

March 2025 HBR Update



Salary-Based Premium Information Reminder

The State Health Plan would like to thank you all the questions and feedback about the Salary-Banded Premium implementation. Not only have we been able to make a few tweaks to the process based on the feedback we've received, but we're happy to announce that the Plan has worked with Benefitfocus and will be able to deploy some additional tools to assist with this process.

Upload Tool for Non-Payroll Groups with More than 200 Enrolled Employees

Groups with more than 200 enrolled employees that do **not** currently have payroll integration with Benefitfocus will have the option to submit a file to the Plan that can be uploaded into eBenefits to update the salary. More information about the format, the process and the timing will be available soon, but help is on the way!

Updates to Who Can Use Payroll Integration

Larger groups that want to automate the upload of salary information and the import of premium deductions may prefer to implement payroll integration. To assist groups with this effort, the Plan will be waiving the fees associated with payroll integration. The Plan is also waiving the requirement that a group have 4,000 employees to be eligible. Instead, groups must have at least 1,000 employees to be eligible for payroll integration.

Any groups interested in implementing payroll file integration with Benefitfocus must contact the Plan by **March 24, 2025**, to ensure there is enough time to implement the file prior to the September 1, 2025, deadline to provide all salary information.

Please see the [Plan's Rule on Employing Unit Payroll Integration](#) to ensure you have the needed resources available to support an ongoing payroll file.

If your group does meet the requirements, please send an email to hbrinquiries@nctreasurer.com with contact information for the payroll representative(s).

For Groups with Fewer than 200 Employees

We are continuing to identify additional solutions and resources to support your needs as well with more information to come.

Salary-Banded Premium Project Contact Information

The Plan will continue to provide HBR Updates to keep you apprised of any new information. To ensure that we have the appropriate contact information for each group, it is essential that you provide the primary contacts for this effort.

To date, the Plan has had about 200 groups respond to the [February 27, 2025 HBR Alert](#). If you have **not** already provided the contact, please do so as soon as possible by [clicking here](#).

As a reminder, the Plan does have a designated [webpage for Salary-Based Premiums](#). The FAQs will continue to be updated as new information becomes available.

Leave of Absence Reminder: Direct Bill Services are Available

As a reminder, the Plan offers direct billing services for employees on leave of absence (LOA). This service, which is managed by iTEDIUM, the Plan's billing vendor, is available to groups at no cost. To enable this feature, groups simply utilize the LOA employment status codes in eBenefits. Using these employment statuses will eliminate the need for groups to individually invoice members and manage delinquency in accordance with the [State Health Plan's Rule on Arrears](#). All employees with this employment status will be invoiced directly from iTEDIUM.

All groups have access to the LOA-Partially Paid and LOA-Fully Paid employment statuses.

- **Direct Bill: LOA – Partially Paid**

This status is often utilized when the employee is responsible for the employee share of the premiums but is not in receipt of a paycheck. For example, someone on short-term disability. In this scenario, the group invoice would include the employer premium for this employee, but not the employee share as the employee would receive an invoice for their portion of the premium. The employee must pay the premium by the due date to maintain coverage.

- **Direct Bill: LOA – Fully Paid**

This status is utilized for employees who are on LOA and are responsible for 100% of the premium. Employers would not be invoiced for these employees. These employees receive an invoice for the full cost of their coverage and must remit payment by the invoice due date to maintain their coverage.

Some groups only utilize the LOA-Fully Paid status as they prefer to continue deducting the employee's share of the premium for as long as he or she is in receipt of a paycheck. That's okay. These options are available as needed, but once they are activated, the employee must pay the direct invoice to maintain their coverage. Once they are returned to a full-time status, their premiums should be collected via payroll deduction.

- **Salary Banded Premium Rates**

As a reminder, salary banded premiums will be in effect for 2026. At this time, we expect members in the Direct Bill: Leave of Absence – Fully Paid employment status category to have one unique rate. It may not be based on the salary banded rate they had as a fulltime employee in a Payroll Deduct: Full Time status; therefore, groups that choose not to use the LOA functionality in eBenefits will be invoiced based on the Full-time employee salary banded rate.

The Plan will be hosting webinars to review this functionality in the near future. Stay tuned for more information.

Please continue to use the [Health Benefits Representative tab](#) on the Plan's website to stay informed. The Plan will continue to provide updates on salary banded premiums.

For more information on employment statuses please see the [Employment Status presentation](#).

For more information on premium billing please see [Group Billing Portal Client Guide](#).

Employment Eligibility Reminder

Even if your group is not using LOA functionality, maintaining employment status is very important. Unfortunately, the Plan continues to find employees with an inaccurate, generally old, employment status. It is incumbent on HBRs to follow all the eligibility rules established in statute. This starts by loading all employees into eBenefits with the appropriate employment status code and updating their statuses timely when a change occurs.

By maintaining the appropriate employment status codes, you not only ensure an enrollment window will open for the employee when appropriate, but that the data pulls correctly into your employing unit's annual 1095 reporting data. Please see [HBR Update - April 2024](#) for more details.

Informational Webinars

Encourage your employees to join an upcoming webinar to learn about the **Eat Smart, Move More, Weigh Less program**, an evidence-based 15-week online weight management program. During the program each weekly hour-long lesson informs, empowers and motivates participants to live mindfully as they make choices about eating and physical activity. The program is delivered via Zoom in an interactive real-time format with a live Registered Dietitian Nutritionist (RDN) instructor. This program is offered as a fully covered benefit at **no-cost for active members** by the NC State Health Plan. Visit [the Plan's website](#) to learn more about the program.

This 30-minute lunch-time information webinar will introduce the program and provide details on how to participate. Both sessions cover the same information so employees can choose the one that works best for their schedule. Register online:



- Tuesday, March 25th at 12-12:30pm – Meeting ID - **963 9941 3706**
- Wednesday, March 26th at 12-12:30pm – Meeting ID - **952 3066 5733**

[Click here to register for the March 25th webinar →](#)

[Click here to register for the March 26th webinar →](#)

‘Understanding Your Medical Plan Options When You Become Medicare-Eligible’ Webinar Series

HBRs are urged to share this information with employees nearing retirement. The 2025 “**Understanding Your Medical Plan Options When You Become Medicare-Eligible**” series continues and is offered a couple of times each month throughout the year!

These popular, free webinars are designed for employees who will soon be 65, are already 65 or older, and retirees getting ready to turn 65. Each event lasts approximately 2 hours and will explain important information regarding Medicare, retirement health benefit options and offer the opportunity to ask questions.

Upcoming webinars are **March 20**, **April 3**, and **April 22**. Webinars are also scheduled through August. Employees who wish to attend are encouraged to [Register Soon](#) as these events fill quickly!

[Click here to register →](#)

February Aetna 101: Lunch-n-Learn Webinar Recording Available

In case you missed it, we have posted a recording of the February Aetna 101: Lunch-n-Learn Webinar on the [State Health Plan website](#).

The webinar included information on the top 10 questions we're getting asked since the transition with Aetna. HBRs who missed the live webinar are encouraged to give it a listen.

Group Premium Billing & Payments

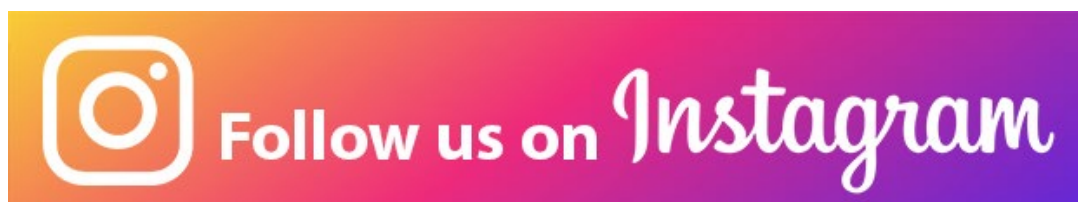
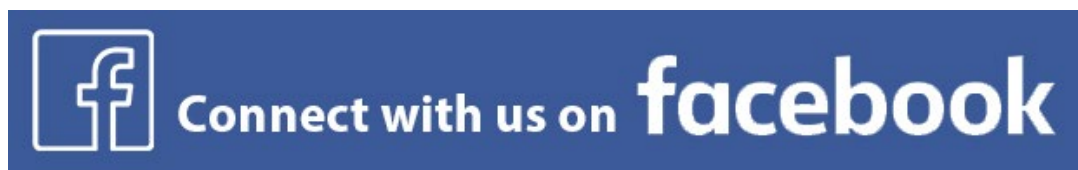
The Plan has been seeing increased volume of late payment and delinquency; as a reminder, all premium payments are due by the first of the effective month. Equally important, employing units are required to pay-as-billed. Each employing unit should reconcile their invoice every month to ensure that enrollment changes are captured appropriately.

It is critical that the employing unit is cognizant of their billing cutoff window so that any terminations or additions impacting the invoice are finalized prior to the cutoff. If an enrollment correction is needed, it must be processed prior to the cutoff date of the next month's premium invoice; otherwise, it will not be reflected in the next month's invoice. Updates made and approved in eBenefits 48 hours before your bill date should show on your next invoice. In the event an enrollment appears to be accurate in eBenefits but inaccurate on the invoice, you must open a case to Benefitfocus account management via One Place 365 so they can research the discrepancy.

Employing units should not remit payment based on changes they anticipate will take place after the billing cutoff. Underpaying the invoice because of a termination that was processed after the cutoff, for example, can impact the claims processing timeline for the entire employing unit.

The State Health Plan can hold all claims as of the effective date of the billing month and only advance the "paid through" date once the premium invoice is paid in full.

Please note: The Plan will not approve enrollment correction exceptions more than two billing cycles in arrears.





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

