



Effective January 1, 2017, the County will move to the State Health Plan for the following reasons:

- The Columbus County's medical plan has consistently run a deficit position the past 5 years. This is due to rising health care costs and increasing claims.
- This has resulted in reduced benefits and rising premiums.
- The State Health Plan will offer employees comparable health plans with greater stability. There are 700,000 members on the State Health Plan which includes teachers and other state employees.



- Enrollment meetings are scheduled for December 5th and 6th.
- The enrollment period will be December 1st through December 31th.
- Because of the relatively short enrollment period this year, employees will be asked to take this information seriously and make their enrollment choices in a timely way.
- It is important to know that if you do not enroll on-line by the announced deadline (12/31/16), the SHP will automatically default your health coverage to the 70/30 plan, you will not have the option to add dependents, and your payroll check will be deducted by \$40/month because you did not get the wellness credit for completing the smoking attestation form.
- So please, help us insure that everyone gets the plan that best fits their needs by signing up when enrollment opens.



Premiums:

- The State Health Plan requires that any premiums be deducted in the month prior to the effective date.
- We are hopeful that if your election is made early enough, your first payroll deduction will be in December 2016.
- If you elect benefits late in the election period, you may have no deduction in December, but a double deduction in January 2017.

ID Cards

- After enrollment, members will receive their medical and prescription ID cards in the mail. ID cards are sent no later than 10 days prior to the effective date.

For additional cards:

- Go online at www.shpnc.org and click “Member Login” to find “Blue Connect” to request a new card or print a temporary card.

- Call Customer Service at 888-234-2416



ID Cards – continued

- We expect that each employee will potentially end up with 5 separate ID cards: 1 – Medical; 1 – Prescription Drugs; 1 – Dental; 1 – Vision (if you opt for the coverage), and 1 – FSA Debit Card (if you opt to contribute to the FSA).

Deductibles

- The SHP runs on a calendar year and our current self-funded plan runs on the fiscal year, in order to make this transition to the calendar year, employees currently working toward their deductible will see that deductible reset on January 1, 2017.

Life Event Changes

- Life event changes must be done on-line by the employee (no longer handled through HR). However, HR will be able to guide you to the website if you need assistance.

State Health Plan



State Health Plan Comparison - 2017

	State Health Plan 80/20 Plan In - Network	State Health Plan 70/30 Plan – Default Plan In - Network	State Health Plan CDHP In - Network
DEDUCTIBLE			
Individual	\$1,250	\$1,080	\$1,500
Family	\$3,750	\$3,240	\$4,500
COINSURANCE MAXIMUM			
Individual	N/A	\$4,388	N/A
Family	N/A	\$13,164	N/A
MEDICAL OUT-OF-POCKET MAXIMUM			Starting HRA Balance
Individual	\$4,350	N/A	\$600 Employee
Family	\$10,300	N/A	\$1,200 Employee + 1 \$1,800 Employee + 2 or More
PHARMACY OUT-OF-POCKET MAXIMUM			
Individual	\$2,500	\$3,360	
Family	\$4,000	N/A	
TOTAL OUT-OF-POCKET MAXIMUM			
Individual	\$6,850		\$3,500
Family	\$14,300		\$10,500
In-Patient Hospital Services	\$450 copay, then deductible/20%. Copay waived if Blue Options Designated Provider used.	\$337 copay, then deductible/30%	15% after deductible. \$200 added to HRA if Blue Options Hospital is used.
Preventive Office Visits	\$0	\$40 - PCP, \$94 - Specialist	\$0
Primary Care Visits	\$25 Copay, \$10 if PCP on ID card is used	\$40 Copay	15% after deductible. \$25 added to HRA if PCP on ID used.
Specialist Visits	\$80 Copay, \$45 for Blue Options Specialist	\$94 Copay	15% after deductible. \$20 added to HRA if Blue Options specialist is used.
Prescription Drugs	Tier 1 - Generic - \$5 Tier 2 - Preferred Brand - \$30 Tier 3 - Non-preferred Brand - Ded/Coin Tier 4 - Low-cost/Generic Specialty - \$100 Tier 5 - Preferred Specialty - \$250 Tier 6 - Non-preferred Specialty - Ded/Coin	Tier 1 - Generic - \$16 Tier 2 - Preferred Brand - \$47 Tier 3 - Non-preferred Brand - \$74 Tier 4 - Low-cost/Generic Specialty - 10% up to \$100 Tier 5 - Preferred Specialty - 25% to \$103 Tier 6 - Non-preferred Specialty - 25% to \$133	Deductible/15%
Urgent Care	\$70 Copay	\$100 Copay	Deductible/15%
Emergency Room	\$300 Copay, then deductible/20%	\$337 copay, then deductible/30%	Deductible/15%
Monthly Premiums	Employee 3 Wellness Activities	Employee 1 Wellness Activities	Employee 3 Wellness Activities
County Pays	\$479.48	\$479.48	\$479.48
Employee Only	\$15.04	\$0.00	\$0.00
Employee/Spouse	\$683.52	\$562.10	\$505.90
Employee/Child	\$305.18	\$218.14	\$196.32
Employee/Child(ren)	\$305.18	\$218.14	\$196.32
Employee + Family	\$723.76	\$598.70	\$538.82



Pharmacy Benefits

- Pharmacy Benefits administered by CVS Caremark.
- Closed Formulary: Certain drugs are not covered.
- Traditional Pharmacy Benefit Preferred Drug List (PDL):
 - Recommends drugs for effectiveness/price
 - Preferred Options for non-covered medications
 - Updated quarterly
- For some medications:
 - Step therapy or prior authorization are required and quantity limits may apply.
- You will have access to the CVS Caremark online drug lookup tool that will enable you to look up and compare the costs of various drugs –especially useful for those considering the CDHP 85/15.
- Refer to the Pharmacy Resources available on the Plan’s website under the **Open Enrollment** Active section.
- Call CVS/Caremark at 888-321-3124 for more information.



Wellness Premium Credit Opportunities

- Subscribers (employees) have three opportunities to earn Wellness Premium Credits if enrolled in the CDHP 85/15 and 80/20 Plans during their enrollment period:



Attest to being tobacco-free OR enroll in QuitlineNC.
(Subscriber only)



Select a Primary Care Provider (PCP) for all covered members.



Take the Health Assessment
(Subscriber only)

- For each of these actions, the employee earns reductions on his or her employee premium only.
- The tobacco attestation is separate from the tobacco question included in the Health Assessment. Doing the Health Assessment doesn't count as doing the tobacco attestation.
- Must be completed within the enrollment period.



Wellness Premium Credit Opportunities

- Employees have one opportunity to earn a Wellness Premium Credit if enrolled in the Traditional 70/30 Plan:
- Wellness premium credits apply only to the employee only premium.
- Must be completed within the enrollment period.



- You will no longer be required to perform the County Wellness Activities.



Enhanced 80/20 Plan for Active and Non-Medicare Subscribers

Monthly Premium Rates January 1, 2017–December 31, 2017



PARTICIPATION IN WELLNESS ACTIVITIES								
WELLNESS ACTIVITIES	3 COMPLETED	2 COMPLETED			1 COMPLETED		0 COMPLETED	
Tobacco-free Attestation or QuitlineNC Enrollment	✓	✓	✓		✓			
Primary Care Provider Selection/Confirmation	✓	✓		✓		✓		
Take/Update Health Assessment	✓		✓	✓			✓	
ACTIVE/NON-MEDICARE PRIMARY FOR SUBSCRIBER AND DEPENDENT(S)								
Subscriber Only	\$15.04	\$40.04	\$40.04	\$55.04	\$65.04	\$80.04	\$80.04	\$105.04
Subscriber + Child(ren)	\$305.18	\$330.18	\$330.18	\$345.18	\$355.18	\$370.18	\$370.18	\$395.18
Subscriber + Spouse	\$683.52	\$708.52	\$708.52	\$723.52	\$733.52	\$748.52	\$748.52	\$773.52
Subscriber + Family	\$723.76	\$748.76	\$748.76	\$763.76	\$773.76	\$788.76	\$788.76	\$813.76



Traditional 70/30 Plan for Active Subscribers

Monthly Premium Rates January 1, 2017–December 31, 2017

WELLNESS ACTIVITIES	PARTICIPATION IN WELLNESS ACTIVITIES	
	COMPLETED	NOT COMPLETED
Tobacco-free Attestation or QuitlineNC Enrollment	✓	
ACTIVE FOR SUBSCRIBER AND NON-MEDICARE PRIMARY FOR DEPENDENT(S)		
Subscriber Only	\$0.00	\$40.00
Subscriber + Child(ren)	\$218.14	\$258.14
Subscriber + Spouse	\$562.10	\$602.10
Subscriber + Family	\$598.70	\$638.70

Default Plan

- If you don't enroll, you will be automatically enrolled in the 70/30 Plan at the Tobacco user rates with no dependents covered.



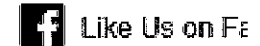
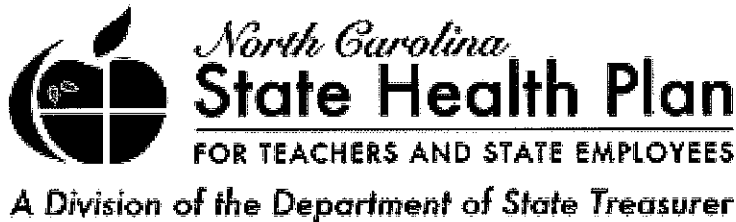
Consumer-Directed Health Plan (85/15) for Active and Non-Medicare Subscribers

Monthly Premium Rates January 1, 2017–December 31, 2017

PARTICIPATION IN WELLNESS ACTIVITIES								
WELLNESS ACTIVITIES	3 COMPLETED	2 COMPLETED			1 COMPLETED		0 COMPLETED	
Tobacco-free Attestation or QuitlineNC Enrollment	✓	✓	✓		✓			
Primary Care Provider Selection/Confirmation	✓	✓		✓		✓		
Take/Update Health Assessment	✓		✓	✓			✓	
ACTIVE/NON-MEDICARE PRIMARY FOR SUBSCRIBER AND DEPENDENT(S)								
Subscriber Only	\$0.00	\$20.00	\$20.00	\$40.00	\$40.00	\$60.00	\$60.00	\$80.00
Subscriber + Child(ren)	\$196.32	\$216.32	\$216.32	\$236.32	\$236.32	\$256.32	\$256.32	\$276.32
Subscriber + Spouse	\$505.90	\$525.90	\$525.90	\$545.90	\$545.90	\$565.90	\$565.90	\$585.90
Subscriber + Family	\$538.82	\$558.82	\$558.82	\$578.82	\$578.82	\$598.82	\$598.82	\$618.82



- Find instructions for enrolling on the State Health Plan website at www.shpnc.org and click **Enroll Now**.



About the
State Health Plan

Plans for
Active Employees

Home > Enroll Now

- 2017 Open Enrollment
- Enroll Now
- Member Login
- My Personal Health Portal
- Rate Calculator
- Find a Doctor
- Contact Us

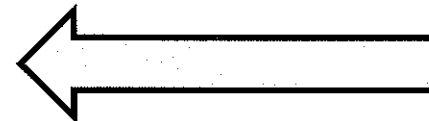
State Health Plan for Teachers and State Employees

Enroll Now

To enroll or make changes to your State Health Plan benefits, members use the eEnroll system. If you are employed by any of the following organizations, or your organization uses any of the following systems, please enroll by clicking on the corresponding yellow button below:

Enroll Using eEnroll

(State Health Plan's Enrollment System)



- Call the Eligibility and Enrollment Support Center at 855-859-0966 for assistance.




Step-by-Step Enrollment Instructions for an Employee of a New Group

1. Go to the State Health Plan's website at www.shpnc.org, and click **Enroll Now** located on the green bar:

Enter your Username and Password. Login ID: Your first name, the first initial of your last name and the 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.



 **Log in to your account**

Username*

Password*

[Reset your Account ▶](#)

Technical Questions?

Supported Browsers

[Learn about Officially Supported Browsers](#)



- 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. Select **Save** again and **Next**. The next page will be a **STATEMENT OF UNDERSTANDING & AUTHORIZATION**. Make sure you check the box and select **Next**.

Your Account

Change your username, password and secret questions.

Username

Current username

CE12333

Password

New password*

Confirm new password*

Your Password must contain 8-25 characters, at least 1 number, and at least upper case and 1 lower case letter. Your password cannot contain more than of the same characters in a row or your loginID.

Secret questions

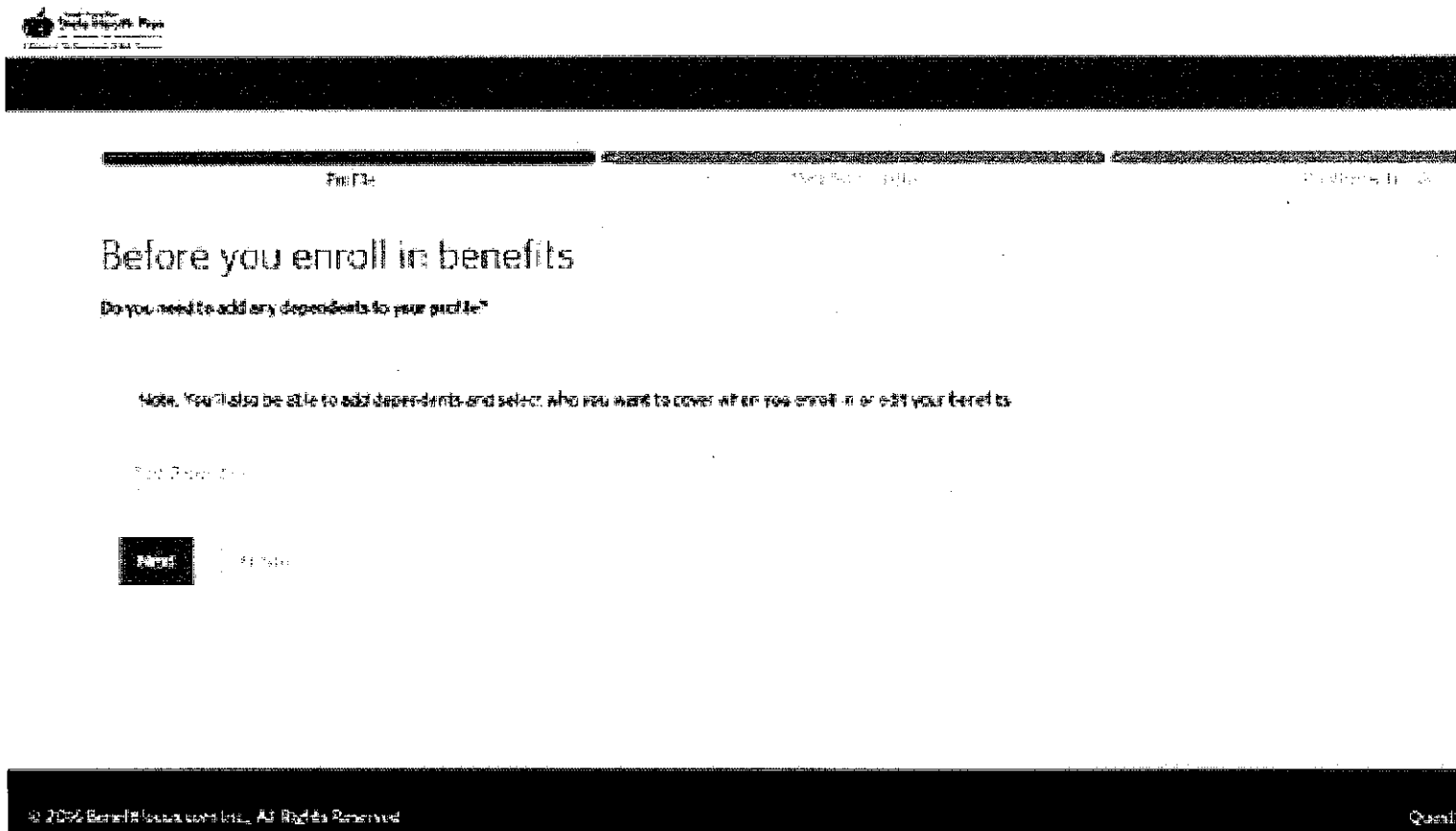


3. Click Get Started

The screenshot shows the State Health Plan website interface. At the top left is the logo for the State Health Plan, which includes the text "State Health Plan" and "A Division of the Department of Health Services". Below the logo is a navigation menu with items like "Home", "About Us", "Contact Us", "FAQ", "Privacy Policy", and "Terms of Use". The main content area is divided into several sections. The first section is titled "A note from your Health Benefits Representative" and contains a red arrow pointing to a "Get Started" button. Below this is a section titled "Important Messages for You" which contains a warning icon and the text "You have 30 days to elect your Current Enrollment benefits." The bottom of the page features a footer with the text "© 2016 Benefitplan.com, Inc. All Rights Reserved" and "Vendor ID" on the right side.



4. You will be asked if you want to list any dependents. Either select **ADD DEPENDENT** and follow the instructions on the screen to add a dependent or **Next if no Dependent**





5. After you either add dependents or move ahead, you will be asked if you or any dependents are covered by Medicare. If yes, follow the instructions on the screen to add the Medicare information or no if no one has Medicare, click **Next**.

Profile Skip for benefits Continue & Finish

Covered by Medicare?

Providing Medicare information can help coordinate payment of medical expenses.

Are you or any of your dependents covered by Medicare?

Yes

No

Next Previous Cancel



6. Click **Begin Enrollment**

Open Enrollment Benefits

Open Enrollment is December 1-31, 2016. All changes to your benefits and wellness premium credit activities should be completed by December 31, 2016. Remember to hit **SAVE** after you have completed your enrollment.

0/1

Benefits Complete

A note from your Health Benefits Representative

Your benefits

1. Choose your Medical coverage

Begin enrollment

Go back to work

Complete Enrollment

Return home



7. Select the dependents you want to cover.

Step 1 of 3

Step 2 of 3

Step 3 of 3

Medical: Who do you want to cover?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or add your benefits.

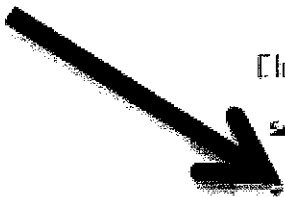
Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender	Action
<input type="checkbox"/>	SPENCER NEW EMPLOYEE	Spouse/Partner	01/01/1980	Male	Add

[Add a new dependent](#)

I would like to add my Medical coverage.

Next [Back](#)



State Health Plan



8. Choose a health plan option and click Select Plan.

of 5 steps Step 3 of 5: Select a plan Coverage: 81 month

Choose your Medical plan.

Please review your options and choose the plan that best meets your needs.

Covered persons: Selectable non-employees Add Dependents

Plan Name	Monthly Cost
Traditional 70/30 PPO Plan	\$580
Rate does not reflect Premium Wellness Credits	
Benefit Year Deductible	\$1,000 Individual/\$3,000 Family
Emergency Room Copay	\$200 Copay, then 30% after deductible
Inpatient Hospital Copay	\$120 Copay, then 30% after deductible
Office Visit Copay	\$20 Copay
Preventive Care	\$0 Copay
Specialist Visit Copay	\$20 Copay
<input type="button" value="Select plan"/> <input type="button" value="Plan Details"/>	

Plan Name	Monthly Cost
Enhanced 80/20 PPO Plan	\$704.20
Rate does not reflect Premium Wellness Credits	
Benefit Year Deductible	\$1,000 Individual/\$3,000 Family
Emergency Room Copay	\$225 Copay after deductible, then 20% after deductible or \$0 Copay when Blue Option Designated Hospital is used
Inpatient Hospital Copay	\$225 Copay after deductible, then 20% after deductible or \$0 Copay when Blue Option Designated Hospital is used
Office Visit Copay	\$20, \$25 if you use PCP on ID card Copay reduced to \$0 if you use PCP or ID card
Preventive Care	\$0 Copay
Specialist Visit Copay	\$20 Copay Copay reduced by \$10 when Blue Option Designated Specialist is used
<input type="button" value="Select plan"/> <input type="button" value="Plan Details"/>	

Plan Name	Monthly Cost
Consumer Directed Health Plan (CDHP) with HRA	\$80.00
Rate does not reflect Premium Wellness Credits	
Benefit Year Deductible	\$1,000 Individual/\$4,000 Family
Inpatient Hospital Copay	Deductible/75% Coinsurance from \$200 in HRA when Blue Option Designated Hospital is used
Office Visit Copay	Deductible/75% Coinsurance from \$25 in HRA when you use the PCP on your ID card
Preventive Care	\$0 Copay
Specialist Visit Copay	Deductible/75% Coinsurance from \$20 in HRA when you use the Blue Option Designated specialist
<input type="button" value="Select plan"/> <input type="button" value="Plan Details"/>	

Continue Coverage: I would like to decline Medical coverage.

Please note: If you select the 80/20 Plan or CDHP, the next screen will display three premium wellness activities to complete. If you select the 70/30 plan, only the Tobacco Attestation will display.



9. Click **Tobacco User Attestation** and select the appropriate answer. Then click **Next**.

> **Tobacco User Attestation**

✓ \$40.00 per month

Your credit has been applied!

You are NOT a tobacco user or you ARE a tobacco user and attest that you will enroll in QuitlineNC's multiple call program before the end of Open Enrollment or within 30 days of your date of hire. To enroll you must call 800-QUIT-NOW (800-784-8669).

I understand that making a false statement, representation or attestation to the Plan could result in my termination from the Plan and that by attesting to my tobacco status I am also agreeing to cooperate with the Plan in efforts to verify that status.

- I am not a tobacco user
- I am a tobacco user but agree to enroll in QuitlineNC's multiple call program before the end of Open Enrollment or within 30 days of my date of hire
- I am a tobacco user

Next



10. Click **Search** to select a PCP and follow the instructions to add your PCP. Then click **Next**.


▼ Primary Care Provider

✔ \$25.00 per month

Your credit has been applied!

Search from the list of providers to enter your PCP (Primary Care Provider) information.

PCP Name	Search	PCP Name
Anthony Wainaina	Search	Ramon A Velez Jr
<input type="checkbox"/> Use the same provider for my dependents		
Spouse: Mirandora Wainaina	Search	Ramon A Velez Jr

 **Warning:** Premium Credit Impact of Selection



11. Complete your **Health Assessment**. The Personal Health Portal will open in its own window.

Health Assessment

\$0.00 per month

Click the button below to complete your Health Assessment. You may also call 800-817-7044 to complete your assessment over the phone.

[Access Your Health Assessment](#)

Once you have completed your Health Assessment, "X" out of the browser to return to eEnroll.



12. You will be asked again if you or any dependents are covered by Medicare.

Step 1 of 3

Step 2 of 3

Step 3 of 3

Covered by Medicare?

Providing Medicare information can help coordinate payment of medical expenses.

Are you or any of your dependents covered by Medicare?

Yes

No



13. You will be asked if you or any dependents are covered by additional insurance. If yes, follow the instructions on the screen. If no, select No. Then click **Next**.

The screenshot shows a three-step enrollment process. Step 1, 'Personal Information', is complete. Step 2, 'Step for benefits', is the current step. Step 3, 'Additional Insurance', is the next step. The 'Additional Insurance' section asks if any covered persons have other health insurance. The 'No' option is selected. A 'Please Note' section explains the importance of providing accurate information for timely claims. A final note states that non-medical policies (Dental, Vision, Life, Cancer or Medical) do not need to be reported. At the bottom, there are 'Next', 'Previous', and 'Cancel' buttons.

✓ Personal Step for benefits Additional Insurance

Are any of the persons covered for this benefit (including yourself) have other health insurance?

Yes

No

Please Note:
It is very important to enter your and/or your covered dependents' insurance policies. By providing this information, you will ensure that the claims for you and your covered dependents will be processed timely and accurately.

Additional insurance information should NOT be reported on non-medical policies such as Dental, Vision, Life, Cancer or Medical. You do not need to provide information on policies you have previously had with other State Health Plan agencies. Additional insurance information is used to determine benefits if you or your dependents have some medical coverage in addition to the State Health Plan, which will continue after you are enrolled in the State Health Plan.

Next Previous Cancel



14. Review your elections and make any edits necessary. Then click **Save**. If you do not click **Save** your information will not be saved if you log out.

2016 SHP Medical Summary
 Your 2016 SHP Medical Summary is shown below. If you made changes, click Edit. Please note that your benefits may not have saved. You must click Save to complete the update.

Medical
 Consumer Directed Health Plan (CDHP) with HRA
 Offered by: BSA Credit and BSA Service of North Carolina
 Effective Date: 01/01/2016
 Review if medical information not updated

Premium Wellness Credits
 Review if not updated

Medicare
 Review if not updated

Additional Insurance
 Review if not updated

Cost Summary
 This is a summary of your current benefit plan costs.

Benefit Elections	
Monthly Cost	
Eligible for Employer Contribution	
Medical	\$10.00
Dental	\$10.00
Premium Wellness Credits	-\$4.00
Monthly Total	\$25.00
Your Pay	
Monthly Total	\$25.00

Save




15. Then, click **Complete Enrollment** to complete your enrollment.

Enrollment Complete!

You have completed enrollment for the current benefit year. To make changes to any of your benefits, select "View/Edit Information"

[View Summary of Health Plan Information](#)

Your benefits

Benefit	Monthly Premium
 Your Medical coverage You have selected the plan below! You have 30 days to make changes to your coverage. Consumer Directed Health Plan (CDHP) with HRA	\$20.00 per month

Offered By: Blue Cross and Blue Shield of North Carolina
Effective Date: 1/1/2014
Plan Type: Standard new employees

[Complete Enrollment](#) [View Summary](#)



16. Click **Subscriber Detailed Report** under Important Documents for a printable version of your elections to keep for your records.

The screenshot displays the State Health Plan website interface. On the left is a navigation menu with options like Home, Profile, Search, Manage Enrollment, and Manage Account. The main content area features a green confirmation message: "Congratulations, subscriber! You have successfully completed your enrollment process." Below this is a note from the Health Benefits Representative. The "Benefits Snapshot" section shows "Medical" coverage with a cost of \$20.00 weekly. Under "Important Documents", the "Subscriber Detail Report" is highlighted.



17. Need Assistance?

Please call the Eligibility and Enrollment Support Center 855-859-0966.



Flex Spending Account (FSA)

- Many of the employees are enrolled in a Flex Spending Account.
- Even though we are enrolling in December for medical coverage, for the remainder of this fiscal year, nothing will change with regard to the FSA.
- The County will continue to deduct as the employee requested from July 2016 – June 2017. Next year, we will have a new enrollment period for Flex Spending that will only be for 6 months in order to get this benefit on the same schedule as the medical plan (calendar year).

Vision Coverage

- The SHP does not include vision coverage.
- The County provides a voluntary vision plan through EyeMed/Ameritas and is paid by the employee.
- The cost is nominal.