

# July 2020 Member Focus



## COVID-19 Update: State Health Plan Extends Cost Waivers for Testing and Treatment of COVID-19

*(Members Enrolled in the 70/30, 80/20, and HDHP)*

The State Health Plan is extending the waiver of costs for COVID-19 screening visits, COVID-19 diagnostic tests, and the treatment (medical treatment only) of members diagnosed with COVID-19, including associated deductibles, copayments and coinsurance.

The member cost-share waiver for COVID-19 related screening visits and diagnostic tests will remain in place until the federal CARES Act requirement expires, while the treatment cost waiver will remain in place until October 31, 2020, at which time it will be re-evaluated. The Coronavirus Aid, Relief, and Economic Security (CARES) Act was [signed into law](#) in March 2020.

The Plan will also continue to waive the requirement for new members who are tobacco users to visit a CVS MinuteClinic for a tobacco cessation counseling session in order to receive a \$60 premium reduction on their subscriber monthly premium on the 80/20 and 70/30 plans until September 30, 2020.

In addition, the Plan is extending the coverage of video and telehealth visits through December 31, 2020. The Plan is taking this action so members can continue to limit personal contact to help contain the COVID-19 outbreak.

The actions described above are for members in the 80/20 Plan, 70/30 Plan and High Deductible Health Plan.

More COVID-19 information can be found on the State Health Plan website under [Coronavirus Updates](#).

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## Tobacco Users: Get a Head Start on Earning Your Premium Credit for 2021!

*(Active and Non-Medicare Members)*

The State Health Plan is expanding options for tobacco users who want to earn their 2021 premium credit. No need to wait for Open Enrollment. Tobacco users can complete a tobacco cessation counseling session at a CVS MinuteClinic **or** Primary Care Provider's (PCP) office for FREE to earn a lower premium for 2021!



You have until **November 30, 2020**, to take action. (If you combine your tobacco cessation visit with another service, there may be a copay.)

Here's what you need to know:

- Remember, this action is ONLY for tobacco users who want to reduce their monthly premium by \$60 per month in 2021. If you are NOT a tobacco user, you will simply need to attest to that online during Open Enrollment.
- Before your cessation counseling visit, go to the Plan's [website](#) and print off instructions for your provider to ensure your visit is billed correctly and is FREE. This document is not required, but helpful for your provider.
- Now that you can see a PCP, waivers will no longer be given to members who live more than 25 miles away from a CVS MinuteClinic.
- By completing the tobacco attestation, you can earn a premium credit that will reduce your monthly premium by \$60 a month. (The premium credit only applies to the employee-only premium.)

For more information, visit the State Health Plan [website](#).

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## Humana Plans Offer Convenient Benefits and Savings!

*(Medicare Advantage Members)*

The State Health Plan recently [announced](#) the award of the Medicare Advantage Fully Insured Plan and Related Services contract to Humana effective January 1, 2021. Medicare Advantage members will continue their current benefits with UnitedHealthcare for the remainder of this year.

The contract was awarded to Humana after a required, transparent and competitive bid process. The potential annual cost savings under the new contract is approximately \$600 million over the three-year contract. These savings will help protect the State Health Plan's fiscal sustainability and provide savings back to you

in the form of substantially reduced dependent premiums making it more affordable for your loved ones.

Eligible subscribers will continue to enjoy premium-free coverage for the Medicare Advantage Base Plan. In addition, all eligible dependents on the Medicare Advantage Base Plan will pay just \$4 for their monthly premium beginning January 1, 2021. Today, members pay \$112 per month for spousal coverage and \$224 for family coverage. The Medicare Advantage Enhanced Plan will still be offered for subscribers, as well as to dependents, for a small premium.

In addition, both Medicare Advantage plans will continue to offer a passive network of providers, which allows members to continue seeing their current providers regardless of being in or out of Humana's network. Similar to what members experience today, the provider will need to be participating with Medicare and agree to bill Humana.

Members who have any concerns about their provider's willingness to take Humana are encouraged to give [this flier](#) to their provider. Sharing this information can help providers understand how this plan works. Humana will also be doing an extensive provider education campaign to tell providers about this change and to remind them how the plans will work.

Open Enrollment is an ideal time to review current coverage and Plan options for the coming year. For the 2021 benefit year, if members are currently on the **Medicare Advantage Base Plan or the 70/30 Plan**, they will **REMAIN** on that plan and do not need to take action during Open Enrollment.

**If members are currently on the Medicare Advantage Enhanced Plan, they will be moved to the Medicare Advantage Base Plan for the 2021 benefit year.** The new Enhanced Plan includes some changes, so members should re-evaluate that plan and, if it's still the best fit for you, you will need to take action during Open Enrollment to enroll in the Enhanced Plan.

Watch the mail for more information, including a schedule of telephone town halls and webinars. Additional information can also be located on the Plan's website at [www.shpnc.org](http://www.shpnc.org) and in the Plan's monthly e-newsletter Member Focus. Click here to [sign up to receive Member Focus](#).

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## Looking for a Clear Pricing Project Provider?

*(Active and Non-Medicare Members)*

Clear Pricing Project (CPP) providers signed on to be a part of the NC State Health Plan Network last year and support the Plan's mission of transparency and affordability.

Now, you can easily find these providers in the “Find a Doctor” tool. Visit the Plan’s website at [www.shpnc.org](http://www.shpnc.org) and click “Find a Doctor.” Look for “Clear Pricing Project Provider” next to a provider’s name.

Starting in January 2021, members will see drastic reductions to copays if they select a CPP provider as their PCP or visit a Clear Pricing Project provider. Watch the mail for more information on these reductions and 2021 Open Enrollment, which is October 15-31, 2020.

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## Updating Your Primary Care Provider

*(Members Enrolled in the 70/30, 80/20 and HDHP)*

Need to update your Primary Care Provider (PCP)? It’s easier than ever! Just follow these simple steps:

- Go to the State Health Plan website at [www.shpnc.org](http://www.shpnc.org) and click [eBenefits](#) at the top of the page. Then, click on the applicable gold button.
- Once you are logged in to eBenefits, on the left-hand menu, there will be a Select or Update Primary Care Provider link.
- Select the link that says Select or Update Primary Care Provider.
- Just follow the prompts.

Click here for [Step-by-Step Instructions](#).

Remember, you can save money on office visits to your PCP on both the 70/30 Plan and the 80/20 Plan. Seeing your selected PCP – the one on your ID card – or a provider in the same office will cost:

- \$30 on the 70/30 Plan (instead of \$45)
- \$10 on the 80/20 Plan (instead of \$25)

**Important:** Whenever you change your PCP, you must wait to receive your new State Health Plan ID card to get the copay reduction. You cannot get a copay reduction for visiting a selected PCP until you present the card actually listing that provider. Once you select a new PCP, it takes 5-7 days for changes to be made and a new membership ID card to be issued.

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## Subrogation, Third-Party Recovery and You

*(Active and Non-Medicare Members)*

Have you recently been involved in a car accident, medical malpractice incident, product defect incident or some other event which resulted in an injury?

The State Health Plan has the right to recover medical and pharmacy expenditures where a third party is liable for an injury incident, such as 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.

If the Plan pays claims that are the responsibility of a third party, then, by law, the Plan has a right to recover those payments. The Plan's lien will not exceed 50 percent of the total damages recovered by the Plan member, exclusive of the member's reasonable cost of collection. That cost is determined by the Plan.

Please note: If a liable third party pays YOU damages and the Plan is not informed, then YOU may be responsible for reimbursing the Plan. You can avoid this situation by calling Health Management Systems Inc. (HMS), the Plan's contractor to pursue third-party subrogation recoveries.

Contact HMS with any questions at 800-294-2757. You or your duly authorized representative can also send an email to [NCSHP@hms.com](mailto:NCSHP@hms.com) for a subrogation request. For details, visit the State Health Plan [website](#). Click on "Employee Benefits" and scroll down to find "[Subrogation and Recovery](#)."

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## Did You Know...

### Slowing the Spread of COVID-19

Each year we look forward to summer vacation and taking some well-deserved time off. But this year we must consider COVID-19 in our plans. If you will be traveling this summer, consider the following tips from the Centers for Disease Control and Prevention and the North Carolina Department of Health & Human Services to keep yourself and others healthy.



- Do not travel if you are sick, or if you have been around someone with COVID-19 in the past 14 days. Do not travel with someone who is sick.
- Know if [COVID-19 is spreading](#) in your community. Even if you are asymptomatic, you can spread COVID-19 to others while traveling.
- Know whether or not [COVID-19 is spreading](#) where you're going. Avoid vacationing in a COVID-19 hot spot.
- Individuals who are at higher risk of severe illness from COVID-19 should limit their travel. This includes older adults, people with disabilities, and anyone with underlying medical conditions. Keep in mind that you can bring COVID-19 back home to someone who does not go on vacation with you.

- If you do travel, take everyday actions to protect yourself from COVID-19 by following the Three W's: Wear a face covering; Wait 6 feet apart and avoid close contact; Wash your hands often or use hand sanitizer.
- Regularly clean and disinfect frequently touched surfaces. (For example, the steering wheel, gear shift, door frame/handles, windows, radio/temperature dials, and seatbelt buckles). Inquire about the cleaning standards where you plan to stay.
- Pick up food at drive-throughs, curbside at restaurants and grocery stores. Avoid crowds.
- Watch for [symptoms](#) as they may appear 2-14 days after exposure to the virus. Get tested if think you may have been exposed or if symptoms occur.

Taking these simple precautions can help protect your health and slow the spread of COVID-19!

For more information regarding your benefits as they relate to COVID-19, visit the Plan's [website](#).

**SAVE THE DATE:**

**2021 Open Enrollment October 15-31, 2020!**

Be a State Health Plan

**WATCHDOG**

Discover How You Can Help!







**Baked Parmesan  
Zucchini Curly Fries**

**Make Your Work  
Work For You**

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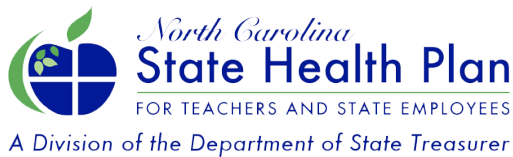
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Eligibility and Enrollment Questions: 855-859-0966

Prescription Questions: 888-321-3124

For questions on this newsletter, e-mail: [ppo.inquiries@nctreasurer.com](mailto:ppo.inquiries@nctreasurer.com)

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