

## Instructions for Teachers and State Employees Retirement System Members to Select Health Coverage through ORBIT and eBenefits Now

**Members will have access to eBenefits Now only if their Form 6 has been received by Retirement Systems.** Members have access to eBenefitsNow link after they receive a letter from the Retirement Systems acknowledging receipt of their retirement application (Form 6) and reminding them to logon to ORBIT to enroll in the State Health Plan.

Current benefit recipients of the State of N.C. Retirement Systems (e.g., retiree, disability recipient) also have access to eBenefitsNow for yearly health plan enrollment.

### 1. Navigate to the Retirement System Web page –

Go to <http://www.myncretirement.com> and click on the ORBIT button.

### 2. Login -Members will be directed to the log-in page to register or to log in if already registered. If logging in for the first time, follow the instructions on the ORBIT screen for registration.

**Note:** If you are already retired, “Net amount of your last payment” is the amount of your last retirement benefit payment, minus taxes and deductions (i.e., the exact amount of your most recent check received/deposit into your account).

**Note:** If you are an ORP member, you will enter "0" when asked for the net amount of your last payment.

### 3. Cannot remember your login ID or password? - Follow the instructions on the ORBIT screen for forgotten log-in information. The last screen will prompt you to type in a new user identification and password. You will receive screen confirmation that you have successfully changed your password and the ORBIT site will launch.

ORBIT - Login - Windows Internet Explorer

https://orbit.myncretirement.com/Orbit/Common/Pages/BPASLogin.aspx

File Edit View Favorites Tools Help

ORBIT - Login

Department of State Treasurer | NC Retirement Systems

North Carolina **ORBIT** Online Retirement Benefits through Integrated Technology  
North Carolina Department of State Treasurer

Janet Conwell, State Treasurer

Home Available Forms: COA-Updating Your Addresses or Name **OPEN**

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### Login

The information contained in this site is available via a secure connection. Any information you view or enter while connected to this site cannot be viewed by anyone else on the web.

**Retirees/benefit recipients and active members:**  
If you are a first time user, you will need to register to create a new user ID and password. If you have already established your account, please log in.

**Employers:**  
The registration process is not required. User ID's and passwords were mailed to the point of contact in your agency in May 2007. If you cannot locate this person or this information, please contact the Employer Education Services Unit (EESU) of the Retirement Systems.

<p><b>Login</b></p> <p>Enter your User ID and Password:</p> <p>User ID: <input type="text"/></p> <p>Password: <input type="password"/></p> <p>Login Clear</p> <p><a href="#">Forgot your Password or User ID? Click here.</a></p>	<p><b>Register</b></p> <p>If you have never registered to use self service, please click the Register button to register now.</p> <p>Register</p> <p><a href="#">Need help with Registration or have questions? Click here.</a></p>
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Privacy Policy | Online Security

start Inboxes - Micro... ORBIT - Login... ret0210 on 'ds... Document1... HPOnline2010... Unzipped - Note... 1:39 PM

4. **Members will be asked answer their “secret question” to continue** – The answer to your secret question, Social Security Number and Date of Birth must be correctly formatted and typed exactly as you entered when you registered in ORBIT. If you do not remember the correct format for ALL of your answers Orbit will not identify which field was in error, you’ll have to reregister with ORBIT. If you need to reregister, please note that Social Security numbers should be entered without spaces or dashes. However, dates of birth must include slashes (e.g., mm/dd/yyyy).

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Logout Active Employee Retiree/Benefit Recipient Available Forms: COA-Updating Your Addresses or Name **OPEN**

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> [Welcome to ORBIT](#)

**Welcome to ORBIT**

We have enhanced our security feature. Please enter the answer to your secret question below that you used to register with ORBIT. The answer to your secret question must be exactly as you entered it when you registered to use self service. If you do not remember your answer, [Click here](#) to register again with ORBIT.

**Orbit Authentication Continuation**

Secret Question: What is your mother's maiden name?  
Secret Answer: \*

Check this option, if you want to remember this answer in this computer.  
(Do not check this options if you are using a public computer or a shared computer.)

[Go to my account >>](#)

[Click here to view a printer friendly version of this page for your records.](#)  
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5. **Navigate to eBenefits Now** - Once logged in to your ORBIT account, members should select the eBenefits Now menu item on the left side of the screen.

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Logout Active Employee Retiree/Benefit Recipient Available Forms: COA-Updating Your Addresses or Name **OPEN**

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> [Welcome to ORBIT](#)

**Welcome to ORBIT**

A message from State Treasurer Janet Cowell:

Dear Member,

Welcome to ORBIT. This online tool provides you with full, secure access to your personal retirement account information 24 hours a day.

The Department of State Treasurer is committed to providing you with information that will help you make informed decisions about your future. I encourage you to familiarize yourself with your account information, understand your savings options, and utilize the education and planning resources available on our website. Please contact the North Carolina Retirement Systems at 1-877-NCSECURE (1-877-627-3287) if you have additional questions.

Thank you for your service to North Carolina.

-Janet Cowell

\* You may view detailed information and instructions by clicking on the help link at the top of each screen.

[View Personal Information](#) [View Account Summary](#)

This section allows you to view your personal information on file with the Retirement Systems Division. This section allows you to change and/or view your beneficiary designations and view a summary of your service accrued to date.

[View Account History](#) [View Annual Benefits Statements](#)

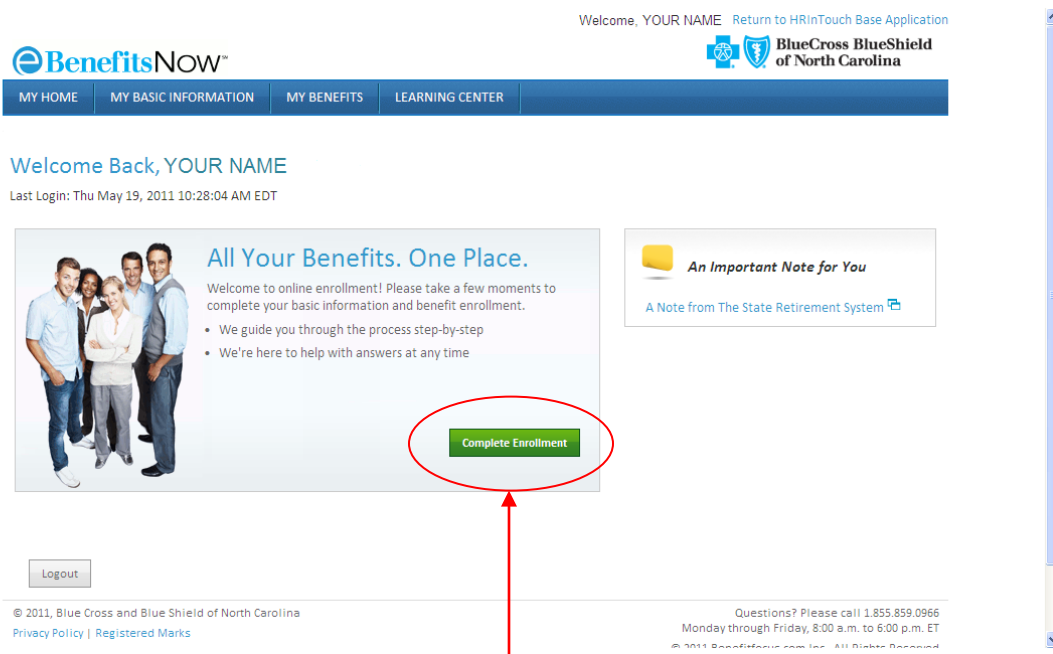
Navigation Menu:

- View Personal Information
- View Account Summary
- View Account History
- View Annual Benefits Statements
- View Benefit Estimate
- Create Custom Benefit Estimate
- View 401K/457 Transfer Benefit Estimate
- Maintain Phone/Email
- Request Account Balance Statement
- Create Service Purchase Estimate
- Track Recent Request
- Request Appointment
- eBenefits Now**

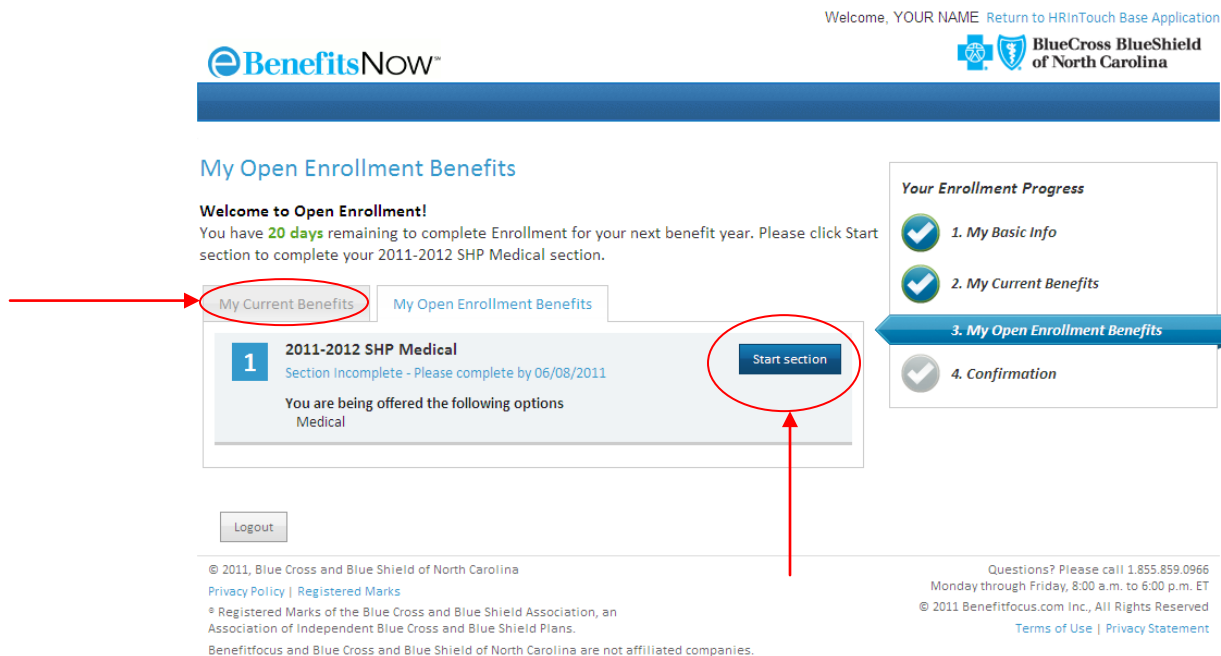
6. At the eBenefits screen, members will be asked to agree to the Terms and Conditions to continue. **Please be sure to turn off your pop-up blocker or accept pop-ups from this website. You will not be able to continue with your application until this has been completed.**

7. After clicking on “Yes” members should see the screen below and may begin the enrollment process by clicking on “Enroll Now” or “eBenefits Now Click Here to Enroll.”

- 8. On the eBenefits Now screen, click on green “Complete Enrollment” button to begin the enrollment process.



- 9. On the “My Open Enrollment Benefits” screen, you may view your current benefits by clicking on the “My Current Benefits” tab, or you may continue with the enrollment process by clicking on “Start Section.”



10. The “Shop for 2011-1012 SHP Medical screen outlines enrollment and coverage periods and lets members know they will be asked whether they qualify for Medicare or have other insurance later in the process. To continue, click “Start.”

Welcome, YOUR NAME [Return to HRInTouch Base Application](#)

**BenefitsNOW** **BlueCross BlueShield of North Carolina**

### Shop For 2011-2012 SHP Medical

Enroll: 05/09/2011 - 06/08/2011  
Coverage Begins: 07/01/2011

- You will be asked if you have Medicare.
- You will be asked if you have any additional insurance policies.

Click Start to begin. When you complete the section, you will be prompted to save.

[Logout](#) [Cancel](#) [Start](#)

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11. On the next screen, members choose the 70/30 or 80/20 plan. To continue, click “Next.”

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**BenefitsNOW** **BlueCross BlueShield of North Carolina**

### Shop For Medical

2011-2012 SHP Comprehensive Wellness Initiative Attestation- PLEASE READ EACH QUESTION THOROUGHLY! YOUR ANSWERS ARE LEGALLY BINDING.

Which Plan would you like to enroll in for the 2011-2012 benefit plan year? If you will be declining coverage, please select the 70/30 Basic Plan. You will be given the option to decline later in the enrollment process.\*

...Please Select...

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## 12. After making a plan selection, members will be asked if Medicare is your primary insurance.

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### Shop For Medical

2011-2012 SHP Comprehensive Wellness Initiative Attestation- PLEASE READ EACH QUESTION THOROUGHLY! YOUR ANSWERS ARE LEGALLY BINDING.

Which Plan would you like to enroll in for the 2011-2012 benefit plan year? If you will be declining coverage, please select the 70/30 Basic Plan. You will be given the option to decline later in the enrollment process.\*

80/20 Standard Plan

Is Medicare your primary insurance? Select "YES" if Medicare is your primary insurance. If you have Medicare coverage due to Age or Disability, but are actively employed, Medicare is NOT your primary insurance. Select "NO" if the State Health Plan is your primary insurance. \*

---Please Select---

Logout Cancel Previous Next

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## 13. The tobacco attestation questions pop up next -

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### Shop For Medical

2011-2012 SHP Comprehensive Wellness Initiative Attestation- PLEASE READ EACH QUESTION THOROUGHLY! YOUR ANSWERS ARE LEGALLY BINDING.

Which Plan would you like to enroll in for the 2011-2012 benefit plan year? If you will be declining coverage, please select the 70/30 Basic Plan. You will be given the option to decline later in the enrollment process.\*

80/20 Standard Plan

Is Medicare your primary insurance? Select "YES" if Medicare is your primary insurance. If you have Medicare coverage due to Age or Disability, but are actively employed, Medicare is NOT your primary insurance. Select "NO" if the State Health Plan is your primary insurance. \*

No

I understand I will be asked additional questions during this enrollment process to determine if I am eligible for the 80/20 Standard Plan. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

Tobacco Use Attestation\*

---Please Select---

CONSEQUENCES: I understand that the status I attested to above will apply during the entire Plan year. If, during the benefit year, any of my attestation statements no longer apply or if I fail to produce the required documentation upon request, I understand that my covered dependent(s) and I will be moved from the 80/20 Standard Plan to the 70/30 Basic Plan retroactive to July 1, 2011. I will forfeit any coinsurance and deductibles already paid under the 80/20 Standard Plan during the 2011/2012 benefit year. Also, I and my covered dependent(s) will be eligible to enroll only in the 70/30 Basic Plan for the 2012/2013 benefit year. Please see [www.shpnc.org](http://www.shpnc.org) for information on appeal rights. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

I understand that my answers above are legally binding and that the above information is accurate to the best of my knowledge. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

Logout Cancel Previous Next

## 14. Followed by the Body Mass Index attestation section –

I understand I will be asked additional questions during this enrollment process to determine if I am eligible for the 80/20 Standard Plan. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

Tobacco Use Attestation\*

I understand that I and, if applicable, my covered spouse may be subject to tobacco use testing and the CONSEQUENCES outlined at the bottom of this page if I or my spouse refuse testing or test positive for tobacco use. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

Body Mass Index (BMI) Attestation: You will need to know the BMI for you and your covered dependent(s) ages 18 and above in order to complete the following questions. If you have not calculated the BMI for you and your covered dependent(s) ages 18 and above, you may do so by using the U.S. Centers for Disease Control and Prevention (CDC) BMI calculator at <http://www.shpnc.org/bmi-calculator.html>.\*

CONSEQUENCES: I understand that the status I attested to above will apply during the entire Plan year. If, during the benefit year, any of my attestation statements no longer apply or if I fail to produce the required documentation upon request, I understand that my covered dependent(s) and I will be moved from the 80/20 Standard Plan to the 70/30 Basic Plan retroactive to July 1, 2011. I will forfeit any coinsurance and deductibles already paid under the 80/20 Standard Plan during the 2011/2012 benefit year. Also, I and my covered dependent(s) will be eligible to enroll only in the 70/30 Basic Plan for the 2012/2013 benefit year. Please see [www.shpnc.org](http://www.shpnc.org) for information on appeal rights. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

I understand that my answers above are legally binding and that the above information is accurate to the best of my knowledge. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

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## 15. To leave this page and move on to the next, members need to check the boxes under CONSEQUENCES, and that they understand that their answers are legally binding.

I understand I will be asked additional questions during this enrollment process to determine if I am eligible for the 80/20 Standard Plan. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

Tobacco Use Attestation\*

I understand that I and, if applicable, my covered spouse may be subject to tobacco use testing and the CONSEQUENCES outlined at the bottom of this page if I or my spouse refuse testing or test positive for tobacco use. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

Body Mass Index (BMI) Attestation: You will need to know the BMI for you and your covered dependent(s) ages 18 and above in order to complete the following questions. If you have not calculated the BMI for you and your covered dependent(s) ages 18 and above, you may do so by using the U.S. Centers for Disease Control and Prevention (CDC) BMI calculator at <http://www.shpnc.org/bmi-calculator.html>.\*

CONSEQUENCES: I understand that the status I attested to above will apply during the entire Plan year. If, during the benefit year, any of my attestation statements no longer apply or if I fail to produce the required documentation upon request, I understand that my covered dependent(s) and I will be moved from the 80/20 Standard Plan to the 70/30 Basic Plan retroactive to July 1, 2011. I will forfeit any coinsurance and deductibles already paid under the 80/20 Standard Plan during the 2011/2012 benefit year. Also, I and my covered dependent(s) will be eligible to enroll only in the 70/30 Basic Plan for the 2012/2013 benefit year. Please see [www.shpnc.org](http://www.shpnc.org) for information on appeal rights. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

I understand that my answers above are legally binding and that the above information is accurate to the best of my knowledge. YOU MUST CHECK THE BOX BELOW TO PROCEED.\*

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To continue, click "Next."

16. The page that follows will be a confirmation page of everything from the previous page.

[Return to HRInTouch Base Application](#)

**eBenefitsNOW™**

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### Shop For Medical

2011-2012 SHP Comprehensive Wellness Initiative Attestation- PLEASE READ EACH QUESTION THOROUGHLY! YOUR ANSWERS ARE LEGALLY BINDING. Summary

To make changes to your answers, press the PREVIOUS button.  
To confirm your answers, press the NEXT button.

Which Plan would you like to enroll in for the 2011-2012 benefit plan year? If you will be declining coverage, please select the 70/30 Basic Plan. You will be given the option to decline later in the enrollment process.

80/20 Standard Plan

Is Medicare your primary insurance? Select "YES" if Medicare is your primary insurance. If you have Medicare coverage due to Age or Disability, but are actively employed, Medicare is NOT your primary insurance. Select "NO" if the State Health Plan is your primary insurance.

No

I understand I will be asked additional questions during this enrollment process to determine if I am eligible for the 80/20 Standard Plan. YOU MUST CHECK THE BOX BELOW TO PROCEED.

Acknowledged

Tobacco Use Attestation

I and, if applicable, my covered dependent(s) do not use tobacco products and promise not to use tobacco products during this benefit year

I understand that I and, if applicable, my covered spouse may be subject to tobacco use testing and the CONSEQUENCES outlined at the bottom of this page if I or my spouse refuse testing or test positive for tobacco use. YOU MUST CHECK THE BOX BELOW TO PROCEED.

Acknowledged

Body Mass Index (BMI) Attestation: You will need to know the BMI for you and your covered dependent(s) ages 18 and above in order to complete the following questions. If you have not calculated the BMI for you and your covered dependent(s) ages 18 and above, you may do so by using the U.S. Centers for Disease Control and Prevention (CDC) BMI calculator at <http://www.shpnc.org/bmi-calculator.html>.

I and, if applicable, my covered dependent(s) have a BMI less than 40 kg/m2.

CONSEQUENCES: I understand that the status I attested to above will apply during the entire Plan year. If, during the benefit year, any of my attestation statements no longer apply or if I fail to produce the required documentation upon request, I understand that my covered dependent(s) and I will be moved from the 80/20 Standard Plan to the 70/30 Basic Plan retroactive to July 1, 2011. I will forfeit any coinsurance and deductibles already paid under the 80/20 Standard Plan during the

17. The next screen outlines your medical plan options and includes comparison charts. Members need to make a selection of the 70/30 or 80/20 plan. Click "Next" to continue.

[Return to HRInTouch Base Application](#)

**eBenefitsNOW™**

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### Shop For Medical

Choose your plan.

Offered By Blue Cross and Blue Shield of North Carolina	
<input type="checkbox"/> 2011-2012 Blue Options PPO Basic (70/30 Plan)	<a href="#">2011-2012 Plan Comparison (PDF)</a>
<input type="checkbox"/> 2011-2012 Blue Options PPO Standard (80/20 Plan)	<a href="#">2011-2012 Plan Comparison (PDF)</a>

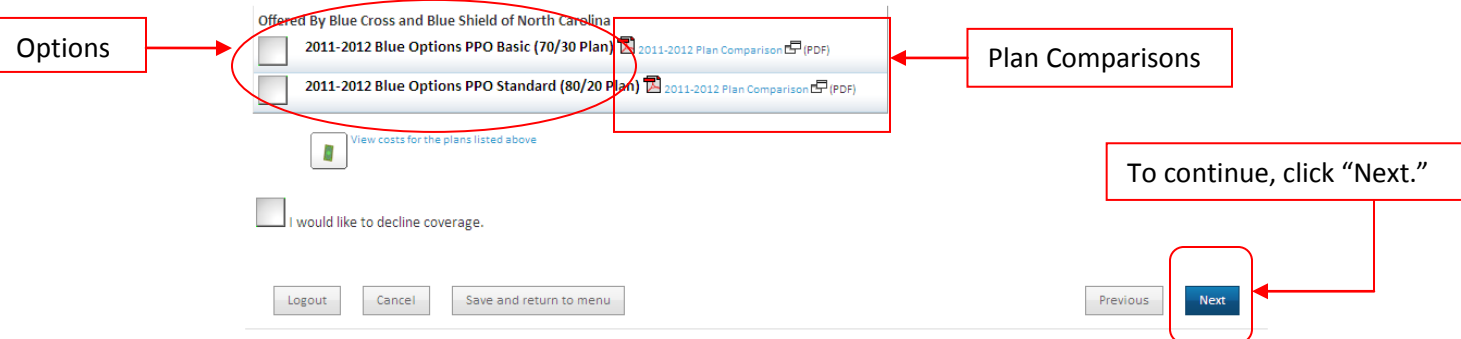
View costs for the plans listed above

I would like to decline coverage.

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18. The next two screenshots show what happen after members make a selection (in this case, the 80/20 election).

Return to HRInTouch Base Application

**BenefitsNow™** BlueCross BlueShield of North Carolina

### Shop For Medical

Choose your plan.

Offered By Blue Cross and Blue Shield of North Carolina

- 2011-2012 Blue Options PPO Basic (70/30 Plan) [2011-2012 Plan Comparison \(PDF\)](#)
- 2011-2012 Blue Options PPO Standard (80/20 Plan) [2011-2012 Plan Comparison \(PDF\)](#)

I would like to decline coverage.

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Selection

To continue, click "Next."

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### Shop For Medical

Select your coverage.

**A Note from The State Retirement System**

**Range of Rates based on Medicare**  
You may see a range of possible premium deduction amounts on this screen. This range is present because your premium deduction amount may differ if you or your dependent(s) are enrolled in a Medicare policy. You will be asked about Medicare later in the enrollment process. Once you have answered all Medicare-related questions, your true premium can be calculated. You will see your true premium at the end of the enrollment process on the "Review Elections" screen and also on your Employee Detail Report.

Buy	Your Paycheck Deduction
<input type="checkbox"/> Employee Only	You pay \$0.00 per month
<input type="checkbox"/> Employee and Spouse	You pay \$408.72 - \$547.48 per month*
<input type="checkbox"/> Employee and Children	You pay \$180.88 - \$237.62 per month*
<input type="checkbox"/> Employee and Family	You pay \$441.70 - \$580.44 per month*

I would like to decline coverage.

Members will get this pop up box, which they need to read and close in order to continue.

19. After closing the popup box, members will need to make a selection for coverage for themselves and their dependents, if applicable. Members may also decline coverage. Click “Next” to continue.

**Shop For Medical**  
Select your coverage level.

[A Note from The State Retirement System](#)

**2011-2012 Blue Options PPO Standard (80/20 Plan)** [2011-2012 Plan Comparison \(PDF\)](#)

Office Visit (Primary   Specialist)	\$25   \$60
Coinsurance (In Network   Out Of Network)	80%   60%
Per Admission Copay (In Network   Out Of Network)	\$200   \$200
Deductible (In Network   Out Of Network)	\$600   \$1200

Buy	Your Paycheck Deduction
<input type="checkbox"/> Employee Only	You pay \$0.00 per month
<input type="checkbox"/> Employee and Spouse	You pay \$408.72 - \$547.48 per month*
<input type="checkbox"/> Employee and Children	You pay \$180.88 - \$237.62 per month*
<input type="checkbox"/> Employee and Family	You pay \$441.70 - \$580.44 per month*
<input type="checkbox"/> I would like to decline coverage.	

Buttons: Logout, Cancel, Save and return to menu

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**To continue, click “Next.”**

20. After clicking “Next,” members will be asked if they or their dependents are covered by Medicare. After answering, click “Next” to continue.

Return to HRInTouch Base Application

**BlueCross BlueShield of North Carolina**

**BenefitsNOW™**

**Shop For Medical: Medicare**

Are you or any of your dependents covered by Medicare?

Yes

No

Buttons: Logout, Cancel, Save and return to menu

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**To continue, click “Next.”**

**21. Members are now asked if any of the persons covered for this benefit have any other health insurance. If “Yes” is chosen, members will be asked to provide the policy information.**

[Return to HRInTouch Base Application](#)  




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### Shop For Medical: Additional Insurance

Currently, do any of the persons covered for this benefit including yourself have other health insurance?

Yes  
 No

Additional insurance information should NOT be supplied on non-medical policies such as Dental, Vision, Life, Cancer or Medicaid. You do not need to provide information on policies you have previously had with other State Health Plan agencies. Additional insurance information is used: 1) to determine if a pre-existing condition waiting period should be applied if you did not enroll when first eligible (“late enrollee”); or 2) to coordinate benefits if you or your dependents have other medical coverage in addition to the State Health Plan, which will continue after you are enrolled in the State Health Plan.

To continue, click “Next.”


[Logout](#)
[Cancel](#)
[Save and return to menu](#)


[Previous](#)
[Next](#)

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**22. After answering the question and clicking on “Next,” members will be shown a summary of the elections made during the process and be asked to confirm and save the changes.**


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### 2011-2012 SHP Medical

**2011-2012 SHP Medical summary**  
 Your 2011-2012 SHP Medical benefit summary is shown below. To make changes, click Edit.  
 Please note that your benefits have not been saved. You must click Save to complete the section.



**Medical**

2011-2012 SHP Comprehensive Wellness Initiative Attestation- PLEASE READ EACH QUESTION THOROUGHLY! YOUR ANSWERS ARE LEGALLY BINDING.:

[Edit](#)  
 Medical: Accepted [Edit](#)  
 Plan: 2011-2012 Blue Options PPO Standard (80/20 Plan)  
[2011-2012 Plan Comparison](#) (PDF) [Edit](#)  
 Coverage Level: Employee Only  
 Your Cost: \$0.00 per month [Edit](#)  
 Effective Date: 07/01/2011



Additional Insurance <a href="#">Edit</a>	Medicare <a href="#">Edit</a>
None	None

Dependents  
None

**23. After clicking on “Save” to save your benefit elections, a confirmation screen will display indicating that members have successfully completed their enrollment in the State Health Plan.**


<<<<<<.working

[Return to HRinTouch Base Application](#)



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**Congratulations, YOUR NAME!**  
You have successfully completed your enrollment process!







Please review and print your detailed information for your records. Click Next to return to your home page.

**Confirmation Number: 000000000.00c000**

**Your Detailed Information**

 [Summary of your Benefits](#)  
View and print for your records

**Your Enrollment Progress**

-  1. My Basic Info
-  2. My Current Benefits
-  3. My Open Enrollment Benefits
-  4. Confirmation

[Logout](#)[Next](#)

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