

# Navigating Your State Health Plan Benefits and Medicare

*Understanding Your State Health Plan  
Benefits at Retirement*

2024



# Presentation Overview

- State Health Plan Options
- Understanding Medicare
- Enrollment
- Medicare Advantage
- Base PPO Plan (70/30)
- Plan Comparisons
- Important Information

# State Health Plan Options

# Plan Options for *Non-Medicare* Members

The State Health Plan offers 2 Preferred Provider Organization (PPO) plans for Non-Medicare members:

**Enhanced PPO Plan  
(80/20)**

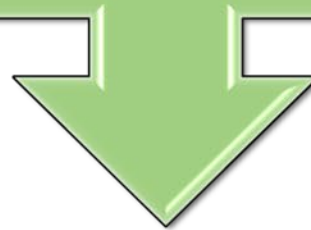
Pays 80% for most  
in-network services.

**Base PPO Plan  
(70/30)**

Pays 70% for most  
in-network services.

# Plan Options for *Non-Medicare* Members

The Plan utilizes a third-party administrator or TPA that is responsible for the provider network and processing your medical claims. Our current TPA is Blue Cross and Blue Shield of NC. But your medical claims are paid by the state, not Blue Cross.



The Plan also utilizes a pharmacy benefit manager or PBM that is responsible for providing a pharmacy network and processing your pharmacy claims. Our current PBM is CVS Caremark. But your pharmacy claims are paid by the state, not CVS.

# Plan Options for *Medicare* Primary Members

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

Premium free for Medicare- eligible retiree; monthly premium for Medicare-eligible spouse/dependents.

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

Monthly premium for Medicare-eligible retiree (\$73) and Medicare-eligible spouse and/or dependents

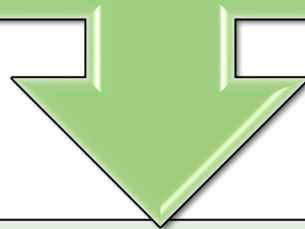
## Base PPO Plan (70/30) Administered by Blue Cross NC

Premium free for Medicare-eligible retiree; monthly premium for Medicare-eligible spouses and/or dependents.

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

# Plan Options for *Medicare* Primary Members

Humana is a Medicare Advantage Organization (MAO) that contracts with the Centers for Medicare and Medicaid Services (CMS) to administer Medicare Part A & Medicare Part B benefits on their behalf.



The Plan contracts with Humana to provide Group Medicare Advantage plan options to our Medicare Primary members and their eligible dependents which includes payment of claims.

# Enrollment Guidelines - *Families*

- Medicare Primary family members stay together.
- If spouse/dependents **are not** Medicare eligible:
  - They have the same options available to active employees/non-Medicare members. Their options are administered by Blue Cross NC and are:
    - Enhanced PPO Plan (80/20)
    - Base PPO Plan (70/30)
  - This is considered a “split family” situation where one or more members of the family unit are Medicare-eligible while others are not and have different coverage options.



# Understanding Medicare

# Original Medicare vs. Medicare Advantage Plans

## Step 1

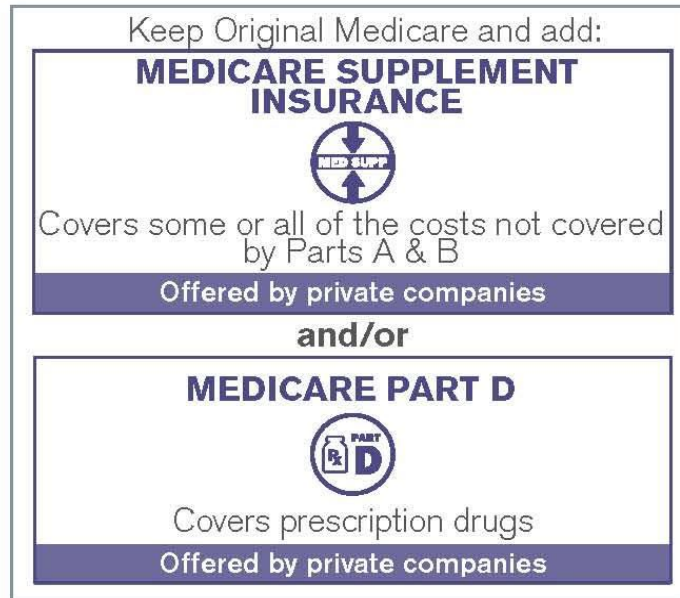
Enroll in Original Medicare when eligible.



## Step 2

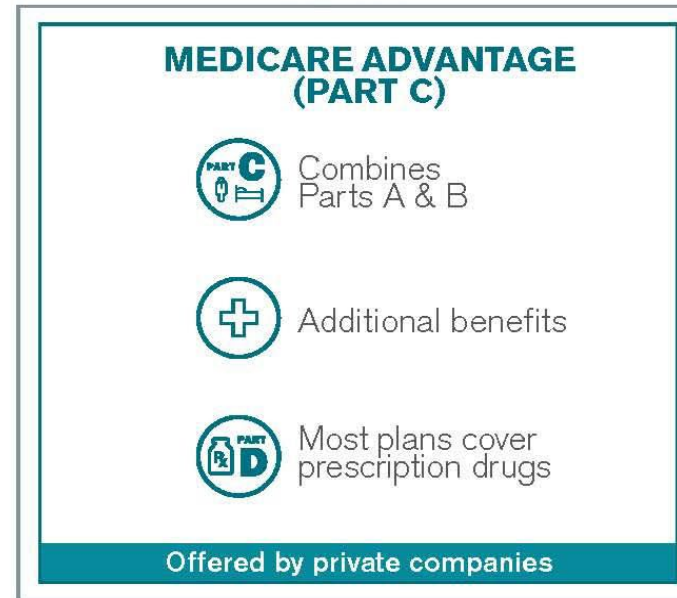
If more coverage is needed, there are additional options.

### Option 1



or

### Option 2



# Medicare Parts A and B

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- Medicare Part A and Part B must be in effect to be enrolled into a Medicare Advantage Plan.
  - Part A is typically premium free.
  - Part B has a monthly premium. The 2024 standard Part B premium will be \$174.70 per month for new Medicare Part B enrollees but depending on income, may be as high as \$594.00 per month.
- If retiree has the Base PPO Plan (70/30) and they do not elect Part B, the State Health Plan will process claims as if they have it and members will incur greater out-of-pocket costs.
- It is important to enroll in Medicare (Parts A and B) during the 3 months **BEFORE** your 65<sup>th</sup> birthday month. This will allow Medicare to then become effective the first day of your birthday month.



# Retirees - Enrolling in Medicare

- If you elected to start receiving Social Security benefits prior to turning 65 (at least 4 months or more), you will be automatically enrolled in Medicare. You should receive your Medicare card approximately 60 – 120 days before you turn 65.
  - If Medicare card not received by 60 days before your 65<sup>th</sup> birthday month, contact Social Security Administration.
- If you are **not** receiving Social Security benefits, **YOU MUST TAKE ACTION TO ENROLL IN MEDICARE.**
  - Visit any local Social Security office (note call ahead to see if you need appointment)
  - Call Social Security at 800-772-1213 (7 a.m. to 7 p.m.)
  - Online through the Social Security website at [www.ssa.gov](http://www.ssa.gov)
    - If you are enrolling online, you will need to set up a MySocialSecurity account first.



# Medicare Enrollment Tips

- You become Medicare eligible the first of the month you turn 65 (e.g., 65<sup>th</sup> birthday is 3/15, you become Medicare eligible 3/1). However, if your 65<sup>th</sup> birthday is on the first day of a month, you become Medicare eligible the first day of the prior month (e.g., 65<sup>th</sup> birthday is 5/1, you become Medicare eligible 4/1).
- Your Medicare **Initial Enrollment Period (IEP)** surrounding your 65<sup>th</sup> birthday is a seven (7) month period that includes the three (3) months before your birthday month, the month of your 65<sup>th</sup> birthday, and the three (3) months after your birthday month.
- To have your Medicare in place for your Medicare eligibility date, you need to enroll during the first three (3) months **BEFORE** your Medicare eligibility month. If you wait to enroll the month you become Medicare eligible or during the last three (3) months your **Medicare will start the first day of the month after you sign up.**

# 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 may range from \$12.90 to \$81.00 per month.  
IRMAA determination is based on IRS tax return from 2 years ago (2022).***



# Enrollment

# Contribution Status

Hired Before October 1, 2006	Hired On or After October 1, 2006 ***
<p><b>5 Years of service</b> <b>Non-contributory Plan</b> <b>You pay 0% premium</b> <b>For Base PPO Plan (70/30)*</b></p>	<p><b>5 &lt; 10 Years of service</b> <b>You pay <u>100%</u> premium **</b></p>
	<p><b>10 &lt; 20 Years of service</b> <b>You pay <u>50%</u> premium **</b></p>
	<p><b>20 Years of service</b> <b>You pay <u>0%</u> premium *</b></p>

\*Partial contribution may be required for other plan options

\*\*Premium rate based on state contribution

**\*\*\* Individuals hired on or after January 1, 2021, are not eligible for retiree health benefits**

**You will be auto-enrolled into a plan regardless of your contribution status. If you do not want coverage, it is necessary to opt out during retirement process by calling 855-859-0966 or going online. Depending on your situation at the time of retirement, you will need to take this into consideration regarding your State Health Plan coverage.**



# Retirement and Health Plan Benefit Effective Date

The first month of retirement the retiree remains covered under their active agency. \*

The **State Health Plan benefit effective date** is the first of the month following their retirement effective date.

For example: If the retirement date is January 1, then State Health Plan benefit effective date is February 1.

\* If Medicare eligible upon retirement date, Medicare will be primary the first month of retirement. **Important to have Medicare Part A and Medicare Part B in effect as of retirement date.**

*\*Important Note: When you decide to retire, enroll in Medicare Part B so that it becomes effective the date of your planned retirement. You will need to contact Social Security Administration to enroll in Medicare Part B.*

# Under 65 and Retiring?

## Member

- Talk to HR Department about retirement decision.
- Begin retirement process online through ORBIT or submit application to the State Retirement System.

## State Retirement Systems

- Approves retirement information.
- Notifies Plan's Eligibility & Enrollment Support Center.

## State Health Plan

- Auto-enrolled in same plan as an active employee along with any dependents.
- Opt out of retiree coverage by calling Eligibility & Enrollment Support Center.
- Auto-enrollment occurs with at least 5 years of service whether or not member was enrolled in Plan coverage as an active employee.
- If not enrolled as active employee, auto-enrolled in the Base PPO Plan (70/30)

# Approaching 65 and Planning to Continue Working

- Many Plan members continue working after the age of 65.
- The Plan mails you a Medicare eligibility letter approximately 30-60 days prior to your 65th birthday. The letter asks to confirm eligibility for Medicare benefits.
  - Recommend enrolling in Medicare Part A
  - Recommend delaying enrollment in Medicare Part B if you remain actively working for the State.\*
- The Plan will be **primary coverage** and Medicare will be secondary as long as still actively working for the State.

*\*Important Note: When you decide to retire, enroll in Medicare Part B so that it becomes effective the date of your planned retirement. You will need to contact Social Security Administration to enroll in Medicare Part B.*

# Planning to Retire and are 65 or Older?

- Begin the online retirement process through ORBIT or submit retirement application 120 days before anticipated retirement date.
  - **Should not sign the** form any earlier than 120 days before the anticipated retirement date.
  - If signed earlier than 120 days before the retirement date, you will receive a “cannot accept” letter and a new form to start over.
- **Remember:** Medicare Part A and Part B should be in effect as of anticipated retirement date.
- Any covered non-Medicare Primary dependents will be automatically enrolled into the health plan they were in as an active dependent.
- You may opt out of the retiree State Health Plan coverage during retirement process by calling Eligibility and Enrollment Support Center, 855-859-0966 or through the eBenefits system.

# New Retiree (65 or older) - Enrolling in Medicare

- If you worked beyond age 65 and delayed electing Medicare Part B, **you will have to take action** to enroll into Medicare Part B before your retirement.
  - As a result of the pandemic, Social Security has amended their policy/system to allow individuals in these situations to enroll in Part B online, [www.ssa.gov](http://www.ssa.gov).
  - You have two options to submit your enrollment request under the Special Enrollment Period. You can do **one** of the following:
    - Go to [www.ssa.gov](http://www.ssa.gov) and select to “Sign up for Medicare.” If you already have Medicare Part A in place, you will want to then select to “Sign up for Part B only” and select “Submit an application.” You will need to complete [CMS-40B](#) and [CMS-L564](#). Remember to upload your evidence of Group Health Plan or Large Group Health Plan.
    - Fax or mail your **CMS-40B, CMS-L564** forms and the secondary evidence to your local Social Security field office (<https://secure.ssa.gov/ICON/main.jsp>)
  - When completing the CMS-40B, state “I want Part B coverage to begin (MM/YY) in the remarks section of this form or the online application. Remember: You want your Medicare Part B to become effective as of your anticipated retirement date.

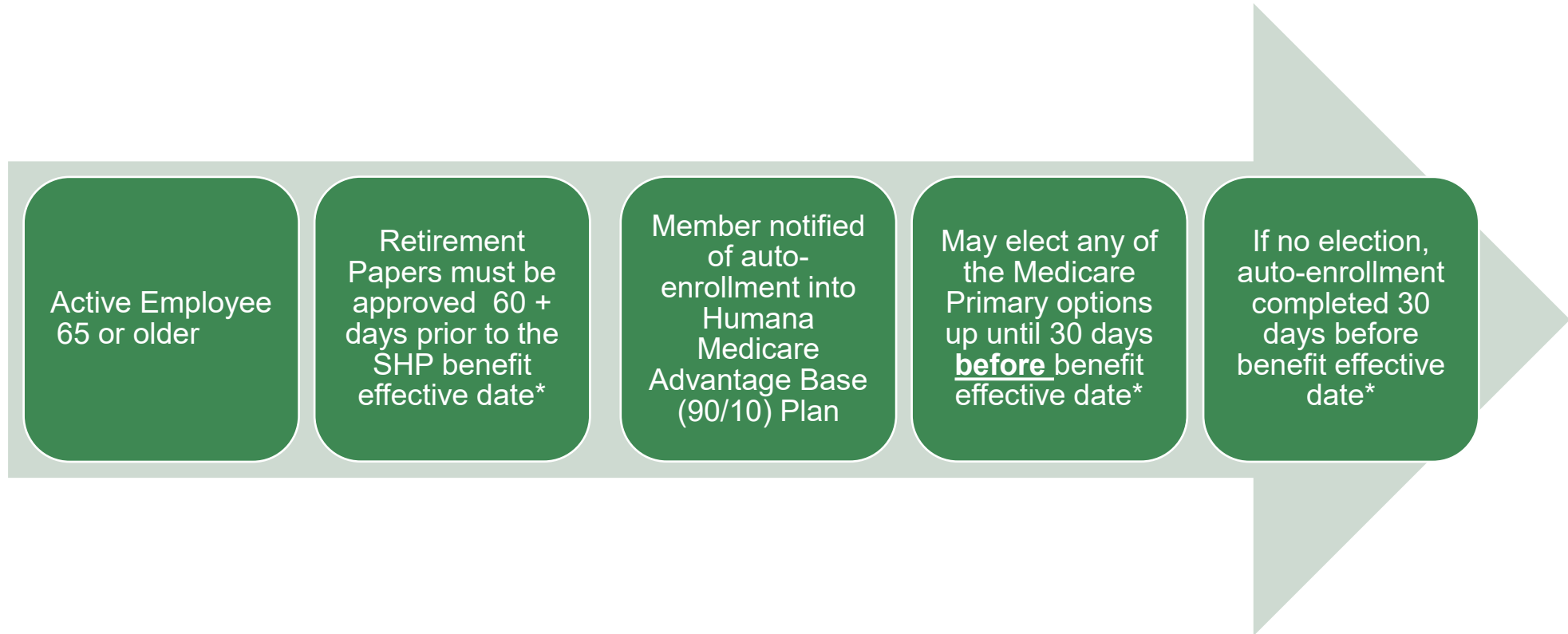
**Remember: Medicare Part B needs to become effective as of your retirement effective date**

# Part B Enrollment for Medicare Eligible State Retiree – Working in Private Sector

- In accordance with State guidelines, a state retiree (or covered dependent of the retiree) becoming Medicare eligible will be Medicare primary as of the Medicare eligibility date.
  - Should have Medicare Part A and Medicare Part B in place as of the Medicare eligibility date.
- If the state retiree (or covered dependent) elects to delay Medicare Part B due to employment in the private sector, the State Health Plan will still process claims as if Medicare was in place meaning the individual would be responsible for what Medicare would have paid on their behalf if it had been in place.
  - This means the Employer Group Health Plan (EGHP) would be primary coverage, Medicare secondary and State Health Plan would be tertiary.
  - If going to work in the private sector with active EGHP coverage (whether from your employment or a spouse's employment), the state retiree may want to consider dropping the State Health Plan. Then when the State retiree loses the private sector EGHP, a QLE would exist to allow re-enrollment into the State Health Plan. But remember, the retiree will need to have their Medicare Part B in place as of the effective date for the loss of EGHP.

# Medicare Primary: New Retirees

Retirement approved at least 60 days prior to effective date of retiree *health coverage*.



*\*The State Health Plan benefit effective date is the first of the month following the retirement effective date. For example: If the retirement date is January 1, the SHP benefit effective date is February 1. The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.*

# Medicare Primary: New Retirees

Retirement approved less than 60 days prior to effective date of retiree *health coverage*.

## Active employee 65 or older

Retirement papers processed and approved 59 days or less prior to retiree health coverage effective date.

### Medicare Advantage Options Not Available

Will be auto-enrolled into the Base PPO Plan (70/30) 30 days before effective date.

### Medicare Advantage Options

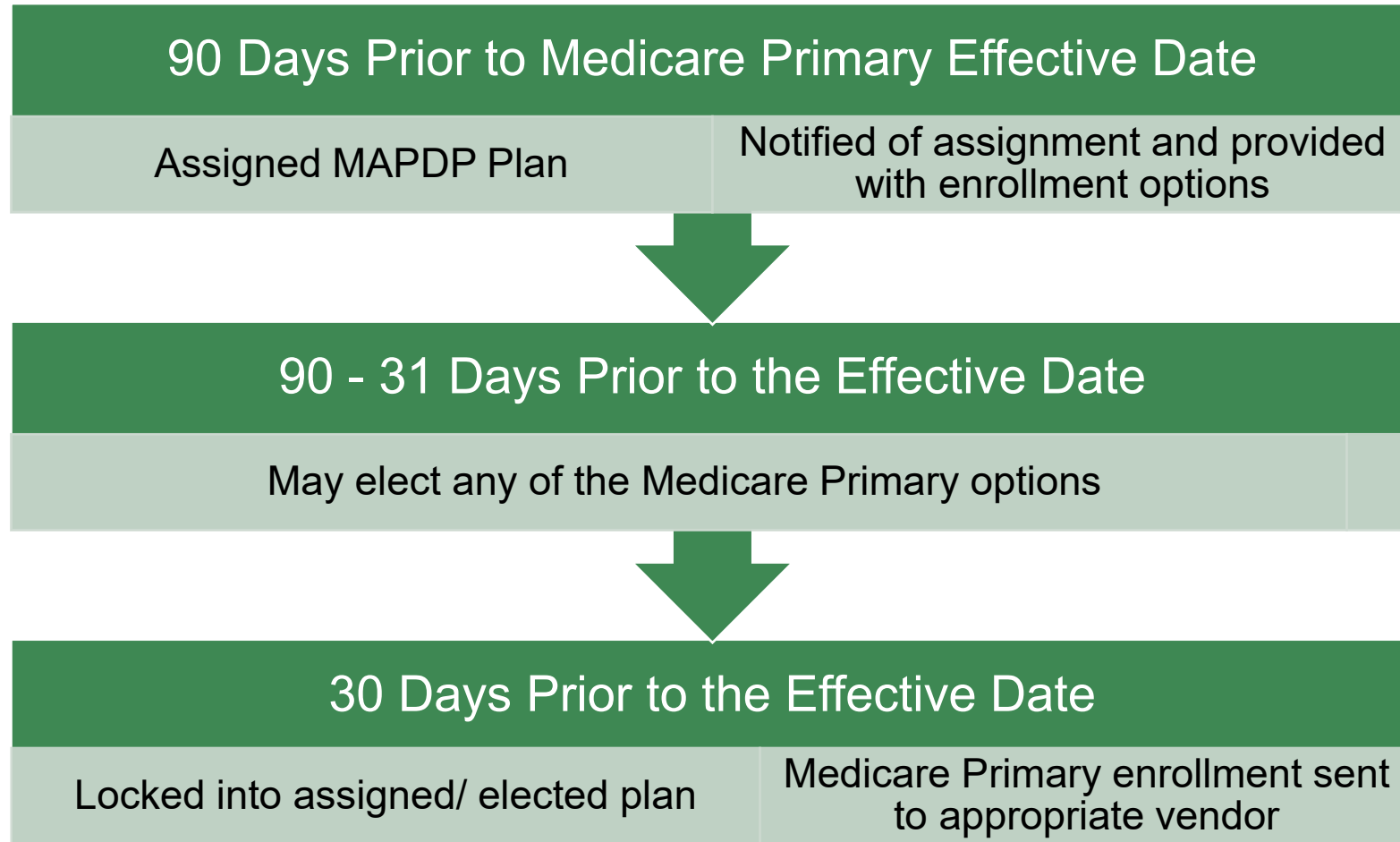
Although not auto-enrolled in a MAPDP plan, you are able to elect a MAPDP plan until the day before your benefit effective date.



# Retirement Approval (and/or Medicare Not Effective) Not Until After Benefit Effective Date

- If the retiree (or covered spouse) is Medicare eligible when retiring and the retirement request is not approved by Retirement Systems until AFTER the Retiree Health Coverage effective date, the individual will be defaulted into the Base PPO Plan (70/30) retroactively and unable to change plan until next Open Enrollment.
- If the retiree (or covered spouse) is Medicare eligible when retiring and they fail to have Medicare Part A **and** Medicare Part B until after the Retiree Health Coverage effective date, the individual will be defaulted into the Base PPO Plan (70/30).
- This could occur retroactively and can be a costly if the retiree is responsible for a portion or all of their premium or if it is a spouse who is being defaulted to the Base PPO Plan (70/30).

# Medicare Primary: Retirees/Dependents turning 65 (Age-Ins)



Medicare primary effective date is first of the month you turn 65 **UNLESS** your 65<sup>th</sup> birthday is on the first of a month then Medicare primary effective date is first of the month preceding the 65<sup>th</sup> birthday month.



# Medicare Advantage (90/10) Plans & Base PPO Plan (70/30)

# What are Medicare Advantage Plans?

- A Medicare Advantage Plan, like the Humana Medicare Advantage (90/10)\* plans offered by the State Health Plan, are considered a **Group Medicare Advantage Prescription Drug Plan (MAPDP)**. They are:
  - A Medicare health plan choice, which may be an individual or group product.
    - Private companies, like Humana, contract with Medicare to provide your Medicare Part A and Medicare Part B benefits. Most include Medicare Prescription Drug Coverage, Part D.
- **With a Medicare Advantage Plan:**
  - You are still considered to be in the Medicare program.
  - You keep same rights and protections as Original Medicare.
  - They must cover all services Original Medicare covers.
  - Members must have both Medicare Part A and Medicare Part B and continue to pay Medicare premiums to be eligible for Medicare Advantage Plans. **Part B premiums are paid by member from Social Security benefits or directly to federal government.**

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

# Network of Providers

- The Humana Medicare Advantage (90/10)\* plans are considered National Preferred Provider Organization (PPO) plans.
- They offer:
  - Access to providers nationwide.
  - Access to additional benefits at a lower cost and include an open network.
  - **Copays or coinsurance remain the same**, regardless of who you see in- or out-of-network.
- Out-of-network providers must participate with Medicare and agree to accept and bill your insurance.



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

# Advantages with Group Medicare Advantage Plans

- **Simplicity** – The Humana Medicare Advantage (90/10)\* Plans provide one ID card for medical services and prescription drugs.
  - **Remember**: You are still considered to be in the Medicare program.
  - You use your Humana ID card – **not** your red, white and blue Medicare card
- **Predictability** – The Humana Medicare Advantage (90/10) Plans are **copayment driven** meaning the majority of covered services have an established copayment. This allows for you to know what your out-of-pocket costs will be up front in most situations.
- The Humana Medicare Advantage (90/10) Plans also provide extra services not covered under Original Medicare.
  - Wellness programs/SilverSneakers®
  - In-Home Health & Wellbeing Assessment
  - Disease and Case Management
  - Routine eye & hearing exams
  - Hearing aids

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

# Humana Medicare Advantage (90/10)\* Plans & Other Insurance

- You may not be enrolled in another Medicare Health Plan and our Humana Group Medicare Advantage Plan at same time.
  - Medicare Health Plan = Medicare Advantage Plan or Medicare Prescription Drug Plan.
- You cannot purchase a Medigap Plan if enrolled in a Medicare Advantage Plan.
  - Medigap plans do not work with Medicare Advantage Plans – only with Original Medicare.

- If already enrolled in another Medicare Health Plan and then choose to enroll in our Humana Group Medicare Advantage, you will be disenrolled from the other plan.

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

# Humana Medicare Advantage (90/10)\* Plans & Other Insurance

- TRICARE® for Life (TFL) (TRICARE® + Medicare)
  - TFL members may enroll in Medicare Advantage Plans.
  - TFL will typically cover copays/coinsurance applicable for the Humana Group Medicare Advantage plans.
  - Local retail pharmacies typically able to submit electronic claims to both the Humana and TFL for coordination.
  - Cannot use Medicare or Medicare Advantage in Military treatment facilities, like a VA hospital.

## ▪ Other Insurance

- Covered by multiple retiree health plans (yours/spouse's) – check with the to ensure no disruption of coverage if enrolled in our Humana Group Medicare Advantage plan.
- Cannot be enrolled in multiple Medicare Health plans.
- Individual plans like cancer, hospital indemnity, dental, vision or long-term care will not affect eligibility or coverage under Medicare Advantage plan.

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



# Base PPO Plan (70/30)

Administered by Blue  
Cross NC

- Members still have option to choose the **Base PPO Plan (70/30)**
- Supported by the Blue Cross NC Blue Options and the NC State Health Plan network of providers
- Includes Traditional prescription drug coverage
  - It is not Medicare Part D prescription drug coverage but is considered to be creditable drug coverage
- Original Medicare is Primary, State Health Plan coverage is **secondary**
  - Member would use 2 ID cards when seeking medical services
    - The red, white, blue Medicare card and Blue Cross NC Base PPO Plan (70/30) ID card
    - Copayments, coinsurance and deductible requirements under the PPO Plan (70/30) must be met
  - Medical copayments **do not** apply to the deductible **BUT** do apply to the Maximum out-of-pocket limit.

# 2024 Plan Comparison – Medical Benefits

Benefit	Humana Base (90/10)**	Humana Enhanced (90/10)**	BCBSNC 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 BCBSNC 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 Out-of-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

\*When enrolled in the 70/30 PPO plan, cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits First and then the 70/30 PPO plan 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.

# 2024 Plan Comparison – Medical Benefits, cont'd.

Benefit	Humana Base (90/10)**	Humana Enhanced (90/10)**	BCBSNC Base PPO Plan (70/30)*
Emergency Room	\$65 copay (Worldwide)	\$65 copay (Worldwide)	Individual: \$337 copay plus 30% coinsurance after deductible
Ambulance	\$75 copay	\$75 copay	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.

# 2024 Plan Comparison – Pharmacy Benefits

Benefit	Humana Base (90/10)**	Humana Enhanced (90/10)**	Base PPO Plan (70/30)
Pharmacy Maximum	\$2,500 Individual	\$2,500 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)
<b>Retail Purchase from an In-Network Provider</b>			
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 – Preferred Brand (Novolog/Novolin) (30-day supply)		\$0 (30-day supply) Preferred or Non-Preferred

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



# Important Information

# 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.**

# Re-Employment and State Health Plan

- To comply with the Affordable Care Act, legislation was passed addressing non-permanent full-time employees.
  - A “newly eligible” category was created.
- Employing units are responsible for determining eligibility for the new category and includes non-permanent employees working at least 30 hours per week.
  - If re-employed retiree qualifies for the new category, employing units are required to cover as active employees.
    - May offer only the High Deductible Health Plan (HDHP); **OR**,
    - May offer coverage under Active Employee options (Base PPO Plan (70/30) or Enhanced PPO Plan (80/20))
    - Re-employed retiree not required to enroll.
- Re-employed retiree will be terminated from Retiree Group Coverage under State Retirement Systems Division (SRS).
- Qualifying Life Event when state re-employment ceases
  - 30 days to enroll in State Health Plan under SRS.
  - If enrollment occurs before the effective date, would be able to enroll in a MAPDP.

# Other Enrollments

- **IMPORTANT**: You or a covered Medicare-eligible dependent **may not** be enrolled in multiple Medicare Health plans while being enrolled in one of our Humana Group Medicare Advantage Plan options.
- When enrolled in a Humana Group plan, if you enroll in another Medicare Health Plan (Medicare Advantage or Medicare Prescription Drug coverage), you **will be** disenrolled from Humana and **AUTOMATICALLY** placed on our Base PPO (70/30) plan. Could have financial impact on you.
- Do not give out or confirm your personal information over phone. May end up enrolled in a plan you do not want and lose Humana coverage.
- If in other retiree health plan, you must read all Open Enrollment material. Coverage options may change from year to year.





A new TPA  
is on the way.

- The State Health Plan is transitioning its Third-Party Administrator (TPA) from Blue Cross NC to Aetna beginning Jan. 1, 2025.
- This TPA transition 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 change will not impact Humana Medicare Advantage Plan members.**
- Additional information will be sent to members closer to Open Enrollment, which will take place in the fall of 2024.

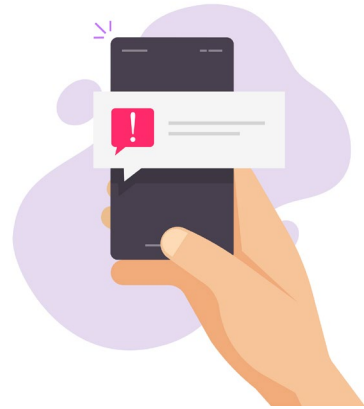
# Important Address Information

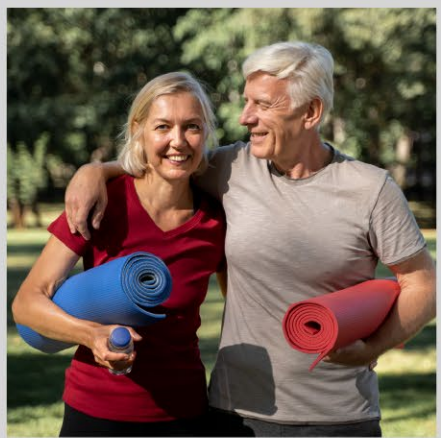
- If you currently only have a P.O. Box address on record with the State Health Plan you will need to provide a physical address as well.
  - Humana is unable to process an enrollment with *only* a P.O. Box number on file.
  - Systems can store multiple addresses. The Plan can retain the P.O. Box number for mailing purposes and will store the physical address separately.
- Please update through eBenefits or by calling the Eligibility and Enrollment Support Center at 855-859-0966.



# Important Phone Numbers

- **State Health Plan's Eligibility and Enrollment Support Center**
  - 855-859-0966
- **Humana Customer Service**
  - 888-700-2263
- **Blue Cross Blue Shield of NC (Benefits, Claims on Base PPO Plan (70/30) )**
  - 888-234-2416
- **CVS Caremark (Base PPO Plan (70/30) Plan Pharmacy Benefits)**
  - 888-321-3124
- **Pierce Insurance Agency (Dental/Vision/Identity Theft Protection)**
  - 855-627-3847





# Questions? Thank you!

This presentation is for general information purposes only. If it conflicts with federal or state law, State Health Plan policy or your benefits booklet, those sources will control. Please be advised that while we make every effort to ensure that the information we provide is up to date, it may not be updated in time to reflect a recent change in law or policy. To ensure the accuracy of, and to prevent the undue reliance on, this information, we advise that the content of this material, in its entirety, or any portion thereof, should not be reproduced or broadcast without the express written permission of the State Health Plan.