



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



Aon Hewitt Implementation Update

Board of Trustees Meeting

January 22, 2015

A Division of the Department of State Treasurer

Aon Hewitt Implementation Status

The Aon Hewitt transition is underway. All Plan vendors, partners and employing units are fully engaged. The Plan has project managers in place overseeing all aspects of the transition.

Important Transition Items:


- As a reminder, all members, including BEACON members will enroll via the Aon Hewitt platform.
- **Transition Date** – or “go live date” for the transition of service will be **June 1, 2015**. This means the Benefitfocus platform will no longer be available and all changes will need to be made in the Aon Hewitt system as of this date.
- **Platform Name** – The enrollment platform will continue to be called eEnroll.
- **Call Support** – The current eEnroll telephone number will transition to Aon Hewitt, which will be seamless to members.
- **Email Support** - Aon Hewitt offers members the option of “going green” which means that if they choose, members can have all enrollment communications that would normally be mailed from the Eligibility and Enrollment Support Center, emailed (*Note: The Plan would continue to mail materials to members*).


Aon Hewitt Implementation Status

- **Communications** – We recognize this is a big change. We are planning to launch a communication campaign similar to an Annual Enrollment campaign for this transition. The Plan will be sending both direct mail pieces to members' homes and will provide materials to employing units to share with their employees.
- **HBR Support**– In May, the Plan will offer onsite HBR training locations across the state. A command center will be established to address their questions when we go live.
- **Annual Enrollment (AE)** – Since our last BOT meeting, we met with our vendors and partners to discuss the possibility of adjusting or extending the AE window for 2016. Each vendor and/or partner has a cut-off time for receiving the enrollment in time to support the January premium billing cycle. In order to extend the AE timeframe, Aon Hewitt would need to send AE enrollment files to BCBSNC throughout AE instead of one file at the end. Unfortunately, Aon Hewitt is unable to support this requirement; therefore, we will not be able to extend the AE timeframe.


New Hire Member Experience

Log In Screen





North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
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NCFLEX
STATE INSURANCE PLANS

Welcome to eEnroll!

Please log in to the right with your user name and password.

If you are part of one of the groups below, please click the appropriate link. If not, please login using your Plan's Enroll System username and password to the right.

[BEACON](#)
[State Retirement System \(ORBIT\)](#)
[UNC Chapel Hill](#)
[UNC Asheville](#)

**Required Field*

***Username:** [Forgot Username?](#)

***Password:** [Forgot Password?](#)

[First-Time User?](#)

By logging on, you agree to the [Terms & Conditions](#).

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Welcome Screen

Josh Smith ▾

Secure Mailbox (0)


Contact Us

Help

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North Carolina

State Health Plan

FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer

Home

Health Benefits

Tools & Resources

Life Events

Welcome Josh Smith. Action Needed!

Make Your Enrollment Choices

Enrollment Deadline: 1/30/2015


[Enroll](#)

Enter Your Email Address

You do not currently have an email address within the system. A valid email address will allow you to receive email notifications with information about your benefits.

[Enter Email](#)

Welcome



My Benefits Snapshot

More Detail

Medical

Plan

No Coverage


My Benefits Contact Information

You are not currently enrolled in any plans which include carrier contact information.

Enroll Now!

Click here to enroll in your benefits. >

NCHealthSmart



An Initiative of the State Health Plan

The State Health Plan has designed a wealth of resources to help you achieve your health and wellness goals.

Access Your Health Assessment

Select a Primary Care Provider

Need Answers?

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Get Started

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Home Health Benefits Tools & Resources Life Events

1 Get Started

2 Review Your Information

3 Enroll In Your Benefits

4 Confirm

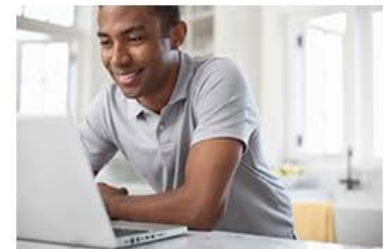
It's Time to Enroll in Your Benefits!

Ready To Enroll?

Complete your enrollment in just 3 easy steps. Allow yourself about 10 minutes to complete your enrollment. When you are ready to begin, click the Continue button below to be guided through the enrollment process.



Continue >



Please Note: You may exit the enrollment system at any time. Any elections made up until that point will automatically be saved.



Review Your Information

[Home](#) [Health Benefits](#) [NCFlex Benefits](#) [Tools & Resources](#) [Life Events](#)

✓ Get Started

2 Review Your Information

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Review Your Information

Please review the details below and make updates to any missing or incorrect information. Note that some information may not be editable. If you are unable to make updates, please contact your Health Benefit Representative.

Your Details

Full Name: Josh Smith

Date Of Birth: 2/2/1952

Phone Numbers

✓ Preferred

Home Phone: 313-555-5555

Work Phone:

Mobile Phone:

[Change](#)

Go Paperless

This feature allows you to receive benefit communications within your secure inbox on this website instead of paper mailings. When new benefit communications are available, you will be notified by email.

Your Delivery Preference: Electronic ¹

¹ Some documents may still be delivered via postal mail.

Mailing Address

[Change](#)

Your preferred mailing address will be used for benefits communications.

✓ Preferred

Primary Residence
5th Street
Pali Hills
NewYork, NC 28080
United States

Alternate Address
None on File

Email Addresses

[Change](#)

Your preferred email address will be used for electronic communications.

✓ Preferred

Work Email: john.smith@shpnc.org

Personal Email:

Medicare Details

[Change](#)

Medicare Eligible: ? Not Eligible

✓ Save and Continue >



Edit Your Benefits

Josh Smith ▾ Secure Mailbox (0) Contact Us Help Chat Print Log Off



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Summary of Your Benefit Elections

Below is a summary of your benefit elections. You can either use the **Take Me Through Each Benefit** button to the right to review and/or make changes to all of your benefits, or you can select individual benefits by using the **Make Changes** buttons.

 Take Me Through Each Benefit

Your Benefits Starting 02/01/2015		Cost Per Pay Period
Medical	No Coverage	\$0.00
Total Cost per pay period		\$0.00

Make Changes >

✓ Complete Enrollment >

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Choose Who You Want to Cover

Josh Smith Secure Mailbox (0) Contact Us Help Chat Print Log Off



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✓ Review Your Information

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Medical

TOTAL BENEFITS COST
\$0.00 PER PAY PERIOD

This enrollment period is for coverage beginning **February 1, 2015**.

[Return to Benefits Summary](#)

Step 1: Choose Who You Want to Cover

✓ You

Add Dependent



✗ Decline Coverage

Continue to Step 2

Step 2: Wellness Premium Credits

Step 3: Select an Option



Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.

[Plan Details](#)

Adding a Dependent

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Medical

TOTAL BENEFITS COST
\$0.00 PER PAY PERIOD

This enrollment period is for coverage beginning **February 1, 2015**.

[Return to Benefits Summary](#)

Step 1: Choose Who You Want to Cover

✓ You

Add Dependent



✕ Decline Coverage

Continue to Step 2

Step 2: Wellness Premium Credits

Step 3: Select an Option



Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.

[Plan Details](#)

Adding a Dependent

Get Started

Review Your Information

Enroll In Your Benefits

Confirm

Medical

TOTAL BENEFITS COST
\$0.00 PER PAY PERIOD

This enrollment period is for coverage beginning February 1, 2015.

[Return to Benefits Summary](#)

Step 1: Choose Who You Want to Cover

☒ You

Add Dependent

To add a person, enter data into the open fields below and click **Save**.

Relationship

Child

First Name

Middle

(optional)

Last Name

Suffix

(optional)

SSN

A valid social security number is required to enroll any dependent over 6 months of age in coverage.

Gender

Choose One

Date of Birth (mm/dd/yyyy)

Disabled

Yes

☒ No

Medicare Eligible

Yes

☒ No

Address same as your address

☒ Yes

No

Country

United States

Address One

5th Street

Address Two

Palm Hills

City

New York

State

NC

Postal Code

25000

By checking this box you acknowledge understanding the Plan's eligibility rules of the plan as described in the Plan Booklet summary plan description. If you add a dependent to coverage, you represent that they are eligible for coverage and if requested, you will provide documentation to substantiate eligibility for all covered dependents. Failure to provide appropriate documentation may result in your dependent's termination from coverage. In addition, you also agree to immediately report when your dependent becomes ineligible for coverage.

☐ I acknowledge the above statement

Cancel

Save

Step 2: Wellness Premium Credits

Step 3: Select an Option

Know how.

The CDHP and Why You'd Want It

Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.

[Plan Details](#)

Continue to Wellness Premium Credits

✓ Get Started

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Medical

TOTAL BENEFITS COST

\$0.00

PER PAY PERIOD



This enrollment period is for coverage beginning **February 1, 2015**.

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Step 1: Choose Who You Want to Cover

✓ You

✓ **Jimmy** (Child born on 12/25/2014)

Add Dependent

✕ Decline Coverage

Continue to Step 2



Step 2: Wellness Premium Credits

Step 3: Select an Option



Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.

[Plan Details](#)

Wellness Premium Credits

John Smith Secure Mailbox (0) Contact Us Help Chat Print Log Off



Home Health Benefits Tools & Resources Life Events

✓ Get Started

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Medical

TOTAL BENEFITS COST
\$0.00 PER PAY PERIOD

This enrollment period is for coverage beginning **January 1, 2015**.

[Return to Benefits Summary](#)

✓ Step 1: Who's Covered

You, Jane

[Change](#)

Step 2: Wellness Premium Credits

The Consumer Directed Health Plan (CDHP) and Enhanced 80/20 Plan offer you the ability to lower your monthly premium by completing the wellness steps below. If you enroll in the Traditional 70/30 Plan, **you will not receive any wellness credits**.

Wellness Credits Applied:

If you plan to enroll in the Traditional 70/30 Plan, you will not receive any credits.

- ☐ I would like to complete the wellness steps and see the credits I can receive toward the Consumer Directed Health Plan (CDHP) or the Enhanced 80/20 Plan.
- ☐ No thanks. I plan to enroll in the Traditional 70/30 Plan and would like to skip this step.

[Continue to Plans](#)

Step 3: Select an Option



Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.

[Plan Details](#)

Wellness Premium Credits

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✓ Get Started

✓ Review Your Information

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Medical

TOTAL BENEFITS COST
\$0.00 PER PAY PERIOD

This enrollment period is for coverage beginning **January 1, 2015**.

[Return to Benefits Summary](#)

✓ Step 1: Who's Covered
You, Jane

Change

Step 2: Wellness Premium Credits

The Consumer Directed Health Plan (CDHP) and Enhanced 80/20 Plan offer you the ability to lower your monthly premium by completing the wellness steps below. If you enroll in the Traditional 70/30 Plan, **you will not receive any wellness credits**.

Wellness Credits Applied:

If you plan to enroll in the Traditional 70/30 Plan, you will not receive any credits.

☒ I would like to complete the wellness steps and see the credits I can receive toward the Consumer Directed Health Plan (CDHP) or the Enhanced 80/20 Plan.

☐ No thanks. I plan to enroll in the Traditional 70/30 Plan and would like to skip this step.

Do you attest that you and your covered spouse (if applicable) are non-smokers or commit to completing a smoking cessation program?

☐ Yes

☐ No

\$20 credit for the Enhanced 80/20 Plan | \$20 credit for the Consumer Directed Health Plan (CDHP)

You must select a Primary Care Provider for each family member you are enrolling in medical coverage in order to receive your full wellness credit.

\$15 credit for Enhanced 80/20 Plan | \$10 credit for Consumer Directed Health Plan (CDHP)

Member	Primary Care Provider
John Smith	<input type="text"/> Select
Jane Smith	<input type="text"/> Select

Complete the NC HealthSmart health assessment to receive additional credits.

\$15 credit for Enhanced 80/20 Plan | \$10 credit for Consumer Directed Health Plan (CDHP)

⚠ You have not completed your assessment. Please click the **Take Your Health Assessment** button below to qualify for your credits.

[Take Your Health Assessment](#)

Continue to Plans

Step 3: Select an Option

Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.

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Know how

The CDHP and Why You'd Want It

Wellness Premium Credits

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✓ Get Started

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Medical

TOTAL BENEFITS COST
\$0.00 PER PAY PERIOD

This enrollment period is for coverage beginning **January 1, 2015**.

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✓ Step 1: Who's Covered
You, Jane

Change

Step 2: Wellness Premium Credits

The Consumer Directed Health Plan (CDHP) and Enhanced 80/20 Plan offer you the ability to lower your monthly premium by completing the wellness steps below. If you enroll in the Traditional 70/30 Plan, **you will not receive any wellness credits**.

Wellness Credits Applied:

If you plan to enroll in the Traditional 70/30 Plan, you will not receive any credits.

☒ I would like to complete the wellness steps and see the credits I can receive toward the Consumer Directed Health Plan (CDHP) or the Enhanced 80/20 Plan.

☐ No thanks. I plan to enroll in the Traditional 70/30 Plan and would like to skip this step.

Do you attest that you and your covered spouse (if applicable) are non-smokers or commit to completing a smoking cessation program?

\$20 credit for the Enhanced 80/20 Plan | \$20 credit for the Consumer Directed Health Plan (CDHP)

☐ Yes

☐ No

You must select a Primary Care Provider for each family member you are enrolling in medical coverage in order to receive your full wellness credit.

\$15 credit for Enhanced 80/20 Plan | \$10 credit for Consumer Directed Health Plan (CDHP)

Member	Primary Care Provider
John Smith	<input type="text" value="Dr. Alex Johnson"/> <div>Select</div>
Jane Smith	<input type="text" value="Dr. Patricia Alvarez"/> <div>Select</div>

Complete the NC HealthSmart health assessment to receive additional credits.

\$15 credit for Enhanced 80/20 Plan | \$10 credit for Consumer Directed Health Plan (CDHP)

✓ **Congratulations!** You have completed your NC HealthSmart assessment.

Continue to Plans

Step 3: Select an Option

Know how.

The CDHP and Why You'd Want It

Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.

Plan Details

& Read This & Be 11 and Information | Privacy Statement | Postcard 11111111



Select a Health Plan Option

Get Started

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Medical

TOTAL BENEFITS COST

\$0.00

PER PAY PERIOD

This enrollment period is for coverage beginning February 1, 2015.

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Step 1: Who's Covered

You, Jimmy

Change

Step 2: Wellness Premium Credits

Change

Step 3: Select an Option

No Coverage

Selected Option >

BlueCross BlueShield of North Carolina

Traditional 70/30 Plan

Employee + Child(ren)

Other Coverage Levels

\$205.12

What will I really pay for this option?

Annual Deductible

In-Network

\$933 Individual

\$2,799 Family

Out-of-Network

\$1,866 Individual

\$5,598 Family

Coinurance Maximum

In-Network (Excludes Deductible)

\$3,793 Individual

\$11,379 Family

Out-of-Network (Excludes Deductible)

\$7,586 Individual

\$22,758 Family

Out-of-Pocket Maximum

Not Applicable

Pharmacy Out-of-Pocket Maximum

\$2,500

BlueCross BlueShield of North Carolina

Enhanced 80/20 Plan

Employee + Child(ren)

Other Coverage Levels

\$286.36

What will I really pay for this option?

Annual Deductible

In-Network

\$700 Individual

\$2,100 Family

Out-of-Network

\$1,400 Individual

\$4,200 Family

Coinurance Maximum

In-Network (Excludes Deductible)

\$3,210 Individual

\$9,630 Family

Out-of-Network (Excludes Deductible)

\$6,420 Individual

\$19,260 Family

Out-of-Pocket Maximum

Not Applicable

Pharmacy Out-of-Pocket Maximum

\$2,500

BlueCross BlueShield of North Carolina

Consumer-Directed Health Plan

Employee + Child(ren)

Other Coverage Levels

\$184.60

What will I really pay for this option?

Annual Deductible

In-Network

\$1,500 Individual

\$4,500 Family

Out-of-Network

\$3,000 Individual

\$9,000 Family

Coinurance Maximum

Not Applicable

Out-of-Pocket Maximum

In-Network (Includes Deductible)

\$3,000 Individual

\$9,000 Family

Out-of-Network (Includes Deductible)

\$6,000 Individual

\$18,000 Family

Pharmacy Out-of-Pocket Maximum

Included in total out-of-pocket maximum

Know how.

The CDHP and Why You'd Want It

Medical Plan Options

Please click the button below for a more detailed look at your medical plan options

Plan Details

Medical Plan Comparison

Home Health Benefits Tools & Resources Life Events						
2014 STATE HEALTH PLAN OPTIONS For Active Employees and Non-Medicare Primary Retirees						
Return to Enrollment						
PLAN Design FEATURE	Enhanced 80/20 Plan		Consumer-Directed Health Plan		Traditional 70/30	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HRA Starting Balance	Not Applicable		\$500 Employee/retiree \$1,000 Employee/retiree + 1 \$1,500 Employee/retiree + 2 or more		Not Applicable	
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	\$933 Individual \$2,799 Family	\$1,866 Individual \$5,598 Family
Coinsurance	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
Out-of-Pocket Maximum (includes deductible)	Not Applicable	Not Applicable	\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family	Not Applicable	Not Applicable
Pharmacy Out-of-Pocket Maximum	\$2,500		Included in total out-of-pocket maximum	Included in total out-of-pocket maximum	\$2,500	
Preventive Care	\$0 (covered at 100%)	Not Applicable	\$0 (covered at 100%)	Not Applicable	\$35 for primary doctor \$81 for specialist	Only certain services are covered
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; \$15 added to HRA if you use PCP on ID; \$10 added to HRA if you use Blue Options Designated specialist	35% after deductible	\$35 for primary doctor \$81 for specialist	50% after deductible
Inpatient Hospital	\$233 copay, then 20% after deductible; copay not applied if you use Blue Options Designated hospital	\$233 copay, then 40% after deductible	15% after deductible; \$50 added to HRA if you use Blue Options Designated hospital	35% after deductible	\$291 copay, then 30% after deductible	\$291 copay, then 50% after deductible
Prescription Drugs						
• 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	\$12 copay per 30-day supply	Applicable copay and the difference between allowed amount and the charge
• Tier 2	\$40 copay per 30-day supply				\$40 copay per 30-day supply	
• Tier 3	\$64 copay per 30-day supply				\$64 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 \$125 per 30-day supply				25% up to \$125 per 30-day supply	
• ACA Preventive Medications	\$0 (covered at 100%)	\$0 (covered at 100%)	\$0 (covered at 100%)	\$0 (covered at 100%)	Not Applicable	Not Applicable
• CDHP Preventive Medications	Not Applicable	Not Applicable	15%, no deductible	15%, no deductible	Not Applicable	Not Applicable

Health Plan Option Selected

Get Started

Review Your Information

Enroll In Your Benefits

Confirm

Medical

TOTAL BENEFITS COST
\$184.60 PER PAY PERIOD

This enrollment period is for coverage beginning **February 1, 2015**.

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✓ Step 1: Who's Covered
You, Jimmy

Change


✓ Step 2: Wellness Premium Credits

Change

Step 3: Select an Option

No Coverage

Choose No Coverage >

 **Traditional 70/30 Plan**


Choose This Option >

Employee + Child(ren)
Other Coverage Levels

\$205.12

[What will I really pay for this option?](#)

Annual Deductible	Coinsurance Maximum	Out-of-Pocket Maximum
In-Network \$933 Individual \$2,789 Family Out-of-Network \$1,866 Individual \$5,598 Family	In-Network (Excludes Deductible) \$3,793 Individual \$11,379 Family Out-of-Network (Excludes Deductible) \$7,586 Individual \$22,758 Family	Not Applicable Pharmacy Out-of-Pocket Maximum \$2,500

 **Enhanced 80/20 Plan**

Choose This Option >


Employee + Child(ren)
Other Coverage Levels

\$286.36

Original Cost: \$386.36
Credit: (\$50.00)

[What will I really pay for this option?](#)

Annual Deductible	Coinsurance Maximum	Out-of-Pocket Maximum
In-Network \$700 Individual \$2,100 Family Out-of-Network \$1,400 Individual \$4,200 Family	In-Network (Excludes Deductible) \$3,210 Individual \$9,630 Family Out-of-Network (Excludes Deductible) \$6,420 Individual \$19,260 Family	Not Applicable Pharmacy Out-of-Pocket Maximum \$2,500

 **Consumer-Directed Health Plan**

✓ Selected Option >

Employee + Child(ren)
Other Coverage Levels

\$184.60

Original Cost: \$224.60
Credit: (\$40.00)

[What will I really pay for this option?](#)

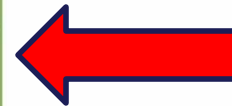
Annual Deductible	Coinsurance Maximum	Out-of-Pocket Maximum
In-Network \$1,500 Individual \$4,500 Family Out-of-Network \$3,000 Individual \$9,000 Family	Not Applicable	In-Network (Includes Deductible) \$3,000 Individual \$9,000 Family Out-of-Network (Includes Deductible) \$6,000 Individual \$18,000 Family Pharmacy Out-of-Pocket Maximum Included in total out-of-pocket maximum



Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.

Plan Details

[Save and Continue >](#)

Other Insurance

John Smith Secure Mailbox (0) Contact Us Help Chat Print Log Off



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Medical

This enrollment period is for coverage beginning **January 1, 2015**.

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Consumer-Directed Health Plan

You are covering yourself and Jimmy for **\$184.50** per pay period.

Step 3: Other Insurance

Are you or any of your covered dependents enrolled in other insurance for this benefit?

Yes

✓ No

Back

Save and Continue >



Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.

[Plan Details](#)

Enrollment Confirmation



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Get Started



Review Your Information



Enroll In Your Benefits

4

Confirm

Congratulations! Your enrollment steps are complete.



Confirmation number: 16

Use the print icon in the top right corner or at the link following of this section to print a paper copy of this screen for your records.

[Print This Page](#)

Benefits as of 01/01/2015		Your Costs		
		Pre-Tax	Post-Tax	You Pay
Medical	Consumer-Directed Health Plan Employee + Child (Jimmy) Wellness Credits Applied: Yes - Non-Smoker Credit Yes - Health Assessment Yes - PCP Selected	\$184.50	--	\$184.50
				Original Cost: \$224.50 Credit: (\$40.00)
Total per pay period		\$184.50	\$0.00	\$184.50