



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



*Dale R. Folwell, CPA*  
STATE TREASURER OF NORTH CAROLINA  
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## State Health Plan 101

*Understanding Your 2018 Health Plan*

January 31, 2018

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*A Division of the Department of State Treasurer*

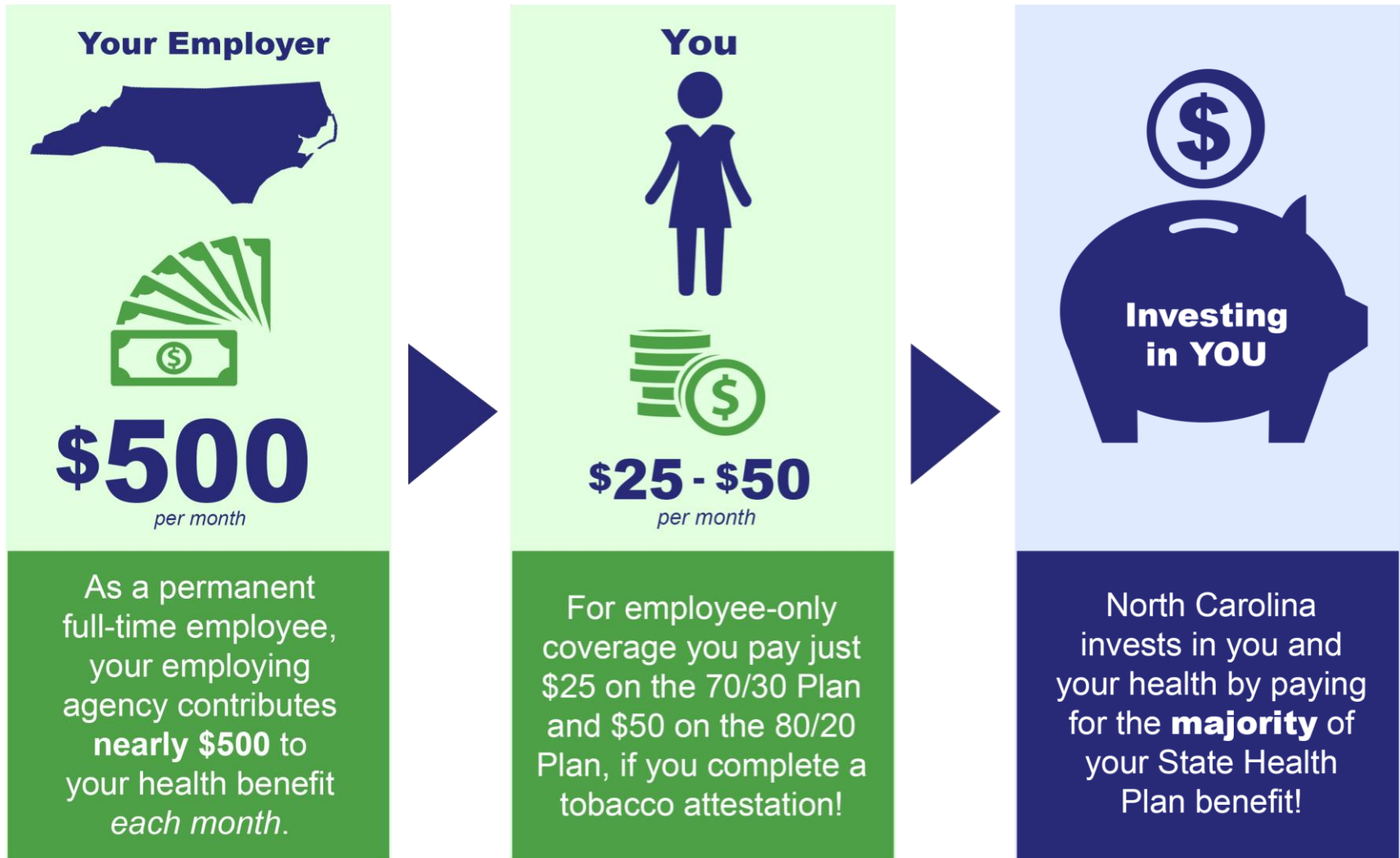
# Welcome

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- Understanding the Value of Your Benefit
- Understanding How the State Health Plan is Administered
- Explanation of Benefits
- Pharmacy Benefits
- Blue Connect
- Q&A Session

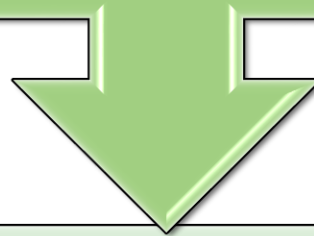


# Understanding the Value of Your Benefit



# Understanding Who Pays for Your Claims

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.

# State Health Plan Benefits

**The State Health Plan offers 2 Preferred Provider Organization (PPO) plans for permanent employees:**

## **80/20 Plan**

Pays 80% for most in-network services.

## **70/30 Plan**

Pays 70% for most in-network services.

***Remember, your claims are paid by taxpayers, not Blue Cross!***

# Understanding How Your Plan Works

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- Each plan has an individual **deductible** and a family **deductible**, which is the percentage (dollar amount) you are expected to pay for certain covered services within a benefit period, before benefits are paid by the State Health Plan.
- The **family deductible** is the maximum amount a family must pay for certain covered services each benefit period. Once the family deductible is met, no other individual deductibles will apply. If there are more than three family members, the family deductible may be met before the individual deductibles are met.
- For example, a family of four on the 80/20 Plan where the individual deductible is \$1,250 and the family deductible is \$3,750, can be broken down like this:

Family member 1 satisfies	\$1,250 of the individual deductible
Family member 2 satisfies	\$1,225 of the individual deductible
Family member 3 satisfies	\$1,000 of the individual deductible
Family member 4 satisfies	<u>\$275 of the individual deductible</u>
<b>✓ Family Deductible met</b>	<b>\$3,750 (for 80/20 Plan)</b>
- Once the family deductible is met, the individual deductibles are also met even though no individual family member had to satisfy the individual maximum.



# Understanding How Your Plan Works

- Each plan has **copayment**, which is the fixed dollar amount due at the time of a covered medical service. This amount can vary based on the network and type of provider, such as Primary Care Provider, Specialist, or Urgent Care
  - Copayments are applied to your total out-of-pocket for only the 80/20 Plan.
- The **coinsurance** for each plan is the percentage of shared amounts you and the State Health Plan will pay for covered services after your benefit period deductible has been met.
  - The **coinsurance maximum only applies to the 70/30** and is the total dollar amount you will pay before the plan pays 100%. *(This does not include the deductible.)*

**For example:** You are enrolled in the 80/20 Plan and have outpatient surgery. The allowed charges for your surgery equals \$2,500.

Below is a breakdown of how your benefit would work:

\$2,500	Allowed Charges
<u>- \$1,250</u>	<u>Member Deductible</u>
\$1,250	Remaining Allowed Amount
<u>-\$250</u>	<u>20% Member Coinsurance</u>
<u>\$1,000</u>	<u>Amount paid by State Health Plan</u>
\$1,500	Total Member Responsibility

# Explanation of Benefits (EOB)

Updated EOB Coming Soon!

- An EOB is a detailed financial breakdown as to how one or more of your claims has been processed and outlines what the State Health Plan has paid and what is your responsibility.



## Explanation of Benefits



January 21, 2017

*This is not a bill.*

### Subscriber information

First: JOHN  
Last: LOW  
ID:W4444444401  
Blue Options Plan

### Need more information?

Find answers online at [shnpc.org](http://shnpc.org) and log on to Member Services   
Customer Service (Monday - Friday, 8 a.m. - 6 p.m. EST) 1-888-234-2416  
Servicio al Cliente (Lunes - Viernes, 8 a.m. - 6 p.m. EST) 1-888-234-2416 

### Additional Information

Please save this form for your tax records. Your balance may not reflect any prior payments made by you or another insurance company.  
BCBSNC provides administrative services only for this plan. Your plan sponsor retains sole responsibility for funding claim payments.  
The information listed in the "Benefit Year Summary" section indicates the most current benefit period information on your plan as of the date of this notice. The "Amount Satisfied" will reflect the total amount applied throughout the benefit period on the plan, which may include all applied before and after any changes in benefits or dependents covered throughout the current benefit period.  
Para obtener asistencia en español, comuníquese con el departamento de servicio al cliente al número que aparece al respaldo de su tarjeta del seguro.

### Benefit Year Summary - For benefit period starting 01/01/2017

Blue Options Plan	In-Network Deductible		Out-of-Network Deductible		In-Network Out-of-Pocket Limit		Out-of-Network Out-of-Pocket Limit	
	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied
LOW J	\$1,250	Met	\$2,500	\$0.00	\$4,350	\$270.50	\$8,700	\$0.00

 Patient: WADE B LEMONS #: W4444444401





Medical Service Detail	Your Provider Billed	Member Benefit			Amount Your Provider May Bill You					Reason Code (See below)
		Allowed Amount	Member Savings	Your Plan Paid	Copayment	Deductible	Coinsurance	Other Liability	TOTAL	
Claim #: 03-00022-000-21 Provider: MARC A BURR Date(s): 01/11/2017 - 01/11/2017 Service: MEDICAL CARE (98940)	\$45.00	\$29.25	\$15.75	\$0.00	\$29.25	\$0.00	\$0.00	\$0.00	\$29.25	
<b>Total for Claim # 03-00022-000-21</b>	<b>\$45.00</b>	<b>\$29.25</b>	<b>\$15.75</b>	<b>\$0.00</b>	<b>\$29.25</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$29.25</b>	

Medical Service Detail	Your Provider Billed	Member Benefit			Amount Your Provider May Bill You					Reason Code (See below)
		Allowed Amount	Member Savings	Your Plan Paid	Copayment	Deductible	Coinsurance	Other Liability	TOTAL	
Claim #: 43-011222-222-41 Provider: MARC A BURR Date(s): 01/10/2017 - 01/10/2017 Service: MEDICAL CARE (98940)	\$45.00	\$29.25	\$15.75	\$0.00	\$29.25	\$0.00	\$0.00	\$0.00	\$29.25	
<b>Total for Claim # 43-011222-222-41</b>	<b>\$45.00</b>	<b>\$29.25</b>	<b>\$15.75</b>	<b>\$0.00</b>	<b>\$29.25</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$29.25</b>	



# ID Cards

- If you made benefit changes during Open Enrollment, you will receive your new ID card in the mail.
- If you did not make any changes, you can continue to use your current card.
- For additional cards or to print a temporary card go online or call Customer Service at 888-234-2416.

<b>SAMPLE ID</b>		 North Carolina <b>State Health Plan</b> FOR TEACHERS AND STATE EMPLOYEES A Division of the Department of State Treasurer
Subscriber Name: JOHN DOE	01	STATE RETIREMENT SYSTEM Group No: SR1009
Subscriber ID: YPYW12345678		RXBIN 004336/RXPCN ADV/RXGRP RX0274 Date Issued: 01/01/17
PCP/Practice: Walter Fowler		<b>In-Network Member Responsibility:</b> Selected PCP \$10 PCP/MH/SA \$25 Designated Spec \$45 Specialist \$85 PT/OT/ST/Chiro \$52 Urgent Care \$70* ER \$300*+Ded & 20% *Same for out-of-network
Novant Health Durham 919-477-6900		
BlueOptions <sup>SM</sup> Enhanced 80/20	Blue 	 

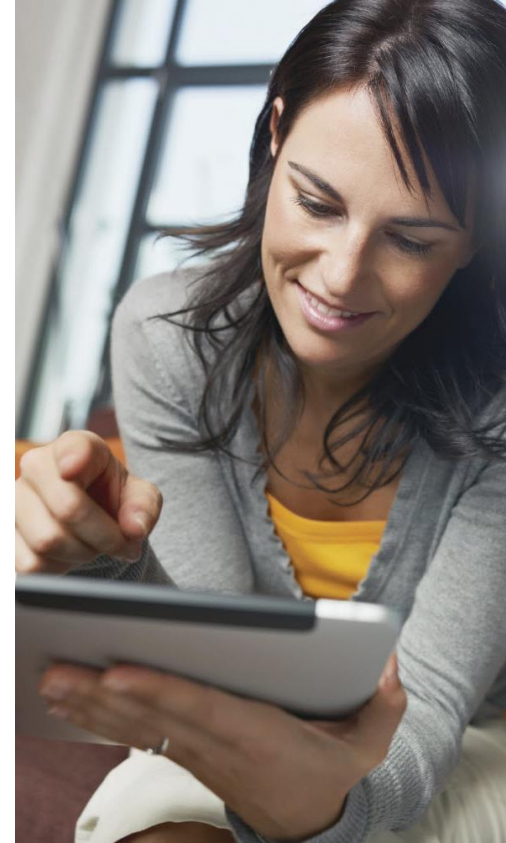
To get additional ID cards online,  
visit [www.shpnc.org](http://www.shpnc.org)

- Click “Enroll Now/Access Benefits”
- Log in to eEnroll
- Get connected to Blue Connect to order cards

# Online Resources – *Blue Connect*

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- Protected online resource to:
  - Manage your health plan
  - Maximize your benefits
- Registered users can:
  - View claims status
  - Order new ID cards
  - Research health/wellness topics
  - Access a cost estimator tool for medical procedures
  - Make informed health care decisions
  - Find discounts from top health & wellness retailers!
- Visit [www.shpnc.org](http://www.shpnc.org) and click Enroll Now/Access Benefits to log into eEnroll where you will find the Blue Connect link.



# Pharmacy Benefits



The State Health Plan's pharmacy benefits are administered by CVS Caremark.

They:

- Provide a network of pharmacies
- Process pharmacy claims

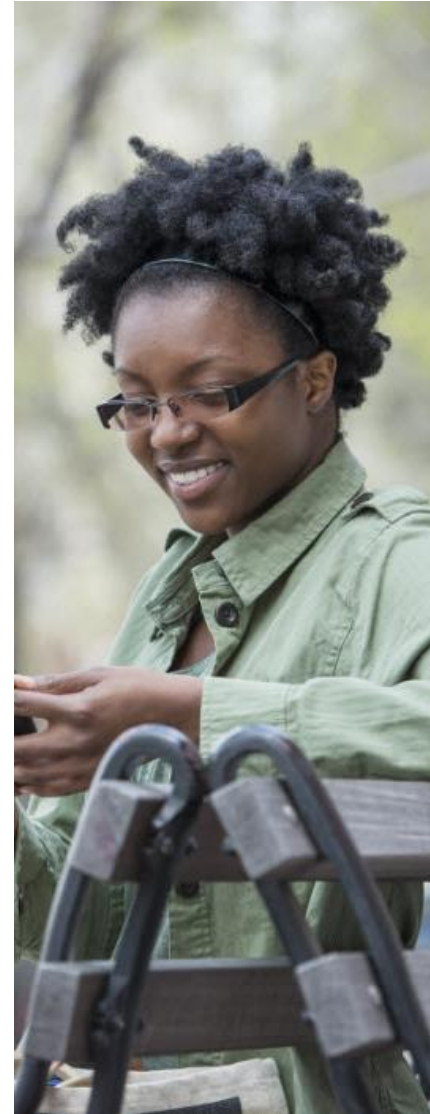
**NOTE:** Plan members do not have to go to a CVS pharmacy for prescriptions. CVS Caremark has a broad pharmacy network.

For more information, visit [www.shpnc.org](http://www.shpnc.org) or call CVS Caremark at (888) 321-3124.

# Pharmacy Benefits

- Custom, Closed formulary - certain drugs are not covered.
- A formulary exception process is available if your provider states that it is medically necessary for you to remain on a medicine that is not covered by the Plan.
  - If you are approved to take a non-covered medicine, it will be placed into Tier 3 or Tier 6, and covered accordingly
- Pharmacy Benefit Preferred Drug List (PDL):
  - Recommends drugs for effectiveness/price
  - List preferred options for non-covered medicines
  - Updated quarterly
  - Visit [www.shpnc.org](http://www.shpnc.org), under Plans for Active Employees tab, then “Pharmacy Benefits”

For more information, visit [www.shpnc.org](http://www.shpnc.org) or call CVS Caremark at **(888) 321-3124**.



# Pharmacy Benefits

- Some Medications:
  - Require step therapy or prior authorization
  - Have quantity limits
- Affordable Care Act (ACA) Preventive Medications on the 80/20 Plan
  - Covered at no charge with a prescription
  - Only available on the 80/20 Plan



For more information, visit [www.shpnc.org](http://www.shpnc.org) or call CVS Caremark at **(888) 321-3124**.

# Pharmacy Tiers

Drugs	80/20 Plan	70/30 Plan
Tier 1 (Generic)	\$5	\$16
Tier 2 (Preferred Brand & High-Cost Generic)	\$30	\$47
Tier 3 (Non-Preferred Brand)	<b>Deductible/Coinsurance</b>	\$74
Tier 4 (Low-Cost/Generic Specialty)	\$100	10% up to \$100
Tier 5 (Preferred Specialty)	\$250	25% up to \$103
Tier 6 (Non-Preferred Specialty)	<b>Deductible/Coinsurance</b>	25% up to \$133
Preferred Diabetic Supplies (e.g. Test Strips, Lancets, Syringes, Needles)	\$5	\$10

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

## NOTES:

- 2 months of medicine = twice the cost, 3 months = 3 times the cost
- If approved to take an excluded drug, it will be placed in either tier 3 or 6



# Pharmacy Out-of-Pocket Limits

	80/20 Plan	70/30 Plan
	In-Network	In-Network
Pharmacy Out-of-Pocket Limit	\$2,500 per member per benefit period	\$3,360 per member per benefit period
Then Plan pays 100% of allowed prescription drug expenses for the year.		

For more information, visit the Plan's website at [www.shpnc.org](http://www.shpnc.org).  
*Remember: Some pharmacies offer \$4 generics!*

# Things to Remember

- The Plan's website has a wealth of knowledge all in one place!
- Benefit booklets are accessible on the State Health Plan website at [www.shpnc.org](http://www.shpnc.org). Select the tab that applies to you (example, Active Employee) and select the plan in which you are enrolled.
- Medical policies are accessible at [www.shpnc.org](http://www.shpnc.org). They provide more detailed information relating to covered and non-covered services.

## Screen Shot [www.shpnc.org](http://www.shpnc.org)

### 80/20 Plan for Active Employees 80/20 Plan Overview and Benefits

The 80/20 Plan is a Preferred Provider Organization (PPO) plan administered Carolina (BCBSNC). A PPO plan offers:

- Freedom of choice among in-network providers
- Lower out-of-pocket costs (copay only for most in-network office visit
- A strong emphasis on preventive health

Additionally, members in this plan have the ability to lower the employee-or activities.

Affordable Care Act (ACA) Preventive Services performed by an in-network p which means there is no charge to you.


### 80/20 Important Documents

- 2018 80/20 Benefits Booklet
- 2018 Plan Comparison Chart
- 2018 Comprehensive Formulary Drug List
- 2018 80/20 Preventive Services Summary
- 2018 Affordable Care Act (ACA) Preventive Medications List



# Handy Access to Important Phone Numbers

- It's a good idea to keep your ID card with you at all times.
- Quick, handy access to important phone numbers!



**BlueCross  
BlueShield**


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Claims may be subject to review. For nonparticipating providers, members are responsible for ensuring the prior review/cert is obtained. For non-NC providers, members are responsible for ensuring the prior review/cert is obtained for Prof. and/or Outpt Serv.

BlueCross and BlueShield of North Carolina, an independent licensee of the BlueCross and BlueShield Association, provides administrative services only and does not assume any financial risk for claims.

For prescription drug claims, see web site above for address.

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 **CVS caremark** Pharmacy Benefits Administrator\*

**BCBSNC.COM**  
**www.shpnc.org**

Benefits & Claims:	888-234-2416
Eligibility & Enrollment:	855-859-0966
Locate Non-NC Provider:	800-810-2583
Provider Service:	800-214-4844
Prior Review/Certification:	800-672-7897
Mental Health/Substance Use:	800-367-6143
NC HealthSmart Coaches:*	800-817-7044
CVS Caremark® Customer Service:*	888-321-3124
Pharmacist Help Desk:*	800-365-6331

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\*Contracts directly with group

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Providers should send claims to their local BlueCross BlueShield Plan.

**Medical:** BlueCross and BlueShield of North Carolina PO Box 30087, Durham, NC 27702-0035

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# Thank You! Questions?



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.



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[www.shpnc.org](http://www.shpnc.org)

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