2024 State Health Plan
Open Enrollment
Active and Non-Medicare Members

Open Enrollment
October 9 - 27, 2023
Topics for Today

- Open Enrollment Reminders
- Benefit Highlights for 2024
- Plan Comparisons
- Premium Rates
- Online Enrollment Process & Reminders
- Important Phone Numbers
Action Required!

• ALL active and non-Medicare members, including dependents, will be moved to the Base PPO Plan (70/30) effective January 1, 2024.
  • You will see this change when you log in to eBenefits during Open Enrollment.

• Subscribers MUST take action if you want to enroll in the Enhanced PPO Plan (80/20) and reduce your premium in either the Base PPO Plan (70/30) or Enhanced PPO Plan (80/20).

• If you do not take action by October 27, you will:
  • Remain on the Base PPO Plan (70/30) for 2024.
  • Pay more for subscriber-only premium for failure to complete tobacco attestation for active members in the Base 70/30 and Enhanced 80/20 plans.

• The Base PPO Plan (70/30) remains premium-free for non-Medicare subscribers in the Retirement Systems and does not require a tobacco attestation to reduce the premium.

• The tobacco attestation applies to non-Medicare subscribers in the Retirement Systems who want to enroll in the Enhanced PPO Plan (80/20) and reduce their monthly premium.
Dependent Eligibility Reminder

• Open Enrollment is the time to add/drop dependents and/or change plans.

• Outside of OE, there must be a Qualifying Life Event (QLE) to add/drop dependents within 30 days of the event.

• Dependent verification documentation is required for all dependents.
  • During Open Enrollment, you have until October 27 to provide the required documentation.
  • A full list of required documents can be found on the Plan’s website.

• Documents should be uploaded and stored in eBenefits. Need help? Contact your HBR or the Eligibility and Enrollment Support Center (855-859-0966).
2024 Health Plan Options

- The State Health Plan will continue to offer two plan options for active and non-Medicare members in 2024:

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

  Members pay a 20% coinsurance for eligible in-network services. For some services (i.e., office visits, urgent care or emergency room visits), members pay a copay. Affordable Care Act (ACA) Preventive Care Services performed by an in-network provider are covered at 100% by the Plan, at no cost to the member.

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

  Members pay 30% coinsurance for eligible in-network expenses. Similar to the 80/20 plan, members pay a copay for some services (i.e., office visits, urgent care or emergency room visits). Affordable Care Act (ACA) Preventive Care Services performed by an in-network provider are covered at 100% by the Plan, at no cost to the member.

  Active members can reduce their employee premium by completing the tobacco attestation in both plans!
Benefit Highlights for 2024
Benefit Highlights for 2024!

- There are no major benefit changes for 2024.
- No premium increases for the 6th year in a row!
- Members who select a Clear Pricing Project Provider as their Primary Care Provider will continue to enjoy a $0 copay!
- Continued reduced copays for members who visit a Clear Pricing Project Specialist!
- Joint replacement bundle pricing for eligible members!
- Preferred and non-preferred insulin will continue to have a $0 copay for a 30-day supply!
- Preventive Care Services & Medications will continue to have no copay or deductible on either plan!
- Please refer to the Benefits Booklets located on the Plan’s website for full coverage details.
Clear Pricing Project

- Plan members currently utilize the NC State Health Plan network, which encompasses Clear Pricing Project (CPP) providers and providers in the Blue Options Network to ensure adequate access to health care.

- The goal of CPP is to ensure that members have this valuable benefit for years to come, while bringing transparency to health care costs and addressing the rising health costs that the Plan and members face each day.

- CPP providers have agreed to get rid of secret contracts, making health care more affordable and transparent.

- In 2024, the Plan will continue to offer significant copay reductions for members who visit a CPP provider and if you select a CPP provider as your PCP and it appears on your ID card, any visit to that provider has a $0 copay.
## CLEAR PRICING PROJECT PROVIDER COPAY REDUCTIONS

<table>
<thead>
<tr>
<th>Provider</th>
<th>Enhanced PPO Plan (80/20)</th>
<th>Base PPO Plan (70/30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider (PCP)</td>
<td>$0 for Clear Pricing Project (CPP) PCP on ID card; $10 for non-CPP PCP on ID card; $25 for any other PCP</td>
<td>$0 for Clear Pricing Project (CPP) PCP on ID card; $30 for non-CPP PCP on ID card; $45 for any other PCP</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40 for CPP Specialist; $80 for other Specialists</td>
<td>$47 for CPP Specialist; $94 for other Specialists</td>
</tr>
<tr>
<td>Behavioral Health Provider</td>
<td>$0 for CPP Provider $25 for non-CPP Provider</td>
<td>$0 for CPP Provider $45 for non-CPP Provider</td>
</tr>
<tr>
<td>Speech, Occupational, Chiropractor and Physical Therapy</td>
<td>$26 for CPP Providers; $52 for other Providers</td>
<td>$36 for CPP Providers; $72 for other Providers</td>
</tr>
</tbody>
</table>
Locating Clear Pricing Project Providers

• CPP providers can be located using the Find A Doctor search tool on the Plan’s website.

• The Find A Doctor tool can be found on the top of every page.

• Select your plan and then North Carolina State Health Plan.

• Search or browse for a provider.

• CPP providers will have “Clear Pricing Project Provider” next to their name within the Provider Highlights.
Subscribers that are tobacco users can attend a tobacco cessation counseling session at a provider’s office that offers this service for **free** to lower their 2024 employee-only premium by $60.

- If you combine your tobacco cessation visit with another service, there may be a copay.

- To earn the $60 premium credit, subscribers may complete the tobacco cessation counseling session starting **July 1, 2023**. You do not have to wait until Open Enrollment!

- **Please note** this action is only for tobacco users who want to reduce their 2024 premium. If the subscriber is a non-tobacco user, they will simply attest to that fact during Open Enrollment.

- To ensure you receive credit for your visit, you must upload the provider office visit summary to the “Document Center” located in eBenefits, the Plan’s enrollment system.

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**July 1, 2023**

- Tobacco users can start visiting a provider to complete their counseling session.

**November 30, 2023**

- Tobacco users will have until November 30, 2023, to complete this activity.
Tobacco Attestation Savings

<table>
<thead>
<tr>
<th>Subscriber-Only Monthly Premium</th>
<th>Enhanced PPO Plan (80/20)</th>
<th>Base PPO Plan 70/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attest to being a non-tobacco user or agree to and complete (by Nov. 30, 2023) at least one cessation counseling session to earn a monthly premium credit.</td>
<td>-$60</td>
<td>-$60</td>
</tr>
<tr>
<td>Total Monthly Subscriber-Only Premium (With Credit)</td>
<td>$50</td>
<td>$25</td>
</tr>
</tbody>
</table>

- Don’t forget, tobacco cessation counseling is available throughout the year!
- If you’re interested in tobacco cessation counseling at any point in the year, you can just GO to a PCP’s office.

Subscribers enrolled through the Retirement Systems that select the Base PPO Plan (70/30) do NOT need to complete the tobacco attestation.
2024 ID Cards

- 2024 ID Cards will only be issued if you make a plan change or add a dependent.

- If there is no plan change or dependents added, please continue to use your current 2023 ID Card.
Enhanced PPO Plan (80/20) & Base PPO Plan (70/30) Benefits
## 2024 Plan Comparison

<table>
<thead>
<tr>
<th>Plan Design Features</th>
<th>Enhanced PPO Plan (80/20)</th>
<th>Base PPO Plan (70/30)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,250 Individual $3,750 Family (Combined Medical &amp; Pharmacy)</td>
<td>$1,500 Individual $4,500 Family (Combined Medical &amp; Pharmacy)</td>
</tr>
<tr>
<td><strong>Medical/Rx Out-of-Pocket (OOP)</strong></td>
<td>$4,890 Individual $14,670 Family (Combined Medical &amp; Pharmacy)</td>
<td>$5,900 Individual $16,300 Family (Combined Medical &amp; Pharmacy)</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Primary Care Provider (PCP)</strong></td>
<td>$0 for CPP PCP on ID Card $10 for non-CPP PCP on ID card $25 for any other PCP</td>
<td>$0 for CPP PCP on ID Card $30 for non-CPP PCP on ID card $45 for any other PCP</td>
</tr>
<tr>
<td><strong>Specialist Copay</strong></td>
<td>$40 for CPP Specialist $80 for other Specialists</td>
<td>$47 for CPP Specialist $94 for other Specialists</td>
</tr>
<tr>
<td><strong>Speech, Occupational, Chiro and Physical Therapy Copay</strong></td>
<td>$26 for CPP Providers $52 for other Providers</td>
<td>$36 for CPP Providers $72 for other Providers</td>
</tr>
<tr>
<td><strong>Hospital &amp; ER Copays</strong></td>
<td>$300 + Ded/Coins.</td>
<td>$337 + Ded/Coins.</td>
</tr>
</tbody>
</table>
Pharmacy Benefits

- Members will continue to have a $0 copay for Preferred and Non-Preferred Insulin.

<table>
<thead>
<tr>
<th>Rx Tier</th>
<th>Enhanced 80/20</th>
<th>Base 70/30</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 – Generics ≤$150</td>
<td>$5</td>
<td>$16</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Tier 2 – Preferred Brands &amp; High-Cost Generics</td>
<td>$30</td>
<td>$47</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Tier 3 – Non-Preferred</td>
<td>Ded/Coins</td>
<td>Ded/Coins</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Tier 4 – Low-Cost Generic Specialty</td>
<td>$100</td>
<td>$200</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Tier 5 – Preferred Specialty</td>
<td>$250</td>
<td>$350</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Tier 6 – Non-Preferred Specialty</td>
<td>Ded/Coins</td>
<td>Ded/Coins</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Preventive Medications</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Preferred Diabetic Supplies</td>
<td>$5</td>
<td>$10</td>
<td>Coins</td>
</tr>
<tr>
<td>Preferred and Non-Preferred Insulin</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
Pharmacy Benefit Reminders

- CVS Caremark is the Pharmacy Benefits Manager for the State Health Plan. Remember that the Plan continues to maintain a customized closed formulary, or drug list.

**Closed Formulary** – In a “closed” formulary, certain drugs are excluded.

- The formulary is updated on a quarterly basis and members should always review it to see if there have been any coverage changes to their prescribed medications.

- An exception process is available to providers who believe that, based on medical necessity, it is in the members’ best interest to remain on the excluded drug(s).

- *Excluded drugs approved for coverage through the exceptions process will be at the tier 3 or tier 6 member cost-share level.*
Premium Rates
## 2024 Premium Rates

<table>
<thead>
<tr>
<th>Monthly Premium Rates</th>
<th>2024 Rates *</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enhanced PPO Plan (80/20)</strong></td>
<td></td>
</tr>
<tr>
<td>Subscriber Only</td>
<td>$50.00</td>
</tr>
<tr>
<td>Subscriber + Child(ren)</td>
<td>$305.00</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$700.00</td>
</tr>
<tr>
<td>Subscriber + Family</td>
<td>$720.00</td>
</tr>
<tr>
<td><strong>Base PPO Plan (70/30)</strong></td>
<td></td>
</tr>
<tr>
<td>Subscriber Only</td>
<td>$25.00</td>
</tr>
<tr>
<td>Subscriber + Child(ren)</td>
<td>$218.00</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$590.00</td>
</tr>
<tr>
<td>Subscriber + Family</td>
<td>$598.00</td>
</tr>
</tbody>
</table>

*Assumes completion of tobacco attestation. The employee-only premium will be $60 higher per month if the tobacco attestation is not completed. NOTE: Base PPO Plan (70/30) for retiree-only coverage remains premium free.*
Online Enrollment Process
Online Enrollment: Getting Started!

To get started, visit shpnc.org

- Click "eBenefits"
- Select the appropriate colored box to access eBenefits
- Once you are logged into eBenefits, click “Get Started”
Open Enrollment Benefits
All active and Non-Medicare members were moved to the Base PPO Plan (70/30) for the 2024 benefit year. If you want to enroll in the Enhanced PPO Plan (80/20) Plan, YOU MUST TAKE ACTION. If you want to reduce your monthly premium by $60 for either plan, YOU MUST TAKE ACTION by October 27, 2023. REMEMBER to CLICK SAVE! After you see the green "Congratulations" message PRINT your Confirmation Statement. "This is Not Applicable to HDHP Members"
Open Enrollment Selection

Medical
Please select a reason for changing your benefit coverage.

You are making a change to benefit elections. Why are you making this change?

- Open Enrollment
- Life or family change (e.g., marriage, birth, death, loss of other coverage, etc.)

You must have a qualifying life or family change to change coverage.

Note: All changes to your benefits must be approved by your Health Benefits Representative before they become effective.

Next  Previous  Cancel
“Action Required” Pop up Statement

ACTION REQUIRED: Open Enrollment Oct 9 - Oct 27, 2023

All active and Non-Medicare members were moved to the 70/30 Base Plan for the 2024 benefit year. If you prefer to enroll in the 80/20 Enhanced Plan, **YOU MUST TAKE ACTION.** If you want to reduce your monthly premium by $60 for either plan, **YOU MUST TAKE ACTION** by October 27, 2023.

When you have completed your enrollment you **MUST** click SAVE! A green congratulations message will appear when you have successfully completed your enrollment selection.

PPO

FSA

Base PPO Plan (70/30)

Please click Select plan to enroll.
Plan Selection Page/Add Dependents(s)
2024 Tobacco Attestation

Tobacco Attestation (Premium Credit $60)

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
Your Benefits Review and Cost Summary

2024 SHP Medical Summary
Your 2024 SHP Medical benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

Medical
Enhanced PPO Plan (80/20)
Offered By: Blue Cross and Blue Shield of North Carolina
Effective Date: 01/01/2024
You Pay: $300 per month
Persons Covered: [redacted]

Premium credits Edit
Show details

Medicare
No policy on record
No medicare policy information on record

Primary Care Provider Edit

Cost Summary
This is a summary of your US benefit elections.

Benefit Elections (1 items)
Monthly Eligible for Employer Contribution
Vedical

You Pay
Tuition
Premium Wellness Credit
Monthly Total

Save Cancel
Important Reminders

- All enrollment choices will be displayed for confirmation – but the process is not complete yet.
- You will need to scroll down and click **SAVE** to record your enrollment choices. Otherwise, it will be as if you never enrolled.
- Printing out the confirmation statement is also recommended!
- The call center can complete the enrollment and a confirmation statement will be mailed.

**The choices you pick Will NOT stick Unless you SAVE them With a CLICK!**
Open Enrollment Resources

Resources available on the Plan’s website will include:

- Videos
- Decision guides
- Rate sheets
- Comparison charts
- Benefit booklets
- Summary of coverage documents
- Multiple webinars available for employees and retirees
Extended Call Center Hours

• The Eligibility and Enrollment Support Center will have extended hours during Open Enrollment starting October 9:
  • Monday-Friday, 8 a.m. – 10 p.m.
  • Saturdays, 8 a.m. – 5 p.m.

• You are encouraged to NOT wait until the last minute to enroll!
• Virtual Holds will be offered for those that do not want to hold and prefer to have a representative call them back.
• As we near the end of the enrollment period, call wait times will be longer than usual. Act early!

855-859-0966
Member Resources

• **ELIGIBILITY AND ENROLLMENT SUPPORT CENTER**  
  855-859-0966

• **CVS CAREMARK**  
  (PHARMACY BENEFITS)
  888-321-3124

• **BLUE CROSS AND BLUE SHIELD OF NC**  
  (BENEFITS, CLAIMS)  
  888-234-2416
2025 Aetna Transition

- The State Health Plan will be transitioning to a new third-party administrator, Aetna, effective **January 1, 2025**.
- Members will start getting more information about this change in 2024.
- It is important to ensure that you receive announcements and messages about this change so please:
  - Make sure you have the correct address, email address and phone number in eBenefits, the Plan’s enrollment system, which can be accessed on the Plan’s website at [www.shpnc.org](http://www.shpnc.org).
  - Sign up for the Plan’s monthly e-newsletter, Member Focus, which can be accessed on the Plan’s website at [www.shpnc.org](http://www.shpnc.org).
  - Follow the State Health Plan on Facebook.
Thank You!
Questions?

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