

North Carolina
State Health Plan

for Teachers and State Employees
www.shpnc.org

Summary of Modifications to the 2007 North Carolina State Health Plan Benefits Booklet. This document is a Summary of Modifications effective July 1, 2009 and is intended to provide you with additions and revisions to your October 2007 North Carolina State Health Plan Benefits Booklet. It is not intended to be a full description of benefits. The complete plan is described in the **2009 North Carolina State Health Plan Benefits Booklet** that is available on the State Health Plan Web site at **www.shpnc.org** or you may request a hard copy by calling Customer Services at **1-888-234-2416**.

1. On **page 10, Sterilization**, the **third sentence** is rewritten as:
 - Prescription drugs related to sexual dysfunction are not covered.
2. On **page 12, Other Services**, the following is added:
 - Nutrition Counseling
Nutritional visits with a licensed, registered dietitian are covered. Up to six **in-network** office-based nutrition visits are covered at 100% per **benefit period** for **members** with diabetes. Additional nutrition visits are covered for **members** with diabetes at **deductible** and **coinsurance**. Beginning January 1, 2010, for all other conditions, **members** can receive up to a combined in-and out-of-network maximum of four nutritional visits per **benefit period**. **In-network** office-based nutritional visits are covered at the primary care **copayment**.
3. On **page 13, Dental Treatment Covered Under Your Medical Benefit**
 - **The first sentence** is rewritten as:
Your health benefit plan provides benefits for diagnostic, therapeutic or surgical procedures, including oral **surgery** involving bones or joints of the jaw, when the procedure is related to one of the following conditions:
 - Dental Treatment Not Covered Under Your Medical Benefit is rewritten as:
The Following Dental Treatment is Excluded From Coverage Under Your Medical Benefit
4. On **page 17, Routine Eye Exams**, the following is added:
 - Routine eye exams will no longer be covered as of January 1, 2010.
5. On **page 22, The Pharmacy Benefits** section is rewritten as:

Prescription Drug Copayment And Benefits

A Pharmacy Benefit Manager (PBM), manages administration of the **prescription drug** benefit.

Your **prescription** benefit covers **prescription drugs**, injectable medications, insulin and certain over-the-counter medications. See "Prescription Drug Benefits Exclusions" for those drugs that are not covered by your health benefit plan.

Some **prescription** drugs may require **certification**, also known as prior approval, or be subject to step therapy or formulary coverage review in order to be covered. It is very important to make sure that prior approval is received before going to the pharmacy.

Some **prescription drugs** may be subject to quantity limits based on criteria developed by the **State Health Plan** or its representative. Prior approval is required before excess quantities of these drugs will be covered. If you need quantities in excess of the limit for a drug that is subject to quantity limits, it is important to make sure your **provider** has received prior approval before going to the pharmacy. To get a list of **prescription drugs** that require prior approval to be covered or require approval for additional quantities, you may call Pharmacy Customer Service at the number listed in "Whom Do I Call?" or visit the **State Health Plan Web site**. The **State Health Plan** or its representative may change the list of these **prescription drugs** from time to time.

Additionally, there may be some **prescription drugs** that are administered by a **provider** in a medical office that may be limited to coverage under your medical benefit.

For certification of your prescription drugs, your physician may call the PBM's Prior Authorization number listed in "Whom Do I Call?" or obtain a certification review form on the State Health Plan's Web site and fax it directly to the PBM at the number listed on the form.

Using A Contracting Pharmacy

Most chain and independent pharmacies contract with the **PBM**. You may obtain information about which pharmacies are contracting by:

- Visiting the **State Health Plan's Web site**, or
- Calling the **PBM** at the number listed in "Whom Do I Call?"

When you use a pharmacy **not contracting with the PBM**, you will be responsible for paying the total amount of the **prescription** at the time of purchase. You or the pharmacy will be required to file a paper claim with the **PBM** for reimbursement. You may obtain a claim form on the **State Health Plan's Web site** or by calling the **PBM**. **You are responsible for any amount above the allowed amount and your copayment.**

The convenience of mail order pharmacy is available for your maintenance medications by using the **PBM's** online pharmacy services, by telephone, or by completing a Mail Service Order Form and returning it with your original **prescription** and appropriate **copayment** to the **PBM**. You may obtain a Mail Service Order Form on the **State Health Plan's Web site** or by calling the **PBM** at the number in "Whom Do I Call?" To learn how to register for the **PBM's** online pharmacy services, visit the **State Health Plan's Web site**.

You may use a credit card for **copayments** for telephone or online refills.

Preferred Drug List

The **State Health Plan**, with guidance from the Pharmacy and Therapeutics Committee (P & T Committee), compiles the Preferred Drug List. The Preferred Drug List can be obtained from the **State Health Plan's Web site** or by calling the **PBM** at the number listed in "Whom Do I Call?" The Preferred Drug List is subject to change without notification.

- **Generic** drugs are often an effective alternative to brand drugs. Ask your physician to consider **generic** drugs whenever possible. If a **generic** drug is not available, you will be responsible for paying the higher **copayment** based on the tier placement for the **brand name** drug.
- When there is more than one **brand name** drug available for your medical condition, it is suggested that you ask your physician to prescribe a drug on the preferred list. This will reduce your **copayment**.
- For **brand name** drugs with a **generic** equivalent, if the **brand name** drug is chosen, **members** must pay the **generic copayment** plus the difference between the Plan's cost of the **brand name** drug and the Plan's cost of the **generic** drug.

Your **prescription drug** benefit offers an open formulary (or a list of covered **prescription drugs**). In the formulary, **prescription drugs** are divided into three categories or tiers: **generic** (Tier 1), preferred

brand name drugs with no generic equivalent (Tier 2), and non-preferred brand name drugs with no generic equivalent (Tier 3). The placement of drugs in the **formulary** determines what **copayment** will be charged for each 30-day supply. The specialty medications **copayment** is 25% coinsurance up to \$100 for each 30-day supply. Refer to the **State Health Plan Web** site for a list of specialty medications.

If you would like an updated copy of the **formulary** or you want to check the tier placement of a specific drug, please call the **PBM** at the number listed in "Whom Do I Call?" or visit the **State Health Plan Web** site.

Prescription drug copayments are limited to \$2,500 per person per **benefit period**. After the \$2,500 maximum is reached, the health benefit plan pays 100% of allowed **prescription drug** charges.

Prescription drugs are not subject to the **benefit period deductible** or **coinsurance** amounts, or applied to their maximums.

A **prescription** cannot be refilled until three fourths (3/4) of the medication has been used as prescribed by your physician; exceptions may apply to certain prior authorized drugs.

Prescription Drug Exclusions

- Any **prescription drugs** not FDA approved
- Any **prescription drugs** not specifically covered by the **State Health Plan**
- Any **prescription drugs** prescribed for **sexual dysfunction**
- Any **prescription drugs** prescribed for hair growth
- Any **prescription drugs** prescribed for cosmetic purposes
- Any **prescription drugs** prescribed in conjunction with artificial reproductive technology
- Any **prescription drug** in excess of the stated quantity limits
- Any **prescription drug** requiring **certification** if **certification** is not obtained
- Any drug that can be purchased over the counter without a **prescription**, even though a written **prescription** is provided, except for insulin and other approved over-the-counter drugs
- Any compound drug that does not contain at least one ingredient that requires a **prescription**.
- Any **prescription drug** that has a therapeutic equivalent available over the counter as determined by the **State Health Plan**.

Diabetic Testing Supplies

Diabetic testing supplies are covered under your pharmacy benefit. For a single **copayment**, insulin dependent **members** may receive 153 test strips and non-insulin dependent **members** may receive 51 test strips per 30-day supply. Additional test strips that are needed, are covered under your medical supply benefit.

Tobacco Cessation Coverage

For information on the tobacco cessation coverage, please see the Tobacco Cessation Support section under "Special Programs."

Specialty Pharmacy

Specialty medications are usually injectable products that require special handling and patient monitoring. Some conditions, such as anemia, hepatitis C, multiple sclerosis, growth hormone deficiency and rheumatoid arthritis are treated with specialty medications. If you use specialty medications, you must use the contracted specialty vendor for all non-acute specialty medications covered under the pharmacy benefit, excluding cancer medications. If you use a pharmacy other than the contracted vendor to purchase any non-acute specialty medications, you will be responsible for paying the total amount of the prescription at the time of purchase. For more information call the specialty pharmacy at the number listed in "Whom Do I Call?"

A list of the available specialty medications is available on the **State Health Plan's** Web site. Some of the specialty pharmacy benefits include:

- access to nurses who are trained in specialty medications
- answers to your questions about specialty medications from a pharmacist 24 hours a day, 7 days a week
- free expedited shipping
- free supplies necessary to administer your medication (needles, syringes)
- refill reminders.

How To File A Claim For Prescription Drugs

When you use a pharmacy contracting with the **PBM**, present your **ID card** to the pharmacist and you will not be required to pay more than the appropriate **copayment** for each 30-day supply. The pharmacist will file the claim.

If you purchased **prescription drugs** from a pharmacy not contracted with the **PBM**, you will be responsible for the total amount of the **prescription** at the time of purchase. You will be reimbursed for your costs minus the applicable copayment and charges in excess of the **allowed amount**. You will need to complete a **Prescription Drug Claim Form** for reimbursement and submit it to:

Medco
PO Box 14711
Lexington, KY 40512

If you are sending the original pharmacy receipts, the following information is required in order to process the claim:

- pharmacy name
- **prescription** number
- drug name and National Drug Code (NDC)
- date purchased
- strength
- quantity
- drug charge
- pharmacist's signature
- days supply

Complete a separate form for each family member and pharmacy.

Drug receipts from the label or bag should not be submitted. Claims will be returned if not properly completed. For information on how to properly submit a pharmacy claim, call Medco Customer Services at the number given in "Whom Do I Call?"

IMPORTANT INFORMATION REGARDING YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Effective January 1, 2006, Medicare began offering prescription drug coverage for all persons enrolled in Medicare. The State Health Plan will continue to provide prescription drug coverage for all members.

When members become eligible for Medicare Part D, they will receive a notice of creditable coverage from the State Health Plan. "Creditable Coverage" means that your prescription drug coverage is at least as good as Part D coverage.

If your current prescription drug coverage qualifies as “creditable coverage,” you should not need Part D coverage, unless you are Medicaid eligible or eligible for low-income assistance. **Members of the State Health Plan should evaluate their own coverage needs prior to purchasing a Medicare Prescription Drug Plan.**

6. On page 25, **Special Programs, NC HealthSmart** section is rewritten as:

Special Programs

NC HealthSmart, the State Health Plan’s healthy living initiative, aims to empower members to reach their health goals. Whether a member is looking for ways to stay healthy or needs support to manage an ongoing health condition, NC HealthSmart can help.

Members eligible for NC HealthSmart services are members whose primary health coverage is through the State Health Plan. Eligibility and services may change from time to time. Check the State Health Plan Web site at <http://www.shpnc.org/nc-healthsmart.html> for the most current program information.

NC HealthSmart is voluntary. Eligible members can use the program at no charge. Federal law prohibits the State Health Plan from using your personal information to discriminate against you in any way or from giving this information to your employing agency/school or other unauthorized third party, unless required by law.

The program offers resources and programs at work, at home, and through your health care provider. The tools and services available through NC HealthSmart include the following:

Tobacco Cessation and Weight Management Programs

<p>Tobacco Cessation Support</p>	<p>Members are encouraged to call and talk to a NC Tobacco Use Quitline Quit Coach®, a North Carolina HealthSmart Health Coach, and/or their physician or behavioral health care provider about quitting tobacco use.</p> <p>Free Hotlines</p> <ul style="list-style-type: none"> • NC Tobacco Use Quitline (QuitlineNC)...1-800-QUIT-NOW (1-800-784-8669). Available 8:00am-3:00am, 7 days a week, English and Spanish-speaking. NC Quitline telephonic support program is tailored to help members stop using tobacco. Quit Coaches® assist with quitting, goal setting, medication questions and locating local tobacco cessation resources. They can mail educational materials, make follow-up support calls, and disseminate nicotine replacement therapy patches. • NC HealthSmart Health Coach Support Line....1-800-817-7044 Available 24 hours a day, 7 days a week to provide cessation support as well as answer general health questions. <p>Nicotine Replacement Therapy Medications Effective January 1, 2010, over the counter, generic nicotine replacement therapy patches will be available through QuitlineNC at no additional charge to members. Covered prescription medications and over the counter medications are available through the Pharmacy program. For a list of covered medications, please visit the Pharmacy section of the State Health Plan Web site at www.shpnc.org.</p>
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<p>Tobacco Cessation Support</p>	<p>Online Support An internet-based smoking cessation support program is available to help members through the quitting process. This program and numerous educational materials are available through the State Health Plan Web site at www.shpnc.org.</p> <p>Worksite Wellness Initiatives The NC HealthSmart Worksite Wellness Toolkit, available at http://www.shpnc.org/worksite-wellness.html, contains “Quit Now,” which provides step-by-step instructions on setting up tobacco cessation educational campaigns and support systems. It also makes recommendations for environmental policy changes that may support members in quitting. Contact your Human Resource Office for more information.</p>
<p>Weight Mgmt Support</p>	<p>Bariatric surgery and FDA-approved weight-loss medications are covered benefits. The Plan covers nutrition counseling visits for subscribers and their dependents.</p> <p>Tools and Resources</p> <ul style="list-style-type: none"> • Nutrition Visits Please see “Covered Services” for additional information about nutrition counseling benefits. For a listing of participating licensed dietitians, visit the State Health Plan Web site at www.shpnc.org and select “Find a Doctor.” • Weight Management Medications Talk to your physician about medications available that may assist you in managing your weight. • Web-based Programs Eligible members* may access the NC HealthSmart Personal Health Portal’s interactive weight management and nutrition improvement programs at www.shpnc.org. • Support Line Members may contact the NC HealthSmart Health Coach Support Line at 1-800-817-7044 for one-on-one nutrition and weight management information, as well as motivational support. • Worksite Wellness Initiatives The NC HealthSmart Worksite Wellness Toolkit available online at http://www.shpnc.org/worksite-wellness.html contains the “Eat Smart” resource book, which provides organizations with instructions on creating nutrition and weight management programs, making environmental and policy changes that support healthy eating at the work place, and accessing ready-made posters, flyers, and other educational resources. Check with your Health Benefits Representative or Wellness Leader to see if the Eat Smart, Move More, Weigh Less program will be offered at your work place.

<p>Health Coaches</p>	<p>Health Coaches are specially trained health care professionals (nurses, respiratory therapists, and dietitians) who are available by phone 24 hours a day, seven days a week to talk with you. They can discuss a variety of conditions and lifestyle issues such as:</p> <ul style="list-style-type: none"> • Tobacco cessation • Nutrition and weight management • Surgery <p>They can also provide:</p> <ul style="list-style-type: none"> • One-on-one goal setting, monitoring and support to help you increase your physical activity <p>One-on-one support for managing health conditions such as:</p> <ul style="list-style-type: none"> • Acute respiratory conditions • Asthma • Back pain • Chronic Obstructive Pulmonary Disease (COPD) includes chronic bronchitis and emphysema • Congestive Heart Failure (CHF) • Coronary Artery Disease • Diabetes • Depression and stress • End of life issues • General arthritis • Hypertension • Joint pain • Migraine / other headache • Obesity / bariatric surgery • Osteoporosis • Renal failure • Stroke • TMJ syndrome
<p>Case Mgmt</p>	<p>Case management services are offered to eligible members with complex medical needs. The program focuses on early identification of a member's need for assistance with multiple hospitalizations, a high risk pregnancy or a sudden catastrophic event. If you or a family member needs intensive case management support, please contact a NC HealthSmart Nurse Case Manager at 1-888-607-9594.</p> <p>Specialty Case Managers are available to assist members with Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD). To contact a CKD/ESRD case manager, call 1-866-577-3625.</p>
<p>Health Education Programs and Tools</p>	<ul style="list-style-type: none"> • The HEAR® audio library provides information on hundreds of health topics. To access the library call 1-800-817-7044 and press 4. • Health videos provided at no charge, as approved by your Health Coach • Printed materials mailed to your home

Personal Health Assessment (PHA)	<p>The PHA is a survey that identifies your personal health risks and provides you with a comprehensive personal action plan. You can complete the PHA online at www.shpnc.org, by logging into your Personal Health Portal, or by calling a Health Coach at 1-800-817-7044.</p>
NC Health Smart Web site	<ul style="list-style-type: none"> • PHA and personal action plan • Personal health Web page • Symptom Diary and Medication List • Interactive tools and lifestyle programs for nutrition, physical activity and smoking cessation
Worksite Wellness	<p>The State Health Plan is committed to helping work places develop on-site wellness committees, lifestyle management activities, and “health-friendly” policies. The purpose is to encourage and support members trying to live healthy lifestyles. The NC HealthSmart Worksite Wellness Toolkit is a comprehensive collection of guidelines and ready-to-use materials to help worksites develop a worksite wellness committee and implement worksite wellness programs.</p> <ul style="list-style-type: none"> • Ask if your worksite has a wellness initiative • Join or start a wellness committee • Participate in the work-based healthy living programs

For more information on these programs or to obtain further information on NC HealthSmart, call the number listed in “Whom Do I Call?” If you have certain health conditions, the **State Health Plan** or its representative may call you to provide information about your condition, answer questions and tell you about available resources. Your participation is voluntary, and you have no obligation to talk about your condition. Your medical information is kept confidential.

7. On **page 30, What Is Not Covered?** the following bullet point is added:

- Anything specifically listed in this benefit booklet as not covered or excluded, regardless of medical necessity.