



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



State Health Plan 101

Understanding the Traditional 70/30 Plan and the Enhanced 80/20 Plan

April 2016

A Division of the Department of State Treasurer

Agenda

- Coinsurance, Deductible, Copays
- Traditional 70/30 Plan
- Enhanced 80/20 Plan
- Scenarios
- Tips to Get the Most out of your Benefits
- Q/A Session



Important State Health Plan 101 Terms

- ✓ **Copayment** – Fixed dollar amount the member must pay for some covered services depending on the provider network selection.
- ✓ **Deductible** – The dollar amount you are required to pay for covered facility based services within a benefit period before benefits are payable by the State Health Plan:
 - ✓ If one or more dependents are covered under the State Health Plan, you and each of your dependents have an individual deductible and a combined family deductible.
 - ✓ Amounts applied to your out-of-network deductible are credited to your in-network deductible.
 - ✓ However, amounts applied to your in-network deductible are not credited to your out-of-network deductible.
 - ✓ Copayments are never applied to deductibles.
 - ✓ Refer to the Benefits Booklet for your specific deductible amounts. Benefit Booklets are available on the Plan's website at www.shpnc.org.

Important State Health Plan 101 Terms, cont'd.

- ✓ **Coinsurance** – The percentage of the allowed amount you would pay for covered health services after your benefit period deductible has been met.
- ✓ **Coinsurance Maximum** – The total dollar amount you pay for covered facility based services in a benefit period before the plan pays 100%. *(This does not include the deductible.)*
- ✓ **Pharmacy Out-of-Pocket Maximum** – The total dollar amount you pay for covered prescriptions in a benefit period before the plan pays 100%.
- ✓ **Explanation of Benefits (EOB)** – Supplies a detailed financial break down as to how a claim processed.
- ✓ **Tier** – Each covered drug is in one of five drug tiers, so each tier may have a different copayment or coinsurance amount.
- ✓ **In-Network** – Providers that have an established contract with Blue Cross and Blue Shield of North Carolina (BCBSNC) preferred provider organization (PPO). In-network providers file claims on the member's behalf, obtain required prior approvals for services, accept an agreed upon rate and cannot balance bill, etc.
- ✓ **Out-of-Network** – Non-contracted providers can hold you responsible for the difference between the allowed amount for a service and their billed charges.

Make sure to confirm your provider sends your lab work to a Blue Cross & Blue Shield of North Carolina (BCBSNC) in-network location, not doing this may cause the lab work to process as out-of-network.

Provider Networks

- Both plans are administered by Blue Cross and Blue Shield of NC. Any coverage, benefit, claims or appeal related concerns are handled by BCBSNC.
- Any Provider can be used with both plans, but you will pay less when using in-network, Blue Options providers.
 - Members enrolled in the Enhanced 80/20 plan can save additional healthcare dollars by visiting a Blue Options Designated Specialist or facility.
- Both plans cover hospital stays, surgeries, doctor visits and prescription drugs.
- Your Prescriptions benefit is administered by Express Scripts.

Traditional 70/30 Plan

- \$0 monthly employee-only premium.
- Primary Care Provider (PCP) copay - \$39
- Specialist copay - \$92
- Urgent Care copay - \$98
- ER Copay - \$329 and 30% after your deductible.
- Inpatient Hospital copay - \$329 and 30% after your deductible.
- Preventive services copay - \$39
- No Premium Wellness Credit incentives available.

Traditional 70/30 Plan Details

Medical Benefits	
Annual Deductible	\$1,054 Individual \$3,162 Family
Coinsurance Maximum	\$4,282 Individual \$12,846 Family
Out-of-Pocket (OOP) Maximum	N/A
Pharmacy Out-of-Pocket Maximum	\$3,294
Preventive Care	\$39 PCP \$92 Specialist
PCP Visit	\$39
Specialist Visit	\$92
Urgent Care	\$98
Chiro/PT/OT	\$72
Emergency Care	\$329, then 30% after deductible
Inpatient Hospital	\$329, then 30% after deductible

Pharmacy Benefits	
Tier 1	\$15
Tier 2	\$46
Tier 3	\$72
Tier 4	25% up to \$100
Tier 5	25% up to \$132
OOP	\$3,294 Rx Only
ACA Preventive Medications	No
CDHP Preventive Medications	N/A

Enhanced 80/20 Plan

- \$14.20 monthly employee-only premium (when all Wellness Premium Credit incentives completed)
- PCP copay - \$30 (\$15 if you visit the PCP listed on your ID card)
- Specialist copay - \$70 (\$60 if using a Blue Options Designated Specialist)
- Urgent Care copay - \$ 87
- ER copay - \$233 and 20% after your deductible has been met.
- Inpatient Hospital copay - \$233 (not applied if Blue Options Designated Hospital)
- Affordable Care Act services and prescription medications covered 100%

Enhanced 80/20 Plan

Medical Benefits	
Annual Contribution to Health Reimbursement Account (HRA)	N/A
Annual Deductible	\$700 Individual \$2,100 Family
Coinsurance Maximum	\$3,210 Individual \$9,630 Family
Out-of-Pocket (OOP) Maximum	N/A
Pharmacy Out-of-Pocket Maximum	\$2,500
Preventive Care	\$0 ACA Services
PCP Visit	\$30 for primary doctor; \$15 if you use PCP on ID card
Specialist Visit	\$70 for specialist; \$60 if you use Blue Options Designated specialist
Urgent Care	\$87
Chiro/PT/OT	\$52
Emergency Care	\$233, then 20% after deductible
Inpatient Hospital	\$233 copay, then 20% after deductible; copay not applied if you use Blue Options Designated hospital

Pharmacy Benefits	
Tier 1	\$12
Tier 2	\$40
Tier 3	\$64
Tier 4	25% up to \$100
Tier 5	25% up to \$132
OOP	\$2,500 Rx Only
ACA Preventive Medications	Covered 100%
CDHP Preventive Medications	N/A

Member Scenarios

Choosing a 2016 Medical Plan: 3 Short Stories

Tips to Get the Most Out of Your Benefits

- **Understand Your Plan** – The more you know about your benefits, the easier it is to utilize the cost effectiveness of the plan and take control of your health.
- **Save on prescriptions** – Have your doctor review your list of medications to see if generic brands are available.
- **Consider the location of care and know your financial responsibility** – The doctor's office is the most cost effective location, then hospital outpatient services.
 - Ask the doctor's office if it's hospital owned or operated or provides hospital based services, as this may transition your service to outpatient services, resulting in a deductible and coinsurance.
 - Consider using an Urgent Care instead of going to the emergency room if you need to be seen right away and cannot get in to see your PCP.

Tips to Get the Most Out of Your Benefits, cont'd.

- **Pick a Primary Care Provider (PCP)** – you are not required to have a PCP, but it is recommended. A PCP can provide personal health care options, coordinate and document your care and maintain your records.
- **Take charge of your health** – NC HealthSmart is a health resource for you and your family, providing tools/help to maintain chronic conditions and improve your health, through Health Coaches, your Personal Health Portal and Worksite Wellness Programs.

Partners in Health and Savings

The State Health Plan is committed to providing high quality, affordable health care for members.

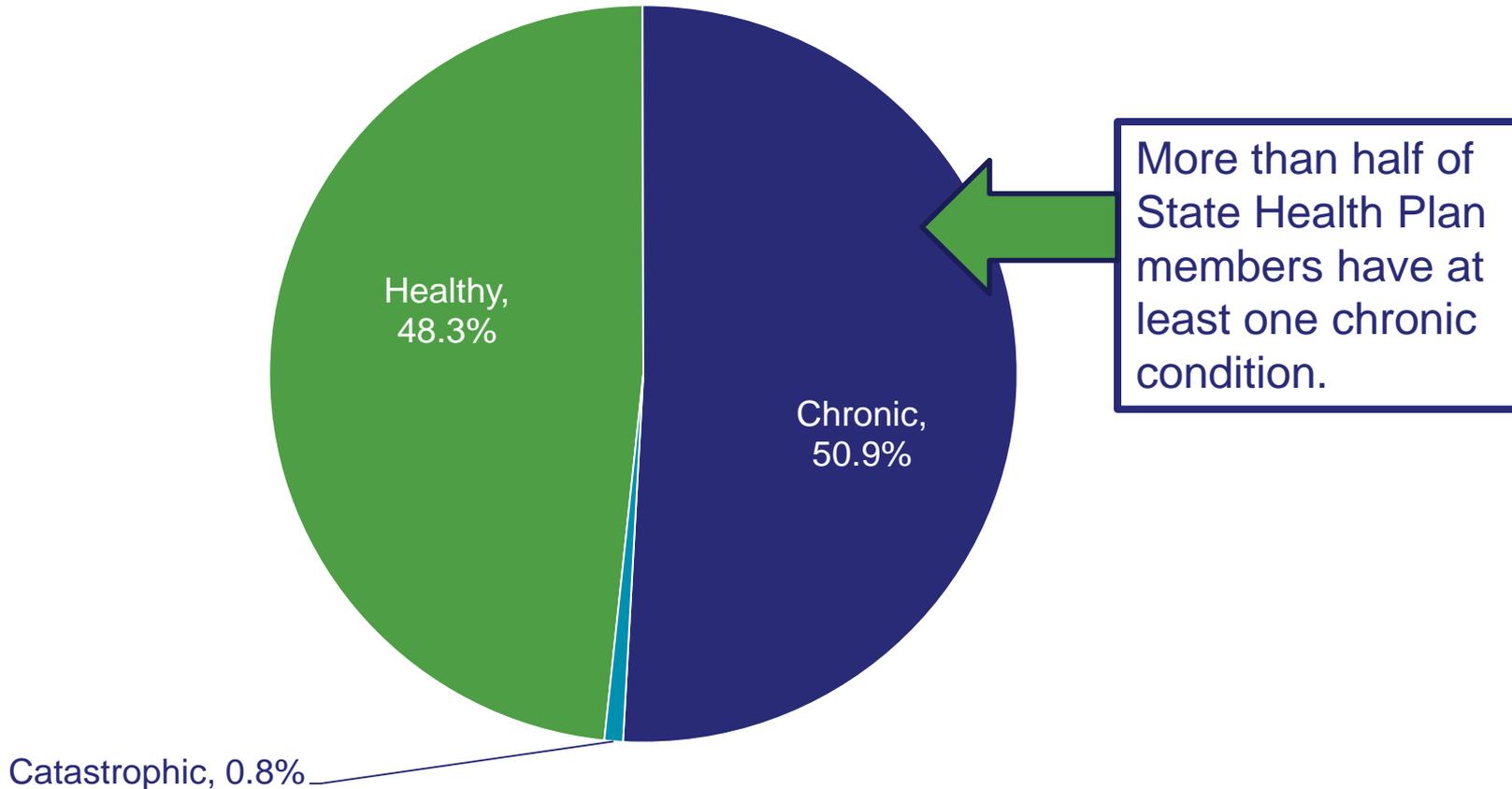
However, the occurrence of preventable disease and the cost of health care is continually rising.

How can we keep members healthy and curb rising health care costs?



State Health Plan Membership

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

Why Wellness Premium Credits?

Enhanced 80/20 and Consumer-Directed Health Plans

Primary Care Provider Selection promotes:

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



Why Wellness Premium Credits?

Enhanced 80/20 and Consumer-Directed Health Plans

Tobacco Attestation:

- Tobacco use is the leading cause of preventable death
- Tobacco user comparatively costs the Plan more than a non-user 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 Wellness Premium Credits?

Enhanced 80/20 and Consumer-Directed Health Plans

Health Assessment:

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



State Health Plan Resources

The Plan supports members with a variety of resources to help support them in their journey to better health. These include:

- 24/7 Nurse Line
- Health Coaches who provide Active Life Coaching, Disease Management and Case Management
- Digital Coaching
- QuitlineNC
- Eat Smart, Move More, Weigh Less (ESMMWL)

State Health Plan Resources

- State Health Plan website: www.shpnc.org
- Online videos
 - A brief overview of plan options
- Rate Calculator
- Health Benefits Cost Estimator



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Plans for Retirees

Health and Wellness NC HealthSmart

Health Benefit Representatives

Make the most of your Plan benefits!

Register for a "State Health Plan 101" webinar today!



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Questions?



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