



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



Preview of the Enrollment Workflow of the Benefitfocus Platform

Board of Trustees Meeting

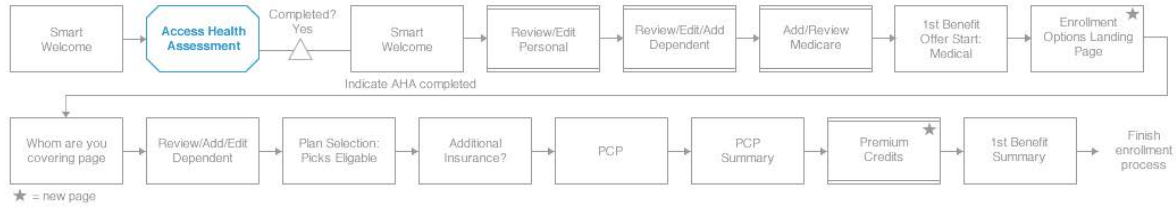
May 24, 2013

A Division of the Department of State Treasurer

Enrollment Workflow: Active/SHP Prime Retirees

Work is currently under way to integrate the premium incentives into the enrollment workflow. While the member experience will be slightly different on each platform (Benefitfocus and BEACON), both will offer the same options.

- Primary Care Provider (PCP) Election
 - The option to select a PCP will be presented during the enrollment workflow – once elected, the appropriate premium credit will be applied
 - If PCP(s) selected prior to enrollment, the appropriate premium credit will be applied
- Health Assessment (HA)
 - The option to take the HA will be on the welcome page and within the enrollment workflow
 - If the HA was completed in the appropriate timeframe prior to enrollment, the appropriate premium credit will be applied and the HA will not appear in the enrollment workflow
- Smoker Attestations
 - Smoker attestations will be included in the enrollment workflow and the appropriate premium credit will be applied if the attestation is affirmative



Let's get Started!

Success! Your Health Assessment has been completed!

Welcome, John!

You have new benefits being offered to you:

- You have **0 days** to elect your Current Enrollment benefits.
- You have **22 days** to elect your Open Enrollment benefits.

[Get Started](#)

An Important Note for You

Before beginning the enrollment process please make sure that you have the following information:

- The Social Security Number for any dependent that you may want to cover.
- Information regarding any other health insurance plan that you are covered, including the name of the insurance carrier, policy number and effective date of coverage.
- If you participate in Medicare, please have your Medicare number and effective date.

You have new benefits being offered to you:

- You have **22 days** to elect your Open Enrollment benefits.

My Basic Information
View and edit personal information

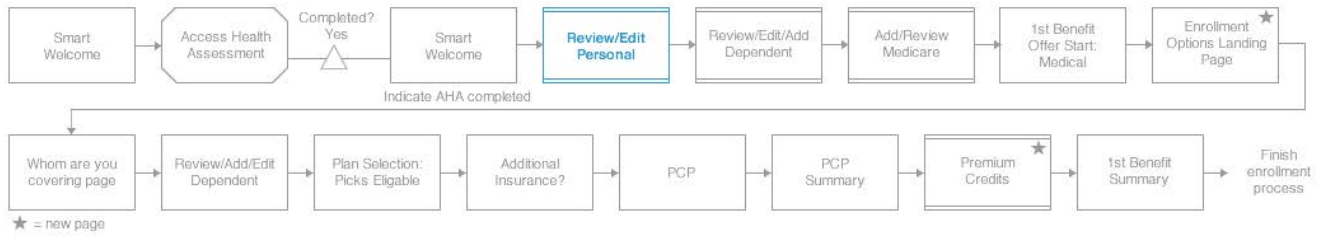
Summary of your Benefits
View a summary of your benefits

My Benefits
View and edit benefit information

My Beneficiary Form
View your beneficiary form

My Login Information
Edit Password

My Language Preferences
Edit your language preferences



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Tell us about yourself

Please provide us with your profile information.

Personal and contact information

First name * John Middle name Last name * Smith

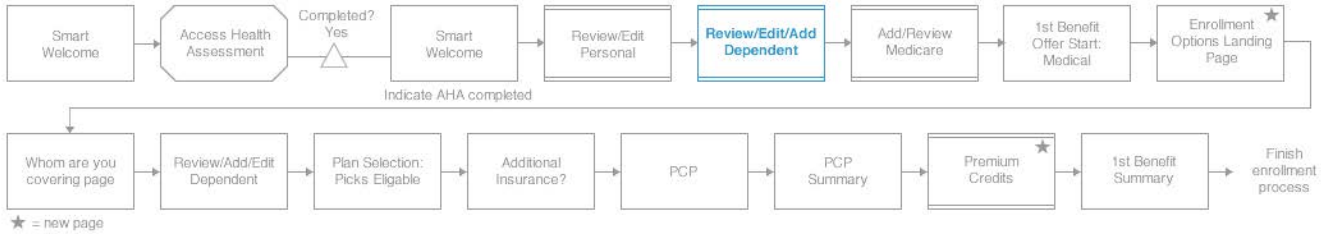
Date of birth * mm/dd/yyyy Gender * Male | Female Social security number XXX-XX-1234

Address line 1 * 123 Main St. Address line 2


City * Lorem ipsum State / province * SC

Country * USA Zip / postal code * 28414

Next Save Cancel



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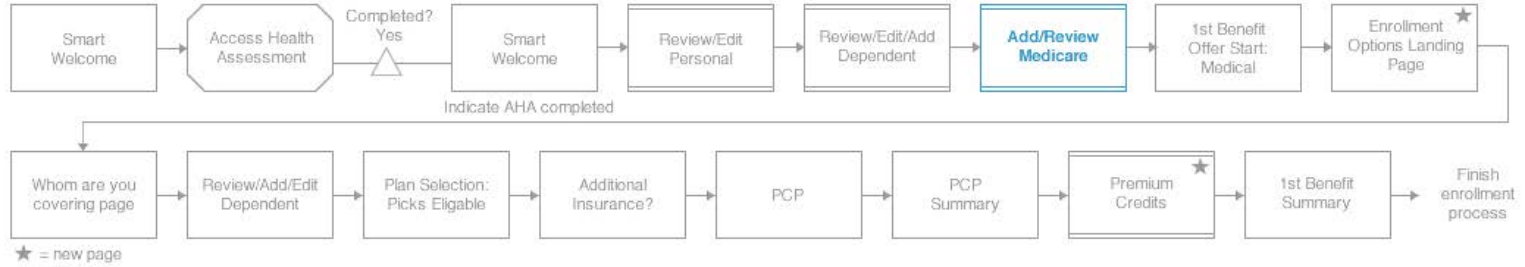
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Tell us about your dependents

Please fill out the information on anyone you wish to cover for any benefits. Once you start shopping for benefits, you can add or remove your dependents based on what coverage you would like them to have.

Dependent information ?

| | | |
|--|--|--|
| <p>First name *</p> <input type="text" value="Jessie"/> | <p>Middle name</p> <input type="text"/> | <p>Last name *</p> <input type="text" value="Smith"/> |
| <p>Date of birth *</p> <input type="text" value="mm/dd/yyyy"/> | <p>Gender *</p> <p><input type="radio"/> Male <input checked="" type="radio"/> Female</p> | <p>Social security number</p> <p>XXX-XX-1234</p> |
| <p>Address line 1 *</p> <input type="text" value="123 Main St."/> | <p>Address line 2</p> <input type="text"/> | |
| <p>City *</p> <input type="text" value="Lorem ipsum"/> | <p>State / province *</p> <input type="text" value="SC"/> | |
| <p>Country *</p> <input type="text" value="USA"/> | <p>Zip / postal code *</p> <input type="text" value="28414"/> | |



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Medicare

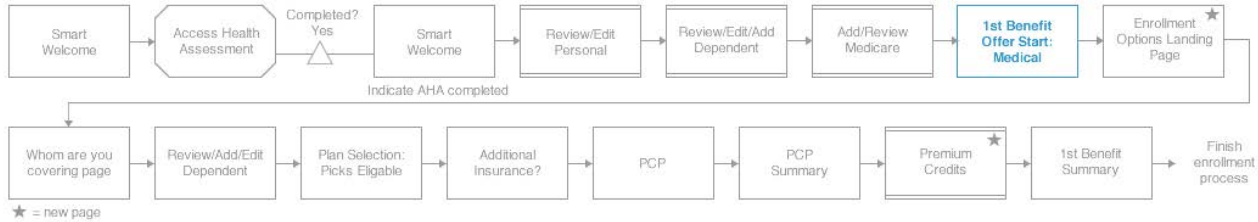
Please provide Medicare information if applicable.

Medicare information ?

Are you or any of your dependents covered by Medicare?

No
 Yes

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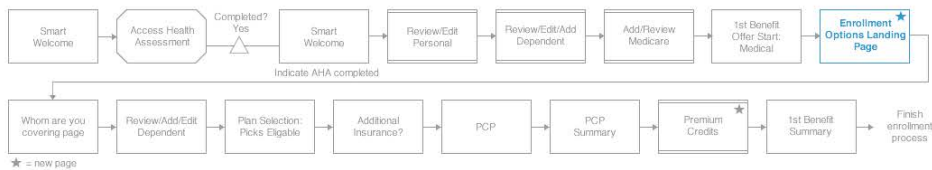
Welcome to Open Enrollment!

Please click Start section to complete your Medical Offer section.

My Current Benefits My Open Enrollment Benefits

- 1 Medical Offer** Start section
 Section Incomplete - Please complete by 10/31/2013
You are being offered the following options
 Medical
- 2 Dental Offer**
 Section Incomplete - Please complete by 10/31/2013
You are being offered the following options
 Dental
- 3 Life Offer**
 Section Incomplete - Please complete by 10/31/2013
You are being offered the following options
 Life
 AD&D

Log out



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Health plan comparison

Compare state health plan options for active and non-Medicare primary retirees below.

| Premium | Traditional 70/30 plan | Enhanced 80/20 plan | Consumer directed health plan (CDHP)* |
|---------------------------------|------------------------|---------------------|---------------------------------------|
| Employee only premium base | \$0 | \$25 | \$0 |
| Employee only premium surcharge | \$0 | \$40 | \$40 |
| Total employee only premium | \$0 | \$65 | \$40 |

Wellness premium credits

| | | | |
|--|-----|------|------|
| Employee (and spouse, if covered on plan) attest to not smoking | N/A | \$20 | \$20 |
| Each family member selects a primary care provider at time of enrollment | N/A | \$15 | \$10 |
| Employee completes health assessment | N/A | \$15 | \$10 |
| Premium total credits | N/A | \$50 | \$40 |

Total premium with credits applied

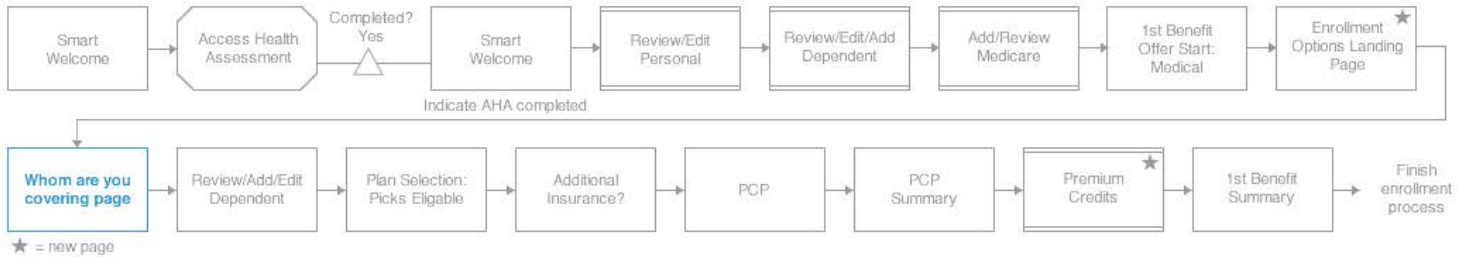
| | | | |
|----------------------|------------|-------------|------------|
| Employee only | \$0 | \$15 | \$0 |
|----------------------|------------|-------------|------------|


Wellness incentives

| | | | |
|-------------------------|--|--|--|
| PCP Office Visit | \$35 copay <i>(incentives do not apply to this plan)</i> | \$30 copay or \$15 copay when using PCP listed on their ID card** | \$15 credit into HRA fund account when using PCP listed on ID card** |
| Specialist Office Visit | \$81 copay <i>(incentives do not apply to this plan)</i> | \$70 copay copay reduced by \$10 when a Blue Options designated provider is utilized | \$10 credit into HRA fund account when using a Blue Options designated provider |
| Inpatient Hospital Stay | \$291 30% after deductible <i>(incentives do not apply to this plan)</i> | \$233 copay after deductible or \$0 copay when a Blue Options designated hospital is utilized | \$50 credit into a HRA fund account when using a Blue Options designated provider |


*The Consumer Directed Health Plan (CDHP) is a High Deductible Health Plan (HDHP) in which copays do not apply. Each employee in the CDHP will receive \$500 in a Health Reimbursement Account (HRA). Employees with one dependent will receive \$1,000 in their HRA and employees with two or more dependents will receive \$1,500 in their HRA. New members who elect the CDHP with an effective date after January 1, 2014 will receive a prorated amount in their HRA. HRA funds will automatically be used to offset the member's out-of-pocket expenses. Once the HRA reaches a \$0 balance, deductibles and coinsurance will apply.

**A Primary Care Provider (PCP) must be selected by the end of annual enrollment, initial enrollment, or during a qualifying event enrollment to meet requirements for the copay reduction. Members electing a PCP for the first time after these periods will not be eligible for the copay reduction until the next plan year.





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Medical: Whom do you want to cover?

Choose from your list of dependents below.

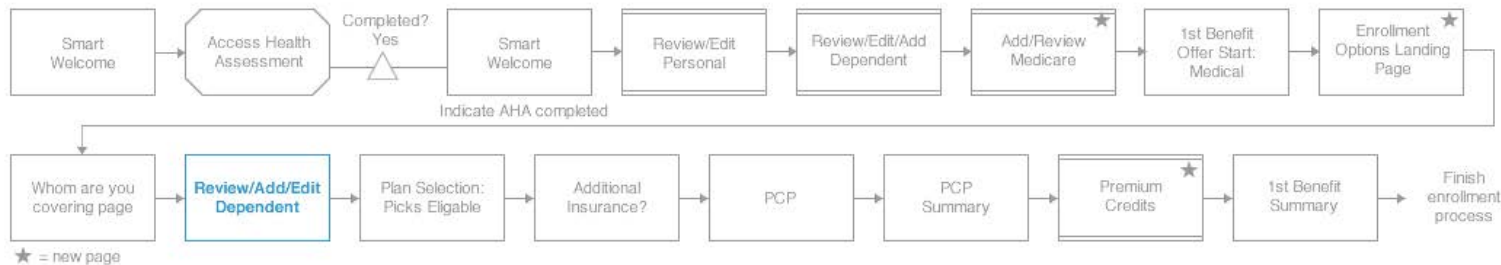
| Name | Relationship | Date of birth | Gender | |
|--|--------------|---------------|--------|----------------------|
| John Smith | Subscriber | 01/25/1975 | Male | |
| <input checked="" type="checkbox"/> Jessie Smith | Child | 10/21/1981 | Female | Edit |
| <input checked="" type="checkbox"/> Johnny Smith | Child | 01/02/2011 | Male | Edit |

+ Add dependent

Next

Save

Cancel



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Review requirements to add this dependent

Additional information is needed about this dependent

| Name | Relationship | Date of birth | Gender |
|--------------|--------------|----------------|--------|
| Johnny Smith | Child | 10 / 26 / 2012 | Male |

In order to be covered, a child or student must meet both of the following requirements:

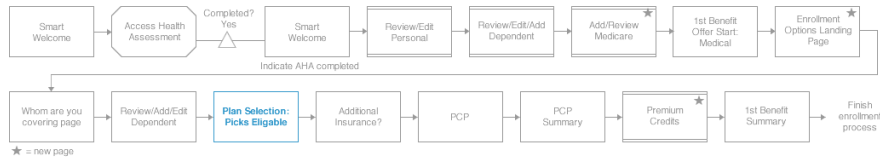
- Be a naturally, legally adopted or foster child for whom you are a court appointed guardian
- Not eligible for their own employer sponsored health coverage

Are the above requirements met?

No, this dependent does not meet the above requirements.

Yes, this dependent meets the above requirements.

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Medical

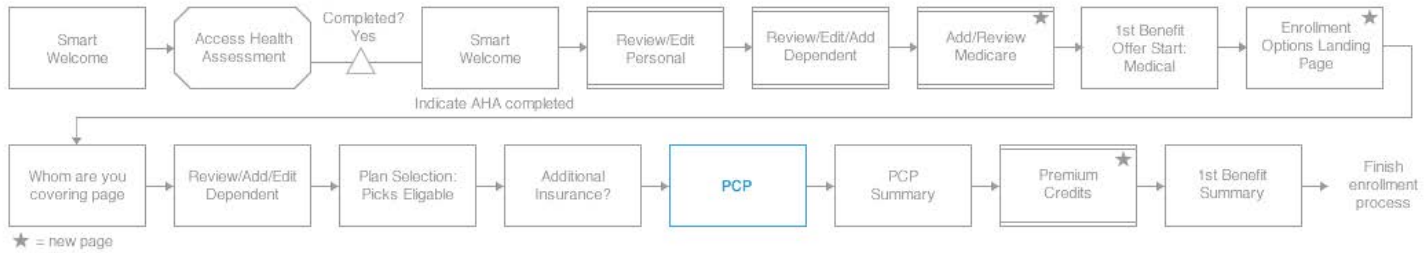
Please select your plan.

Costs based on Persons covered: John Smith, Jessie Smith, Johnny

Uniform Summary of Coverage

Summary of Benefits and Coverage
Access this link to view the Uniform Summary of Coverage documents for your plan.

| Plan Name | Monthly Premium | Key Features |
|--------------------------------------|---|--|
| Traditional 70/30 PPO Plan | \$207.37 per month <i>Rate does not reflect wellness premium credits</i> | <ul style="list-style-type: none"> Preventive Care: \$35 Copay Office Visit Copay: \$35 Copay Specialist Visit Copay: \$81 Copay Benefit Year Deductible: \$933 Individual/\$2,799-Family Inpatient Service Copay: \$291 copay, then 30% after deductible Emergency Room Copay: \$291 copay, then 30% after deductible |
| Enhanced 80/20 PPO Plan | \$275.70 per month <i>Rate does not reflect wellness premium credits</i> | <ul style="list-style-type: none"> Specialist Visit Copay: \$70 Copay <i>Copay reduced by \$10 when Blue Options Designated Provider utilized</i> Inpatient Hospital: \$233 Copay after deductible <i>or \$0 Copay when Blue Options Designated Hospital utilized</i> Emergency Room Copay: \$233 Copay after deductible <i>or \$0 Copay when Blue Options Designated Hospital utilized</i> |
| Consumer Directed Health Plan | \$186.63 per month <i>Rate does not reflect wellness premium credits</i> | <ul style="list-style-type: none"> Preventive Care: \$0 Copay Benefit Year Deductible: \$1500 Individual/\$4500 Family <i>HRA Account balances may offset deductible</i> Office Visit Copay: Deductible/15% Coinsurance <i>Earn \$1.5 in HRA when utilize PCP</i> Specialist Visit Copay: Deductible/15% Coinsurance <i>Earn \$1.0 in HRA when utilize Blue Options Designated Specialist</i> Inpatient Hospital: Deductible/15% Coinsurance <i>Earn \$5.0 in HRA when utilize Blue Options Designated Hospital</i> |



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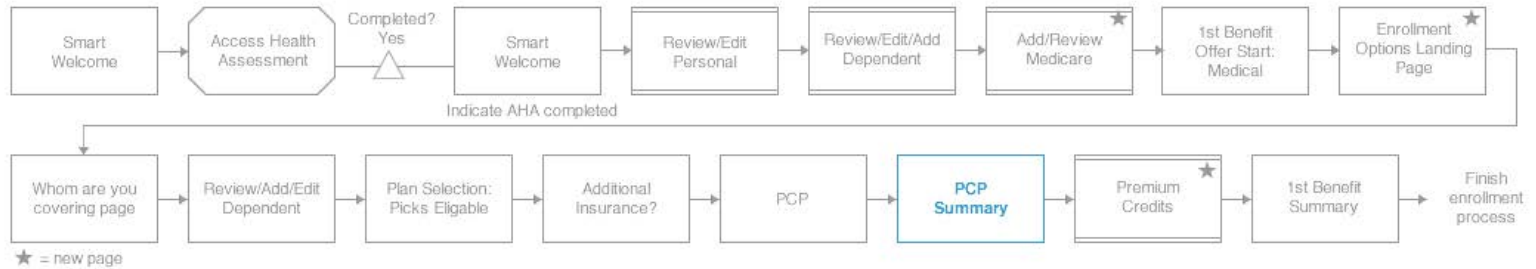
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Medical: PCP

Search from the list of providers to enter your PCP Code.

| *PCP Code | PCP Name |
|---|---------------------------------------|
| John Smith | <input type="text"/> |
| | <input type="button" value="Search"/> |
| * | |
| Do you and your dependents use the same provider? | |
| <input type="text" value="No"/> | |
| Johnny Smith | <input type="text"/> |
| | <input type="button" value="Search"/> |
| * | |
| Jessie Smith | <input type="text"/> |
| | <input type="button" value="Search"/> |
| * | |



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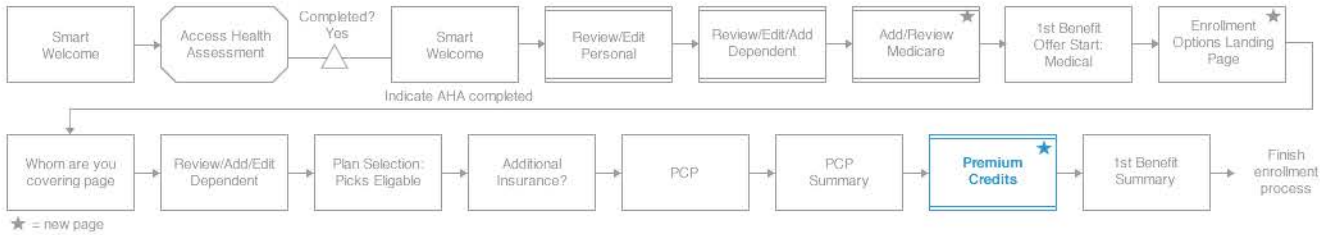
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Medical: PCP

Provider summary

| | PCP Code | PCP Name | Last Effective Date |
|--------------|-----------------------|-----------------|---------------------|
| John Smith | 310NCB2_____19281__01 | Joseph Bruckert | N/A |
| Johnny Smith | 310NCB2_____19281__01 | Joseph Bruckert | N/A |
| Jessie Smith | 310NCB2_____19281__01 | Joseph Bruckert | N/A |

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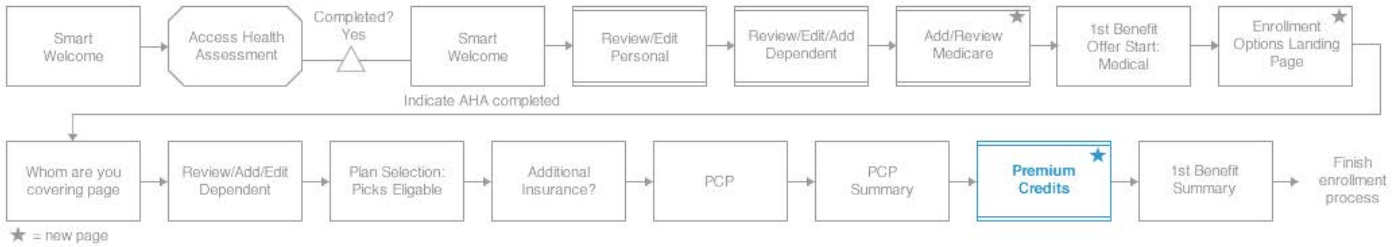
Premium credits

Please complete the activities below to receive premium credits.

| | |
|--------------------------------|--------------------------------|
| ▶ Primary Care Provider | Credit amount \$15.00 ✓ |
| ▶ Health Assessment | Credit amount \$15.00 ✓ |
| ▼ Smoker Attestation | ? |

I and, if applicable, my spouse are not tobacco smokers or promise to participate in a tobacco smoking cessation program, during this benefit year.

I understand that making a false statement, representation or attestation to the Plan could result in my termination from the Plan and that by attesting to my tobacco status I am also agreeing to cooperate with the Plan in any efforts to verify that status.



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Premium credits

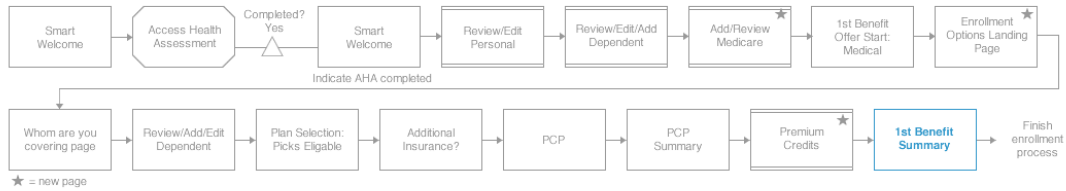
Please complete the activities below to receive premium credits.

| | |
|-------------------------|-------------------------|
| ▶ Primary Care Provider | Credit amount \$15.00 ✓ |
| ▶ Health Assessment | Credit amount \$15.00 ✓ |
| ▼ Smoker Attestation | Credit amount \$20.00 ✓ |

Congratulations, your credit has been applied!

I and, if applicable, my spouse are not tobacco smokers or promise to participate in a tobacco smoking cessation program, during this benefit year.

I understand that making a false statement, representation or attestation to the Plan could result in my termination from the Plan and that by attesting to my tobacco status I am also agreeing to cooperate with the Plan in any efforts to verify that status.



★ = new page

Additional Insurance [Edit](#)

None

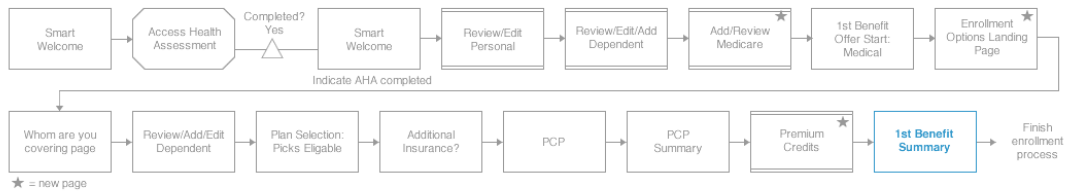
Medicare [Edit](#)


None

Dependents [Edit](#)

| Name | Relationship | Status |
|--------------|--------------|--------|
| Johnny Smith | Child | |
| Jessie Smith | Child | |

To edit a person's Name or SSN, click the person's name.





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SHP Medical

Medical summary

Your 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.

 Important Note



Medical

Medical: Accepted [Edit](#)

Plan: Enhanced 80/20 PPO Plan [Edit](#)

Coverage Level: Employee and Children

Your Cost: \$225.78 per pay period

| | | |
|-----------------------|---------|---|
| Primary Care Provider | \$15.00 | ✔ |
| Health Assesment | \$15.00 | ✔ |
| Smoker Attestation | \$20.00 | ✔ |

Primary Care Provider: John Smith: Joseph Bruckert, Code 310NCB2 _____ 19281__01
Johnny Smith: Joseph Bruckert, Code 310NCB2 _____ 19281__01

Jessie Smith: Joseph Bruckert, Code 310NCB2 _____ 19281__01 [Edit](#)

Effective Date: 01/01/2014 [Edit](#)

Additional Insurance [Edit](#)

None

Medicare [Edit](#)

None

Dependents [Edit](#)

| Name | Relationship | Status |
|--------------|--------------|--------|
| Johnny Smith | Child | |
| Jessie Smith | Child | |

To edit a person's Name or SSN, click the person's name.

CART SUMMARY

This is a summary of your current benefit elections.

Recurring Deductions (monthly)

| | |
|-----------------------------|-----------------|
| Medical | \$275.78 |
| Primary Care Provider | -\$15.00 |
| Health Assesment | -\$15.00 |
| Smoker Attestation | -\$20.00 |
| Dental | |
| | \$20 |
| Life | |
| | \$10 |
| AD & D | |
| | \$1 |
| Recurring Deductions | \$256.78 |

Save

Log out

Cancel

Enrollment Preview: Split Contracts

One of the most complex elements of the enrollment process is managing “split contracts,” where one or more family members are eligible for SHP Primary benefits and other family members are eligible for Medicare Primary benefits.

Split Contract Enrollment Rules:

- When the retiree and dependents are both Medicare Primary or both SHP Primary, the dependents’ enrollments will match the retiree’s enrollment. There is one exception to this rule. When all Medicare Primary retiree family members enroll in an MA-PDP plan and CMS “dis-enrolls” one family member, the “dis-enrolled” family member will be enrolled in the Traditional 70/30 PPO Plan.
- When the retiree and dependents are split between Medicare Primary and SHP Primary, the Medicare Primary members will only be offered the Medicare Primary options. The SHP primary members will only be offered the SHP Primary options. If there are multiple dependents on a separate contract from the retiree, all the dependents must elect the same option.
 - Example:
 - Retiree is Med Prime and is offered the 4 MA-PDP plans and the Traditional 70/30 plan – Retiree elects the Enhanced MA-PDP Plan
 - Dependents are SHP Prime and are offered the Enhanced 80/20 Plan, the CDHP and the Traditional 70/30 PPO Plan - Dependents elect the CDHP

Auto-Enrollment Rules for Retirees Turning 65 or Entering the Retirement System at Age 65 or Older

- **Retirees/Dependents Turning 65** – No other family member Medicare Primary
 - Auto-Enrolled in a base MA-PDP 90 days prior to effective date and offered to elect any of the 5 available options – Final election must be made 30 days before the effective date.
- **Retirees/Dependents Turning 65** – Family member(s) already Medicare Primary
 - Auto-Enrolled into the same plan as other Medicare Prime family members. Notified of the enrollment and advised of the options available at the next open enrollment.
- **Active Member or New Retiree coming into the Retirement System 65 or older**
 - **Retirees with at least 60 days notice** – Auto-Enrolled in a base MA-PDP and offered to elect any of the 5 options – Final election must be made 30 days before the effective date.
 - **Retirees with less than 60 days notice** – Auto-Enrolled in the Traditional 70/30 PPO Plan and advised of the options available at the next open enrollment.

Next Steps: Plan Designs and Enrollment

Multiple workgroups and work-streams in progress

- Wellness Incentive Enrollment front-end web requirements
- Medicare Primary Enrollment front-end web requirements
- Health Assessment Connectivity between ActiveHealth Management, BEACON and Benefitfocus
- In- and outbound file enhancement or new implementations between Benefitfocus and
 - BCBSNC
 - Humana
 - UHC
 - COBRAGuard
 - Retirement System
- Inbound file transfers from BEACON to Benefitfocus
- HRA Integration
- ESI/BCBSNC Integration for CDHP
- Enhanced ID Cards to reflect Wellness Incentives and Blue Options Rewards
- New Billing Process in development to support Medicare Advantage
- Payroll requirements and testing for Benefitfocus groups with eLinks for Community Colleges, UNC University System, Charlotte Mecklenburg Schools, NC Housing & Finance
- Implementation of the Total Compensation Tool – Approximately 75 Benefitfocus groups