



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer



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State Health Plan 101 Webinar

The 70/30 Plan

January 29, 2020

A Division of the Department of State Treasurer

Topics for Today

- Understanding the State Health Plan
- Terms to Understand
- 70/30 Plan Features
- Preventive Services & Medications
- Out-of-Pocket Costs
- Financial Responsibility Examples
- Watchdog Tip



The State Health Plan: Understanding How it Works

The Plan utilizes a third-party administrator or TPA that is responsible for the provider network and processing your medical claims. Our current TPA is Blue Cross and Blue Shield of NC. But your medical claims are paid by the state, not Blue Cross.



The Plan also utilizes a pharmacy benefit manager or PBM that is responsible for providing a pharmacy network and processing your pharmacy claims. Our current PBM is CVS Caremark. But your pharmacy claims are paid by the state, not CVS.

70/30 Terms to Understand

Copayment

- This is the amount you will pay when you visit your Primary Care Provider (PCP) specialist, hospital or even when you pick up a prescription.

Deductible

This is the amount you are required to fulfill prior to the State Health Plan paying for any eligible services. The 70/30 Plan has a \$1,500 individual deductible.

Coinsurance

- This is the contracted 30% you will pay for any eligible services (medical or pharmacy). The Plan will pay 70% of the services once your deductible has been met.

Total Out-of-Pocket Maximum

- Consists of all the amounts you have paid out-of-pocket for copayments, including medical and pharmacy services (**new in 2020**). The 70/30 maximum is \$5,900. Once this amount is reached, the Plan will pay 100% of any additional services and copayments will cease.

70/30 Plan Features

- Under the 70/30 Plan, members pay 30% coinsurance for eligible in-network expenses.
- Members pay a copay for some services (i.e., office visits, urgent care or emergency room visits).
- **NEW for 2020, selected Primary Care Provider visit copay reduced if members sees PCP listed on ID card (\$45 down to \$30).**
- **NEW for 2020, preventive services will no longer require a copay or be subject to the deductible and coinsurance.**
 - For example, procedures like preventive colonoscopies performed in an outpatient setting will now be covered at 100%, which means no charge to the member.



2020 Preventive Services & Medications

- **New for 2020, preventative services and medications are covered at 100% on the 70/30 Plan!**
- Preventative care is an essential part of living healthier.
- It includes:
 - Screenings
 - Check-ups
 - Vaccinations
 - Patient counseling
 - Some medications (preventive)
- These services must be coded by the provider as such and performed at the in-network level to be paid at 100% (example: yearly exams, mammograms).
- Colonoscopy is covered when performed at an in-network, office setting and no polyps are removed.
 - If polyps are removed, then deductible and coinsurance will apply and for any future colonoscopy.
- **2020 preventive services and medications are listed on the State Health Plan website (www.shpnc.org) under Employee Benefits.**

2020 70/30 Plan

Plan Design Features	Cost Share Amounts
Deductible*	\$1,500 Individual \$4,500 Family
Medical/Rx Out-of-Pocket* (OOP)	\$5,900 Individual \$16,300 Family
Preventive	\$0
PCP/Selected PCP	\$45/\$30
Specialist Copay	\$94
Mid Tier Copays	\$72
Hospital & ER Copays	\$337 + Ded/Coins.
Rx- Tier1	\$16
Rx -Tier 2	\$47
Rx -Tier 3	Ded/Coinsurance
Rx – Tier 4	\$200
Rx – Tier 5	\$350
Rx – Tier 6	Ded/Coinsurance
Preferred Diabetic Supplies* (e.g. Test Strips, Lancets, Syringes, Needles) Preferred Diabetic Supply brand is OneTouch	\$10

Primary Care Provider Copay Reduction

- **70/30 Plan members have the opportunity for a lower copayment when visiting the Primary Care Provider (PCP) listed on their ID Card.**
 - If you see the PCP listed on your ID card, the copayment is **\$30!**
 - You can see any provider in the same practice and still have the lower copayment.
 - If you see a PCP not listed on your ID card, the copay will be \$45.

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Treasurer Dale R. Folwell, CPA

In-Network Member Copay

Selected PCP	\$10
PCP/Mental Hlth/Subst Abuse	\$25
Specialist	\$80
Phy/Occu/Spch Therapy/Chiro	\$52
Urgent Care	\$70*
ER	\$300 + Ded** & 20%*

* same for out-of-network
** Deductible

Blue e PPO

Subscriber: **JOHN SAMPLE 01**

Subscriber ID: **SMPL001**

Your Group
Date Issued: **01/01/2020** Group No: **SR1009**

RXBIN: **000000** RXPCN: **000** RXGRP: **000000**

Primary Care Provider (PCP)
Dr. PCP
123 Anywhere Street
123-456-7890

NC SHP Network 80/20 Plan
Paid for by **YOU** and other NC Taxpayers

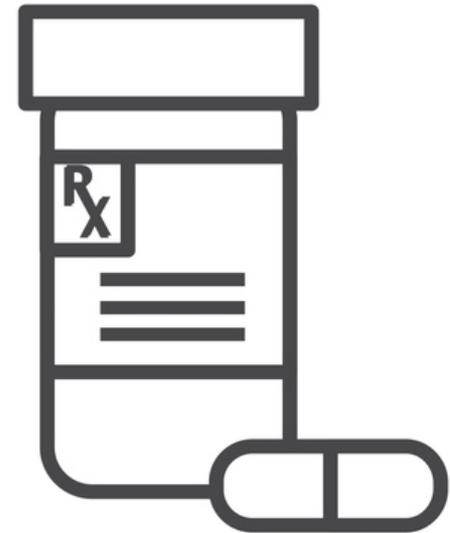
2020 Benefit Change – Combined Out-of-Pocket Max

- **New for 2020: Combined Out-of-Pocket Maximum**
 - Medical and pharmacy deductibles, copays and coinsurance are combined into one maximum out-of-pocket amount for member simplification.
 - Your total medical and pharmacy out-of-pocket costs will be applied to the \$5,900 out-of-pocket maximum.
 - **Once you reach \$5,900, the Plan will pay 100% of covered expenses for the rest of the benefit year!**



2020 Pharmacy Tiers

Pharmacy Tiers	70/30 Plan
<u>Drugs</u>	
Tier 1	\$16
Tier 2	\$47
Tier 3	Ded/Coins.
Tier 4	\$200
Tier 5	\$350
Tier 6	Ded/Coins.
Preferred Diabetic Supplies* (e.g. Test Strips, Lancets, Syringes, Needles). <i>Preferred Diabetic Supply brand is OneTouch</i>	\$10



Under Tier 3 and Tier 6 for non-preferred medications, the deductible will be met first, then coinsurance. This may result in higher out-of-pocket cost for you.

Financial Responsibility: Example 1

- You need to make a doctor's appointment, but your PCP listed on your ID card is not able to see you. However, there is another doctor in the same office that is available.
- What is your copay since you will not see your listed PCP?
 - \$30
 - You can see any provider within the same practice/office and the lower copay will apply.
 - If you see a doctor from a different location of your listed PCP, your copayment will be \$45.
- You can change your PCP at any time. It takes 5-7 business days for a new ID card to generate once you make the change.
 - Updates can be made within eBenefits, your online one stop for enrollment and benefit information, or by calling 855-859-0966.

Financial Responsibility: Example 2

- You have an outpatient surgery at an in-network location and you have been directed to take medication for 60 days during your recovery, which is a tier 3 medication.
- How do you determine what you may have to pay?
 - Ambulatory Surgical Services are subject to your deductible, which is \$1,500. Once you have met your deductible, you will pay 30% coinsurance.
 - Tier 3 medications are subject to your deductible, so you will be responsible for the full cost of the drug until you reach your \$1,500 deductible. Once you have met your deductible, you will pay 30% coinsurance.
 - The best way to determine if you have met your deductible is by logging into eBenefits to access Blue Connect or call Customer Service at 888-234-2416.

Watchdog Tip

- The Watchdog initiative is to encourage members to be educated health care consumers.
- Reviewing your Explanation of Benefits will allow you to view the price of the service, how much was billed to the Plan, your financial responsibility and how much you saved by using your Plan benefits.
- The same information is accessible within Blue Connect, which you can find by logging into eBenefits on the Plan website.

YOUR CLAIM SUMMARY
August 14, 2018

This Explanation of Benefits (EOB) shows how claims were processed by your plan. It is **NOT** a bill. It's a way to check that the care you received and the amount billed by your providers are accurate. Keep this for your records.

Subscriber Details
Name: XXXXX XXXXXXXXX
Subscriber ID: YYYXXXXXXXXXX
Plan: North Carolina State Health Plan

PAID FOR BY YOU AND OTHER NC TAXPAYERS

HAVE QUESTIONS?

- Visit www.shpnc.org
- Watch a video on how to read this EOB at www.shpnc.org
- Call **888-234-2416** (Monday – Friday, 8 a.m. – 6 p.m. ET)
Servicio al Cliente **888-234-2416** (Lunes – Viernes, 8 a.m. – 6 p.m. ET)
- TTY/TDD (for the speech and hearing impaired): **800-442-7028**

OVERVIEW

3 claims Processed by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Below is a total of those claims. You'll find information on each claim in the "Claim Details" section.

Total Amount Provider(s) Charged:	\$989.00	The original amount charged by the provider(s) you visited before any in-network discounts or State Health Plan payments were applied.
State Health Plan Member Savings:	\$830.00	You saved \$269.00 by using in-network providers. The State Health Plan paid \$561.00 towards the claims in this summary. Overall, being a State Health Plan member saved you 84% off the total amount charged.
What Provider(s) May Bill You:	\$159.00	The remaining amount after your discount and what your plan paid in benefits. (It may not reflect payments already made by you or another insurance company.) Your provider(s) may bill you directly for this amount.

TAKE NOTE:

- There is 1 alert code (look for the **!** icon in the "Claim Details" section).
- Find tools and resources at www.shpnc.org.

Be a State Health Plan Watchdog
Learn how at shpnc.org

Blue Cross NC provides administrative services only for this plan. Your plan sponsor retains sole responsibility for funding the claim payments. The information listed in the "Your Plan at a Glance" section across the most current benefit period information on your plan as of the date of this notice. The "Applied To/Order" will reflect the total amount applied throughout the benefit period on the plan. This amount may include all applied before and after any changes in benefits or dependents covered during the current benefit period.
Para obtener asistencia en español, comuníquese con el departamento de servicio al cliente al número que aparece en el registro de la página del sitio.



Thank You!

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.



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