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STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA



2018 State Health Plan Open Enrollment

Member Outreach Event

Open Enrollment Dates: Sept. 30-Oct. 31, 2017

A Division of the Department of State Treasurer

What We Will Cover

- Overview of Changes
- Plan Options and Benefits
- Premiums
- Resources Available
- Important Reminders
- eEnroll Online Experience
- Extended Call Center Hours
- Phone Numbers to Keep Handy



Open Enrollment and Dependent Eligibility

- Open Enrollment is the time to add and drop dependents as well as change plans.
- Outside of OE, there must be a qualifying life event to add or drop dependents. Changes must be made within 30 days of the event.
- **It is essential that dependent verification documentation is maintained on all dependents (e.g., birth certificate, marriage certificate, court orders).**
- **If you're adding dependents, you will be prompted to upload your documents to the eEnroll system.**





Overview of Changes

- In March 2017, under the leadership of Treasurer Dale Folwell, the Plan's Board of Trustees approved a number of changes for the upcoming 2018 benefit plan year.
- These changes reduce complexity for members, maintain quality health coverage and contribute to the Plan's long-term financial stability.

Family premiums have been frozen for the 2018 benefit year.

The tobacco attestation credit will still be offered, but other premium credits have been removed.

The Consumer-Directed Health Plan (CDHP) is being eliminated.

What used to take you 50 “clicks” to complete online enrollment, will now take you only 10! Copays and deductibles will not increase in 2018.

Overview of Changes: Elimination of CDHP

- Elimination of the CDHP:
 - **Because the CDHP is being eliminated, the Health Reimbursement Account (HRA) will not roll over for use in 2018.** HRA funds provide first dollar payments for covered services and benefits to members and are not actual funds that can be reimbursed or paid to members.
 - The HRA funds will only be available for claims incurred in 2017 and submitted for processing before March 31, 2018.
 - Plan members should plan accordingly for the remainder of the year regarding any unused HRA funds.
 - The CDHP's Health Engagement Program will continue to be offered through December 31, 2017, but note that any incentive funds received as a result of any of the designated activities will not roll over and will only be available for claims incurred in 2017.

2018 Plan Options

- The State Health Plan will offer two plan options to actives and non-Medicare retirees for 2018:

80/20 Plan

Members pay a 20% coinsurance for eligible in-network services. For some services (i.e., office visits, urgent care or emergency room visits), members pay a copay. Affordable Care Act (ACA) Preventive Services performed by an in-network provider are covered at 100% in this plan, which means no cost to you.

70/30 Plan

Services are subject to deductible and coinsurance maximum. Members pay 30% coinsurance for eligible in-network services. For some services (i.e., office visits, urgent care or emergency room visits), members pay a copay. Affordable Care Act preventive services and medications require the applicable copay under this plan.

- Members can earn down their premium by completing the tobacco attestation in both plans!

**Retirees selecting the 70/30 Plan do not need to complete the tobacco attestation.*

Action Required!

- ALL MEMBERS MUST TAKE ACTION DURING OPEN ENROLLMENT!
- All members will be automatically enrolled in the 70/30 Plan but YOU MUST TAKE ACTION to reduce your premium.
- If you prefer the 80/20 Plan, YOU MUST TAKE ACTION!
- If you want to reduce your monthly premium on either plan, YOU MUST TAKE ACTION by completing the tobacco attestation!
- If you fail to take action during Open Enrollment, your monthly premiums will be considerably higher in 2018!

80/20 Plan

No Changes in Benefits for 2018

	2018 In-Network	2018 Out-of-Network
Annual Deductible	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family
Coinsurance	20% eligible expenses after deductible	40% of eligible expenses after deductible and the difference between the allowed amount and the charge
Medical Coinsurance Max	N/A	N/A
Medical Out-of-Pocket Max	\$4,350 Individual \$10,300 Family	\$8,700 Individual \$26,100 Family
Pharmacy Out-of-Pocket Max	\$2,500 Individual	\$2,500
Total Out-of-Pocket Max <i>(Includes Deductible)</i>	\$4,000 Family \$6,850 Individual \$14,300 Family	4,000 Family \$11,200 Individual \$30,100 Family
ACA Preventive Services	Covered at 100%	Dependent on Service
<u>Office Visits</u> Selected PCP Non-selected PCP	\$10 \$25	40% after deductible
<u>Office Visits</u> B.O.D. Specialist. Non-B.O.D. Specialist	\$45 \$85	40% after deductible

80/20 Plan

No Changes in Benefits for 2018

	2018 In-Network	2018 Out-of-Network
Urgent Care	\$70	\$70
Emergency Room <i>(Copay waived w/ admission or observation stay)</i>	\$300, then 20% after deductible	\$300, then 20% after deductible
Outpatient Hospital	20% after deductible	40% after deductible
<u>Inpatient Hospital</u> B.O.D.	\$0, then 20% after deductible	\$450, then 40% after deductible
Non-B.O.D.	\$450, then 20% after deductible	
Therapy Services (Chiro/PT/OT)	\$52	40% after deductible
Drugs		
Tier 1 (Generic)	\$5	\$5
Tier 2 (Preferred Brand & High-cost Generic)	\$30	\$30
Tier 3 (Non-preferred Brand)	Deductible/Coinsurance	Deductible/Coinsurance
Tier 4 (Low-cost/Generic Specialty)	\$100	\$100
Tier 5 (Preferred Specialty)	\$250	\$250
Tier 6 (Non-preferred Specialty)	Deductible/Coinsurance	Deductible/Coinsurance
Preferred Diabetic Supplies*	\$5	\$5

B.O.D. = Blue Options Designated Provider

*Non-preferred Diabetic Supplies will be priced at Tier 3.

80/20 Plan

Provider Questions?
BCBSNC at 888-234-2416

- Members who choose to enroll in the 80/20 Plan will continue to have additional wellness incentives available that lower out-of-pocket costs for various health care services you receive throughout the year.

Additional Wellness Activities	Reduced Copay
Visit the PCP listed on your ID card or another provider in the same practice	\$10 copay
Visit a Blue Options Designated Specialist*	\$45 copay
Get inpatient care in a Blue Options Designated Hospital*	\$0; copay not applied

- Blue Options Designated specialists and facilities refer to hospitals and providers who meet certain levels of criteria which include delivering quality health outcomes, cost effectiveness and accessibility by members. The specialties in which you may find a Blue Options Designated provider are: General Surgery, OB/GYN, Orthopedics, Cardiology, Neurology, Endocrinology and Gastroenterology. To find a Blue Options Designated provider or hospital, visit Blue Connect and look for the label “Designated for Cost and Quality” or call. To access Blue Connect, visit the State Health Plan’s website at www.shpnc.org and click Enroll Now/Access Benefits to log into eEnroll, the Plan’s enrollment system. Once you’re logged into eEnroll you will see a Blue Connect Quick Link.

70/30 Plan

No Changes in Benefits for 2018

	2018 In-Network	2018 Out-of-Network
Annual Deductible	\$1,080 Individual \$3,240 Family	\$2,160 Individual \$6,480 Family
Coinsurance	30% of eligible expenses after deductible	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Medical Coinsurance Max	\$4,388 Individual/ \$13,164 Family	\$8,776 Individual/ \$26,328 Family
Pharmacy Max	\$3,360	\$3,360
Out-of-Pocket Max (Includes Deductible)	N/A	N/A
ACA Preventive Services	Cost-Sharing Applies (\$40 for Primary Care \$94 for Specialists)	Only certain services are covered
<u>Office Visits</u> PCP Copay	\$40	50% after deductible
<u>Office Visits</u> Specialist Copay	\$94	50% after deductible

70/30 Plan

No Changes in Benefits for 2018

	2018 In-Network	2018 Out-of-Network
Urgent Care	\$100	\$100
ER <i>(Copay waived w/ admission or observation stay)</i>	\$337, then 30% deductible	\$337, then 30% deductible
Outpatient Hospital	30% after deductible	50% after deductible
Inpatient Hospital	\$337, then deductible/30% coinsurance	\$337, then deductible/50% coinsurance
Therapy Services (Chiro/PT/OT)	\$72 Copay	50% after deductible
Drugs		
Tier 1 (Generic)	\$16	\$16
Tier 2 (Preferred Brand & High-cost Generic)	\$47	\$47
Tier 3 (Non-preferred Brand)	\$74	\$74
Tier 4 (Low-cost/Generic Specialty)	10% up to \$100	10% up to \$100
Tier 5 (Preferred Specialty)	25% up to \$103	25% up to \$103
Tier 6 (Non-preferred Specialty)	25% up to \$133	25% up to \$133
Preferred Diabetic Supplies*	\$10	\$10

How Your Pharmacy Benefits Impact Your Decision

- As a reminder, the State Health Plan continues to utilize a custom, closed formulary (drug list). The formulary indicates which drugs are excluded from the formulary and not covered by the Plan. All other drugs that are on the formulary are grouped into tiers. Your medication's tier determines your portion of the drug cost.
- For 2018, the Plan's pharmacy benefit will include six tiers, which include generics, brands and specialty medications.



How Your Pharmacy Benefits Impact Your Decision

- It is important to note that in the 80/20 Plan, Tier 3 and Tier 6 medications do not have a defined copay, but are subject to a deductible/coinsurance. **Medications that are subject to coinsurance in most cases will result in higher out-of-pocket costs.**
- A formulary exclusion exception process is available for Plan members who, per their provider, have a medical necessity to remain on an excluded, or non-covered, medication. If a member is approved for the excluded drug, that drug will be placed into Tier 3 or Tier 6 and the member will be subject to the applicable cost share.

Pharmacy Benefit Resources

CVS Caremark Customer Service
888-321-3124

Drug Lookup Tool

- This tool allows you to search for a medication to determine if it is a covered drug and get an estimated out-of-pocket costs.

Preferred Drug List

- A list of preferred medications noting which drug requires any prior approvals.

Comprehensive Formulary List

- A complete list of covered medications and their tier placement.

Affordable Care Act Preventive Medication List (80/20 Plan only)

- Medications on this list are covered at 100%, which means there is no cost to you.

Specialty Drug List

- A complete list of all medications available through CVS Specialty.

Tobacco Attestation Savings

	80/20 Plan	70/30 Plan
Total employee only monthly premium without credit	\$110	\$85
Attest to being tobacco-free OR enroll in QuitlineNC	-\$60	-\$60
TOTAL employee only monthly premium with credit	\$50	\$25*



**70/30 Plan for retiree-only coverage remains premium free.*

2018 Premium Rates

Monthly premiums for all members and plans can be found on the State Health Plan website at www.shpnc.org.

Monthly Premium Rates	2018 Rates *
80/20 Plan	
Subscriber Only	\$50.00
Subscriber + Child(ren)	\$305.00
Subscriber + Spouse	\$700.00
Subscriber + Family	\$720.00
70/30 Plan	
Subscriber Only	\$25.00
Subscriber + Child(ren)	\$218.00
Subscriber + Spouse	\$590.00
Subscriber + Family	\$598.00

***Assumes completion of tobacco attestation. The employee-only premium will be \$60 higher per month if the tobacco attestation is not completed.**

NOTE: 70/30 Plan for retiree-only coverage remains premium free.

Wellness Premium Credit Opportunity

- Active members can reduce their employee-only premium on both the 80/20 and 70/30 plans by completing the tobacco attestation:
- Completing the tobacco attestation will lower the subscriber premium by \$60.
 - To earn the premium credit the employee must attest to either not using tobacco or agree to enroll in the QuitlineNC program no later than October 31, 2017.
- The tobacco attestation premium credit applies only to the employee premium. It does not apply to spouses or dependents.
- *Retirees selecting the 70/30 Plan do not need to complete the tobacco attestation.*



Attest to being tobacco-free OR enroll in QuitlineNC.
(Subscribers only)

Open Enrollment Resources

Use the resources located on the State Health Plan website to assist you with your Open Enrollment needs.

www.shpnc.org

- Informational videos
- Open Enrollment Decision Guides
- Rate Sheets
- Benefit Booklets
- Plan comparison charts
- Upcoming events

The screenshot shows the website's header with the North Carolina State Health Plan logo, the text "FOR TEACHERS AND STATE EMPLOYEES", and the name of the State Treasurer, Dale R. Forwell, CPA. A navigation bar includes "About", "Active", "Retirees", and a search icon. The main content area features a large banner for "2018 Open Enrollment Member Outreach Events" with a yellow "Register Today!" button. Below the banner are three columns of news and updates, including information about the 2018 Open Enrollment period (September 30 to October 31, 2017) and upcoming events.

Open Enrollment Resources, cont'd.

Health Care Summary Report

- This report provides benefit usage and health expense details.
- Tracking your current and recent health costs can help you decide how your plan is working for you, and if it's the right plan for next year.
- To access Blue Connect, visit the State Health Plan's website at www.shpnc.org and click Enroll Now/Access Benefits to log into eEnroll, the Plan's enrollment system. Once you're logged into eEnroll you will see a Blue Connect Quick Link and click Claims.
- Supplies a one-screen view of total deductibles, out-of-pocket amounts and health expense details.
- You can view the information as a family or individually.

The screenshot shows the Blue Connect website interface. At the top, there is a navigation bar with 'Home', 'Benefits', 'Claims', 'Doctors & Facilities', 'Wellness', 'Account', and 'Help'. A search bar is located on the right. Below the navigation bar, a sidebar on the left contains 'Overview', 'Health Care Summary Report' (highlighted), 'Claim Forms', 'Appeals & Grievances', and 'Explanation of Benefits (EOB)'. The main content area is titled 'Health Care Summary Report' and features a 'Create a Health Expense Report' button. Below this, there is a 'Select a Policy' dropdown menu showing 'YPPW1568785701 (1/1/2017 - ACTIVE)' and a 'Member' dropdown showing 'C R State Test Member'. A 'Create Report' button is positioned to the right. The 'ALL BENEFIT USAGE' section includes a 'PRINT' button and a report for the period '01/01/2017 - 12/31/2017'. It contains a table with columns for 'APPLIED TO DEDUCTIBLE', 'APPLIED TO COINSURANCE AND COPAYMENTS', and 'TOTAL MEDICAL OUT OF POCKET'. The table shows \$0.00 for all categories in both 'IN NETWORK' and 'OUT OF NETWORK' categories. Below this is a 'SUMMARY BY TYPE OF SERVICE' section with a table that has columns for 'Service', 'Number of Claims', 'Total Charges', 'Member Savings', and 'Your Part'. It states 'There are no results for this search'. The 'HEALTH EXPENSE DETAILS' section also has a table with columns for 'Date', 'Member', 'Service', 'Total Charges', 'Member Savings', and 'Your Part', and it also states 'There are no results for this search'. A 'Please note' section at the bottom provides information about claim processing and payment guarantees.

Important Reminders: Save Your Choices!

- Critical enrollment procedure: You need to **SAVE** your choices at the end of the enrollment process.
- After you have made your choices, and they are displayed for you to review and print, you **MUST** scroll down to the bottom and click **SAVE** or your choices will not be recorded!
- Don't overlook this critical step! A green congratulations message will appear when you have successfully completed your enrollment.



The choices you pick
Will **NOT** stick
Unless you **SAVE** them
With a **CLICK!**

eEnroll Open Enrollment Experience

Member Home Page at Login

Home
Profile
Benefits
Language Preferences

MANAGE ACCOUNT
Login Information
My Documents
Medicare
Select or Update Primary Care Provider

QUICK LINKS
CVS Caremark
BlueConnect
Learning Center
High Contrast Mode OFF

****ACTION REQUIRED****
All active members and Non-Medicare retirees were moved to the 70/30 Plan for the 2018 benefit year. If you prefer to enroll in the 80/20 Plan, **YOU MUST TAKE ACTION**. If you want to reduce your monthly premium by \$60 for either plan, **YOU MUST TAKE ACTION**. Deadline: October 31, 2017.


Click on the video to view a short step-by-step demonstration of the online enrollment process.

When you are ready to complete the enrollment process you will need to click the **"Get Started"** button. When you have completed your enrollment you **MUST** click **SAVE!** A green congratulations message will appear when you have successfully completed your enrollment selection.

Click Get Started

Get Started >

Benefits Snapshot

	Medical 70/30 PPO Plan Employee Only Effective as of 01/01/2018	\$85.00 Monthly
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Important Documents
[Confirmation Statement](#)

Do you need to update your PCP?
Click the "Select or Update Primary Care Provider" link under Manage Account.


2018 Offer Summary Page

Open Enrollment Benefits

All active members and Non-Medicare retirees were moved to the 70/30 Plan for the 2018 benefit year. If you prefer to enroll in the 80/20 Plan, YOU MUST TAKE ACTION. If you want to reduce your monthly premium by \$60 for either plan, YOU MUST TAKE ACTION. Deadline: October 31, 2017. When you have completed your enrollment you MUST click SAVE and print your Confirmation Statement. A green congratulations message will appear when you have successfully completed your enrollment selection.

[A note from your Health Benefits Representative](#)

Your benefits

 **Your Medical coverage**

You can reduce your monthly premium by \$60.00 by completing the tobacco attestation!

70/30 PPO Plan \$85.00
per month

Offered By: Cross and Blue Shield of North Carolina
Effective Date: 01/2018
Persons Covered: Anne Sardelli

[Edit coverage](#) [Show Plan Details](#) [Decline](#)

Click Edit Coverage

[Save changes](#) [Return home](#)

Reason for Change

Medical

Please select a reason for changing your benefit coverage.

You are making a change to benefit elections. Why are you making this change?

- Open Enrollment
- Life or family change (ex. Marriage, birth, death, loss of other coverage, etc.)

You must have a qualifying life or family change to change coverage.

Note: All changes to your benefits must be approved by your Health Benefits Representative before they become effective.

Next Previous Cancel

© 2018 North Carolina State Health Plan
Questions? Please call 855-859-0966
Monday through Friday, 8:00 a.m. to 5:00 p.m. ET
Low Vision? Enable high contrast mode

Plan Selection Page

The screenshot displays the 'Plan Selection Page' for the North Carolina State Health Plan. A modal window is open in the center, titled 'ACTION REQUIRED: Open Enrollment Sept. 30-Oct. 31, 2017'. The message inside the modal states: 'All active members and Non-Medicare retirees were moved to the 70/30 Plan for the 2018 benefit year. If you want to enroll in the 80/20 Plan or reduce your monthly premium by completing the tobacco attestation, you ****MUST TAKE ACTION**** by October 31, 2017. When you have completed your enrollment you **MUST** click **SAVE** to return to the home page and print your Confirmation Statement. A green congratulations message will appear when you have successfully completed your enrollment selection.' A 'Close' button is located at the bottom of the modal.

The background page shows the user's profile (Corinne Sardelli) and the 'Confirm & Finish' step. The main heading is 'Choose your Medical plan.' Below this, there is a section for 'Covered persons:' with a checkbox for 'Corinne Sardelli' and a '+ Add Dependent' button. A table of plan options is visible, with the 70/30 PPO plan currently selected. The 70/30 PPO plan has a monthly cost of \$85.00. The 80/20 PPO Plan has a monthly cost of \$110.00. A table of benefits for the 70/30 PPO plan is shown below:

Rate does not reflect wellness premium credits	
Benefit Year Deductible	\$1,080 Individual/\$3,240 Family
Office Visit Copay	\$40 Copay
Preventive Care	\$40 Copay
Specialist Visit Copay	\$94 Copay
Emergency Room Copay	\$337 Copay, then 30% after deductible
Inpatient Hospital Copay	\$337 Copay, then 30% after deductible

Tobacco Attestation and Premium Credit

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

Corinne Sardelli

Profile Shop for benefits Confirm & Finish

Premium credits

> **Tobacco Attestation** \$60.00 per month

Your credit has been applied!

You are NOT a tobacco user or you ARE a tobacco user and attest that you will enroll in QuitlineNC's multiple call program before the end of Open Enrollment or within 30 days of your date of hire. To enroll you must call 800-QUIT-NOW (800-784-8669).

I understand that making a false statement, representation or attestation to the Plan could result in my termination from the Plan and that by attesting to my tobacco status I am also agreeing to cooperate with the Plan in efforts to verify that status.

I am not a tobacco user
 I am a tobacco user but agree to enroll in QuitlineNC
 I am a tobacco user

Select Answer, then click Next

Next Previous Cancel

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Ask a Question | Terms of Use | Privacy Statement

Questions? Please call 855-859-0966
Monday through Friday, 8:00 a.m. to 5:00 p.m. ET

2018 Medical Summary Page

2018 SHP Medical Summary

Your 2018 SHP Medical benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

Medical

80/20 PPO Plan

Offered By: Blue Cross and Blue Shield of North Carolina
Effective Date: 01/01/2018
You Pay: \$50.00 per month
Persons Covered: Corinne Sardelli

Premium credits Edit
Show details >

Medicare Edit
No policy on record
No medicare policy information on record

Additional Insurance Edit
No policy on record
No additional insurance policy information on record

Additional Information
Show details v

Edit plan Plan details

Save Cancel

2018 State Health Plan Open Enrollment

Cost Summary
This is a summary of your OE benefit elections. Show/hide all

Benefit Elections (1 items)

Monthly
Eligible for Employer Contribution
Medical \$110.00

You Pay

Subtotal	\$110.00
Premium Wellness Credits	-\$60.00
Monthly Total	\$50.00

Complete Open Enrollment Elections Page

Open Enrollment Benefits

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[A note from your Health Benefits Representative](#)

Your benefits

Your Medical coverage

You can reduce your monthly premium by \$60.00 by completing the tobacco attestation!

80/20 PPO Plan		\$50.00 per month
Offered By:	Blue Cross and Blue Shield of North Carolina	
Effective Date:	01/01/2018	
Persons Covered:	Corinne Sardelli	

[Edit coverage](#) [Save changes](#) [Cancel](#) [Decline](#)

Click Save Changes to return to home page and see congratulations message

Return to Member Home Page

Home
Profile
Benefits
Language Preferences

MANAGE ACCOUNT
Login Information
My Documents
Medicare
Select or Update Primary Care Provider

QUICK LINKS
CVS Caremark

✓ Congratulations, Corinne! You have successfully completed your enrollment process.
Your confirmation number is: 1327399403-9sc00c. Please review and print your Confirmation Statement for your records.

****ACTION REQUIRED****

All active members and Non-Medicare retirees were moved to the 70/30 Plan for the 2018 benefit year. If you prefer to enroll in the 80/20 Plan, **YOU MUST TAKE ACTION**. If you want to reduce your monthly premium by \$60 for either plan, **YOU MUST TAKE ACTION**. Deadline: October 31, 2017.

Click on the video to view a short step-by-step demonstration of the online enrollment process.

When you are ready to complete the enrollment process you will need to click the **"Get Started"** button. When you have completed your enrollment you **MUST** click **SAVE! A green congratulations message will appear when you have successfully completed your enrollment selection.**

[Get Started >](#)

Benefits Snapshot Important Documents

Extended Call Center Hours



- During Open Enrollment, the Eligibility and Enrollment Support Center will have extended hours:
 - Monday – Friday, 8:00 a.m. – 10:00 p.m.
 - Saturday 8:00 a.m. – Noon.
- Do not wait until the last minute! Longer hold times occur the first and last week of Open Enrollment.

855-859-0966

Any Questions?



- **ELIGIBILITY AND ENROLLMENT** Support Center for Members
855-859-0966

- **CVS CAREMARK (PHARMACY BENEFITS)**
888-321-3124

- **BLUE CROSS AND BLUE SHIELD OF NC**
(BENEFITS, CLAIMS and HRA)
888-234-2416

Remember – Action Required!

- ALL MEMBERS MUST TAKE ACTION DURING OPEN ENROLLMENT!
- All members will be automatically enrolled in the 70/30 Plan but YOU MUST TAKE ACTION to reduce your premium.
- If you prefer the 80/20 Plan, YOU MUST TAKE ACTION!
- If you want to reduce your monthly premium on either Plan, YOU MUST TAKE ACTION by completing the tobacco attestation!
- If you fail to take action during Open Enrollment, your monthly premiums will be considerably higher in 2018!



Thank You!



North Carolina
State Health Plan

FOR TEACHERS AND STATE EMPLOYEES

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www.shpnc.org

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