



*North Carolina*  
**State Health Plan**  
FOR TEACHERS AND STATE EMPLOYEES



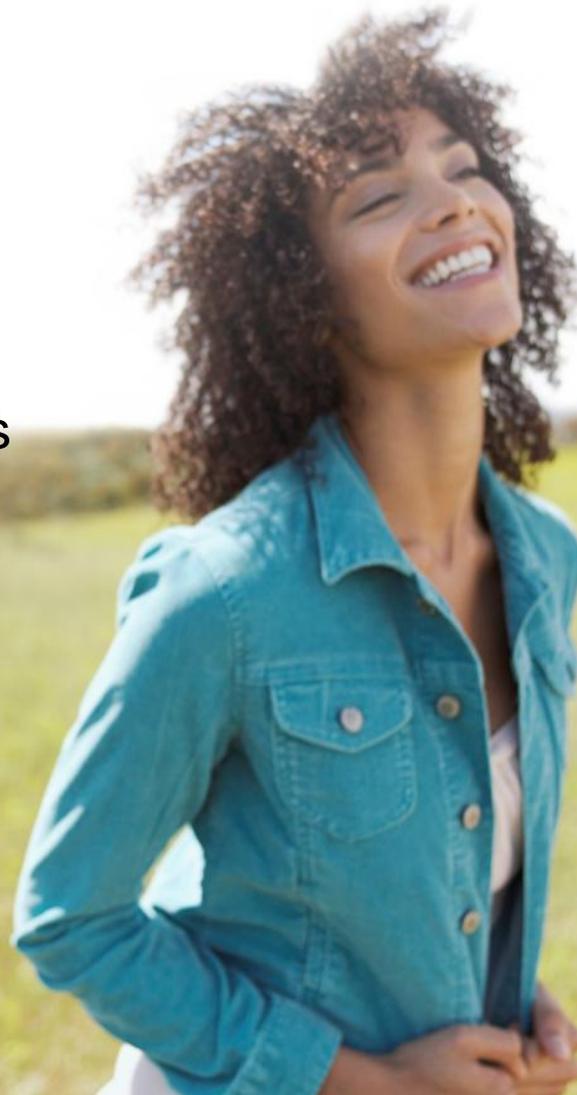
## 2016 Health Benefits Representative Quarterly Training

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*A Division of the Department of State Treasurer*

# Agenda

- State Health Plan Overview
- Roles and Responsibilities
- Eligibility & Enrollment
- Benefit Overview
- HDHP Overview
- Retirement Process
- Partners in Health and Savings
- NC HealthSmart
- CDHP Overview
- CDHP Health Engagement Program
- CDHP Members and RivalHealth
- Resources and Contacts



# State Health Plan Overview

# State Health Plan Overview

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- The State Health Plan provides health care coverage to more than 700,000 teachers, state employees, retirees, current and former lawmakers, state university and community college personnel, local governments, state hospital staff and their dependents.
- The State Health Plan operates as a division of the Department of State Treasurer. The Treasurer is responsible for administering and operating the State Health Plan. An Executive Administrator oversees the day-to-day operations of the Plan.
- The Plan is governed by a Board of Trustees consisting of 10 members, made up of experts in medicine, health administration and education, and responsible for the design of employee health benefits; State Treasurer Janet Cowell serves as the ex officio chair.
- The State Treasurer, Board of Trustees and Executive Administrator are required to carry out their duties and responsibilities as fiduciaries for the Plan and report to the General Assembly.
- The Plan is self-insured and exempt from the Employee Retirement Income Security Act as a government-sponsored plan.
- The State Health Plan is governed by North Carolina General Statute 135 Article B and must adhere to Section 125. Groups must follow the Plan's rules.

# State Health Plan Mission and Guiding Principles

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## **Mission**

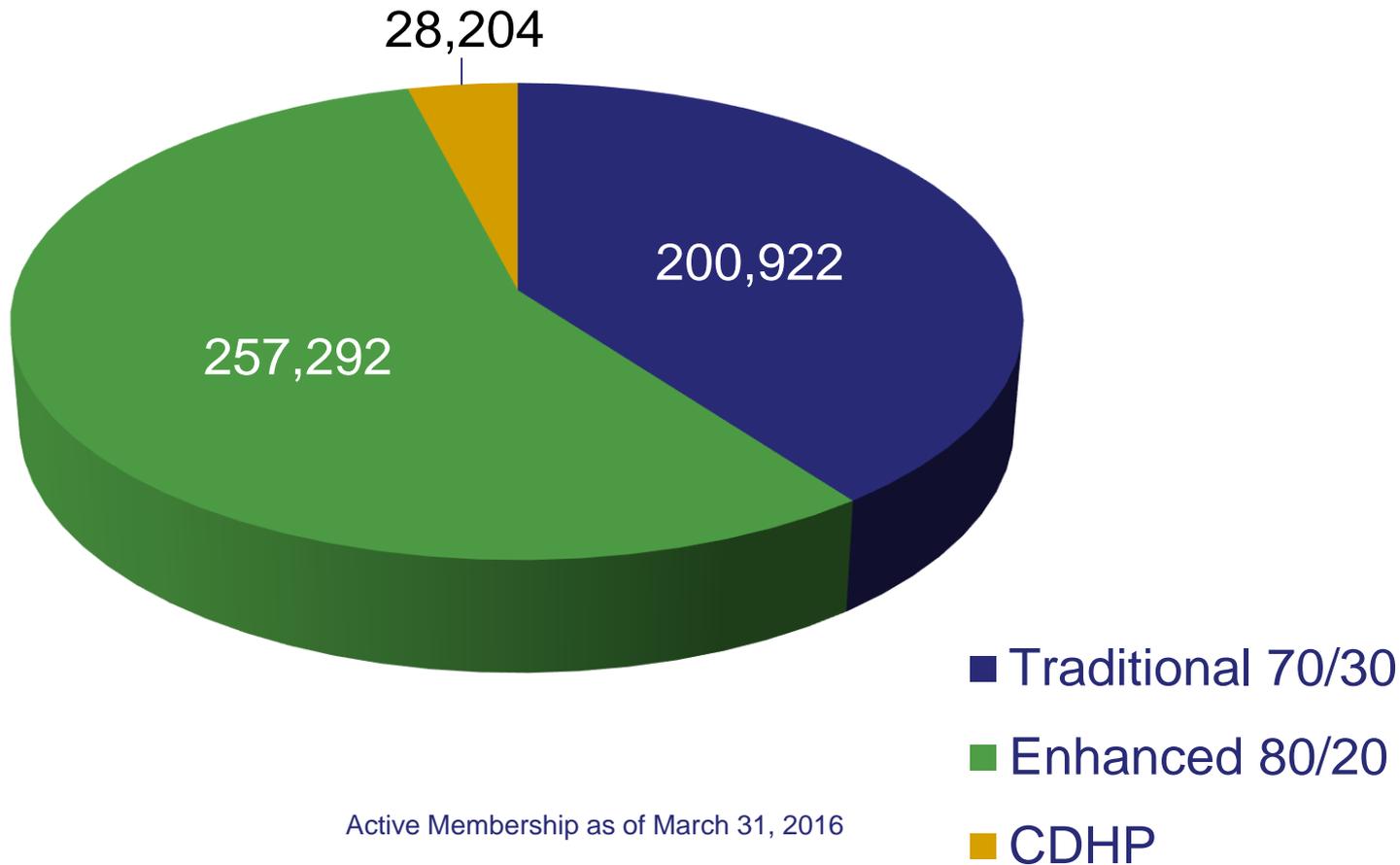
Our mission is to improve the health and health care of North Carolina teachers, state employees, retirees, and their dependents, in a financially sustainable manner, thereby serving as a model to the people of North Carolina for improving their health and well-being.

## **Guiding Principles**

- Improve Members' Health
- Incent Member Engagement
- Expand Value Based Design Elements
- Improve Affordability
- Maintain Financial Stability

# Current Membership by Plan

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# Health Benefits Representative and Employee Responsibilities

# Health Benefit Representative Role and Employee's Responsibilities

## HEALTH BENEFITS REPRESENTATIVE (HBR) ROLE

- Perform basic employee benefits data inquiry
- Communicate benefits and eligibility information to employees
- Educate employees on how to use the enrollment system
- Perform employee benefits data management, including processing new hires, employee terminations, life changing events, Open Enrollment, benefit terminations, and determining eligibility

## EMPLOYEE ROLE

- Enroll in the State Health Plan
- Process qualifying life events within 30 days
- Provide documentation to verify dependent eligibility and life events
- Keep demographic information updated in the appropriate enrollment system

Please note: eEnroll is a self-service system and the HBRs should not process enrollments or life event transactions for their employees.

# Eligibility & Enrollment

# Eligibility For Permanent Employees

## Permanent employees

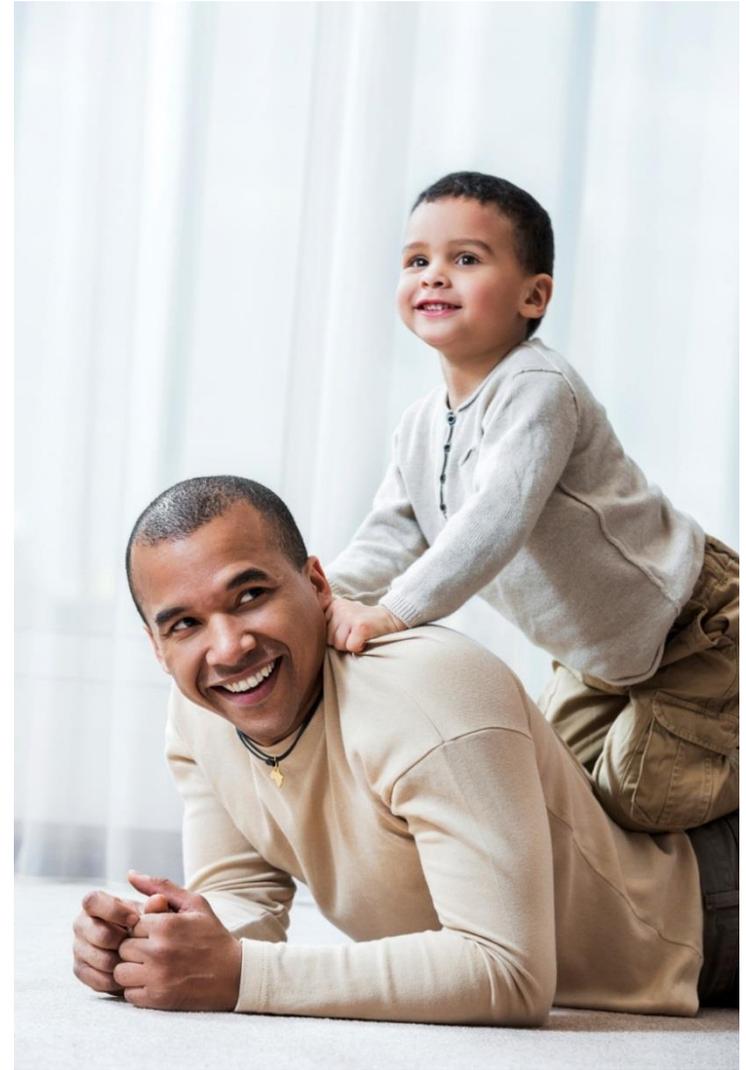
### **Working 30 Hours Per Week**

May enroll themselves and their eligible dependents

### **Working 20 Hours but Less than 30 Hours Per Week**

May enroll themselves and their eligible dependents but must pay full cost of coverage

The benefit year runs from January 1 to December 31 each year. Deductibles and coinsurance begin each benefit year.



# Who is an Eligible Dependent?



- Legal spouse
- Children up to age 26\*
  - Natural
  - Legally adopted
  - Foster children
  - Children under legal guardianship
  - Stepchildren

\*A child's coverage may be extended beyond age 26 if the child is physically or mentally incapacitated and the condition developed before their 26th birthday and the dependent was covered by the State Health Plan.

When requesting extension of coverage, employees should complete the Coverage Request for a Mentally or Physically Incapacitated Child available on the Plan website and may contact Customer Service at Blue Cross and Blue Shield of North Carolina (BCBSNC) if they have questions. The form must be approved prior to the termination date.

- Members are required to provide their HBR with documentation to verify the eligibility of the dependent. View the list of acceptable documents at the Plan website in the HBR tab by clicking the Enrollment Rules and Information [Dependent Verification Requirements](#)

# When Can a New Hire Enroll?

- 30 days from the date of hire
- Benefits are effective:
  - the first of the month following the employee's hire date or
  - the first of the second month following the employee's hire date

See example below:

Hired	Can elect coverage until	Effective date of coverage
October 15	November 15	Either Nov. 1 or Dec. 1, (employee's choice)

New Hire Kit and New Hire Brainshark are available on the State Health Plan's website under the HBR tab.



Great Resource!

# How to Enroll?

Home > [Enroll Now](#)

2017 Open Enrollment

**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 uses any of the following systems, please enroll by clicking on the 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

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



Find instructions for enrolling on the State Health Plan website at [www.shpnc.org](http://www.shpnc.org) and click **Enroll Now**.

Call the Eligibility and Enrollment Support Center at 855-859-0966 for assistance.

# ID Cards

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- After enrollment, members will receive their ID card in the mail. ID cards are sent no later than 10 days prior to the effective date.
- For additional cards:
  - Go online at [www.shpnc.org](http://www.shpnc.org) and click “Member Login” to find “Blue Connect” to request a new card or print a temporary card
  - Call Customer Service at 888-234-2416



# Open Enrollment

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- During Open Enrollment, employees can re-evaluate their health care needs for the upcoming benefit year as well as:
  - Enroll in the State Health Plan
  - Switch between plans
  - Add or remove dependents

Without a qualifying event!

**Important Note:** Once an employee selects a health plan at initial enrollment, he/she may not elect to switch plans until Open Enrollment

# Qualifying Life Event

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- Qualifying life events:
  - Are the only other times during the year you can make changes to your benefits
  - Allow you to add or drop dependents – not change plans
  - Election change must be “consistent” with the event, as defined by the IRS.
  - Includes marriage, birth, spouse employment change, etc.

For a complete list, refer to your

Benefits Booklet at [www.shpnc.org](http://www.shpnc.org).

***Changes must be made within 30 days of the qualifying life event.***



# Exception Process

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- Retroactive changes outside the State Health Plan enrollment or termination rules must be requested by the HBRs through an exception process and may be approved under **certain criteria only**. The Exceptions Request Form, located on the Plan website under the HBR tab, must be completed and submitted to the HBR Inquiries email box at [HBRinquiries@shpnc.org](mailto:HBRinquiries@shpnc.org). The request will be processed and either approved or denied. The State Health Plan notifies the HBR with a decision within 5 – 10 days.
- Please note that corrections or changes within the Plan's enrollment or termination rules do not require an exception. You may contact the HBR Support Line directly. For example, if today is 4/21/16 and you need to change a termination date from 3/31/16 to 4/30/16, HBR Support can make the correction.
- The Exception Process can be viewed on the HBR tab, [Exceptions Process](#)

# Medicare

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- Medicare Eligibility
  - Age 65
  - Disability
  - End Stage Renal Disease (ESRD)
- Medicare is only primary for members under active groups:
  - Last month of coverage for retiree – please be sure to add the Medicare information when you process the retirement termination, so the reduced premium is applied.
  - After the 30-month period for ESRD
- The State Health Plan mails a Medicare eligibility letter prior the employee's 65th birthday.
  - Recommend enrolling in Medicare Part A
  - Recommend delaying enrollment in Medicare Part B if they remain actively working for the State and then to select Part B prior to retiring to ensure Part B in place at their retirement date.
  - Members may update their Medicare status by logging into eEnroll or calling the Eligibility and Enrollment Support Center.
- The rate is \$0 for employee portion and Medicare reduced premium applies for Employer portion. Rates are incorrect in system, but as long as the Tier Code is correct, the amount billed by BCBSNC will be correct. Tier Code for EE Medicare Primary is SNGM. Member is not required to complete incentives since rate is \$0.

# When Does Coverage End For Employees?

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Here are the rules per the Plan's statute for when coverage ends for a non-retiree:

- 135 48.44 (a) (2) The last day of the month in which an employee's employment with the State is terminated as provided in subsection (c) of this section.
- 135 48.44 (d) (3) If employment is terminated in the second half of a calendar month and the covered individual has made the required contribution for any coverage in the following month, that coverage will be continued to the end of the calendar month following the month in which employment was terminated. **This has been determined by legal staff to be terminations that occur on and after the 16th of the month.**

For state agencies (people who enroll through BEACON), they follow the rule that if an employee occur on and after the 16th of the month, then they are covered through the end of the following month.

Public schools, community colleges, and other non-BEACON groups basically can make the determination on which rule they wish to follow, but they need to make a decision that will be the standard they follow.

This rule applies to coverage for employees who are paid less than 12 months and summer months:

- 135 48.44 (d) (4) Employees paid for less than 12 months in a year, who are terminated at the end of the work year and who have made contributions for the non-work months, will continue to be covered to the end of the period for which they have made contributions, with the understanding that if they are not employed by another State covered employer under this Plan at the beginning of the next work year, the employee will refund to the ex-employer the amount of the employer's cost paid for them during the non-paycheck months.

# COBRA

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- Initial COBRA notices are sent to all new hires and spouses. This notice is intended to inform the members of their potential future options and obligations under the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).
- A COBRA notice is sent when a qualifying event occurs, such as a termination. The following are obligations related to COBRA notification:
- **Obligations for COBRA Notification**
  - HBR must notify Benefitfocus of changes in employee status within 30 days.
  - Employees must notify their HBR of changes in their dependent's status within 60 days in order to qualify for COBRA.
  - COBRAGuard must notify COBRA-eligible members of their right to continue coverage within 14 days of receipt of notification.
- For detailed information, please view the [COBRA Administration Guide](#) located on the HBR tab, Training and Development. To view the COBRA Rates, go to Plans for Actives, then select the plan you want to view and click on COBRA and 100% Contributory.
- Rates do not include the usual 2% administration fee and are lower due to rates being finalized before the 2016 employer contribution was determined.

# Reduction in Force (RIF)

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Employees who lose their jobs as a result of a reduction in force (RIF) will continue to have coverage under the State Health Plan for up to 12 months, as long as the employee:

- Has 12 or more months of service and the employee was covered by the Plan at the time of separation from service  
or
- Completed a contract term of employment of 10 or 11 months as an employee of a local school administrative unit

Employees may continue coverage for their eligible dependents during this 12-month period. Employees who elect not to continue coverage under RIF immediately following separation from employment may not obtain RIF coverage at a later date. Employees are not eligible for RIF health coverage if the employee is provided health coverage on a non-contributory basis by a subsequent employer.

For detailed information, please view the [Reduction in Force and Health Coverage](#) located on the HBR tab under the Overview section.

# Benefit Overview

# Benefit Overview

## The State Health Plan offers 3 plans for permanent employees:

1. Enhanced 80/20 Plan
2. Consumer-Directed Health Plan (CDHP)
3. Traditional 70/30 Plan

- PPO: Preferred Provider Organization<sup>1</sup>
- Choice of providers: in-network or out-of-network
- Large network of Blue Options<sup>SM</sup> providers<sup>2</sup>
- Access to specialists without referrals<sup>3</sup>
- Nationwide, worldwide coverage

<sup>1</sup> When you see an out-of-network provider, you may pay more out of pocket.

<sup>2</sup> Referrals may be needed for mental health and substance abuse services.

<sup>3</sup> Blue Cross and Blue Shield Association Internal Data: <http://www.bcbs.com/already-a-member/coverage-home-and-away.html> (Accessed January 2015)

# The Network

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The Blue Options<sup>SM</sup> Network<sup>1</sup> includes:

- Access to nearly 22,000 health care providers
- Participating providers in all 100 counties

Percentage of NC providers in Network<sup>1</sup>:

- 95% of primary care providers
- 92% of the specialists
- 100% of the general acute care hospitals

Convenience care in-network<sup>2</sup>



<sup>1</sup> Source: Consortium Health Plans' Network Compare findings, 11/4/14.

<sup>2</sup> Visit the website to make sure your convenience care center is in-network.

# 2016 Plan Summary

Plan Design Features	Enhanced 80/20 Plan		Consumer-Directed Health Plan		Traditional 70/30 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Health Reimbursement Account (HRA) Starting Balance at the Beginning of Benefit Year</b>	N/A		\$600 Employee/retiree \$1,200 Employee/retiree + 1 \$1,800 Employee/retiree + 2 or more		N/A	
<b>Annual Deductible</b>	\$700 Individual \$2,100 Family	\$1,400 Individual \$4,200 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family	\$1,054 Individual \$3,162 Family	\$2,108 Individual \$6,324 Family
<b>Coinsurance (You pay XX%)</b>	20% of eligible expenses after deductible	40% 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	30% of eligible expenses after deductible	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
<b>Coinsurance Maximum (excludes deductible)</b>	\$3,210 Individual \$9,630 Family	\$6,420 Individual \$19,260 Family	N/A	N/A	\$4,282 Individual \$12,846 Family	\$8,564 Individual \$25,692 Family
<b>Out-of-Pocket Maximum (includes deductible)</b>	N/A	N/A	\$3,500 Individual \$10,500 Family	\$7,000 Individual \$21,000 Family	N/A	N/A
<b>Office Visits</b>	\$30 for primary doctor; \$15 if you use PCP on ID card \$70 for specialist; \$60 if you use Blue Options Designated specialist (preventive services are paid 100%)	40% after deductible	15% after deductible; \$25 added to HRA if you use PCP on ID; \$20 added to HRA if you use Blue Options Designated Specialist (preventive services are paid 100%)	35% after deductible	\$39 for primary doctor \$92 for specialist (This includes prevention services)	50% after deductible

# 2016 Plan Design Pharmacy

	Enhanced 80/20 Plan		CDHP		Traditional 70/30 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Tier 1</b>	\$12 copay per 30-day supply	Applicable copay and the difference between the allowed amount and the charge	15% after deductible	35% after deductible	\$15 copay per 30-day supply	Applicable copay and the difference between the allowed amount and the charge
<b>Tier 2</b>	\$40 copay per 30-day supply				\$46 copay per 30-day supply	
<b>Tier 3</b>	\$64 copay per 30-day supply				\$72 copay per 30-day supply	
<b>Tier 4</b>	25% up to \$100 per 30-day supply				25% up to \$100 per 30-day supply	
<b>Tier 5</b>	25% up to \$132 per 30-day supply				25% up to \$132 per 30-day supply	
<b>ACA Preventive Medications</b>	\$0, covered at 100%	\$0, covered at 100%	\$0, covered at 100%	\$0, covered at 100%	N/A	N/A
<b>CDHP Preventive Medications</b>	N/A	N/A	15%, no deductible	15%, no deductible	N/A	N/A

# Pharmacy Benefits

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- Pharmacy Benefits administered by Express Scripts
- Traditional Pharmacy Benefit Preferred Drug List (PDL):
  - Recommends drugs for effectiveness/price
  - Updated quarterly
  - Visit [www.shpnc.org](http://www.shpnc.org), Plans for Actives, then select the plan you wish to view, and click on “My Pharmacy Benefits”
- For some medications:
  - Step therapy or prior authorization are required and quantity limits may apply
- Affordable Care Act (ACA) Preventive Medications
  - Only available on the Enhanced 80/20 and CDHP plans
  - Covered at no charge with a prescription

Visit [www.shpnc.org](http://www.shpnc.org) or call Express Scripts at **(800) 336-5933** for more information.

# Monthly Premiums – CDHP

Coverage Type	Monthly Premium	Less Monthly Wellness Premium Credit	Net Monthly Premium
Employee/Retiree	\$80.00	\$80.00*	\$0*
Employee/Retiree + Child(ren)	\$269.82*	\$80.00*	\$189.82*
Employee/Retiree + Spouse	\$569.14*	\$80.00*	\$489.14*
Employee/Retiree + Family	\$600.96*	\$80.00*	\$520.96*

\* Assumes completion of all three wellness activities

**Employer Pays \$463.68**

# Monthly Premiums – Enhanced 80/20 Plan

Coverage Type	Monthly Premium	Less Monthly Wellness Premium Credit	Net Monthly Premium
Employee/Retiree	\$104.20	\$90.00*	\$14.20*
Employee/Retiree + Child(ren)	\$384.72	\$90.00*	\$294.72*
Employee/Retiree + Spouse	\$750.52	\$90.00*	\$660.52*
Employee/Retiree + Family	\$789.42	\$90.00*	\$699.42*

*\* Assumes completion of all three wellness activities*

**Employer Pays \$463.68**

# Monthly Premiums – Traditional 70/30 Plan

Coverage Type	Employee/ Retiree Monthly Premium
Employee/Retiree	\$0
Employee/Retiree + Child(ren)	\$210.92
Employee/Retiree + Spouse	\$543.46
Employee/Retiree + Family	\$578.86

**Employer Pays \$463.68**

# High Deductible Health Plan (HDHP)

# HDHP for Non-Permanent Full-Time Employees

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To avoid tax penalties under section 4980H of the Internal Revenue Code (the Code), employers must offer health coverage to all full-time employees.

Employees are considered full-time, and thus required to be offered employer-sponsored health care, if they are reasonably expected to work 30 hours per week.

Employing units are responsible for determining whether or not an employee is a full-time employee. This includes all non-permanent employees.

**The State Health Plan is not able to provide guidance to employing units regarding eligibility for employees.**

**Additional information is posted on the Plan's website under the Health Benefits Representatives tab.**

**Click Health Care Reform/Affordable Care Act Information**

# High Deductible Health Plan Summary

Deductible	\$5,000	\$10,000	\$10,000	\$20,000
Coinsurance	50%	50%	60%	60%
Out-of-Pocket Maximum (Medical and Pharmacy)	\$6,450	\$12,900	\$12,900	\$25,800
ACA Preventive Care Services	\$0 (covered at 100%)	\$0 (covered at 100%)	60% after deductible	60% after deductible
Office Visits	50% after deductible	50% after deductible	60% after deductible	60% after deductible
Specialist Visit	50% after deductible	50% after deductible	60% after deductible	60% after deductible
Inpatient Hospital	50% after deductible	50% after deductible	60% after deductible	60% after deductible
<b>Prescription Coverage</b>				
2016 Express Scripts National Formulary Covered Prescription Drugs	50% after deductible	50% after deductible	60% after deductible	60% after deductible

**Third Party Claims Administrator – MedCost**

# Monthly Premium Rates

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Coverage Type	Employee Monthly Premium
Employee	\$93.16
Employee + Child(ren)	\$267.74
Employee + Spouse	\$490.38
Employee + Family	\$577.04

- Employer Pays \$122.78
- Online enrollment through COBRAGuard's enrollment system and billed by COBRAGuard, the Plan's billing vendor

# How to Enroll?

me > [Enroll Now](#)

2017 Open Enrollment

[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 uses any of the following systems, please enroll by clicking on the 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](#)

**Enroll using CobraGuard for the High Deductible Health Plan**

[Login to the HDHP Enrollment Portal](#)



Find instructions for enrolling on the State Health Plan website at [www.shpnc.org](http://www.shpnc.org) and click **Enroll Now**.

Call the Eligibility and Enrollment Support Center at 855-859-0966 for assistance.

# Retirement Process

# Retirement Process

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The first month of retirement the retiree remains covered under their active agency.

The State Health Plan benefit effective date is the first of the month following their retirement effective date.

For example: If the retirement date is January 1, then Plan benefit effective date is February 1.

# Retirement Termination Process

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- Employees can submit paperwork to the Retirement System as early as 120 days.
- HBRs should term employees as soon as the employee notifies them of their retirement date. In order to prevent dual coverage, there is an enrollment rule that prevents the system for enrolling a member into a new group if their health coverage has not been termed from their previous group. **Please refer to the detailed instructions on [How to Retire a Member](#) under the HBR Tab, Training and Development section.**
- The retiree will be automatically enrolled into a health plan after the member has submitted, and the Retirement Systems has processed, the Form 6E, Choosing Your Retirement Payment Option.

# Auto-enrollment Process for Medicare Primary

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**When the retirement is approved 60 days or greater from the benefit effective date, the retiree will be automatically enrolled into a Group Medicare Advantage Base Plan with either Humana or UnitedHealthcare.**

- These base plans are premium-free for retiree-only coverage. Retirees will have up to 30 days prior to their benefit effective date to change plans. If no action is taken, retirees will remain in the Medicare Advantage Plan in which they were assigned.
- Changes to plan elections can be made during the next Open Enrollment period.
- If the retiree has dependents that are non-Medicare Primary, they will be automatically enrolled into the health plan they were enrolled in as an active dependent.

**When the retirement is approved less than 60 days prior to the benefit effective date, the retiree will be automatically enrolled in the Traditional 70/30 Plan.**

- Retirees will have up until the day before their benefit effective date to switch plans. If no action is taken, retirees will remain in the Traditional 70/30 Plan.
- Changes to plan elections can be made during the next Open Enrollment period.
- If retirees have dependents that are non-Medicare Primary, they will be automatically enrolled into the health plan they were enrolled in as an active dependent

Auto-enrollment occurs whether or not individual was previously enrolled as an active employee.

# Auto-enrollment Process for Non-Medicare

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- Retiring members who are under 65 will be automatically enrolled in the health plan they were enrolled in as an active employee along with any covered dependents.
- Premium wellness credits will roll over if within the same benefit year. Member does not have the option to complete wellness activities unless they are moving from the 70/30 plan to the 80/20 or CDHP.
- Changes must be made no later than 30 days from the benefit effective date.
- Auto-enrollment occurs whether or not they were previously enrolled as an active employee.

# Contribution Status

Hired Before October 1, 2006

Hired On or After October 1, 2006

5 Years of service  
Non-contributory Plan  
You pay **0%** premium  
For 70/30 Plan\*

5 < 10 Years of service  
Retiree You pay **100%** premium

10 < 20 Years of service  
You pay **50%** premium

20 Years of service  
You pay **0%** premium \*

\*Partial contribution may be required for other plan options

**Retirees are auto-enrolled into a plan regardless of the contribution status and must opt out by calling 855-859-0966 or going online within the enrollment period.**

# Pre-Retiree Outreach

- The Plan conducts outreach sessions across the state for members turning 65 beginning in the spring of next year.
- The dates and locations will be posted on the Plan's website.
- HBRs are encouraged to attend as well in order to learn more about Medicare and the retirement process to assist employees in this situation.



STATE HEALTH PLAN REFERENCE GUIDE

UNDERSTANDING YOUR  
OPTIONS AT RETIREMENT



# Rehired Full-Time Retirees Rule

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In adherence to §135-48.40, a retiree employed full-time under an employing unit is no longer eligible for health coverage under the Retirement System and the employing unit is responsible for paying the employer premiums. (1a): *All retirees who (i) are employed by an employing unit, (ii) do not qualify for coverage under subdivision (1) of this subsection, and (iii) are determined to be "full-time" by their employing unit in accordance with section 4980H of the Internal Revenue Code and the applicable regulations, as amended. The employing unit shall pay the employer premiums for retirees who enroll under this subdivision.*

- Permanent rehired retirees are eligible for the traditional plans (Traditional 70/30 Plan, Enhanced 80/20 Plan, and the Consumer-Directed Health Plan)
- Effective January 1, 2016, employing units had the option to offer non-permanent full-time rehired retirees either the High Deductible Health Plan (HDHP) or the traditional plans.

# Non-Permanent Rehired Retirees Process

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- HBR can follow the Retiree Termination Process by submitting a Retiree Termination of Coverage Form to [HBRInquiries@nctreasurer.com](mailto:HBRInquiries@nctreasurer.com) to have the retiree's coverage canceled. Please visit the HBR tab [Health Care Reform](#) page on the Plan's website to learn more about this process. Once the coverage is canceled under the Retirement Systems, the rehired retiree can be enrolled in the active group's health coverage.
- If you are offering the HDHP, you will need to add the rehired retiree to the Enrollment and Portal managed by COBRAGuard. Information regarding the HDHP can be found under the HBR tab, [Health Care Reform](#). If you need assistance adding the rehired retiree, please reach out to the HBR Support Line at 855-552-6272 or [hbrsupport@cobraguard.net](mailto:hbrsupport@cobraguard.net).

If you are offering the Traditional 70/30 Plan, Enhanced 80/20 Plan, and the Consumer-Directed Health Plan, you will need to add the rehired retiree to the eEnroll system as a new employee or rehired employee. If you need assistance adding the rehired retiree, please call the HBR Support Line at 800-422-5249, create a case via One Place 365 <https://oneplace.benefitfocus.com>, or reach out to your Account Manager, if you have one assigned.

- **Once the rehired retiree's coverage ends due to termination under the active group, the retiree can re-enroll in the Retirement System by using the "loss of coverage" life event online or by calling the Eligibility and Enrollment Support Line.**

# Partners in Health Savings

# Partners in Health and Savings

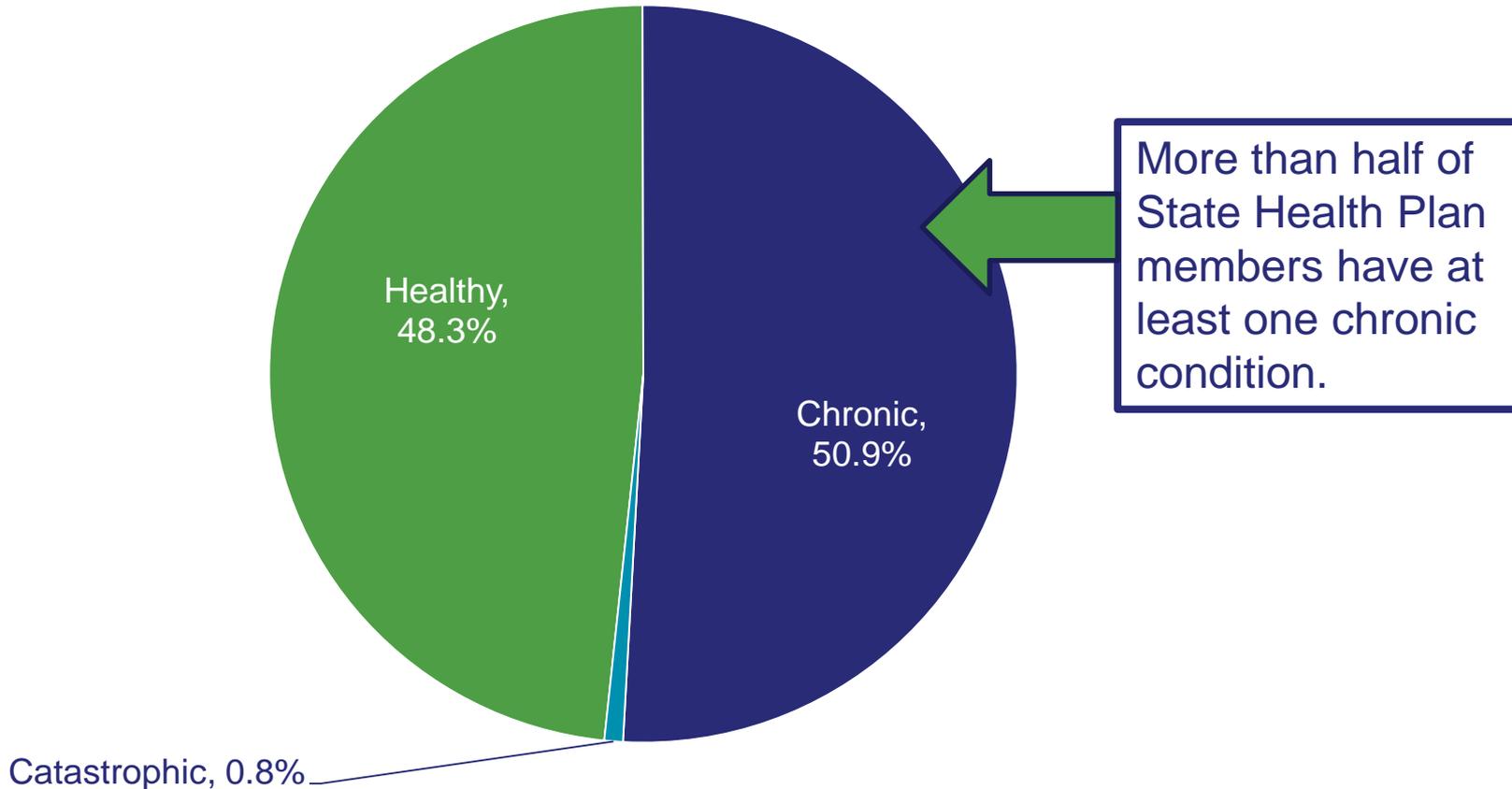
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- The State Health Plan is committed to providing high quality, affordable health care for members.
- However, the occurrence of preventable disease and the cost of health care is continually rising.
- *What can we do to keep members healthy and curb rising health care costs?*



# Membership Health Profile

## State Health Plan Health Profile



Segal, Clinical risk analysis of SFY 2013 data, April 2014

# Member Health Status Influences Health Costs

Average Cost per Member per Year



Segal, Clinical risk analysis of SFY 2013 data, April 2014

# Wellness Credits and Resources

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The Plan supports members with a variety of resources to help support them in their journey to better health through NC HealthSmart, the State Health Plan's healthy living initiative.

In addition, the Plan offers three “Wellness Premium Credits” each year at the time of Open Enrollment, which allows a member to earn down the monthly premium. The Wellness Premium Credit activities are:

- *Complete a Health Assessment*
- *Choose a Primary Care Provider*
- *Attest to being a non-tobacco user or participate in QuitlineNC*

# Why *these* Wellness Premium Credits?

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## Primary Care Provider Selection

- Promotes establishing a relationship with a Primary Care Provider or Practice
  - Continuous and comprehensive care
  - Accessible care
  - Holistic and patient-centered care
  - Positive and engaging provider relationships
  - Higher level of comfort and trust
  - Shared decision making
  - Help in emergencies
  - Lowered copay



# Why *these* Wellness Premium Credits?

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## Tobacco Attestation

- Tobacco use is the leading cause of preventable death
- Tobacco users comparatively cost the Plan more than non-users and this impacts all of us
- Tobacco use status can change from year to year
- If you are a tobacco user, there are resources to help you quit

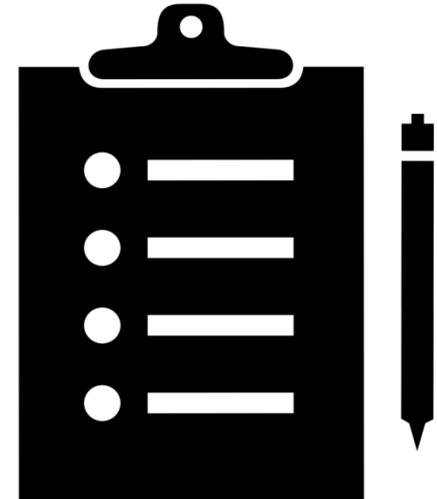


# Why *these* Wellness Premium Credits?

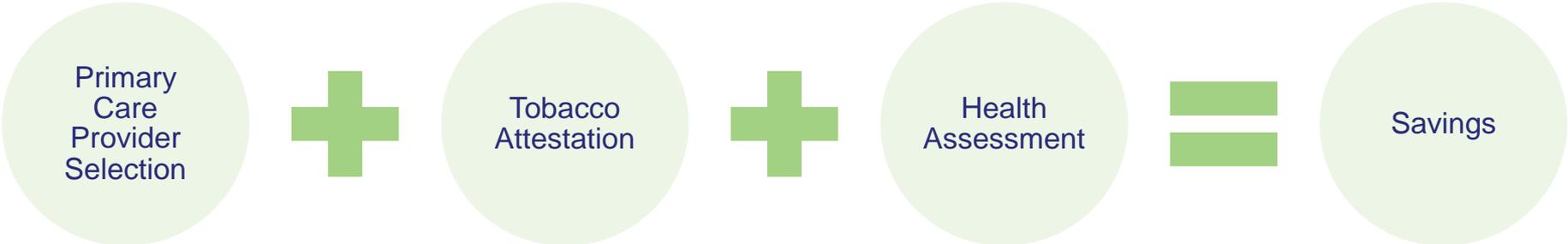
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## Health Assessment

- Completing a Health Assessment and biometric measures increases member awareness of their health status
- Health status can change, making an annual review important
- Provides members with individualized action steps to achieve optimal health
- Allows Plan to link members to relevant resources



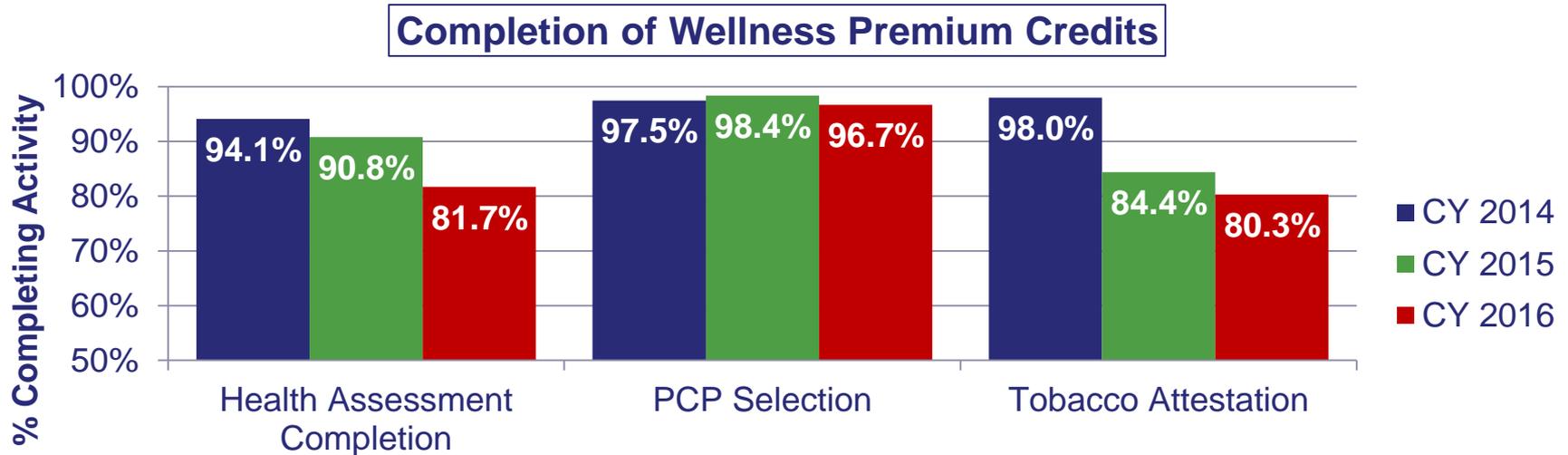
# Why Wellness Premium Credits? How WPC impact premiums:



Wellness Activity	CDHP	Enhanced 80/20	Traditional 70/30
PCP Selection	\$20 reduction	\$25 reduction	N/A
Health Assessment	\$20 reduction	\$25 reduction	N/A
Tobacco Attestation	\$40 reduction	\$40 reduction	N/A

# Encourage Completion of the Wellness Premium Credits

Since the 2014 Open Enrollment (the beginning of Wellness Premium Credits), completion rates have declined.



Make sure your members know **why** we ask that they complete these activities, in addition to the monetary benefit of completing them.

# NC HealthSmart

# NC HealthSmart

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## The State Health Plan's healthy living initiative:

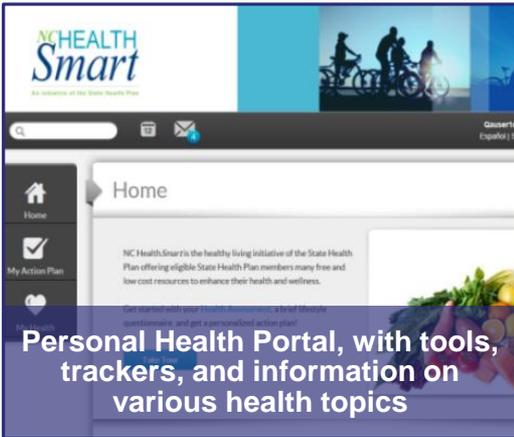
- Empowers healthy members to stay healthy
- Helps those with chronic disease or disease risk factors better manage their health
- Offers integrated, cutting-edge resources and programs including:
  - Lifestyle Health Coaching
  - Disease and Case Management (DM/CM)
  - Worksite Wellness
  - Personal Health Portal
  - Maternity Coaching
  - Tobacco Cessation Supports
  - Weight Management and Nutrition Supports



**NCHEALTHSmart**  
An initiative of the State Health Plan

# Health and Wellness Resources through NC HealthSmart

NC HealthSmart is the healthy living initiative of the State Health Plan.



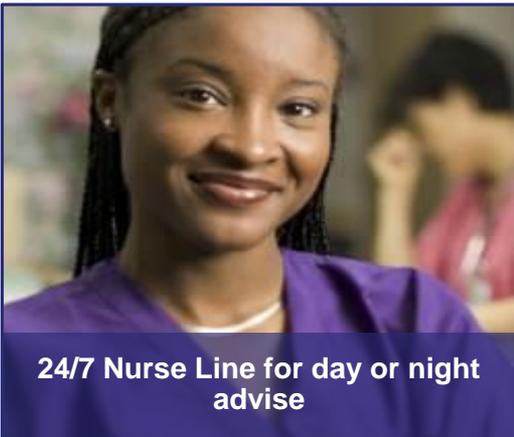
Personal Health Portal, with tools, trackers, and information on various health topics



Health Coaches, health professionals to help you reach your health goals or manage a chronic condition



Maternity Coaches & Stork Rewards to save on hospital costs



24/7 Nurse Line for day or night advise



QuitlineNC with FREE patches, lozenges, or gum\*



Eat Smart, Move More, Weigh Less, a \$30 weight management program with proven results

# Diabetes Prevention Program

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- Members who have prediabetes – or are at risk for developing it – can now participate in the CDC-recognized Diabetes Prevention Program for only \$25 (**a \$400 savings**)!
- DPP is a 12-month class series offered online or onsite throughout the state. Classes cover subjects such as:
  - Nutrition
  - Physical activity
  - Stress
  - Planning for continued success
- Members can find out their risk for prediabetes or register for the Diabetes Prevention Program by visiting [www.diabetesfreenc.com](http://www.diabetesfreenc.com)

Did you  
know?



1 out of 3 adults have prediabetes and  
90% don't know they have it.

# Becoming a Wellness Champion

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## Why worksite wellness?

- The worksite is a great place to provide support to the health of employees and members
- Worksite wellness programs go beyond the habits of an individual by focusing how their work environment as a whole supports healthy behaviors
- The Plan developed the Wellness Champions Program to help worksites create a healthy environment and culture within their organization. The main steps of the program are to:
  1. **Register or nominate** a coworker at [www.shpnc.org](http://www.shpnc.org)
  2. **Act** to improve wellness at their worksite
  3. **Report** the activities they complete each quarter—we will email you the link to report each quarter
  4. **Win** prizes to support their worksite wellness program if you are within the top 36 worksites each quarter

# RivalHealth and the Wellness Champion Program

- RivalHealth is an exciting new challenge and social-support based wellness platform offering customized fitness and nutrition plans, exercise videos, and much more!
- Wellness Champions can earn access to RivalHealth for the Plan members at their worksite by meeting certain benchmarks that demonstrate their commitment to the health of their employees.

## To earn RivalHealth, Wellness Champions will:

- Obtain written leadership support to:
  - Allow a wellness leader 4-6 hours a month to focus on staff wellness
  - Encourage staff to participate in wellness activities
- Establish a wellness committee that meets at least quarterly

## AND

- Sign a Memorandum of Understanding with the State Health Plan to outline each group's responsibilities, including ongoing Quarterly Questionnaire submissions by the Wellness Champion



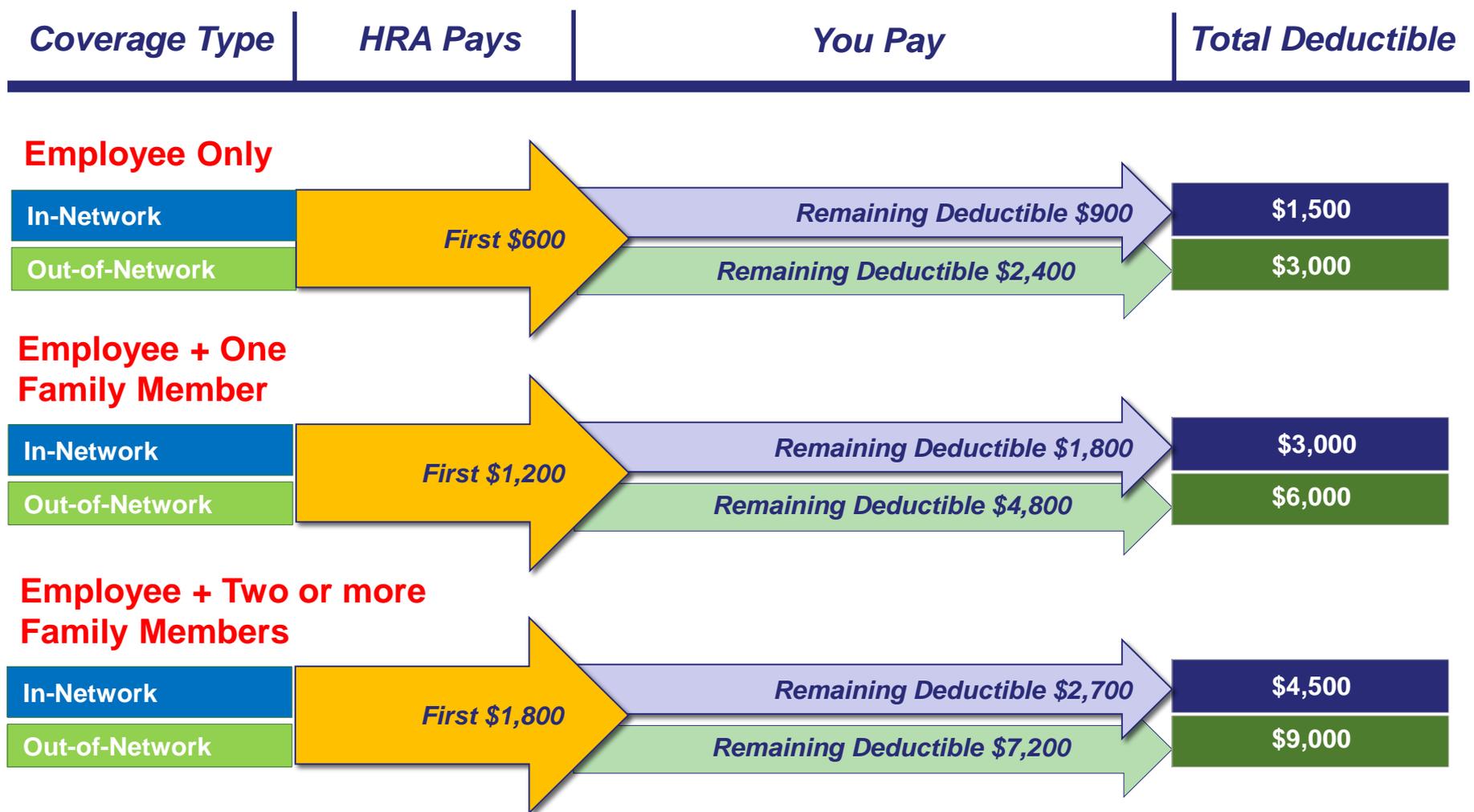
# Understanding the CDHP

# Consumer-Directed Health Plan (CDHP): Medical Benefits

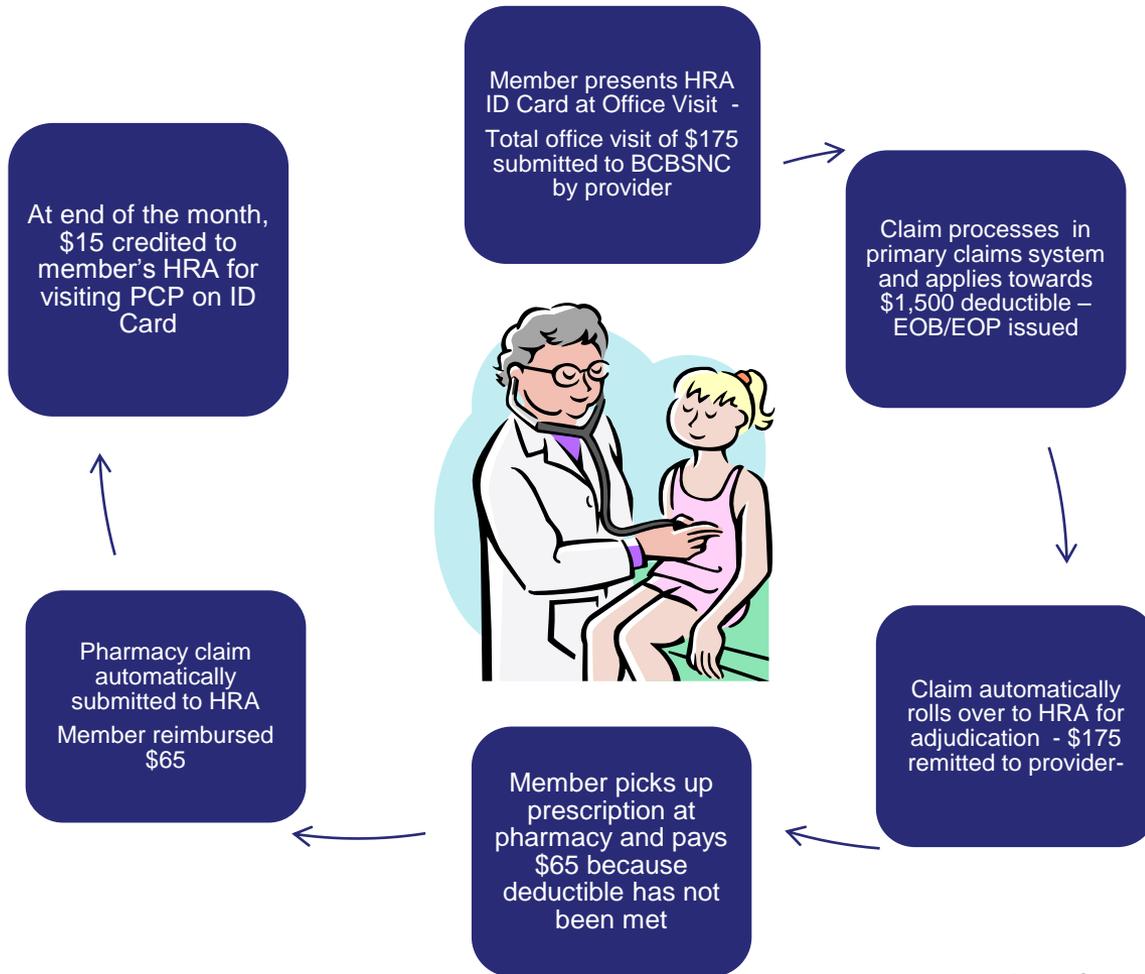
- Instead of copays, members will have to meet a deductible. After meeting the deductible, members pay a 15% coinsurance on all in-network medical and pharmacy benefits except for ACA preventive services and ACA preventative medications, which are covered at 100%.
- The deductible and coinsurance are included in the out-of-pocket maximum.
- Medical and pharmacy expenses both apply to the out-of-pocket maximum.
- The CDHP is paired with a Health Reimbursement Account (HRA) to assist members with out-of-pocket expenses (deductible and coinsurance).
  - The type of coverage (employee-only) determines the amount placed in the member's HRA account.

<i>COVERAGE LEVEL</i>	2016 STATE HEALTH PLAN-PROVIDED HRA CONTRIBUTION
Employee	\$600
Employee +1	\$1,200
Employee +2 or more	\$1,800

# How The HRA Helps You Meet Your Deductible



# How the Consumer-Directed Health Plan with HRA Works



Member's Individual Deductible	
Beginning Deductible	\$1,500
Office Visit	(\$175)
Rx	(\$65)
Remaining Deductible	\$1,260

HRA Account	
Beginning Balance	\$600
Office Visit	(\$175)
Rx	(\$65)
Remaining HRA Balance	\$360
PCP Incentive Reward	\$25
<b>New HRA Balance</b>	<b>\$385</b>

*Any funds remaining in the HRA will roll over to the next year and be available in April.*

# Consumer-Directed Health Plan (CDHP): Pharmacy Benefits

## For Prescription Drugs:

- You will pay **in full** for prescription drugs if your deductible has not been met.
  - *Pay in full means, you will pay the allowed amount for the drug*
- Once your deductible has been met, you will pay a 15% coinsurance for prescriptions until your out-of-pocket maximum has been met.
- Once your out-of-pocket maximum has been met, your prescription will be covered at 100%.
- **NEW in 2016: Rx Debit Card for CDHP members**

## ACA and CDHP Preventive Medications

- ACA Medications covered at 100%
- Preventive Medications on the CDHP Preventive Medication list are subject to a 15% coinsurance with no deductible. Examples of medications include those used to treat heart disease, stroke, asthma, and diabetes.
- A list of these medications is available on the Plan's website at: [www.shpnc.org](http://www.shpnc.org), under the Pharmacy Benefits tab.

When HRA funds are available, this card will work like a debit card and take funds out of your HRA.



# HRA

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**The HRA is credited with a balance at the beginning of each benefit year and is prorated:**

- **Life Events**

If an employee is enrolled in the Consumer-Directed Health Plan (CDHP) and due to a qualifying life event (QLE), the tier is *lowered*, then there will be no change to the accompanying HRA. For example, an employee is enrolled as Employee/Child and begins the benefit year with \$1,200 in the HRA. Then the child becomes eligible for other coverage in June and is dropped from coverage resulting in lowering the tier to employee only. There would be no action to pro-rate or reduce the remaining HRA funds. If an employee adds a dependent during the benefit year and the tier level is increased, the HRA in this case will be pro-rated for the remainder of the benefit year.

- **New Hires**

The amount provided in your HRA is dependent on your effective date and will be prorated for the months remaining in the benefit year. For example, an employee is hired March 3 with benefits effective April 1 and he/she enrolls in employee-only coverage. Their HRA will be credited with \$450.

# HRA: How Claims Are Paid

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## 2016 Claims

1. Pay from 2015 HRA fund until exhausted
2. Pay from 2015 Health Incentive Account (HIA) fund until exhausted
3. Once all 2015 HRA and HIA funds are exhausted, pay from 2016 HRA and HIA funds

Members who remain on the Consumer-Directed Health Plan (CDHP) the following plan year, will see the rollover of previous funds in April in the new plan year. The funds are kept separate until March 31 to cover any claims from the previous plan year. Any 2015 claims must be filed to the HRA by March 31 in order to receive reimbursement from the 2015 HRA. Providers rarely delay in submitting their claims, so we do not expect this to be an issue. Members enrolled in the CDHP are urged to keep track of their account, not only to monitor their HRA balances, but also to make sure their claims from the previous benefit year are submitted by March 31.

Due to a plan set-up issue this year, the member portal shows March 15, 2017; however, this is going to be extended an additional 15 days.

# Outreach and Education

- The Plan sent direct mailers to CDHP members to assist in their understanding of how the plan works and how to maximize their benefits.
- Direct employees to the CDHP video on the Plan's website for a 3-minute tutorial.
- The Plan is providing more outreach and education regarding the CDHP and the other health plans. Visit the website at [www.shpnc.org](http://www.shpnc.org) to view the list of State Health Plan 101 upcoming webinars. Please encourage your employees to attend.



**MAKE THE MOST OF YOUR  
CONSUMER-DIRECTED  
HEALTH PLAN IN 2016**

Open here to learn how the CDHP works and to discover the programs and resources available to help you improve your health and wealth.

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

**HOW YOUR CONSUMER-DIRECTED  
HEALTH PLAN (CDHP) WORKS**

**Don't Forget!**  
There are no copays in the CDHP!

- 1 FIRST, THE DEDUCTIBLE**  
If you visit your doctor for services other than preventive care, you pay the full cost until you meet the deductible. However, if you have funds in your Health Reimbursement Account (HRA), those funds will pay for eligible expenses. You also pay the full cost of non-preventive prescription drugs until the deductible is met. You can use your HRA funds to pay for your prescription, too.
- 2 SECOND, COINSURANCE**  
After you meet the deductible, you pay 20% coinsurance -- a percentage of the service or prescription drug costs -- until you reach the out-of-pocket maximum.
- 3 THIRD, OUT-OF-POCKET MAXIMUM**  
Once you reach the out-of-pocket maximum, the plan pays 100% of all qualified services and prescription drugs for the rest of the plan year, and you pay nothing.

# CDHP Health Engagement Program

# Health Engagement Program for CDHP Members

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- The Health Engagement Program is an incentive-based program that allows CDHP members to earn additional Health Reimbursement Account funds to help offset their health care expenses. There are two components:
  - **Healthy Lifestyles:** Members can earn incentives for completing healthy behaviors such as tracking physical activity and nutrition. Members enroll through their ***Personal Health Portal***.
  - **Positive Pursuits:** Members with identified conditions can earn even more in their HRA for actively managing their condition. Eligible members can ***call 800-817-7044*** to enroll.

## Eligible Members:

- Consumer-Directed Health Plan members, covered spouses, and dependents over the age of 18.
  - Each qualifying member can earn HRA incentives for participating.

# Healthy Lifestyles

ACTIVITY	DETAILS	INCENTIVE
<b>Talk with a Lifestyle Coach</b>	<ul style="list-style-type: none"> <li>Your Lifestyle Coach may do an initial Health Assessment and help you identify changes you'd like to make. Create goals together!</li> <li>Complete 3 sessions to earn an incentive.</li> </ul>	\$25 per year
<b>Track physical activity</b>  <b>-OR-</b>	For at least 46 days/quarter (average 4 days a week) during each quarter: <ul style="list-style-type: none"> <li>Complete 30 minutes of activity, OR</li> <li>Take 5,000 steps each day</li> </ul>	\$25 per quarter
<b>Track calories consumed</b>	For at least 46 days/quarter (average 4 days a week) during each quarter: <ul style="list-style-type: none"> <li>Track calories</li> </ul>	
<b>POTENTIAL ANNUAL HRA INCENTIVES PER PARTICIPANT</b>		<b>Up to \$100 in 2016</b>

# Positive Pursuits

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- For members to qualify for Positive Pursuits, they must have a diagnosis of diabetes, asthma, COPD, hypertension, high cholesterol, coronary artery disease, and/or congestive heart failure
- Positive Pursuits members can earn additional HRA funds to help them obtain necessary services to keep them as healthy as possible, avoid complications, and worsening of their condition(s)
- Incentivized activities are diagnosis-specific and may include:
  - Calls with a Nurse Coach
  - Visit(s) to their PCP
  - Completion of identified lab tests or education
  - Taking medications as prescribed
- Activities are recorded via claims or Nurse Coach entry
- HRA incentive amounts depend on diagnosis-specific activities completed
  - (i.e. members can receive \$30 HRA incentive for receiving their lab work)
- Members participating in Positive Pursuits can also participate in the Healthy Lifestyles Program

# CDHP Members and RivalHealth

# RivalHealth

As an added benefit, Consumer-Directed Health Plan members now have access to RivalHealth!

- RivalHealth is a fitness-based wellness platform that engages members with:
  - Daily customized exercise and nutrition plans
  - Group or individual challenges
  - A RivalRating that helps members understand their fitness level and measure success
- CDHP members can access RivalHealth online or through their mobile application.
- To enroll, member can visit [shpnc.org](http://shpnc.org)

The screenshot displays the RivalHealth web application interface. At the top, it features the North Carolina State Health Plan logo and navigation tabs for Messages, Buzz, Home, Nutrition, Exercise, RivalRating, Progress, Teams/Challenges, RivalTV, and News. The main content area is divided into several sections:

- How Am I Doing?:** This section includes a RivalRating gauge and a Weight gauge. The RivalRating gauge shows a goal of 130 and a current value of 140, with a note to "Start tracking your fitness level today." The Weight gauge shows a goal of 10 lbs and a current value of 140, with a "Update Weight" button.
- Daily Nutrition & Exercise:** This section provides daily recommendations. Under "Nutrition", it lists "Lunch: Ham and Rice Salad" with options for "Recipe" and "Nutrition". Under "Exercise", it features "Workout #1: Chest-Abs-Core" with a video thumbnail and a "Full Workout Details" link. A calendar navigation bar shows the current date as Friday, 4/1.
- Challenges:** This section has tabs for "Rival", "Company", and "Personal". It includes a "Daily Walk" challenge where users can "Enter your actual mi" and a "Challenge Yourself or Others" challenge where users can "Send Out Invites" and "Real Time Scorecard".
- RivalRiddle:** A daily puzzle section with the clue "E is for Easy! What starts with an 'e,' ends with an 'e' and usually contains only one letter?" and a "Show Answer" button.
- Tip of the Day:** A section providing health tips, such as the one about sleep quality and exercise.

# HBR Resources

# State Health Plan Online Resources Review

- State Health Plan Website  
[www.shpnc.org](http://www.shpnc.org)
- Open Enrollment
- eEnroll Login
- Find a Doctor
- My Personal Health Portal
- Health Benefits Estimator
- Rate Calculator
- Member Login
- Health Benefits Representative Section
- Plans for Actives
- Plans for Retirees

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Search this site...

About the State Health Plan | Plans for Active Employees | Plans for Retirees | Health and Wellness NC HealthSmart | Health Benefit Representatives

## Time for a change?

Open Enrollment is the perfect time to **take a look** at your current coverage and the health plan options available to you.

### 2017 Open Enrollment October 1 – 31, 2016

Enroll Now | Find a Doctor | My Personal Health Portal | Health Benefits Estimator | Rate Calculator | Member Login

#### News and Updates

- 2017 Open Enrollment Coming Soon!**  
Open Enrollment is an ideal time to review your current coverage needs and all your State Health Plan options for the coming year...
- Take Your Health Assessment, Win Big!**  
Complete your Health Assessment early and online for a chance to win an Amazon gift card...
- 2016 - 2020 Strategic Plan**  
The strategic plan is organized by first identifying the Plan's mission, vision and values followed by "guiding principles" that describe the intent and motivation behind the Plan's actions...

#### Upcoming Events

- 2017 Open Enrollment Medicare Outreach Event  
Friday, September 16, 2016 at 9:00 a.m. - 11:00 a.m.
- 2017 Open Enrollment Medicare Outreach Event  
Friday, September 16, 2016 at 12:00 p.m. - 2:00 p.m.
- 2017 Open Enrollment Medicare Outreach Event  
Monday, September 19, 2016 at 9:00 a.m. - 11:00 a.m.
- 2017 Open Enrollment Medicare Outreach Event (Actives and Non-Medicare Retirees)  
Monday, September 19, 2016 at 10:00 a.m. - 11:00 a.m.
- 2017 Open Enrollment Medicare Outreach Event (Actives and Non-Medicare Retirees)  
Monday, September 19, 2016 at 2:00 p.m. - 3:00 p.m.

#### Current Health Plan Features

- 2017 Open Enrollment Coming Soon!**  
Open Enrollment is an ideal time to review your current coverage needs and all your State Health Plan options for the coming year...
- What's True About the Flu Program**  
Getting a flu shot is easy for State Health Plan members through the "What's True About the Flu" program...
- NC HealthSmart Member Spotlight**  
NC HealthSmart services help members reach their health and wellness goals each day...
- Take Action - Prevent Diabetes!**  
Approximately 1 in 3 adults in North Carolina has prediabetes - a condition defined by higher than normal

View all Upcoming Events

1:29 PM 9/16/2016

# Contacts

View the contact list on the State Health Plan website under HBR tab [Contact List for Health Benefit Representatives](#)

- **Benefit Questions** (*claims, prior authorization, appeals information, etc.*)
  - BCBSNC Customer Service at 888-234-2416
- **Enrollment, Eligibility, Plan Rules Questions:**
  - HBR Support Line – 800-422-5249 (*for HBRs only, One Place, or Account Manager*)  
BEACON HBRs can contact HBR Support via phone for general questions, but must reach out to BEST Shared Services for member specific issues and billing. 919-707-0707 (*in Raleigh*); 866-622-3784 or submit a ticket to SVC\_OSC.best <best@osc.nc.gov.
  - Eligibility and Enrollment Support Line – 855-859-0966 (for members)
- **Group Billing Questions**
  - BCBSNC: 800-245-7319 or stateppoinvoice@bcbsnc.com
- **RIF Employee Billing, COBRA, HDHP Questions**
  - RIF Billing and COBRA - COBRAGuard: 877-679-6272)
  - HDHP HBR Support Line COBRAGuard:855-552-6272 or hbrsupport@cobraguard.net
- **Prescription Benefit Questions** (*including copay and prior authorization information*), call Customer Service:
  - Express Scripts (Traditional Pharmacy Plan) – 800-336-5933
  - CVS Caremark Customer Service (2017 benefit questions): **888-321-3124** (*Phone line opens October 1*)
- **Escalated Issues** State Health Plan Office 919-814-4400 or HBRInquiries@nctreasurer.com





**Thank you for your continued support!**

**Questions?**



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**State Health Plan**

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[www.shpnc.org](http://www.shpnc.org)

[www.nctreasurer.com](http://www.nctreasurer.com)