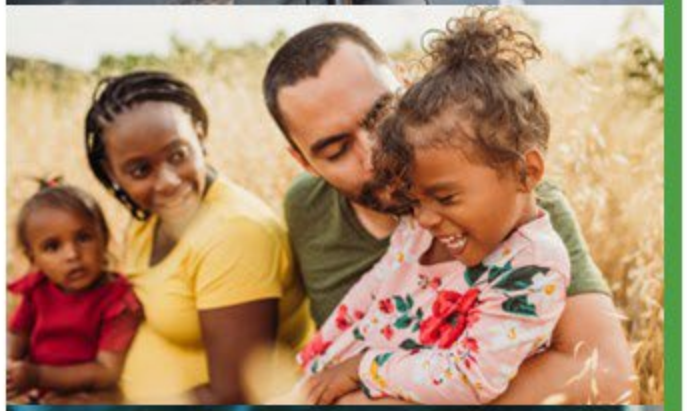
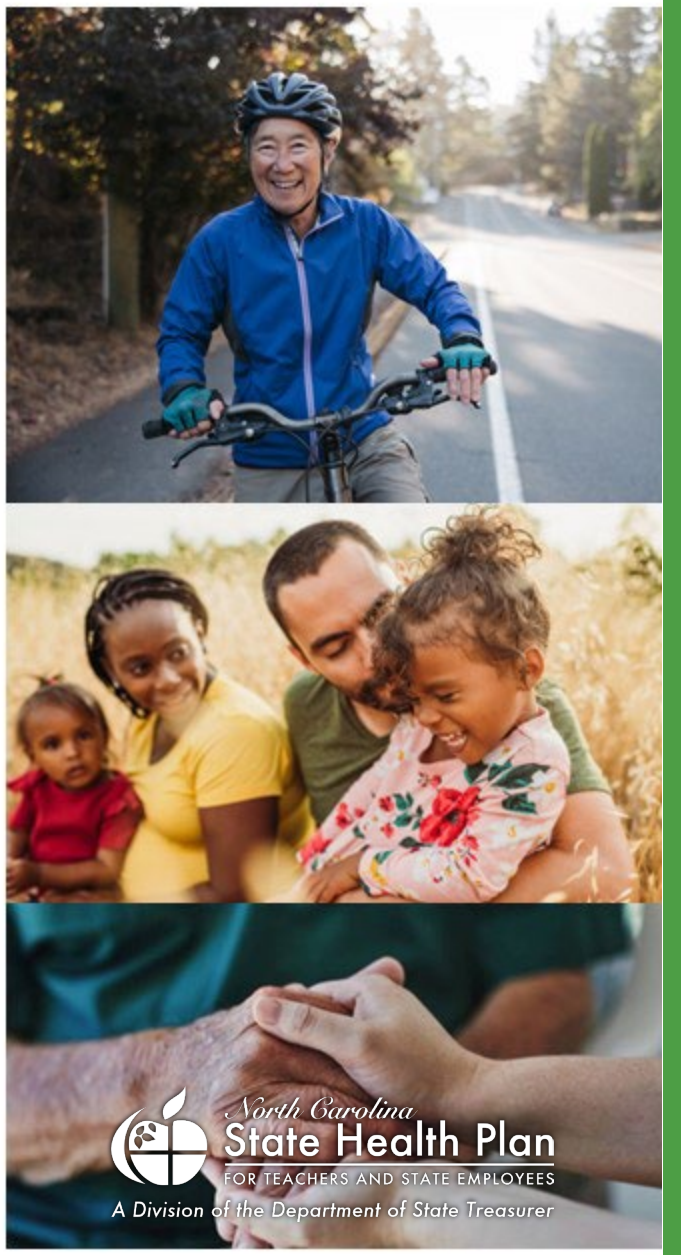


2025

State Health Plan Overview

for Health Benefit Representatives

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



Eligibility & Enrollment

When Can a New Hire Enroll in the State Health Plan?

- Within 30 days from the date of hire
- Benefits are effective: the first of the month following the employee's hire date or the first of the second month following the employee's hire date
- See example below:

Hired	Can Elect Coverage Until	Effective Date of Coverage
October 15	November 14	Either Nov. 1 or Dec. 1 (employee choice)

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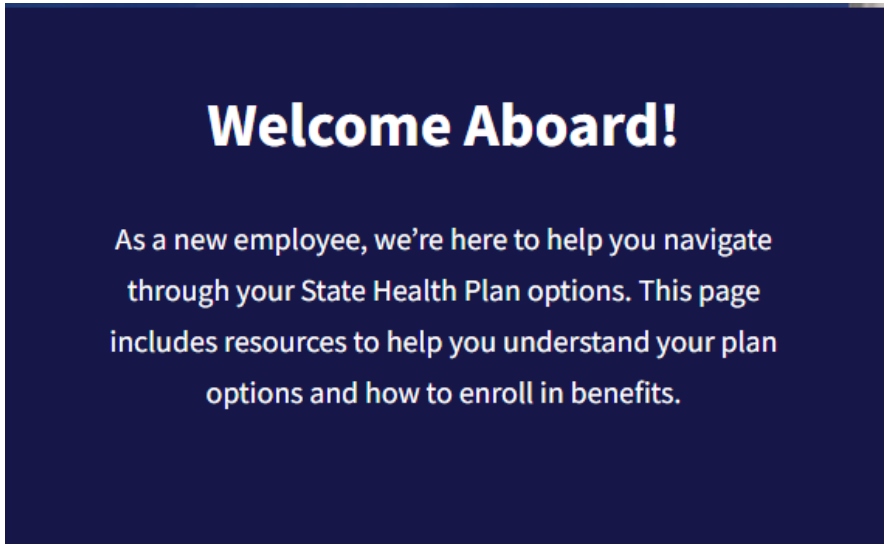
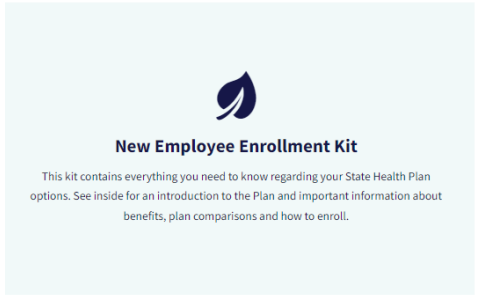
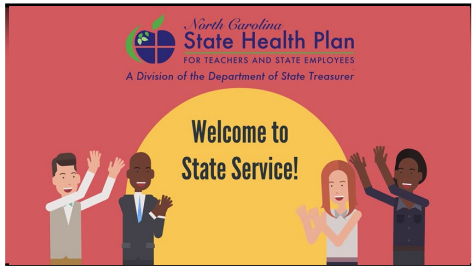
New Employee Resources

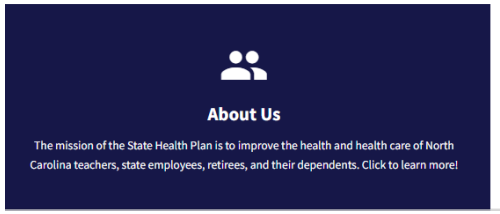
- These materials, which are located on the Plan's website make your job easier and provide new employees with consistent information about their benefits.
- The New Employee Resources are located on the Plan's website and include:
  - Self-paced narrated PowerPoint presentation
  - New Employee Guide (printable)
  - Step by Step Enrollment Instructions

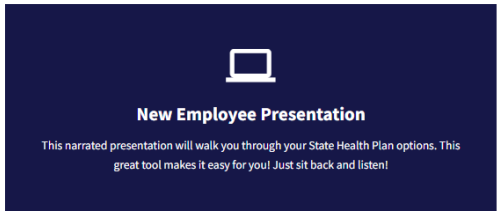


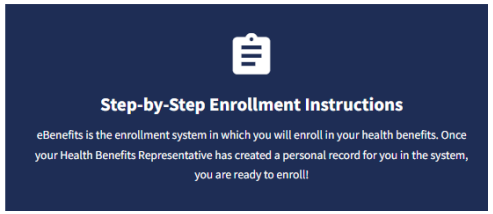




New Employee Benefits Overview Video





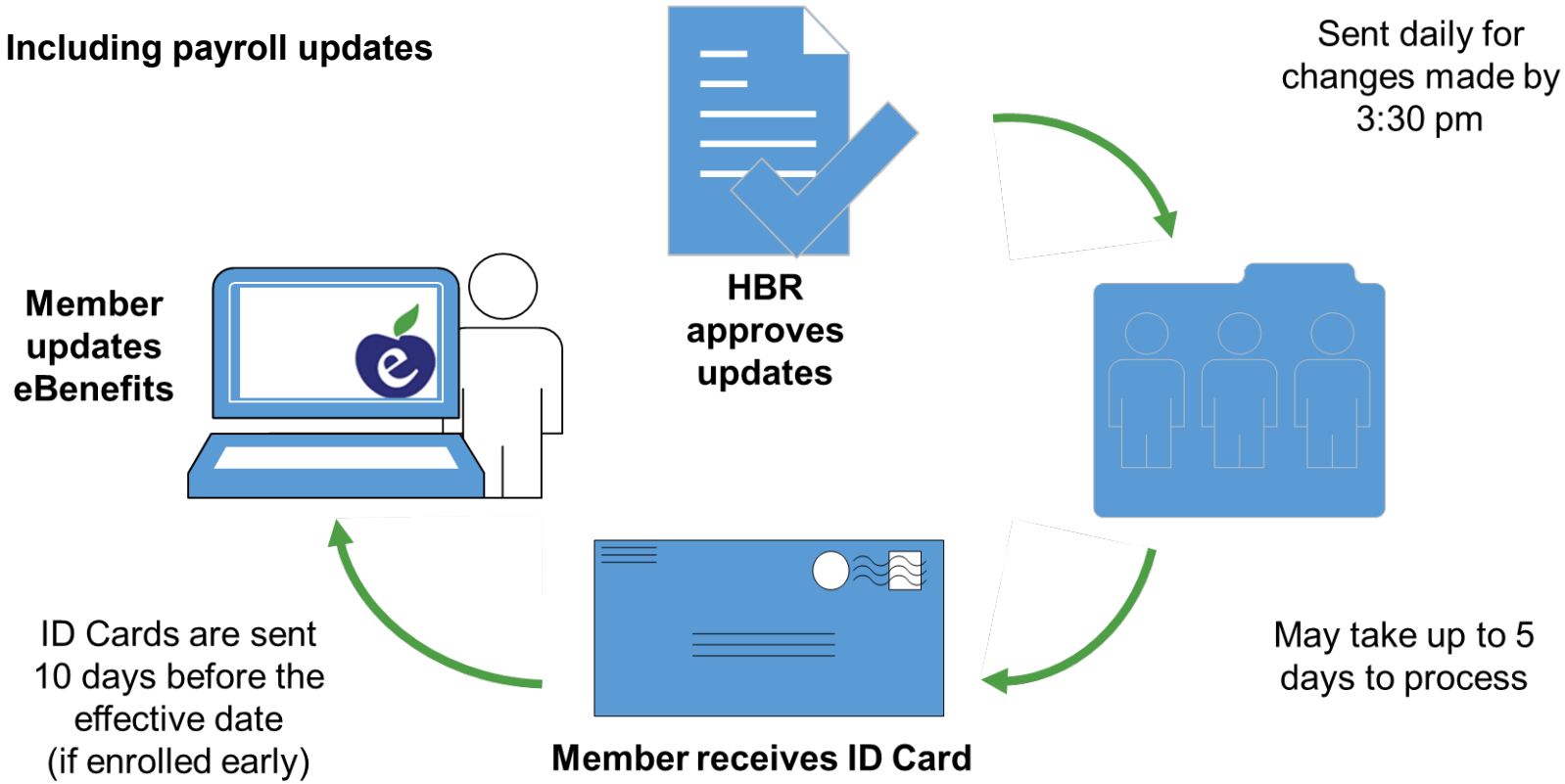


Exceptions Important Reminders

- Exceptions need to document the extenuating circumstances that prevented the action from taking place within the existing rules and regulations.
- You will receive an email confirmation that the exception has been submitted. If you do not receive this, the exception was not submitted, or the email address was entered incorrectly while completing the form.
- All appropriate documentation must be loaded in eBenefits for the exception to be reviewed. If required documentation is missing, the exception will be denied with instructions to submit a new exception after uploading the documents.

Visit the HBR Section of the Plan's website for more information.

Membership Maintenance Life Cycle



North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
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Eligibility For Permanent Employees

Working 30 Hours Per Week

May enroll themselves and their eligible dependents

Working 20 Hours but Less than 30 Hours Per Week

May enroll themselves and their eligible dependents but must pay full cost of coverage

A full list of who is eligible for State Health Plan coverage is in the Benefits Booklet, which is located on the Plan's website.

North Carolina State Health Plan
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Who is an Eligible Dependent?

- Legal Spouse
- Children up to age 26*
  - Natural
  - Legally Adopted
  - Foster children
  - Children under legal guardianship
  - Stepchildren
- Employees are required to provide a valid, unique Social Security Number and required documentation to verify the eligibility of a dependent. A complete list of acceptable documents is available on the Plan's website.

*A child's coverage may be extended beyond age 26 if the child is physically or mentally disabled and the condition developed before their 26th birthday and the dependent was covered by the Plan.

Members must complete a form to continue such coverage. The form is available on the Plan's website.

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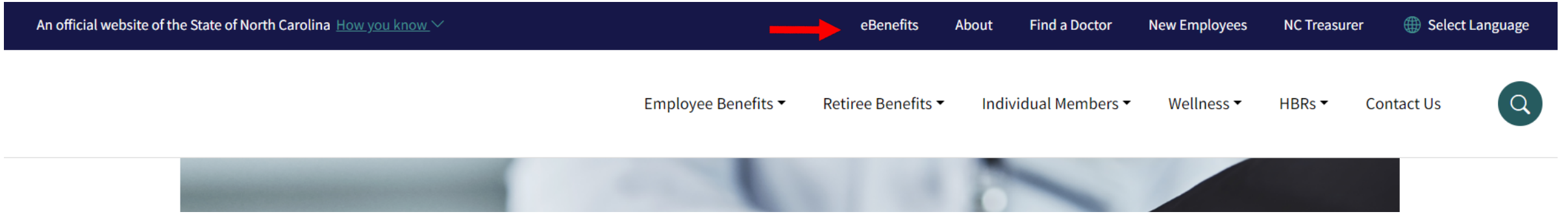
How to Enroll

Go to the Plan's website at shpnc.org and select eBenefits.



Members in these groups will be directed to their employer's portal to log in to eBenefits.

Access Your Benefits via eBenefits
Login to eBenefits, the State Health Plan's Enrollment System

Retirees Using the ORBIT System
Login to eBenefits through ORBIT

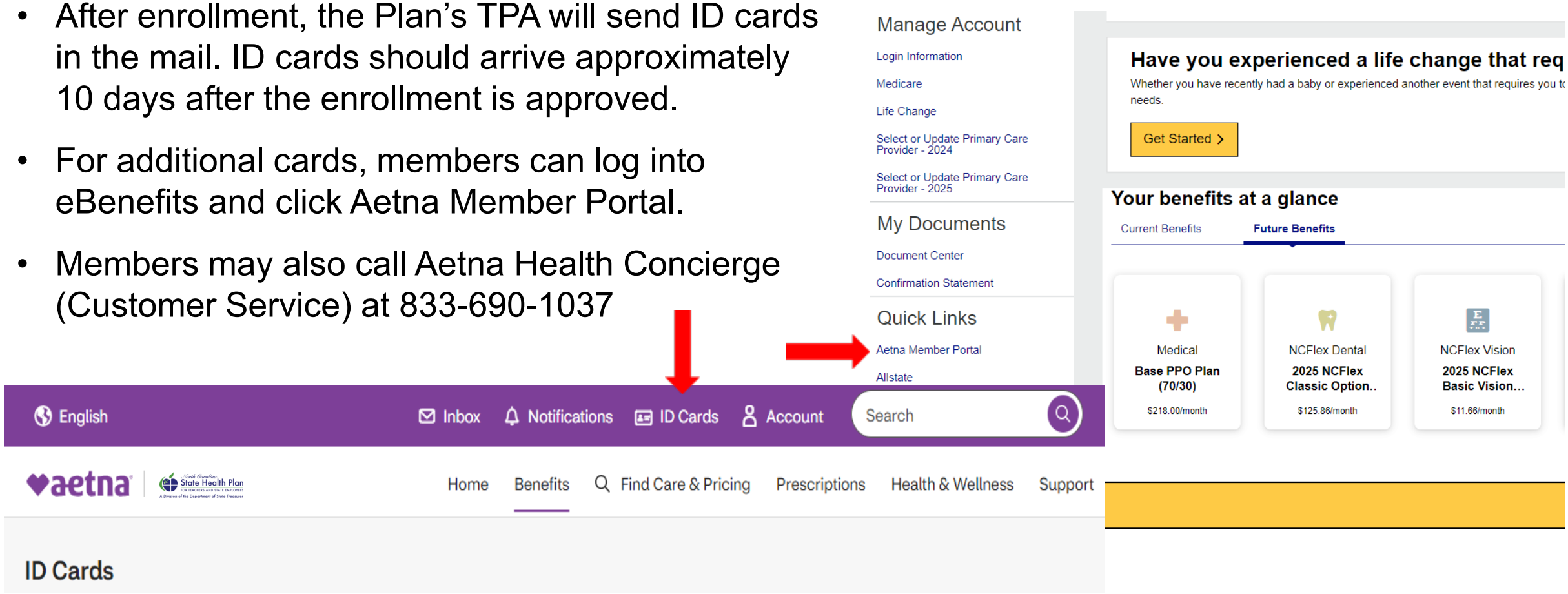
Employees Using the FIORI System
Login to eBenefits through FIORI

Employees of the University of North Carolina and Constituent Institutions
Click here to login to eBenefits through your institution

Employees of the NC General Assembly
NC General Assembly employees login to eBenefits

ID Cards

- After enrollment, the Plan's TPA will send ID cards in the mail. ID cards should arrive approximately 10 days after the enrollment is approved.
- For additional cards, members can log into eBenefits and click Aetna Member Portal.
- Members may also call Aetna Health Concierge (Customer Service) at 833-690-1037



Online Resources

Aetna Member Portal or Aetna App

- Protected online resource to:
  - Manage your health plan
  - Maximize your benefits
- Registered users can:
  - View claims status
  - View and order new ID cards
  - Research health/wellness topics
  - Access a cost estimator tool for medical procedures
  - Make informed health care decisions
- Visit shpnc.org and click eBenefits to access Aetna's Member Portal

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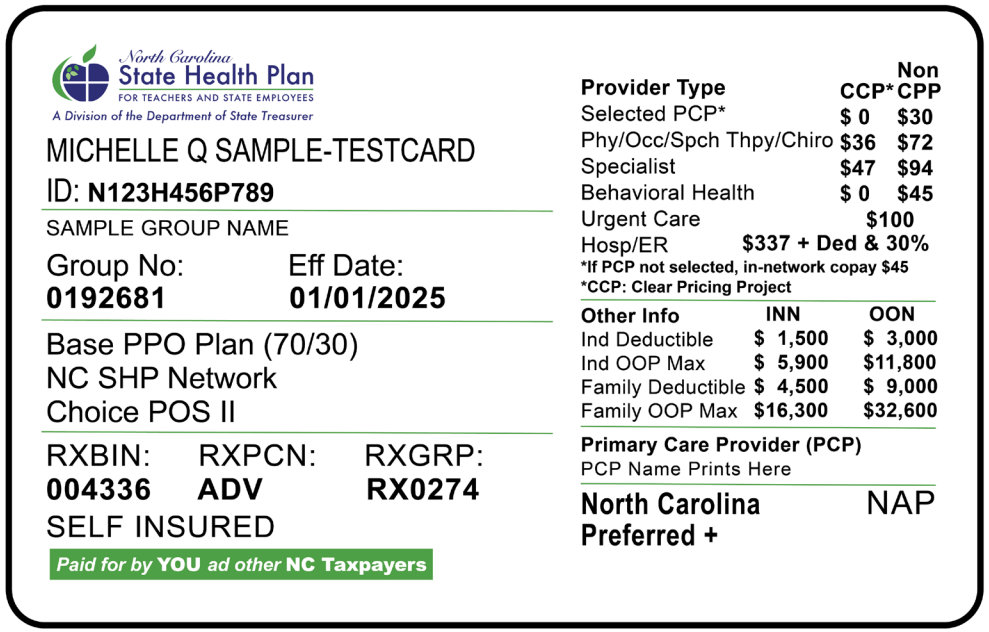
State Health Plan Member ID



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MICHELLE Q SAMPLE-TESTCARD
ID: **N123H456P789**
SAMPLE GROUP NAME
Group No: **0192681**
Eff Date: **01/01/2025**
Base PPO Plan (70/30)
NC SHP Network
Choice POS II
RXBIN: **004336**
RXPCN: **ADV**
RXGRP: **RX0274**
SELF INSURED
Paid for by **YOU** *ad other* **NC Taxpayers**

Provider Type	CCP*	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
*CCP: 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

Third Party Administrator: aetna
Pharmacy Benefits Administrator: CVS caremark

Benefits & Claims Number	1-833-690-1037
Eligibility & Enrollment	1-855-859-0966
Behavioral Health	1-800-424-4047
Provider Relations/Precert	1-888-632-3862
Pharmacy Help Desk	1-800-364-6331
CVS Caremark	1-888-321-3124

Aetna Life Insurance Company
Submit Claims To:
PO Box 14079
Lexington, KY 40512-4079

PAYER NUMBER 60054 0155
Talk to a doctor 24/7:
1-855-TELADOC or Teladoc.com
www.SHPNC.org

Aetna provides administrative services only for the self funded plan, and assumes no financial risk for claims. Claims may be subject to review. Members are responsible for obtaining the proior review/cert for professional and/or ourtpatient services for non-participating providers.

North Carolina State Health Plan
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Open Enrollment

- During Open Enrollment, employees can re-evaluate their health care needs for the upcoming benefit year that runs January 1 to December 31, and:
  - Enroll in the State Health Plan
  - Switch between plans
  - Add or remove dependents

All without a qualifying life event!

NOTE: The member must remain on the health plan selected during Open Enrollment until the next enrollment period and may not change coverage types (for example, employee only) unless he/she experiences a qualifying life event (QLE).

Qualifying Life Event

- Qualifying Life Events (QLE):
  - Allow the employee to make certain changes, such as add or drop dependents – not change plans.
  - Election change must be “consistent” with the event, as defined by the IRS.
  - Include marriage, birth, spouse employment change, etc.
- For a complete list, refer to the Benefits Booklet on the Plan’s website at shpnc.org.

Changes must be made within 30 days of the Qualifying Life Event and documentation must be uploaded to eBenefits to confirm the status change. To review acceptable documentation, visit the Plan’s website.

North Carolina State Health Plan
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Benefit Overview

State Health Plan

The State Health Plan offers two health plan options:

- Base PPO Plan (70/30)
- Enhanced PPO Plan (80/20)

Both plans are administered by Aetna

CVS Caremark is the State Health Plan's Pharmacy Benefit Manager

Plan Options

Base PPO Plan (70/30)

This plan has one combined out-of-pocket maximum for pharmacy and medical:

- $5,900 Individual
- $16,300 Family

Enhanced PPO Plan (80/20)

This plan has one combined out-of-pocket maximum for pharmacy and medical:

- $4,890 Individual
- $14,670 Family

On both plans, members can reduce the employee-only premium by $60 a month by completing the tobacco attestation!

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Tobacco Attestation Premium

- On both health plans, subscribers can lower the monthly premium by completing the tobacco attestation within 30 days of your hire date.
  - You complete the tobacco attestation via eBenefits during Open Enrollment or your initial enrollment into the State Health Plan.
  - If you attest to being a tobacco user but agree to visit a Primary Care Provider (PCP), you must complete the first visit within 90 days of your initial enrollment (during Open Enrollment, dates may differ).

	Enhanced PPO Plan (80/20)	Base PPO Plan (70/30)
Total employee-only monthly premium without credit	$110	$85
Attest to being tobacco-free OR agree to visit a PCP's office for at least one tobacco cessation counseling session, if a tobacco user.	-$60	-$60
TOTAL employee-only monthly premium with credit	**$50**	**$25**

How the Tobacco Cessation Program Works

During enrollment on the tobacco attestation screen, if you select this:

*"I **AM** a tobacco user, **BUT** I agree to visit my Provider for at least one tobacco cessation counseling session within the first 90 days of my date of hire."*

- Within 90 days of your enrollment, you must go to a Provider for a tobacco cessation counseling session.
- To be covered at 100% by the Plan (no charge to you), you will need to present your State Health Plan ID card.*

To keep your premium credit, the initial visit is the only requirement, but it must be completed within 90 days of your enrollment.

This tobacco cessation program is also be available to all eligible members, not just subscribers completing enrollment.

North Carolina State Health Plan
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* If you combine your tobacco cessation visit with another service there may be a copay. You will also need to verify that your Provider offers cessation services (some do not).

State Health Plan Comparison

PLAN DESIGN FEATURES	ENHANCED PPO PLAN (80/20)		BASE PPO PLAN (70/30)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	$1,250 Individual $3,750 Family	2,500 Individual $7,500 Family	$1,500 Individual $4,500 Family	$3,000 Individual $9,000 Family
Coinsurance	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible is met and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met and the difference between the allowed amount and the charge
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	$4,890 Individual $14,670 Family	$9,780 Individual $29,340 Family	$5,900 Individual $16,300 Family	$11,800 Individual $32,600 Family
Preventive Services	$0 (covered by the Plan at 100%)	N/A	$0 (covered by the Plan at 100%)	N/A
Office Visits	CPP PCP on ID card $0 Non-CPP PCP on ID card $10 Other PCP $25	40% after deductible is met	CPP PCP on ID card $0 Non-CPP PCP on ID card $30 Other PCP $45	50% after deductible is met
Specialist Visits	CPP Specialist $40 Other Specialists $80	40% after deductible is met	CPP Specialist $47 Other Specialists $94	50% after deductible is met
Speech, Occupational, Chiro & Phys. Therapy	CPP Provider $26 Other Provider $52	40% after deductible is met	CPP Provider $36 Other Provider $72	50% after deductible is met
Urgent Care	$70		$100	
Emergency Room (Copay waived w/admission or observation stay)	$300 copay, then 20% after deductible is met		$337 copay, then 30% after deductible is met	
Inpatient Hospital	$300 copay, then 20% after deductible is met	$300 copay, then 40% after deductible is met	$337 copay, then 30% after deductible is met	$337 copay, then 50% after deductible is met

Full chart is available on the Plan's website at shpnc.org.

Clear Pricing Project Provider Copays

- **Employees who select a CPP Primary Care Provider and visit this provider will have a $0 copay for an office visit.**
  - The CPP Primary Care Provider's name must appear on their ID card.
    - If the selected Primary Care Provider is not in the CPP network **but** listed on the ID card, the office visit copay will be $10 (Enhanced PPO Plan 80/20) or $30 (Base PPO Plan 70/30).
    - For other Primary Care Providers, the copay will be $25 (80/20) or $45 (70/30)
- **If the member visits a CPP specialist, they will have a reduced copay** which will be dependent upon their enrolled plan.
  - Enhanced PPO Plan (80/20): copay will be reduced to $40; for other specialists, the copay will be $80.
  - Base PPO Plan (70/30): copay will be reduced to $47; for other specialists, the copay will be $94

CLEAR PRICING PROJECT PROVIDER COPAY COMPARISON CHART		
Provider	**80/20 Plan**	**70/30 Plan**
Primary Care Provider (PCP)	**$0 for Clear Pricing Project (CPP) PCP on ID card;** $10 for non-CPP PCP on ID card; $25 for any other PCP	**$0 for Clear Pricing Project (CPP) PCP on ID card;** $30 for non-CPP PCP on ID card; $45 for any other PCP
Specialist	**$40 for CPP Specialist;** $80 for other Specialists	**$47 for CPP Specialist;** $94 for other Specialists
Speech, Occupational, Chiropractor and Physical Therapy	**$26 for CPP Providers;** $52 for other Providers	**$36 for CPP Providers;** $72 for other Providers

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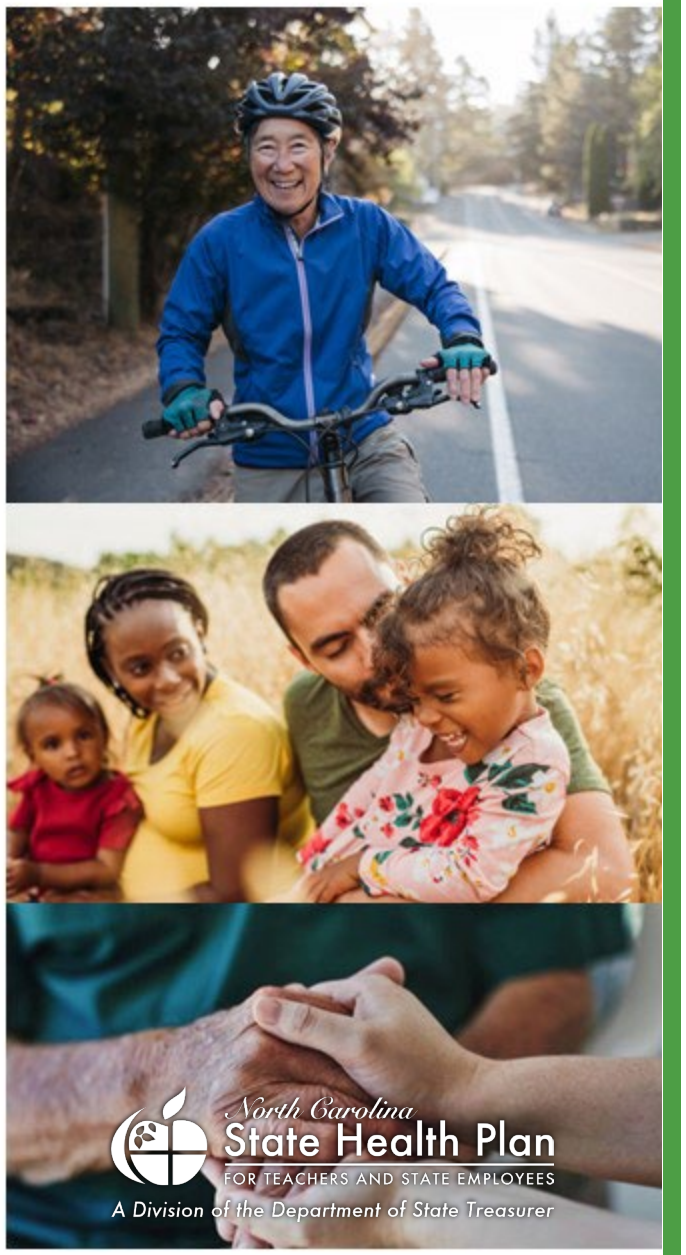


Pharmacy Benefits

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

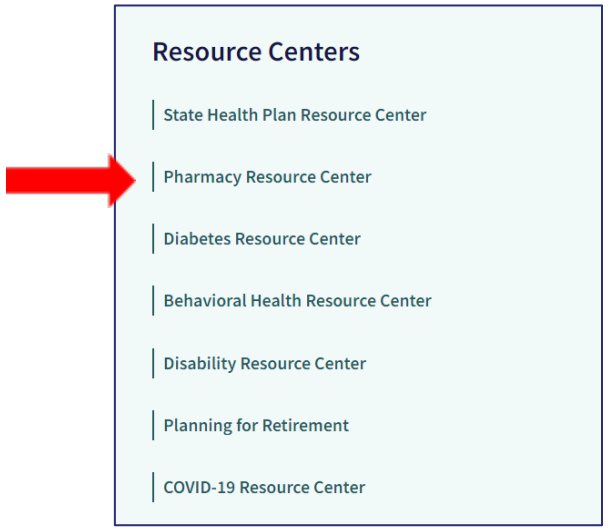
- Provide a network of pharmacies
- Process pharmacy claims

For more information, visit shpnc.org or call CVS Caremark at **(888) 321-3124**

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

Pharmacy Benefits

- The State Health Plan uses a custom, closed formulary (drug list) as a guide for covering medicines. Certain drugs are not covered. The formulary changes on a quarterly basis.
- 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
- The Pharmacy Benefit Preferred Drug List (PDL):
  - Recommends drugs based on effectiveness/price
  - Lists preferred options for non-covered medicines
  - Is updated quarterly
  - For more information, visit shpnc.org, and midway down the page, under Resource Centers, select Pharmacy Resource Center



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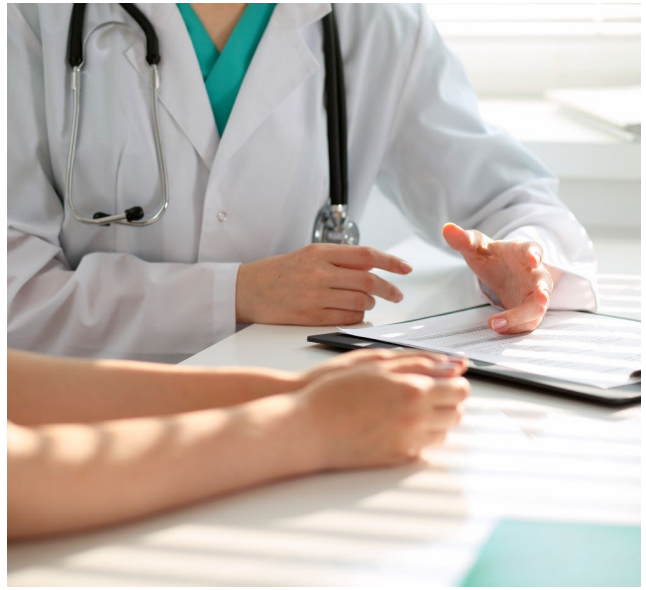
Or call CVS Caremark at **(888) 321-3124**

Pharmacy Benefits



- Some medications:
  - Require step therapy or prior authorization
  - Have quantity limits

- Affordable Care Act (ACA) preventive medications on the Enhanced PPO Plan (80/20) and Base PPO Plan (70/30) are covered at no charge with a prescription.

North Carolina State Health Plan
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For more information, visit shpnc.org or call CVS Caremark at **(888) 321-3124.**

Pharmacy Benefits

Rx Tier	Enhanced 80/20	Base 70/30
Tier 1	$5	$16
Tier 2	$30	$47
Tier 3	Ded/Coins	Ded/Coins
Tier 4	$100	$200
Tier 5	$250	$350
Tier 6	Ded/Coins	Ded/Coins
Preventive Medications	$0	$0
Preferred Diabetic Supplies	$5	$10
Preferred and Non-Preferred Insulin	$0	$0

NOTES:

- 2 months of medication = 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.

High Deductible Health Plan Non-Permanent Full-time Employees

HDHP for Non-Permanent Full-Time Employees

- To avoid tax penalties under section 4980H of the Internal Revenue Code (the Code), employers must offer health coverage to all full-time employees.
- Employees are considered full-time, and thus required to be offered employer-sponsored health care, if they are reasonably expected to work 30 hours per week.
- Employing units are responsible for determining whether or not an employee is a full-time employee. This includes all non-permanent employees.

The State Health Plan is not able to provide guidance to employing units regarding eligibility for employees.

Additional information is posted on the Plan's website under the Health Benefits Representatives (HBRs) tab. Click High Deductible Health Plan.

North Carolina State Health Plan
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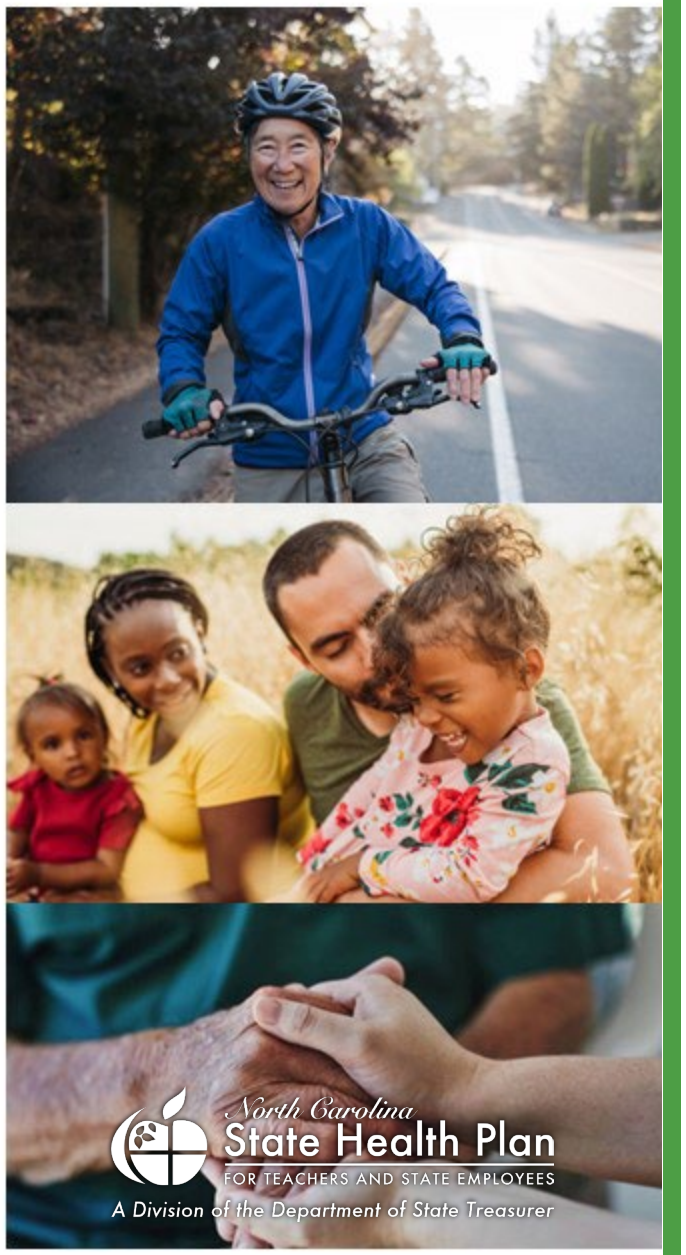
HIGH DEDUCTIBLE HEALTH PLAN OVERVIEW – WHAT YOU PAY				
PLAN DESIGN FEATURES	IN-NETWORK (Individual Coverage)	IN-NETWORK (Family Coverage)	OUT-OF-NETWORK (Individual Coverage)	OUT-OF-NETWORK (Family Coverage)
MEDICAL COVERAGE				
Deductible	$5,000	$10,000	$10,000	$20,000
Coinsurance	50%	50%	60%	60%
Out-of-Pocket Maximum (Medical and Pharmacy)	$6,450	$12,900	$12,900	$25,800
Preventive Care Services	$0 (covered by the Plan at 100%)	$0 (covered by the Plan at 100%)	60% after deductible is met	60% after deductible is met
Office Visits	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
Specialist Visits	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
Inpatient Hospital	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
PRESCRIPTION DRUGS				
Covered Prescription Drugs CVS Caremark Formulary	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
Preventative Medications	$0 (covered by the Plan at 100% with a prescription)	$0 (covered by the Plan at 100% with a prescription)	60% after deductible is met	60% after deductible is met
Preferred/Non-Preferred Insulin $0 for 30-day supply.				



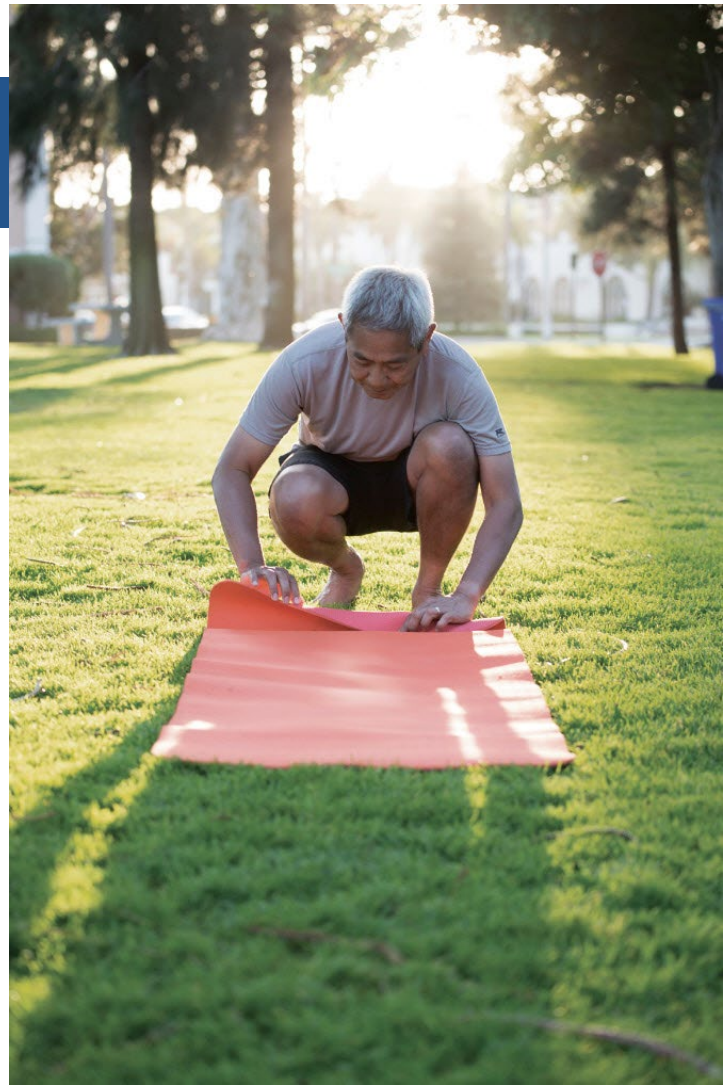
Health & Wellness

Health & Wellness

Visit shpnc.org for your Health & Wellness benefits, including:

- Tips on Preventive Care
- Worksite Wellness
- Diabetes Resource Center
- Opioid Resource Center
- Behavioral Health Resource Center

- Members also need to check all the resources available through Aetna such as the following, which can be access via Aetna's Member Portal (eBenefits):
  - 24/7 Nurse Line
  - Life Coaching and Disease Management
  - Teladoc
  - Visit the Member Portal or download the Aetna App
  - LifeMart Discount Program



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