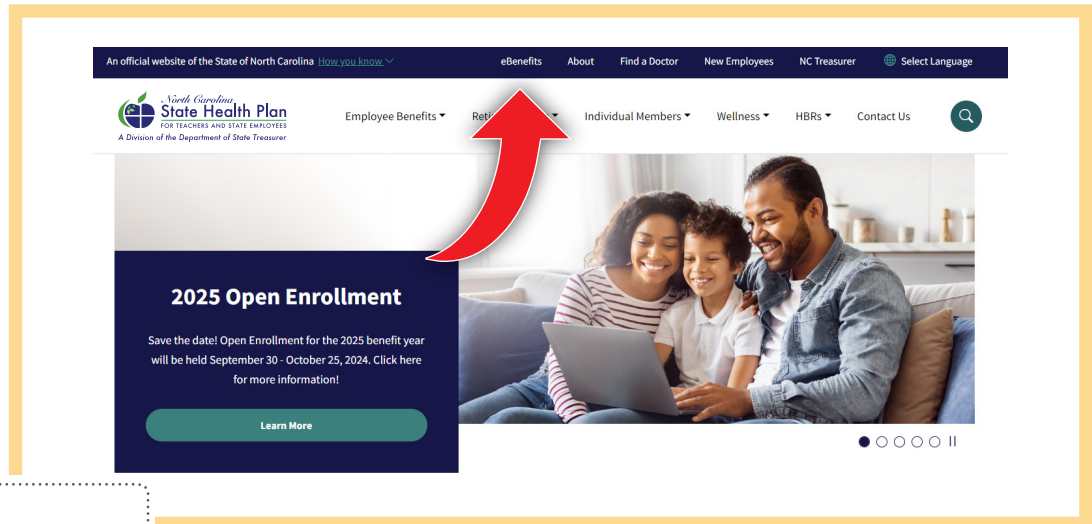


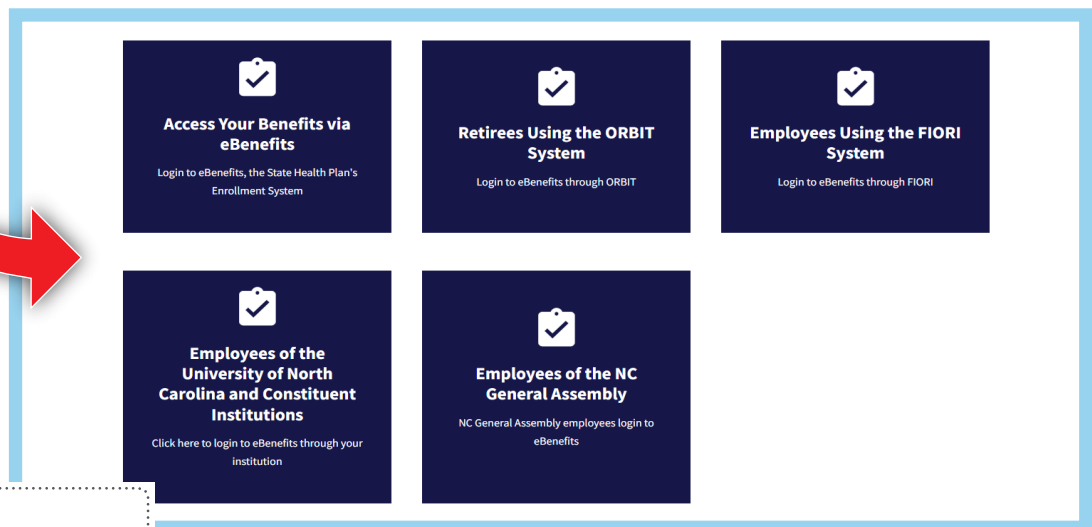
Enrollment Instructions for New Employees



1

GO TO
www.SHPNC.org
CLICK ON eBenefits

Once your Health Benefits Representative (HBR) has created a personal record for you, go to the State Health Plan's website **www.SHPNC.org** and click eBenefits.



2

SELECT
Appropriate
Enrollment System

eBenefits is the Plan's online enrollment system and gateway to all your benefit information. If you are employed by any of the organizations in the boxes, click to enroll. If not, click Access your Benefits via eBenefits.

You will also have access to the **Aetna Member Portal** (medical claims) and **CVS Caremark**, your pharmacy portal.

Enter your Username and Password.
Login ID: Your first name, first initial of your last name and last 4 digits of your Social Security number. Initial Password: Your Social Security number without spaces or dashes.

Example for employee John Doe with SSN 111-22-3333
Login ID is JohnD3333 and Password is 111223333.

Note: If you transferred from another agency and already had an account in eBenefits, please check with your HBR to verify your login information.

3

CHANGE Password
CLICK Save

The screenshot shows the 'Your Account' page with the following elements: a title 'Your Account', a subtitle 'Change your username, password and secret questions.', a 'Username' section with 'Current username' 'OCT3233' and an 'Edit' button, and a 'Password' section with 'New password*' and 'Confirm new password*' fields. A green 'Save' button and a grey 'Cancel' button are at the bottom. A red arrow points to the 'Save' button. A blue box on the right contains the password requirements: 'Your Password must contain 8-10 characters, at least 1 number, and at least 1 upper case and 1 lower case letter. Your password cannot contain more than 2 of the same characters in a row or your Login ID.'

You will be prompted to change your password as soon as you log in. After you select Save, you will also be asked to select your secret questions and answers. Click Save again.

4

SELECT Get Started

The screenshot shows the Member Home Page with a navigation menu on the left (Home, Dependents, Language Preferences, Manage Account, Login Information, Medicare) and a main content area titled 'Important Messages for You'. A message states 'You have new benefits being offered to you.' and 'You have 30 days to elect your current Enrollment benefits.' with a yellow 'Get started >' button. A red arrow points to the 'Get started >' button.

When you arrive at the Member Home Page, you will be able to start your enrollment. Follow the prompts.

5

ADD Dependent(s)
CLICK Next

The screenshot shows the 'Before you enroll in benefits' page with the question 'Do you need to add any dependents to your profile?'. A note says 'Note: You'll also be able to add dependents and select who you want to cover when you enroll or add your benefits.' There is an 'Add Dependent' button and a yellow 'Next' button. A red arrow points to the 'Next' button.

Add dependent(s), if applicable. Click Next.

6

BEGIN Enrollment

The screenshot shows the 'Current Benefits' page with the message 'You have incomplete benefits. Please check the steps below to make sure you have completed all the steps in the enrollment process.' Under the 'Your benefits' section, there is a step '1. Choose your Medical coverage' with two buttons: 'Begin enrollment' and 'Decline coverage'. A red arrow points to the 'Begin enrollment' button.

Complete all steps in the enrollment process.

7

SELECT
Dependent(s)
Coverage

Select enrollment coverage for dependent(s), if applicable.

8

SELECT Response
CLICK Next

> Tobacco Attestation (Premium Credit \$60)

✓ \$13.85 per week

I attest that I am NOT a tobacco user (includes cigarettes, cigars, pipes, chewing tobacco, snuff, vaping or any product containing nicotine). Or if I am a tobacco user, I agree to complete at least one tobacco cessation counseling session by November 30, 2023. (Please note: You may lose your \$60 monthly premium credit if you do not visit a Primary Care Provider for a tobacco cessation counseling session as agreed by November 30, 2023.) As part of this attestation, I understand that making a false statement, representation or attestation could result in my termination from State Health Plan coverage. I also agree to cooperate with the Plan in any efforts to verify my tobacco status.

Select the appropriate response below:

- I am NOT a tobacco user
- I AM a tobacco user, BUT I agree to visit my for at least one tobacco cessation counseling session by 11/30/2023
- I AM a tobacco user

Select your response. Click Next.

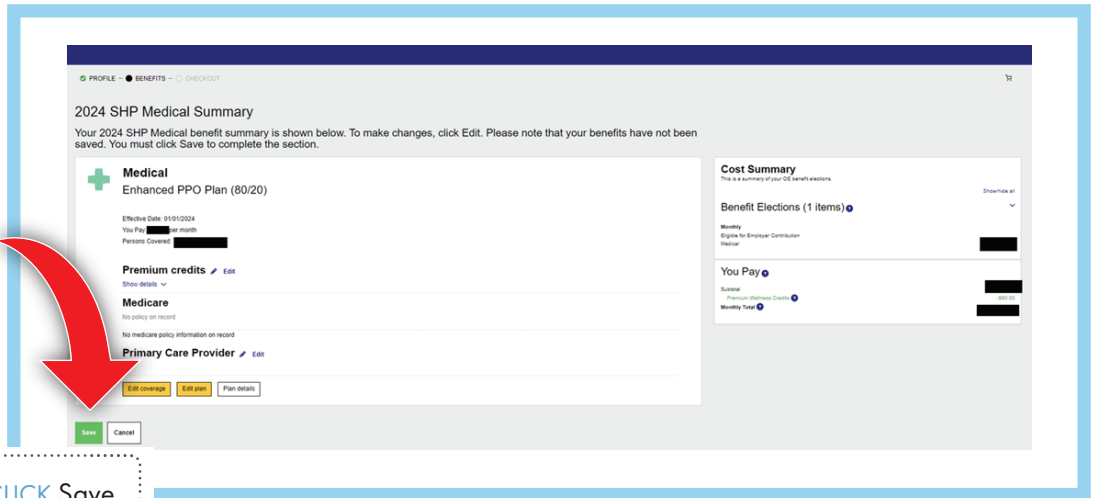
9

SELECT
Primary Care
Provider (PCP)

You can select a PCP to appear on your ID card. When you visit that PCP, you can receive a copay reduction.

Visit www.shpnc.org/CPP to find out more about the savings you can receive by selecting a Clear Pricing Project PCP.

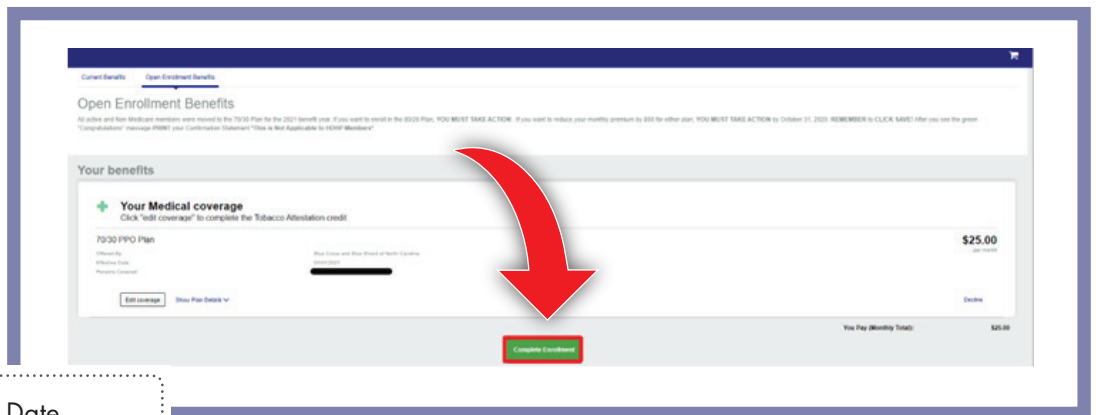
10



CLICK Save

Once selections are complete, click Save.

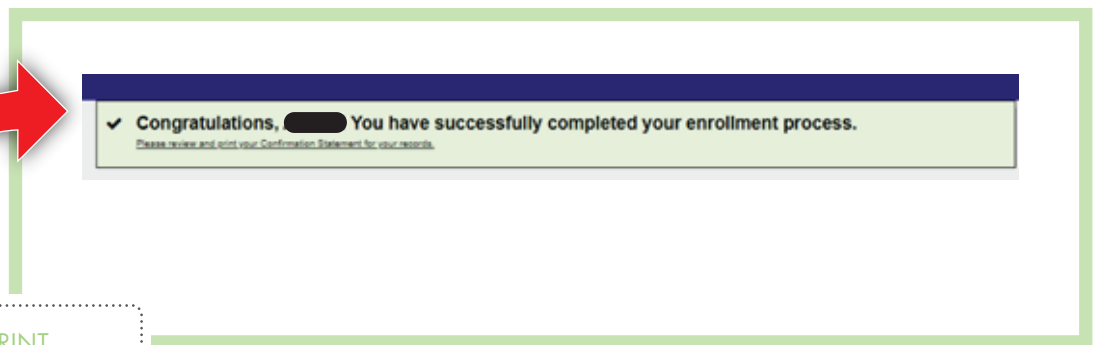
11



SELECT Date
REVIEW Benefits
CLICK Complete

Select any additional insurance desired. Select your effective date. Review your benefits. Click Complete Enrollment.

12



PRINT
Confirmation
Statement

Congratulations! You have successfully completed your enrollment. Click on "Confirmation Statement" to access a printable version of your benefits.