

September 2024 Member Focus



Open Enrollment Starts September 30!

(All Members)

2025 Open Enrollment begins Sept. 30 and ends Oct. 25, 2024. Open Enrollment is the time to re-evaluate your needs and make sure you are enrolled in the best plan option for you and your family. Please read the following information to understand what action you should take during Open Enrollment.

Active & Non-Medicare Members

All active and non-Medicare members will be automatically enrolled in the Base PPO Plan (70/30), which will have an \$85 subscriber-only premium. You can reduce this premium by \$60 to a \$25 subscriber-only premium by completing the tobacco attestation.

Members who wish to enroll in the Enhanced PPO Plan (80/20) or who wish to reduce their monthly premium in either the Enhanced PPO Plan (80/20) or the Base PPO Plan (70/30) by completing the tobacco attestation **MUST TAKE ACTION** during Open Enrollment.

The tobacco attestation applies to non-Medicare subscribers in the Retirement Systems who want to enroll in the Enhanced PPO Plan (80/20) and reduce their monthly premium. **The Base PPO Plan (70/30) remains premium-free for eligible retirees.**

Medicare Members

Members enrolled in the Humana Medicare Advantage Base and Enhanced plans will remain in that plan unless you would like to enroll in a different plan during Open Enrollment. Medicare 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) during Open Enrollment.

You will need to take action during Open Enrollment if you want to be enrolled in a different plan option or if you need to make any changes regarding your dependents.

Open Enrollment Decision Guides

Members should watch the mail for their Open Enrollment Decision Guide, which will include all the information needed to make the best benefit choices for 2025. Decision Guides for all members have been posted to the Plan's [website](#).

Your North Carolina State Health Plan

2025 Open Enrollment Decision Guide
SEPTEMBER 30 – OCTOBER 25, 2024



"As State Treasurer, it's been my honor to serve you for the past eight years. I'm pleased that we have been able to freeze premiums for seven years in a row! It's always been my goal to preserve and protect the State Health Plan for current and future public service workers and to provide quality, accessible and affordable health care for its members.

Starting Jan. 1, 2025, we're switching our Third-Party Administrator (TPA) from Blue Cross NC to Aetna. After 47 years, we are changing the transmission. Your State Health Plan Board of Trustees made the decision to change to Aetna as did Truist Bank and other large North Carolina employers. Aetna stands ready to serve our members and is working hard to make the transition as seamless as possible and is offering many great new features like a 24/7 nurse line and virtual care services.

I encourage you to review your options in this Decision Guide, note the changes that come with a new TPA, and take action where necessary. It has been my distinct privilege to serve as your State Treasurer."

Dale R. Folwell, CPA
State Treasurer



[2025 Active Member Decision Guide →](#)

[2025 Active Member Decision Guide \(Spanish\) →](#)

[2025 Non-Medicare Member Decision Guide →](#)

[2025 Medicare Member Decision Guide →](#)

Tobacco Users Can Save Money on their Premiums in 2025!

(Active Members & Non-Medicare Members Enrolled in the 80/20 Plan)

As a reminder, active members and Non-Medicare members* who are tobacco users and want to earn their monthly premium credit for 2025 can take action now to save money throughout 2025!

Tobacco users can attend a tobacco cessation counseling session at any provider's office that offers the service for FREE to earn a lower premium for 2025. Members have until November 30, 2024, to take action. *(Note: If members combine their tobacco cessation visit with another service, there may be a copay.)*

How it works:

- After members visit a provider for their tobacco cessation session, the provider will submit a claim on their behalf. To ensure they receive credit for their visit, members should upload their office visit summary to the "Document Center" located in [eBenefits](#), the State Health Plan's enrollment system. They should make sure to request a copy of their summary during their visit.
- This action is **ONLY** for tobacco users who want to reduce their monthly premium by \$60 per month in 2025.
- If members are NOT tobacco users, they will simply attest to that online during Open Enrollment, Sept. 30 to Oct. 25, 2024.
- During Open Enrollment, members will need to attest during the online enrollment process. This step is critical to ensure members receive the lower premium for 2025.

**The Base PPO Plan (70/30) remains premium-free for retirees. The tobacco credit only applies to those Non-Medicare retirees that want to reduce their premium in the Enhanced PPO Plan (80/20).*



Open Enrollment Aetna Bus/Van Tour, Webinars and Telephone Town Halls

(Active Members)

This year we're offering several ways for members to connect with the State Health Plan and learn more about the transition to Aetna. Members are encouraged to participate in one of these In-person events, Webinars and Telephone Town Halls. These events provide helpful information to assist in making an informed decision during Open Enrollment.

For a complete list of scheduled events, visit the State Health Plan's [Upcoming Events page](#). Printable versions of the Open Enrollment [Event Schedule](#) are also available.

All events are free, for the webinars and telephone town halls we do ask that members RSVP. Visit [Upcoming Events](#) to select a date and time that is convenient for your schedule. Members do not need to RSVP to attend an Aetna Bus/Van event.

Medicare-Eligible Member Open Enrollment Tips

For Medicare-eligible members, this can be a very confusing time as there is an increase in television advertisements and other solicitations regarding Medicare plans. It is possible Medicare-eligible members will receive random telephone calls, mailers, and salespeople at your door.

There is also an increase in television commercials and infomercials regarding Medicare Advantage Plans offered to the public. Please be aware that enrolling in an outside Medicare Health Plan, such as a Medicare Advantage or Medicare Prescription Drug Plan, may have a serious impact on your State Health Plan coverage and out-of-pocket costs.

Here are some tips:

- Medicare's Open Enrollment period runs from October 15 to December 7 and is not associated with the State Health Plan's Open Enrollment period. If you act during this period, it may impact your 2025 coverage under the State Health Plan. This period is intended for individuals in the private sector who may not have retirement coverage from their former employer. It allows them to sign up or change Individual Medicare plans.
 - A person cannot be enrolled in multiple Medicare Health Plans at the same time. If you are currently enrolled in one of our Humana Group Medicare Advantage Plans and choose to enroll in an outside plan, you will be **automatically switched to our Base PPO Plan (70/30)**. This may impact your costs under the State Health Plan, especially if a covered spouse enrolls in an outside plan.
 - **Do not give out your personal information** such as your Medicare number, Social Security number, date of birth, etc. Companies do not need this information to provide you with information about a plan. All they need is your zip code.
 - **Per Medicare rules:**
 - People representing Medicare Health Plans cannot come to your home uninvited to sell or endorse their plans.
 - People representing Medicare Health Plans cannot call you unless you are already a member of their plan, or you asked them to contact you.
 - Companies cannot require you to speak to a sales agent to get information about a plan.
 - **BEFORE enrolling in an outside plan, contact the Plan's Eligibility & Enrollment Support Center at 855-859-0966 to see how it may affect your coverage under the State Health Plan.**
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Do You Use A Continuous Glucose Monitoring System?

(Humana Medicare Advantage Members)

Your State Health Plan Humana Group Medicare Advantage PPO plan covers therapeutic continuous glucose monitors (CGMs) and supplies, such as Dexcom or Freestyle Libre, under Medicare Part B with a \$0 copay. You can obtain CGMs and supplies from a durable medical equipment (DME) provider that accepts Medicare and will bill your insurance. Additionally, CGMs and supplies can now be obtained at participating retail pharmacies.

If you are a new member using a CGM, contact a DME provider or participating retail pharmacy for assistance with obtaining a CGM and supplies as soon as you receive your Humana ID card.

For questions about your coverage, call Humana Group Medicare Customer Care at **888-700-2263 (TTY: 711)**, Monday-Friday: 8 a.m.-9 p.m. (ET).

Subrogation: Third-party Liability and You

(Active and Non-Medicare Members)

Have you recently been involved in a car accident, medical malpractice case, product defect incident, or some other event that resulted in an injury? In certain circumstances, this may lead to subrogation by the State Health Plan ("the Plan").

When you receive medical treatment because of an injury or illness, the Plan pays the insurance claims for that care. If the need for treatment was caused by someone else's action or negligence, this is known as third-party liability. So that funds are reserved for our members' medical claims, the Plan protects its funds by the process of subrogation to recover treatment costs that should have been paid by another party. The Plan will seek reimbursement for medical and pharmacy expenditures if another party is liable for an injury incident, such as medical malpractice, workers' compensation, slip and falls, product liability cases, or motor vehicle accidents.

The Plan has a legal right to recover paid claims that are the responsibility of a third party. You or your attorney should *immediately* notify the Plan if another party is involved in your accident or caused your injury or illness.

Please note: If a liable third party pays YOU directly for damages and the Plan is not informed, then YOU may be responsible for reimbursing the Plan. You can prevent this situation by contacting the Plan's subrogation contractor, The Rawlings Company, LLC ("Rawlings"). Call Rawlings with any questions toll free at 1-877-229-0872. You or your duly authorized representative can also send an email to NCStatemanualreferrals@rawlingscompany.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](#)."

September is Healthy Aging Month

Healthy Aging Month in September highlights the importance of physical and mental health for older adults. As we age, both our minds and bodies change. It is important to maintain a healthy lifestyle to help deal with those changes and to help prevent some common age-related health problems.

You can take a proactive approach to aging by adopting healthy habits and behaviors, managing existing health conditions, and staying connected with your community. Consider practicing the tips below to stay active and independent as you age.

- **Eat and Drink Healthy.** As you age, dietary needs may change. Follow a healthy eating plan that includes nutritious foods low in cholesterol, fat, and artificial ingredients. Drink plenty of fluids, especially water, to stay hydrated. Focus on nutrient-dense foods such as fruits, vegetables, whole grains, lean meats, and low-fat dairy products.
- **Move More, Sit Less.** Staying active can help prevent, delay, and manage chronic diseases, improve balance and stamina, reduce the risk of falling, and enhance brain health. Aim for at least 150 minutes of moderate physical activity, like walking, each week (22-30 minutes a day), and include muscle-strengthening activities, like carrying groceries, at least 2 days a week. Consult your doctor before starting a new exercise regimen.
- **Get Regular Checkups.** Regular health screenings are essential for healthy aging. They help catch chronic diseases early and manage risk factors like high blood pressure and cholesterol. Regular checkups can also improve quality of life and overall wellness.
- **Be Aware of Changes in Brain Health.** While some changes in brain health are normal with aging, [dementia](#) is not. There are a variety of [healthy behaviors](#) that can be done to reduce age-related cognitive decline or manage dementia. Engaging in social and intellectually stimulating activities, getting enough sleep, and not smoking are a few actions you can take. If you have concerns about memory or brain health, consult your doctor.

For additional resources on healthy aging, visit the [National Institute on Aging, Healthy Aging website](#).



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This Month's Healthy Recipe



Crispy Chicken Rice Bowl

[Get the Recipe! >](#)



This Month's Wellness Tip

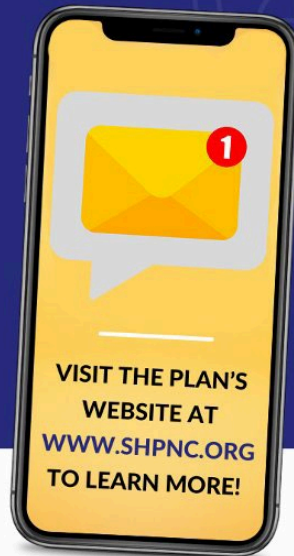


Tips For Healthy Aging

[Learn More! >](#)

TEXT "JOIN" TO 76971

- Sign up to receive State Health Plan updates by text! Just text "Join" to 76971.
- Text messages will be general information regarding your State Health Plan benefits.



Message Frequency may vary. Message and Data rates may apply. Reply STOP to cancel.

SIGN UP TODAY



Eligibility and Enrollment Questions: 855-859-0966
Prescription Questions: 888-321-3124
For questions on this newsletter, e-mail: shpmemberinquiries@nctreasurer.com



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