

HIGH DEDUCTIBLE HEALTH PLAN DECISION GUIDE

Find out if the High Deductible
Health Plan is right *for you.*
Take a look inside!

2018

 *North Carolina*
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer



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STATE TREASURER OF NORTH CAROLINA
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WHAT YOU NEED TO DO



- Read this Decision Guide for the High Deductible Health Plan (HDHP) carefully and decide if the HDHP is right for you.
- Understand what you need to do. During **your designated enrollment period**, you can enroll or disenroll yourself and any eligible dependents in the State Health Plan (Plan). Your eligible dependents include the following:
 - Your legal spouse.
 - Your children up to age 26, including natural, legally adopted, foster children, children for which you have legal guardianship and stepchildren.

This includes coverage for such children (described above) who are covered by the Plan when they turn age 26 to the extent that they are physically or mentally incapacitated on the date that they turn age 26. A child is physically or mentally incapacitated if they are incapable of earning a living due to a mental or physical condition. Coverage continues for such children as long as the incapacity exists or the date coverage would otherwise end, whichever is earlier.

Please remember that when you add dependents to the HDHP, you may be asked to provide **documentation of dependent eligibility under the State Health Plan**. You can find a list of required documents on the Plan's website at www.shpnc.org.

- **Once you make your coverage choices, you may not change them until the next Open Enrollment period.** Your coverage will stay in effect until the following benefit plan year, unless you experience a qualifying life event such as marriage, birth or death. You have 30 days from the date of the qualifying event to change your coverage.

You can find a complete list of qualifying life events in your Benefits Booklet, which is available online. Visit the State Health Plan website, www.shpnc.org, and under “Plans for Active Employees” click “High Deductible Health Plan.” Qualifying life events are listed in the Benefits Booklet for HDHP.



ABOUT THE HDHP

A High Deductible Health Plan (HDHP) features a higher deductible than other traditional medical and pharmacy benefit plans. This means that you will pay more up front and out-of-pocket for your medical and pharmacy expenses before your plan starts paying benefits.

With the HDHP, you can seek care from providers in the MedCost Preferred Provider Organization (PPO) network or go out-of-network. If you stay in-network, the plan pays a greater portion of the cost of your care, and you pay less. (See the HDHP overview chart on page 5.)

Locating a Provider in the MedCost Network

Go to **Medcost.com**, click Locate a Provider and select MedCost/MedCost ULTRA.

There are no copays with this plan. You will be required to pay 100% of the allowable expense for your covered medical expenses **until you meet your deductible**. After the deductible is met, you will pay a percentage of the cost for covered services (coinsurance), until you meet your out-of-pocket maximum. The coinsurance you pay for in-network services is 50%. Once you meet your out-of-pocket maximum, the Plan will pay 100% of covered services for the remainder of the benefit year.

Affordable Care Act (ACA) preventive care medical services performed by an in-network provider are covered at 100%, which means there is no charge to you, as long as medical management requirements are met. You can find a full list of covered services on the State Health Plan's website. Visit **www.shpnc.org**, and under "Plans for Active Employees" click "High Deductible Health Plan."



2018

Pharmacy Benefits Under the HDHP

CVS Caremark is the State Health Plan's Pharmacy Benefit Manager.

The HDHP will use the 2018 CVS Caremark National Formulary (preferred drug list). The pharmacy benefit also includes the CVS Caremark broad retail pharmacy network.

The 2018 CVS Caremark National Formulary is a national drug list of the most commonly prescribed drugs that may be covered by the Plan for members of the HDHP. The list is not an all-inclusive list. The formulary represents an abbreviated version of the list of drugs that may be covered. Not all the drugs listed are covered by the Plan and certain brand name medications with covered preferred alternatives are not covered.

You will be responsible for the full cost of your prescription until your deductible is met for all covered prescription drugs, except ACA Preventive Medications. After your deductible is met, you will pay the 50% coinsurance if your prescription is filled at an in-network pharmacy until your out-of-pocket maximum is met. Medications on the ACA Preventive Medication list are covered at 100% with no member cost share when filled with a prescription at an in-network pharmacy, as long as medical management requirements are met.

To view the 2018 CVS Caremark National Formulary, visit the State Health Plan's website at www.shpnc.org, and under "Plans for Active Employees" click "High Deductible Health Plan." For questions about your pharmacy benefit and participating pharmacies, call CVS Caremark Customer Service at **888-321-3124**.

PHARMACY BENEFIT MANAGER

You will have access to an online drug lookup tool which allows you to compare costs for various drugs covered under the plan. This tool can help you save money on medications for which you pay coinsurance. For more information, visit the State Health Plan's website at www.shpnc.org or call CVS Caremark at **888-321-3124**.



HDHP OVERVIEW

This chart provides an overview of what you will pay if you enroll in the HDHP.

PLAN DESIGN FEATURES	IN-NETWORK (Individual Coverage)	IN-NETWORK (Family Coverage)	OUT-OF-NETWORK (Individual Coverage)	OUT-OF-NETWORK (Family Coverage)
MEDICAL COVERAGE				
Deductible	\$5,000	\$10,000	\$10,000	\$20,000
Coinsurance	50%	50%	60%	60%
Out-of-Pocket Maximum (Medical and Pharmacy)	\$6,450	\$12,900	\$12,900	\$25,800
ACA Preventive Care Services	\$0 (covered at 100%)	\$0 (covered at 100%)	60% after deductible	60% after deductible
Office Visits	50% after deductible	50% after deductible	60% after deductible	60% after deductible
Teladoc	\$40 per each use	\$40 per each use	\$40 per each use	\$40 per each use
Specialist Visit	50% after deductible	50% after deductible	60% after deductible	60% after deductible
Inpatient Hospital	50% after deductible	50% after deductible	60% after deductible	60% after deductible
PRESCRIPTION COVERAGE				
Covered Prescription Drugs in 2017 CVS Caremark Formulary	50% after deductible	50% after deductible	60% after deductible	60% after deductible
ACA Preventive Medications	\$0 (covered at 100% with a prescription)	\$0 (covered at 100% with a prescription)	50% after deductible	50% after deductible

USING THE HDHP WITH A HEALTH SAVINGS ACCOUNT (HSA)

The HDHP can be used with a Health Savings Account (HSA). An HSA is a special savings account that includes money you place into the account, and then withdraw to spend on qualified medical and pharmacy expenses and is not taxed.

You are **not required** to have an HSA if you want to be enrolled in the HDHP. However, you can use an HSA to help pay for expenses before you meet your HDHP deductible, and the tax savings can help offset the relatively higher out-of-pocket costs of an HDHP.

If you would like to have an HSA, you are responsible for setting one up through a financial institution. Your HSA belongs to you. If you change employers, you keep the account and the money in it, which you can use to pay for qualified expenses.

OTHER SPECIAL FEATURES AND BENEFITS OF THE HDHP

If you enroll in the HDHP, you'll have access to a number of resources to help you receive medical care and maintain a healthy lifestyle:



Personal Care Management offers you customized health education and one-on-one nurse mentoring and coaching for people who need living assistance due to aging or a health condition. It is designed to encourage self-empowerment and self-management, including transitional care management.



Teladoc 24/7 is a “telehealth” service that makes health care more easily accessible by connecting you with U.S. board-certified doctors and pediatricians via phone or online video consultations. When you have questions about common conditions such as allergies, infections, etc., medical expertise is only a call or click away. Your out-of-pocket cost will be \$40 per use of the service. For more information about Teladoc services, visit www.teladoc.com. You will receive information from Teladoc that provides an overview of this service and a separate ID card for using this service.




Personal Health Suite is an online collection of health and wellness tools and information, including a Health and Productivity Assessment (HPA), Healthy Living Programs, a personal health portal and health trackers. More information about these services will be available in the information packet that will be sent with your new plan ID card.


Member ID Cards

You will receive an ID card for the HDHP. This card will also allow you to access your pharmacy benefits.

Your card will arrive in the mail with information about additional benefits available under this plan. You will also receive a Welcome Kit from CVS Caremark. In addition, you will also have access to a virtual ID card, accessible on any smart device via a mobile app or a secure website. This can be printed or emailed for immediate use. You will receive additional information about how to register and download the mobile app.




Member

Group # S001TEST

JOHN SAMPLE

ID: SMPL0001

Plan at a Glance

High Deductible Health Plan

	Individual		Family	
	Ded	OOP	Ded	OOP
Network	\$5000	\$6450	\$10000	\$12900
Non-Net	\$10000	\$12900	\$20000	\$25800

Teladoc available 24/7/365, \$40 copay
1-800-Teladoc or www.Teladoc.com

This card does not guarantee coverage. To verify benefits and eligibility, view claims or find a provider visit www.medcost.com or call customer service at 1-866-740-3881.

Claims Submission

Medical EDI 56162

State Health Plan
c/o MedCost Benefit Services
PO Box 25307
Winston Salem, NC 27114-5307

For questions regarding enrollment, call toll free:
1-855-442-6272.

MedCost Benefit Services d/b/a MBS Third Party Administrators in California

Precertification

PROVIDER: INPATIENT ADMISSION AND CERTAIN OUTPATIENT PROCEDURES, including advanced imaging and dialysis, REQUIRE PRE-AUTHORIZATION, as specified by the benefit plan. Provider must call 1-866-740-3881 to obtain. Failure to do so may affect benefits. For an emergency, patient should seek care immediately, and then call within 48 hours.

MEMBER: You will be asked to participate in case management for certain conditions; failure to do so may affect benefits.

Pharmacy Plan

RxBIN: 004336
RxPCN: ADV
RxGRP: RX0275



Customer Care (888) 321-3124
Pharmacy Help Desk (800) 364-6331
Submit paper claims to:
CVS Caremark Claims Department
P.O.Box 52136, Phoenix, AZ 85072-2136

Travel Access

When seeking emergency medical care outside of your primary PPO service area, you may have access to a travel network through AHA/First Health. Contact MBS for more information on network providers.







MONTHLY PREMIUM RATES

Monthly premiums for the HDHP are listed in the table below. You will be billed monthly for your premiums by the Plan's direct billing administrator, iTEDIUM. This is a pre-paid plan; therefore, you will be billed a month in advance. For instance, you will receive a bill in December for January coverage. **You will be responsible for paying your bill on time. If you don't pay on time, your coverage under the plan will end.**

COVERAGE TYPE	MONTHLY PREMIUM
Employee Only	\$96.00
Employee + Child(ren)	\$284.00
Employee + Spouse	\$513.00
Employee + Family	\$617.00

Below is a sample of the bill that you will receive for your premium each month. The bill will come from iTEDIUM, as a vendor serving the State Health Plan, and will include the State Health Plan logo.

DALE R. FOLWELL, CTA
STATE TREASURER OF NORTH CAROLINA

HDHP State Health Plan Coverage Invoice

Visit our website at <http://www.shphdhp.com>
Need Help? Call our Direct Bill Member Hotline at (855) 442-6272

Invoice Date: **4/24/2018**
Account Number: **00000000**
Total Amount Due: **\$384.00**

Member Name
Address
City, State ZipCode

IMPORTANT: This is a monthly invoice for your healthcare coverage. The table below shows the coverage period(s) currently due with the premium amount(s) and due date(s). Premium payments must be postmarked on or before the corresponding grace period end date to be valid.

Benefit Premium Payment Balance Detail					
Payment Period	Premium Amount	Credit/Subsidy	Amount Due	Due Date	Grace Period End Date
Medical Premium 03/01/2018-03-31-2018	\$96.00	\$0.00	\$96.00	03/01/2018	05/30/2018
Medical Premium 04/01/2018-04-30-2018	\$96.00	\$0.00	\$96.00	04/01/2018	05/30/2018
Medical Premium 05/01/2018-05-31-2018	\$96.00	\$0.00	\$96.00	05/01/2018	05/30/2018

\$384.00 is the total amount due.

ENROLLING IN THE HDHP OR MAKING CHANGES

1. Visit www.shpnc.org and click Enroll Now/Access Benefits. Click Login to iTEDIUM for High Deductible Health Plan.
2. You'll be prompted to create a user name and password if you do not already have one.
3. Once registered, follow the steps to enroll. (Below are the screens you'll see.)

Registration

Member Portal

Member Registration

Why do I need to Register?
We need to collect your details and create a unique login to allow for you to access your information through the Member Portal.

How do I Register?
The registration process can be done by completing the form on this screen. This process can typically be completed in about one minute. If you need help with your registration, contact iTCAMP at participating@shpnc.com.

Already Registered?
If you have already registered, you can click [here](#) to login.

Registration Form

Last Name:

Last & First Social Security Number:

Date of Birth:

Email Address:

This will be used as our "username" when you login.

Password:

Password must be at least 8 characters in length. Passwords are case sensitive.

Re-type Password:

Main Enrollment Screen

Welcome

Welcome to the State of North Carolina 2018 Initial Enrollment. Please make your election by clicking the "Make Selection" button below. You may change your elections as often as needed when your enrollment period is open.

Please Note: If you login or click the "Update Without Saving" button before completing the enrollment and submitting your elections, all your election changes will be lost.

2018 Initial Enrollment

Current:

Enrollment Begins: August 1st, 2018

Enrollment Ends: August 31st, 2018

Current Benefits

Medical: Coverage Selected

Pending Elections

You have not yet made any elections for this enrollment.

Submit Benefit

Review & Submit Pending Elections

Please review the elections you made above below. If you are satisfied with these elections, you must click the green "Review and Submit" button to complete your elections.

If you wish to make any changes, you can return to any page by clicking on the page link listed at the top of this page.

Elections

Medical: High Deductible Health Plan

Medical Plan: Member Only

Medical Savings Plan: Member Only

4. Decide which dependents you wish to cover. (You'll need their Social Security numbers.)
5. Print your confirmation statement for your records.

For questions about enrollment, contact the Enrollment and Billing Support Center at **855-422-6272**.



TERMS TO UNDERSTAND

ACA Preventive Medications

A list of preventive medications the Affordable Care Act (ACA) requires to be covered at 100% with no member cost share if filled with a prescription at an in-network pharmacy, as long as medical management requirements are met.

Allowed Amount

The amount the HDHP and its PPO network allows an in-network provider to charge, or determines to be reasonable. This is the amount on which the plan bases its cost sharing and payment of benefits.

If the amount charged by an in-network provider exceeds the allowed amount, the PPO network reduces the charge to an allowed amount on which payment is based. If the provider or facility is out-of-network, the allowed amount will typically be based on the lower of the billed charge or a reasonable charge established by MedCost.

Coinsurance

The percentage of the allowable amount you pay for certain services once you meet your deductible. Under the HDHP, once you reach your deductible, you pay 50% coinsurance for medical care and pharmacy benefits received in-network. Coinsurance is applied towards the out-of-pocket maximum. Amounts in excess of the allowed amounts are not considered coinsurance and are not applied towards the deductible or out-of-pocket maximum.

Deductible

The allowed amounts that you pay each year before the plan pays benefits for services that require coinsurance. Payments for out-of-network services count toward the in-network deductible, but payments for in-network services do not count toward the out-of-network deductible. The HDHP has an individual and family deductible. If the family deductible is satisfied, all individual deductibles are also satisfied.

Formulary

A list of drugs that are covered under the HDHP's pharmacy benefits. Some drugs may be excluded. For information about the coverage of a particular drug, call CVS Caremark at **888-321-3124**.

Health Savings Account (HSA)

A special savings account that offers you certain tax advantages: Money you place into the account, and then withdraw to spend on qualified medical and pharmacy expenses, is not taxed. You have the option of using an HSA to help pay for your qualified expenses before you meet the HDHP's deductible.

Your HSA belongs to you. If you would like to have an HSA, you are responsible for setting one up through a financial institution.

High Deductible Health Plan (HDHP)

A High Deductible Health Plan features a higher deductible than other traditional medical and pharmacy benefit plans. You must meet the deductible before a coinsurance applies and the plan helps pay for applicable expenses.

Out-of-Pocket Maximum

Under the HDHP, this is the most you pay out-of-pocket for covered expenses (medical and pharmacy) in a calendar year. It includes deductibles and coinsurance but excludes premiums. Once the maximum is met, the plan pays for covered expenses at 100% of the allowable amount for the rest of the calendar year.

Telehealth

The practice of medicine that allows physicians and patients to interact in a way that is similar to a traditional visit, despite being at different locations, through electronic means such as secure video conferencing or other information technology or telecommunications.

Notice of Privacy Practices for the State Health Plan for Teachers and State Employees

This notice describes how medical information about you may be used and disclosed by the Plan and how you can get access to this information. Please review it carefully. The privacy of your medical information is important to us.

- Original Effective Date: April 14, 2003
- Revised Effective Date: January 24, 2018

Introduction

A federal law, the Health Insurance Portability and Accountability Act (HIPAA), requires that we protect the privacy of identifiable health information that is created or received by or on behalf of the Plan. This notice describes the obligations of the Plan under HIPAA, how medical information about you may be used and disclosed, your rights under the privacy provisions of HIPAA, and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information if we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services or sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records.

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information (including medical records, billing records, and any other records used to make decisions regarding your health care benefits) for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except: (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.
- To request an accounting, you must submit a written request to the Privacy Contact identified in this Notice. Your request must state a time period of no longer than six (6) years.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: The Plan may disclose your health information so that your doctors, pharmacies, hospitals, and other health care providers may provide you with medical treatment.

Run our organization

We can use and disclose your information to run our organization (healthcare operations), improve the quality of care we provide, reduce healthcare costs, and contact you when necessary.

Example: The Plan may use and disclose your information to determine the budget for the following year, or to set premiums.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with CVS Caremark to coordinate payment for your prescriptions.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your employer's Health Benefit Representative is provided information to help you understand your health benefits, and help make sure you are enrolled.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research. Research done using Plan information must go through a special review process. We will not use or disclose your information unless we have your authorization, or we have determined that your privacy is protected.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Other Uses and Disclosures

Some uses and disclosures of your will be made only with your written authorization. For example, your written authorization is required in the following instances: (i) any use or disclosure of psychotherapy notes, except as otherwise permitted in 45 C.F.R. 164.508(a)(2); (ii) any use or disclosure for "marketing," except as otherwise permitted in 45 C.F.R. 164.508(a)(3); (iii) any disclosure which constitutes a sale of PHI. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization at any time in writing. However, your revocation will only stop future uses and disclosures that are made after the Plan receive your revocation. It will not have any effect on the prior uses and disclosures of your PHI.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information

see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticetpp.html.

Changes to the Terms of this Notice

The Plan has the right to change this notice at any time. The Plan also has the right to make the revised or changed notice effective for medical information the Plan already has about you as well, as any information received in the future. The Plan will post a copy of the current notice at www.shpnc.org. You may request a copy by calling 919-814-4400.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

To file a complaint with the Plan, contact the Privacy Contact identified in this Notice.

To file a complaint with the Secretary of the Department of Health and Human Services Office for Civil rights use this contact information:

U.S. Department of Health and Human Services

200 Independence Avenue, SW.
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

File complaint electronically

at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available

at: <http://www.hhs.gov/ocr/office/file/index.html>

Privacy Contact

The Privacy Contact at the Plan is:
State Health Plan
Attention: HIPAA Privacy Officer
3200 Atlantic Avenue, Raleigh, NC 27604
919-814-4400

Effective date

This notice is effective as of January, 24, 2018.

Enrollment in the Flexible Benefit Plan (under IRS Section 125) for the State Health Plan

If you are an active employee, you are eligible for participation in the Flexible Benefit Plan to have your health benefit plan premium payments deducted on a pre-tax basis. Retirees and members with COBRA continuation coverage are not eligible for participation since they must have current earnings from which the premium payments can be deducted. The Flexible Benefit Plan allows any premiums you pay for health benefit coverage to be deducted from your paycheck before Federal, State, and FICA taxes are withheld. By participating, you will be able to lower your taxable income and lower your taxable liability, thereby in effect, lowering the net cost of your health plan coverage.

The Flexible Benefit Plan is designed so that your participation will be automatic unless you decline.

If you wish to decline participation and have your contributions paid on an "after-tax" basis, you must do so in the eEnroll system or by completing the Flexible Benefit Plan (IRS Section 125) Rejection form available on the Plan's website at www.shpnc.org.

You will have the opportunity to change your participation election during each Open Enrollment period. The Flexible Benefit Plan administered by the State Health Plan is for the payment of health benefit plan premiums on a before-tax basis only and is separate and distinct from NCFlex, which is administered by the Office of State Human Resources.

Your health benefit coverage can only be changed (dependents added or dropped) during the Open Enrollment period or when one of the following events occurs:

- Your marital status changes due to marriage, death of spouse, divorce, legal separation, or annulment.
- You increase or decrease the number of your eligible dependents due to birth, adoption, placement for adoption, or death of the dependent.
- You, your spouse, or your eligible dependent experiences an employment status change that results in the loss or gain of group health coverage.
- You, your spouse, or your dependents become entitled to coverage under Part A or Part B of Medicare, or Medicaid.
- Your dependent ceases to be an eligible dependent (e.g., the dependent child reaches age 26).
- You, your spouse, or your dependents commence or return from an unpaid leave of absence such as Family and Medical Leave or military leave.
- You receive a qualified medical child support order (as determined by the plan administrator) that requires the plan to provide coverage for your children.
- If you, your spouse or dependents experience a cost or coverage change under another group health plan for which an election change was permitted, you may make a corresponding election change under the Flex Plan (e.g., your spouse's employer significantly increases the cost of coverage and as a result, allows the spouse to change his/her election).
- If you change employment status such that you are no longer expected to average 30 hours of service per week but you do not lose eligibility for coverage under the State Health Plan (e.g., you are in a stability period during which you qualify as full time), you may still revoke your election provided that you certify that you have or will enroll yourself (and any other covered family members) in other coverage providing minimum essential coverage (e.g., the marketplace) that is effective no later than the first day of the second month following the month that includes the date the original coverage is revoked.
- You may prospectively revoke your State Health Plan election if you certify your intent to enroll yourself and any covered dependents in the marketplace for coverage that is effective beginning no later than the day immediately following the last day of the original coverage that is revoked.

You or your children lose eligibility under Medicaid or a state Children's Health Insurance Program. In this case you must request enrollment within 60 days of losing eligibility.

- If you, your spouse or your dependent loses eligibility for coverage (as defined by HIPAA) under any group health plan or health insurance coverage (e.g., coverage in the individual market, including the marketplace), you may change your participation election.

In addition, even if you have one of these events, your election change must be "consistent" with the event, as defined by the IRS. Consequently, the election change that you desire may not be permitted if not consistent with the event as determined by IRS rules and regulations.

When one of these events occurs, you must complete your request through your online enrollment system within 30 days of the event (except as described above). If you do not process the request within 30 days, you must wait until the next Open Enrollment to make the coverage change. Whenever you report a change due to a qualifying event, your premium deduction will be on a pre-tax basis.

Notice Regarding Mastectomy-Related Services

As required by the Women's Health and Cancer Rights Act of 1998, benefits are provided for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information, contact Customer Service at **888-234-2416**.

Notice of HIPAA Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for assistance.

To request special enrollment or obtain more information, contact the Enrollment and Billing Support Center at **855-422-6272**.

Nondiscrimination & Accessibility Notice

The State Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The State Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The State Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator identified below (the "Coordinator"):

State Health Plan Compliance Officer
919-814-4400

If you believe that the State Health Plan has failed to provide these services or discriminated against you, you can file a grievance with the Coordinator. You can file a grievance in person or by mail, fax, or email. You can also file a civil rights complaint with the U.S.

Department of Health and Human Services, Office for Civil Rights available at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201,
800-368-1019, 800-537-7697 (TDD).

File complaint electronically at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **919-814-4400**.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **919-814-4400**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **919-814-4400**.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **919-814-4400**.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **919-814-4400**.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل بـرقم **919-814-4400**.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **919-814-4400**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **919-814-4400**.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **919-814-4400**.

સુચના: જો તમે ગુજરાતી બોલતા છો, તો ત્રિ:શુલ્ક સેવા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **919-814-4400**.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អប្ល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **919-814-4400**។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **919-814-4400**.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **919-814-4400**।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ **919-814-4400**.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **919-814-4400**。

Contact Us

Eligibility and Enrollment Support Center (eEnroll questions): **855-859-0966**

MedCost (medical benefits): **866-740-3881**

CVS Caremark (pharmacy benefits questions): **888-321-3124**



State Health Plan
3200 Atlantic Avenue
Raleigh, NC 27604



HIGH DEDUCTIBLE HEALTH PLAN DECISION GUIDE