



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



New Charter Schools

November 2015

A Division of the Department of State Treasurer

Overview of Topics

- Legislation
- Group Setup
- Electronic Enrollment
- Eligibility
- Effective Dates
- Group Premiums
- Plan Benefits

Legislation

- § NCGS 135-48.54
 - Charter School Board of Directors must make election in writing
 - Election must be made no later than 30 days after both parties (the State Board and the applicant) have signed the written charter under G.S. 115C-238.29E. A copy is required to verify the date signed after election is submitted.
 - Send election to the SHP Executive Administrator and the State Board of Education
 - Election is irrevocable
 - Shall notify each employee of the election in writing
 - Each employee shall acknowledge receipt

New Group Setup

- Contact at State Health Plan (SHP)
Rita Sandoval Rita.Sandoval@nctreasurer.com
- Complete Group Setup form
- Following receipt of Group Setup form, a Benefitfocus Account Manager will be assigned to implement the new group onto the eEnroll System.
- Important Resources, including training modules State Health Plan website www.shpnc.org

How to Enroll



Paperless
Enrollment

Enroll online
through
eEnroll

Find instructions for
enrolling on the
State Health Plan
website at
www.shpnc.org.

Eligibility

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



Who is an Eligible Dependent?



- Legal spouse
- Natural, stepchild, adopted, foster and legal guardian up to age 26
- Dependent child coverage may be extended beyond the 26th birthday under the following condition:
Coverage for such children (described above) who are covered by the Plan when they turn age 26 to the extent that they are physically or mentally incapacitated on the date that they turn age 26. A child is physically or mentally incapacitated if they are incapable of earning a living due to a mental or physical condition. Coverage continues for such children as long as the incapacity exists or the date coverage would otherwise end, whichever is earlier

You will be asked to provide documentation of your dependent's eligibility under the Plan.

When Can You Enroll? New Hires

- Effective date is the first of the month or first of the second month following date of hire

Hired:	Can elect coverage until:	Effective date of coverage:
October 15	November 15	Either Nov. 1 or Dec. 1, depending on when enrolled

- Dependents must be added at time of hire or can be added within 30 days of a qualifying life event or during annual enrollment.

Group Premiums

- Prepaid Plan
 - Billed monthly for the next month
 - i.e., June bill is for July
- Bills are generated in the middle of the month
- Premium is due by the 5th of the next month and must be paid as billed
- If premium is not paid by the due date, claims are held
- Premiums not received by the fifteenth day of the month following the due date shall be charged 1 ½% interest of the amount due the Plan, per month beginning with the sixteenth day of the month following the due date. (*NCGS 135-48.55*)
- eBilling offers paperless invoices, electronic one-time and recurring payments, on-demand and scheduled reporting

Plan Benefits

The State Health Plan offers 3 plans for permanent employees:

1. Enhanced 80/20 Plan
2. Consumer-Directed Health Plan (CDHP)
3. Traditional 70/30 Plan

- PPO: Preferred Provider Organization
- Choice of providers: in-network or out-of-network
- Large network of Blue OptionsSM providers₂
- Access to specialists without referrals₃
- Nationwide, worldwide coverage

Third Party Claims Administrator - Blue Cross Blue Shield of North Carolina

Plan Highlights

Plan Design Features	Enhanced 80/20 Plan		Consumer-Directed Health Plan		Traditional 70/30 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HRA Starting Balance	N/A		\$600 Employee/retiree \$1,200 Employee/retiree + 1 \$1,800 Employee/retiree + 2 or more		N/A	
Annual Deductible	\$700 Individual \$2,100 Family	\$1,400 Individual \$4,200 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family	\$1,054 Individual \$3,162 Family	\$2,108 Individual \$6,324 Family
Coinsurance (You pay XX%)	20% of eligible expenses after deductible	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	15% of eligible expenses after deductible	35% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Coinsurance Maximum (excludes deductible)	\$3,210 Individual \$9,630 Family	\$6,420 Individual \$19,260 Family	N/A	N/A	\$4,282 Individual \$12,846 Family	\$8,564 Individual \$25,692 Family
Office Visits	\$30 for primary doctor; \$15 if you use PCP on ID card \$70 for specialist; \$60 if you use Blue Options Designated specialist	40% after deductible	15% after deductible; \$25 added to HRA if you use PCP on ID; \$20 added to HRA if you use Blue Options Designated specialist	35% after deductible	\$39 for primary doctor \$92 for specialist	50% after deductible

Pharmacy Benefits

	Enhanced 80/20 Plan		CDHP		Traditional 70/30 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1	\$12 copay per 30-day supply*	Applicable copay and the difference between the allowed amount and the charge	15% after deductible	35% after deductible	\$15 copay per 30-day supply*	Applicable copay and the difference between the allowed amount and the charge
Tier 2	\$40 copay per 30-day supply*				\$46 copay per 30-day supply*	
Tier 3	\$64 copay per 30-day supply*				\$72 copay per 30-day supply*	
Tier 4	25% up to \$100 per 30-day supply*				25% up to \$100 per 30-day supply*	
Tier 5	25% up to \$132 per 30-day supply*				25% up to \$132 per 30-day supply*	
ACA Preventive Medications	\$0, covered at 100%	\$0, covered at 100%	\$0, covered at 100%	\$0, covered at 100%	N/A	N/A
CDHP Preventive Medications	N/A	N/A	15%, no deductible	15%, no deductible	N/A	N/A

Focus on Wellness

Enhanced 80/20 Plan

- **Wellness premium credits when:**
 - Subscriber completes a Health Assessment
 - Subscriber attests for him/herself and spouse (if applicable) are non tobacco users ..or to being in a smoking cessation program
 - Selecting a Primary Care Provider (PCP) for self and all dependents
- **Additional wellness incentives**
 - \$15 copay reduction for utilizing the PCP (or someone in that practice) listed on the ID card
 - \$10 specialist copay reduction for utilizing a Blue Options Designated Specialist
 - \$0 inpatient hospital copay for utilizing a Blue Options Designated Hospital

NEW: Consumer-Directed Health Plan (CDHP) with HRA

- **Wellness premium credits when:**
 - Subscriber completes a Health Assessment
 - Subscriber attests for him/herself and spouse (if applicable) are non tobacco users ..or to being in a smoking cessation program
 - Selecting a Primary Care Provider (PCP) for self and dependents
- **Additional wellness incentives**
 - \$25 added to the HRA when the PCP (or someone in that practice) listed on the ID card is seen
 - \$20 added to the HRA when a Blue Options Designated Specialist is seen
 - \$200 added to the HRA when a Blue Options Designated Hospital is utilized for inpatient services

Traditional 70/30 Plan

- No incentives available
- No \$0 ACA Preventive Services
- No \$0 ACA Preventive Medications

Wellness Premium Credit Activities

Wellness Activities	Credits on Enhanced 80/20 Plan	Credits on Consumer-Directed Plan
Tobacco Attestation Attest that you and your covered spouse (if applicable) are non-tobacco users or commit to a smoking cessation program.	\$40 per month	\$40 per month
Health Assessment Complete a confidential Health Assessment	\$25 per month	\$20 per month
Primary Care Provider Select a Primary Care Provider for yourself and each covered dependent (if applicable)	\$25 per month	\$20 per month
Total wellness premium credits	\$90 per month	\$80 per month

Completed through the enrollment system

Monthly Premium – Enhanced 80/20 Plan

Coverage Type	Monthly Premium	Less Monthly Wellness Premium Credit	Net Monthly Premium
Employee/Retiree	\$104.20	\$90.00*	\$14.20*
Employee/Retiree + Child(ren)	\$384.72	\$90.00*	\$294.72*
Employee/Retiree + Spouse	\$750.52	\$90.00*	\$660.52*
Employee/Retiree + Family	\$789.42	\$90.00*	\$699.42*

***Assumes completion of three wellness activities**

Employer Pays \$463.68

Monthly Premium – CDHP

Coverage Type	Monthly Premium	Less Monthly Wellness Premium Credit	Net Monthly Premium
Employee/Retiree	\$80.00	\$80.00*	\$0*
Employee/Retiree + Child(ren)	\$269.82*	\$80.00*	\$189.82*
Employee/Retiree + Spouse	\$569.14*	\$80.00*	\$489.14*
Employee/Retiree + Family	\$600.96*	\$80.00*	\$520.96*

***Assumes completion of three wellness activities**

Employer Pays \$463.68

Monthly Premiums—Traditional 70/30 Plan

Coverage Type	Employee/ Retiree Monthly Premium
Employee/Retiree	\$0
Employee/Retiree + Child(ren)	\$210.92
Employee/Retiree + Spouse	\$543.46
Employee/Retiree + Family	\$578.86

Employer Pays \$463.68

The State Health Plan's healthy living initiative:

- Empowers healthy members to stay healthy
- Helps those with chronic disease or disease risk factors better manage their health
- Offers integrated, cutting-edge resources and programs to members:
 - At work
 - At home
 - Through their health care provider



ACA Plan Requirements - Who is Eligible for Coverage?

- To avoid tax penalties under section 4980H of the Internal Revenue Code (the Code) to all full-time employees.
- Employing units are responsible for determining whether or not an employee is a full-time employee. This includes all non-permanent 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.

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 Representatives tab.

Click Health Care Reform/Affordable Care Act Information

High Deductible Health Plan Summary

PLAN FEATURES	IN-NETWORK (Individual Coverage)	IN-NETWORK (Family Coverage)	OUT-OF-NETWORK (Individual Coverage)	OUT-OF-NETWORK (Family 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
ACA Preventive Care Services	\$0 (covered at 100%)	\$0 (covered at 100%)	60% after deductible	60% after deductible
Office Visits	50% after deductible	50% after deductible	60% after deductible	60% after deductible
Specialist Visit	50% after deductible	50% after deductible	60% after deductible	60% after deductible
Inpatient Hospital	50% after deductible	50% after deductible	60% after deductible	60% after deductible
PRESCRIPTION COVERAGE				
2016 Express Scripts National Formulary Covered Prescription Drugs	50% after deductible	50% after deductible	60% after deductible	60% after deductible

Third Party Claims Administrator – MedCost

Monthly Premium Rates

COVERAGE TYPE	EMPLOYEE MONTHLY PREMIUM
Employee	\$93.16
Employee + Child(ren)	\$267.74
Employee + Spouse	\$480.38
Employee + Family	\$577.04

- Employer Pays \$122.78
- Online enrollment through COBRAGuard's enrollment system and are billed by COBRAGuard, the Plan's billing vendor

Thank You!



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