

2025 Open Enrollment Medicare Outreach

**Open Enrollment
September 30 – October 25, 2024**



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STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

Today's Topics

- Open Enrollment Action
- Aetna Announcement
- 2025 Plan Options
- Medicare Advantage (PPO) Plan (90/10) Reminders
- Humana
- Aetna - Base PPO Plan (70/30)
- Premium Rates
- How to Make Changes



**OPEN
ENROLLMENT**

2025 Open Enrollment Action

**ALL MEMBERS WILL RECEIVE A NEW ID CARD
PRIOR TO Jan. 1, 2025**

- Open Enrollment is the perfect time to review your coverage and options provided under the State Health Plan for this next year.
 - Change plans
 - Opt in / out of the State Health Plan
 - Add / remove dependents
- For the 2025 benefit year, members in the Humana Medicare Advantage Base and Enhanced plans will remain in that plan unless you enroll in a different plan during Open Enrollment.
- Medicare Primary members enrolled in the Base PPO Plan (70/30) will be moved to the Humana Medicare Advantage Base Plan effective Jan. 1, 2025, unless they take action during Open Enrollment.
- All **non-Medicare** primary members, including **non-Medicare** primary spouse/dependents, will be moved to the Base PPO Plan (70/30) effective Jan. 1, 2025.
 - Dependents who are not Medicare eligible have the same options available to active employees and non-Medicare members [Base PPO Plan (70/30) and Enhanced PPO Plan (80/20)].
 - They will be moved to the Base PPO Plan (70/30) for the 2025 benefit year; therefore, **you will need to take action** to re-elect the Enhanced PPO Plan (80/20).
 - Failure to act will result in dependents remaining on the Base PPO Plan (70/30) for 2025.



A new TPA
is on the way.

- Aetna will become the State Health Plan's new Third-Party Administrator (TPA) effective Jan. 1, 2025. Blue Cross NC is the Plan's current TPA.
- This TPA change affects members on the Base PPO Plan (70/30), Enhanced PPO Plan (80/20) and the High Deductible Health Plan including Medicare members on the Base PPO Plan (70/30).
- This includes Medicare members on the Base PPO Plan (70/30).
- **This change will not impact Humana Medicare Advantage Plan members.**

Adding / Removing Dependents Reminder

- As a member under the State Retirement Systems, you may drop your coverage or a dependent at any time outside of the Open Enrollment Period without a Qualifying Life Event (QLE).
 - Spouse turns 65
 - Spouse or dependent child gains Employer Group Health Coverage
- Members **CANNOT** add spouse or dependent child outside of Open Enrollment without a QLE.





Important Tips

- You cannot be enrolled in two Medicare Advantage Plans or Medicare Prescription Drug Plans at the same time.
 - If you enroll in a Medicare Advantage or Medicare Prescription Drug plan outside of the State Health Plan, **you will be bumped to the Base PPO Plan (70/30) which may be more costly for you (or spouse).**
- **Even though an agent may tell you enrollment into an outside Medicare Advantage or Medicare Prescription Drug plan will cancel the Humana Group Medicare Advantage Plan with the State Health Plan, it will not remove you (or spouse) as a member of the State Health Plan.**
 - Enrollment into outside Medicare Advantage or Medicare Prescription Drug Plan will cause you to be **automatically** placed on the Base PPO Plan (70/30). This could significantly impact your out-of-pocket costs.

Important Tips

- You may receive telephone calls from insurance agents/carriers encouraging you to look at their Medicare Advantage Plans.
- They **are not** representing the State Health Plan options.
- The plans featured on television and in magazines **are not the same** as your State Health Plan coverage.
- Calling to enroll in one of these plans may impact your enrollment in the State Health Plan.



2025 Medicare Primary Plan Options

- Medicare members will continue to have three (3) State Health Plan options to choose from for the 2025 benefit year:

**Humana Group Medicare Advantage
(PPO) Base Plan
(90/10)***

**Humana Group Medicare Advantage
(PPO) Enhanced Plan
(90/10)***

**Base PPO Plan (70/30)
Administered by Aetna**

**The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.*

2025 Plan Highlights

- **Humana Medicare Advantage Base and Enhanced (PPO) Plans (90/10*):**
 - There are no major benefit changes with the Humana Medicare Advantage Plans.
 - Pharmacy out-of-pocket maximum will be **lowered** from \$2,500 to \$2,000.
 - Members who reach the Catastrophic Coverage Stage for prescriptions will pay nothing for covered Medicare Part D drugs.
 - Changes within the formulary (list of covered medications) may have occurred – it is recommended to verify your medications with Humana.
- **Enhanced PPO Plan (80/20) and Base PPO Plan (70/30):**
 - There are no major changes to benefits. Copays/coinsurance amounts will remain the same.
 - Changes within the formulary (list of covered medications) **may occur quarterly** on the Enhanced PPO Plan (80/20 and Base PPO Plan (70/30).
 - Reduced copays remain for Clear Pricing Project (CPP) Primary Care Provider (PCP) and Specialists.
 - Preferred and non-preferred insulin continues to have a \$0 copay for 30-day supply.

* The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.

2025 Plan Comparison – Medical Benefits

Benefit	Humana Base (90/10)**	Humana Enhanced (90/10)**	Base PPO Plan (70/30) *
Network Providers	You can use in and out-of-network providers but must accept in Medicare and your insurance plan.		You pay less when you use Aetna provider network
Annual Medical Out-of-Pocket Maximum	\$4,000 (In and Out-of-Network)	\$3,300 (In and Out-of-Network)	\$5,900 In-network (Individual) \$16,300 In-network (Family) (Combined Medical & Pharmacy)
Annual Deductible	\$0	\$0	\$1,500 In-network (Individual) \$4,500 In-network (Family) (Combined Medical & Pharmacy)
Primary Care Provider (PCP) – Office Visit	\$20 copay	\$10 copay	\$0 for CPP PCP on ID Card \$30 for non-CPP PCP on ID card \$45 for any other PCP
Specialist Office Visit	\$40 copay	\$35 copay	\$47 for CPP Specialist \$94 for other Specialists
Urgent Care	\$50 copay	\$40 copay	\$100 copay
Inpatient Hospitalization	Days 1-10: \$160/Day Days 11+: \$0/Day	Days 1-10: \$125/Day Days 11+: \$0/Day	In-network: \$337 copay plus 30% coinsurance after deductible
Outpatient Surgery	\$250 copay	\$250 copay	In-network: 30% coinsurance after deductible
Ambulance	\$75 copay	\$75 copay	30% coinsurance after deductible

*When enrolled in the Base PPO Plan (70/30), cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the Base PPO Plan (70/30) may help pay some of the costs that Medicare does not cover. ** The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.

2025 Plan Comparison – Medical Benefits, cont'd.

Benefit	Humana Base (90/10)**	Humana Enhanced (90/10)**	Base PPO Plan (70/30) *
Emergency Room	\$65 copay (Worldwide)	\$65 copay (Worldwide)	Individual: \$337 copay plus 30% coinsurance after deductible
Lab Services	\$40 copay	\$10 copay	If performed during PCP or Specialist office visit, no additional fee if in-network lab used.
Diagnostic radiology services (such as MRIs, CT Scans)	\$100 copay	\$100 copay	In-network: 30% coinsurance after deductible
Therapeutic Radiology Services (such as radiation treatment for cancer)	\$40 copay	\$40 copay	In-network: 30% coinsurance after deductible
Durable Medical Equipment (such as oxygen)	20% coinsurance	20% coinsurance	In-network: 30% coinsurance after deductible

*When enrolled in the Base PPO Plan (70/30), cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the Base PPO Plan (70/30) may help pay some of the costs that Medicare does not cover. ** The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.

2025 Plan Comparison – Pharmacy Benefits

Benefit	Humana Base (90/10)**	Humana Enhanced (90/10)**	Base PPO Plan (70/30) *
Pharmacy Maximum	\$2,000 Individual	\$2,000 Individual	\$5,900 In-network (Individual) \$16,300 Out-of-network (Family) (Combined Medical & Pharmacy)
Deductible	\$0	\$0	\$1,500 In-network (Individual) \$4,500 In-network (Family) (Combined Medical & Pharmacy)
Retail Purchase from an In-Network Provider			
Tier 1	\$10 copay per 30-day supply		\$16 copay per 30-day supply
Tier 2	\$40 copay per 30-day supply	\$40 copay per 30-day supply	\$47 copay per 30-day supply
Tier 3	\$64 copay per 30-day supply	\$50 copay per 30-day supply	Ded/Coinsurance
Tier 4	25% coinsurance up to \$100 per 30-day supply		\$200
Tier 5	N/A		\$350
Tier 6	N/A		Ded/Coinsurance
Insulin	\$35 copay (30-day supply) Preferred or Non-Preferred		\$0 (30-day supply) Preferred or Non-Preferred

Note: 90-day fills are available under all three plan options for many maintenance drugs – some specialty drugs may be limited to a 30-day supply.

Medicare Advantage Reminders

If you are not currently enrolled in the Humana Group Medicare Advantage Plans (90/10), we encourage you to take another look!

They have a benefit value equivalent to a 90/10 plan, which could mean significant savings for you!

Humana Medicare Advantage (PPO) Plans (90/10)

- The State Health Plan's Humana Group Medicare Advantage Plans (90/10) are different than what you can enroll in as the general public and what you see advertised on television. What the State Health Plan offers members is often BETTER and, in many cases, more comprehensive coverage.
 - **Eligible members will again have premium-free coverage for the Humana Group Medicare Advantage Base Plan.**
 - **Dependent premiums will change for 2025 – it will cost \$37 monthly to add eligible dependent.**
 - The spouse monthly premium rate is \$425 for the Base PPO Plan (70/30), so you can continue to *save* on your monthly premiums and your out-of-pocket costs as well.
- The Humana Group Medicare Advantage Prescription Drug Plans (90/10) offered under the State Health Plan umbrella are Medicare Health Plan choices.
 - You must be enrolled in both Medicare Part A and Medicare Part B and continue to pay the Medicare premiums. Part B premiums are paid by you from Social Security benefits or directly to federal government.
 - Humana contracts with Medicare to manage your Medicare Part A and Medicare Part B benefits.
 - Although not in Original Medicare, you are ***still*** considered to be in the Medicare program.
 - You still have same protections as someone in Original Medicare and Humana must cover all services Original Medicare covers.

Humana Medicare Advantage (PPO) Plans (90/10)

Simplicity and Predictability

You use ONE card, your Humana ID card – **not** your red, white and blue Medicare card.

Copayment driven, majority of covered services have an established copayment, eliminating the guess.

No deductible!



Passive Provider Network

Nationwide network of providers. Do not need a referral to see a specialist.

Includes an “open” or “passive” network. Copays or coinsurance remains the same, even if provider is out-of-network. The provider must accept Medicare and bill Humana

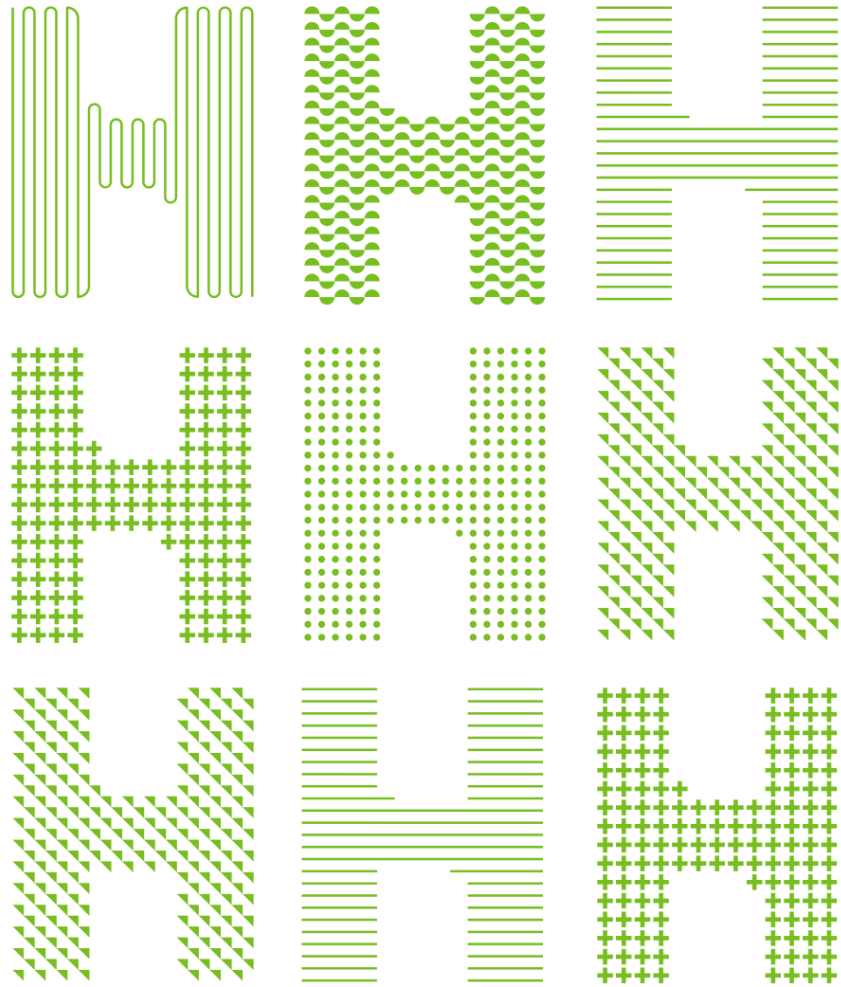
If you are not currently enrolled in the Humana Group Medicare Advantage (PPO) Plans (90/10), you need to take another look! They have a benefit value **equivalent to a 90/10 plan, which could mean significant savings for you!**

Medicare Advantage (PPO) Plans (90/10) & Other Insurance

- With the Humana Group Medicare Advantage (90/10) Plans there is no need for additional coverage.
 - Additional Medicare Health Plan coverage can cause you to be disenrolled from your State Health Plan Humana Group Medicare Advantage Plan and to be **automatically** placed on our Base PPO Plan (70/30). This could cause a significant impact to monthly premium for you (or a Medicare eligible dependent).
 - If already enrolled in another Medicare Advantage or Part D prescription drug plan, your coverage with that plan will terminate when you enroll in the Humana Group Medicare Advantage Plan.
 - If you are enrolled in a Medicare Advantage Plan, you cannot purchase a Medicare Supplement/Medigap without terminating your Medicare Advantage plan. This is for your protection as Medicare Supplement/Medigap plans only work with Original Medicare.

Medicare Advantage (PPO) Plans (90/10) & Other Insurance

- If covered by any other retiree group health plan (yours or perhaps a spouse), it is important to check with them to ensure enrollment into one of our Medicare Advantage plans will not disrupt coverage with them.
- TRICARE® for Life (TFL) (TRICARE® + Medicare) beneficiaries can enroll in Medicare Advantage plans and TFL will typically reimburse/cover the copayments for services covered by TFL.
- **REMEMBER**: You can not be enrolled in multiple Medicare Health Plan. Many states and private sector employers are offering Group Medicare Advantage or Group Medicare Prescription Drug plan to their retirees.
 - Also, all groups do not have their Open Enrollment at the same time. Review all your Open Enrollment material from each retiree group health plan.
- Individual health plans like cancer, long-term care, nursing home, hospital indemnity, dental or vision will not affect eligibility or coverage under a Medicare Advantage plan.



North Carolina State Health Plan

2025 Open Enrollment Presentation

Humana[®]

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
DALE R. FOLWELL, CPA

Humana Group Medicare Advantage

About Humana:

- Dedicated to communities around the country for more than 30 years
- Over 8.7 million Medicare members just like you, across all 50 states¹
- Providing Medicare plans to beneficiaries since 1987
- Easily find a provider with our **nationwide network** which includes **1,023,000 providers and 3,525 hospitals**
- In **North Carolina**, our provider network includes **7,433 Primary Care Physicians (PCPs), 12,443 Specialists, and 103 hospitals**
- 2024 Best Overall Medicare Advantage Plan Company and Best Company for Member Experience²

¹Humana Inc. 2023 Annual Report, February 2024

²U.S. News Announces the 2024 Best Insurance Companies for Medicare Advantage, Press Room, U.S. News (usnews.com)

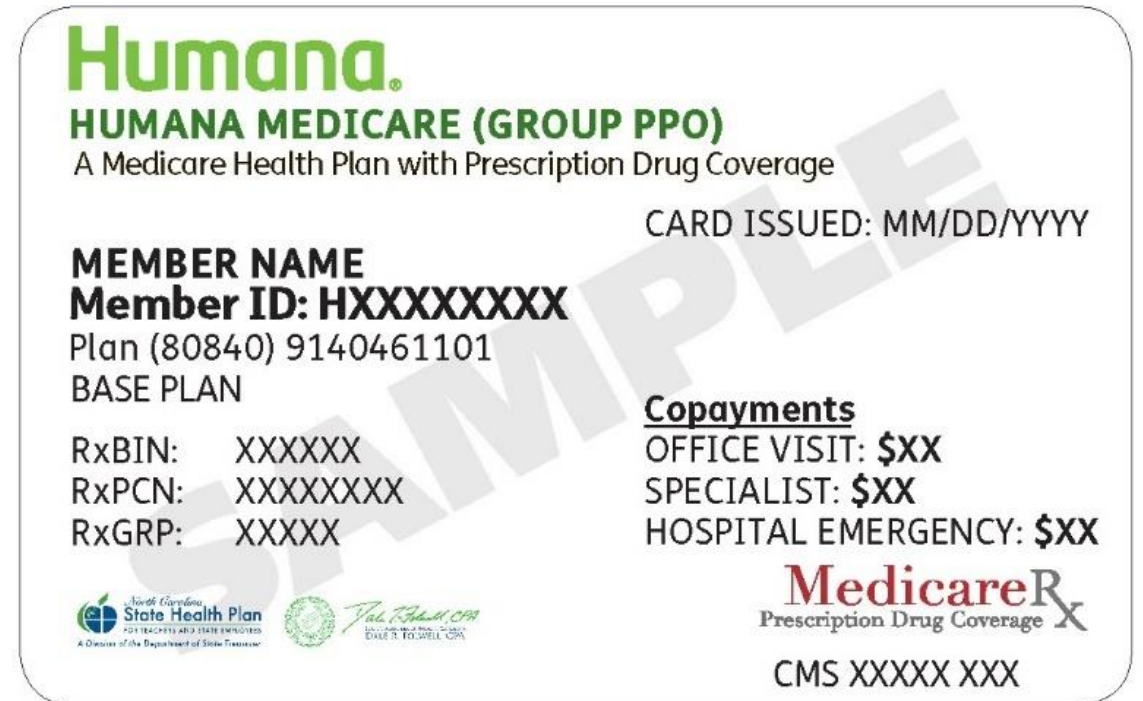
What is a PPO?

Humana's a Preferred Provider Organization (PPO)

Preferred Provider Organization

Choose any provider that accepts Medicare and agrees to bill the plan.

- With your PPO plan, you will pay the same amount for both in- and out-of-network for care
- No copay for preventive care
- Out-of-pocket maximum for covered medical services
- Worldwide emergency coverage



Note: All new and existing Humana members will receive a new Humana ID card in December and will need to start using that card as of Jan. 1, 2025.

Providers

- As a State Health Plan member, the in-network and out-of-network benefits are structured the same for any member of this plan.
- This means you don't need to find a new doctor.
- As long as your provider participates in Medicare and agrees to bill Humana, you can continue with the doctor you know and trust at no extra cost—even if they are out-of-network.
- If a provider is still resistant to filing a claim with Humana, the member would pay for the service and then file a paper claim with Humana for reimbursement (less any applicable copayment/coinsurance).



Your PPO benefits (Extra benefits)

Extra benefits	Base plan	Enhanced plan
Routine Vision services	\$40 copay for routine exam (includes refraction) up to 1 per year	\$35 copay for routine exam (includes refraction) up to 1 per year
Routine Podiatry services	\$40 copay; maximum of 6 combined visits per year	\$35 copay; maximum of 6 combined visits per year
Routine Hearing services	<ul style="list-style-type: none"> • \$0 copay for fitting/evaluation, routine hearing exams up to 1 per year • \$500 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years 	
Routine Chiropractic services	\$20 copay for routine chiropractic visits up to unlimited visit(s) per year	
Medicare-covered Acupuncture (for chronic low back pain)	\$40 copay; limit 20 combined visits per year	\$35 copay; limit 20 combined visits per year
Private Duty Nursing	20% of the cost, \$5,000 maximum benefit per year	

There are NO medical benefit changes with the Humana Medicare Advantage Plans for 2025.

Plan reminders – Medical

- **Durable Medical Equipment (DME)**
 - **Examples of DME:** Oxygen, CPAP machines & supplies, walkers
 - **Preferred providers are as follows:**
 - CCS Medical – 877-531-7959
 - Edwards Healthcare – 888-344-3434
 - AdaptHealth – 800-955-3440
- **Physical, Occupational, Speech Therapy**
 - Cohere
- **MRI/Advanced Imaging**
 - Cohere
- **Nursing Facility**
 - naviHealth

Claim form submission

- Download a claim form at **your.Humana.com/ncshp** and follow the instructions to submit to Humana.
- You may also call your **dedicated Humana Group Medicare Customer Care team** at **888-700-2263** to request one to be sent to you, they can assist you with the submission.

The Humana Difference

Medicare Advantage provides additional support, included in your plan



Find a Doctor

You can use Humana's Find a Doctor tool to search for a provider near you.

your.humana.com/ncshp/tools-and-resources



Telehealth

Telehealth, also known as virtual visits, allow you to connect with your provider online from the comfort and safety of your own home.

This plan covers virtual visits 100% for both in- and out-of-network providers.

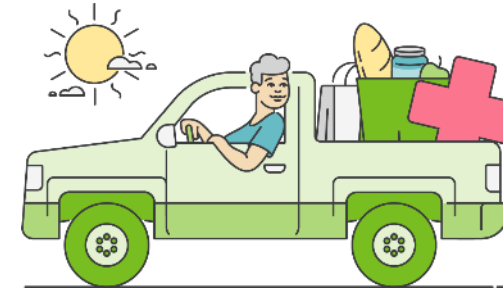
The Humana Difference

Medicare Advantage provides additional support, included in your plan



Clinical support

- In-home wellness assessments
 - Receive **\$15 Walmart Gift Card** when you complete a visit
- Education and resource support
- Care management for eligible members
- MyDirectives[®] advance care planning



Post-hospitalization support

- Post-discharge personal home care
 - Up to 8 hours of support with clinical care
- Post-discharge transportation
 - 12 one-way trips, up to 50 miles per trip
- Post-discharge meal program
 - 2 per day for 14 days

The Humana Difference

Medicare Advantage provides additional support, included in your plan



Go365 by Humana®

Your wellness program that rewards you for making healthier choices

Humana Health Coaching programs provide guidance on multiple topics to help meet your health goals

[Go365.com](https://www.go365.com)



SilverSneakers®

A fitness program to improve your health, gain confidence and connect with your community

[SilverSneakers.com](https://www.silversneakers.com)

Plan Reminders – Pharmacy

Humana’s Part D coverage is spread among four groupings based on the drug type—also called “tiers”.

Tiers	Base plan (30-day / 90-day supply)	Enhanced plan (30-day / 90-day supply)
Tier 1 Generic/preferred generic	\$10 copay / \$24 copay	\$10 copay / \$24 copay
Tier 2 Preferred brand	\$40 copay / \$80 copay	\$40 copay / \$80 copay
Tier 3 Nonpreferred drug	\$64 copay / \$128 copay	\$50 copay / \$100 copay
Tier 4 Specialty (some Tier 4 non-specialty medications are available in a 90-day supply)	25% of the cost (\$100 copay max 30-day \$300 copay max 90-day per prescription)	25% of the cost (\$100 copay max 30-day \$200 copay max 90-day per prescription)

Prior authorization

Step therapy

Medicare exclusions

Important Pharmacy Notes for 2025

- There are NO major pharmacy benefit changes with the Humana Medicare Advantage Plans.
- Pharmacy out-of-pocket maximum for covered prescriptions will be lowered from \$2,500 to \$2,000.
- Member cost share of the Humana plan's covered insulin products under Part B and Part D is no more than \$35 for every one-month (up to a 30-day) supply.
- \$0 copay for all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list†.
- The Humana formulary does not change on a quarterly basis (unlike the 70/30 plan which can change each quarter).

Pharmacy options

Other pharmacies are available in the Humana network.



Retail pharmacy network

- Robust network
- Flexibility and convenience



- Patient assistance program
- Clinical support
- Specially-trained associates



- Comprehensive pharmacy services
- Convenient mail-order solutions
- Safe and secure delivery

- Coverage for some vitamins, minerals and cough & cold medications
- Transition fill process
- Drug list change letters

Diabetic testing & monitoring supplies

- Preferred diabetic supplies and administration supplies are covered 100%; supplies include meters, test strips and lancets
- \$0 copay for Medicare-covered therapeutic continuous glucose monitors (CGM) and supplies
- CGMs are available through participating retail pharmacies.
- CGMs and Insulin pumps are available through our preferred durable medical equipment vendors, CCS Medical, 877-531-7959 or Edwards Healthcare, 888-344-3434.



CenterWell TRUE METRIX® AIR by Trividia

- Bluetooth® technology
- No coding
- Tiny, 0.5-microliter sample size
- Results in 4 seconds



Accu-Chek Guide Me® by Roche

- Large, easy to read display
- Bluetooth® technology
- Small, 0.6-microliter sample size
- Results in 4 seconds
- No coding required
- Automatically log blood glucose test results to your Android or iOS device with the mySugr app



Accu-Chek Guide® by Roche

- Simple to see, day or night
- Bluetooth® technology
- Small, 0.6-microliter sample size
- Results in 4 seconds
- No coding required
- Automatically log blood glucose test results to your Android or iOS device with the mySugr app

What else does Humana provide for you?

- Discounts on hearing aids, vision services and dental services
- Lifeline® Medical Alert Systems
- Meal delivery discounts
- Smart Teeth brushing trackers to improve oral healthcare, 20% off devices, and Free App
- IMG Global offers discounts on medical services and evacuation protection when traveling outside of the U.S.
- Petzey offers discounts on unlimited pet telehealth visits.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process.

Humana®

TruHearing™

Lifeline

MOM'S MEALS®
A PURFOODS® COMPANY

eye®
Med

Truthbrush



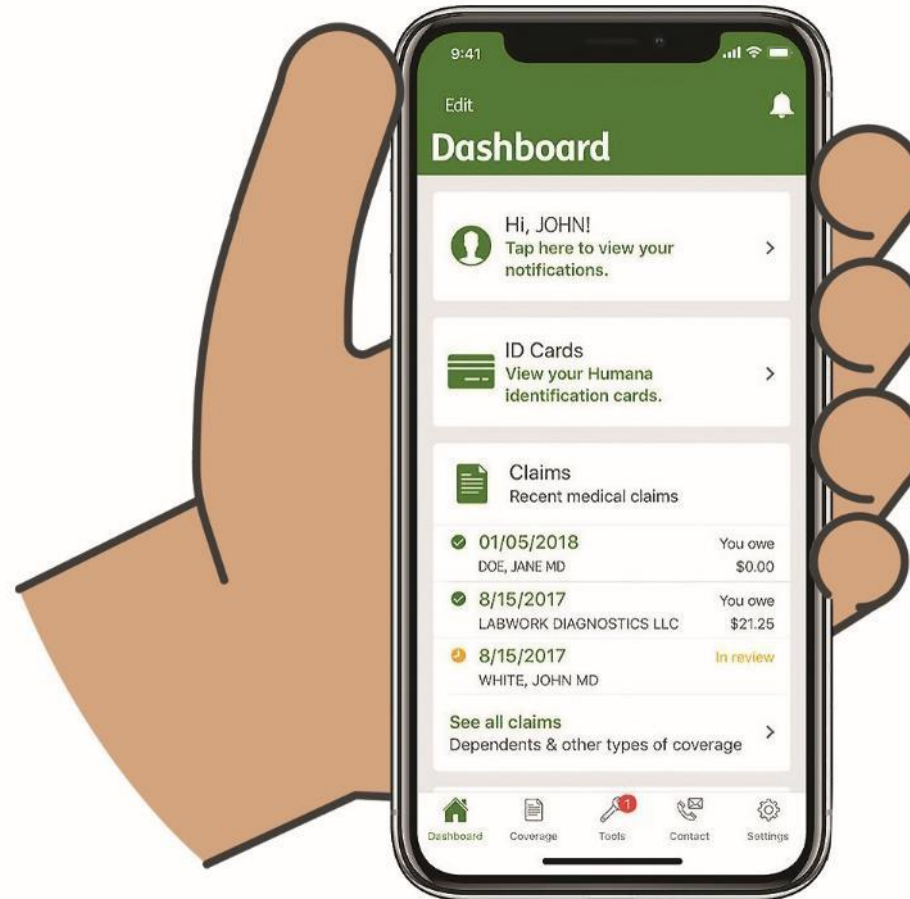
MyHumana and MyHumana mobile app

Get your personalized health information on MyHumana

With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits
- Find providers or pharmacies
- Lookup and compare medication prices
- View your Humana member ID card
- Check claims
- View your SmartSummary

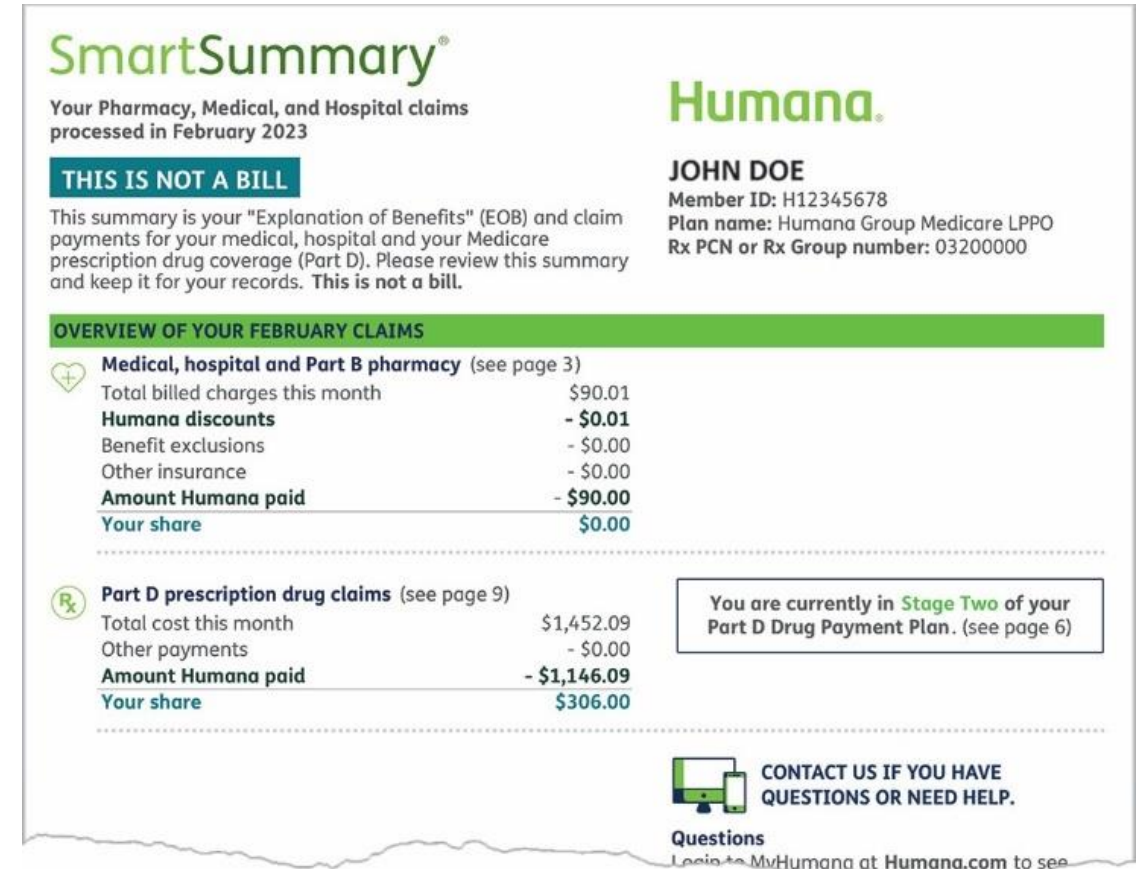
*Standard data rates may apply



SmartSummary

Your personalized benefits statement

- Comprehensive overview of your health benefits and healthcare spending
- Statement sent each month after you've had a claim
- View statements anytime on MyHumana
- Go Green via MyHumana if you prefer electronic delivery



SmartSummary
Your Pharmacy, Medical, and Hospital claims processed in February 2023

Humana

JOHN DOE
Member ID: H12345678
Plan name: Humana Group Medicare LPPO
Rx PCN or Rx Group number: 03200000

THIS IS NOT A BILL

This summary is your "Explanation of Benefits" (EOB) and claim payments for your medical, hospital and your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. **This is not a bill.**

OVERVIEW OF YOUR FEBRUARY CLAIMS

Medical, hospital and Part B pharmacy (see page 3)

Total billed charges this month	\$90.01
Humana discounts	- \$0.01
Benefit exclusions	- \$0.00
Other insurance	- \$0.00
Amount Humana paid	- \$90.00
Your share	\$0.00

Part D prescription drug claims (see page 9)

Total cost this month	\$1,452.09
Other payments	- \$0.00
Amount Humana paid	- \$1,146.09
Your share	\$306.00

You are currently in **Stage Two** of your Part D Drug Payment Plan. (see page 6)

CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.

Questions
Login to MyHumana at [Humana.com](https://www.humana.com) to see

Humana Group Medicare Advantage PPO plan (90/10)* vs. Base PPO plan (70/30)

Plan features & Extra programs and services	Humana Medicare Advantage PPO plan (90/10)*	Base PPO plan (70/30)
NO Deductible	✓	✗
Out-of-network provider visits for the same copay or coinsurance as in-network (provider must participate in Medicare and agree to bill Humana)	✓	✗
\$0 copay for dialysis services at dialysis center and outpatient facility	✓	✗
\$0 copay for lab services at Urgent Care Facility	✓	✗
\$0 copay for virtual visits for both in and out of network providers	✓	✗

*The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.

Humana Group Medicare Advantage PPO plan (90/10)* vs. Base PPO plan (70/30)

Plan features & Extra programs and services	Humana Medicare Advantage PPO plan (90/10)*	Base PPO plan 70/30
\$0 copay for one routine hearing exam per year; includes \$500 hearing aid allowance	✓	✗
\$0 copay for post-discharge benefits including transportation and in-home personal care	✓	✗
\$0 copay for all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list†	✓	✗
\$0 copay for Medicare-covered therapeutic continuous glucose monitors (CGMs) and supplies	✓	✗
\$0 copay for preferred blood glucose meters and supplies	✓	✗

†For more information regarding the Centers for Disease Control and Prevention’s ACIP vaccine recommendations, please go to www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html.

*The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan

Humana Group Medicare Advantage PPO plan (90/10)* vs. Base PPO plan (70/30)

Plan features & Extra programs and services	Humana Medicare Advantage PPO plan (90/10)*	Base PPO plan (70/30)
\$0 copay for Part D diabetic supplies and administration supplies	✓	✗
Coverage for routine services—vision exam, podiatry, chiropractic, private duty nursing and some vitamins, minerals, fertility, and cough & cold medications	✓	✗
Free enrollment in the SilverSneakers® fitness program	✓	✗
Humana Well Dine®, which includes up to 28 meals delivered following an inpatient hospital or nursing facility stay	✓	✗
Automatic enrollment in Go365 by Humana™ wellness and rewards program to earn gift cards for completing eligible activities‡	✓	✗

*The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.

‡ Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same program year. Rewards not redeemed before Dec. 31 will be forfeited. Gift cards cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs, alcohol, tobacco, e-cigarettes, or firearms. Gift cards must not be converted to cash.

What to expect after you enroll

- Enrollment confirmation
- Humana member ID card
- Access to Evidence of Coverage (EOC)
- Medicare Health Assessment

Note: All new and existing Humana members will receive a new Humana ID card in December and will need to start using that card as of Jan. 1, 2025.



Humana.
HUMANA MEDICARE (GROUP PPO)
A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: 11/11/2025

MEMBER NAME
Member ID: HXXXXXXXXX
Plan (80840) 9140461101
BASE PLAN

RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

Copayments
OFFICE VISIT: \$XX
SPECIALIST: \$XX
HOSPITAL EMERGENCY: \$XX

MedicareRx
Prescription Drug Coverage X
CMS XXXXX XXX

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

The Humana Company HEALTH CARE FINANCIAL GROUP, INC. ONE E. TOWNSHIP, CTZ

Stay connected with Humana

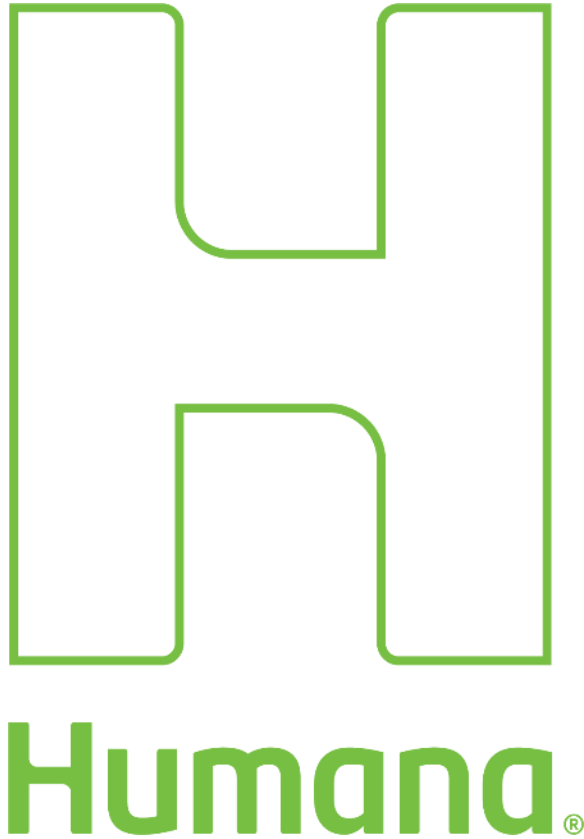
For more information:

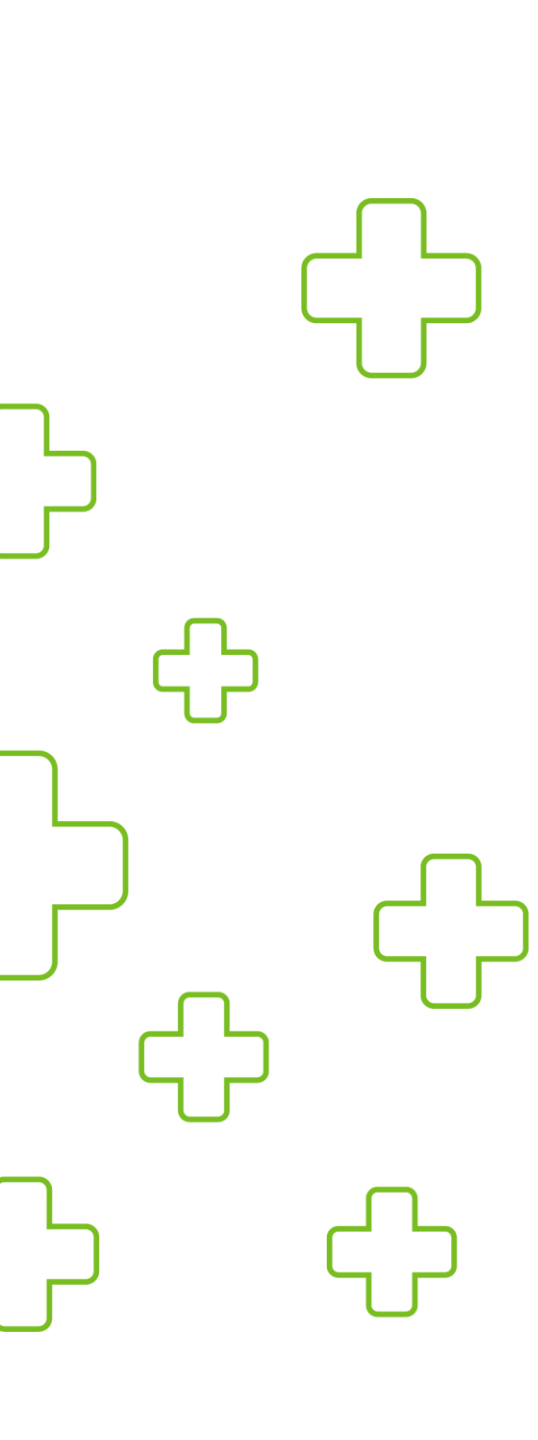
You have a dedicated Humana Group Medicare Customer Care team to help you with anything related to your State Health Plan Humana Medicare Advantage PPO plan, call

888-700-2263 (TTY: 711)

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

- Visit **your.humana.com/ncshp** to access plan-related information.
- To get started with MyHumana, a secure online account to access your plan information, visit **your.humana.com/ncshp** and click on “Register now as a new user” in the MyHumana box.





Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Call **888-700-2263 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

Other pharmacies are available in our network.

Humana®

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

Humana®

State Health Plan

Base PPO Plan (70/30)



TPA Transition on 1/1/2025

What is a TPA?

- The State Health Plan provides benefits to more than 740,000 teachers, state employees and retirees. Benefits are administered using a TPA, or Third-Party Administrator.
- A TPA, or Third-Party Administrator, provides a comprehensive network of health care providers and processes member medical claims to the State Health Plan.
- BCBSNC is the current TPA, but starting 1/1/2025, **Aetna** will become the TPA for the State Health Plan.



TPA Transition on 1/1/2025

There will be:

- NO changes to premiums for 1/1/2025
- NO changes to benefits for 1/1/2025
- NO changes to copays for 1/1/2025

This impacts:

- All members enrolled in the Base PPO Plan (70/30)
- This **does not** impact those on the Humana Medicare Advantage Plans.



We're here for you in North Carolina

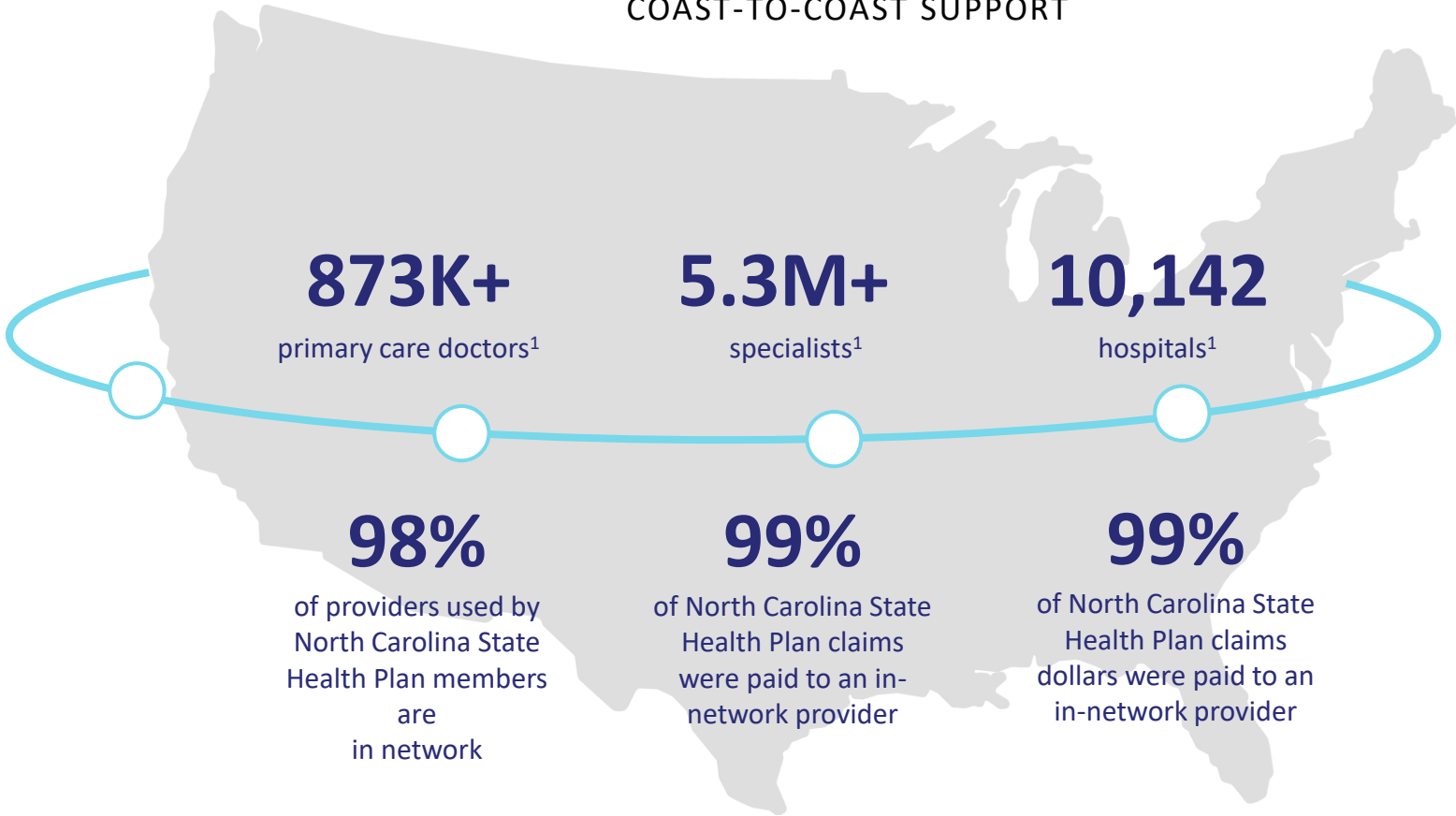
Right in your neighborhood

- We've served North Carolina for **more than 100 years**.
- We have local offices in **Cary and High Point, North Carolina**.
- We have 600 employees dedicated to the North Carolina State Health Plan.
- We currently serve 996,000 local market members.



Choice and flexibility with our national network

COAST-TO-COAST SUPPORT



Supporting
38M+
members across the
country



Directory of health care professionals for North Carolina State Health Plan

www.shpnc.org/FindADoctor

Already a member?

Login to Secure Site

Register Now

Not registered with Aetna yet?

Why Register?

You will be able to find all your coverage information online when you need it.

Searching as a member is better

You Can:

- ✓ Get results for your plan
- ✓ View cost estimates
- ✓ Select a primary care doctor

Continue as a guest

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

Traveling? You can change your location after you select your plan

Look within



Search

Coordination of Benefits

Medicare

- If you elect the Base PPO Plan (70/30), Medicare will remain your primary insurance.
- With the Base PPO Plan (70/30), charges left unpaid by Medicare are paid by the State Health Plan after your yearly deductible, coinsurance and copays are applied.
- If you don't have Medicare Part B, you will be responsible for what Medicare Part B would have paid.

Medigap (Medicare Supplement) Plan

- A Medigap plan is generally not needed when you have secondary coverage to Medicare.
- Medigap plans **ONLY** work with “Original Medicare” (Medicare Parts A & B). They will not work with Medicare Advantage plans.

Base PPO Plan (70/30)

The Base PPO Plan (70/30) is a true out-of-pocket, ACA (Affordable Care Act) compliant plan.

You must meet the yearly \$1,500 deductible for those medical services and medications that are subject to the deductible.

Once you've met the \$1,500 deductible, you will pay 30% of all remaining covered charges (after Medicare has paid the medical portion) up to the \$5,900 out-of-pocket maximum.

Once the out-of-pocket maximum is met, medical and pharmacy benefits will be paid at 100%.

Note: Your out-of-pocket maximum include copays, coinsurance, and deductible.

**The Base PPO Plan (70/30) is
Secondary to Medicare**

Base PPO Plan (70/30)

2025 Medical Benefits	
Preventive Care	\$0 PCP, \$0 Specialist
PCP Visit	\$45
CPP* PCP Visit (CPP PCP/Practice on ID Card)	\$0
Non CPP PCP Visit (Non CPP PCP/Practice on ID Card)	\$30
Specialist Visit	\$94
CPP* Specialist Visit	\$47
Chiro/PT/OT/ST	\$72
CPP* Chiro/PT/OT/ST	\$36

*Clear Pricing Project

Base PPO Plan (70/30)

2025 Medical Benefits, continued

Urgent Care	\$100
Emergency Room	\$337 then 30% after deductible
Inpatient Hospital Stay	\$337 then 30% after deductible
Annual Deductible (Medical/Rx Combined)	\$1,500 Individual, \$4,500 Family
Out-of-Pocket Maximum (Medical/Rx Combined)	\$5,900 Individual, \$16,300 Family

Base PPO Plan (70/30)

2025 Pharmacy Benefits

Tier 1	\$16
Tier 2	\$47
Tier 3	Deductible/Coinsurance
Tier 4	\$200
Tier 5	\$350
Tier 6	Deductible/Coinsurance
Preventive Medications	\$0
Preferred Diabetic Supplies	\$10
Preferred Insulin	\$0
Annual Deductible (Medical and Rx Combined)	\$1,500 Individual, \$4,500 Family
Out-of-Pocket Maximum (Medical/Rx Combined)	\$5,900 Individual, \$16,300 Family

Deductible / Out-of-Pocket Maximum

2025 Pharmacy Benefits	Applied to Individual Deductible \$1,500	Out-of-Pocket Maximum (Combined Medical & Pharmacy) \$5,900
<p>All Medical Copays Includes office visits, urgent care, ER, inpatient/outpatient hospital</p>		✓
<p>Deductible & 30% Coinsurance</p> <ul style="list-style-type: none"> • Facility based services • Tier 3 and 6 Prescriptions • Non-preferred diabetic testing supplies 	✓	✓
<p>Pharmacy Copays</p> <ul style="list-style-type: none"> • Tiers 1, 2, 4 & 5 • Preferred diabetic testing supplies 		✓

- ✓ Amounts applied to the individual deductible are also applied to the out-of-pocket maximum.
- ✓ After the individual deductible has been met, you will pay a 30% coinsurance until the out-of-pocket maximum has been met.
- ✓ ACA preventive services & preventive prescriptions covered at 100% are not subject to deductible or out-of-pocket maximum.

2025 ID Cards

If you elect the Base PPO Plan (70/30) through Aetna, you will receive a new ID card.

Please note that your BCBSNC ID card will no longer be valid as of 1/1/2025.

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

MICHELLE Q SAMPLE-TESTCARD
ID: **N123H456P789**

SHP EMPLOYER GROUP NAME PRINTS HERE

Group No: **0123456** Eff Date: **01/01/2025**

Base PPO Plan (70/30)
NC SHP Network
Choice POS II

RXBIN: **0044336** RXPCN: **ADV** RXGRP: **RX0274**
SELF INSURED

Paid for by YOU and other NC Taxpayers

Provider Type	CPP* CPP	Non CPP
Selected PCP*	\$ 0	\$30
Phy/Occ/Spch Thpy/Chiro	\$36	\$72
Specialist	\$47	\$94
Behavioral Health	\$ 0	\$45
Urgent Care	\$100	
Hosp/ER	\$337 + Ded & 30%	

*If PCP not selected, in-network copay \$45
*CPP: Clear Pricing Project

Other Info	INN	OON
Ind Deductible	\$ 1,500	\$ 3,000
Ind OOP Max	\$ 5,900	\$11,800
Family Deductible	\$ 4,500	\$ 9,000
Family OOP Max	\$16,300	\$32,600

Primary Care Provider (PCP)
PCP Name Prints Here

North Carolina Preferred + **NAP**

ID cards will be sent out after Open Enrollment. Please keep an eye out in your mailbox for your new ID card!

New and exciting services



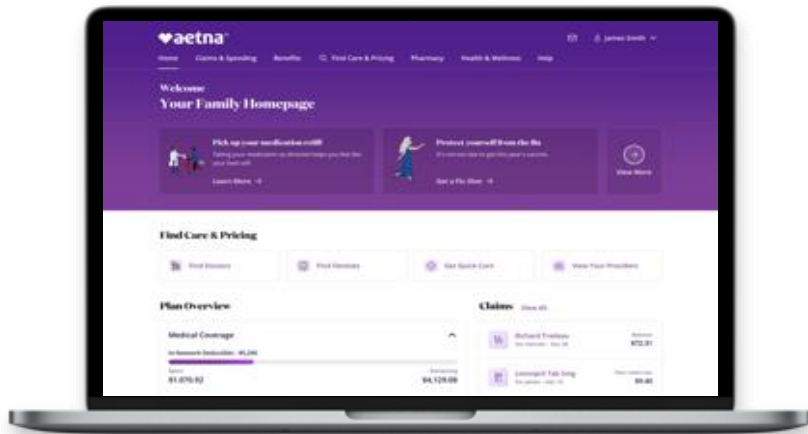
Take charge of your health care

With the Aetna® member website and Aetna HealthSM app

Find everything you need, all in one place

Set up your account to manage your benefits and more at home or on the go.

Visit [Aetna.com](https://www.aetna.com). Download the app.



Manage your plan

- Check your plan summary to see what's covered.
- Track your spending and understand your progress toward meeting your deductibles.
- Access your digital ID card anytime.



Connect to care

- Use the robust Find a Provider tool to find quality in-network providers.
- Get cost estimates before getting care.
- Talk to a doctor by phone or video.



View claims

- Check up to two years of claims.
- Pay claims.



Improve your health

- Get personalized reminders.

Elevating your service experience

Customer service

Our core commitment to every member

- Locates providers
- Estimates costs
- Provides benefits education
- Shares clinical alerts
- Offers real-time claims assistance
- Uses predictive analytics to reach out to members proactively

Aetna Health Concierge

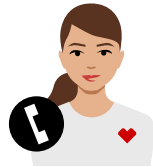
Our core commitment *plus* personal member connections

- Communicates key customer initiatives
- Completes extensive training including soft skills and motivational interviewing
- Dedicated toll-free number
- Engages in customer culture training
- Helps schedule doctor visits
- Makes warm transfers
- Offers welcome and overview of services for first-time callers
- Participates via webchat
- Provides guidance on both Aetna® and non-Aetna programs
- Shares direct phone number with members



**1-833-690-
1037**

24-Hour Nurse Line



96%

of members said the 24-Hour Nurse Line helped them make a better health care decision¹

Health information is a phone call away

- Get information on a wide range of health and wellness topics
- Make better health care decisions
- Find out more about a medical test or procedure
- Get help preparing for a visit to your doctor
- Receive emails with links to videos related to your question or topic

¹ 24-Hour Nurse Line Member Satisfaction Survey. October 2019.



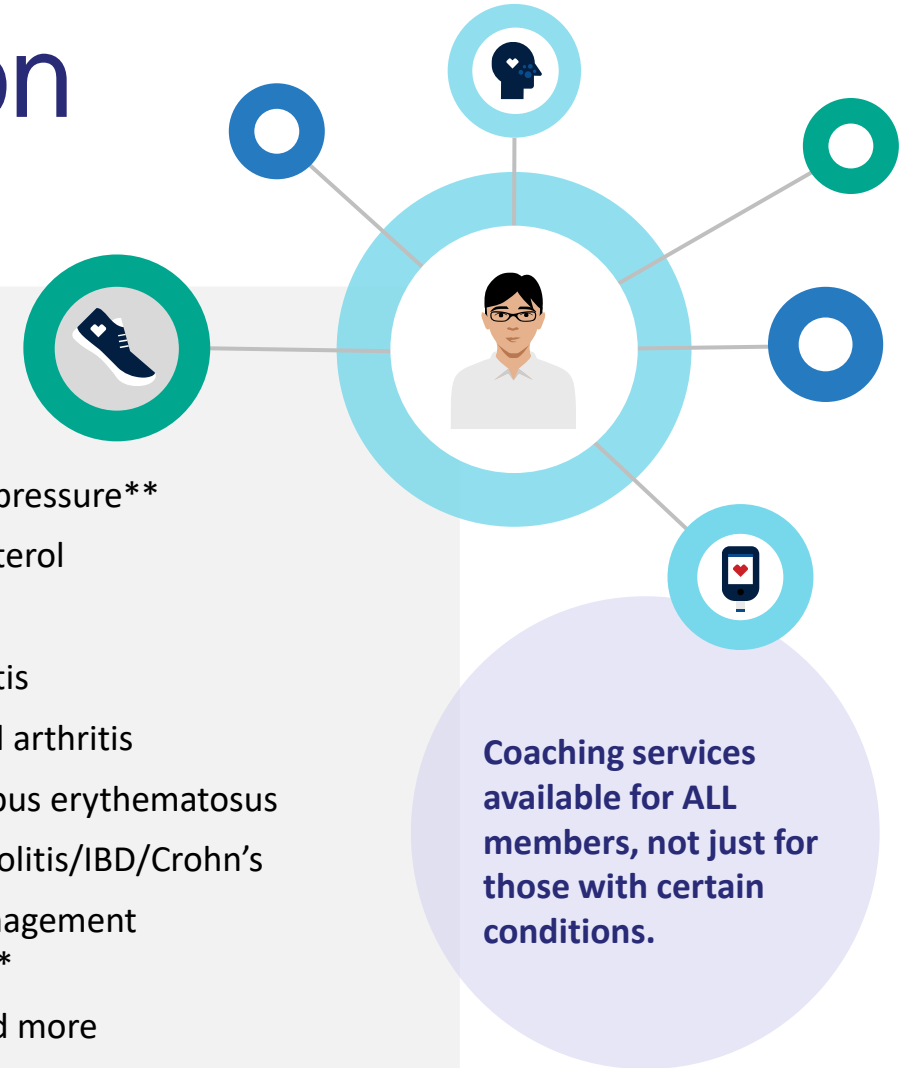
Aetna® Lifestyle and Condition Coaching

Lifestyle topics

- Elevated blood pressure
- Stress management*
- Exercise management
- General health education
- Metabolic syndrome
- Nutrition management
- Prediabetes
- Tobacco cessation
- Weight management
- Sleep and more

Conditions

- Asthma**
- Chronic back and neck pain
- Chronic hepatitis B
- Chronic hepatitis C
- Chronic kidney disease
- COPD
- Coronary artery disease
- Diabetes**
- End stage renal disease
- Heart failure
- High blood pressure**
- High cholesterol
- Migraines
- Osteoarthritis
- Rheumatoid arthritis
- Systemic lupus erythematosus
- Ulcerative colitis/IBD/Crohn's
- Weight management (BMI \geq 40)**
- Seizures and more



*Emotional well-being also supported
**Adult and pediatric programs

Teladoc Health

11.1 million members

880k virtual care visits

60% of members say they would have gone to the emergency room or urgent care without access to general medical services

21 minutes average response time between the visit request and when the physician contacted the member for general medical services

82% member satisfaction

7 days average lead time to schedule an initial mental health session

62% of primary care members had not seen a primary care provider in two years

6 days average lead time to schedule a new patient primary care visit



Product Offerings

- General Medical
- Behavioral Health
- Dermatology
- Caregiver



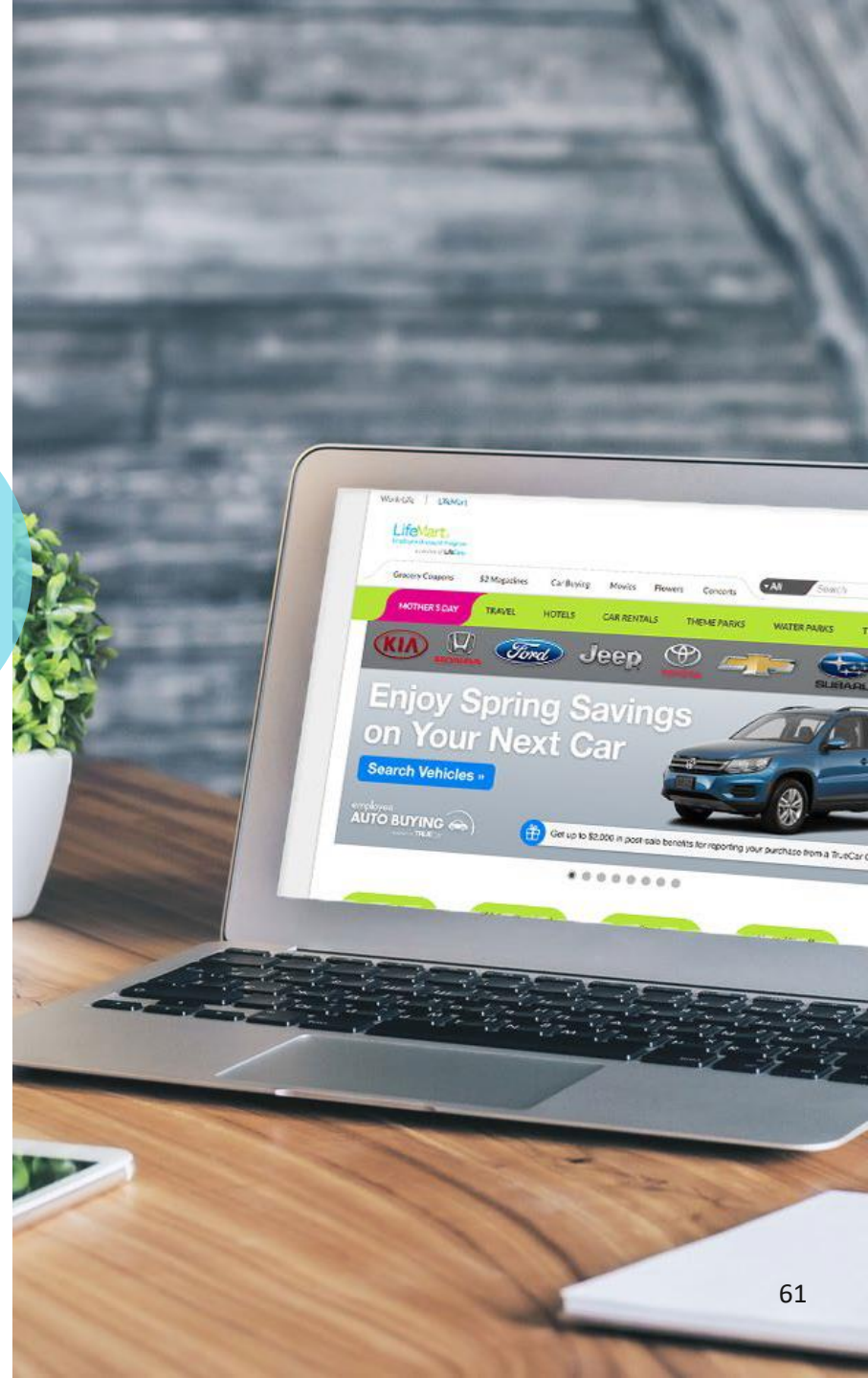
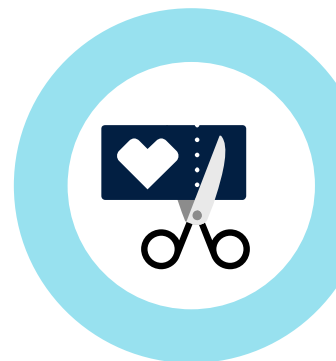
LifeMart discounts

Save money, save time and stretch your paycheck

- ✓ LifeMart app with geolocation for local deals and coupons
- ✓ Access from the Aetna HealthSM member website

Aetna[®] member wellness deals:

- HUSK Wellness
- 1-800-Flowers.com
- Home Chef
- GlassesUSA
- Blue Apron
- The Lasik Vision Institute
- Nutrisystem
- Noom
- Rosetta Stone
- Sam's Club
- Royal Caribbean Cruise Line
- LasikPlus+
- Quasight LASIK
- Hello Fresh
- Costco
- Byte



Questions?

Aetna Health Concierge:
1-833-690-1037

Eligibility and Enrollment Support Center:
1-855-859-0966

CVS CareMark (Pharmacy):
1-888-321-3124

2025 Premium Information

2025 Medicare Premiums

HUMANA GROUP MEDICARE ADVANTAGE (PPO) BASE PLAN (90/10)	
Subscriber Only	\$0
Subscriber + Child(ren)	\$37.00
Subscriber + Spouse	\$37.00
Subscriber + Family	\$74.00
HUMANA GROUP MEDICARE ADVANTAGE (PPO) ENHANCED PLAN (90/10)	
Subscriber Only	\$67.00
Subscriber + Child(ren)	\$167.00
Subscriber + Spouse	\$167.00
Subscriber + Family	\$267.00
Base PPO Plan (70/30)	
Subscriber Only	\$0.00
Subscriber + Child(ren)	\$155.00
Subscriber + Spouse	\$425.00
Subscriber + Family	\$444.00

Income-Related Monthly Adjustment Amount (IRMAA)

- Members with higher income levels are required to pay an adjusted Medicare Part B premium plus an additional amount when enrolled in Medicare Part D prescription drug coverage. The additional amount is called Income-Related Monthly Adjustment Amount or IRMAA.
- Income level based on modified adjusted gross income, which is the total of your adjusted gross income and tax-exempt interest income.
- IRMAA is mandated by federal law and each amount is deducted from your monthly Social Security payments (or direct billed if delayed Social Security).
- IRMAA will apply if individual income **is over \$103,000** or if married (filing joint tax return) income **is over \$206,000**.
- When enrolled in one of our Humana Group Medicare Advantage plans, higher income members may be subject to Part D IRMAA in addition to their already higher Medicare Part B premium.

***IRMAA amounts for 2024 Medicare Part D range from \$12.90 to \$81.00 per month.
IRMAA determination is based on IRS tax return from 2 years ago (2022).***

Disability

- If member becomes eligible for Medicare due to disability, it is very important for them to enroll in both Medicare Part A and Medicare Part B.
- Do not overlook accepting Medicare Part B. Many people fail to accept the offer to retroactively purchase Medicare Part B.
 - **Read the Notice of Award letter carefully.**
- State Health Plan becomes SECONDARY to Medicare as of the Medicare eligibility date.
 - Claims will be reprocessed back to Medicare eligibility date.
 - The State Health Plan will reduce their claims by the amount that would have been paid under Medicare, paying the remaining claim amount under the terms of the health benefit plan.
- **As a result, if Medicare Part B is not taken, member will be responsible for the amount that would have been paid by Medicare Part B.**

Important Address Information

- If you currently only have a P.O. Box address on record with the State Health Plan you will need to provide a physical address as well.
 - Humana is unable to process an enrollment with *only* a P.O. Box number on file.
 - Systems will store multiple addresses. The Plan can retain the P.O. Box number for mailing purposes and will store the physical address separately.
- It is essential you update your information in ORBIT and in eBenefits, the Plan's information system.



Open Enrollment Medicare Outreach Events

- The Plan will be offering 24 in-person events and 14 webinars prior to and during Open Enrollment.
- The Plan is also hosting 2 Medicare Telephone Town Hall events, 9/27/2024 and 10/4/2024. Both are held at 2 pm.
 - Members who have registered and members with a valid phone number in the Plan’s enrollment system, eBenefits, will receive a call prior to a Telephone Town Hall event, which will prompt you to join.
 - **However**, if the phone number we have on file is a mobile number, you must register and agree to be contacted for the meeting via your mobile number.
- To register for any of these events, please visit www.shpnc.org.

Date	Time
8/28/24	10 am
8/29/24	2 pm
9/12/24	2 pm
9/13/24	10 am
9/17/24	2 pm
9/30/24	10 am
9/30/24	2 pm
10/1/24	10 am
10/4/24	10 am
10/10/24	6 pm
10/11/24	10 am
10/21/24	10 am
10/21/24	6 pm
10/22/24	10 am

Stay Engaged and Social with YOUR State Health Plan

- It's important to stay engaged so you can be in the know on what you need to do prior to and during Open Enrollment!
- Sign up for the Plan's monthly e-newsletter, Member Focus for details regarding Open Enrollment by visiting www.shpnc.org.
- Follow the State Health Plan on Facebook (www.facebook.com/SHPNC) and Instagram (@nchealthplan).
- Look for your Open Enrollment Decision Guide, which will arrive in mailboxes in September.



How to Make a Change During Open Enrollment

- **Enroll Online:**

- Visit the State Health Plan website (www.shpnc.org) and click on eBenefits
- Then click ORBIT
- Once logged into ORBIT, click State Health Plan Benefits

- **Enroll by Phone**

- The Plan's Eligibility & Enrollment Support Center at 855-859-0966 will offer extended hours to assist you with your enrollment.
 - M – F: 8 a.m.-10 p.m.(ET)
 - Sat.: 8 a.m.-5 p.m. (ET)



Retirees Using the ORBIT
System

Login to eBenefits through ORBIT

Important Phone Numbers

- **Eligibility and Enrollment Support Center**
 - 855-859-0966
Extended hours during Open Enrollment
M – F: 8 a.m.-10 p.m.(ET)
Sat.: 8 a.m.-5 p.m. (ET)
- **Humana Customer Service**
 - 888-700-2263
- **Aetna Customer Service**
 - 833-690-1037
 - Extended hours during Open Enrollment:
 - M-F, 8 a.m. – 8 p.m.
 - Sat: 8 a.m. – 2 p.m.
- **CVS Caremark (Pharmacy Benefits on 70/30)**
 - 888-321-3124
- **Pierce Insurance Agency (Dental/Vision Coverage through State Retirement System – 2025 OE is Sept. 16– Oct. 31, 2024)**
 - 855-627-3847

