

Get Ready for 2023 Open Enrollment

Active and Non-Medicare Members

Open Enrollment
October 10 – 28, 2022



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Topics for Today

- Checklist for Open Enrollment
- Open Enrollment Reminders
- Plan Options
- Benefit Highlights for 2023
- Benefit Overview
- Premium Rates
- Important Phone Numbers

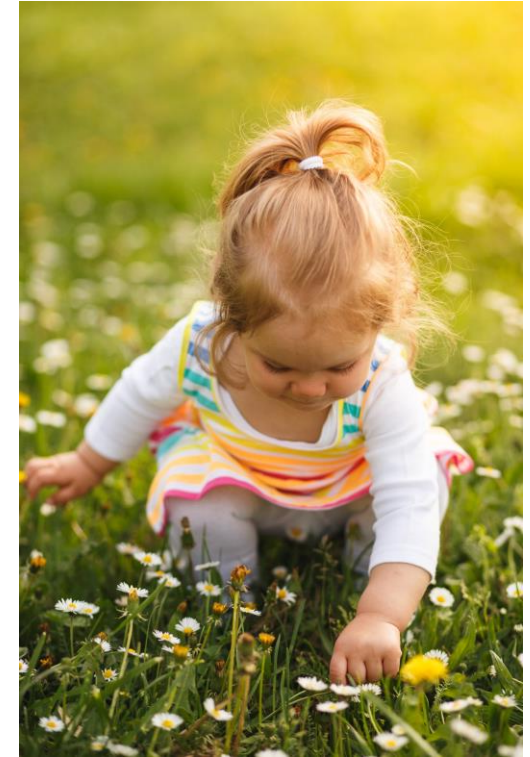


Checklist for Open Enrollment

- ✓ Watch for your 2023 Open Enrollment Decision Guide in the mail and READ it!
- ✓ Participate in a webinar regarding Open Enrollment. These webinars will review your 2023 options, discuss benefit changes, and offer the opportunity to ask questions.
- ✓ Reserve your spot in the webinar by visiting **www.shpnc.org**.
- ✓ Review your dependent situation and prepare to make changes, if necessary. For example, if you are adding a new dependent, you will need to provide required documentation and will be prompted during Open Enrollment to upload required documentation. You may find it helpful to prepare needed documents ahead of time.
- ✓ Visit **www.shpnc.org** for a list of required documentation you will need.

Dependent Eligibility Reminder

- Open Enrollment is the time to add/drop dependents and/or change plans.
- Dependent verification documentation is required for all dependents.
 - During Open Enrollment, you have until October 28 to provide the required documentation.
 - A full list of required documents can be found on the Plan's website and in the Plan's Benefits Booklets.
- Documents should be uploaded to eBenefits. Need help? Contact your HBR or the Eligibility and Enrollment Support Center (855-859-0966).
- Outside of OE, there must be a Qualifying Life Event (QLE) to add/drop dependents. You have 30 days from the date of the event to make changes.



Qualifying Life Events & Dependent Eligibility

Guidelines for a Qualifying Life Event (QLE) and dependent eligibility.

Action Required!



- ALL active and non-Medicare members, including dependents, will be moved to the Base PPO Plan (70/30) effective January 1, 2023.
 - You will see this change when you log in to eBenefits during Open Enrollment.
- **You MUST take action if you want to enroll in the Enhanced PPO Plan (80/20) and reduce your premium in either the Base PPO Plan (70/30) or Enhanced PPO Plan (80/20).**
- If you do not take action by October 28, you will:
 - **Remain on the Base PPO Plan (70/30) for 2023.**
 - **Pay more for subscriber-only premium for failure to complete tobacco attestation for active members in the Base PPO Plan (70/30) and Enhanced PPO Plan (80/20).**
- *The Base PPO Plan (70/30) remains premium-free for non-Medicare subscribers in the Retirement Systems and does not require a tobacco attestation to reduce the premium. The tobacco attestation applies to non-Medicare subscribers in the Retirement Systems who want to enroll in the Enhanced PPO Plan (80/20) and reduce their monthly premium.*

2023 Health Plan Options

- The State Health Plan will continue to offer two plan options to active members and non-Medicare retirees for 2023:

Enhanced PPO Plan (80/20)

Members pay a 20% coinsurance for eligible in-network services. For some services (i.e., office visits, urgent care or emergency room visits), members pay a copay. Affordable Care Act (ACA) Preventive Care Services performed by an in-network provider are covered at 100% by the Plan, at no cost to the member.

Base PPO Plan (70/30)

Members pay 30% coinsurance for eligible in-network expenses. Similar to the Enhanced PPO Plan (80/20), members pay a copay for some services (i.e., office visits, urgent care or emergency room visits). Affordable Care Act (ACA) Preventive Care Services performed by an in-network provider are covered at 100% by the Plan, at no cost to the member.

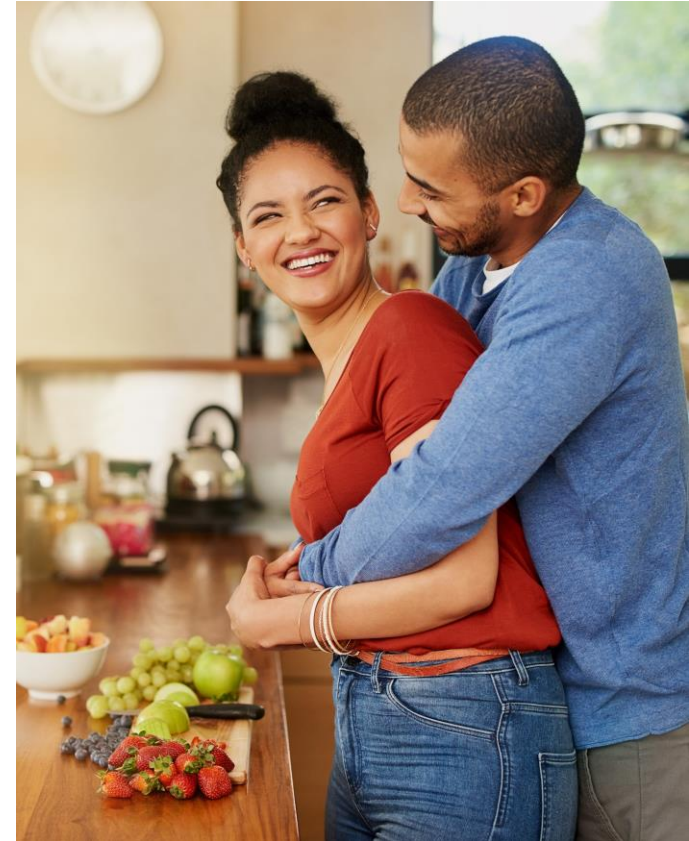
Active members can reduce their employee premium by completing the tobacco attestation in both plans!

Please note: Although the 80/20 and 70/30 plan names have changed, these are still the same plans offered previously to State Health Plan members.

Benefit Highlights for 2023

Benefit Highlights for 2023!

- No premium increases for the 5th year in a row!
- Members who select a Clear Pricing Project Provider as their Primary Care Provider will continue to enjoy a \$0 copay when visiting that provider!
- Reduced copays for members who visit a Clear Pricing Project Specialist!
- Joint replacement bundle pricing for eligible members!
- Preferred and non-preferred insulin will continue to have a \$0 copay for a 30-day supply!
- Preventive Care Services & Preventive Medications will continue to have no copay or deductible on either plan!



Clear Pricing Project Provider Copay Reductions

CLEAR PRICING PROJECT PROVIDER COPAY COMPARISON CHART		
Provider	Enhanced PPO Plan (80/20)	Base PPO Plan (70/30)
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
Behavioral Health Provider	\$0 for CPP Provider \$25 for non-CPP Provider	\$0 for CPP Provider \$45 for non-CPP Provider
Speech, Occupational, Chiropractor and Physical Therapy	\$26 for CPP Providers; \$52 for other Providers	\$36 for CPP Providers; \$72 for other Providers

Locating Clear Pricing Project Providers

- CPP providers can be located using the Find A Doctor search tool on the Plan's website.
- The Find A Doctor tool can be found on the top of every page.
- Select your plan and then North Carolina State Health Plan.
- Search or browse for a provider. CPP providers will have "Clear Pricing Project Provider" next to their name within the Provider Highlights.

The screenshot shows the North Carolina State Health Plan website. At the top, the navigation bar includes links for eBenefits, About Us, Find a Doctor (circled in red), and New Employees. Below this is a green header with links for Home, Employee Benefits, Retiree Benefits, Individual Members, Wellness, HBRs, and Contact Us. The main content area is titled 'Find a Doctor' and features a banner with three icons (a person, a stethoscope, and a medical cross) and the text 'Select your health plan below to access your Find a Doctor tool.' Below the banner, the 'Provider Highlights' section displays information for Cara L Davis, MD, including her location (Med One Medical Group, 7019 Harps Mill Rd Ste 200, Raleigh, NC 27615), contact information (Phone: 919-850-1300, Fax: 919-850-0012), and a checkmark indicating she is 'Accepting New Patients'. To the right of the provider information, there are five stars, a rating of '5.0 out of 5.0 4 ratings', and links for 'Completed Education in 1988' and '1 Affiliation'. A red arrow points to the 'Log In for personalized results' link, and a red circle highlights the 'Clear Pricing Project Provider' status next to the provider's name.

2023 Open Enrollment Tobacco Attestation



- Subscribers that are tobacco users can attend a tobacco cessation counseling session at a Primary Care Provider (PCP) for **free to** lower their 2023 employee-only premium by \$60.
- To earn \$60 premium credit, subscribers must complete the tobacco cessation counseling session between **now and November 30, 2022**. No need to wait until Open Enrollment!
- **This action is only for tobacco users who want to reduce their 2023 premium. If you as the subscriber are not a tobacco user, simply attest to that fact during Open Enrollment as part of the process.**

Tobacco Attestation Counseling Reminder



To ensure you receive credit for the office visit, upload the office visit summary from PCP office to the “Document Center” located in eBenefits, the Plan’s enrollment system, by the deadline.



- **Don't forget, Tobacco cessation counseling is available throughout the year!**
- If you're interested in tobacco cessation counseling at any point in the year, you can just GO to a PCP's office.

Tobacco Attestation Savings



	Enhanced PPO Plan (80/20)	Base PPO Plan 70/30
Subscriber-Only Monthly Premium	\$110	\$85
Attest to being a non-tobacco user or agree to and complete (by Nov. 30, 2022) at least one cessation counseling session to earn a monthly premium credit.	-\$60	-\$60
Total Monthly Subscriber-Only Premium (With Credit)	\$50	\$25

*Subscribers enrolled through the **Retirement Systems** that select the **Base PPO Plan (70/30)** do **NOT** need to complete the tobacco attestation.*

Enhanced PPO Plan (80/20) & Base PPO Plan (70/30) Benefits

2023 80/20 & 70/30 PPO Plans

Plan Design Features	Enhanced PPO Plan (80/20)	Base PPO Plan (70/30)
Deductible	\$1,250 Individual \$3,750 Family (Combined Medical & Pharmacy)	\$1,500 Individual \$4,500 Family (Combined Medical & Pharmacy)
Medical/Rx Out-of-Pocket (OOP)	\$4,890 Individual \$14,670 Family (Combined Medical & Pharmacy)	\$5,900 Individual \$16,300 Family (Combined Medical & Pharmacy)
Preventive Services	\$0	\$0
Primary Care Provider (PCP)	\$0 for CPP PCP on ID Card \$10 for non-CPP PCP on ID card \$25 for any other PCP	\$0 for CPP PCP on ID Card \$30 for non-CPP PCP on ID card \$45 for any other PCP
Specialist Copay	\$40 for CPP Specialist \$80 for other Specialists	\$47 for CPP Specialist \$94 for other Specialists
Speech, Occupational, Chiro and Physical Therapy Copay	\$26 for CPP Providers \$52 for other Providers	\$36 for CPP Providers \$72 for other Providers
Hospital & ER Copays	\$300 + Ded/Coins.	\$337 + Ded/Coins.

Copay Waiver for Insulin

- Members will continue to have a \$0 copay for Preferred and Non-Preferred Insulin.

Rx Tier	Enhanced 80/20	Base 70/30	HDHP
Tier 1 – Generics \leq \$150	\$5	\$16	Ded/Coins
Tier 2 – Preferred Brands & High-Cost Generics	\$30	\$47	Ded/Coins
Tier 3 – Non-Preferred	Ded/Coins	Ded/Coins	Ded/Coins
Tier 4 – Low-Cost Generic Specialty	\$100	\$200	Ded/Coins
Tier 5 – Preferred Specialty	\$250	\$350	Ded/Coins
Tier 6 – Non-Preferred Specialty	Ded/Coins	Ded/Coins	Ded/Coins
Preventive Medications	\$0	\$0	\$0
Preferred Diabetic Supplies	\$5	\$10	Coins
Preferred and Non-Preferred Insulin	\$0	\$0	\$0

Pharmacy Benefit Reminders

- CVS Caremark is the Pharmacy Benefits Manager for the State Health Plan. Remember that the Plan continues to maintain a customized closed formulary, or drug list.

Closed Formulary – In a “closed” formulary, certain drugs are excluded.

- The formulary is updated on a quarterly basis and members should always review it to see if there have been any coverage changes to their prescribed medications. The formulary is available on the Plan’s website at **www.shpnc.org**.
- An exception process is available to providers who believe that, based on medical necessity, it is in the members’ best interest to remain on the excluded drug(s).
- *Excluded drugs approved for coverage through the exceptions process will be at the tier 3 or tier 6 member cost-share level.*

Premium Rates

2023 Premium Rates

Monthly Premium Rates	2023 Rates *
Enhanced PPO Plan (80/20)	
Subscriber Only	\$50.00
Subscriber + Child(ren)	\$305.00
Subscriber + Spouse	\$700.00
Subscriber + Family	\$720.00
Base PPO Plan (70/30)	
Subscriber Only	\$25.00
Subscriber + Child(ren)	\$218.00
Subscriber + Spouse	\$590.00
Subscriber + Family	\$598.00

Assumes completion of tobacco attestation. The employee-only premium will be \$60 higher per month if the tobacco attestation is not completed. **NOTE: Base PPO Plan (70/30) for retiree-only coverage remains premium free.*

Member Resources

Extended Call Center Hours



- The Eligibility and Enrollment Support Center will have extended hours during Open Enrollment starting October 10:
 - Monday-Friday, 8 a.m. – 10 p.m.
 - Saturdays, 8 a.m. – 5 p.m.
- You are encouraged to NOT wait until the last minute to enroll! As we near the end of the enrollment period, call wait times will be longer than usual. Act early!

855-859-0966

Member Resources

- **ELIGIBILITY AND ENROLLMENT SUPPORT CENTER**
855-859-0966
- **CVS CAREMARK**
(PHARMACY BENEFITS)
888-321-3124
- **BLUE CROSS AND BLUE SHIELD OF NC**
(BENEFITS, CLAIMS)
888-234-2416

Thank You!

Questions?

This presentation is for general information purposes only. If it conflicts with federal or state law, State Health Plan policy or your benefits booklet, those sources will control. Please be advised that while we make every effort to ensure that the information we provide is up to date, it may not be updated in time to reflect a recent change in law or policy. To ensure the accuracy of, and to prevent the undue reliance on, this information, we advise that the content of this material, in its entirety, or any portion thereof, should not be reproduced or broadcast without the express written permission of the State Health Plan.