North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

Your Retiree Health Plan Options for 2017

Open Enrollment Dates: Oct. 1 – Oct. 31, 2016

Medicare Outreach Event

A Division of the Department of State Treasurer

Presentation Overview

- 2017 Open Enrollment
  - Changes
  - Options
  - Preparing
- UnitedHealthcare
- Blue Cross and Blue Shield of NC
- 2017 Rates
- Income Related Monthly Adjustment Amount (IRMAA)
- Medicare Advantage Refresher
- How to make a change during Open Enrollment
- Question and Answer Session

2017 Benefit Plan Year

Changes for 2017 Plan Year

- Beginning January 1, 2017, the State Health Plan will no longer offer Humana Group Medicare Advantage Plans.
- The State Health Plan's Board of Trustees approved moving to one Medicare Advantage carrier, UnitedHealthcare (UHC) at their June meeting. This move will offer:
  - Savings for the Plan and members
  - Reduced retiree premium rate for 2017
  - Stability with multi-year agreement
- Copays under the UnitedHealthcare Group Medicare Advantage Plans (Base and Enhanced) and maximum out-of-pocket limits will remain the same for 2017
- There have been changes in the formulary (covered drug list).
- Traditional 70/30 PPO plan **will have changes** across the board which include copays, deductible, and maximum out-of-pocket limits slightly increasing for both medical and pharmacy benefits.

2017 Plan Options for Medicare Retirees

Plan options for 2017 are changing.
You will learn more about the changes today.

- UnitedHealthcare Group Medicare Advantage (PPO) Base Plan
- UnitedHealthcare Group Medicare Advantage (PPO) Enhanced Plan
- Traditional 70/30 Plan

Traditional 70/30 Plan – premium free for eligible Medicare Primary members
Base Plan – premium free for eligible primary member
Enhanced Plan – monthly premium for eligible primary member ($64)

Each plan includes monthly premiums for spousal and dependent coverage. To be eligible for dependent coverage under the Medicare Advantage plans, dependents must be Medicare eligible.

2017 Open Enrollment Strategy

- **Members enrolled in a Humana Medicare Advantage Plan for 2016 will want to take action during Open Enrollment to ensure they are enrolled in the plan of their choice for 2017**.
- All **Humana** members will be moved to the **UHC** Base Plan for Open Enrollment. Members who take no action will remain in the **UHC** Base Plan for 2017.

2017 Retiree Medicare Primary Enrollment Strategy	
2016 Enrollment	**2017 Open Enrollment Assignment**
Humana Base MAPDP	UHC Base MAPDP
Humana Enhanced MAPDP	UHC Base MAPDP
UHC Base MAPDP	UHC Base MAPDP
UHC Enhanced MAPDP	UHC Enhanced MAPDP
Traditional 70/30 PPO Plan	Traditional 70/30 PPO Plan

- Because there are no plan design changes in the UnitedHealthcare plan options, we are leaving UnitedHealthcare members in their 2016 election for the start of Open Enrollment. Members who take no action will remain in their 2016 election for 2017.
- We are also leaving Traditional 70/30 Plan members in their 2016 election for the start of Open Enrollment. Members who take no action will remain in their 2016 election for 2017.

2017 Pharmacy Benefit Manager (PBM)

- As of January 1, 2017, the new Pharmacy Benefit Manager for those covered under the **Traditional 70/30 PPO** plan will be CVS/Caremark.
- Retirees will receive:
  - New ID card by January 1, 2017.
    - IMPORTANT: Please use your new card starting January 1, 2017, your old cards **will not work**.
  - CVS/Caremark Welcome Kit
- New programs through CVS/Caremark will be available:
  - One Touch free meter
  - CVS Discount Program
  - Online/Mobile App
- Retirees are **not** required to use CVS pharmacies. You may continue to use your current pharmacy.

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 Traditional 70/30 Plan.

Closed Formulary – In a "closed" formulary, certain drugs are excluded and are not covered.

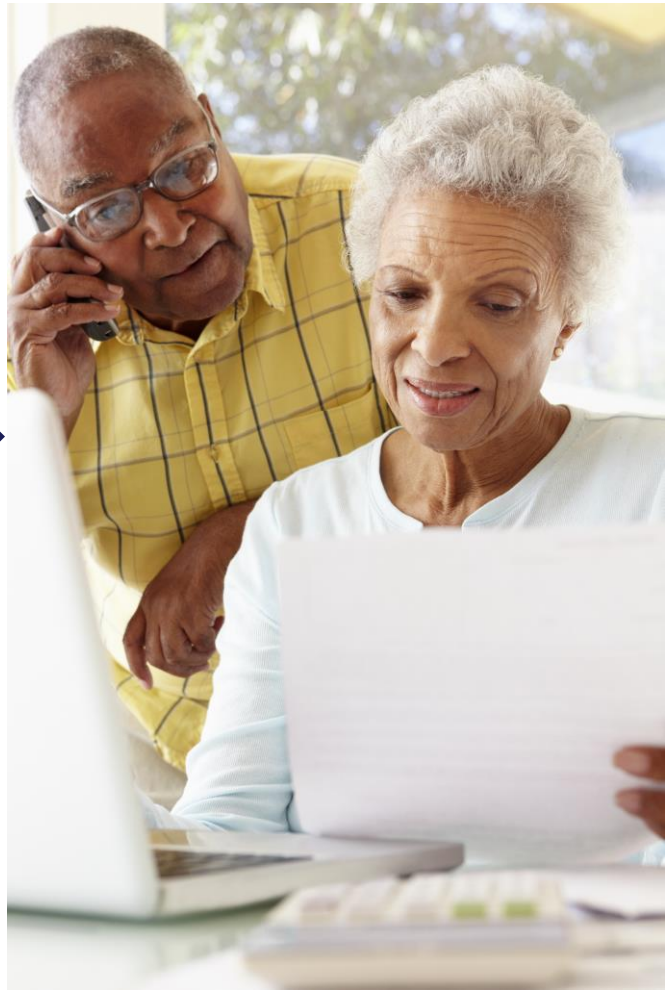
- There will be an exception process available to providers who believe that, based on medical necessity, it is in the members' best interest to remain on the excluded drug(s).
- Impacted members and their providers will receive communication regarding any affected prescriptions.

2017 Pharmacy Benefit Manager Notifications

- Retirees who have any of the following will receive notification letters which will require action:
  - Specialty Medications
  - Step Therapies
  - Prior Authorizations
  - Quantity Limits
  - Medications that are now excluded *
  - Prescription refills remaining on controlled substance
  - Mail Order (payment information)

* Your provider will also receive notice.

2017 Open Enrollment



Preparing for Open Enrollment

- It will be important for all members to carefully review their Open Enrollment materials concerning plan choices for 2017.
  - Review your medical needs in conjunction with benefit structures.
  - Review your pharmacy needs
    - The formularies (list of drugs covered) have changed for 2017.
      - The UHC formulary is the same for the Enhanced Medicare Advantage plan as it is for the Base Medicare Advantage plan.
    - Look at restrictions such as prior authorizations, step therapy and quantity limits.

Open Enrollment Period

- Your opportunity to make changes:
  - Change plans
  - Opt in/out of the State Health Plan
  - Add dependents
  - Remove dependents
- If you opt out of the State Health Plan during an Open Enrollment period, you may opt back into the State Health Plan during any following Open Enrollment period or as a result of a Qualifying Life Event.
- **Open Enrollment will be from October 1 – October 31, 2016.**

REMEMBER: If you are in one of the Humana Medicare Advantage plans for 2016, you will be enrolled into UnitedHealthcare's Medicare Advantage Base plan for 2017 UNLESS you make a different selection during the Open Enrollment Period.

Eligibility and When to Select

- During Open Enrollment, which will be held October 1 – October 31, 2016, you can:
  - Stay in the UnitedHealthcare plan in which you are enrolled/assigned
  - Switch to a different UnitedHealthcare Group Medicare Advantage Plan
  - Switch to the Traditional 70/30 plan
  - Drop or add dependents
  - Disenroll from the Plan
- Medicare Primary dependents will stay together.
- If spouse/dependents **are not** Medicare eligible:
  - They have same options available to active employees/non-Medicare members.
    - Enhanced 80/20
    - Traditional 70/30
    - Consumer-Directed Health Plan w/Health Reimbursement Account (HRA)

Automatic Enrollment Reminder

- The State Health Plan conducts auto-enrollments into a Group Medicare Advantage Base Plan as retired members age in to Medicare (typically when turning 65).
  - Auto-enrollment letters are sent approximately 80-90 days before a retiree becomes Medicare eligible.
  - Auto-enrollment occurs even for those retirees living outside of North Carolina.
  - Members who have been auto-enrolled have the opportunity to change plans prior to their effective date.
- State Health Plan members retiring when they are already 65 years or older are automatically enrolled into either a Group Medicare Advantage Base Plan or the Traditional 70/30 PPO.

2017 Benefit Plan Options

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Plan Benefits

The UnitedHealthcare® Group Medicare Advantage (PPO) Plan

Getting the health care coverage you may need.

- Two Group Medicare Advantage PPO plan options: Base and Enhanced
  - Work similarly to your 2016 health plan
  - For current UnitedHealthcare plan members, there are no increases in benefit co-pays, co-insurance, out-of-pocket maximums for 2017
- Both plan options include:
  - No deductible
  - Coverage for medical services from doctors, clinics and hospitals in one plan
  - Prescription drug coverage
  - No referral needed to see a specialist
  - The ability to see doctors outside the network for the same co-pay or co-insurance as in-network providers as long as the provider accepts Medicare and the plan
  - Additional benefits beyond Original Medicare

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Your doctors

- Both the Base and the Enhanced are Preferred Provider Organization (PPO) plans that allow you the flexibility to use doctors, specialists and hospital both inside UnitedHealthcare's large national network as well as outside UnitedHealthcare's network anywhere in the U.S.
- If you use doctor's outside of UnitedHealthcare's network, they must participate in Medicare and accept the plan. This type of plan is sometimes called a "passive" PPO plan.
- Doctor's outside of UnitedHealthcare's network are paid according to Medicare's rules and fee schedule. Doctors inside UnitedHealthcare's network are paid according to their contract with UnitedHealthcare.
- If your doctor is outside UnitedHealthcare's network and participates in Medicare but does not accept Medicare's fee schedule, your doctor can charge up to the Medicare limit but the excess charges (or balance billing) will be paid by UnitedHealthcare NOT you.
- These plans work like traditional PPO plans. If your doctor is in the network, he or she must accept this plan as part of their contract and continue to see you if you are a current patient. If your doctor is not in our network, your doctor has a choice as to whether or not to continue to see you under this plan.
- If you need help finding a doctor, we're here to help. Just call us.

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Your Medical Benefits

Benefit Coverage	Base Plan In and Out of Network	Enhanced Plan In and Out of Network
Annual Medical Out-of-Pocket Maximum	$4,000 Combined	$3,300 Combined
Primary care provider (PCP) office visit	<$20 co-pay>	<$15 co-pay>
Specialist office visit	<$40 co-pay>	<$35 co-pay>
Urgently needed care	<$50 co-pay>	<$40 co-pay>
Inpatient hospitalization	<$160 co-pay per day, days 1-10 $0 co-pay per day thereafter>	<$150 co-pay per day, days 1-10 $0 co-pay per day thereafter>
Outpatient surgery	<$250 co-pay>	<$250 co-pay>

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Your Medical Benefits

Benefit Coverage	Base Plan In and Out of Network	Enhanced Plan In and Out of Network
Emergency room	<$65 co-pay> (worldwide)	<$65 co-pay> (worldwide)
Ambulance	<$75 co-pay>	<$75 co-pay>
Diagnostic radiology services (such as MRIs, CT Scans)	<$100 co-pay>	<$100 co-pay>
Lab services	<$40 co-pay>	<$20 co-pay>
Therapeutic radiology services (such as radiation treatment for cancer)	<$40 co-pay>	<$10 co-pay>

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Your Medical Benefits

Preventive Services

Benefit Coverage	Base Plan In and Out of Network	Enhanced Plan In and Out of Network
Annual physical	<$0 co-pay>	<$0 co-pay>
Annual Wellness Visit	<$0 co-pay>	<$0 co-pay>
Immunizations	<$0 co-pay>	<$0 co-pay>
Breast Cancer screening	<$0 co-pay>	<$0 co-pay>
Colon Cancer screening	<$0 co-pay>	<$0 co-pay>

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HouseCalls℠

Enjoy a wellness visit in the comfort of your own home.

HouseCalls is an annual health program offered to you for no extra cost. The program sends a Nurse Practitioner or Physician who will visit you at home. During the visit, they will check your medical history and current medications. It can also give you a chance to ask any health questions you may have. You will receive a summary after the visit which you can choose to share with your doctor.

You may even be eligible for a reward when you complete a HouseCalls visit.

Receiving a HouseCalls visit is not required. You can choose whether or not to accept a HouseCalls visit. However, with 98%* member satisfaction, we hope you will accept a visit.

*December 2014 HouseCalls Member Survey Data

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Renew by UnitedHealthcare

Renew by UnitedHealthcare is a member perk that can help you learn[, earn rewards] and start living a healthier, happier life.[1]

Renew Lifestyle
Get the latest on healthy living with *Renew* magazine, videos, recipes and a site devoted to everyday positivity.

Renew Learning
Empower yourself to live healthier and keep on top of the latest health information with free online courses and a resource library full of articles, videos and interactive tools.

[Renew Rewards
Challenge yourself to become healthier and earn rewards for completing certain health-related activities.]

[1]Renew by UnitedHealthcare is not available in all plans.

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Annual Wellness Visit

Take charge of your health

Schedule your annual physical, annual wellness visit and other preventive care. Both your annual physical and wellness visit are covered by your health plan for a $0 co-pay.[1]

Make the most of your annual care:

- ✓ Save time by combining your wellness visit and physical into a single office visit
- ✓ Schedule your appointment as soon as you can to get the preventive care you may need
- ✓ Make sure you follow through with your provider's recommendations for screenings, exams and other care

You can get your annual wellness visit any time during the calendar year no matter when you had your last visit.

[1]A co-pay or co-insurance may apply if you receive additional services that are not part of the annual physical.

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Fitness Program

Get active and have fun with SilverSneakers® Fitness

Designed for all fitness levels and abilities, SilverSneakers includes access to exercise equipment, classes and more than 13,000 participating locations. SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness and include a range of options from using light hand weights to more intense circuit training.

At-home kits are offered for members who want to start working out at home or for those who can’t get to a fitness location due to injury, illness or being homebound.

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UnitedHealthcare's Virtual Doctor Visits

See a doctor using your computer, tablet or mobile phone

UnitedHealthcare's Virtual Doctor Visits lets you choose to see and speak to specific doctors using your computer or a mobile device, like a tablet or smartphone. These doctors are participating providers that have the ability to offer virtual medical visits.

During a virtual visit, you can ask questions, get a diagnosis and the doctor can even prescribe medication[1] that, if appropriate, can be sent to your pharmacy.

You can find a list of participating virtual medical doctors online at **www.UHCRetiree.com/ncshp**.

[1]Doctors can't prescribe medications in all states.

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NurseLine℠

You're never alone.

Whether you have questions about a medication or have a health concern in the middle of the night, with NurseLine℠ * a nurse answers your call 24 hours a day.

Services include:

- Help choosing a doctor
- Tips on how to help control diabetes, blood pressure or high cholesterol
- Reviewing your medications and exploring how to save money on prescriptions
- Connecting you with community resources
- Choosing appropriate medical care

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Solutions for Caregivers

Extra support for those who take care of others

- Get helpful advice and decision-making support from a professional care manager.
- Have a registered nurse perform an in-person health overview of the person you are caring for.
- Work together to create a custom plan that may address both your needs and the needs of the person you are caring for.
- Get help to find and arrange community-based programs and services for your specific needs.
- Access educational resources, discounted products and services online.

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Your Prescription Drug Coverage

- Both Base and Enhanced Plans have an annual out-of-pocket maximum of $2,500 for prescription drugs
- More than 67,000 network pharmacies nationwide — many national drugstore chains and independent pharmacies are included.
- Thousands of covered brand name and generic drugs.
- Bonus drug coverage in addition to Medicare Part D drug coverage.
- Certain generic drugs currently covered at the Tier 1 co-pay in 2016 will be covered at the Tier 3 co-pay in 2017. You may want to talk to your doctor about whether a Tier 1 generic drug is right for you.
- Check your plan's drug list or call Customer Service to see if your prescription drugs are covered.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher. Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.

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Your Prescription Drug Coverage

What is Prior Authorization?

- It's when you need plan approval in advance before a specific drug can be covered
- Can be requested by either you or your doctor
- If you don't get prior authorization, your drug may not be covered by the plan

What a transition refill?

- New members can receive a one-time transition refill for many Part D eligible drugs during the first 90 days of enrollment
- Allows new members time to talk with their doctor about other options that align with the new formulary
- Transition refills can be made for many Part D eligible drugs that require quantity limits, prior authorization, step therapy override or formulary exception because the drug is not on the new formulary
- Members will receive notification from us of the transition refill along with their options

What about mail order transfers?

- Applies only to new members who are transitioning to UnitedHealthcare
- If prescription can be transferred, member will receive notification from OptumRx

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Your Prescription Drug Benefits

Tier	Prescription Drug Type	Your Costs Retail (31-day supply)	
		Base Plan	Enhanced Plan
Tier 1	Generic	<$10 co-pay>	<$10 co-pay>
Tier 2	Preferred Brands	<$40 co-pay>	<$35 co-pay>
Tier 3	Non-Preferred Brands	<$64 co-pay>	<$50 co-pay>
Tier 4	Specialty Tier	<25% co-insurance or a $100 co-pay maximum>	<25% co-insurance or a $100 co-pay maximum>

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Your Prescription Drug Benefits

Tier	Prescription Drug Type	Your Costs Retail and Mail Order (90-day supply)	
		Base Plan	Enhanced Plan
Tier 1	Generic	<$24 co-pay>	<$20 co-pay>
Tier 2	Preferred Brands	<$80 co-pay>	<$70 co-pay>
Tier 3	Non-Preferred Brands	<$128 co-pay>	<$100 co-pay>
Tier 4	Specialty Tier	<25% co-insurance or a $300 co-pay maximum>	<25% co-insurance or a $200 co-pay maximum>

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Diabetic Testing & Monitoring Supplies

Your plan will provide coverage for the following brands of blood glucose testing strips and meters:

OneTouch® Ultra® 2

OneTouch® Verio™

OneTouch® UltraMini™

ACCU_CHEK Aviva

ACCU_CHEK SmartView

OneTouch® Verio® Flex™ System Kit with OneTouch® Verio® test strips

When you use one of these brands, your cost-share for diabetes testing and monitoring supplies is **$0 co-pay**.

These supplies include the above brands of test strips and meters, and **any brand of lancets,** lancing device, glucose control solution (to test the accuracy of your meter), and replacement batteries for your meter.

You may be required to get a new prescription from your doctor. If you are using a different brand than identified above, a temporary supply of your current brand can be requested.

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Diabetic Insulin Changes

In 2017, the UnitedHealthcare plans will cover Humalog and Humulin at the Tier 2 co-pay

Aprida, Novolin and Novolog will no longer be covered on the drug list. If you are unable to use a covered insulin, you or your doctor can request that the plan cover your current insulin. If approved, the insulin will be covered at the Tier 3 co-pay.

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Home Delivery Pharmacy

1. Your order enters OptumRx™ fulfillment system.
2. A pharmacist reviews your information for drug interactions, allergies and dosage.
3. For your security, another pharmacist reviews your medication for accuracy after it is dispensed.
4. OptumRx seals your medication in a tamper-evident package.
5. They mail your medication to you and notify you when it has been shipped.

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What to expect after enrollment

1. You will receive your new member ID card and you can start using it as soon as your plan is effective.

2. Members enrolling in the UnitedHealthcare plan for the first time will receive a welcome guide that gives you more information on how your benefits work and how to get the most out of your plan.

3. After your effective date, register online at <www.UHCRetiree.com/ncshp>

4. Soon after you're a member, we will contact you to help us understand your unique health needs. And remember to use your member ID card.

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UHCRetiree.com/ncshp

After your coverage begins, register online at UHCRetiree.com/ncshp to access plan information, materials and programs.

- ✓ Medical and Drug Claim Search
- ✓ Health Needs Assessment
- ✓ Plan Materials
- ✓ Temporary or replacement member ID cards
- ✓ Provider Search
- ✓ Medical and Drug detail/history
  - Annual out-of-pocket cost maximum
  - How much spent toward out-of-pocket costs

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We're here to help

If you have questions or concerns, just give us a call.

- Located in Greensboro, North Carolina
- Dedicated to North Carolina State Health Plan Retirees
- Specially trained on your health plans

1-866-747-1014, TTY 711

8 a.m. - 8 p.m. ET

Monday – Friday

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Thank You

We look forward to welcoming you to our Medicare Advantage family.

Additional Information

This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract . Enrollment in the plan depends on the plan's contract renewal with Medicare.

Out-of-network/non-contracted providers are under no obligation to treat <Plan/Part D Sponsor> members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

You are not required to use OptumRx home delivery for a 90- or 100- day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Healthways and SilverSneakers are registered trademarks of Healthways, Inc. and/or its subsidiaries. © 2016 Healthways, Inc. All rights reserved.

*This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers

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70/30 Traditional PPO Plan Benefit Option

State Health Plan Retirees

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BlueCross BlueShield of North Carolina

Traditional 70/30 PPO Plan Option

2017 Medical Plan Design Changes		
	70/30 2016	70/30 2017
Annual Deductible	$1,054 Individual $3,162 Family	$1,080 Individual $3,240 Family
Coinsurance Maximum	$4,282 Individual $12,846 Family	$4,388 Individual $13,164 Family
Preventive Care	$39 PCP $92 Specialist	$40 PCP $94 Specialist
PCP Visit	$39	$40
Specialist Visit	$92	$94
Urgent Care	$98	$100
Chiro/PT/OT	$72	$72
Emergency Care	$329, then 30% after deductible	$337, then 30% after deductible
Inpatient Hospital	$329, then 30% after deductible	$337, then 30% after deductible

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Traditional 70/30 PPO Plan Option

2017 Pharmacy Plan Design Changes		
	70/30 2016	70/30 2017
Tier 1 Generic	$15	$16
Tier 2 Preferred Brand and High Cost Generic	$46	$47
Tier 3 Non preferred brand	$72	$74
Tier 4 Low Cost / Generic Specialty	25% up to $100	10% up to $100
Tier 5 Preferred Specialty	25% up to $132	25% up to $103
Tier 6 Non Preferred Specialty	N/A	25% up to $133
Preferred Diabetic Supplies	N/A	$10
OOP	$3,294 Rx Only	$3,360 Rx Only

Effective January 1, 2017 the Pharmacy Benefit Manager (PBM) for the State Health Plan will be CVS/Caremark.

The 2017 ID cards will replace all 2016 cards

For questions regarding your Traditional Pharmacy Benefits, please call:

CVS/Caremark Customer Service at **1-888-321-3124**

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Traditional 70/30 PPO Plan Option

NC

Plan Design

- Traditional 70/30 plan option is a copay, deductible and coinsurance plan
- Under the 70/30 plan option, you must meet the yearly $1,054 deductible for those services that are subject to the deductible
- Once you meet the $1,054 deductible, you will pay 30% of all remaining covered charges (after Medicare has paid) up to the $4,282 coinsurance maximum

  Note: Deductible doesn't apply to the coinsurance maximum
- Once all out-of-pocket maximums are met, **all eligible benefits will be paid at 100%** with the exception of those services that require a copay
- Copays do not apply to the deductible or coinsurance maximum

Traditional 70/30 PPO Plan is Secondary to Medicare

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Blue365™ Wellness Resources

Your online destination for healthy deals

- Fitness gear
- Healthy eating
- Personal care
- Gym memberships
- Vision and hearing
- Family activities

Visit mybcbsnc.com to find great deals and discounts from:

Beltone
POLAR LISTEN TO YOUR BODY
Jenny Craig
Reebok
Nutrisystem
Quicken Loans Engineered to Amaze
DAVIS VISION
LasikPlus
healthways fitness your way

Blue365® offers access to savings on items that Members may purchase directly from independent vendors, which are different from items that are covered under the policies with BCBSNC. Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. BCBSA does not recommend, endorse, warrant or guarantee any specific Blue365 vendor or item.

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Traditional 70/30 PPO Plan Option

PPO Blue Options Network

- The Traditional 70/30 PPO Plan is supported by the BCBSNC Blue Options network of providers
- SHP 70/30 members never have to go far to find a doctor – our Blue Options network includes more than 95% of all doctors practicing in North Carolina
- Members are also covered in all 50 States as well as outside of the country for emergency as well as non-emergency services
- With the Traditional 70/30 Plan, you can seek care from providers in the BCBSNC Blue Options network or go out-of-network. When you use in-network providers, you'll have wide access to high quality providers, and pay less out-of-pocket

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Traditional 70/30 PPO Plan Option

Coordination of Benefits

- Medicare
  - If you elect the Traditional 70/30 PPO plan option, Medicare will be your primary insurance
  - With the 70/30 plan, charges left unpaid by Medicare are paid by the SHP after the yearly deductible, coinsurance and copays are applied
  - If you don't have Medicare Part B, you will be responsible for what Medicare Part B would have paid

- Medigap (Medicare Supplement) plan
  - A Medigap plan is generally not needed when you have secondary coverage to Medicare
  - Medigap plans ONLY work with Original Medicare. They will not work with Medicare Advantage plans

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TRADITIONAL 70/30 PPO PLAN OPTION

For questions regarding the Traditional 70/30 plan

call

BCBSNC at 888-234-2416

or

CVS/CAREMARK at 888-321-3124

Thank You

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UnitedHealthcare Medicare Advantage Base Plan

Coverage Type	Retiree Premium	Dependent Premium	Total Monthly Premium
Retiree Only	$0.00	N/A	**$0.00**
Retiree + Child(ren)	$0.00	$124.80	**$124.80**
Retiree + Spouse	$0.00	$124.80	**$124.80**
Retiree + Family	$0.00	$249.60	**$249.60**

UnitedHealthcare Medicare Advantage Enhanced Plan

Coverage Type	Retiree Premium	Dependent Premium	Total Monthly Premium
Retiree Only	$64.00	N/A	**$64.00**
Retiree + Child(ren)	$64.00	$188.80	**$252.80**
Retiree + Spouse	$64.00	$188.80	**$252.80**
Retiree + Family	$64.00	$377.60	**$441.60**

Traditional 70/30 PPO Plan

Coverage Type	Retiree Premium	Dependent Premium	Total Monthly Premium
Retiree Only	$0.00	N/A	**$0.00**
Retiree + Child(ren)	$0.00	$155.20	**$155.20**
Retiree + Spouse	$0.00	$408.08	**$408.08**
Retiree + Family	$0.00	$444.66	**$444.66**

Income-Related Monthly Adjustment Amount (IRMAA)

- Members with higher income levels are required to pay an adjusted Medicare Part B premium plus an additional amount when enrolled in Medicare Part D prescription drug coverage. The additional amount is called Income-Related Monthly Adjustment Amount or IRMAA.
- Income level based on modified adjusted gross income, which is the total of your adjusted gross income and tax-exempt interest income.
- IRMAA is mandated by Federal law and each amount is deducted from your monthly Social Security payments.
- IRMAA will apply if individual income is over $85,000 or if married (filing joint tax return) income is over $170,000.
- If enrolled in the Group Medicare Advantage plans with UnitedHealthcare, higher income members may be subject to IRMAA.

Medicare Advantage Refresher

What is Medicare Advantage?

- A Medicare health plan choice. It may be an individual or group product.
  - Private companies contract with Medicare to provide your Medicare Part A and Medicare Part B benefits. Most include Medicare Prescription Drug Coverage, Part D
  - You are still considered to be in the Medicare program but you **do not** have Original/Traditional Medicare.
  - Keep same rights and protections as Original Medicare.
  - Must cover all services Original Medicare covers.
- Group Medicare Advantage Plans are different than Individual Medicare Advantage Plans.
  - Must be an eligible member/dependent of the specific group to enroll.
  - Customized for the State Health Plan.
- Members must have both Medicare Part A and Medicare Part B and continue to pay Medicare premiums.

Medicare Advantage (PPO) Plans

- National Preferred Provider Organization (PPO) plans.
  - Access to providers nationwide
- The plans offered were customized by the State Health Plan to provide additional benefits at a lower cost and include an open network.
  - With these **Group** MAPDP plans **your copays or coinsurance remain the same**, regardless of who you see in- or out-of-network.
  - Out-of-network providers must participate with Medicare and agree to accept and file claims on member's behalf.
- May offer extra services not covered under Original Medicare.
  - Wellness programs/SilverSneakers®
  - Disease and Case Management

Medicare Advantage & Other Insurance

- Medicare Advantage provides one ID card for medical services and prescription drugs.
  - **Remember**: no longer under Original/Traditional Medicare
  - Must use your UnitedHealthcare ID card – **not** your red, white and blue Medicare card
- No need for additional coverage.
  - Additional Medicare product coverage can cause you to be disenrolled from your State Health Plan UnitedHealthcare MAPDP.
  - If enrolled in an MAPDP, you cannot purchase a Medicare Supplement or Medigap plan without you terminating your MAPDP.
  - If already enrolled in another Medicare Advantage or Part D prescription drug plan, your coverage with those plans will terminate unless you elect not to enroll in one of these Group Medicare Advantage plans.

Medicare Advantage & Other Insurance

- TRICARE® for Life (TFL) (TRICARE ® + Medicare)
  - TFL beneficiaries can enroll in Medicare Advantage plans and TFL will typically reimburse your copayments for services covered by TFL.
  - You cannot use Medicare or Medicare Advantage in a Military Treatment Facility, like a VA Hospital.
- Other Insurance
  - If covered by a Federal Employee Health Benefit Plan or another former employer's retiree group health plan, it is important to check with them to ensure enrollment into one of these Medicare Advantage plans will not disrupt coverage with them.
  - Individual cancer, hospital indemnity, dental, vision, long-term care insurance products will not have an effect on eligibility or coverage under a Medicare Advantage plan.

How to Make a Change for 2017

- You will be able to make changes either online or by phone:
  - www.myncretirement.com – the ORBIT *Online Retirement Benefits through Integrated Technology* enrollment system
  - Call 1-855-859-0966, Monday-Friday, between 8 a.m. and 5 p.m.
    - **Remember** to make note of date, time and whom you spoke with in your records.
- Any plan changes during Open Enrollment period become effective January 1, 2017.
- Retired Medicare Primary members not wishing to enroll into one of the Group Medicare Advantage plans may elect to enroll into the Traditional 70/30 plan.
  - If 70/30 elected for 2017, remember Medicare will be primary and 70/30 will be secondary coverage.

Important Reminders

- You will be able to make changes either *online* or by *phone*
  - Visit **www.shpnc.org** and click **ENROLL NOW** and select ORBIT.
- 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

Remember to make note of date, time and whom you spoke with in your records.

Thank You!

Questions?

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

www.shpnc.org

www.nctreasurer.com

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