Family	\$7,000 Individual \$21,000 Family
ACA Preventive Services	Covered at 100%	Covered at 100%	65% after deductible
<u>Office Visits</u>			
Selected PCP	15% after deductible+\$25 HRA credit	15% after deductible+\$25 HRA credit	35% after deductible
Non-selected PCP	15% after deductible+\$20 HRA credit if a B.O.D provider	15% after deductible+\$20 HRA credit if a B.O.D provider	

Change Comparison Charts: CDHP (No Change)

	2016 In-Network	2017 In-Network	2017 Out-of-Network
<u>Office Visits</u> B.O.D. Specialist	15% after deductible+\$20 HRA credit (for B.O.D.specialists.	15% after deductible+\$20 HRA credit (for B.O.D.specialists.	35% after deductible
Non-B.O.D. Specialist	15% after deductible	15% after deductible	
Urgent Care	15% after deductible	15% after deductible	15% after deductible
Emergency Room	15% after deductible	15% after deductible	15% after deductible
Outpatient Hospital	15% after deductible	15% after deductible	35% after deductible
<u>Inpatient Hospital</u> B.O.D.	15% after deductible. + \$200 HRA Credit for B.O.D. Hospitals	15% after deductible. + \$200 HRA Credit for B.O.D. Hospitals	35% after deductible
Non-B.O.D.	15% after deductible	15% after deductible	
Therapy Services (Chiro/PT/OT)	15% after deductible	15% after deductible	35% after deductible
Drugs	15% 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

Change Comparison Charts: Enhanced 80/20 Plan

	2016 In-Network	2017 In-Network	2017 Out-of-Network
Annual Deductible	\$700 Individual \$2,100 Family	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family
Coinsurance	20% eligible expenses after deductible	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	N/A	N/A
Medical Out-of-Pocket Max	N/A	\$4,350 Individual \$10,300 Family	\$8,700 Individual \$26,100 Family
Pharmacy Out-of-Pocket Max	\$2,500	\$2,500 Individual \$4,000 Family	\$2,500 4,000 Family
Total Out-of-Pocket Max <i>(Includes Deductible)</i>	N/A	\$6,850 Individual \$14,300 Family	\$11,200 Individual \$30,100 Family
ACA Preventive Services	Covered at 100%	Covered at 100%	Dependent on Service
<u>Office Visits</u> Selected PCP Non-selected PCP	\$15 \$30	\$10 \$25	40% after deductible
<u>Office Visits</u> B.O.D. Specialist. Non-B.O.D. Specialist	\$60 \$70	\$45 \$85	40% after deductible

Change Comparison Charts: Enhanced 80/20 Plan

	2016 In-Network	2017 In-Network	2017 Out-of-Network
Urgent Care	\$87	\$70	\$70
Emergency Room (<i>Copay waived w/ admission or observation stay</i>)	\$233, then 20% after deductible	\$300, then 20% after deductible	\$300, then 20% after deductible
Outpatient Hospital	20% after deductible	20% after deductible	40% after deductible
<u>Inpatient Hospital</u> B.O.D. Non-B.O.D.	\$0, then 20% after deductible \$233, then 20% after deductible	\$0, then 20% after deductible \$450, then 20% after deductible	\$450, then 40% after deductible
Therapy Services (Chiro/PT/OT)	\$52	\$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) Preferred Diabetic Supplies*	\$12 \$40 \$64 N/A 25% up to \$100 25% up to \$132	\$5 \$30 Deductible/Coinsurance \$100 \$250 Deductible/Coinsurance \$5	\$5 \$30 Deductible/Coinsurance \$100 \$250 Deductible/Coinsurance \$5

Change Comparison Charts: Traditional 70/30 Plan

	2016 In-Network	2017 In-Network	2017 Out-of-Network
Annual Deductible	\$1,054 Individual \$3,162 Family	\$1,080 Individual \$3,240 Family	\$2,160 Individual \$6,480 Family
Coinsurance	30% of eligible expenses after deductible	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	\$4,282 Individual/\$12,845 Family	\$4,388 Individual/ \$13,164 Family	\$8,776 Individual/ \$26,328 Family
Pharmacy Max	\$3,294	\$3,360	\$3,360
Out-of-Pocket Max (Includes Deductible)	N/A	N/A	N/A
ACA Preventive Services	Cost-Sharing Applies (\$39 for Primary Care/\$92 for Specialists)	Cost-Sharing Applies (\$40 for Primary Care \$94 for Specialists)	Only certain services are covered
<u>Office Visits</u> PCP Copay	\$39	\$40	50% after deductible
<u>Office Visits</u> Specialist Copay	\$92	\$94	50% after deductible

Change Comparison Charts: Traditional 70/30 Plan

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

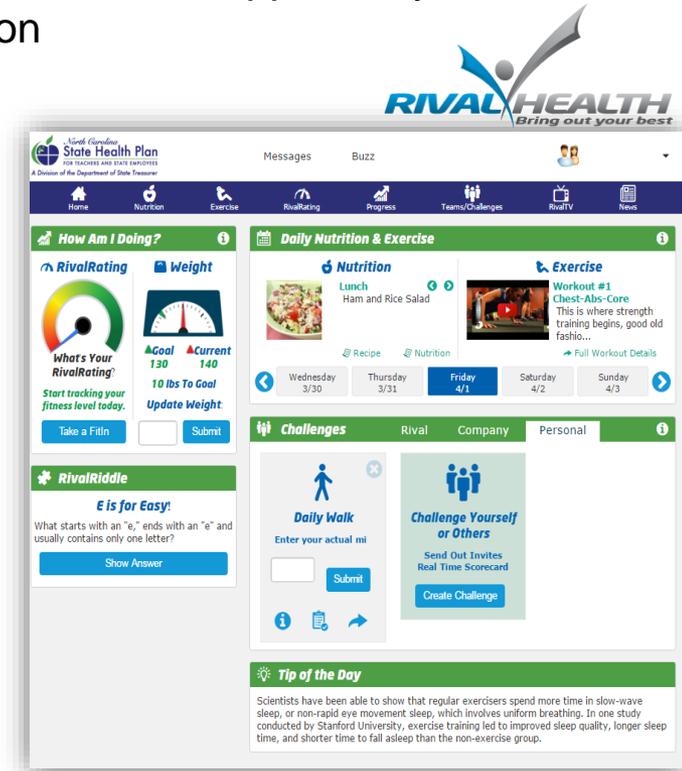
Health Engagement Program for CDHP Members

- The Health Engagement Program offers additional Health Reimbursement Account funds for CDHP members who engage to help offset their health care expenses. There are two components:
 - The **Healthy Lifestyles Program** is an incentive-based program designed to encourage all **CDHP** members to engage in healthy behaviors
 - **Positive Pursuits** offers **CDHP** members with certain conditions an opportunity to earn even more in the HRA for actively managing their condition

New for 2017!

Members 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.

Currently it's available to CDHP members and qualifying Wellness Champions worksites. In 2017, CDHP members can earn HRA funds through completed activities.



New Pharmacy Benefit Manager Implementation

- As of January 1, 2017, the State Health Plan will be transitioning to a new Pharmacy Benefit Manager, CVS/caremark.
- Members impacted will receive communication regarding what steps to take.
- ALL members will receive a new ID Card. The 2016 card WILL NOT work – members **MUST** use the new CVS/caremark card.
- Advantages of switching to CVS/caremark:
 - Members will have access to the CVS/caremark online drug lookup tool during Open Enrollment.
 - This tool enables members to look up and compare the costs of various drugs – especially useful for those enrolled in the CDHP 85/15.



Formulary Change

- The State Health Plan will be moving to a Closed, Custom Formulary effective January 1, 2017.

Open Formulary – In an “open” formulary, all drugs are included, subject to any benefit exclusions. The Plan currently utilizes an “open” formulary for the Enhanced 80/20, Consumer-Directed Health Plan (CDHP) 85/15, and Traditional 70/30 Plans.

Closed Formulary – In a “closed” formulary, certain drugs are excluded. Plan members on the High Deductible Health Plan (HDHP) have Express Scripts’ (ESI’s) standard formulary, which is closed.

- There will be an exception process available to providers who believe that, based on medical necessity, it is in the members’ best interest to remain on the excluded drug(s).
- Impacted members and their providers will receive communication regarding any affected prescriptions.

New Pharmacy Tier for Diabetic Testing Supplies

- There will be a new tier added for Preferred Diabetic Supplies
 - Enhanced 80/20 Preferred Diabetic Tier copay will equal the Tier 1 copay
 - Traditional 70/30 Preferred Diabetic Tier copay will remain at \$10 (Tier 1 is \$16)

Drugs	Traditional 70/30 Plan	Enhanced 80/20 Plan	Consumer-Directed Health Plan 85/15
Tier 1 (Generic)	\$16	\$5	Preferred brands fall under CDHP Preventive List – deductible is waived
Tier 2 (Preferred Brand & High-cost Generic)	\$47	\$30	
Tier 3 (Non-preferred Brand)	\$74	Deductible/Coinsurance	
Tier 4 (Low-cost/Generic Specialty)	10% up to \$100	\$100	
Tier 5 (Preferred Specialty)	25% up to \$103	\$250	
Tier 6 (Non-preferred Specialty)	25% up to \$133	Deductible/Coinsurance	
Preferred Diabetic Supplies* (e.g. Test Strips, Lancets, Syringes, Needles)	\$10	\$5	

**Non-preferred Diabetic Supplies will be priced at Tier 3*

Pharmacy Program Update

The following pharmacy programs WILL BE DISCONTINUED effective January 1, 2017:

Member-Pay-the-Difference Program

Low-Cost Generic Cholesterol-lowering Medications



Open Enrollment Communications

Communicating Open Enrollment to Members

- Beginning in August, we will be communicating to members about Open Enrollment and Plan changes, through a variety of means.
 - Direct mail, telephone town halls, member onsite presentations, webinars and videos.
 - Remember, it's important for HBRs to process terms for members turning 65 and retiring in the next couple of months in order for these members to receive the appropriate mailers.



Communications to Members

- Materials available on the Plan's website include:
 - Videos:
 - Choosing the right plan option
 - Overview of 2017 changes
 - CDHP: Separating myth from fact
 - Tutorial with navigational instructions for eEnroll
 - E-enrollment magazine
 - Decision guides, rate sheets, comparison charts, benefit booklets and summary of coverage documents



Open Enrollment Outreach Schedule

Date	Time	County	Location
9/13/16	2 p.m.	Burke	Western Piedmont Community College
9/15/16	2 p.m.	Forsyth	Forsyth Tech Community College
9/19/16	10 a.m. and 2 p.m.	Wake	Wake Tech Main
9/20/16	7 p.m.	Active Member Telephone Town Hall	
9/21/16	2 p.m.	Durham	Durham Tech Community College
9/22/16	7 p.m.	Medicare Telephone Town Hall	
9/22/16	2p.m.	Pitt	ECU
9/26/16	2 p.m.	New Hanover	UNC-Wilmington
9/27/16	10 a.m.	Cabarrus	Rowan-Cabarrus Community College
9/27/16	7 p.m.	Non- Medicare Telephone Town Hall	
9/28/16	3:30p.m.	Medicare Telephone Town Hall	
9/28/16	2 p.m.	Wake	NC State University
9/29/16	10 a.m.	Cumberland	Fayetteville Tech Community College
9/29/16	2 p.m.	Robeson	Robeson Community College
9/29/16	2 p.m.	Guilford	Guilford Tech Community College
9/29/16	7 p.m.	Active Member Telephone Town Hall	
10/6/16	2 p.m.	Wayne	Wayne Community College
10/7/16	10 a.m.	Johnston	Johnston Community College
10/11/16	2 p.m.	Alamance	Alamance Community College
10/13/16	2 p.m.	Pasquotank	College of the Albemarle



eEnroll Experience

State Health Plan Website “Enroll Now”



Home > Enroll Now

- 2016 Plan Information
- Enroll Now**
- Member Login
- My Personal Health Portal
- Rate Calculator
- Find a Doctor
- Contact Us

State Health Plan for Teachers and State Employees

Enroll Now

To enroll or make changes to your State Health Plan benefits, members use the eEnroll system. If you are employed by any of the following organizations, or your organization corresponding yellow button below.

Enroll Using e-Enroll

Login to eEnroll

Retirees Using the ORBIT System

Login to eEnroll through ORBIT

Employees Using the BEACON System

Login to eEnroll through BEACON

N.C. State University Employees

Login to eEnroll through NCSU

UNC-Asheville Employees

Login to eEnroll through UNC-Asheville

UNC-Chapel Hill Employees

Login to eEnroll through UNC-Chapel Hill

Need help? [View Instructions for How to Enroll](#)

Members in these groups will be directed to their employer's portal to login into eEnroll.

Attention CDHP Members:
Check out the Health Engagement Program,
where you can earn up to \$100 this year!

[Find Out More](#)

- [Enroll Now](#)
- [Find a Doctor](#)
- [My Personal Health Portal](#)
- [Health Benefits Estimator](#)

News and Updates



Plan Benefit Changes for 2017
The State Health Plan's Board of Trustees approved the following changes for the 2017 benefit year at their May 13, 2016, meeting...

Upcoming Events

Navigating Your State Health Plan Benefits and Retirement
Monday, July 11, 2016 at 3:00 p.m. - 5:00 p.m.

State Health Plan 101 - Understanding Your Health and Wellness Benefits
Tuesday, July 12, 2016 at 12:30 p.m. - 1:30 p.m.

Login



Welcome to the North Carolina State Health Plan's eEnroll system!

If you are part of one of the groups below, please click the appropriate link. If not, please login using your eEnroll username and password to the right.

[State Retirement System \(ORBIT\)](#)
[UNC Chapel Hill and UNC General Administration](#)
[UNC Asheville](#)
[NC State University](#)
[BEACON \(Click here if your agency uses BEACON\)](#)

eEnroll is used to enroll in your State Health Plan and NCFlex benefits.

 **Log in to your account**

Username*

Password*

[Reset your Account >](#)

Technical Questions?

Please call 1.855.859.0966
Monday - Friday, 8:00 AM to 5:00 PM ET

Supported Browsers

[Learn about Officially Supported Browsers](#)

Login-HR In Touch Example

The screenshot shows a web browser window displaying the HR In Touch portal for Wake County Public School System. The browser's address bar shows the URL: <https://appbuildercqb1.benefitfocus.com/AppBuilder/Default.aspx?ApplicationID=HRInTouch&TenantID=WCPSS&PageID=Main>. The page features a navigation bar with a search icon and a 'Home' link. A sidebar on the left contains a 'QuickLinks' section with a link to 'Pierce Group Benefits'. The main content area includes a 'BCBS Access' section with a link to 'Go to BCBS Member Services', a 'Welcome to HR InTouch' message, a video player, and a 'Featured Documents' section listing 'Dependent Eligibility Requirements', 'Qualifying Events Requirements', and 'SHP rates effective 9/1/2011'. Below these are sections for 'Medical Benefits', 'Dental Benefits', and 'Vision Benefits'. A prominent red arrow points to the 'Enroll Now!' button, which includes a play icon and the text 'eEnroll- Click Here to View and/or Edit Your Benefits'.

Get Started

The screenshot shows the North Carolina State Health Plan website interface. The top navigation bar is blue with a white hamburger menu icon. Below it, a sidebar contains several menu items: Home, Dependents, Language Preferences, MANAGE ACCOUNT (with sub-items: Login Information, Medicare, Life Change, Premium Wellness Credits), and QUICK LINKS (with sub-item: Learning Center). A red arrow points to the 'Premium Wellness Credits' link. The main content area is divided into three sections: 'Important Actions for Completing Open Enrollment' with a 'Get started >' button, 'Important Messages for You' with a warning icon and text about new benefits and enrollment deadlines, and 'Completing Open Enrollment' with detailed instructions. The footer contains copyright information and links for 'Ask a Question', 'Terms of Use', and 'Privacy Statement'.

Ability to get straight to credit activities from this screen.

Edit Benefits

Profile ✓ Shop for benefits ✓ Confirm & Finish

Open Enrollment Benefits

Whether you want to change your benefits or keep them the same as last year, it's still important that you carefully complete each step in the enrollment process to make sure all of your benefits are covered for the upcoming plan year.

1/14 Benefits Complete

Current Benefits **Open Enrollment Benefits**

Your benefits

Your 2016 Medical Coverage

You have selected the plan below! You have 242 days to make changes to your coverage.

Traditional 70/30 PPO Plan 2017	\$578.86 Per month
Offered by: Blue Cross and Blue Shield of North Carolina	
Effective date: 01/01/2017	
Persons covered: Tester Five, Spouse Five, Child Tester	

[Edit plan](#) [Show plan details](#) [Decline benefit](#)

Please review your enrollments

Verify that you have reviewed the information above by selecting the checkbox.

I have reviewed the information above.

Choose your NCFlex Health FSA Coverage

You have 242 days to choose your coverage.

[Begin enrollment](#) [Decline benefit](#)

[Complete Enrollment](#) [Return home](#)

Checkmark
Removed



Open Enrollment Selection



✔ Profile

✔ Shop for benefits

Confirm & Finish

Medical

Please select a reason for changing your benefit coverage.

You are making a change to benefit elections. Why are you making this change?

- Open Enrollment
- Life or family change (ex. Marriage, birth, death, loss of other coverage, etc.)

You must have a qualifying life or family change to change coverage.

Note: All changes to your benefits must be approved by your Health Benefits Representative before they become effective.

Next

Previous

Cancel

Pop Up Reminder

A note from your Health Benefits Representative

Open Enrollment will be held October 1-31, 2016. Click on the plan in which you would like to enroll. Remember to click SAVE when you complete your enrollment and your Wellness Premium Credits. Print your Benefit Detail Report and save a copy for your records.

Close

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

Profile

Choose your Medical

Please review your options and choose the plan that best fits your needs.

A note from your Health Benefits Representative

Covered persons:

- Corey Babay
- test test
- two kid
- one kid

+ Add Dependent

2017 State Health Plan Comparison

- 2017 State Health Plan Comparison
- Traditional 70/30 PPO Plan
- Consumer-Directed Health Plan (CDHP)
- Enhanced 80/20 PPO Plan

Traditional 70/30 PPO Plan 2017

\$578.86
Monthly Cost

Benefit Year Deductible	\$1,054 Individual/\$3,162 Family
Emergency Room Copay	\$329 Copay, then 30% after deductible
Inpatient Hospital Copay	\$329 Copay, then 30% after deductible
Office Visit Copay	\$39 Copay
Preventive Care	\$39 Copay
Specialist Visit Copay	\$92 Copay

Select plan Plan details

FSA

Enhanced 80/20 PPO Plan 2017

\$789.42
Monthly Cost

Rate does not reflect wellness premium credits

Benefit Year Deductible	\$700 Individual/\$2,100 Family
Emergency Room Copay	\$233 Copay after deductible, then 20% after deductible

Plan Selection

Profile

Shop for benefits

Confirm & Finish

Choose your Medical plan.

Please review your options and choose the plan that best meets your needs.

Open Enrollment takes place October 1-31, 2016

Covered persons

- [Redacted] S
- [Redacted]

+ Add Dependent

2017 State Health Plan Comparison

- 2017 State Health Plan Comparison
- [Traditional 70/30 PPO Plan](#)
- [Consumer-Directed Health Plan \(CDHP\)](#)
- [Enhanced 80/20 PPO Plan](#)

FSA

Traditional 70/30 PPO Plan 2017

\$543.46
Monthly Cost

Benefit Year Deductible	\$1,054 Individual/\$3,162 Family
Emergency Room Copay	\$329 Copay, then 30% after deductible
Inpatient Hospital Copay	\$329 Copay, then 30% after deductible
Office Visit Copay	\$39 Copay
Preventive Care	\$39 Copay
Specialist Visit Copay	\$92 Copay

Currently Selected

Plan details

FSA

Enhanced 80/20 PPO Plan 2017

\$750.52
Monthly Cost

Benefit Year Deductible	\$700 Individual/\$2,100 Family
Emergency Room Copay	\$233 Copay after deductible, then 20% after deductible
Inpatient Hospital Copay	\$233 Copay after deductible, then 20% after deductible
Office Visit Copay	\$30; \$15 if you use PCP on ID card
Preventive Care	\$0 Copay
Specialist Visit Copay	\$70 Copay

Premium Wellness Credits

✓ Profile

✓ Shop for benefits

Confirm & Finish

Premium credits

✓ Tobacco User Attestation

\$0.00 per month

You are NOT a tobacco user or you ARE a tobacco user and attest that you will enroll in QuitLineNC multiple call program before the end of open enrollment or within 30 days of your date of hire. To enroll you must call 800-QUIT-NOW (800-784-8669).

I understand that making a false statement, representation or attestation to the Plan could result in my termination from the Plan and that by attesting to my tobacco status I am also agreeing to cooperate with the Plan in efforts to verify that status.

- I am not a tobacco user
- I am a tobacco user but agree to enroll in QuitLineNC multiple call program before the end of open enrollment or within 30 days of my date of hire
- I am a tobacco user

Next

> Primary Care Provider

✓ \$25.00 per month

> Health Assessment

\$0.00 per month

Next

Previous

Cancel

Medical Summary



✓ Profile

✓ Shop for benefits

Confirm & Finish

2017 SHP Medical Summary

Your 2017 SHP Medical benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.



Medical

\$685.52

per month

Enhanced 80/20 PPO Plan 2017

Offered By: Blue Cross and Blue Shield of North Carolina

Effective Date: 01/01/2017

Persons Covered: [REDACTED]

Medicare [Edit](#)

1 policy on record

[Show details >](#)

Additional Insurance [Edit](#)

No policy on record

No additional insurance policy information on record

[Edit plan](#)

[Plan details](#)

[Save](#)

[Cancel](#)

Cart Summary

This is a summary of your OE benefit elections.

Benefit Elections [i](#)

Monthly Cost

Eligible for Employer Contribution	
Medical	\$750.52
Subtotal	\$750.52
Premium Wellness Credits	(\$65.00)
Monthly Total	\$685.52

You Pay [i](#)

Monthly Total: i	\$685.52
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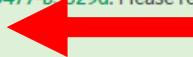
Enrollment Confirmation



- Home
- Profile
- Benefits
- Dependents
- Language Preferences

- MANAGE ACCOUNT
- Login Information
 - Medicare
 - View Tax Documents
 - Life Change

QUICK LINKS

 Congratulations, [REDACTED] You have successfully completed your enrollment process.
Your confirmation number is: 172786477-b5829d. Please review and print your Benefit Detail Report for your records.
[Print your enrollment details](#) 

A note from your Health Benefits Representative

As a reminder Open Enrollment ends October 31, 2016. All enrollment activity include your Wellness Premium Credits need to be completed and SAVED by that date. above for your confirmation.

Next



Important Reminders

Important Points to Reinforce for Members

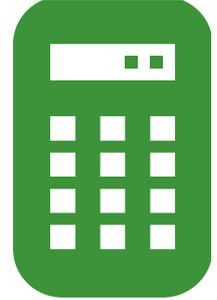
- Critical enrollment procedure: Members need to **SAVE** their choices at the end of the enrollment process.
- Many members overlook this final and vital step and therefore fail to complete enrollment!
- After all enrollment choices are made, they will be displayed to the member for confirmation – but the member isn't finished yet!
- Members then need to scroll down and click **SAVE** in order for their enrollment choices to be recorded. Otherwise, it will be as if they never enrolled. Printing out their benefit summary is also recommended!



The choices you pick
Will NOT stick
Unless you **SAVE** them
With a **CLICK!**

Important Points to Reinforce for Members

- Members are encouraged to use a valuable tool, the Health Benefits Cost Estimator, to help them evaluate their options and choose the Plan that is best for their situation.



Don't overlook this resource!

- During Open Enrollment, the ELIGIBILITY AND ENROLLMENT Support Center will have extended hours:



- Monday – Friday, 8:00 a.m. – 10:00 p.m.
- Saturday 8:00 a.m. – 3:00 p.m.

855-859-0966

Important Points to Reinforce for Members

- Members need to take action and ENROLL by the Oct. 31 deadline.
- If members fail to take action by the Oct. 31, they will be enrolled in the 70/30 Plan effective January 1, 2017 and pay a premium.



TAKE ACTION FOR 2017!

REVIEW your options.

CONSIDER changes – what's best for you **NOW?**

ENROLL.

Medicare Retiree Plan Options for 2017

- Medicare retirees will have the following plan options for 2017:

UnitedHealthcare Medicare Advantage Base Plan

UnitedHealthcare Medicare Advantage Enhanced Plan

Traditional 70/30 Plan

- The Humana plan options will no longer be available in 2017. For that reason, it is anticipated that auto-enrollment into the Humana Base Plan for newly eligible members will cease during the 3rd quarter of 2016.
- If a family member is already enrolled in Humana for 2016, the Plan will continue to auto-enroll any additional newly Medicare eligible family members to same plan for the remainder of 2016.

Any Questions?

- **ELIGIBILITY AND ENROLLMENT Support Center**
HBR SUPPORT LINE
855-422-5249
- **ELIGIBILITY AND ENROLLMENT Support Center**
855-859-096
- **BLUE CROSS AND BLUE SHIELD OF NC**
(BENEFITS, CLAIMS and HRA)
888-234-2416
- **COBRAGUARD** (PREMIUM BILLING, Direct bill/COBRA)
877-679-6272





Thank You!



North Carolina
State Health Plan

FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer

www.shpnc.org

www.nctreasurer.com