

**From:** Beth Horner  
**Sent:** Thursday, November 14, 2013 2:04 PM  
**To:** Mona Moon; Lotta Crabtree (Lotta.Crabtree@nctreasurer.com)  
**Cc:** Lorraine Munk (Lorraine.Munk@nctreasurer.com)  
**Subject:** FW: Request-Consideration of Changes to State Health Plan  
**Attachments:** consideration-change-to-benefits.pdf; Proposal to the Board of Trustees-SHP Nov. 2013.docx

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Categories:** BOT

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**From:** Edmund Regan [<mailto:eddie@ncrgea.com>]  
**Sent:** Thursday, November 14, 2013 1:55 PM  
**To:** SHPNC Board  
**Cc:** Lorraine Munk  
**Subject:** Request-Consideration of Changes to State Health Plan

Members of the SHP Board of Trustees:

Please find attached our form requesting an opportunity to present a proposed change to the State Health Plan. We also have included additional background in support of our request.

Please contact me if you have questions. Thank you for your consideration.

Ed Regan  
Executive Director  
North Carolina Retired Governmental Employees' Association

Phone: 919-834-4652 or 1-800-356-1190

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<b>DST Reference:</b>	<b>SHP-PRO-7001-SHP</b>
<b>Title:</b>	<b>Procedure - Requests for Benefit Changes</b>
<b>Cross Reference:</b>	<b>n/a</b>
<b>Chapter:</b>	<b>State Health Plan Board of Trustees</b>
<b>Current Effective Date:</b>	<b>November 6, 2013</b>
<b>Revision History:</b>	
<b>Original Effective Date:</b>	<b>November 6, 2013</b>

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**Applies to:** NC Department of State Treasurer – SHP Division

**Keywords:** Board of Trustees, benefits, coverage, presentation, meeting, changes

### **Purpose**

The purpose of this procedure is to provide a process for the public to communicate with the State Health Plan Board of Trustees regarding requests for changes to member benefits coverage. This procedure is specifically targeted towards groups or individuals that may represent the interest of certain segments of State Health Plan membership as it relates to their health and health care.

### **Related Statutes, Rules, and Policies**

The By-Laws for the North Carolina State Health Plan Board of Trustees provide that one meeting per year will be used to review requests made by individuals or groups for changes in benefits under the State Health Plan.

### **Procedure**

In fulfilling its mission to improve the health and health care of North Carolina teachers, state employees, retirees, and their dependents, this procedure establishes a forum for individuals or groups to propose changes in benefits coverage to the State Health Plan Board of Trustees. The Board of Trustees will designate one meeting per calendar year to review requests for changes in benefits coverage that are submitted by the public in accordance with this procedure.

## Implementation

- Individuals or groups wishing to request changes to benefits must complete a “*Request Form for Board of Trustee Consideration of a Change to SHP Benefits.*” The required form is attached to this procedure as Appendix A.
- Request forms should be submitted by email to [SHP.Board@nctreasurer.com](mailto:SHP.Board@nctreasurer.com) or mailed to: NC State Health Plan Board of Trustees, 4901 Glenwood Avenue, Suite 300, Raleigh, NC 27612-3638.
- The Board of Trustees will designate one meeting each calendar year to review requests. Not all requests may be reviewed at the meeting; whether or not a request will be reviewed at the designated meeting is at the discretion of the State Treasurer.
- Requestors will be allowed to present or address the Board of Trustees at the discretion of the State Treasurer.
- If the requestor will be allowed to address the Board of Trustees regarding the request, notice of the time and place of the meeting will be provided to the requestor at least one week before the designated Board of Trustees meeting.
- Requests submitted to the Board of Trustees for consideration in no way obligates the State Treasurer to allow the requestor to address the Board of Trustees or make changes to benefits.

## Revision History

Version/Revision	Date Approved	Description of Changes
V1.0	11/6/13	Initial Procedure

*For questions or clarification on any of the information contained in this policy, please contact the procedure owner or designated contact point: [Lotta.Crabtree@nctreasurer.com](mailto:Lotta.Crabtree@nctreasurer.com). For general questions about department-wide policies and procedures, contact the DST Policy Coordinator: [Sandra.Johnson@nctreasurer.com](mailto:Sandra.Johnson@nctreasurer.com).*

APPENDIX A

**Request Form for Board of Trustee Consideration of a Change to SHP Benefits**

This form is to be used by individuals or groups that would like to propose new benefits coverage or request changes to benefits already covered by the State Health Plan. Please read the Procedure – Requests for Benefits Changes, SHP-PRO-7001-SHP for more information regarding these types of requests.

Please submit completed forms by email to [SHP.Board@nctreasurer.com](mailto:SHP.Board@nctreasurer.com) or mail to NC State Health Plan Board of Trustees, 4901 Glenwood Avenue, Suite 300, Raleigh, NC 27612-3638.

**Name of Requestor:**

**Contact Information (*phone, email, mailing address*):**

**Requested Change in Benefits Coverage:**

**Reason for Request:**

**Proposed Effective Date of Change:**

**Supporting Documentation (*Please provide documents to support your request; examples include research or studies regarding medical services, treatment or procedures, fiscal impact analyses if available, or petitions from members.*):**

**Would you like to speak with the Board of Trustees about this issue at a Board of Trustees meeting?**

The Board of Trustees reviews select requests annually at a regularly scheduled Board of Trustee meeting. For calendar year 2013, requests will be reviewed at the November meeting. For calendar year 2014, requests will be reviewed at the July meeting. Review of requests in no way obligates the State Treasurer to make changes to benefits.