





2025 State Health Plan Open Enrollment

Training for Health Benefit Representatives

Open Enrollment Dates Sept. 30-Oct. 25, 2024





Topics for Today

- Make Way for Aetna!
- HBR Role Prior to and during Open Enrollment
- Member Action for 2025
- Plan Options
- Premiums
- Enrollment Process Overview
- Finding a Provider
- Communicating Open Enrollment to Members
- HBR Resources









A new **TPA** is on the way.

- Aetna will become the State Health Plan's new Third-Party Administrator (TPA) on Jan. 1, 2025. Blue Cross NC is the Plan's current TPA.
- The State Health Plan's goal is to make the Aetna transition as seamless as possible.
- A few things to keep in mind regarding the 2025 State Health Plan benefits:
 - \checkmark No benefit changes
 - ✓No premium increases
 - ✓ New TPA
 - ✓ New ID Card
 - ✓ New 24/7 Nurse Line
 - ✓ New Teladoc services
 - Expanded disease and case-management program



Your Critical Role as an HBR

- HBRs are the main avenue through which members receive benefit information.
- You serve as ambassadors for the Plan.
- It is critical that you are knowledgeable about Plan changes prior to Open Enrollment.
- If you are well-prepared to handle questions, it will create a better member experience.
- Your role is to educate employees on benefits, NOT enroll them in the eBenefits system as eBenefits is a self-service system.
- Given that Open Enrollment will take place over FOUR weeks, it will be very IMPORTANT to approve tasks in a timely manner.



Action Required for Active Employees



 ALL active employees, including dependents, will be moved to the Base PPO Plan (70/30) effective Jan. 1, 2025.

- Employees will see this change when they log in to eBenefits during Open Enrollment.
- Subscribers MUST take action to enroll in the Enhanced PPO Plan (80/20) and reduce their premium in either the Base 70/30 or Enhanced 80/20 Plan.
- Failure to take action by Oct. 25 will result in:
 - Remaining on the Base PPO Plan (70/30) for 2025.
 - Paying more for subscriber-only premium for failure to complete the tobacco attestation.
- All members will need to RE-SELECT a Primary Care Provider (PCP) in order to keep enjoying lower copays when visiting that provider.



Reports & Enrollment Approvals



- It is important to utilize reports in eBenefits, such as the Employee Participation Report found under the Benefits tab.
 - You will need to select Medical in the Benefit Type (if applicable) and Open Enrollment in the Current Benefits/Open Enrollment drop down to identify members that still need to take action.
 - Members that have not yet taken action will have a blank in the field labeled DECLINATION_REASON.
- Changes are not sent to any vendors, including CVS and Aetna, until the task has been approved.
- The Task List report (Data & Reporting, Standard Reports, and Task List report) provides a list of tasks which requires attention.
- The Account Management team at Benefitfocus will provide updated OE Toolkit, which will include useful reporting.



New Enrollments During Sept. 29-Dec. 31, 2024

- Newly eligible/enrolling members during and after OE:
 - Will be automatically prompted to complete their OE elections
 - Must complete the tobacco attestation for 2024 and 2025
 - If applicable, they must visit a provider to complete at least one tobacco cessation counseling session and obtain their credit.
 - Will need to select a Primary Care Provider (PCP) for the remainder of 2024, which will be in the Blue Cross NC search tool, <u>AND</u> for 2025, which will be in the Aetna search tool.
 - Please advise new enrollees that they will receive two ID cards fairly close together and to use them at the appropriate times or they will not work.
- Please remember to set up new hires as quickly as possible to ensure they have the full 30 days to complete their enrollment.
- Just a friendly reminder that the New Employee Resources Center is available on the Plan's website! The 2025 version of the New Employee Kit will be posted sometime in November.



New Employee Resources

Welcome aboard! As a new employee, we're here to help you navigate through your State Health Plan options. This page includes resources to help you understand your plan options and how to enroll in benefits.

Dependent Eligibility Reminder

- Open Enrollment is the time to add/drop dependents and/or change plans.
- Outside of OE, there must be a Qualifying Life Event (QLE) to add/drop dependents within 30 days of the event.
- Dependent verification documentation is required for all dependents.
- It is the HBR's responsibility to ensure proper documentation is uploaded for all new dependents, including dependents added during OE!
- Mass approvals are not associated with dependent verification, so HBRs will still need to remind employees about their need for documentation and be responsible for approving them.
- These transactions should not be approved without proper dependent verification and/or QLE documentation.
 - Full list of required documents is on the Plan's website.
 - Documents should be uploaded and stored in eBenefits.
- As a reminder, while the Plan audits a large percentage of these actions on a monthly basis, HBRs cannot rely on the Plan's audits to find transactions without the proper documentation. The Plan will not approve an enrollment exception just because an Employing Unit has not collected proper documentation.
- Contact HBR Support at Benefitfocus or your Account Manager for help.

Qualifying Life Events & Dependent Eligibility

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

2025 Plan Options

The State Health Plan will continue to offer two plan options to active employees and non-Medicare retirees for 2025:

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

Members can reduce their employee premium by completing the tobacco attestation in both plans.



2025 Open Enrollment Tobacco Attestation Activity



- Subscribers can attend a tobacco cessation counseling session at a provider's office that offers this service for *free* to lower their 2025 employee-only premium by \$60.
 - If they combine their tobacco cessation visit with another service, there may be a copay.
- To earn the \$60 premium credit, subscribers may complete the tobacco cessation counseling session between July 1 and Nov. 30, 2024. They do not have to wait until Open Enrollment!
- Please note this action is only for tobacco users who want to reduce their 2025 premium. If the subscriber is a non-tobacco user, they will simply attest to that fact during the Open Enrollment.
- To ensure subscriber receives credit for visit, please encourage them to upload their provider office visit summary to the "Document Center" located in eBenefits, the Plan's enrollment system. They should make sure they request a copy of their summary during their visit.
- If a member is interested in receiving a tobacco cessation counseling session at any point in the year, they can just GO to a provider's office at no charge.



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 visit a provider (by Nov. 30, 2024) for 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 <u>Retirement Systems</u> that select the <u>Base 70/30 Plan</u> do NOT need to complete the tobacco attestation.



2025 Benefits – Enhanced 80/20 Plan

No major benefit changes for 2025.

Plan Design Features	Enhanced 80/20 Plan
Deductible	\$1,250 Individual \$3,750 Family (Combined Medical & Pharmacy)
Medical/Rx Out-of-Pocket* (OOP)	\$4,890 Individual \$14,670 Family (Combined Medical & Pharmacy)
Preventive	\$0
PCP	\$0 for CPP PCP on ID Card \$10 for non-CPP PCP on ID card \$25 for any other PCP
Behavioral Health Provider	\$0 CPP Provider \$25 non-CPP Provider
Specialist Copay	\$40 for CPP Specialist \$80 for other Specialists
Speech, Occupational, Chiro and Physical Therapy Copay	\$26 for CPP Providers \$52 for other Providers
Urgent Care	\$70
Hospital & ER Copays	\$300 + Ded/Coins.
Teladoc	\$25



2025 Benefits – Base 70/30 Plan

No major benefit changes for 2025.

Plan Design Features	Base 70/30 Plan
Deductible	\$1,500 Individual \$4,500 Family (Combined Medical & Pharmacy)
Medical/Rx Out-of-Pocket* (OOP)	\$5,900 Individual \$16,300 Family (Combined Medical & Pharmacy)
Preventive	\$0
PCP	\$0 for CPP PCP on ID Card \$30 for non-CPP PCP on ID card \$45 for any other PCP
Behavioral Health Provider	\$0 CPP Provider \$45 non-CPP Provider
Specialist Copay	\$47 for CPP Specialist \$94 for other Specialists
Speech, Occupational, Chiro and Physical Therapy Copay	\$36 for CPP Providers \$72 for other Providers
Urgent Care	\$100
Hospital & ER Copays	\$337 + Ded/Coins.
Teladoc	\$45
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STATE TREASURER OF NORTH CAROLINA DALE R. FOLWELL, CPA

2025 Pharmacy Benefits

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

Cost is for a 30-Day Supply



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.
- 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).
- Exception requests for tier level changes are not permitted.

Excluded drugs approved for coverage through the exceptions process will be at the tier 3 or tier 6 member copay level.



High Deductible Health Plan (HDHP) Enrollment

- No benefits changes in the HDHP for 2025.
- Employees selecting the HDHP will enroll through eBenefits.
- Employees that are currently enrolled and are still eligible do not need to take action unless they need to update their dependents. They will be automatically re-enrolled.
- The HDHP features a higher deductible than other traditional medical and pharmacy benefit plans.
- Employees should check with HBRs to confirm their eligibility prior to enrolling.
- Employees eligible for this plan will click eBenefits at the top of the State Health Plan home page, then register with a username and password before enrolling.





2025 Premium Rates

Monthly Premium Rates	2025 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







2025 Premium Rates (High Deductible Health Plan)



Monthly Premium Rates	2025 Rates
HDHP	
Subscriber Only	\$96.00
Subscriber + Child(ren)	\$284.00
Subscriber + Spouse	\$513.00
Subscriber + Family	\$617.00



Employer Contributions

- The monthly employer contributions below will be effective Jan.
 1, 2025, which means they should be reflected in December payroll deductions.
 - Active Employer Contribution Rate: \$674.62
 - . Retiree Employer Contribution Rate: \$452.08
 - Non-Permanent Full-time Employer Rate (HDHP): \$184.36
- Premium rate sheets will be posted to the State Health Plan's website in July. As a reminder, the current monthly employer contribution rate for active employees is \$674.54, which is only an eight-cent difference.



- Members will receive their NEW ID card in late November-December.
- Cards will include:
 - new TPA logo
 - new member ID number
 - new group number
 - new contact phone numbers
 - new network name
- Beginning Jan.1, 2025, 2024 ID cards will no longer work at provider offices or pharmacies.
- The Plan will be communicating that change during Open Enrollment.
- ID card mailing will include the Aetna-specific new programs members will have access to. Members will have access to these services as of Jan. 1, 2025. They will need their new 2025 State Health Plan ID card from Aetna to register.

Stote Health Plan FOR TRACHES AND STATE EMPLOYEES A Division of the Department of State Treasurer JOE SAMPLE D: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Provider Type Nor Selected PCP* \$0\$\$10 Phy/Occ/Spch Thpy/Chiro \$26\$\$52 Specialist \$40\$\$80 Behavioral Health \$0\$\$\$22 Urgent Care \$70 Hosp/ER \$300 + Ded & 20%
Group No: Eff Date: XXXXXXX 01/01/2025	"If PCP not selected, in-network copay \$25 "CPP: Clear Pricing Project
Enhanced PPO Plan (80/20) NC SHP Network Choice POS II	Ind Deductible \$ 1,250 \$ 2,50 Ind OOP Max \$ 4,890 \$ 9,78 Family Deductible \$ 3,750 \$ 7,50 Family OOP Max \$14,670 \$29,34
RXBIN: RXPCN: RXGRP:	Primary Care Provider (PCP) PCP Name Prints Here
	North Carolina NAF

Third Party Administrator:	Pharmacy Benefits Administrator:
enefits & Claims Number	1-833-690-1037
ligibility & Enrollment	1-855-859-0966
Behavioral Health	1-800-424-4047
Provider Relations/Precert	1-888-632-3862
harmacy Help Desk	1-800-364-6331
CVS Caremark	1-888-321-3124
etna Life Insurance Company	
ubmit Claims To:	Talk to a doctor 24/7:
O Box 14079	1-855-TELADOC or Teladoc.com
exington, KY 40512-4079	www.SHPNC.org
etna provides administrative services only for the laims may be subject to review. Members are re nd/or outpatient services for non-participating pro	e self funded plan, and assumes no financial risk for claims. sponsible for obtaining the prior review/cert for professional oviders.

New ID Card

Medicare Retiree Plan Changes



2025 Medicare Retiree Plan Options

- Medicare retirees will have the following plan options for 2025:
 - Humana Medicare Advantage Base Plan (90/10)
 - Humana Medicare Advantage Enhanced Plan (90/10)
 - Base PPO Plan (70/30) administered by Aetna
- Medicare Primary members enrolled in either the Humana Medicare Advantage Base or Enhanced Plan will remain in that plan.
- Medicare Primary members enrolled in the Base PPO Plan (70/30) will be moved to the Humana Base Plan unless they enroll in the Base PPO Plan (70/30).
- If members would like to be enrolled in a different plan, or need to add a dependent, they will need to take action during Open Enrollment.
- Encourage your retirees to attend in-person Medicare Outreach meetings in September & October. Webinars and telephone town halls will also be available.

Important Note:

Members are not able to edit/add Medicare information; they must call the Eligibility and Enrollment Support Center or have their HBR update it.



Group Premium Billing Update



Group Premium Billing and TPA Services Transition Update

- Group premium billing will be transitioning from the current thirdparty administrator (TPA), Blue Cross NC, to the Plan's billing vendor, iTEDIUM.
- iTEDIUM hosted training opportunities regarding these changes.
- Aetna becoming the TPA in 2025 is not related and does not affect the group premium billing transition.
- August will be the last time Blue Cross NC issues group premium bills in eBilling for the Plan.
- Login information for the new billing platform will be provided AFTER the HBR attends training. HBRs will be expected to log in, monthly, to the new billing portal to reconcile their monthly invoice.
- September will be the first month the premium bills are issued by iTEDIUM.
- Group premium bills will be due Oct. 1. For those that still mail checks: remember to update the remittance address.



Invoices

- Bill generation at iTEDIUM will occur on the same day of the month as your current invoice with Blue Cross NC. January invoices will run on your normal invoice date.
- The process for changing your bill generation date is:
 - Request must be sent to: GroupBilling@itedium.com and will be received in iTEDIUM's ticket system (Zendesk).
 - HBR will receive an automated email from iTEDIUM's ticket system acknowledging receipt of request. Request should be received at least 5 business days prior to the current bill generation date.
 - Account must be in good standing and paid current.
- For changes to invoice dates, Groups will indicate on request if the invoice date change is a one-time occurrence, or for a specified period of time, or if it will be for all future billing.
- Each employing unit will receive a new group number. There will also be changes on the monthly premium invoices. Benefit packages will be replaced with new values.
- W-9 information remains the same as it is today for funds paid to the Plan.
- Please see the Plan website's <u>State Health Plan Operations 101</u> page under <u>Transition of Billing Services</u>.





eBenefits Online Enrollment Workflow



Example in Workflow

- Member changes plans from the Basic PPO Plan (70/30) to the Enhanced PPO Plan (80/20) for 2025
- Member enrolls in Health Flexible Spending Account
- Member's Vision, Dental and Accident Plan have mapped over from 2024
- Member has Employee and Children coverage

*NCFlex Group



1. Member Home Page

- New OE video will be included
- Missing PCP Task: Reminder to select PCP for 2025

SSO Link to Aetna will appear, it will link to general site at first. After ID cards are issued and a member registers, it will be a SSO just like Blue Connect.







2. Note from State Health Plan





3. Edit Medical Coverage

- PCP Reminder
- Tobacco Survey Reminder

PROFILE BENEFITS - O CHECKOUT		ĩ
Current Benefits Open Enrollment Benefits		
Open Enrollment Benefits All active and Non-Medicare members were moved to the Base PPO Plan (7) green "Congratulations" message PRINT your Confirmation Statement.*This	30) for the 2025 benefit year. If you want to enroll in the Enhanced PPO Plan (80/20), YOU MUST TAKE ACTION. If you want to reduce your monthly premium b Not Applicable to HDHP Members*	by \$80 for either plan, YOU MUST TAKE ACTION by October 25, 2024. REMEMBER to CLICK SAVE! After you see the
Your benefits		
Select PCP (Primary Care Provider) for 2025.		
Wait! You have not completed your 2025 enrollment. To save \$60/mg	h on your premium make sure to answer the Tobacco Attestations via the link to ensure you get the tobacco credit for 2025	<u>View Survey</u>
 1. Your Medical coverage Base PPO Plan (70/30) 		\$278.00
Offered By:	Aetna	
Effective Date: Persons Covered:	01/01/2025 Diana Marie Smith Hudson, Jack Oliver Hudson	
Edit coverage Show Plan Details 🗸		Decline
	2. Choose your NCFlex Health Care FSA coverage	
	Begin enrollment Decline coverage	



4. Open Enrollment Selection





5. "Action Required" Statement

Dependent can also be added on this page





6. Plan Selection Page/Add Dependents(s)

PROFILE - BENEFITS - CHECKOUT				R
Choose your Medical pla Please review your options and choose the plan that b	an. est meets your needs.			
Who do you want t	to cover on this pla	n?		Add Dependent
ACTION REQUIRED: Open Enrollment Sept 30-Oct 25, 2024	PPO	Base PPO P	Plan (70/30)	\$85.00 Monthly Cost
		Please click Select plan	to enroll.	
		Benefit Year Deductible	\$1,500 Individual/54,500 Family	
		Office Visit Copay	\$0 Copay for CPP Provider selected as PCP/S30 Copay for Non CPI for any other PCP visit	P Provider/\$45
		Preventive Services	\$0 Copay	
		Specialist Visit Copay	\$47 Copay for CPP Specialist Provider/\$94 for any other Specialist v	isit
		Emergency Room Copay	\$337 Copay, then 30% after deductible	
		Inpatient Hospital Copay	\$337 Copay, then 30% after deductible	
	✓ Currenlly Selected Plan det	ails		
	PPO FSA	Enhanced F	PPO Plan (80/20)	\$110.00 Monthly Cost
		Please click Select plan	to enroll.	
		Benefit Year Deductible	\$1,250 Individual/53,750 Family	
		Office Visit Copay	\$0 Copay for CPP Provider selected as PCP/\$10 Copay for Non CPF for any other PCP visit	Provider/\$25
		Preventive Services	\$0 Copay	
		Specialist Visit Copay	\$40 Copay for CPP Specialist Provider/\$80 for any other Specialist vi	sit
		Inpatient Hospital Copay	\$300 Copay, then 20% after deductible	- 1
	Select plan Plan details			
	Decline Coverage I would like to decl	ine Medical coverage.		
	Next Previous Cancel			
1.				



7. 2025 Tobacco Attestation

S PROFILE - BENEFITS - CHECKOUT

Premium credits

> Tobacco Attestation (Premium Credit \$60)

\$60.00 per month

I attest that I am NOT a tobacco user (includes cigarettes, cigars, pipes, chewing tobacco, snuff, vaping or any product containing nicotine). Or if I am a tobacco user, I agree to complete at least one tobacco cessation counseling session within the first 90 days of my date of hire. (Please note: You may lose your \$60 monthly premium credit if you do not visit a Primary Care Provider for a tobacco cessation counseling session as agreed within the first 90 days of my date of hire.) As part of this attestation, I understand that making a false statement, representation or attestation could result in my termination from State Health Plan coverage. I also agree to cooperate with the Plan in any efforts to verify my tobacco status.

Select the appropriate response below:

- I am NOT a tobacco user (includes cigarettes, cigars, pipes, chewing tobacco, snuff, vaping or any product containing nicotine).
- I am a tobacco user, I agree to complete at least one tobacco cessation counseling session by November 30, 2024. (Please note: You may lose your \$60 monthly premium credit if you do not visit a Primary Care Provider for a tobacco cessation counseling session as agreed by November 30, 2024.) As part of this attestation, I understand that making a false statement, representation or attestation could result in my termination from State Health Plan coverage. I also agree to cooperate with the Plan
- I AM a tobacco user

Previous

Cancel



8. PCP Copay Reduction Reminder

Care Pro



If you enroll in the 80/20 or 70/30 plan and visit your selected PCP, you can receive a copay reduction. Visit the State Health Plan website for more information.

Please re-select your PCP for 2025 as your 2024 PCP will not carry forward.



9. PCP Selection

O PROFILE - O BENEFITS - O CHECKOUT

Medical

Enter the PCP (Primary Care Provider) information or search from a list of providers.

		PCP Name
	Search	
	Use the same provider for my dependents	
	Search	
PCP Copay Reduction Reminder		
Next Previous Cancel		



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10. PCP Summary

PROFILE - ● BENEFITS - ○ CHECKOUT

 Medical

 Provider Summary

 Image: Compare Residue C



11. Medical Benefits Cost Summary

Cancel

Ä S PROFILE - BENEFITS - CHECKOUT 2025 SHP Medical Summary Your 2025 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 the section. **Cost Summary** Medical This is a summary of your OE benefit elections. Enhanced PPO Plan (80/20) Hide all Benefit Elections (4 items) \sim Offered By: Aetna Effective Date: 01/01/2025 Monthly You Pay: \$50.00 per month Eligible for Employer Contribution Persons Covered: \$110.00 Medical Not Eligible for Employer Contribution NCFlex Accident Plan \$15.98 Premium credits / Edit NCFlex Dental \$55.40 NCFlex Vision \$0.00 Show details 🗸 Medicare You Pay o No policy on record \$181.38 Subtotal Premium Wellness Credits 😦 -\$60.00 No medicare policy information on record Monthly Total 😨 \$121.38 Primary Care Provider & Edit Show details ~ Plan details Edit coverage Edit plan





17. Benefit Summary -Complete Enrollment

Your Medical coverage Enhanced PPO Plan (80/20) Offerel 9p: Effective Date Prenom Covered	Aelma etiologos	\$50.
Edit coverage Show Plan Details 🗸		Decline
Your NCFlex Health Care FSA cover 2025 NCFlex Health Care Flexible Spending Account	ge	\$83. per m
Effective Date:	\$355.56 Per Plan Year \$83.33 per month 01/01/2025	
Persons Covered:		
Edit contribution PEdit coverage Show Plan Details V		Decine
Your NCFlex Dependent Day Care F	A coverage	
Edit coverage		
Your NCFlex Accident Plan coverage		\$15.
Effective Date: Persons Covered:	01/01/2025	per a
Edit coverage Show Plan Details 🗸		Decline
Your NCFlex Cancer coverage		
Edit coverage		
Your NCFlex Critical Illness coverag		
Edit coverage		
Your NCFlex Dental coverage		\$55. per
Effective Date: Persons Covered:	0101/2025	
Edit coverage Show Plan Details 🗸		Desline
Your NCFlex Vision coverage 2025 NCFlex Core Wellness Exam		\$0. per m
Effective Date: Persons Covered:	01/01/2025	
Edit coverage Show Plan Details 🗸		Decine



18. Congratulations Banner

- Missing PCP task will no longer display since 2025 PCP was selected

Home	✓ Congratula	ations, initial	You have succ	essfully comple	eted your enrollm	ent process.
Profile	Please review and p	rint your Confirmation Stateme	ent for your records.			
Benefits						
age Preferences	ALL active members and N		oved to the Base PPO Plan (7	0/30) for the 2025 benefit year	If you prefer to enroll in the Enha	inced PPO Plan (80/20), YOU MUST TAKE ACTION, If vo
nage Account	want to reduce your mont	thly premium by \$60 for either	plan, YOU MUST TAKE ACT	ON by October 25, 2024.		· · · · · · · · · · · · · · · · · · ·
Information	If you enroll in the Enhan	ced PPO Plan (80/20) or Base	PPO Plan (70/30)and visit yo	ur selected PCP, you can rece	eive a copay reduction. Please mai	ke sure a PCP is selected.
are	Click on the video to view	v a short step-by-step demons	tration of the online enrollment	process.		
hange	When you are ready to co	omplete the enrollment proces	s you will need to click the "G	et Started" button. When you	have completed your enrollment y	ou MUST click SAVE! A green congratulations messag
t or Update Primary Care	will appear when you ha	ave successfully completed	your enrollment selection.			
der - 2024						
	Get Started >					
ot or Update Primary Care der - 2025	Get Started >					
t or Update Primary Care der - 2025 Documents	Get Started > Your benefits at	a glance				
t or Update Primary Care der - 2025 Documents ment Center	Get Started > Your benefits at Current Benefits	a glance				
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t or Update Primary Care Ser - 2025 Documents ment Center mation Statement ick Links	Get Started > Your benefits at Current Benefits	E a glance				
t or Update Primary Care Documents ment Center mation Statement ick Links te	Get Started > Your benefits at Current Benefits	a glance Future Benefits	+	R		
t or Update Primary Care ler - 2025 Documents ment Center mation Statement ick Links re onnect	Get Started > Your benefits at Current Benefits Medical Ephanced PPO	S NCFlex Health	NCFlex Accident	NCFlex Dental	NCFlex Vision	
t or Update Primary Care ler - 2025 Documents ment Center mation Statement ick Links te connect Caremark	Get Started > Your benefits at Current Benefits Medical Enhanced PPO Plan (80/20)	S NCFlex Health 2025 NCFlex Health Care	NCFlex Accident 2025 NCFlex Enhanced	NCFlex Dental 2025 NCFlex High Option Dental	NCFlex Vision 2025 NCFlex Core Wellness Exam	
t or Update Primary Care Jer - 2025 Documents ment Center mation Statement ick Links te connect Caremark ed Vision Care	Get Started > Your benefits at Current Benefits Medical Enhanced PPO Plan (80/20) S50.00/morth	S NCFlex Health 2025 NCFlex Health Care S83.33/month	NCFlex Accident 2025 NCFlex Enhanced \$15.98/month	NCFlex Dental 2025 NCFlex High Option Dental 555.40/month	NCFlex Vision 2025 NCFlex Core Wellness Exam 50.00/month	



A Division of the Department of State Treasurer

Important Points to Reinforce for Members

- Members need to SAVE their choices at the end of the enrollment process.
- Many members overlook this vital, final step and therefore fail to complete enrollment!
- All enrollment choices will be displayed for confirmation but the member isn't finished yet!
- Members then need to scroll down and click SAVE to record their enrollment choices. Otherwise, it will be as if they never enrolled.
- Printing out their confirmation statement is also recommended!
- Members that call into the call center to complete their enrollment will receive a mailed confirmation statement.



The choices you pick Will NOT stick Unless you SAVE them With a CLICK!



No Global Password Resets for Members

- There will not be any global password resets for your employees!
- Passwords must be reset individually following the steps below:
 - 1. Pull up individual employee in eBenefits
 - 2. Under "Manage Employee" select "Update Login Information"
 - 3. Create new password under "Change Member Password" and confirm that the "Allow this member to log in" box is checked. This enables the member's account.
 - 4. Click "Save Login ID and Password"
 - 5. Once the employee logs into eBenefits with their temporary password they will be prompted to set their own password.







A new **TPA** is on the way.

- Aetna's Find a Provider Tool will be on the Plan's website <u>www.shpnc.org/Find a Doctor</u> on Aug. 1, 2024. Click "Find a Doctor."
- Clear Pricing Project Providers will still be noted in the tool. Providers had to re-sign with Aetna, so there is a possibility CPP providers have changed.
- Aetna Health Concierge (Customer Service): 833-690-1037. Will also go live Aug. 15, 2024.

Beginning Aug. 1, 2024, the link to Aetna's Find a Provider Tool will be located on the State Health Plan's website, <u>www.shpnc.org</u> by clicking "Find a Doctor".

Members will need to choose "Continue as Guest" as they will not have the information needed to register for an account until they receive new ID cards after Open Enrollment.

Find a Doctor

Online resources to help you find a provider, including Clear Pricing Project providers.



Directory of health care professionals for North Carolina State Health Plan



- Enter ZIP, city, county, or state in the box next to the green arrow.
- You can also change the mile range of your search by using the slide to set how many miles within your chosen ZIP, city, county. This is located next to the blue arrow.

Continue as a guest

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

Enter location here

Traveling? You can change your location after you select your plan



Continue as a guest

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

27502 (Apex, NC)

Traveling? You can change your location after you select your plan

Look within



For this example, we used the ZIP code "27502" and set the slide rule to a 30-mile radius and hit "Search." On the next screen, you can either:

- Enter your doctor's name or the type of doctor you are looking for (next to the green arrow),
- OR
- Choose the category of the type of doctor, facility or care you are looking for by selecting one of the categories in the blue box.





For this example, we chose "Medical Doctors and Specialists."

 Find what you nee	d by category		
Medical Doctors & Specialists >	Hospitals & Facilities >	Urgent Care >	Walk-In Cli
Primary care physicians (PCPs), pediatricians, cardiologists, OB/GYNs, others	Hospitals, physical therapy centers, nursing facilities, dialysis centers, others	A type of facility focused on the delivery of urgent care outside of an emergency room	All Other Results* facility that accept patients on a wall basis. *Lists both designated and n designated walk-i providers.
Labs & Testing >	Alternative Medicine >	Durable Medical Equipment (DME) >	Common Procedures Conditions
Bloodwork, lab tests, diagnostic testing	Chiropractors, acupuncturist, massage	Hearing aids, breast pumps, prosthetics,	Search providers procedures they p



On the next screen, we chose "Doctors (Primary Care)" for this example.





On the next screen, we chose "All Primary Care Physicians" for this example.

hotor	e ver le elting for 9
natar	e you looking for :
	Doctors (Primary Care)
¥-	Primary care physician (PCPs), family practice, pediatrician, others
All Primar	v Care Physicians »
A doctor	who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical
condition	s.
Adolescer	nt Medicine Physician »
A physicia	an who provides care to children as they develop from a child to an adult.
A physicia	an who provides care to children as they develop from a child to an adult.
A physicia Family Pr	an who provides care to children as they develop from a child to an adult. actice Physician »
A physicia Family Pra A physicia	an who provides care to children as they develop from a child to an adult. actice Physician » an who is educated and trained in family practice.
A physicia Family Pra A physicia General P	an who provides care to children as they develop from a child to an adult. actice Physician » an who is educated and trained in family practice.
A physicia Family Pra A physicia	an who provides care to children as they develop from a child to an adult. actice Physician » an who is educated and trained in family practice.
A physicia Family Pro A physicia General P A medical	an who provides care to children as they develop from a child to an adult. actice Physician » an who is educated and trained in family practice. Practice Physician » I doctor who treats acute and chronic illnesses and provides preventive care and health education to patients.

Internist »

In network search results for Primary Care Physician (PCP) near 27502 (Apex, NC)

See Important Notice About Participating Providers below

You will then see a list of providers.

*Note the Clear Pricing Project Provider logo, which identified providers that are innetwork with Aetna and participate in the Clear Pricing Project for the State Health Plan.



Helpful Tips

- If you don't find the doctor you are looking for, try searching for the medical practice or group name.
- Some doctors may be in-network but will not appear in the directory. This is usually due to the practice not choosing to list nurse practitioners and/or physician assistants.
- Beginning Aug. 15, members are able to call the Aetna Health Concierge (Customer Service) line at 833-690-1037 for additional assistance.

Communicating Open Enrollment to Employees

- Resources available on the Plan's website will include:
 - Videos
 - Flier
 - Decision guides
 - Rate sheets
 - Comparison charts
 - Benefit booklets
 - Summary of coverage documents
 - In-person events in 24 sites statewide featuring Aetna vehicles
 - Multiple webinars available for employees
 - Telephone Town Halls





Aetna[®] is on the way as the State Health Plan's new TPA!

The State Health Plan is transitioning from Blue Cross NC to Aetna® beginning Jan. 1, 2025, as a new third-party administrator (TPA)

Who does this affect?

Members enrolled in the Base PPO Plan (70/30), Enhanced PPO Plan (80/20) and High Deductible Health Plan. This will not impact Humana Medicare Advantage Plan members.

Where can I learn more?

Visit the State Health Plan's website at www.shpnc.org for Aetna transition updates, Open Enrollment news and event schedules

Highlights for 2025

- No premium increases for the 7th year in a row!
- There are no benefit changes for 2025. The formulary (drug list), which determines what medications are covered and what tier they fall under, changes on a quarterly basis, so there is a possibility for changes in prescription coverage in 2025.
- Members will continue to enjoy reduced copays when visit a Clear Pricing Project Provider!
- Preferred and Non-preferred insulin continues to have a \$0 copay.

♥aetna

2025 Open Enrollment Sept. 30 - Oct. 25, 2024



Members will need to complete the tobacco attestation online during Open Enrollment in both plans to reduce premiums in both plans.

With the transition to Aetna, members will need to select a new Primary Care Provider (PCP) during Open Enrollment.

Questions and Support

Eligibility and Enrollment Support Center 855-859-0966

Extended Hours during Open Enrollment Monday-Friday 8am-10pm Saturdays 8am - 5pm

Aetna Concierge (Customer Service) 833-690-1037

Extended Hours during Open Enrollmen Monday - Friday 8am - 8pm Saturdays 8am-2pm



shpnc.org

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Remember to process terminations timely for members turning 65 and retiring so they receive the appropriate mailers.

Open Enrollment Outreach

• Active Members/Non-Medicare Retirees

- 24 in-person events across the state
- 14 webinars
- 2 Telephone Town Halls

Medicare Retirees

- 24 in-person events
- 14 webinars
- 2 Telephone Town Halls



All details will be posted on the Plan's website at www.shpnc.org.









Stay Engaged and Social with YOUR State Health Plan

- It's important to stay engaged so you can be in the know on what you need to do prior to and during Open Enrollment!
- Sign up for the Plan's monthly HBR Update e-newsletter for details regarding Aetna and Open Enrollment by visiting <u>www.shpnc.org</u>.
- Follow the State Health Plan on Facebook (www.facebook.com/SHPNC) and Instagram (@nchealthplan).
- Look for your Open Enrollment Decision Guide, which will arrive in mailboxes in September.
- Make sure addresses are correct in eBenefits, the Plan's enrollment system, and that your employer has your address.
- Retirees need to make sure ORBIT has their correct address!

Please communicate with your employees on LOA or any other kind of leave during Open Enrollment.







Extended Call Center Hours



- The Eligibility and Enrollment Support Center (855-859-0966) will have extended hours during Open Enrollment:
 - Monday-Friday, 8 a.m. 10 p.m.
 - Saturdays, 8 a.m. 5 p.m.
- Encourage your employees not to wait until the last minute!
- Call wait times are always longer the first two days and last two days of OE.
- There will continue to be a virtual hold option for members calling in who would rather not hold and receive a call back when a representative is available.
- Aetna Health Concierge (Customer Service) (833-690-1037) will also have extended hours during Open Enrollment:
 - Monday-Friday, 8 a.m. 8 p.m.
 - Saturdays, 8 a.m. 2 p.m.



HBR Training Resources Online

- To better serve HBRS, we have posted a number of training modules on the Plan's <u>website</u>/HBRs/Training & Development.
- They include:
- Resource Guides:
 - HBR Quick Reference Guide
 - High Deductible Health Plan (HDHP Reference Guide
- Presentations:
 - HBR Overview
 - <u>eBenefits Navigation</u>
 - Employment Status
 - Exception Process
 - Policies and Processes
 - HIPAA Overview

Training and Development

The State Health Plan recognizes the value in providing HBRs with ongoing training opportunities to assist in carrying out duties as they relate to the Plan. Below is a list of resources available to you as an HBR. We know how important you are to our members, and we're here to help you learn what you need to know!



HBR OE FAQs Open Enrollment Flier Now POSTED!



Any Questions?

HBR SUPPORT LINE 800-422-5249

- BEACON HBRs can call HBR Support line for general questions
- Reach out to BEST Shared Services for member-specific issues and billing
 - 919-707-0707 (in Raleigh) or 866-622-3784
 - Submit a ticket to SVC_OSC.best <best@osc.nc.gov</p>

ELIGIBILITY AND ENROLLMENT SUPPORT CENTER for Members 855-859-0966

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CVS CAREMARK (PHARMACY BENEFITS) 888-321-3124
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AETNA (BENEFITS and HDHP) **GOES LIVE AUG. 15, 2024** 833-690-1037

iTEDIUM (RIF, LOA, DIRECT BILL/COBRA/Group Billing) **877-679-6272**











Questions?

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.



