

# April 2025 HBR Update



## Employee Elections Must Be Made in eBenefits

The State Health Plan continues to encounter groups that are using paper enrollment forms for their employees. Forms cannot be used. The only way for members to enroll is through eBenefits. Members must [log into eBenefits](#) or contact the Eligibility & Enrollment Support Center at 855-859-0966.

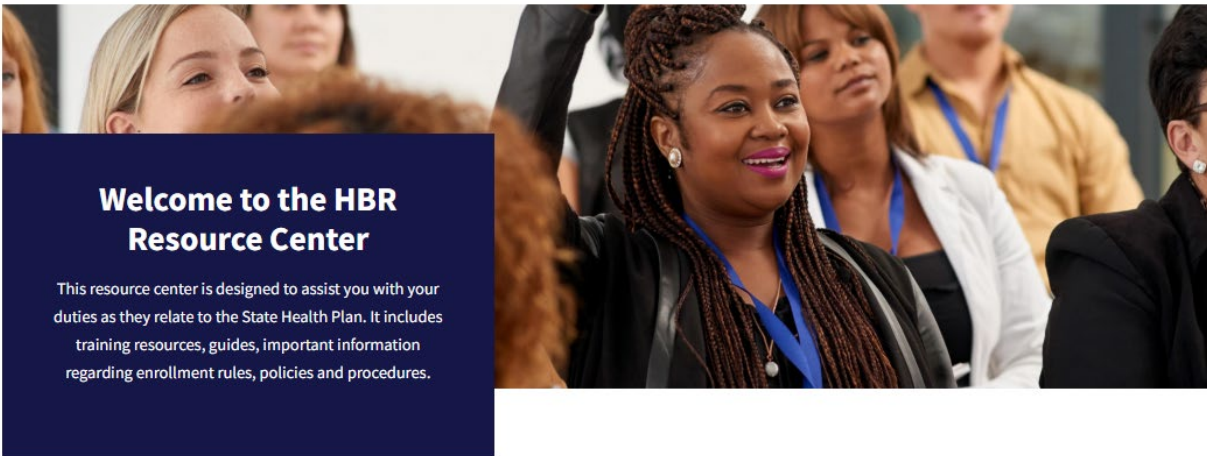
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## Salary-Based Premium Update Information

### Contact Information

To ensure that we have the appropriate contact information for each group, it is essential that you provide the primary contacts for this effort. To date, the Plan is missing this information from 150 groups, who have not responded to the [February 27, 2025 HBR Alert](#) deadline. If you have not already provided the contact, please do so as soon as possible by clicking [here](#).

As mentioned in the [March 13, 2025 HBR Alert](#) the deadline to request payroll integration was March 24, 2025. **No additional payroll integration requests can be accommodated at this time.** The Plan will continue to provide HBR Updates to keep you apprised of any new information. As a reminder, the Plan does have a designated [webpage](#) for Salary-Based Premiums. The FAQs will continue to be updated as new information becomes available.



#### **Enrollment Information**

Enrollment rules, policies and eligibility information.



#### **Exceptions Process**

Enrollment exception process and information.



#### **Training and Development**

HBR training and resources available to HBRs.



#### **Salary-Based Premium Information**

Clarifying information and FAQs to assist you with understanding this initiative.

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## **Employees Receiving Checks from Aetna**

Your employees may receive a check from Aetna for an overpayment. A payment could be provided directly to members, by Aetna, when it is identified that the member paid more than what needed to be collected to the provider at time of service. An Explanation of Benefits “EOB” always accompanies a check that is issued.

*Example:* A member is having a surgical procedure in an outpatient setting where deductible and coinsurance applies. Some providers will anticipate or estimate the member cost and have them pay up front. If the provider adds that amount to the bill when submitting to Aetna, it will be calculated in the payment to determine if the member is owed money back. Aetna will then reimburse the member directly instead of crediting the provider.

If a member has additional questions regarding the check they received please direct them to Aetna at [833-690-1037](tel:833-690-1037).

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## Lockbox Address Change for Group Premium Billing

The address of lockbox for Group Premium Billing has changed as of April 1<sup>st</sup>. The Plan's billing vendor, iTEDIUM, is reaching out directly to impacted groups. For additional questions or information please contact iTEDIUM directly at [groupbilling@itedium.com](mailto:groupbilling@itedium.com).



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## Retirement Terminations

The summer months always bring a lot of retirements, and it looks like we have hundreds of retirements already approved by the Retirement Systems. Please remember to process retirement terminations between 60 – 90 days prior to the retirement health benefit effective date to ensure these new retirees are enrolled and deducted appropriately prior to their effective date of coverage.



Also, remind new retirees that will be Medicare primary to ensure they have both their Medicare Parts A and B in place as early as possible, so their enrollment options are not limited. They cannot enroll in a Medicare Advantage Plan without Medicare Parts A and B, nor can they enroll into a Medicare Advantage Plan retroactively. It is critical to have everything ready to go prior to the retirement effective date.

Please refer members to [The Plan's website](#) for additional information on planning for retirement. You can also encourage them to participate in one the Plan's many webinars targeted for this population to help them navigate Medicare and their Plan options. [Click here for upcoming webinars](#).

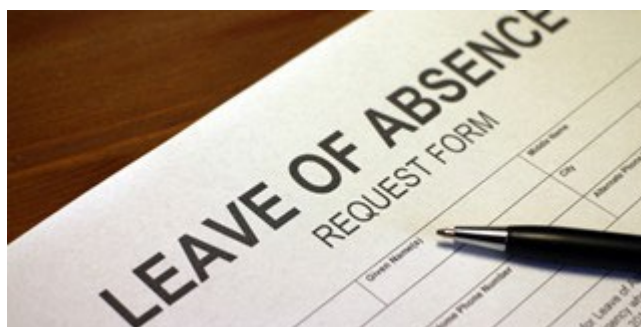
Upcoming webinars are **April 22, May 1, May 13, and May 29**. Webinars are also scheduled through August. Employees who wish to attend are encouraged to [Register Soon](#) as these events fill quickly!

[Click here to register →](#)

## Non-Payment During Leave of Absence (LOA)

Employees who are on LOA that are responsible for the full or partial premium cost and are direct billed by iTEDIUM, must pay the premium by the due date to maintain coverage. If payment is not received, the employee's benefits will be cancelled for Non-Payment. **Employees are responsible** for the full or partial premium cost thru the end of the month in which they return to work. They are eligible for group coverage the first of the following month they return to work.

Employees that are cancelled for Non-Payment at any point during LOA are ineligible for the "Return from Leave of Absence" QLE. An exception will be required for reinstatement from NPY; if the Plan approves the exception, the employee will be required to pay all outstanding premiums up to the first of the month following the return to work. See the Plan's [Rule on Arrears](#).



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## Employment Eligibility Reminder

Even if you are not using Leave of Absence (LOA) functionality, maintaining employment status is very important. Unfortunately, the Plan continues to find employees with an inaccurate, generally old, employment status. It is incumbent on HBRs to follow all the eligibility rules established in statute. This starts by loading all employees into eBenefits with the appropriate employment status code and updating their statuses timely when a change occurs. By maintaining the appropriate employment status codes, you not only ensure an enrollment window will open for the employee when appropriate, but that the data pulls correctly into your employing unit's annual 1095 reporting data. Please see [HBR Update - April 2024](#) for more details.

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## Reduction in Force (RIF) Coverage

It is the time of year when the Plan gets lots of questions about RIF benefits. As a reminder, **employees who are currently enrolled in Plan benefits and whose jobs are eliminated because of a partial or full reduction in funding are eligible for RIF coverage**. It is critical that these members are offered and set-up as 12-Month RIF coverage on a timely basis. Not only do we want to ensure there is no break in coverage or access to care concerns, but delays in enrollment will cause delays in the member receiving a premium invoice. Timely set-up is even more important for members who are eligible for Medicare, as they will be Medicare primary under RIF;

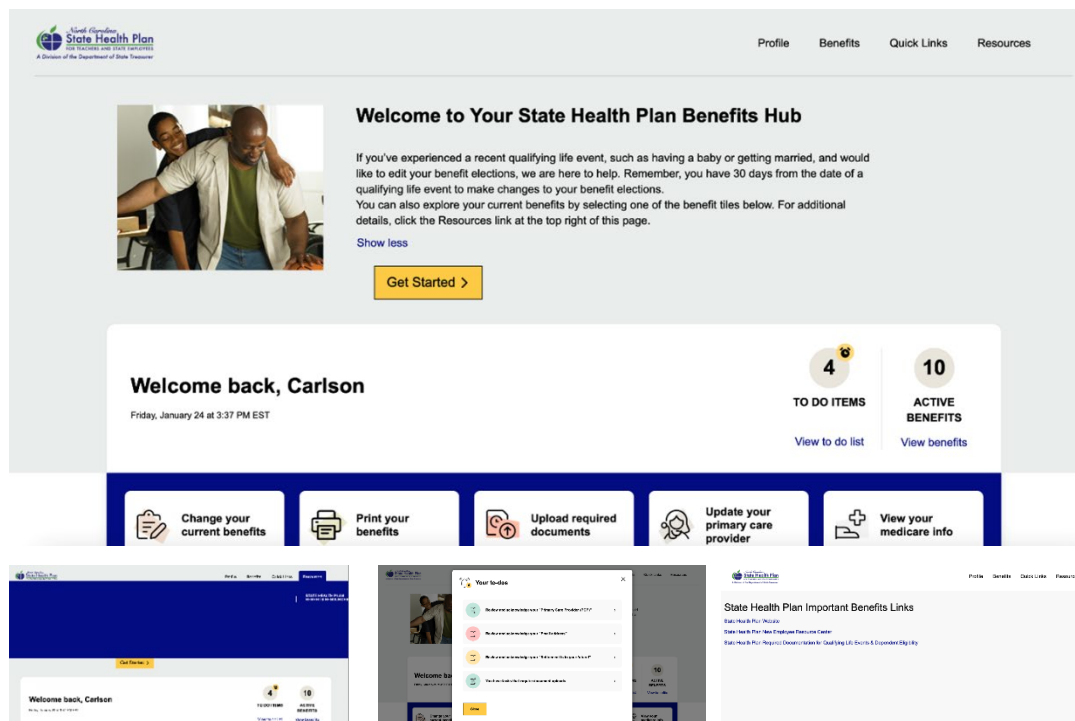
therefore, they need to get their Medicare Parts A & B by the start of their 12-Month RIF period.

To learn more about RIF Coverage, Medicare Impacts, and Statutory Language, visit the Plan's website [Reduction in Force Information for HBRs](#).

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## eBenefits Updated Look

eBenefits has a new look, for both the HBR view and the member view. These enhancements have been updated to improve the user experience. Here are a few screenshots of the new experience.



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## Virtual Lunch and Learn Webinar

### Aetna 101: 24-Hour Nurse Line

HBRs, please encourage your employees to join Plan staff and Aetna representatives as they break down the details of Aetna's 24-hour nurse line. This free webinar will be offered **Tues, April 29** and **Wed, April 30** at **Noon** and will last approximately 30 minutes. [Click here to register!](#)



AETNA 101  
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Eligibility and Enrollment Questions: 855-859-0966  
For questions on this newsletter, e-mail: [shpmemberinquiries@nctreasurer.com](mailto:shpmemberinquiries@nctreasurer.com)

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*North Carolina*  
**State Health Plan**

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