

February 2021 Member Focus



Pharmacy Copay Assistance Cards and Your Deductible

(Members Enrolled in the 70/30 & 80/20 Plans)

Prescription copay cards are offered by drug manufacturers to reduce members' out-of-pocket costs for prescription medications. **The State Health Plan (Plan) does not offer nor manage copay cards, but the Plan does support the usage of these cards or coupons to assist members with the high cost of medication.**



Important Reminder for Members: Only the amount you **actually pay** for your prescriptions will be applied toward your deductible or out-of-pocket maximum, when using a third party or manufacturer copay card or coupon. For example, if your copay is \$2,000 and the copay card covers \$1,995, you pay \$5 and the \$5 paid would be applied to your deductible or out-of-pocket maximum. In many circumstances the copay card pays for all of the costs, resulting in no cost to you. In this situation nothing would apply to your deductible or out-of-pocket maximum because you did not pay anything out-of-pocket.

Overall, your deductible and out-of-pocket maximum include the amounts you **actually pay** out of pocket. Using a copay card lowers your out-of-pocket expenses, assisting with the expense of the medication, but does not impact your deductible or out-of-pocket maximum.

This information can be viewed on the State Health Plan's website under [Employee Benefits](#) or [Retiree Benefits](#), whichever is applicable. Once there, select your plan then Pharmacy Benefits for that plan. From Pharmacy Benefits:

- Select **Pharmacy Cost-Saving Programs**

- **THEN** scroll down the page to find **Copay Assistance Cards and How They Affect Your Deductible**.

Enrollment in Disability Income Plan & Update on Retroactive Disability Dates

(All Members)

Active members may qualify for various disability programs including, but not limited to, short-term disability, extended short-term disability, and long-term disability. While the Plan is not responsible for determining whether a member is eligible for a disability program, the Plan is responsible for ensuring that the member is enrolled in the Plan as a disability member with the appropriate effective and termination dates.

Disability Income Plan of North Carolina (DIPNC) Reinstatements

As part of its ongoing policy reviews, the Plan has updated its [Reinstatement Rules for Disability Suspensions](#). Effective February 12, 2021, extended-short term and long-term DIPNC members who have had their Plan coverage canceled by the State Retirement Systems (SRS) because requested information was not provided to SRS within the required time frame will be retroactively reinstated up to 18 months in arrears once they again meet eligibility requirements, as determined by the SRS.

It is important to note that members may not be reinstated to the same plan. Members who were originally enrolled in a Medicare Advantage plan will be reinstated into the 70/30 Plan as retroactive enrollments into Medicare Advantage plans are not allowed by the Centers for Medicare and Medicaid Services. Additionally, if the reinstatement crosses plan years, enrollment in the current plan year may not be the same as the prior plan year(s). Cross-plan year enrollment will be dependent on the enrollment mapping strategy in place at the time of the reinstatement and will change from time to time. Members will be responsible for the payment of any applicable retroactive premiums owed.

Are You Saving Money with a Clear Pricing Project Provider?

(Members Enrolled in the 70/30 & 80/20 Plans)

The [Clear Pricing Project](#), or CPP, offers you the opportunity to save money when you visit a CPP provider or specialist. Under the CPP, if you visit the selected CPP Primary Care Provider (PCP) on your State Health Plan ID card, the office visit will be FREE.

As a reminder, the CPP PCP has to be listed on your ID card to receive the free visit. Finding and selecting a CPP provider are easy! You can find a CPP provider by following these steps:

- Visit the State Health Plan website and click Find a Doctor at the top of the page.
- Select the appropriate plan – 80/20 or 70/30 – and then select North Carolina State Health Plan.
- CPP providers will have “Clear Pricing Project Provider” next to their name within the Provider Highlights.

You can also search for a CPP provider using the Plan's [online CPP map](#).

You can change your selected PCP at any time by logging into eBenefits, the Plan's enrollment system. You can visit www.shpnc.org and click [eBenefits](#) to get started. When you change your selected PCP, you will receive a new ID card within 5-7 business days. Click here for [step-by-step instructions](#).

'Understanding Your Medical Plan Options When You Become Medicare-Eligible' Webinars Under Way!

The State Health Plan continues to offer online webinars with important information on “Understanding Your Medical Plan Options When You Become Medicare-Eligible.” These popular, free webinars are designed for active employees who will soon be 65, are already 65 or older, and retirees getting ready to turn 65.

Webinars are scheduled through August 2021. Each webinar lasts approximately 2 hours and will explain important information regarding Medicare, your retirement health benefit options and offer the opportunity to ask questions.

Visit the Plan's [website](#) to register for one of the online events.

Attention Humana Medicare Advantage Plan Members! Humana New Member Orientation Online Events

Humana Medicare Advantage members, please join Humana for a New Member Orientation webinar event! These online meetings will be held in February and March and will help you learn more about your Humana Medicare Advantage PPO plan.

Humana representatives will share information about your plan benefits as well as extra programs and services such as SilverSneakers, Go365, the In-Home Wellness Assessment (IHWA) program, Humana Well Dine®, and more! You can also learn about various technology resources such as MyHumana online account

setup, the [custom Humana State Health Plan website](#), and online tools to help you find a doctor or pharmacy in your area as well as look up your medications.

Be on the lookout for a postcard mailed to your home that will include registration instructions. Information about these events is also available on the [custom Humana State Health Plan website](#).

You may also [register](#) today for one of the webinars. After registering, you will receive a registration confirmation email with instructions on how to log into the webinar on the day of the event.

Humana Medicare Advantage Members: Why Prior Authorization May Be Needed

You just came back from a doctor's appointment and were given a new medication for your condition. You go straight to the pharmacy and the pharmacist tells you that you need to get prior authorization for this new treatment. Um ... what's prior authorization?

If this concept is foreign to you, you're not alone. Many have not heard this term until they're faced with getting prior authorization from their insurance company or health benefit plan before they can fill a prescription or start a medical procedure. Your State Health Plan Humana Group Medicare Advantage (PPO) plan is here to help you understand what it is and why it's needed. You'll see that prior authorization is there to help you manage costs and that the health care system is working for you.

What is prior authorization?

Prior authorization is essentially your provider getting approval from the Plan for a procedure or a prescription your doctor prescribes. It's an important step to make sure you're getting the procedure you need and aren't prescribed costly medicines when there are alternatives you can try.

When is prior authorization needed?

Prior authorization may be needed for multiple reasons. A few examples include:

- There may be a generic version or lower-cost alternative to the medicine prescribed to you that you could try first.
- The medication can be dangerous to take with another medicine you are already taking.
- The medicine is a controlled substance and more likely to be abused or misused.
- Two different doctors may be ordering the same tests, which may not be necessary.

It's important to note that your provider must obtain prior authorization first before filling your prescription or starting your treatment. **If you do not, you may be expected to pay the entire medical bill out of pocket without help from your health benefit.** That is why it is essential for your provider to work with your Humana plan to make sure you have necessary approvals in place before you start your treatment.

Trust the process

The purpose of prior authorization is to make sure you have the right treatment for your condition and that it is medically necessary. If you use Humana Pharmacy®, we reach out to your doctor directly if you need prior authorization before we fill the prescription, so you do not need to worry. If we are unable to reach your doctor, we will let you know there may be a delay in your order. We may also ask you to contact your doctor in order to expedite the process and ensure you have your medicine on time.

If you have additional questions you can contact your dedicated North Carolina State Health Plan Humana Group Medicare Customer Care Team at **1-888-700-2263 (TTY: 711)**, or visit our.humana.com/NCShp.

State Health Plan 101: Spotlight on Subrogation

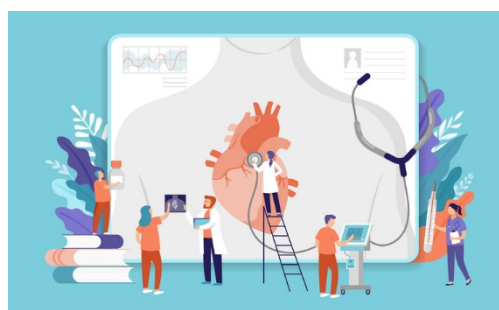
The next State Health Plan 101 webinar will focus on subrogation. The Plan has the right to recover medical and pharmacy expenditures where a third party is liable for an injury incident, a process known as [subrogation and recovery](#).

Expenditure recovery can include medical malpractice, worker's compensation, class action suits, product liability cases or auto accidents. The Plan protects member funds by paying only those claims for which it is responsible. The February 24 webinar will be offered at 12:30 p.m. and again at 4 p.m. and will walk members through understanding this process. [Register today!](#)

Did You Know...

American Heart Month

February is American Heart Month, a special observance that reminds us all to take care of our most vital organ. Neglecting to take care of your heart can open the way to disease. "Heart disease" refers to several types of heart conditions, including coronary artery disease and heart attack. Heart disease continues to be the leading cause of



death for men and women in the United States.

The Centers for Disease Control and Prevention lists high [blood pressure](#), high blood [cholesterol](#), and [smoking](#) as key risk factors for heart disease. Approximately half of Americans have at least one of these three risk factors. Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:

- [diabetes](#)
- [being overweight or having obesity](#)
- [eating an unhealthy diet](#)
- [being physically inactive](#)
- [excessive alcohol use](#)

Click here to learn more about how [heart disease and mental health disorders are related](#).

Some risk factors for heart disease cannot be controlled, such as your age or family history. But you can take steps to lower your risk by changing the factors you **can** control. Staying at a healthy weight, regularly exercising and controlling alcohol use are all ways to positively impact your health. Make this the year that you commit to your heart's health. After all, you only have one heart to protect!

Visit the Plan's [website](#) to learn more about the health and wellness resources included in your benefits such as the Personal Health Portal.



**Roasted
Salmon Caprese**

**Pilates:
A Gentle Workout**

[Get the Recipe! >](#)

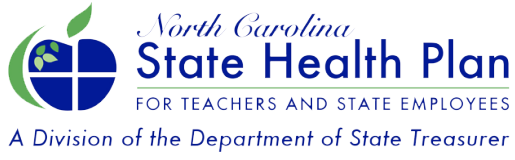
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Eligibility and Enrollment Questions: 855-859-0966

Prescription Questions: 888-321-3124

For questions on this newsletter, e-mail: ppo.inquiries@nctreasurer.com



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