

HBR 2025 Open Enrollment Frequently Asked Questions

Transition to Aetna

What is happening with the State Health Plan's third-party administrator (TPA)?

- The Plan's TPA is changing from Blue Cross NC to Aetna.

When is this change taking place?

- Aetna will become the Plan's new TPA effective Jan. 1, 2025.

Are benefits changing?

- Plan options, including the Base PPO Plan (70/30), Enhanced PPO Plan (80/20) and High Deductible Health Plan (HDHP), will remain in place and will continue to be offered in 2025. Copays, deductibles and premiums are not impacted by this change and are not changing.
- Your pharmacy benefit administrator, or PBM, is NOT changing, so this change does not affect your pharmacy benefits.

Where can employees get more information?

- Employees should watch the mail for information on how to attend in-person events, webinars and Telephone Town Halls, which will prepare them for Open Enrollment (OE), set for Sept. 30-Oct. 25. During OE, employees will have the opportunity to choose their benefits under Aetna. Details will also be on the Plan's website at www.shpnc.org.

Transition of Group Billing to iTedium

What changes are coming to group premium billing?

- Group premium billing is migrating from the current TPA, Blue Cross NC, to the Plan's billing vendor, iTEDIUM.

Is this change part of the switch from Blue Cross NC to Aetna?

- No. Aetna becoming the TPA in 2025 is not related and does not affect the group premium billing transition.

When will the change take place?

- August 2024 will be the last time Blue Cross NC issues group premium bills in eBilling for September 2024 premiums. Login information for the new billing platform will be provided after HBRs attend training. HBRs will be expected to log in, at least once, to the new billing portal. September 2024 will be the first month the premium bills are issued by iTEDIUM for October 2024 premiums. If you have login issues, please call 1-855-552-6272 or email: GroupBilling@itedium.com.

Where can I learn more about the process?

- Charter school HBRs will be offered training for the new group billing process July 8 through July 12. Remaining HBRs will be offered training for the new group billing process July 15 through July 26. Makeup or refresher sessions will be offered July 29 through Aug. 2. Link to register will be provided at a later date through the HBR Update newsletter.
- For details, see the [May 2024 HBR Update](#).
- User Guide and invoice templates will be posted to the SHP website once all trainings are completed.

Tobacco Cessation Premium Credit

- 1. If a new employee recently completed a tobacco cessation counseling session, do they have to complete another session for Open Enrollment for 2025?**
 - New employees who completed a tobacco cessation counseling session between July 1, 2024, and Nov. 30, 2024, will not need to complete another tobacco cessation session to earn their 2025 premium credit. December 2024 new hires will also only need to complete one tobacco cessation counseling session but will have 90 days to complete it. 2025 new hires do need to complete the 2025 attestation to earn the 2025 credit.
- 2. If an employee (who is a tobacco user) agrees to go to their Primary Care Provider (PCP) for one counseling session between 7/1/2024 and 11/30/2024 to receive their premium credit, is this all an employee needs to do?**
 - In addition to the counseling session, during Open Enrollment employees must complete the attestation that is part of the online enrollment process in eBenefits.
- 3. Do members have to visit the PCP listed on their ID card for the tobacco cessation counseling session to be free?**
 - No, they can go to any network provider that provides the service. Employees should be encouraged to ask for their visit summary after their session. After their visit, they must upload the summary in the Document Center of eBenefits.
- 4. Can the tobacco cessation counseling visit with a PCP be virtual?**
 - Yes, as long as the provider offers that service virtually.
- 5. I have an employee who was hired in April. He visited his PCP in May and completed the counseling session. Will this employee need to go back to his PCP to complete another session for Open Enrollment? If so, will he be charged for going more than once in the same year?**
 - Yes, the employee's visit was outside the window of 7/1/2024 to 11/30/2024 – therefore, the employee would need to complete a counseling session for their 2025 benefits. Both visits will be at no charge to the member if the provider submits the claim appropriately.
- 6. Nicotine lozenges and patches are not mentioned in the Tobacco Attestation Survey question. Are they included as tobacco use?**
 - No. They are not considered as part of the tobacco cessation program.

7. **If a member goes to a PCP for tobacco cessation counseling, will the employee receive a Patient Visit Receipt and After-Visit Summary like they would from a CVS MinuteClinic?**
 - This will depend on the PCP's office. Some provider offices provide receipts or after-visit summaries while others do not.

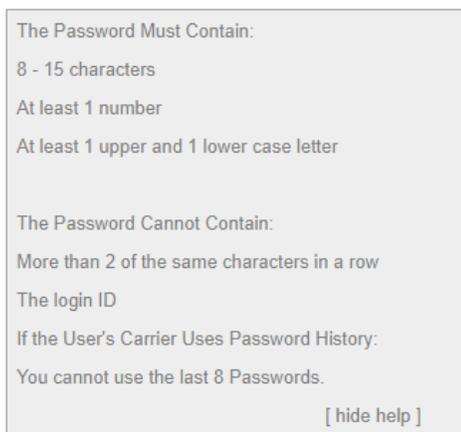
8. **Does the After-Visit documentation for the counseling session need to be uploaded to eBenefits?**
 - Yes, subscribers must upload their visit summary. If the Plan does not receive a claim for tobacco cessation services by Dec. 31, the subscriber's document center will be reviewed for tobacco cessation confirmation.

9. **For employees who currently aren't enrolled in the State Health Plan, but will elect coverage for 2025, how will the tobacco cessation visit be handled? They won't have a current Plan ID card to show when they go.**
 - Members who are enrolling for January 1 and do not have coverage in 2024 must wait until 2025 to complete their tobacco cessation visit. They will have 90 days from Jan. 1, 2025, to complete their cessation requirement.

eBenefits

10. **When reviewing the eBenefits workflow, payroll groups, including BEACON/FIORI users, will not be able to update their personal and contact information. Will there be a note to let employees know?**
 - Yes, there is a note that appears on that screen to inform employees.

11. **Is there any way that the employee's password can be reset to their Social Security number?**
 - No, there will be no global password resets for employees. Password requirements are listed in eBenefits:



If the employing unit uses single sign-on (SSO), the member's password should not be updated in eBenefits. For employing units that do not use SSO, passwords can be reset under the Manage employee, update login information.

12. How do we get a report that gives us the names of employees who selected that they were tobacco users to ensure they get the information to do the tobacco cessation session prior to the end of November?

- You may run the Employee Participation Report under the Benefits tab in eBenefits to identify tobacco users who agreed to visit a PCP for at least one tobacco cessation counseling session by Nov. 30, 2024.
- HBRs can also use Employee Rate Factor Survey Detail Report.

13. If an employee participates in Open Enrollment early in the period, but then decides to make a change before OE ends, will the change be allowed?

- Yes.

14. What date should OE changes be input into payroll?

- This depends on when the group runs their payroll. The OE changes should be entered into the payroll system prior to running December's payroll for January deductions.

15. Is there a preferred web browser to utilize when enrolling?

- Benefitfocus advises that Google Chrome works best when using eBenefits, but members may try other browsers.

Dependent Eligibility Verification / QLEs

16. Does dependent verification documentation have to be uploaded during Open Enrollment? Or do employees have 30 days from the beginning of Open Enrollment?

- Dependent verification documents for dependents added during OE should be uploaded by Oct. 25, 2024.

17. Should HBRs wait to approve OE tasks for those who are adding new dependents but have not uploaded Dependent Verification documents?

- During the 2025 Open Enrollment period, tasks will be auto-approved Oct. 29, 2024, if they were not processed daily.
- Tasks with a 2024 effective date must be processed before 2025 tasks.
- During Open Enrollment, HBRs should expect to continue to see and manage the following task types:
 - Changes to 2025 benefit elections
 - Dependent Verification required for newly added dependents
 - Changes to personal/work information

If your group does not have Payroll Integration with Benefitfocus to receive 2024 elections via a file feed, the Benefit Detail Report from eBenefits will provide the summary of all 2025 elections in order to ensure January deductions are set up correctly. Please contact the HBR Support Line or submit a case via OnePlace 365 if you have questions.

18. If an employee declines State Health Plan health benefits and their spouse passes away 3 months later, can the employee enroll in the Plan due to QLE?

- If the employee was covered under the spouse's health benefit plan and loses that coverage due to the death, yes. The QLE would be Loss of Other Coverage.

PCP Selection / CPP Providers

19. How can members find a list of Clear Pricing Project (CPP) primary care providers and specialists?

- a. Members may search using the [Find A Doctor Tool](#) where CPP Providers are indicated in the tool.

20. What if my PCP is not listed as a CPP in the Aetna Find a Provider Tool for 2025?

- a. Providers had to re-sign up as a CPP Provider with Aetna. Some providers chose not to take action. If you do not see your provider listed as a CPP Provider, members should ask their provider.

21. Is a provider considered a Clear Pricing Project (CPP) provider if they are in the NC State Health Plan Network? Or do they also have to have the CPP noted in the record when searching for a provider?

- The NC State Health Plan network is composed of CPP providers and Aetna's POS network. There is an indicator in the Find A Doctor tool that identifies CPP providers.

22. Does it have to be that actual CPP PCP listed on the ID card for the \$0 copayment, or can it also be a provider at the same office as the CPP PCP listed on the card for the \$0 copayment be honored?

- Each PCP must be approved as a CPP provider. Providers joined at the practice level, so they should be able to see any provider in the CPP practice. If the CPP provider also practices at a non-CPP practice, then he is not CPP there and the employee would not receive the \$0 copay.

23. Do members have to select a CPP Specialist to be printed on their ID card to get the CPP specialist copay reduction?

- No. Providers join at the practice level, so members should be able to see any provider in the CPP practice and receive the copay reduction.

24. How can you ensure that your CPP PCP, or PCP, name appears on your State Health Plan ID card?

- Employees may select a CPP PCP or another PCP in eBenefits and the provider's name will appear on their ID card.

25. If a doctor has an office in 2 locations and you only have one in CPP, do you get credit for this doctor being a member? Or do you have to go to the location in the CPP website?

- Members should go to the location where the provider is listed as a CPP provider.

Retirees/Medicare

26. For retirees, are health benefits premiums deducted on a pre-tax basis from their benefit payments?

- No. State Health Plan premiums are deducted post-tax for retirees.

27. Does Humana still have Silver Sneakers?

- Yes.

28. Are dependents of Medicare primary retirees required to complete the tobacco attestation question?

- No. Dependents also do not need to complete a tobacco cessation counseling session.

29. When an active employee turns 65, does Medicare become primary and Humana secondary?

- Medicare will be secondary for an active employee who becomes eligible due to turning 65. Once the employee retires, Medicare will become primary and the employee may then be eligible for the Humana Medicare Advantage plans offered by the State Health Plan.

30. Once an employee reaches age 65, are they automatically placed in a Medicare Advantage plan, even if they are still working?

- No. Actively working employees who turn 65 will continue to be covered on the plan they're enrolled in until they retire.

31. If an employee retires in November and enrolls in the State Health Plan as a retiree, does their deductible and out-of-pocket (OOP) maximum start over in December and again in January?

- It depends. If they enroll in a Humana Medicare Advantage Plan, their accumulators will start over in December and again in January. However, if they enroll in the Base PPO Plan (70/30) or Enhanced PPO Plan (80/20), their accumulators will not start over in December, only January.

32. If a retiree is enrolled in a Medicare Advantage plan and has a dependent enrolled on the Base PPO Plan (70/30), does the dependent need to complete Open Enrollment?

- The retiree will need to take action during Open Enrollment if their non-Medicare primary dependents want to be enrolled in the Enhanced PPO Plan (80/20) for 2025. No action is required if those dependents want to stay on the Base PPO Plan (70/30) for the 2025 benefit year.

33. How should Jan. 1, 2025, retirees participate if they are going to be Medicare-eligible?

- Member would need to complete Open Enrollment as usual to select options for the upcoming year. As a reminder, they will be covered by the active employing unit in January. Their retiree health benefit does not begin until Feb. 1. So even if they are enrolling in a Humana Medicare Advantage Plan for February, they will have to elect the Enhanced PPO Plan (80/20) for Jan. 1 and complete the tobacco attestation if they want the Enhanced PPO Plan (80/20) for January.

Miscellaneous

34. When will employees receive new ID cards?

- 2025 ID cards will mail out in December to arrive before Jan. 1, 2025. All members will receive new ID cards. Current ID cards will not work after Dec. 31, 2024.

35. Will employees who have been RIF'd in 2024 need to do anything for Open Enrollment?

- Anyone enrolled in RIF during OE that is not termed in 2024, will follow the same OE process as all other subscribers. They will be mapped to Base PPO Plan (70/30) with no credit and will have to log in to change plans and/or receive the credit.

36. When employees change employers, does their deductible start over under the new group?

- No. When a member moves from one employing unit to another within the same benefit period, each covered member will receive credit for any applied amounts towards the out-of-pocket (copayments, deductible and/or coinsurance) under the previous policy as long as there is no lapse in coverage.

37. If an employee is out on Short-Term Disability, Leave of Absence, Maternity Leave, etc., should they follow the same Open Enrollment process?

- Yes.

38. What employees are eligible for the High Deductible Health Plan (HDHP)? Are all employees eligible?

- Non-permanent, full-time employees and some permanent, part-time employees are eligible for the HDHP.

39. For employees who have a start date of Sept. 12, 2024: Will they be required to do 2025 Open Enrollment?

- Yes.

40. Do copayments on any of the plans count towards the out-of-pocket (OOP) maximum?

- Yes.

41. Once a member reaches the out-of-pocket maximum and the Plan is paying 100% of covered services, is there a max to services the Plan will cover?

- Lifetime maximums are unlimited for all covered services except where otherwise specifically indicated or excluded in the applicable benefits booklet. (Tip: Do a Ctrl+F search for "lifetime maximum" in the benefits booklet, which can be found when you click the applicable plan under the [Employee Benefits](#) tab of the State Health Plan website.)

42. Does the State Health Plan contact employees when their coverage is canceled?

- Aetna will mail a Certificate of Creditable Coverage to employees after their coverage termination date.