



State Health Plan Overview

for Health Benefit Representatives

2024



Eligibility & Enrollment

When Can a New Hire Enroll in the State Health Plan?

- Within 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 14	Either Nov. 1 or Dec. 1 (employee choice)

New Employee Resources

- These materials make your job easier and provide new employees with consistent information about their benefits.
- The New Employee Resources are located on the Plan's website and include:
 - Self-paced narrated PowerPoint presentation
 - New Employee Guide (printable)
 - Step by Step Enrollment Instructions

Welcome Aboard!

As a new employee, we're here to help you navigate through your State Health Plan options. This page includes resources to help you understand your plan options and how to enroll in benefits.



New Employee Enrollment Kit

This kit contains everything you need to know regarding your State Health Plan options. See inside for an introduction to the Plan and important information about benefits, plan comparisons and how to enroll.



New Employee Benefits Overview Video



About Us

The mission of the State Health Plan is to improve the health and health care of North Carolina teachers, state employees, retirees, and their dependents. Click to learn more!



New Employee Presentation

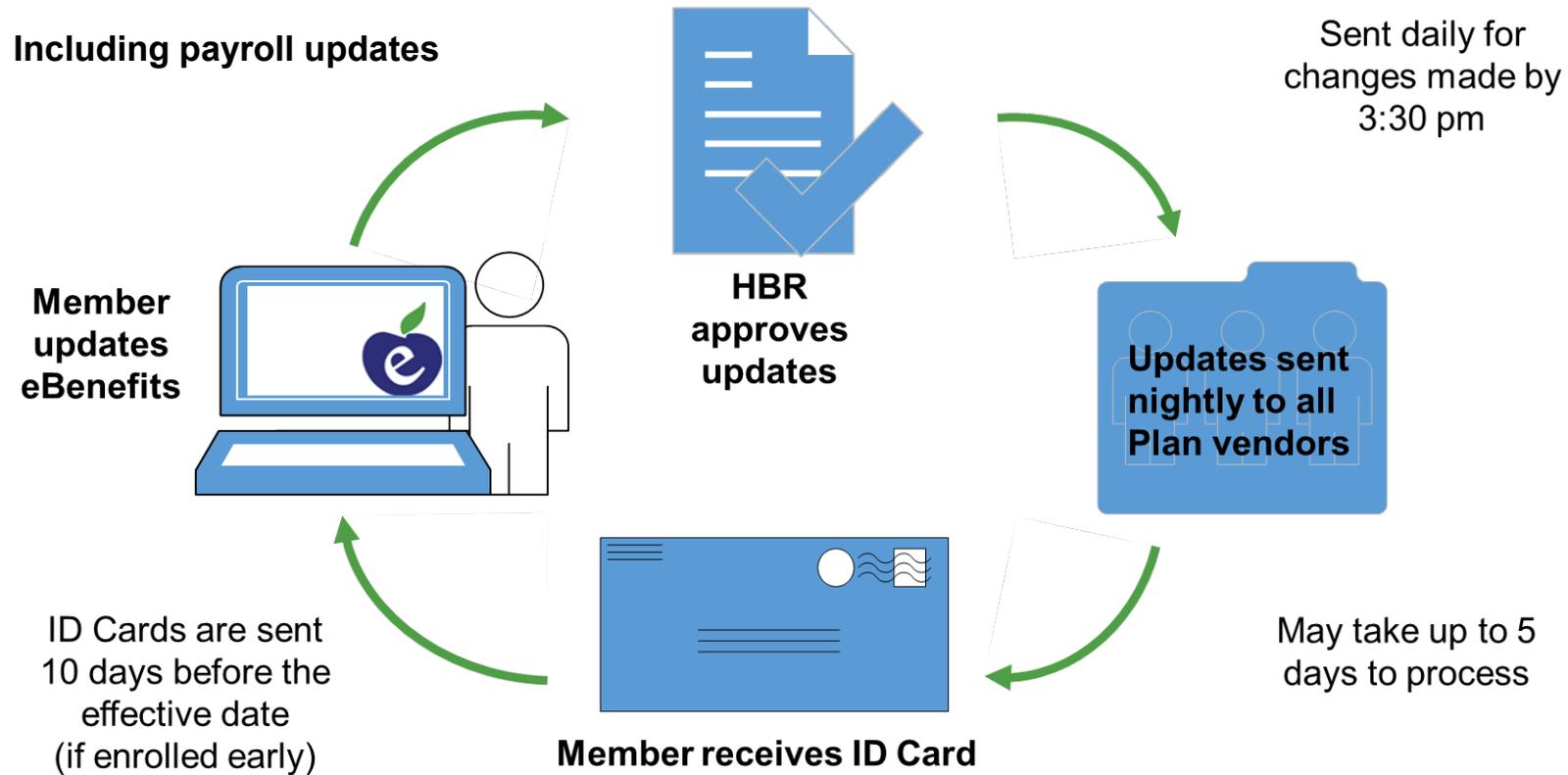
This narrated presentation will walk you through your State Health Plan options. This great tool makes it easy for you! Just sit back and listen!



Step-by-Step Enrollment Instructions

eBenefits is the enrollment system in which you will enroll in your health benefits. Once your Health Benefits Representative has created a personal record for you in the system, you are ready to enroll!

Membership Maintenance Life Cycle



Eligibility For 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

**A full list of who is eligible for State Health Plan coverage
is located in the Benefits Booklet.**



Who is an Eligible Dependent?

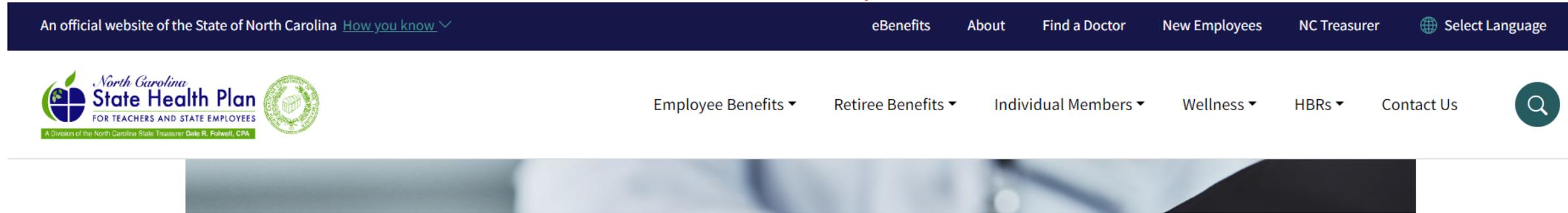
- Legal Spouse
- Children up to age 26*
 - Natural
 - Legally Adopted
 - Foster children
 - Children under legal guardianship
 - Stepchildren
- Employees are required to provide a valid, unique Social Security Number and required documentation to verify the eligibility of a dependent. A complete list of acceptable documents is available on the Plan's website at shpnc.org.

*A child's coverage may be extended beyond age 26 if the child is physically or mentally disabled and the condition developed before their 26th birthday and the dependent was covered by the Plan. Members must complete a form to continue such coverage. The form is available on the Plan's website.



How to Enroll

Go to the Plan's website at shpnc.org and select eBenefits



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


Access Your Benefits via eBenefits
Login to eBenefits, the State Health Plan's Enrollment System


Retirees Using the ORBIT System
Login to eBenefits through ORBIT


Employees Using the BEACON System
Login to eBenefits through BEACON


Employees of the University of North Carolina and Constituent Institutions
Click here to login to eBenefits through your institution


Employees of the NC General Assembly
NC General Assembly employees login to eBenefits

ID Cards

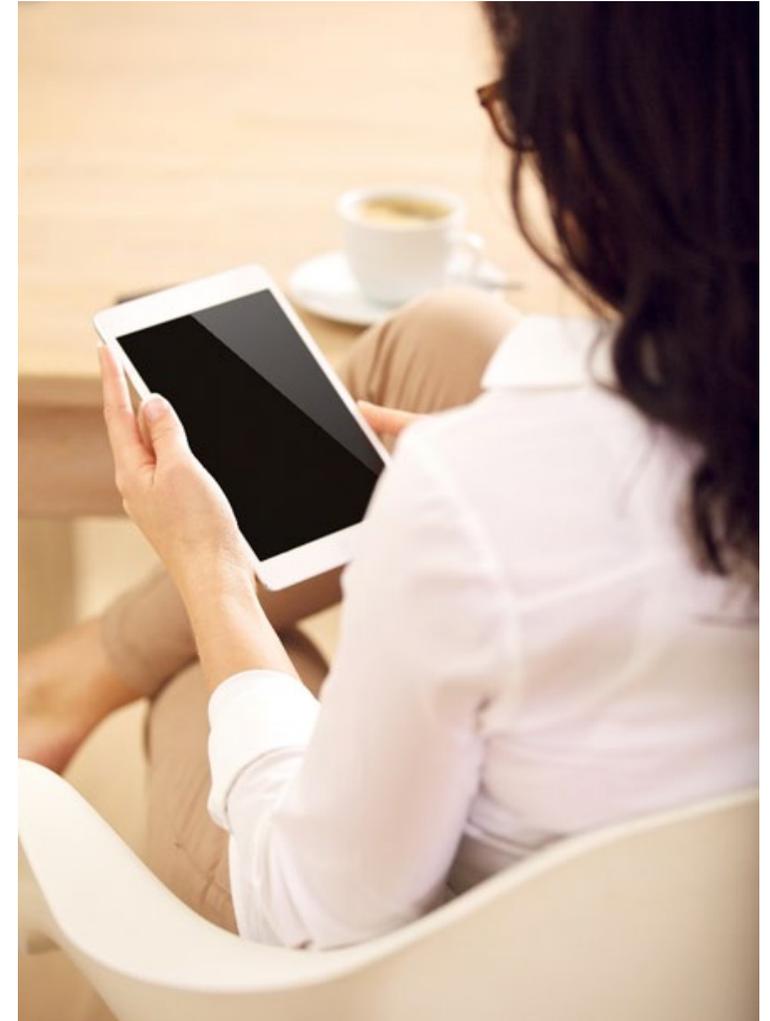
- After enrollment, the Plan's TPA will send ID cards in the mail. ID cards should arrive approximately 10 days after the enrollment is approved.
- For additional cards, members can log into eBenefits and click Blue Connect.
- Members may also call Customer Service at 888-234-2416

The screenshot shows the BlueConnect user interface. On the left is a navigation menu with options: Home, Profile, Benefits, Language Preferences, Manage Account (Login Information, Medicare, Life Change, Select or Update Primary Care Provider), My Documents (Document Center, Confirmation Statement), and Quick Links (Allstate, BlueConnect, CVS Caremark). A red arrow points to the BlueConnect link. The main content area features a banner: "Have you experienced a life change? Whether you have recently had a baby or experienced another event that changes your needs. Get Started >". Below this is a section titled "Your benefits at a glance" with a "Current Benefits" sub-section. It displays three benefit cards: "Medical Enhanced PPO Plan (80/20)" for \$50.00/month, "NCFlex Health Care..." for \$72.92/month, and "NCFlex Health Care..." for \$55.00/month. A yellow bar is visible at the bottom of the benefits section.

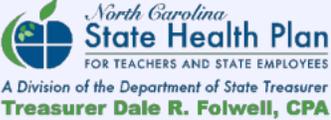
The screenshot shows the BlueConnect user interface dashboard. The top navigation bar includes "Home", "Profile", "Coverage", "Claims", "Find Care", "Documents", "Wellness", and "Log Out". The main content area is titled "Good Morning, [Redacted]" and "Welcome to Blue Connect." Below this is a "Health" section with several service tiles: "Claims" (View your claims and explanation of benefits (EOB)), "Coverage" (See what services are covered by your plan), "Pharmacy" (Find drugs and resources via CVS Caremark), "Find Care" (Find a provider, treatment facility or cost), "Manage Plan" (Link your new plan, review your current plan, sign up for paperless delivery and more.), and "Documents & Forms" (Access and print documents related to your plan). The "ID Card" tile, which says "View, print or download a digital ID card", is highlighted with a yellow box. On the right side, there are two promotional banners: "Get Your ID Card When You Need It" and "Need refills? Refill your prescriptions with CVS Caremark."

Online Resources – *Blue Connect*

- Protected online resource to:
 - Manage your health plan
 - Maximize your benefits
- Registered users can:
 - View claims status
 - Order new ID cards
 - Research health/wellness topics
 - Access a cost estimator tool for medical procedures
 - Make informed health care decisions
- Visit www.shpnc.org and click eBenefits to access Blue Connect



State Health Plan Member ID Cards



Subscriber: **UTHUR MARSHALL** 00

Subscriber ID: **YPY105881936**

Provider Type

Provider Type	CPP	Non CPP
Selected PCP*	\$0	\$10
Phy/Occu/Spch Therapy/Chiro	\$26	\$52
Specialist	\$40	\$80
Behavioral Health	\$0	\$25
Urgent Care	\$70	
ER	\$300 + Ded & 20%	

Other Info

Other Info	INN	OON
Ind Deductible	\$1,250	\$2,500
Ind OOP Max	\$4,890	\$9,780
Family Deductible	\$3,750	\$7,500
Family OOP Max	\$14,670	\$29,340

*If PCP not selected, in-network copay \$25

CPP: Clear Pricing Project / INN: In-network / OON: Out-of-network / OOP: Out-of-pocket

Blue  **PPO**

Subscriber ID: **YPY105881936**

SHP-DIRECT BILL

Effective Date: **01/01/23** Group No: **20000000**

RXBIN: **004336** RXPCN: **ADV** RXGRP: **RX0274**

Primary Care Provider (PCP)
None Selected

NC SHP Network Enhanced PPO Plan (80/20)

Paid for by YOU and other NC Taxpayers

Subscriber: **UTHUR MARSHALL** 00

Subscriber ID: **YPY105881936**

Health Plan Administered by:



Phone

Benefits & Claims	888-234-2416
Eligibility & Enrollment*	855-859-0966
Find Non-NC Providers	800-810-2583
Provider Service	800-214-4844
Prior Review/Certification	800-672-7897
Behavioral Health	800-367-6143
Pharmacy Help Desk*	800-364-6331
CVS Caremark*	888-321-3124

*Contracts directly with State Health Plan

Mail

BlueCross and BlueShield of North Carolina
PO Box 30087
Durham, NC 27702-0035

Providers send claims to their local BlueCross BlueShield Plan

Online SHPNC.org

CVS caremark® Pharmacy Benefits Administrator

A Clear Pricing Project Provider and Save!

Visit us online at:
www.SHPNC.org

Open Enrollment

- During Open Enrollment, employees can re-evaluate their health care needs for the upcoming benefit year that runs from January 1 to December 31, and:
 - Enroll in the State Health Plan
 - Switch between plans
 - Add or remove dependents

All without a qualifying life event!



NOTE: The member must remain on the health plan selected during Open Enrollment until the next enrollment period and may not change coverage types (for example, employee only) unless he/she experiences a qualifying life event (QLE).

Qualifying Life Event

- Qualifying Life Events (QLE):
 - Allow the employee to make certain changes, such as add or drop dependents – not change plans.
 - Election change must be “consistent” with the event, as defined by the IRS.
 - Include marriage, birth, spouse employment change, etc.
- For a complete list, refer to the Benefits Booklet at www.shpnc.org.



Changes must be made within 30 days of the Qualifying Life Event and documentation must be uploaded to eBenefits to confirm the status change. To review acceptable documentation, visit the Plan's website.

Benefit Overview



State Health Plan Administration

The State Health Plan offers two health plan options:

- Base PPO Plan (70/30)
- Enhanced PPO Plan (80/20)

Both plans are administered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC)

but claims are paid by the state & taxpayers, not Blue Cross NC.

CVS Caremark is the State Health Plan's Pharmacy Benefit Manager

but your Rx claims are paid by the state & taxpayers, not CVS Caremark.

Plan Options

Base PPO Plan (70/30)

This plan has one combined out-of-pocket maximum for pharmacy and medical:

- \$5,900 Individual
- \$16,300 Family

Enhanced PPO Plan (80/20)

This plan has one combined out-of-pocket maximum for pharmacy and medical:

- \$4,890 Individual
- \$14,670 Family

On both plans, members can reduce the employee-only premium by \$60 a month by completing the tobacco attestation!

2024 State Health Plan Comparison

PLAN DESIGN FEATURES	ENHANCED PPO PLAN (80/20)		BASE PPO PLAN (70/30)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$1,250 Individual \$3,750 Family	2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible is met and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met and the difference between the allowed amount and the charge
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$4,890 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family
Preventive Services	\$0 (covered by the Plan at 100%)	N/A	\$0 (covered by the Plan at 100%)	N/A
Office Visits	CPP PCP on ID card \$0 Non-CPP PCP on ID card \$10 Other PCP \$25	40% after deductible is met	CPP PCP on ID card \$0 Non-CPP PCP on ID card \$30 Other PCP \$45	50% after deductible is met
Specialist Visits	CPP Specialist \$40 Other Specialists \$80	40% after deductible is met	CPP Specialist \$47 Other Specialists \$94	50% after deductible is met
Speech, Occupational, Chiro & Phys. Therapy	CPP Provider \$26 Other Provider \$52	40% after deductible is met	CPP Provider \$36 Other Provider \$72	50% after deductible is met
Urgent Care	\$70		\$100	
Emergency Room (Copay waived w/admission or observation stay)	\$300 copay, then 20% after deductible is met		\$337 copay, then 30% after deductible is met	
Inpatient Hospital	\$300 copay, then 20% after deductible is met	\$300 copay, then 40% after deductible is met	\$337 copay, then 30% after deductible is met	\$337 copay, then 50% after deductible is met

Clear Pricing Project Provider Copay Reductions

- **Employees who select a CPP Primary Care Provider and visit this provider will have a \$0 copay for an office visit.**
 - The CPP Primary Care Provider's name must appear on their ID card.
 - If the selected Primary Care Provider is not in the CPP network **but** listed on the ID card, the office visit copay will be \$10 (Enhanced PPO Plan 80/20) or \$30 (Base PPO Plan 70/30).
 - For other Primary Care Providers, the copay will be \$25 (80/20) or \$45 (70/30)
- **If the member visits a CPP specialist, they will have a reduced copay** which will be dependent upon their enrolled plan.
 - Enhanced PPO Plan (80/20): copay will be reduced to \$40; for other specialists, the copay will be \$80.
 - Base PPO Plan (70/30): copay will be reduced to \$47; for other specialists, the copay will be \$94

CLEAR PRICING PROJECT PROVIDER COPAY COMPARISON CHART		
Provider	80/20 Plan	70/30 Plan
Primary Care Provider (PCP)	\$0 for Clear Pricing Project (CPP) PCP on ID card; \$10 for non-CPP PCP on ID card; \$25 for any other PCP	\$0 for Clear Pricing Project (CPP) PCP on ID card; \$30 for non-CPP PCP on ID card; \$45 for any other PCP
Specialist	\$40 for CPP Specialist; \$80 for other Specialists	\$47 for CPP Specialist; \$94 for other Specialists
Speech, Occupational, Chiropractor and Physical Therapy	\$26 for CPP Providers; \$52 for other Providers	\$36 for CPP Providers; \$72 for other Providers

Tobacco Attestation Premium Credit



- On both health plans, you can lower your monthly premium by completing the tobacco attestation within 30 days of your hire date.
 - You complete the tobacco attestation via eBenefits during Open Enrollment or your initial enrollment into the State Health Plan.
 - If you attest to being a tobacco user but agree to visit a Primary Care Provider (PCP), you must complete the first visit within 90 days of your initial enrollment (during Open Enrollment, dates may differ).

	Enhanced PPO Plan (80/20)	Base PPO Plan (70/30)
Total employee-only monthly premium without credit	\$110	\$85
Attest to being tobacco-free OR agree to visit a PCP's office for at least one tobacco cessation counseling session, if a tobacco user.	-\$60	-\$60
TOTAL employee-only monthly premium with credit	\$50	\$25

How the Tobacco Cessation Program Works

During enrollment on the tobacco attestation screen, if you select this:

*“I **AM** a tobacco user, **BUT** I agree to visit my Provider for at least one tobacco cessation counseling session within the first 90 days of my date of hire.”*

Then:

- Within 90 days of your enrollment, you must go to a Provider for a tobacco cessation counseling session.
- To be covered at 100% by the Plan (no charge to you), you will need to present your State Health Plan ID card.*

To keep your premium credit, the initial visit is the only requirement, but it must be completed within 90 days of your enrollment.

This tobacco cessation program is also be available to all eligible members, not just subscribers completing enrollment.

* If you combine your tobacco cessation visit with another service there may be a copay. You will also need to verify that your Provider offers cessation services (some do not).

Pharmacy Benefits

The State Health Plan's pharmacy benefits are administered by CVS Caremark. They:

- Provide a network of pharmacies
- Process pharmacy claims

NOTE: Plan members do not have to go to a CVS pharmacy for prescriptions. CVS Caremark has a broad pharmacy network.

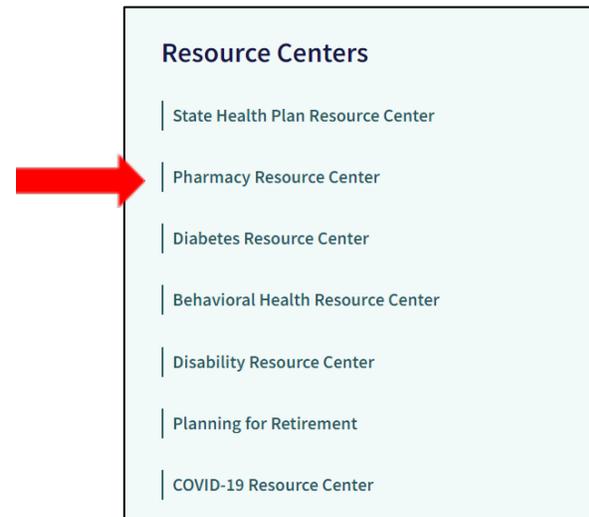
For more information, visit www.shpnc.org or call CVS Caremark at **(888) 321-3124**



Pharmacy Benefits

- The State Health Plan uses a custom, closed formulary (drug list) as a guide for covering medicines. Certain drugs are not covered.
- A formulary exception process is available if your provider states that it is medically necessary for you to remain on a medicine that is not covered by the Plan.
 - If you are approved to take a non-covered medicine, it will be placed into Tier 3 or Tier 6, and covered accordingly
- The Pharmacy Benefit Preferred Drug List (PDL):
 - Recommends drugs based on effectiveness/price
 - Lists preferred options for non-covered medicines
 - Is updated quarterly
 - For more information, visit shpnc.org, and, midway down the page, under Resource Centers, select Pharmacy Resource Center

Or call CVS Caremark at **(888) 321-3124**



Pharmacy Benefits

- Some medications:
 - Require step therapy or prior authorization
 - Have quantity limits
- Affordable Care Act (ACA) preventive medications on the Enhanced PPO Plan (80/20) and Base PPO Plan (70/30) are covered at no charge with a prescription.

For more information, visit shpnc.org or call CVS Caremark at (888) 321-3124.

Pharmacy Tiers

	ENHANCED PPO PLAN (80/20)	BASE PPO PLAN (70/30)
Tier 1 (Generic)	\$5 copay per 30-day supply	\$16 copay per 30-day supply
Tier 2 (Preferred Brand & High-Cost Generic)	\$30 copay per 30-day supply	\$47 copay per 30-day supply
Tier 3 (Non-preferred Brand)	Deductible/coinsurance	Deductible/coinsurance
Tier 4 (Low-Cost Generic Specialty)	\$100 copay per 30-day supply	\$200 copay per 30-day supply
Tier 5 (Preferred Specialty)	\$250 copay per 30-day supply	\$350 copay per 30-day supply
Tier 6 (Non-preferred Specialty)	Deductible/coinsurance	Deductible/coinsurance
Preferred Blood Glucose Meters (BGM) and Supplies*	\$5 copay per 30-day supply	\$10 copay per 30-day supply
Preferred and Non-Preferred Insulin	\$0 copay per 30-day supply	\$0 copay per 30-day supply
Preventive Medications	\$0 (covered by the Plan at 100%)	\$0 (covered by the Plan at 100%)

NOTES:

- 2 months of medication = twice the cost, 3 months = 3 times the cost
- If approved to take an excluded drug, it will be placed in either tier 3 or 6.

High Deductible Health Plan Non-Permanent Full-time Employees

HDHP for Non-Permanent Full-Time Employees

- 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 (HBRs) tab. Click [High Deductible Health Plan](#).

High Deductible Health Plan Summary

HIGH DEDUCTIBLE HEALTH PLAN OVERVIEW – WHAT YOU PAY				
PLAN DESIGN FEATURES	IN-NETWORK (Individual Coverage)	IN-NETWORK (Family Coverage)	OUT-OF-NETWORK (Individual Coverage)	OUT-OF-NETWORK (Family Coverage)
MEDICAL COVERAGE				
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
Preventive Care Services	\$0 (covered by the Plan at 100%)	\$0 (covered by the Plan at 100%)	60% after deductible is met	60% after deductible is met
Office Visits	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
Specialist Visits	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
Inpatient Hospital	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
PRESCRIPTION DRUGS				
Covered Prescription Drugs CVS Caremark Formulary	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
Preventative Medications	\$0 (covered by the Plan at 100% with a prescription)	\$0 (covered by the Plan at 100% with a prescription)	60% after deductible is met	60% after deductible is met
Preferred/Non-Preferred Insulin \$0 for 30-day supply.				

Health & Wellness

Health & Wellness Benefits

Visit www.shpnc.org for your Health & Wellness benefits, including:

- Tips on Preventive Care
- Worksite Wellness
- Diabetes Resource Center
- Opioid Resource Center
- Behavioral Health Resource Center
- Health Portal



Employee Benefits ▾ Retiree Benefits ▾ Individual Members ▾ Wellness ▾ IBRs ▾

Home > Wellness

Health & Wellness

**Reach Your Best Health
with the State Health Plan!**

The Plan has a number of online resources to assist you on your personal health journey. Join us in achieving your best health in 2023!

