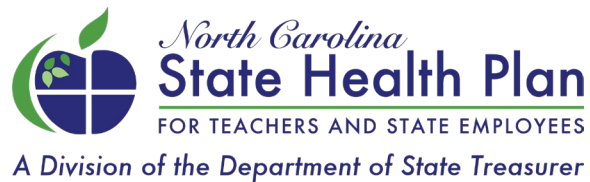




State Health Plan Board of Trustees Meeting

July 10, 2026



Eat Well Program Update

Program kicked off June 1, 2026.

- **1,000 eligible members** earning \$50,000 or less annually, diagnosed with Type 2 Diabetes, CAD, or chronic kidney disease
- **\$80/month debit allowance** for nutrient-dense groceries (fruits, vegetables, beans)
- **12-month benefit**
- To date **842 members** have enrolled and are participating in the program.



Member Feedback Survey Results

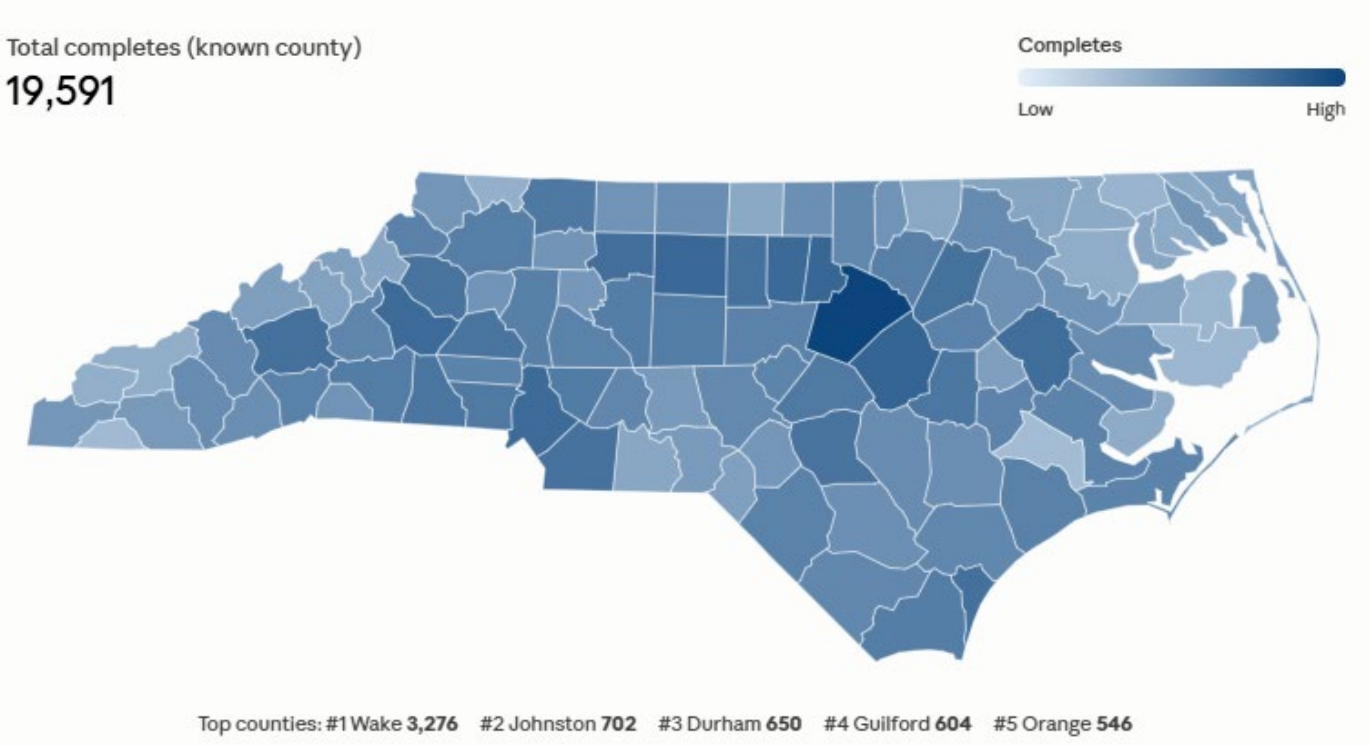
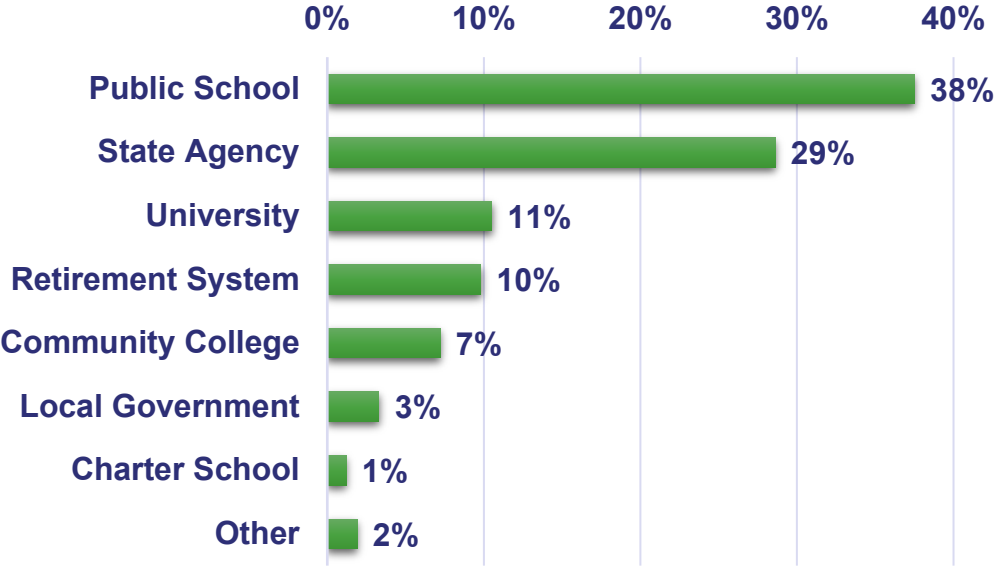
- The State Health Plan conducted a member survey April 22-May 27, 2026, to solicit feedback on a variety of topics.
- The survey targeted two member groups:
 - Active & Non-Medicare Members
20,000 Responded
 - Medicare Primary Members
15,000 Responded
- Data Decisions Group conducted the Segmentation Study to assess member awareness, utilization, benefit preferences and enrollment behaviors.
- The full report is in the appendix.



Survey Respondents

Member Employing Unit

Base: Total sample (n = 20,000)

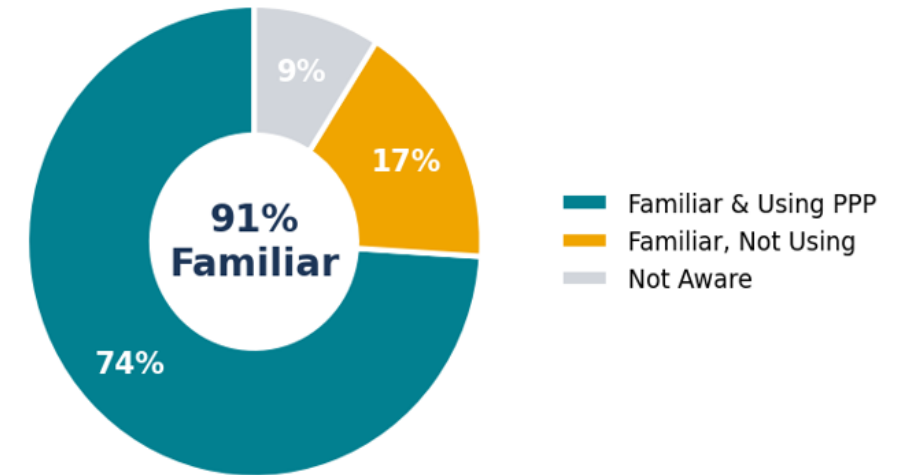


Preferred Provider Awareness

Preferred Provider Program (PPP) Awareness, Usage & Copay Knowledge

- Program is the most well-known out of those surveyed. A strong majority of members have understood it's value though some pockets of members have not acted.

Metric	Result
Familiar with PPP	91% (74% using; 17% aware but not using)
Aware that PPP = lowest copay	86% of PPP-familiar members
PCP listed on NCSHP ID card	93% of total sample



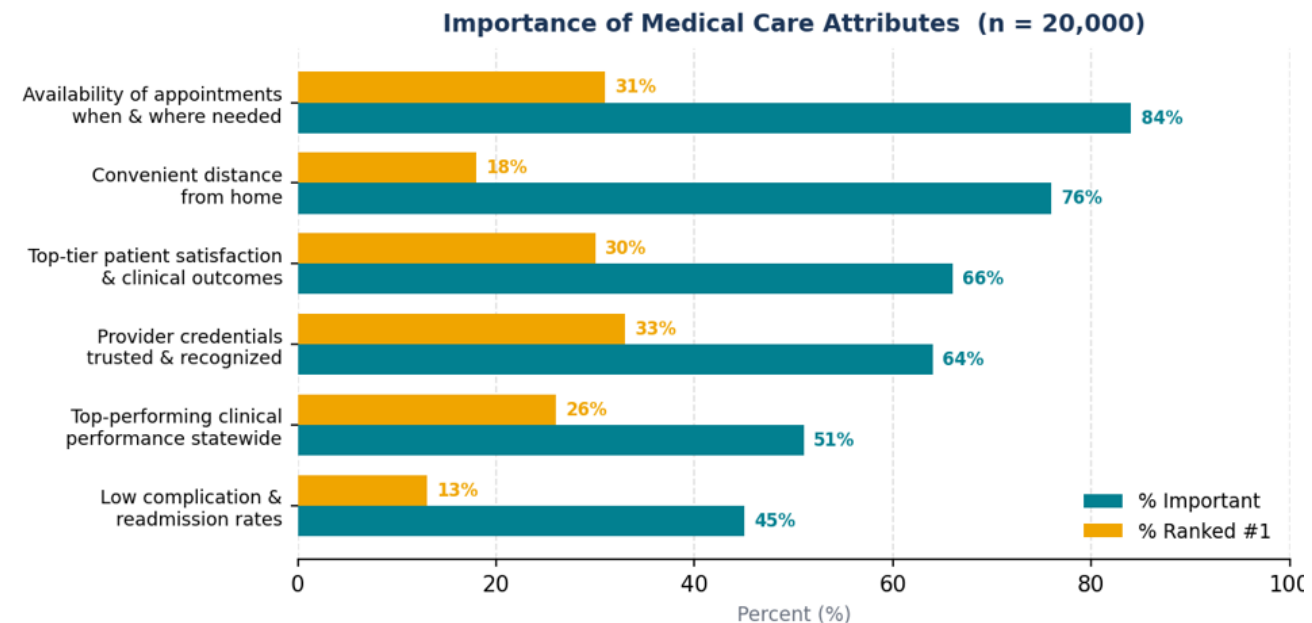
- Among the 1,784 members who were not previously aware of the PPP, 54% expressed some or strong interest in using it once informed (mean interest score: 3.7 on a 5-point scale).

Primary Care Provider Selection

Of the members that completed the survey, 93% of them have a PCP listed on their ID card. Among the 7% who do not (n = 1,480), education gaps and administrative barriers seem to be the reasons.

Top Reasons for Not Selecting a PCP

- **22%** Didn't know they had to select one
- **20%** Desired PCP is not in-network
- **17%** Unaware that selecting a PCP provides lower copays
- **11%** Don't know how to select a PCP
- **8%** Couldn't find an available PCP
- **8%** Financial concerns reduce regular doctor visits



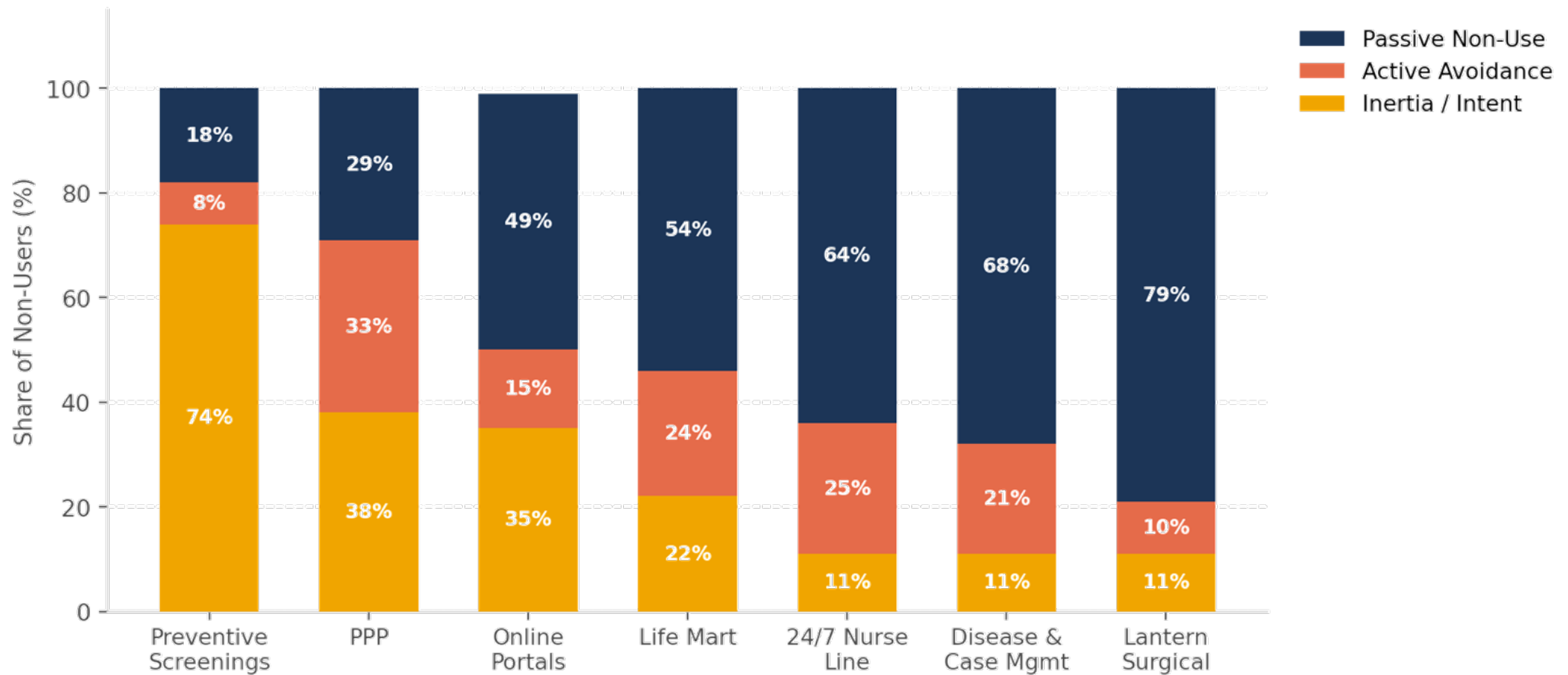
Premium & Copay Trade-off Preferences

Members showed a clear preference for cost predictability at the point of service:

- **33%** Lower monthly premiums, higher copays for office visits/services
- **26%** Higher monthly premiums, lower copays for medications
- **22%** Higher monthly premiums, lower copays for office visits/services
- **20%** Lower monthly premiums, higher copays for medications

Program Awareness

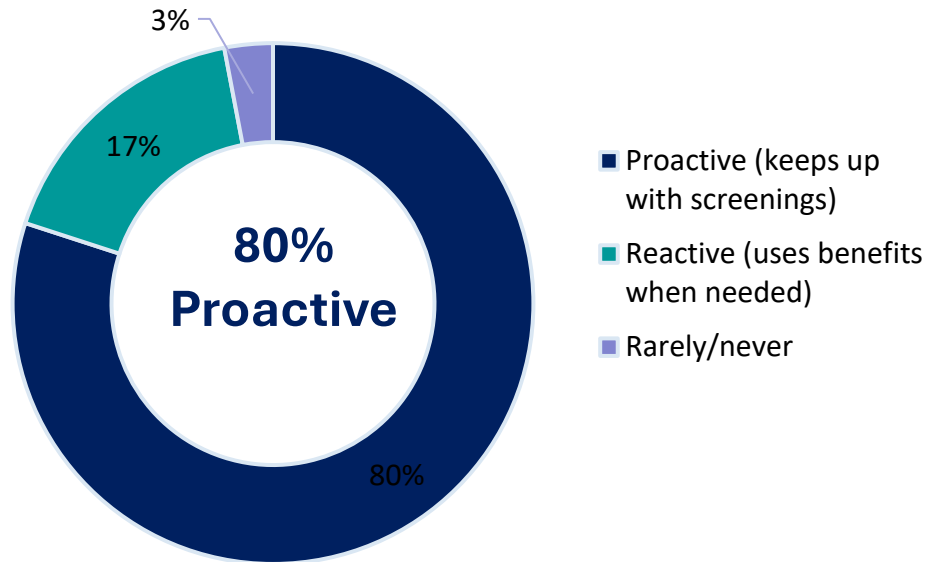
Segmentation Findings by Benefit



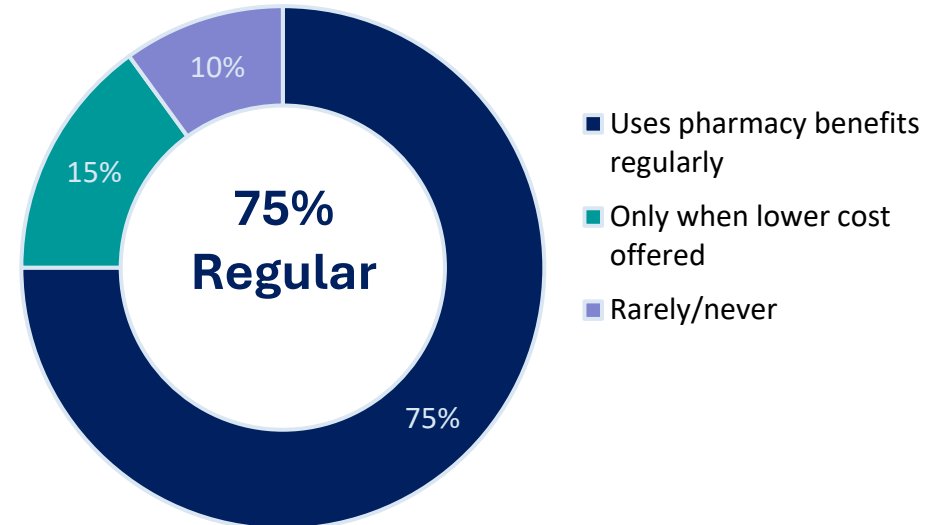
Preventive Care & Pharmacy Practices

Most members take a proactive approach to both preventive care and pharmacy benefits.

Preventive Health Practices



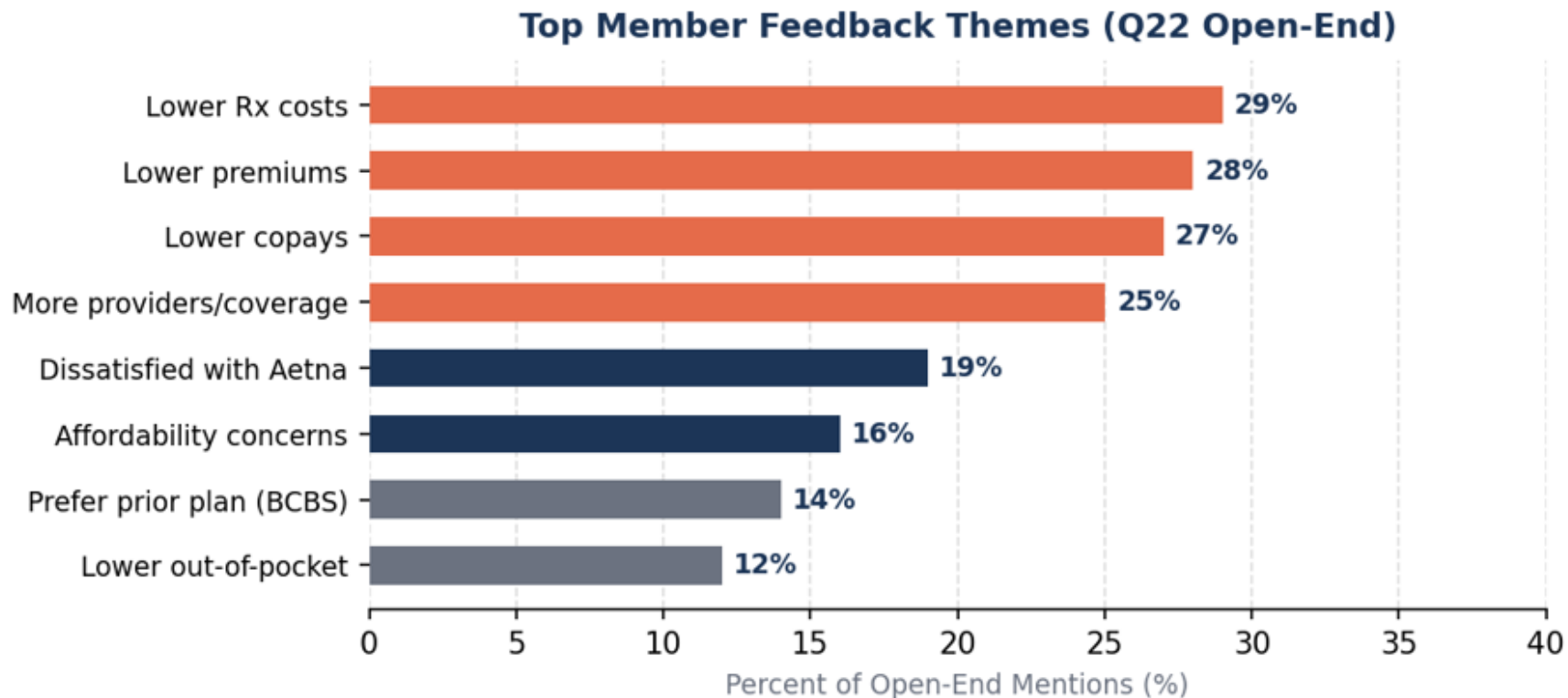
Pharmacy Benefit Practices



80% of members proactively maintain preventive screenings and track health metrics. 75% use pharmacy benefits regularly. These proactive-majority findings validate the plan's member engagement baseline, while the 17–25% reactive/disengaged populations represent high-value intervention targets for chronic disease prevention.

Member Feedback Themes

- Open-end responses to Q22 ("Any comments, feedback, or concerns?") reveal a cost-dominated member sentiment.
- The top three themes: **LOWER PRESCRIPTION COSTS (29%)**, **LOWER PREMIUMS (28%)**, and **LOWER COPAYS (27%)** —reflect persistent financial pressure across the member population.



Medicare Member Survey Results

For the Medicare survey, the study examined satisfaction, switching plan intent, information-seeking behavior, and member feedback.

Satisfaction with Plan Options

The Humana Medicare Advantage plans earns substantially higher ratings than the Aetna 70/30 Plan yet even members with lower 70/30 Plan satisfaction rarely act to switch plans.

<p>60% Humana MA Satisfaction (Top-2 Box) Mean score: 8.4/10</p>	<p>33% 70/30 Plan Satisfaction (Top-2 Box) Mean score: 6.4/10</p>	<p>~5% MA Members Likely to Switch Consistent with national benchmarks</p>
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Plan Switching Behavior

Despite having regular opportunities to change coverage during Open Enrollment, plan switching rates are low across both member segments — a pattern consistent with national Medicare Advantage research.

Humana Medicare Advantage Members

- Approximately 5% of Humana MA members say they are likely to switch at their next Open Enrollment opportunity.
- This aligns closely with national benchmarks: Kaiser Family Foundation (KFF) research finds 6–12% of MA enrollees switch to another MA plan annually, and approximately 5% exit Medicare Advantage entirely.
- The two most important reasons members chose — and remain with — the Humana MA plan are its broad provider network and predictable copays.

Aetna 70/30 PPO Members

- About 13% of 70/30 members indicate they are likely to switch — a higher rate than the MA segment, though not everyone would move to Humana MA.
- Inertia is the dominant reason for remaining in the 70/30 plan. Members cite comfort with familiar processes and coverage rather than high satisfaction as their primary reason for staying.
- A small subset of 70/30 members are enrolled in an outside plan (not coordinating with Medicare Advantage); the majority of these are TRICARE or TRICARE for Life enrollees.

Satisfaction with Plan Options

The lower 70/30 Plan satisfaction is driven largely by frustration with Aetna's administration of the benefit — particularly claims handling, prior authorization processes, and EOBs rather than the plan's benefit design itself. Many 70/30 Plan members specifically cite dissatisfaction with Aetna compared to the prior administrator.

Plan Switching Behavior

Switching from Humana Medicare Advantage

Among the roughly 5% of Humana MA members considering switching, the primary themes from open-ended responses are:

- Provider/hospital network instability — concern about doctors or facilities dropping Humana coverage, even among members who haven't personally lost a provider yet.
- Rising out-of-pocket costs — copays, deductibles, and premiums increasing over time.
- Prior authorization denials and claims issues — particularly for rehab, post-acute care (SNF), and specialty services.
- Prescription drug costs — formulary tier changes and drug denials, with GLP-1 medications (Wegovy, Ozempic, Zepbound) prominently mentioned.
- Humana outreach perceived as intrusive — consistent, unsolicited calls and mail promoting in-home wellness visits, CenterWell pharmacy, and "unused benefits" are sometimes perceived as harassment.

Switching from the 70/30 Plan

Among 70/30 Plan members considering switching, the dominant themes are:

- Prescription drug costs and coverage — the single most cited reason, including tier changes and outright Rx claim denials.
- General coverage adequacy concerns — including copay and deductible levels.
- Claims processing and prior authorization issues — dissatisfaction with Aetna's claims administration.
- Desire for lower cost or better value — some members are also drawn toward Humana MA as an alternative.
- Aetna vs. Blue Cross NC comparison — strong preference for the prior administrator is a recurring undercurrent.


Humana Medicare Advantage: 60% Top-2 Box satisfaction (mean 8.4/10) vs. Aetna 70/30: 33% Top-2 Box satisfaction (mean 6.4/10). The satisfaction gap is wide, but low 70/30 satisfaction does not reliably predict members' switching.

Member Feedback Themes

- Sentiment among all respondents is bipolar: a large, grateful segment expresses strong appreciation for coverage (often framing it as one of the best benefits of state service), while a vocal, frustrated minority clusters around several recurring operational issues.
- The loudest pain points are operational and communication-related — Humana call volume, prescription tier changes, network confusion — rather than fundamental benefit design.
- Members who used the plan for serious illness (cancer, major surgery) are notably the most positive, frequently describing the plan as having "saved" them financially.



Closed Session

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Preferred Provider **Timeline**

2025 Implementation

JANUARY – MAY

- Treasurer and Plan EA met with systems

JULY

- Lantern implementation began

AUGUST - DECEMBER

- Lantern OTP with providers, met with systems with Plan

2026 Implementation

JANUARY

- Primary Care Provider Preferred Provider Program launches
- Specialty CIN launches

MARCH

- Lantern expands to Emerge Ortho and Novant Health
- Lantern expands to UNC Health

Tiered Network Providers

Preferred Providers

- UNC Health
- Novant Health
- Iredell Health Systems

Non-Preferred Providers

- Atrium Health
- Some Duke LifePoint Facilities
- Granville Health

We are continuing to negotiate the Access partnerships in the Triangle area; either Duke or WakeMed will be in that tier.


Preferred Provider Vote

- Vote to approve Preferred Providers.
- Vote to approve future direct contracts between the Plan and facilities or providers that meet the following requirements: (1) provide the facility or provider preferred or access status within the Plan's network, (2) the facility or provider agrees to rates for goods or services payable by the Plan that are less than currently paid by the Plan, and (3) are fully executed in calendar year 2026.



REQUIRES VOTE



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2027 Premiums

2027 Employer & Retirement Contributions

State Health Plan funding provisions in the State budget

- An **increase** in the **employer contribution** of 5% from \$8,500 annually in FY 2025-26 to \$8,925 for FY 2026-27.
 - The 5% increase for the fiscal year translates to a 0.5% increase in employer contributions starting January 1, 2027 – from \$742.04 per month to **\$745.44 per month**. (See appendix.)
- An **increase** in the **percent of salaries** allocated to the Retiree Health Benefit Trust (RHBT) from 4.93% in FY 2025-26 and 5.29% in FY 2026-27.
 - Plan staff recommend a per retiree contribution from RHBT of **\$378 per month**.
 - In 2026, RHBT is contributing \$300 per retiree per month and \$60 per retiree per month is being retained in RHBT to replenish the fund after too much was drawn in 2025.
 - $\$378 = \$360 + 5\%$
- Maintenance of the allocation of 2.4% of salaries to the State Health Plan.
 - Local governments and charter schools that participate in the Plan are likewise paying 2.4% of salary as of July 1, 2026.

2027 Member Contributions

Staff Recommendations

- **Subscriber and dependent rates for non-Medicare Plus and Standard plans increase 5%.**
- Contributions for retiree dependents on Medicare Advantage follow the approved premiums for 2027 Humana coverage: \$60 for the Base plan or \$143 for the Enhanced plan + \$4 for administration.
- Retirees and COBRA enrollees with Medicare primary dependents on the Medicare 70/30 Plan pay less for dependent coverage than they did in 2026.
 - Historically, rates for Medicare primary dependents have been less than the non-Medicare rates, but this was not a feature of the 2026 rates.
- Non-Medicare retirees on the Plus Plan will pay more than a 5% increase for dependent coverage in 2027 to begin to address an oversight from 2026.
 - Retiree + Child(ren) tier increases 14.3% from 2026 and by 3.5% over 2025.
 - Retiree + Spouse tier increases by 8.1% over 2026 and by 15.2% over 2025.
 - Retiree + Family tier increases by 8.1% over 2026 and by 12.0% over 2025.

Proposed 2027 Active Employee Premiums

SALARY BAND	2026 STANDARD PPO Premiums	2027 STANDARD PPO Premiums	2026 PLUS PPO Premiums	2027 PLUS PPO Premiums
\$50,000 + UNDER	\$35.00	\$36.76	\$66.00	\$69.32
\$50,001 - \$65,000	\$50.00	\$52.52	\$94.00	\$98.72
\$65,001 - \$90,000	\$65.00	\$68.28	\$122.00	\$128.12
\$90,001 + OVER	\$80.00	\$84.00	\$160.00	\$168.04

** Non-Medicare Retirees will also pay **\$69.32** for **2027 PLUS PPO** Plan.

Member Premiums: Monthly/Annual Change

	Individual Coverage		Non-Medicare Family Coverage		Medicare Primary Family Coverage	
	LOWEST	HIGHEST	LOWEST	HIGHEST	LOWEST	HIGHEST
Change in Monthly Premium Cost						
Active Employee	\$1.76	\$8.04	\$28.76	\$42.04	\$26.00*	\$32.28*
Non-Medicare Retiree	0.00	3.32	28.76	60.44	(32.76)	7.32
Medicare Primary Retiree	0.00	2.00	28.76	38.20	(32.76)	6.00
Change in Annual Premium Cost						
Active Employee	\$21.12	\$96.48	\$345.12	\$504.48	\$312.00*	\$387.36*
Non-Medicare Retiree	0.00	39.84	345.12	725.28	(393.12)	87.84
Medicare Primary Retiree	0.00	24.00	345.12	458.40	(393.12)	72.00

*There are limited situations in which the dependents of an active employee would qualify as Medicare primary.

Proposed 2027 Active Employee Premiums

STANDARD PPO & PLUS PPO PLAN for Active Subscribers



Monthly Premium Rates January 1, 2027 to December 31, 2027	STANDARD PPO Plan				PLUS PPO Plan			
	Salary Band				Salary Band			
	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER
ACTIVE SUBSCRIBERS								
Subscriber Only	\$36.76	\$52.52	\$68.28	\$84.00	\$69.32	\$98.72	\$128.12	\$168.04
Subscriber + Child(ren)	\$194.28	\$210.04	\$225.80	\$241.52	\$289.84	\$319.24	\$348.64	\$388.56
Subscriber + Spouse	\$603.76	\$619.52	\$635.28	\$651.00	\$783.32	\$812.72	\$842.12	\$882.04
Subscriber + Family	\$603.76	\$619.52	\$635.28	\$651.00	\$783.32	\$812.72	\$842.12	\$882.04

Proposed 2027 Non-Medicare Premiums

STANDARD PPO & PLUS PPO PLAN

for Non-Medicare Primary Subscribers in the Retirement Systems



Monthly Premium Rates January 1, 2027 to December 31, 2027	STANDARD PPO Plan	PLUS PPO Plan
SUBSCRIBER and all DEPENDENTS are NON-MEDICARE		
Subscriber Only	\$0.00	\$69.32
Subscriber + Child(ren)	\$194.24	\$315.56
Subscriber + Spouse	\$603.76	\$806.44
Subscriber + Family	\$603.76	\$806.44
MEDICARE PRIMARY DEPENDENT(S) on MEDICARE ADVANTAGE BASE PLAN		
Subscriber + Child(ren)	\$64.00	\$133.32
Subscriber + Spouse	\$64.00	\$133.32
Subscriber + Family	\$128.00	\$197.32
MEDICARE PRIMARY DEPENDENT(S) on MEDICARE ADVANTAGE ENHANCED PLAN		
Subscriber + Child(ren)	\$147.00	\$216.32
Subscriber + Spouse	\$147.00	\$216.32
Subscriber + Family	\$294.00	\$363.32
MEDICARE PRIMARY DEPENDENT(S) on 70/30 PPO PLAN		
Subscriber + Child(ren)	\$167.00	\$236.32
Subscriber + Spouse	\$542.24	\$611.56
Subscriber + Family	\$542.24	\$611.56

Proposed 2027 Medicare Member Premiums

MEDICARE PRIMARY PLANS for Medicare Subscribers in Retirement Systems



Monthly Premium Rates January 1, 2027 to December 31, 2027	MEDICARE ADVANTAGE		70/30 Plan
	BASE Plan	ENHANCED Plan	
MEDICARE PRIMARY SUBSCRIBERS & DEPENDENTS			
Subscriber Only	\$0.00	\$83.00	\$0.00
Subscriber + Child(ren)	\$64.00	\$230.00	\$167.00
Subscriber + Spouse	\$64.00	\$230.00	\$542.24
Subscriber + Family	\$128.00	\$377.00	\$542.24
NON-MEDICARE PRIMARY for DEPENDENT(S) on PLUS PPO PLAN			
Subscriber + Child(ren)	\$271.96	\$354.96	\$271.96
Subscriber + Spouse	\$760.20	\$843.20	\$760.20
Subscriber + Family	\$760.20	\$843.20	\$760.20
NON-MEDICARE PRIMARY for DEPENDENT(S) on STANDARD PPO PLAN			
Subscriber + Child(ren)	\$194.24	\$277.24	\$194.24
Subscriber + Spouse	\$603.76	\$686.76	\$603.76
Subscriber + Family	\$603.76	\$686.76	\$603.76

Proposed 2027 HDHP Premiums

HIGH DEDUCTIBLE HEALTH PLAN



NON-MEDICARE PRIMARY for SUBSCRIBER and DEPENDENT(S) MONTHLY PREMIUM RATES January 1, 2027 - December 31, 2027

COVERAGE TYPE	SUBSCRIBER MONTHLY PREMIUM	DEPENDENT MONTHLY PREMIUM	TOTAL SUBSCRIBER MONTHLY PREMIUM
Subscriber Only	\$106.04	\$0.00	\$106.04
Subscriber + Child(ren)	\$106.04	\$147.00	\$253.04
Subscriber + Spouse	\$106.04	\$519.76	\$625.80
Subscriber + Family	\$106.04	\$519.76	\$625.80

2027 Contributory Members

100% CONTRIBUTORY SUBSCRIBERS, COBRA, & LOA:

- Participant will pay: Employee Premium (dependent on coverage tier) + Employer Premium

50% CONTRIBUTORY SUBSCRIBERS:

- Participant will pay: Employee Premium (dependent on coverage tier) + Employer Premium x 50%

100% CONTRIBUTORY RETIREES:

- Self Insured Retiree will pay: Retiree Premium (dependent on coverage tier) + \$378

50% CONTRIBUTORY SUBSCRIBERS:

- Self Insured Retiree will pay: Retiree Premium (dependent on coverage tier) + \$189

50% and 100% CONTRIBUTORY RETIREES on Medicare Advantage Plans will pay Humana Premium + Admin Fee

National Guard, Firefighters, and Emergency Personnel will have an additional 20% as allowed by law.

Contributory Members will default to the **Under \$50,000** salary band.

2027 Premium Recommendations

- Increase employer contributions for active employees on the Standard PPO and Plus PPO Plans from \$742.04 per month to \$745.44 per month (0.5% increase).
- Increase employer contributions for active employees on the High Deductible Health Plan (Affordable Care Act minimum coverage for approximately 600 nonpermanent employees) from \$202.80 per month to \$203.72 per month (0.5%).
- Increase the RHBT per-retiree contributions from \$300 per month to \$378 per month (26%).
- Increase member premiums as shown in slides 23-28 & 77-80.



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2027 Benefits

Medical Cost Trend

Medical cost trend is expected to hit 9%, highest in 17 years.

- PwC recently released their annual Behind the Numbers report, which estimates a 9% medical cost trend for the group market in 2027, the highest trend in over 15 years.
- Pointing to coding intensity (AI), inflation and provider consolidation, pharmacy costs, Behavioral Health use, and the No Surprises Act, many of which were inflators in 2026 and what the Plan is experiencing.

Behind the numbers 2027

Medical cost trend is expected to hit 9%, highest in 17 years.

Addressing Revenue Needs & Cash Growth

We are ALL
in this together:

SUPPORT REVENUE NEEDS

- MEMBER
 - Pay Higher Premiums

- STATE HEALTH PLAN
 - Increase Funding

SUPPORT COST MANAGEMENT

- MEMBER
 - Utilize Preferred Providers
 - Improve Member Health

- STATE HEALTH PLAN
 - Negotiate Better Contracts on Rates and Population Health

- PROVIDERS
 - Improve Member Health
 - Accept Lower Rates
 - Increase Risk in Contracting



Evolution of State Health Plan Tiering

2012-2017

- Reduced copay for selecting Primary Care Provider (PCP)
- Copay reduction for some inpatient and outpatient services based on quality

2018-2024

- Reduced copay for selecting PCP, deeper for Clear Pricing Project (CPP)
- Reduced copay for any CPP provider, across all specialties, no emphasis on quality or access but focused on transparency
- One value-based pilot
- **Key Learning: Members will utilize lower cost providers**

CURRENT

PHASE 1

- Reduced copay for selecting PCP, deeper in preferred tier
- Reduced specialty copay for Multi-Disciplinary Specialty Clinically Integrated Network (CIN) in shared risk model
- \$0 for qualified surgery and procedures based on quality and access

PHASE 2

- Expand Preferred Provider model to three tiers to reflect differences in cost and access for high variance services
- Build out CIN with shared savings and reduced copays to drive down total cost of care and improve quality



Preferred Providers Program is **NOT**

The Preferred Provider Program is **NOT AN ATTEMPT TO MINIMIZE** or further reduce rural providers.

We are focused on how we **APPROPRIATELY** and **REALISTICALLY REDISTRIBUTE** State Health Plan spending based on patient preferences and actions.

The program is evolving; **IT IS NOT ONE AND DONE.**

Practices/hospitals/facilities **HAVE OPPORTUNITY** to flex up (and down) in tiers over time as we align around common goals.

KEY EXAMPLES of Primary Care Programs considering more than health systems:

- Primary Care Program – over 4,500 independent physicians
- Behavioral Health Access Program – focused on all NC based primary care providers
- Lantern – includes EmergeOrtho, OrthoCarolina, Pinehurst Surgical, Carolina ENT and Raleigh Neurosurgery Clinic
- Specialty Clinically Integrated Networks (CINs) – in place and features 8 independent specialty practices across North Carolina.



Preferred Providers Tier Structure

Aligning COST, ACCESS and movement toward VALUE across all provider tiers.

PREFERRED PROVIDERS

- Focuses on reducing total cost of care and improving health outcomes
- Not all providers can be included in a given geography
- Provides lowest copay for members

ACCESS PROVIDERS

- Maintains essential access points in rural areas and outside of NC with limited provider options
- Cost neutral for members or in some cases may be lower out-of-pocket costs

NON-PREFERRED PROVIDERS

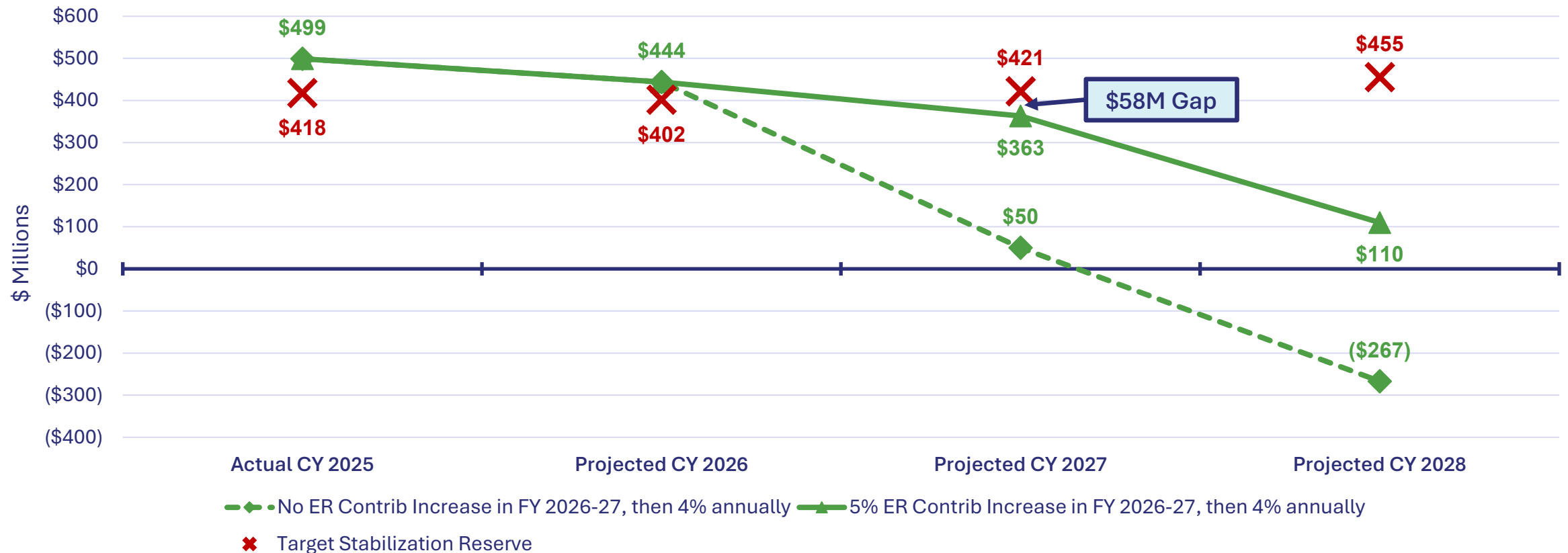
- These providers elected or were not selected to participate in PPP
- Members will see a significant cost increase when seeing these providers

OUT-OF-NETWORK PROVIDERS

- There is little member impact as the Plan's TPA, Aetna, has a broad, national network

Current State

Chart compares projected cash balances **WITH** and **WITHOUT LEGISLATION** enactment to adjust employer contribution in CY 2027



2011-2012 Plan Comparison

	BASIC (70/30) Plan		STANDARD (80/20) Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE	\$933 Ind \$2,799 Fam	\$1,866 Ind \$5,598 Fam	\$700 Ind \$2,100 Fam	\$1,400 Ind \$4,200 Fam
OUT-OF-POCKET MAX <small>(does not include deductible)</small>	\$3,793 Ind \$11,379 Fam	\$7,586 Ind \$22,758 Fam	\$3,210 Ind \$9,630 Fam	\$6,420 Ind \$19,260 Fam
PREVENTIVE CARE	\$35 primary care \$81 specialist	not covered	\$30 primary care \$70 specialist	not covered
OFFICE VISITS	\$35 primary care \$81 specialist	50% after ded	\$30 primary care \$70 specialist	40% after ded
SHORT-TERM REHABILITATIVE THERAPIES Evaluation & Management	\$35 primary care \$81 specialist	50% after ded	\$30 primary care \$70 specialist	40% after ded
MENTAL HEALTH / SUBSTANCE ABUSE	\$64	50% after ded	\$52	40% after ded
SPEECH, OCCUPATIONAL, CHIROPRACTIC, PHYSICAL THERAPIES	\$64	50% after ded	\$52	40% after ded
URGENT CARE	\$87		\$87	
EMERGENCY ROOM	\$291, then 30% after ded		\$233, then 20% after ded	
INPATIENT HOSPITAL	\$291, then 30% after ded	\$291, then 50% after ded	\$233, then 20% after ded	\$233, then 40% after ded
	Prior authorization required after 26-combined in- and out-of-network visits.		Prior authorization required after 26-combined in- and out-of-network visits.	
OUTPATIENT HOSPITAL & ABULATORY SURGERY	30% after ded	50% after ded	20% after ded	40% after ded

2027 Proposed Benefit Changes

	STANDARD PPO Plan				PLUS PPO Plan			
	Preferred	Access	Non-Preferred	Out-of-Network	Preferred	Access	Non-Preferred	Out-of-Network
ANNUAL DEDUCTIBLE	\$1,500 Ind \$4,500 Fam	\$3,000 Ind \$9,000 Fam	\$5,000 Ind \$15,000 Fam	\$15,000 Ind \$45,000 Fam	\$1,000 Ind \$3,000 Fam	\$1,500 Ind \$4,500 Fam	\$4,000 Ind \$12,000 Fam	\$12,000 Ind \$36,000 Fam
OUT-OF-POCKET MAX (combined medical & pharmacy)	\$4,000 Ind \$12,000 Fam	\$6,500 Ind \$16,300 Fam	\$12,000 Ind ACA LIMIT \$24,000 Fam ACA LIMIT	\$36,000 Ind \$72,000 Fam	\$3,000 Ind \$9,000 Fam	\$5,000 Ind \$15,000 Fam	\$10,000 Ind \$20,000 Fam	\$30,000 Ind \$60,000 Fam
WALK-IN CLINIC	\$40 other PCP on ID card \$50 other PCP			50% after ded	\$30 other PCP on ID card \$40 other PCP			40% after ded
SPECIALISTS	\$40	\$65	30% after ded	50% after ded	\$25	\$50	20% after ded	40% after ded
HIGH-COST IMAGING	\$400	30% after ded	\$1,000, then 30% after ded	50% after ded	\$250	20% after ded	\$500, then 20% after ded	40% after ded
EMERGENCY ROOM	\$600, then 30% after deductible				\$500, then 20% after deductible			
INPATIENT HOSPITAL	\$750	\$600, then 30% after ded	\$1,500, then 30% after ded	50% after ded	\$500	\$500, then 20% after ded	\$1,000, then 20% after ded	40% after ded
OUTPATIENT SURGERY	\$600	\$350, then 30% after ded	\$1,000, then 30% after ded	50% after ded	\$300	\$300, then 20% after ded	\$500, then 20% after ded	40% after ded
AMBULATORY	\$400	30% after ded	\$1,000, then 30% after ded	50% after ded	\$250	20% after ded	\$500, then 20% after ded	40% after ded
LANTERN SURGICAL BENEFIT	Lantern Surgical Benefit \$0 Member Cost				Lantern Surgical Benefit \$0 Member Cost			



Preferred Provider



Access Provider
Same as 2026



Non-Preferred Provider

PCP=Primary Care Provider

In-Network (deductible & OOP max cross-accumulates)

Supporting Members

Transition of care procedures **WILL BE FOLLOWED** to ensure that any claims for members in a course of treatment with a Non-Preferred provider for conditions outlined below are processed at the Access benefit level:

- Maternity / NICU
- Oncology / Cancer
- Transplants

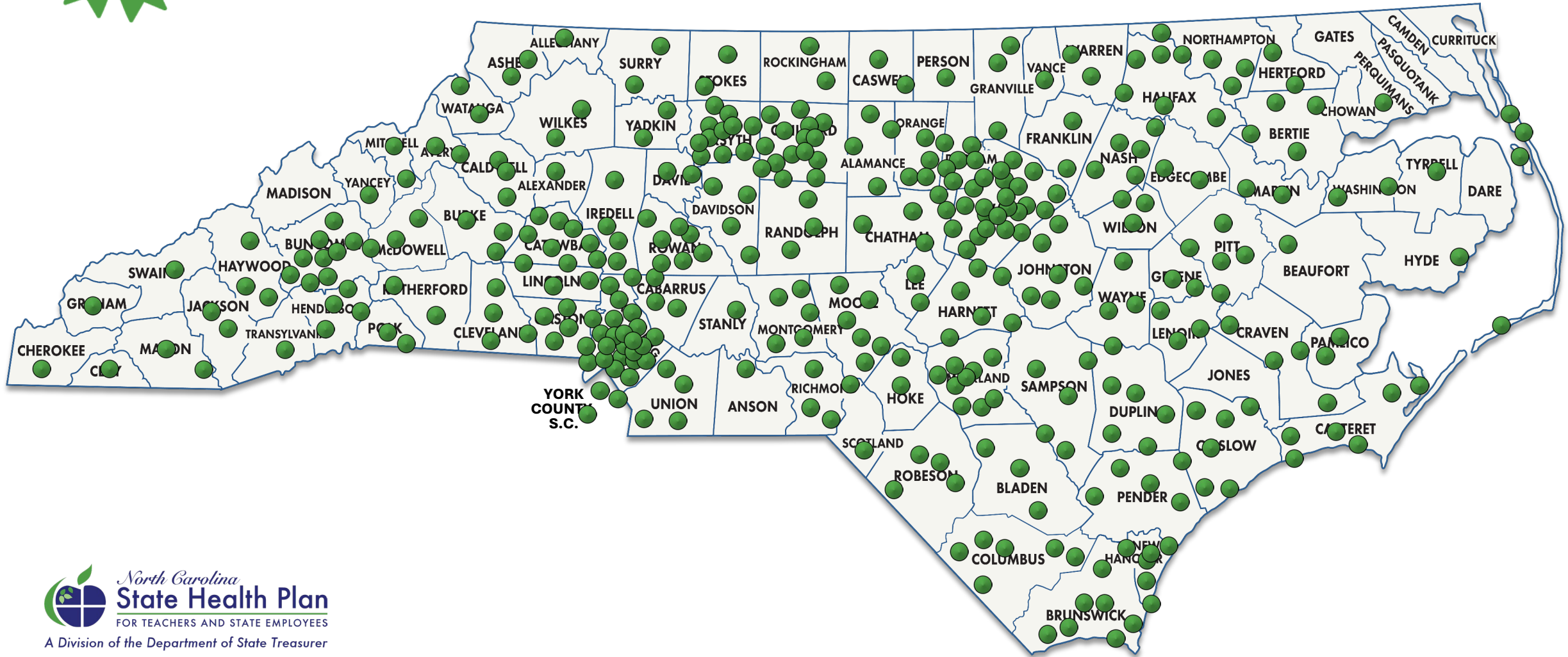
The Transition of Care **TIMELINE WILL VARY** depending on the individual members' case.

Holding the emergency department copay consistent **and associated admissions** across all three tiers mitigates members financial exposure.



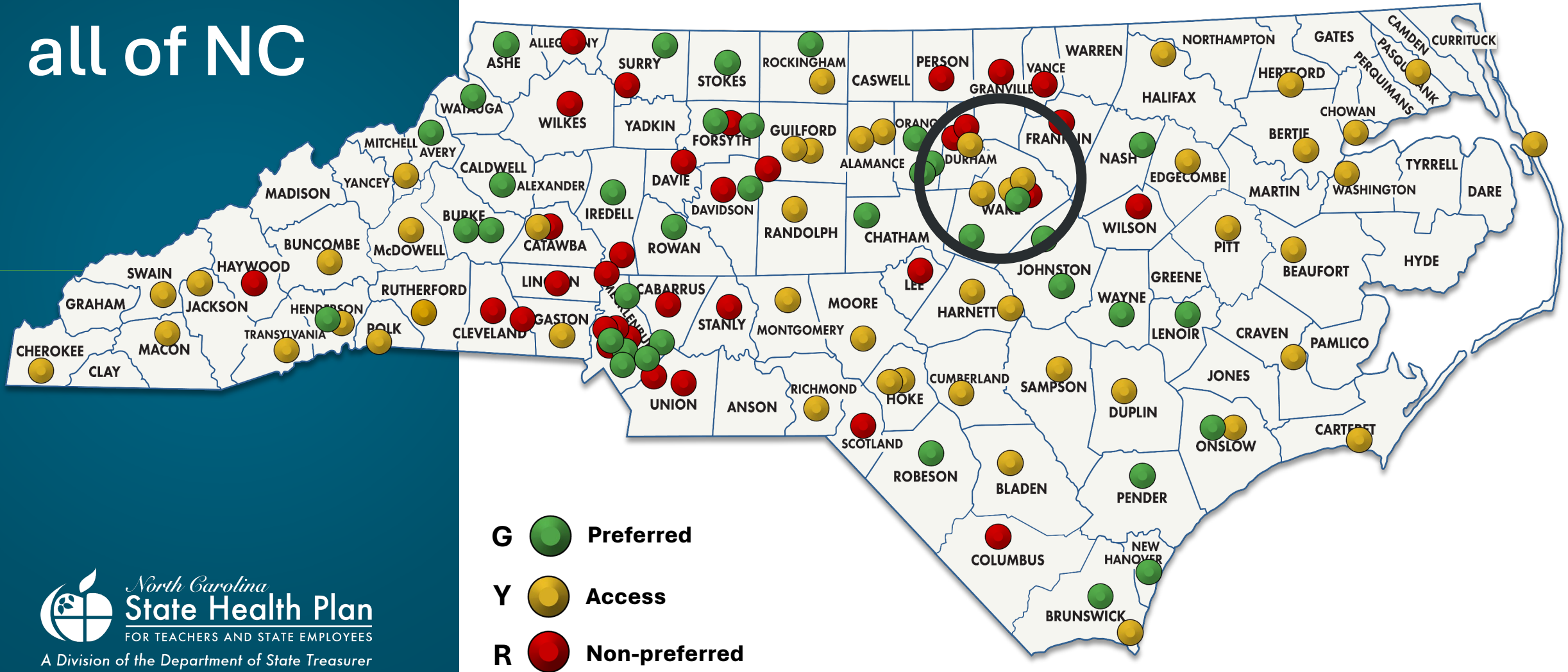
Preferred Providers

Primary Care **PRACTICE LOCATIONS** for those participating in the preferred provider program.

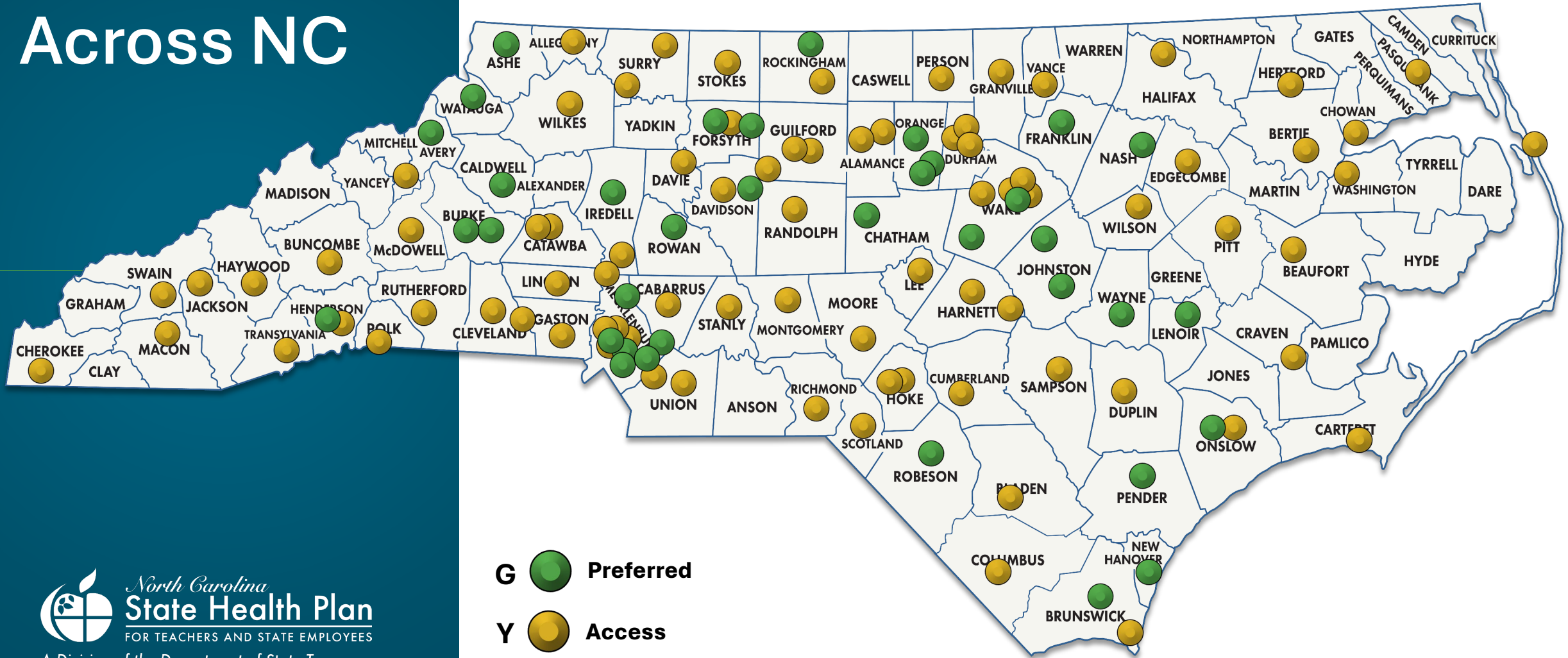


Hospitals Across all of NC

HOSPITAL LOCATIONS and TIERS for those participating in the preferred provider program. Competition remains for the Triangle Access Tier

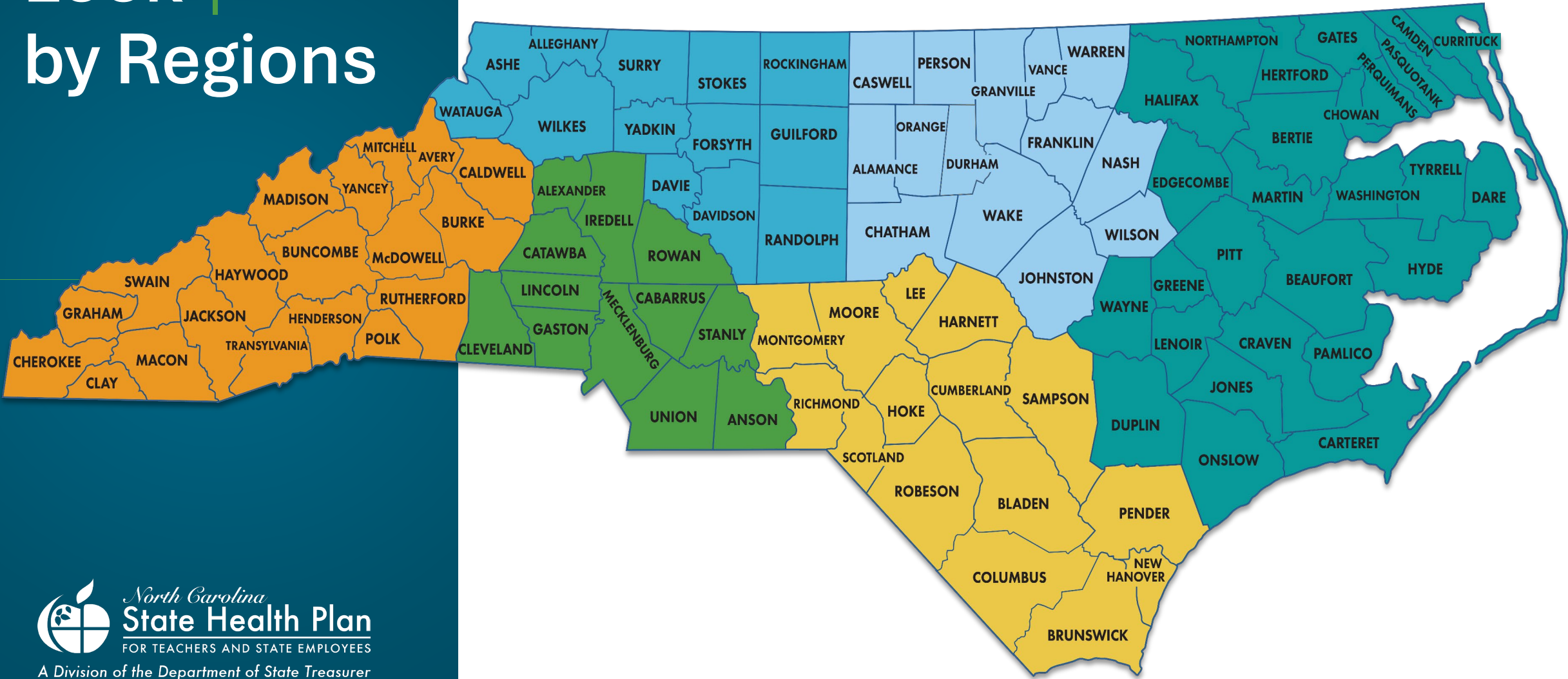


Emergency Rooms Across NC



Closer Look | by Regions

Over the next few slides, we'll take a closer look at each Region, focusing on **SPECIALTY PROVIDER COVERAGE** unique to each.



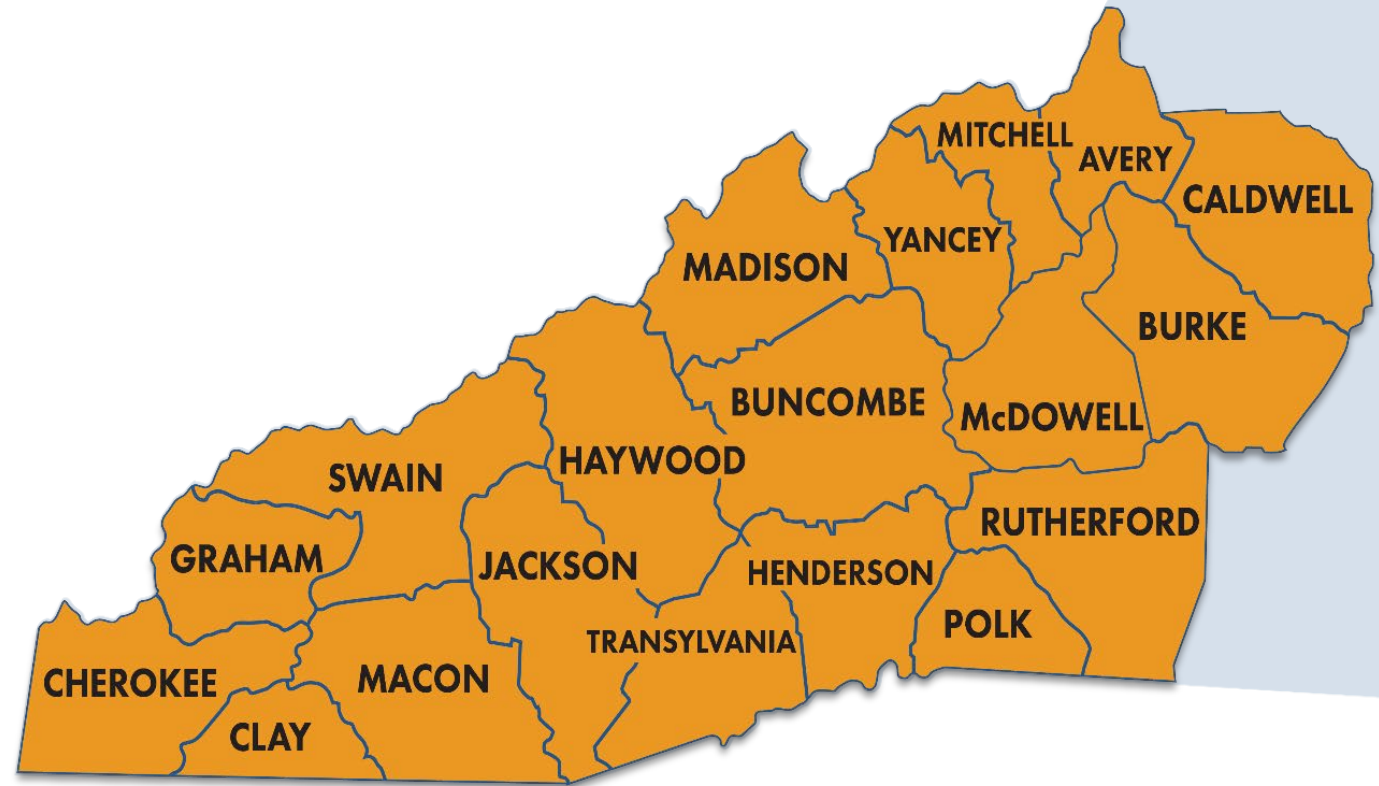
Region 1

Providers in Access or Preferred Tiers

TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	124	99%
Orthopedics	97	100%
Cardiology	79	100%
Hematology / Oncology	32	100%
Other Medical Specialties*	218	95%

*OTHER MEDICAL SPECIALTIES:

- Neurology
- Urology
- Gastroenterology
- Pulmonary / Critical Care
- Otolaryngology
- Endocrinology
- Allergy / Immunology
- Nephrology
- Rheumatology




HOSPITAL PROVIDERS

Advent Health
 Angel Medical Center
 Advent Health Hendersonville
 Blue Ridge Regional Hospital
 Caldwell UNC Health Care
 Cannon Memorial
 Duke LifePoint Harris Regional Hospital
 Duke LifePoint Swain Community Hospital
 Erlanger Western Carolina Hospital

Haywood Regional Medical Center
 Mission Hospital Buncombe
 Mission Hospital McDowell
 Pardee UNC Health Care
 Rutherford Regional Health System
 Transylvania Regional Hospital
 UNC Health Blue Ridge – Morganton
 UNC Health Blue Ridge – Valdese

Member Impact | Region 1 Western



51,402
ACTIVE &
NON-MEDICARE
MEMBERS



PCP Elections

Preferred	Access	Non-Preferred	No PCP	TOTAL	% Non-Preferred
5,740	32,980	4,106	8,576	51,402	8%



Members with Multiple Specialist Visits

Preferred	Access	Non-Preferred	TOTAL	% Non-Preferred
5,032	6,640	2,627	14,299	19%



Chronic & Complex Members

	Preferred	Access	Non-Preferred	TOTAL
Heart Disease	2,823	13,024	1,980	17,827
Diabetes	781	3,972	403	5,156
Cancer	302	1,813	308	2,423
Transplant	22	73	30	125

High Utilizing Members*

911
Members in the region
utilized **OVER \$50K** in services
of these
170 or **(19%)**
utilized non-Preferred Providers

*Members utilizing \$50k or more of annual services in 2025.

Member impact based on 2025 data.

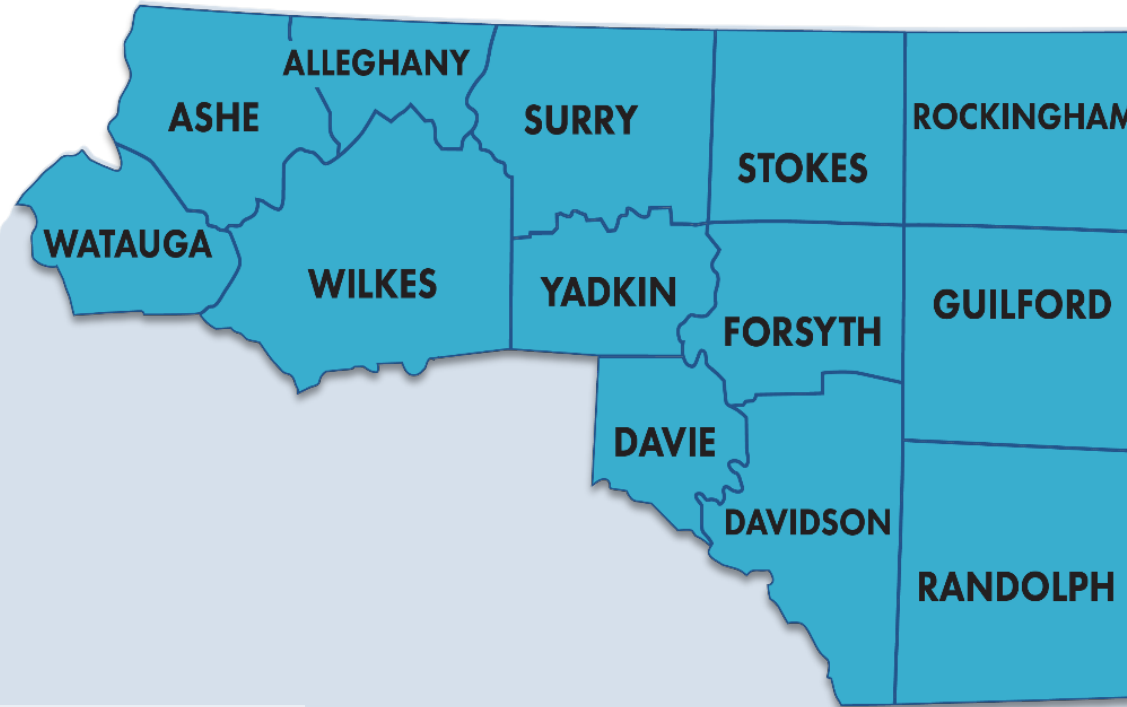
Region 2

Providers in Access or Preferred Tiers

TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	221	74%
Orthopedics	199	72%
Cardiology	210	75%
Hematology / Oncology	94	54%
Other Medical Specialties*	568	61%

*OTHER MEDICAL SPECIALTIES:

- Neurology
- Urology
- Gastroenterology
- Pulmonary / Critical Care
- Otolaryngology
- Endocrinology
- Allergy / Immunology
- Nephrology
- Rheumatology

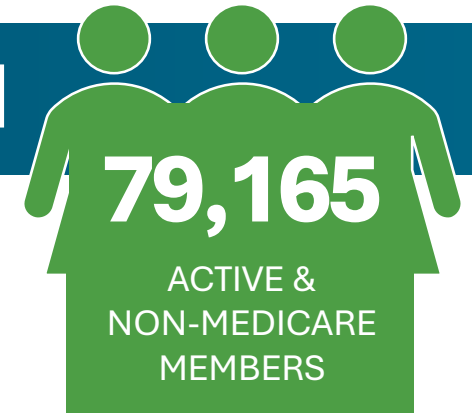


HOSPITAL PROVIDERS

Alleghany Health
 Annie Penn
 Ashe Memorial
 Davie Medical Center
 High Point Medical Center
 Hugh Chatham
 Lexington Medical Center
 LifeBrite Hospital of Stokes
 Moses Cone Hospital
 Northern Regional Hospital

Novant Health Forsyth Medical Center
 Novant Health Kernersville Medical Center
 Novant Health Thomasville Medical Center
 Randolph Health
 UNC Rockingham Health Care
 Wake Forest Baptist Medical Center
 Watauga Medical Center
 Wesley Long Hospital
 Wilkes Medical Center

Member Impact | Region 2 Piedmont Triad



79,165
ACTIVE &
NON-MEDICARE
MEMBERS



PCP Elections

Preferred	Access	Non-Preferred	No PCP	TOTAL	% Non-Preferred
23,947	30,587	12,481	12,150	79,165	16%



Members with Multiple Specialist Visits

Preferred	Access	Non-Preferred	TOTAL	% Non-Preferred
7,935	6,959	5,178	20,072	26%



Chronic & Complex Members

	Preferred	Access	Non-Preferred	TOTAL
Heart Disease	6,779	14,165	4,697	25,641
Diabetes	1,849	4,713	1,476	8,038
Cancer	741	2,130	802	3,673
Transplant	21	92	85	198

High Utilizing Members*

1,238
Members in the region
utilized **OVER \$50K** in services
of these
438 or **(36%)**
utilized non-Preferred Providers

*Members utilizing \$50k or more of annual services in 2025.

Member impact based on 2025 data.

Region 3

Providers in Access or Preferred Tiers

TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	526	47%
Orthopedics	221	71%
Cardiology	229	56%
Hematology / Oncology	170	37%
Other Medical Specialties*	840	63%

*OTHER MEDICAL SPECIALTIES:

- Neurology
- Urology
- Gastroenterology
- Pulmonary / Critical Care
- Otolaryngology
- Endocrinology
- Allergy / Immunology
- Nephrology
- Rheumatology



HOSPITAL PROVIDERS

- Atrium Health Cabarrus
- Atrium Health Carolinas Medical Center
- Atrium Health Cleveland
- Atrium Health Kings Mountain
- Atrium Health Lake Norman
- Atrium Health Lincoln
- Atrium Health Mercy
- Atrium Health Pineville
- Atrium Health Stanly
- Atrium Health Union
- Atrium Health Union West
- Atrium Health University City
- CaroMont Regional Medical Center
- Catawba Valley Medical Center

- Frye Regional Medical Center
- Iredell Memorial Hospital
- Lake Norman Regional Medical Center
- Novant Health Ballantyne Medical Center
- Novant Health Charlotte Orthopedic Hospital
- Novant Health Huntersville Medical Center
- Novant Health Matthews Medical Center
- Novant Health Mint Hill Medical Center
- Novant Health Presbyterian Medical Center
- Novant Health Rowan Medical Center

Member Impact

Region 3 Metrolina (Charlotte)



PCP Elections

Preferred	Access	Non-Preferred	No PCP	TOTAL	% Non-Preferred
24,992	25,168	27,925	14,707	92,792	31%



Members with Multiple Specialist Visits

Preferred	Access	Non-Preferred	TOTAL	% Non-Preferred
9,789	4,371	8,877	23,037	39%



Chronic & Complex Members

	Preferred	Access	Non-Preferred	TOTAL
Heart Disease	5,916	11,050	7,768	24,734
Diabetes	1,668	3,686	1,974	7,328
Cancer	627	2,035	986	3,648
Transplant	19	110	86	215

High Utilizing Members*

1,751
Members in the region
utilized **OVER \$50K** in services
of these
944 or **(54%)**
utilized non-Preferred Providers

*Members utilizing \$50k or more of annual services in 2025.

Region 4

Providers in **Access** or **Preferred** Tiers (highest impact scenario)

TOP SPECIALTIES	TOTAL	%
Obstetrics / Gynecology	534	79%
Orthopedics	281	70%
Cardiology	279	63%
Hematology / Oncology	230	53%
Other Medical Specialties*	1,099	67%

*OTHER MEDICAL SPECIALTIES:

- Neurology
- Urology
- Gastroenterology
- Pulmonary / Critical Care
- Otolaryngology
- Endocrinology
- Allergy / Immunology
- Nephrology
- Rheumatology

Note: *This could change*

HOSPITAL PROVIDERS

Alamance Regional Medical Center
 Cone Health MedCenter Mebane
 Duke Raleigh Hospital
 Duke Regional Hospital
 Duke University Hospital
 Granville Health System
 Johnston Health Clayton
 Johnston Health Smithfield
 Maria Parham Health
 North Carolina Specialty Hospital
 North Carolina Surgical Hospital
 Person Memorial
 UNC Health Chatham Hospital
 UNC Health Franklin
 UNC Health Nash
 UNC Hillsborough Hospital
 UNC Holly Springs
 UNC Medical Center
 UNC Rex Hospital
 WakeMed Cary Hospital
 WakeMed North
 WakeMed Raleigh Campus
 Wilson Medical Center



Member Impact | Region 4 Triangle



165,701
ACTIVE &
NON-MEDICARE
MEMBERS



PCP Elections

Preferred	Access	Non-Preferred	No PCP	TOTAL	% Non-Preferred
32,817	87,965	19,820	25,099	165,701	12%



Members with Multiple Specialist Visits

Preferred	Access	Non-Preferred	TOTAL	% Non-Preferred
14,122	21,816	8,587	44,525	20%



Chronic & Complex Members

	Preferred	Access	Non-Preferred	TOTAL
Heart Disease	12,971	34,808	8,685	56,464
Diabetes	3,006	11,068	2,676	16,750
Cancer	2,086	4,045	1,586	7,717
Transplant	100	154	159	413

High Utilizing Members*

2,520
Members in the region
utilized **OVER \$50K** in services
of these
737 or **(30%)**
utilized non-Preferred Providers

*Members utilizing \$50k or more of annual services in 2025.

Member impact based on 2025 data.

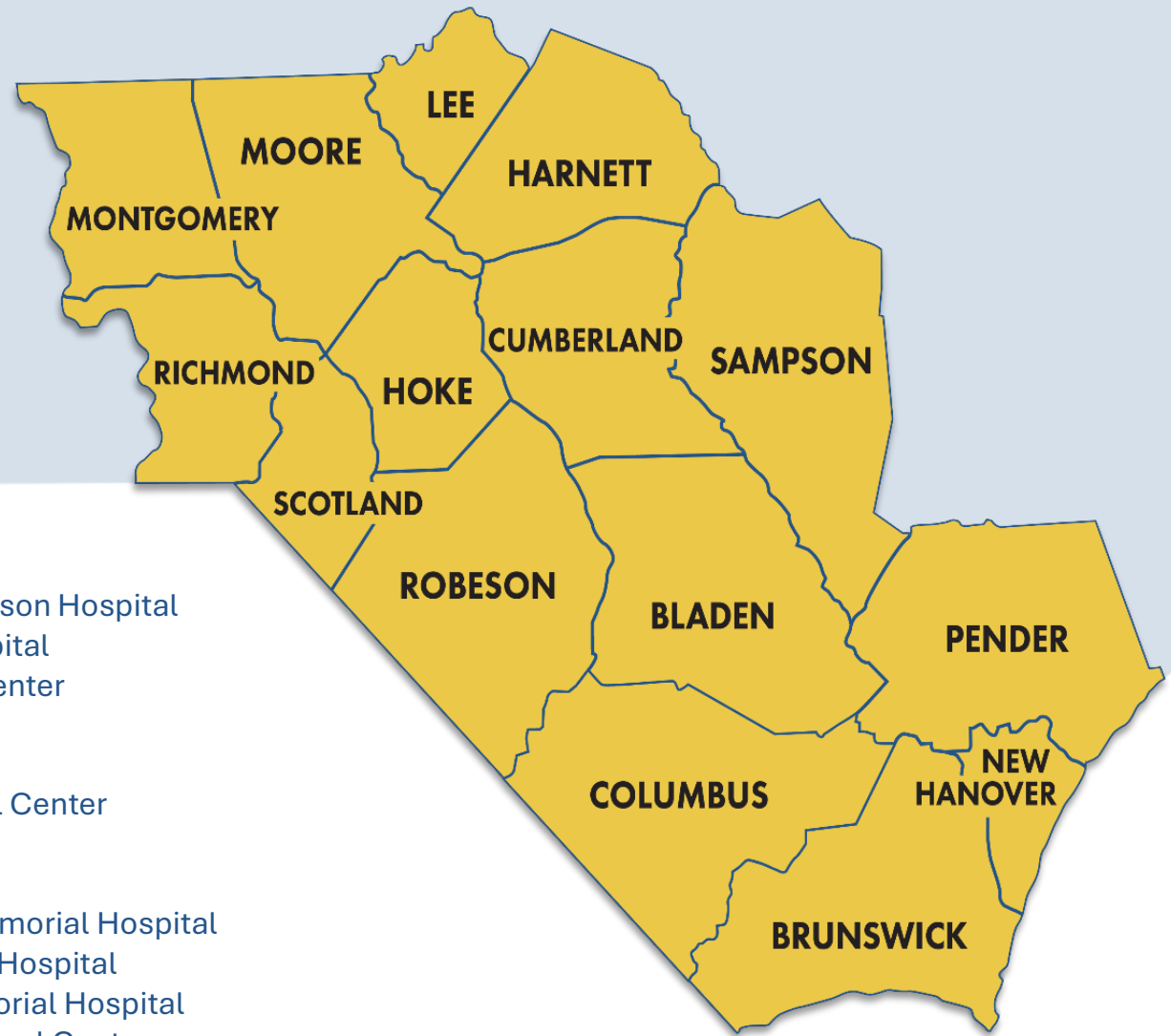
Region 5

Providers in Access or Preferred Tiers

TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	214	93%
Orthopedics	126	94%
Cardiology	143	90%
Hematology / Oncology	44	89%
Other Medical Specialties*	396	94%

*OTHER MEDICAL SPECIALTIES:

- Neurology
- Urology
- Gastroenterology
- Pulmonary / Critical Care
- Otolaryngology
- Endocrinology
- Allergy / Immunology
- Nephrology
- Rheumatology



HOSPITAL PROVIDERS

- Bladen County Hospital
- Cape Fear Valley Betsy Johnson Hospital
- Cape Fear Valley Hoke Hospital
- Cape Fear Valley Medical Center
- Central Carolina Hospital
- Central Harnett Hospital
- Columbus Regional Medical Center
- Dosher
- FirstHealth Hoke Campus
- FirstHealth Montgomery Memorial Hospital
- FirstHealth Moore Regional Hospital
- FirstHealth Richmond Memorial Hospital
- New Hanover Regional Medical Center
- Novant Health Brunswick Medical Center
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Scotland Health Care System
- UNC Health Southeastern

Member Impact | Region 5 Cape Fear



72,091
ACTIVE &
NON-MEDICARE
MEMBERS



PCP Elections

Preferred	Access	Non-Preferred	No PCP	TOTAL	% Non-Preferred
16,310	39,193	3,550	13,038	72,091	5%



Members with Multiple Specialist Visits

Preferred	Access	Non-Preferred	TOTAL	% Non-Preferred
6,856	8,172	2,016	17,044	12%



Chronic & Complex Members

	Preferred	Access	Non-Preferred	TOTAL
Heart Disease	7,410	21,881	2,170	31,461
Diabetes	2,035	6,931	517	9,483
Cancer	1,024	2,425	481	3,930
Transplant	36	79	32	147

High Utilizing Members*

1,147
Members in the region
utilized **OVER \$50K** in services
of these
263 or **(23%)**
utilized non-Preferred Providers

*Members utilizing \$50k or more of annual services in 2025.

Member impact based on 2025 data.

Region 6

Providers in Access or Preferred Tiers

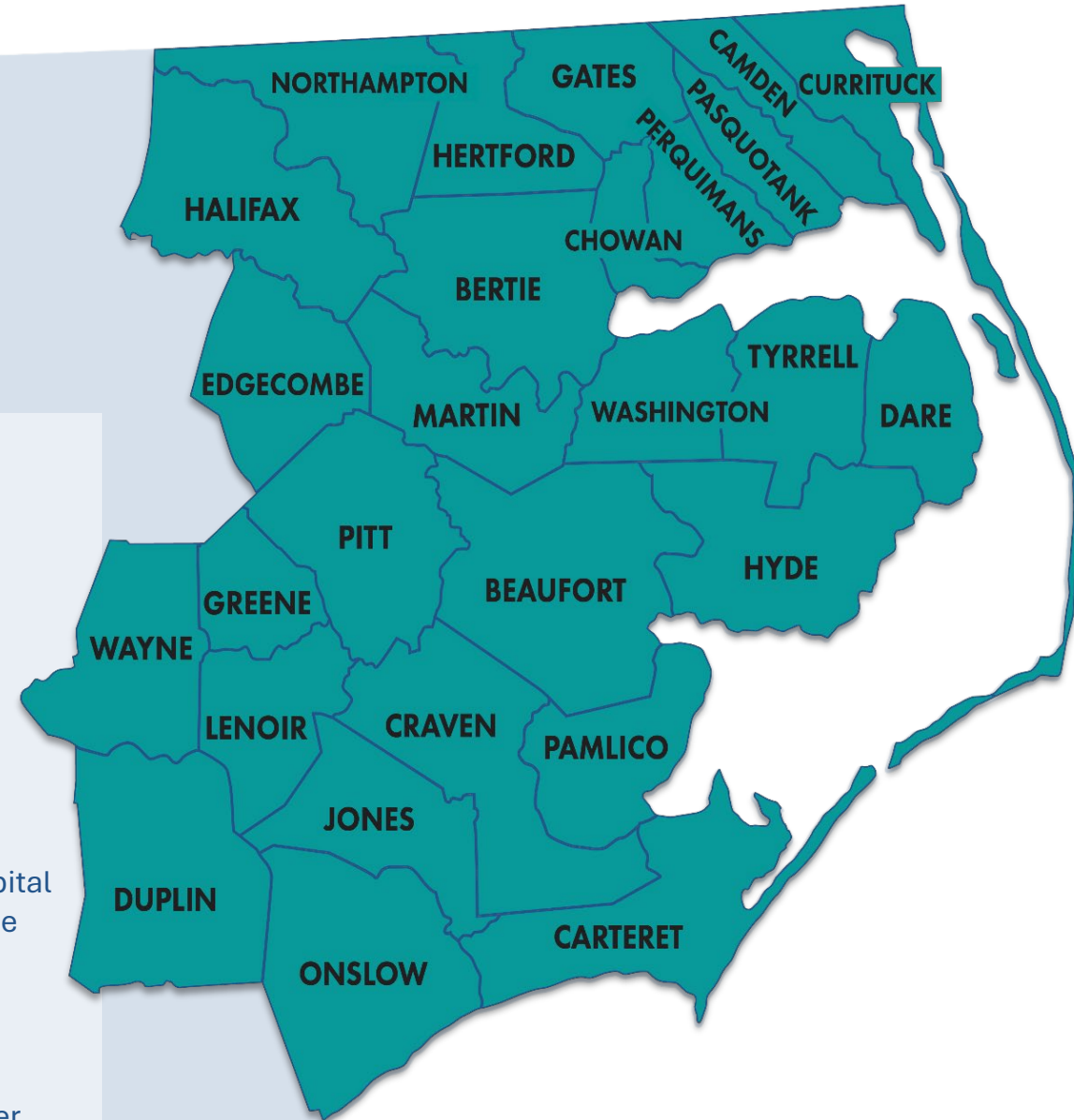
TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	159	97%
Orthopedics	73	99%
Cardiology	128	99%
Hematology / Oncology	37	95%
Other Medical Specialties*	291	99%

*OTHER MEDICAL SPECIALTIES:

- Neurology
- Urology
- Gastroenterology
- Pulmonary / Critical Care
- Otolaryngology
- Endocrinology
- Allergy / Immunology
- Nephrology
- Rheumatology

HOSPITAL PROVIDERS

- CarolinaEast Medical Center
- Carteret Health Care
- ECU Chowan
- ECU Health Albemarle Hospital
- ECU Health Beaufort Hospital
- ECU Health Bertie Hospital
- ECU Health Duplin Hospital
- ECU Health Edgecombe Hospital
- ECU Health Medical Center
- ECU Health North Hospital
- ECU Health Roanoke-Chowan Hospital
- Naval Medical Center Camp Lejeune
- Onslow Memorial Hospital
- The Outer Banks Hospital
- UNC Health Lenoir
- UNC Health Wayne
- Washington Regional Medical Center



Member Impact | Region 6 Eastern NC



70,979
ACTIVE &
NON-MEDICARE
MEMBERS



PCP Elections

Preferred	Access	Non-Preferred	No PCP	TOTAL	% Non-Preferred
13,587	44,174	331	12,887	70,979	1%



Members with Multiple Specialist Visits

Preferred	Access	Non-Preferred	TOTAL	% Non-Preferred
4,562	9,038	680	14,280	5%



Chronic & Complex Members

	Preferred	Access	Non-Preferred	TOTAL
Heart Disease	7,172	23,584	474	31,230
Diabetes	1,910	7,052	106	9,068
Cancer	780	2,722	225	3,727
Transplant	32	132	41	205

High Utilizing Members*

1,299
Members in the region
utilized **OVER \$50K** in services
of these
119 or (10%)
utilized non-Preferred Providers

*Members utilizing \$50k or more of annual services in 2025.

Member impact based on 2025 data.

Total Members Impacted



Members across ALL REGIONS in the Non-Preferred Group

68,213 PCP Elections

22,836 2+ Specialist Visits

27,965 1 Specialist Visit

2,671 High-Cost Claimants

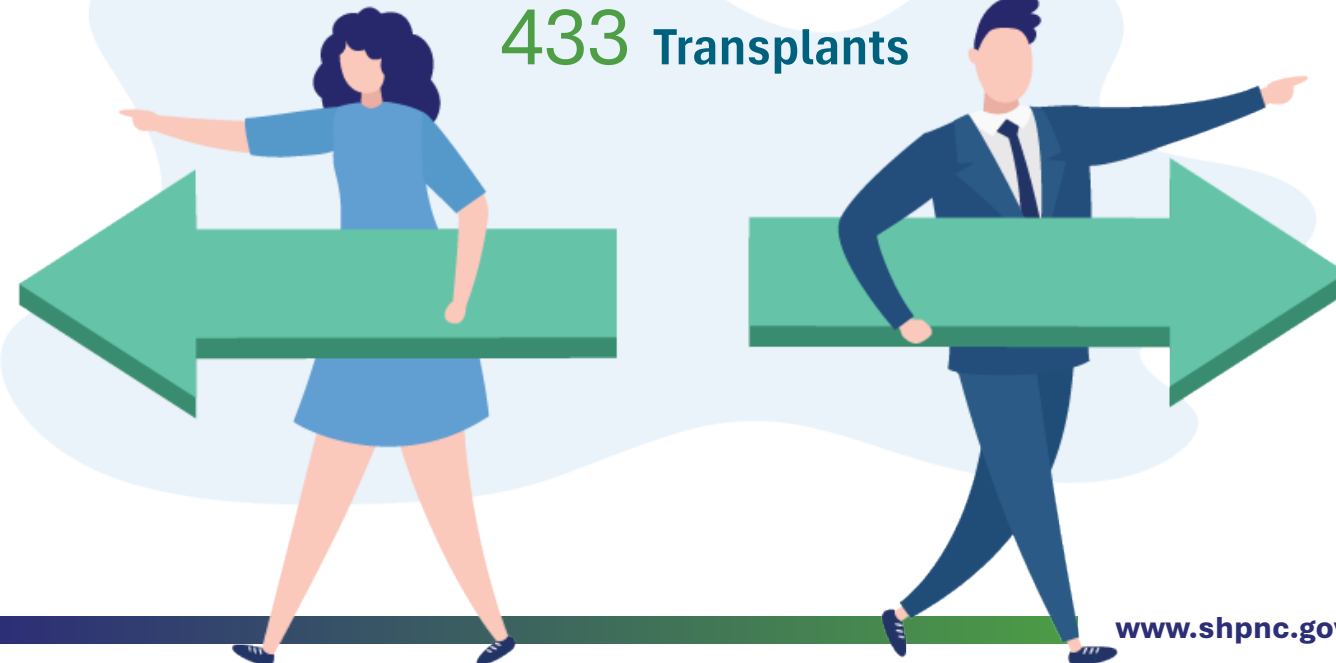
Chronic & Complex Diagnosis

25,774 Heart

7,152 Diabetes

4,388 Cancer

433 Transplants



We Have TWO Paths

Premium Increases

(21% premium increases for active employees)

Benefit Reductions

+\$800/+\$2400 individual/family deductibles,
+\$500/+\$1500 on individual/family OOP maxes,
+\$100 to copays for OP surgery and IP hospital

OR

Members Utilize Tiered Network Strategy

OUR COMMITMENT

The State Health Plan is committed to a multi-year journey to make this benefit better and more affordable. It will take work from our members to be more informed consumers of health care to make this work.

OOP= Out-of-Pocket Max

OP= Outpatient

IP= In Patient

2027 Benefit Plan – Alternative Option



SERVICES	2026 STANDARD PPO Plan	2027 Proposed STANDARD PPO Plan	2026 PLUS PPO Plan	2027 Proposed PLUS PPO Plan
ANNUAL DEDUCTIBLE	\$3,000 Ind; \$9,000 Fam	\$3,800 Ind; \$11,400 Fam	\$1,500 Ind; \$4,500 Fam	\$2,300 Ind; \$6,900 Fam
OUT-OF-POCKET MAX	\$6,500 Ind; \$16,300 Fam	\$7,000 Ind; \$17,500 Fam	\$5,000 Ind; \$15,000 Fam	\$5,500 Ind; \$16,500 Fam
PRIMARY CARE PROVIDER (PCP)	\$15 Preferred / ID card \$40 other PCP / ID card \$50 other PCP	No Change	\$10 Preferred / ID card \$30 other PCP / ID card \$40 other PCP	No Change
WALK-IN CLINIC	\$100	No Change	\$70	No Change
SPECIALISTS	\$50 Preferred Provider \$94 other Provider	No Change	\$40 Preferred Provider \$80 other Provider	No Change
OUTPATIENT SURGERY	\$0 Lantern \$350 then 30% after ded	\$0 Lantern \$450 then 30% after ded	\$0 Lantern \$300 then 20% after ded	\$0 Lantern \$400 then 20% after ded
INPATIENT HOSPITAL	\$600 then 30% after ded	\$700 then 30% after ded	\$500 then 20% after ded	\$600 then 20% after ded
AMBULATORY	ded / coins	ded / coins	ded / coins	ded / coins

2027 Active Employee Premiums – Alternative Option

Assumes NO Preferred Provider Structure (*+another 16% in addition to the proposed 5%*)

SALARY BAND	2026 STANDARD PPO Premium	2027 STANDARD PPO Premium	2026 PLUS PPO Premium	2027 PLUS PPO Premium
\$50,000 + UNDER	\$35.00	\$42.64	\$66.00	\$80.40
\$50,001 - \$65,000	\$50.00	\$60.92	\$94.00	\$114.52
\$65,001 - \$90,000	\$65.00	\$79.20	\$122.00	\$148.60
\$90,001 + OVER	\$80.00	\$97.44	\$160.00	\$194.92

** Non-Medicare Retirees will also pay **\$80.40** for **2027 PLUS PPO** Plan.



 *North Carolina*
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

Member Scenarios

Member Scenario 1

Harry's Experience:

Coverage: Individual

Income: Low

Harry is generally healthy.



Illustrative Example ONLY.

STANDARD PPO Plan	#	2026	2027		
			Preferred	Access	Non-Preferred
Premiums Annual Total		\$420	\$441		
Annual Well Visit	1	\$0	\$0	\$0	\$0
Other Primary Care Visit	1	\$15	\$15	\$15	\$15
Specialist Visit	1	\$94	\$40	\$65	\$200
Urgent Care	1	\$100	\$100	\$100	\$100
Pharmacy – Tier 1	4	\$100	\$100	\$100	\$100
Pharmacy - Tier 2	2	\$150	\$150	\$150	\$150
Out-of-Pocket Cost		\$459	\$405	\$430	\$565
Total Member Cost		\$879	\$846	\$871	\$1,006

PLUS PPO Plan	#	2026	2027		
			Preferred	Access	Non-Preferred
Premiums Annual Total		\$792	\$832		
Annual Well Visit	1	\$0	\$0	\$0	\$0
Other Primary Care Visit	1	\$10	\$10	\$10	\$10
Specialist Visit	1	\$80	\$25	\$50	\$200
Urgent Care	1	\$70	\$70	\$70	\$70
Pharmacy – Tier 1	4	\$60	\$60	\$60	\$60
Pharmacy - Tier 2	2	\$110	\$110	\$110	\$110
Out-of-Pocket Cost		\$330	\$275	\$300	\$450
Total Member Cost		\$1,122	\$1,107	\$1,132	\$1,282

Member Scenario 2

Molly's Experience:

Coverage: Mom + Children

Income: Med-Low

Molly needs OP surgery.



Illustrative Example ONLY.

STANDARD PPO Plan	#	2026	2027		
			Preferred	Access	Non-Preferred
Premiums Annual Total		\$2,400	\$2,520		
Annual Well Visit	3	\$0	\$0	\$0	\$0
Other Primary Care Visit	5	\$75	\$75	\$75	\$75
Specialist Visit	4	\$376	\$160	\$260	\$800
Urgent Care	2	\$200	\$200	\$200	\$200
Outpatient Knee Surgery	1	\$5,045	\$600	\$5,045	\$6,900
Pharmacy – Tier 1	15	\$375	\$375	\$375	\$375
Pharmacy - Tier 2	12	\$900	\$900	\$900	\$900
Out-of-Pocket Cost		\$6,971	\$2,310	\$6,855	\$9,250
Total Member Cost		\$9,371	\$4,830	\$9,375	\$11,770
Total Member Cost if Lantern Utilized		\$4,326	\$4,230	\$4,330	\$4,870

PLUS PPO Plan	#	2026	2027		
			Preferred	Access	Non-Preferred
Premiums Annual Total		\$3,648	\$3,831		
Annual Well Visit	3	\$0	\$0	\$0	\$0
Other Primary Care Visit	5	\$50	\$50	\$50	\$50
Specialist Visit	4	\$320	\$100	\$200	\$800
Urgent Care	2	\$140	\$140	\$140	\$140
Outpatient Knee Surgery	1	\$3,240	\$300	\$3,240	\$5,420
Pharmacy – Tier 1	15	\$225	\$225	\$225	\$225
Pharmacy - Tier 2	12	\$660	\$660	\$660	\$660
Out-of-Pocket Cost		\$4,635	\$1,475	\$4,515	\$7,295
Total Member Cost		\$8,283	\$5,305	\$8,345	\$11,126
Total Member Cost if Lantern Utilized		\$5,043	\$5,005	\$5,105	\$5,706

Member Scenario 3

Jack's Experience:

Coverage: Indv + Spouse

Income: Med-High

Both members have a chronic condition, anticipate hospitalizations.



Illustrative Example ONLY.

STANDARD PPO Plan	#	2026	2027		
			Preferred	Access	Non-Preferred
Premiums Annual Total		\$7,260	\$7,623		
Annual Well Visit	2	\$0	\$0	\$0	\$0
Other Primary Care Visit	6	\$30	\$90	\$60	\$90
Specialist Visit	8	\$376	\$320	\$160	\$1,040
Urgent Care	2	\$0	\$200	\$0	\$200
Inpatient Stay (3 days/stay)	2	\$10,944	\$1,500	\$11,040	\$14,540
Pharmacy – Tier 1	28	\$250	\$700	\$300	\$700
Pharmacy - Tier 2	24	\$600	\$1,800	\$640	\$1,800
Pharmacy - Tier 4	4	\$800	\$800	\$800	\$800
Out-of-Pocket Cost		\$13,000	\$5,410	\$13,000	\$19,170
Total Member Cost		\$20,260	\$13,033	\$20,623	\$26,793

PLUS PPO Plan	#	2026	2027		
			Preferred	Access	Non-Preferred
Premiums Annual Total		\$9,624	\$10,105		
Annual Well Visit	2	\$0	\$0	\$0	\$0
Other Primary Care Visit	6	\$60	\$60	\$60	\$60
Specialist Visit	8	\$630	\$200	\$400	\$960
Urgent Care	2	\$140	\$140	\$140	\$140
Inpatient Stay (3 days/stay)	2	\$7,200	\$1,000	\$7,200	\$11,360
Pharmacy – Tier 1	28	\$360	\$420	\$420	\$420
Pharmacy - Tier 2	24	\$1,210	\$1,320	\$1,320	\$1,320
Pharmacy - Tier 4	4	\$400	\$400	\$400	\$400
Out-of-Pocket Cost		\$10,000	\$3,540	\$9,940	\$14,660
Total Member Cost		\$19,624	\$13,645	\$20,045	\$24,765

NOTE: Costs for the couple's care assume a specific ordering of services before they reach their out-of-pocket maximums in some scenarios.

Member Scenario 4

June's Experience:

Coverage: Family
Income: High
Relatively healthy,
mom is pregnant.



Illustrative Example ONLY.

STANDARD PPO Plan	#	2026	2027		
			Preferred	Access	Non-Preferred
Premiums Annual Total		\$7,440	\$7,812		
Annual Well Visit	5	\$0	\$0	\$0	\$0
Other Primary Care Visit	12	\$75	\$180	\$75	\$180
Specialist Visit	6	\$376	\$240	\$260	\$920
Urgent Care	4	\$400	\$400	\$400	\$400
Inpatient Maternity/Childbirth	1	\$6,192	\$750	\$6,250	\$8,770
Pharmacy – Tier 1	24	\$600	\$600	\$600	\$600
Pharmacy - Tier 2	15	\$1,050	\$1,125	\$1,125	\$1,125
Out-of-Pocket Cost		\$8,693	\$3,295	\$8,635	\$11,995
Total Member Cost		\$16,133	\$11,107	\$16,447	\$19,807

PLUS PPO Plan	#	2026	2027		
			Preferred	Access	Non-Preferred
Premiums Annual Total		\$10,080	\$10,584		
Annual Well Visit	5	\$0	\$0	\$0	\$0
Other Primary Care Visit	12	\$70	\$120	\$110	\$120
Specialist Visit	6	\$400	\$150	\$300	\$880
Urgent Care	4	\$280	\$280	\$280	\$280
Inpatient Maternity/Childbirth	1	\$4,600	\$500	\$4,600	\$6,680
Pharmacy – Tier 1	24	\$360	\$360	\$360	\$360
Pharmacy - Tier 2	15	\$825	\$825	\$825	\$825
Out-of-Pocket Cost		\$6,535	\$2,235	\$6,475	\$9,145
Total Member Cost		\$16,615	\$12,819	\$17,059	\$19,729

NOTE: Costs for June's care reflect a specific ordering of services before she reaches her out-of-pocket maximum in some scenarios.

Decisions Members Need to Make

- ✓ What are your total premiums going to be for the year
- ✓ Health care expense history
 - ✓ Will you meet your Out-of-Pocket Maximum
- ✓ Will you need a surgery
- ✓ Is your current doctor a Preferred Provider





Preferred Provider Communications Strategy

Background: Keeping the State Health Plan sustainable in the face of rising health care costs will require a higher level of engagement from members. Long-term sustainability is essential to preventing increases in premiums and out-of-pocket expenses. Achieving this will take a collaborative effort bringing together the Plan, its members, and providers to work toward a shared goal. A multifaceted communication strategy will be necessary to ensure all parties are educated on the importance of the success of this approach.

	JULY	AUG	SEP	OCT	NOV	DEC	JAN 2027
PROVIDERS	<p>Notice to Each Provider Tier Overview & Timeline</p> <p>Utilize Medical Society to Communicate Strategy</p>	<p>Communicate How Members Will Find PP Tool, Website, etc.</p>	<p>Provide OE Dates Member Action during OE</p> <p>Marketing Kit Disseminate Kit to Providers</p>	<p>Remind Providers of OE Dates</p>	<p>Notices Access to Care Transition of Care</p>	<p>Reminders 1.1.2027 ID cards, copays, etc.</p>	<p>Reminders 1.1.2027 ID cards, copays, etc.</p>
HBRS	<p>Outreach HR Director Roundtable Top 10 Groups</p> <p>Monthly Webinar OE Training</p> <p>Newsletter</p>	<p>OE Webinars</p> <p>Monthly Webinar Align with tool demo</p> <p>Newsletter</p>	<p>Monthly Webinar</p> <p>Newsletter</p>	<p>OE Communications</p> <p>Monthly Webinar</p> <p>Newsletter</p>	<p>Outreach HR Director Roundtable</p> <p>Monthly Webinar</p> <p>Newsletter</p>	<p>Monthly Webinar</p> <p>Newsletter</p>	<p>Targeted Outreach</p> <p>Monthly Webinar</p> <p>Newsletter</p>
MEMBERS	<p>Targeted Outreach Members with no selected PCP (email or robo call)</p> <p>Video Message BOT vote, OE Save the Date</p> <p>Webinar Basics of PP</p> <p>Newsletter Preferred Provider Series</p>	<p>Preferred Provider Tool Goes Live</p> <p>Newsletter Preferred Provider Series</p>	<p>OE Communications OE MA Outreach Invites</p> <p>Newsletter Preferred Provider Series</p>	<p>OE Communications OE MA Outreach</p> <p>Telephone Town Halls</p> <p>Newsletter Preferred Provider Series</p>	<p>Targeted Email/Robo Call Members who've seen non-Preferred Provider in last 6 months</p> <p>Notices Access to Care Transition of Care</p> <p>EOB Messaging</p> <p>Newsletter Preferred Provider Series</p>	<p>ID Cards Mailed Insert about PP and Tiers</p> <p>Newsletter Preferred Provider Series</p>	<p>Telephone Town Halls Members who've seen non-Preferred Provider in last 6 months</p> <p>Newsletter Preferred Provider Series</p>
STAKEHOLDERS	<p>Pre-BOT Roundtable</p> <p>Outreach Events Association/Stakeholder events and conferences</p>	<p>Outreach Events Association/Stakeholder events and conferences</p>	<p>Outreach Events Association/Stakeholder events and conferences</p> <ul style="list-style-type: none"> SEANC Convention NCREA Convention 	<p>Outreach Events Association/Stakeholder events and conferences</p> <ul style="list-style-type: none"> SEANC Podcast <p>OE Communications Association RT Review</p>	<p>Outreach Events Association/Stakeholder events and conferences</p>	<p>Pre-BOT Roundtable</p> <p>Outreach Events Association/Stakeholder events and conferences</p>	<p>Outreach Events Association/Stakeholder events and conferences</p>
EXTERNAL	<p>Update GA Network/vote, timeline, impact</p> <p>Press Events</p> <ul style="list-style-type: none"> Hospital press conference pre-BOT review meeting BOT meeting which includes RFP awards and premium rates BOT press release 	<p>GA HR Meeting</p> <p>Vendor Call Center Training</p>	<p>Legislative Outreach Areas of higher impact of non-Preferred</p>	<p>Press OE</p>	<p>On-site Tours Hospitals/Practices to create press events in targeted areas.</p>	<p>Press Events</p> <ul style="list-style-type: none"> pre-BOT review meeting BOT press release 	<p>Solicit Feedback from PP for testimonials for future use</p>

Outreach & Education

Organizations are encouraged to have State Health Plan staff attend an event or host a webinar for your organization.

Contact Beth Horner at Beth.Horner@nctreasurer.gov

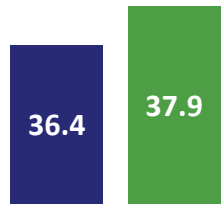
July	C Assoc Public Charter Schools
	SEANC Board Meeting
	DPI Business Officers Conference
	Finance Officers Webinar
August	Wash Co Schools CFO Region 1 Meeting
	McDowell County School Convocation
	McDowell County Schools Regional Mtg
	SEANC District Mtg
	SEANC District Mtg
Sept.	NCASBO Hickory Chapter
	SEANC Annual Convention
	NC Association of School Administrators: School Law and Policy Symposium
	Superintendent Conference
	Assoc School Bus. Officials Fall Conference



Employing Unit Outreach

Demographics

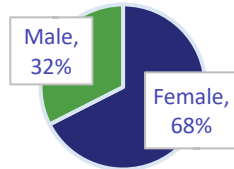
Average Age



Distribution of Members and % with No PCP

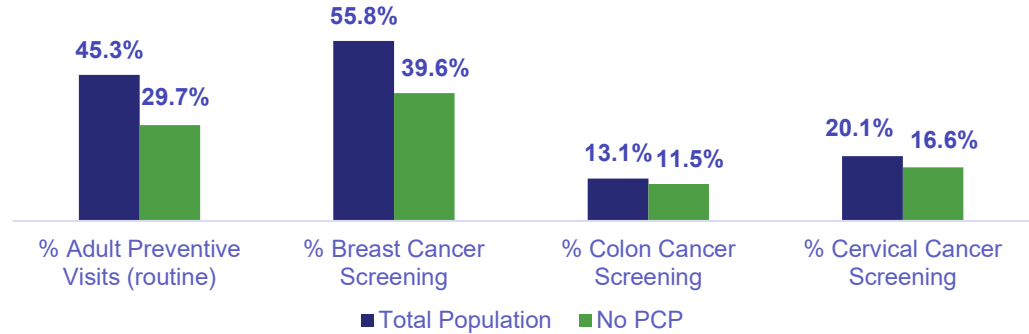
Relationship	Count	No PCP
Employee	14,341	16%
Spouse	1,021	13%
Dependent	6,456	10%

Gender Split – Total Population

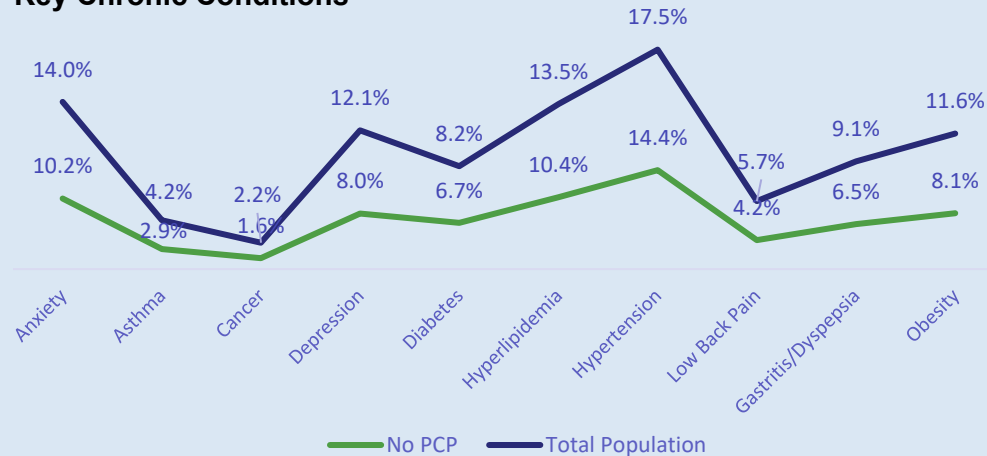


63% of those who haven't selected a PCP are female

Screening Rates



Key Chronic Conditions



Care Management

Care Management Utilization	All Members Targeted	No PCP Members Targeted
# Identified	494	53
# Engaged	169	24
% Engaged of Identified	34%	45%
Average Social Risk Score of targeted members (5 = highest)	2.34	2.84

Social Risk Score: A composite score that predicts member health risk based on social determinants of health (SDOH)—with values ranging from 1 (very low social risk) to 5 (very high social risk), where higher scores indicate greater barriers to health and higher expected impact on outcomes and utilization. The score aggregates multiple community-level social factors (e.g., income, education, housing, access) into a single measure.

2027 Premium & Benefit Vote


- Vote to approve premiums outlined on slides 22-29 & 78-86.
- Vote to approve copays and out-of-pocket amounts on slide 38 for Standard and Plus PPO Plans.



REQUIRES VOTE



Closed Session

 *North Carolina*
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer



Third-Party Administrative Services & Pharmacy Benefit Management Services Contract Award

- Vote to approve the award of the TPA contract.
- Vote to approve the award of the PBM contract.



REQUIRES VOTE



Appendix

2026 Benefit Plan



SERVICES	STANDARD PPO Plan	PLUS PPO Plan
ANNUAL DEDUCTIBLE	\$3,000 Individual \$9,000 Family	\$1,500 Individual \$4,500 Family
OUT-OF-POCKET MAXIMUM	\$6,500 Individual \$16,300 Family	\$5,000 Individual \$15,000 Family
PRIMARY CARE PROVIDER (PCP)	\$15 Preferred / ID card \$40 other PCP / ID card \$50 other PCP	\$10 Preferred / ID card \$30 other PCP / ID card \$40 other PCP
WALK-IN CLINIC	\$100	\$70
SPECIALISTS	\$50 Preferred Provider \$94 other Provider	\$40 Preferred Provider \$80 other Provider
OUTPATIENT SURGERY	\$0 Lantern \$350 then 30% after deductible	\$0 Lantern \$300 then 20% after deductible
INPATIENT HOSPITAL	\$600 then 30% after deductible	\$500 then 20% after deductible
AMBULATORY	Deductible / Coinsurance	Deductible / Coinsurance



Preferred Providers Program **IS**

The Preferred Providers Program **IS** INTENDED to SOLVE the cost and health problem.

The Program **IS** A STRUCTURE to SUPPORT independent providers and MAINTAIN AFFORDABLE ACCESS in rural communities.

The Preferred Providers Program **IS** INTENDED to BUILD LONG-TERM SUSTAINABLE PARTNERSHIPS so we transition the unit cost problem to the health improvement challenge while keeping key partners sustainable.

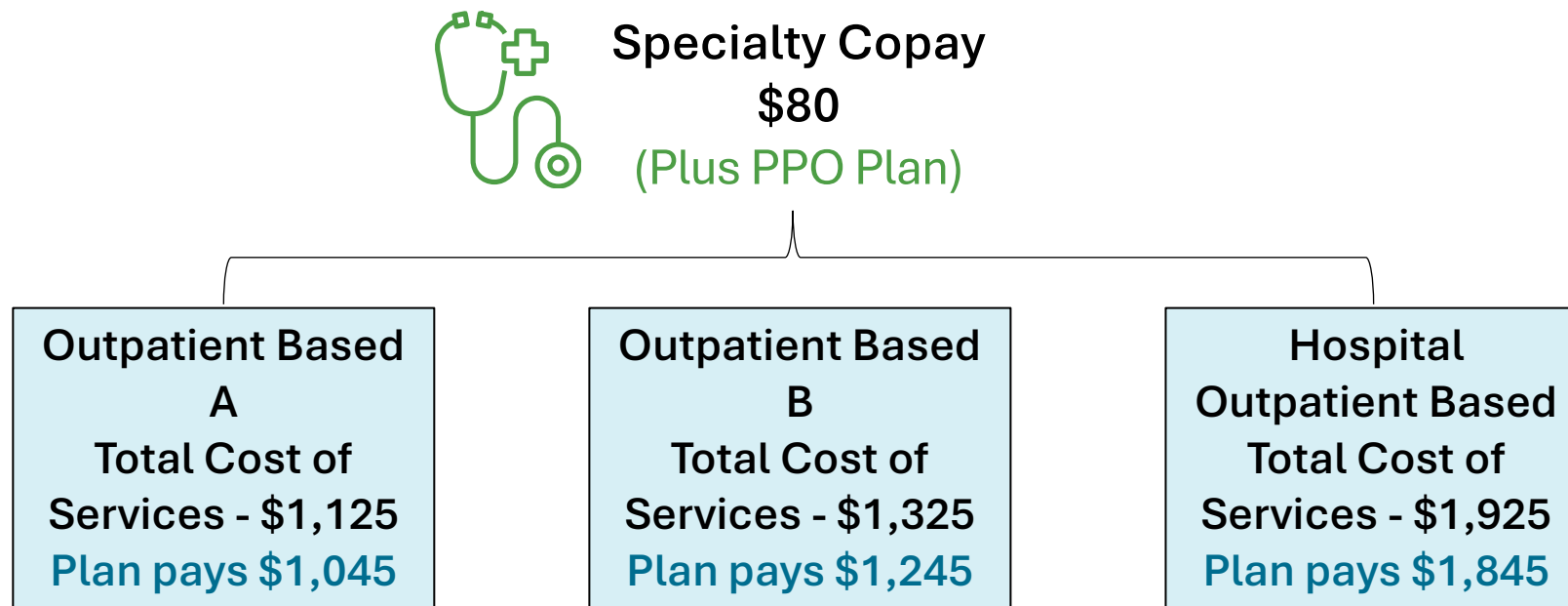
We need to make it straightforward for the member to save money and improve health.

NOTHING IS SIMPLE IN HEALTHCARE, WHICH **IS THE PROBLEM.**

How it Works Today

Prices aren't transparent and cost-sharing (copays) masks cost differentials for the same services; members don't have to think with their wallets since it's a set cost.

- **QUALITY ISN'T EXPLICIT** and members go with their gut or word-of-mouth.
- Access (such as distance and appointment time) becomes a factor in the decision making.



Intent of the Preferred Provider Program



Preferred
Provider



Access
Provider

PREFERRED
Specialty Copay
\$40
(Plus PPO Plan)

**Health System
Outpatient Based A
Total Cost of
Services - \$875
Plan pays \$835**

*Preferred Providers
offer discount to participate
in program*

ACCESS
Specialty Copay
\$80
(Plus PPO Plan)

**Outpatient Based B
Total Cost of
Services - \$1,325
Plan pays \$1,245**

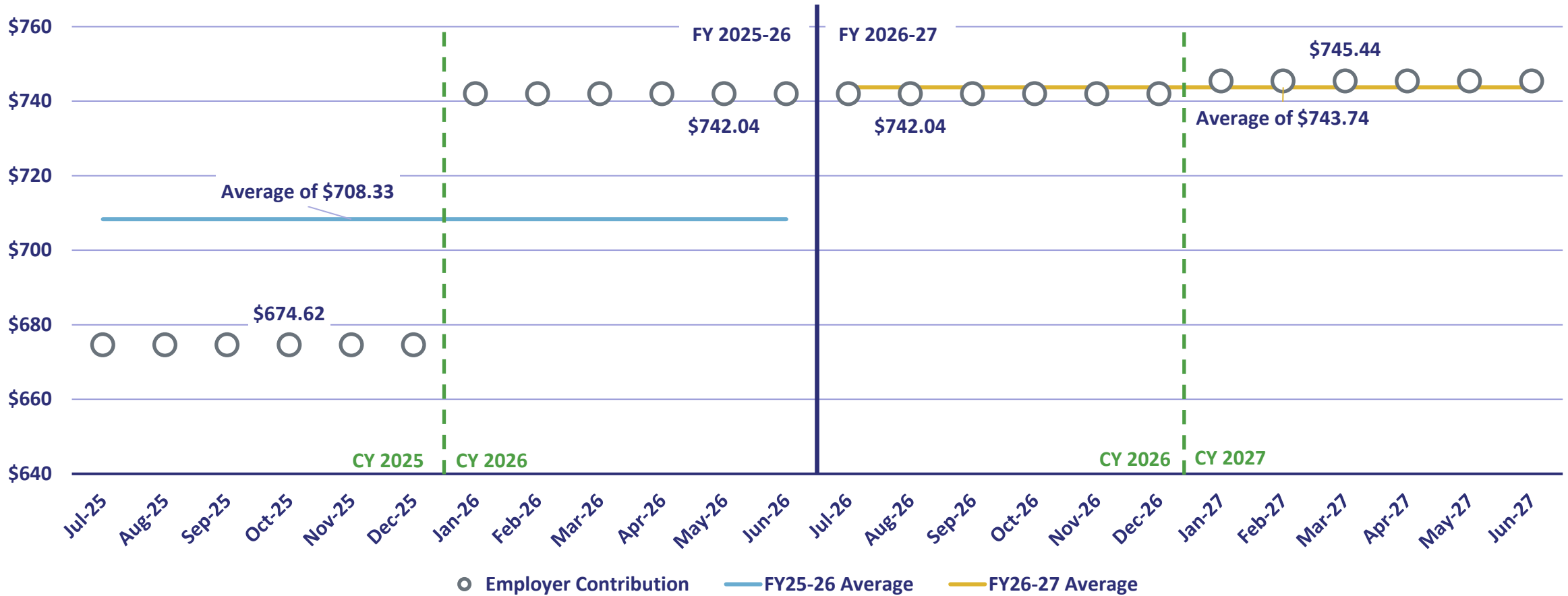
NON-PREFERRED
Specialty Copay
Deductible & Coinsurance
(Plus PPO Plan)

**Health System
Outpatient Based B
Total Cost of
Services - \$2,325
Plan pays \$0**

*Some Non-Preferred
Providers may raise prices for
being down tiered*

Employer Contributions, Fiscal Biennium

A 5% increase for FY 2026-27 results in a 0.5% increase Jan. 1, 2027



2027 Premiums

STANDARD PPO & PLUS PPO PLAN for Active Employees, Eligible Part-Time, Job Share and Leave of Absence Subscribers



Monthly Premium Rates January 1, 2027 to December 31, 2027	STANDARD PPO Plan				PLUS PPO Plan			
	Salary Band				Salary Band			
	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER
SUBSCRIBER and all DEPENDENT(S) are NON-MEDICARE								
Subscriber Only	\$36.76	\$52.52	\$68.28	\$84.00	\$69.32	\$98.72	\$128.12	\$168.04
Subscriber + Child(ren)	\$194.28	\$210.04	\$225.80	\$241.52	\$289.84	\$319.24	\$348.64	\$388.56
Subscriber + Spouse	\$603.76	\$619.52	\$635.28	\$651.00	\$783.32	\$812.72	\$842.12	\$882.04
Subscriber + Family	\$603.76	\$619.52	\$635.28	\$651.00	\$783.32	\$812.72	\$842.12	\$882.04
JOB SHARE EMPLOYEES (50% CONTRIBUTORY)								
Subscriber Only		\$409.48				\$442.04		
Subscriber + Child(ren)		\$567.00				\$662.56		
Subscriber + Spouse		\$976.48				\$1,156.04		
Subscriber + Family		\$976.48				\$1,156.04		
LOA FULLY PAID & PART-TIME (100% CONTRIBUTORY)								
Subscriber Only		\$782.20				\$814.76		
Subscriber + Child(ren)		\$939.72				\$1,035.28		
Subscriber + Spouse		\$1,349.20				\$1,528.76		
Subscriber + Family		\$1,349.20				\$1,528.76		

2027 Premiums

STANDARD PPO & PLUS PPO PLAN for 12-Month RIF Subscribers



Monthly Premium Rates January 1, 2027 to December 31, 2027	STANDARD PPO Plan				PLUS PPO Plan			
	Salary Band at Time of Termination				Salary Band at Time of Termination			
	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER
NON-MEDICARE and MEDICARE PRIMARY SUBSCRIBERS with NON-MEDICARE DEPENDENT(S)								
Subscriber Only	\$36.76	\$52.52	\$68.28	\$84.00	\$69.32	\$98.72	\$128.12	\$168.04
Subscriber + Child(ren)	\$194.28	\$210.04	\$225.80	\$241.52	\$289.84	\$319.24	\$348.64	\$388.56
Subscriber + Spouse	\$603.76	\$619.52	\$635.28	\$651.00	\$783.32	\$812.72	\$842.12	\$882.04
Subscriber + Family	\$603.76	\$619.52	\$635.28	\$651.00	\$783.32	\$812.72	\$842.12	\$882.04
MEDICARE PRIMARY for DEPENDENT(S) ONLY								
Subscriber + Child(ren)	\$172.20	\$187.96	\$203.72	\$219.44	\$204.76	\$234.16	\$263.56	\$303.48
Subscriber + Spouse	\$546.00	\$561.76	\$577.52	\$593.24	\$578.56	\$607.96	\$637.36	\$677.28
Subscriber + Family	\$546.00	\$561.76	\$577.52	\$593.24	\$578.56	\$607.96	\$637.36	\$677.28
MEDICARE PRIMARY for SUBSCRIBER and DEPENDENT(S)								
Subscriber + Child(ren)	\$172.20	\$187.96	\$203.72	\$219.44	\$204.76	\$234.16	\$263.56	\$303.48
Subscriber + Spouse	\$546.00	\$561.76	\$577.52	\$593.24	\$578.56	\$607.96	\$637.36	\$677.28
Subscriber + Family	\$546.00	\$561.76	\$577.52	\$593.24	\$578.56	\$607.96	\$637.36	\$677.28

2027 Premiums

STANDARD PPO & PLUS PPO PLAN for Active Subscribers who are Medicare Primary Due to Upcoming Retirement



Monthly Premium Rates January 1, 2027 to December 31, 2027	STANDARD PPO Plan				PLUS PPO Plan			
	Salary Band				Salary Band			
	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER
MEDICARE PRIMARY for ACTIVE EMPLOYEE ONLY								
Subscriber Only	\$36.76	\$52.52	\$68.28	\$84.00	\$69.32	\$98.72	\$128.12	\$168.04
Subscriber + Child(ren)	\$194.28	\$210.04	\$225.80	\$241.52	\$289.84	\$319.24	\$348.64	\$388.56
Subscriber + Spouse	\$603.76	\$619.52	\$635.28	\$651.00	\$783.32	\$812.72	\$842.12	\$882.04
Subscriber + Family	\$603.76	\$619.52	\$635.28	\$651.00	\$783.32	\$812.72	\$842.12	\$882.04
MEDICARE PRIMARY for DEPENDENT(S) ONLY								
Subscriber + Child(ren)	\$172.20	\$187.96	\$203.72	\$219.44	\$204.76	\$234.16	\$263.56	\$303.48
Subscriber + Spouse	\$546.00	\$561.76	\$577.52	\$593.24	\$578.56	\$607.96	\$637.36	\$677.28
Subscriber + Family	\$546.00	\$561.76	\$577.52	\$593.24	\$578.56	\$607.96	\$637.36	\$677.28
MEDICARE PRIMARY for ACTIVE EMPLOYEE and DEPENDENT(S) ONLY								
Subscriber + Child(ren)	\$172.20	\$187.96	\$203.72	\$219.44	\$204.76	\$234.16	\$263.56	\$303.48
Subscriber + Spouse	\$546.00	\$561.76	\$577.52	\$593.24	\$578.56	\$607.96	\$637.36	\$677.28
Subscriber + Family	\$546.00	\$561.76	\$577.52	\$593.24	\$578.56	\$607.96	\$637.36	\$677.28

2027 Premiums

STANDARD PPO & PLUS PPO PLAN for 50% Contributory Non-Medicare Primary Subscribers in the Retirement Systems



Monthly Premium Rates January 1, 2027 to December 31, 2027	STANDARD PPO Plan	PLUS PPO Plan
SUBSCRIBER and all DEPENDENTS are NON-MEDICARE		
Subscriber Only	\$189.00	\$258.32
Subscriber + Child(ren)	\$383.24	\$504.56
Subscriber + Spouse	\$792.76	\$995.44
Subscriber + Family	\$792.76	\$995.44
MEDICARE PRIMARY DEPENDENT(S) on MEDICARE ADVANTAGE BASE PLAN		
Subscriber + Child(ren)	\$253.00	\$322.32
Subscriber + Spouse	\$253.00	\$322.32
Subscriber + Family	\$317.00	\$386.32
MEDICARE PRIMARY DEPENDENT(S) on MEDICARE ADVANTAGE ENHANCED PLAN		
Subscriber + Child(ren)	\$336.00	\$405.32
Subscriber + Spouse	\$336.00	\$405.32
Subscriber + Family	\$483.00	\$552.32
MEDICARE PRIMARY DEPENDENT(S) on 70/30 PPO PLAN		
Subscriber + Child(ren)	\$356.00	\$425.32
Subscriber + Spouse	\$731.24	\$800.56
Subscriber + Family	\$731.24	\$800.56

2027 Premiums

STANDARD PPO & PLUS PPO PLAN for 100% Contributory Non-Medicare Primary Subscribers in the Retirement Systems



Monthly Premium Rates January 1, 2027 to December 31, 2027	STANDARD PPO Plan	PLUS PPO Plan
SUBSCRIBER and all DEPENDENTS are NON-MEDICARE		
Subscriber Only	\$378.00	\$447.32
Subscriber + Child(ren)	\$572.24	\$693.56
Subscriber + Spouse	\$981.76	\$1,184.44
Subscriber + Family	\$981.76	\$1,184.44
MEDICARE PRIMARY DEPENDENT(S) on MEDICARE ADVANTAGE BASE PLAN		
Subscriber + Child(ren)	\$442.00	\$511.32
Subscriber + Spouse	\$442.00	\$511.32
Subscriber + Family	\$506.00	\$575.32
MEDICARE PRIMARY DEPENDENT(S) on MEDICARE ADVANTAGE ENHANCED PLAN		
Subscriber + Child(ren)	\$525.00	\$594.32
Subscriber + Spouse	\$525.00	\$594.32
Subscriber + Family	\$672.00	\$741.32
MEDICARE PRIMARY DEPENDENT(S) on 70/30 PPO PLAN		
Subscriber + Child(ren)	\$545.00	\$614.32
Subscriber + Spouse	\$920.24	\$989.56
Subscriber + Family	\$920.24	\$989.56

2027 Premiums

STANDARD PPO & PLUS PPO PLAN for Non-Medicare Primary Subscribers (COBRA, Direct Bill & Sponsored Dependent Groups)



Monthly Premium Rates January 1, 2027 to December 31, 2027	STANDARD PPO Plan	PLUS PPO Plan
SUBSCRIBER and all DEPENDENTS are NON-MEDICARE		
Subscriber Only	\$782.20	\$814.76
Subscriber + Child(ren)	\$939.72	\$1,035.28
Subscriber + Spouse	\$1,349.20	\$1,528.76
Subscriber + Family	\$1,349.20	\$1,528.76
MEDICARE PRIMARY DEPENDENT(S) on MEDICARE ADVANTAGE BASE PLAN		
Subscriber + Child(ren)	\$846.20	\$878.76
Subscriber + Spouse	\$846.20	\$878.76
Subscriber + Family	\$910.20	\$942.76
MEDICARE PRIMARY DEPENDENT(S) on MEDICARE ADVANTAGE ENHANCED PLAN		
Subscriber + Child(ren)	\$929.20	\$961.76
Subscriber + Spouse	\$929.20	\$961.76
Subscriber + Family	\$1,076.20	\$1,108.76
MEDICARE PRIMARY DEPENDENT(S) on STANDARD PPO PLAN		
Subscriber + Child(ren)	\$917.64	\$950.20
Subscriber + Spouse	\$1,291.44	\$1,324.00
Subscriber + Family	\$1,291.44	\$1,324.00

2027 Premiums

MEDICARE PRIMARY PLANS for Medicare Subscribers, 50% Contributory in the Retirement Systems



Monthly Premium Rates January 1, 2027 to December 31, 2027	MEDICARE ADVANTAGE		70/30 Plan
	BASE Plan	ENHANCED Plan	
MEDICARE PRIMARY SUBSCRIBERS & DEPENDENTS			
Subscriber Only	\$64.00	\$147.00	\$189.00
Subscriber + Child(ren)	\$128.00	\$294.00	\$356.00
Subscriber + Spouse	\$128.00	\$294.00	\$731.24
Subscriber + Family	\$192.00	\$441.00	\$731.24
NON-MEDICARE PRIMARY for DEPENDENT(S) on PLUS PPO PLAN			
Subscriber + Child(ren)	\$335.96	\$418.96	\$460.96
Subscriber + Spouse	\$824.20	\$907.20	\$949.20
Subscriber + Family	\$824.20	\$907.20	\$949.20
NON-MEDICARE PRIMARY for DEPENDENT(S) on STANDARD PPO PLAN			
Subscriber + Child(ren)	\$258.24	\$341.24	\$383.24
Subscriber + Spouse	\$667.76	\$750.76	\$792.76
Subscriber + Family	\$667.76	\$750.76	\$792.76

2027 Premiums

MEDICARE PRIMARY PLANS for Medicare Subscribers, 100% Contributory in the Retirement Systems



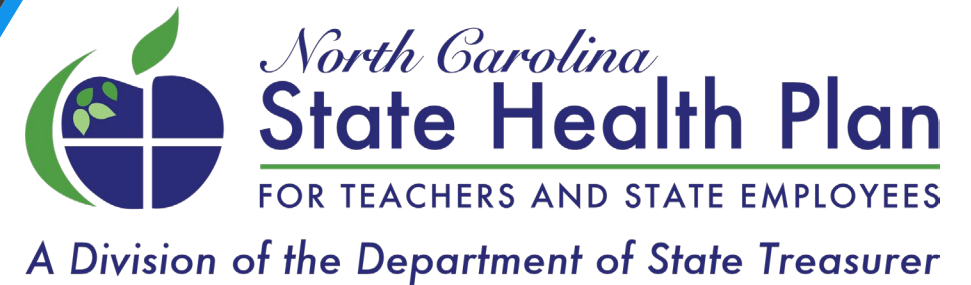
Monthly Premium Rates January 1, 2027 to December 31, 2027	MEDICARE ADVANTAGE		70/30 Plan
	BASE Plan	ENHANCED Plan	
MEDICARE PRIMARY SUBSCRIBERS & DEPENDENTS			
Subscriber Only	\$64.00	\$147.00	\$378.00
Subscriber + Child(ren)	\$128.00	\$294.00	\$545.00
Subscriber + Spouse	\$128.00	\$294.00	\$920.24
Subscriber + Family	\$192.00	\$441.00	\$920.24
NON-MEDICARE PRIMARY for DEPENDENT(S) on PLUS PPO PLAN			
Subscriber + Child(ren)	\$335.96	\$418.96	\$649.96
Subscriber + Spouse	\$824.20	\$907.20	\$1,138.20
Subscriber + Family	\$824.20	\$907.20	\$1,138.20
NON-MEDICARE PRIMARY for DEPENDENT(S) on STANDARD PPO PLAN			
Subscriber + Child(ren)	\$258.24	\$341.24	\$572.54
Subscriber + Spouse	\$667.76	\$750.76	\$981.76
Subscriber + Family	\$667.76	\$750.76	\$981.76

2027 Premiums

MEDICARE PRIMARY PLANS for 100% Contributory Medicare Primary Subscribers (COBRA, Direct Bill & Sponsored Dependent Groups)



Monthly Premium Rates January 1, 2027 to December 31, 2027	MEDICARE ADVANTAGE		70/30 Plan
	BASE Plan	ENHANCED Plan	
MEDICARE PRIMARY for RETIREE and DEPENDENTS			
Subscriber Only	\$64.00	\$147.00	\$378.00
Subscriber + Child(ren)	\$128.00	\$294.00	\$513.44
Subscriber + Spouse	\$128.00	\$294.00	\$887.24
Subscriber + Family	\$192.00	\$441.00	\$887.24
NON-MEDICARE PRIMARY for DEPENDENT(S) on PLUS PPO PLAN			
Subscriber + Child(ren)	\$335.96	\$418.96	\$649.96
Subscriber + Spouse	\$824.20	\$907.20	\$1,138.20
Subscriber + Family	\$824.20	\$907.20	\$1,138.20
NON-MEDICARE PRIMARY for DEPENDENT(S) on STANDARD PPO PLAN			
Subscriber + Child(ren)	\$258.24	\$341.24	\$572.24
Subscriber + Spouse	\$667.76	\$750.76	\$981.76
Subscriber + Family	\$667.76	\$750.76	\$981.76



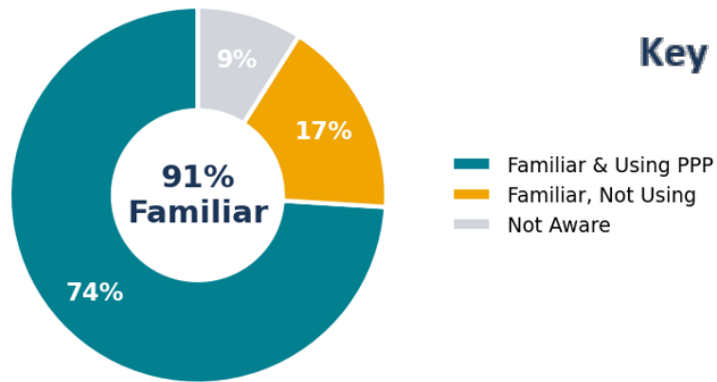
2026 Attitudes, Usage & Segmentation Study Active/Non-Medicare Members

July 2026

PPP Awareness, Usage & Copay Knowledge

The Preferred Provider Program (PPP) is the most well-known and widely used benefit in the NCSHP portfolio. A strong majority of members have internalized its value proposition—though meaningful pockets of awareness-without-action remain.

Familiarity with NC State Health Plan PPP (n = 20,000)



Key Metrics

Metric	Result
Familiar with PPP	91% (74% using; 17% aware but not using)
Aware that PPP = lowest copay	86% of PPP-familiar members
PCP listed on NCSHP ID card	93% of total sample

Among the 1,784 members who were not previously aware of the PPP, 54% expressed some or strong interest in using it once informed (mean interest score: 3.7 on a 5-point scale). This suggests substantial addressable opportunity through targeted outreach to the unaware segment.

Benefit-Level Awareness & Usage

Awareness and usage vary dramatically across the seven NCSHP benefits tested in the survey. Preventive screenings and the PPP anchor the high end—both well-known and well-used. In contrast, Disease & Case Management and Life Mart suffer from severe awareness deficits. Lantern Surgical occupies a unique position: moderate awareness but near-zero utilization, largely attributable to its context-dependent eligibility.

■ **Critical Awareness Gap:** Disease & Case Management (24% aware) and Life Mart (16% aware) are effectively invisible to most members. Even among those aware, usage is limited to 13% each—suggesting that awareness alone is insufficient without concurrent motivational messaging.

Behavioral Segmentation of Non-Users

Aware non-users of each benefit were classified into three mutually exclusive behavioral segments to inform tailored intervention strategies:

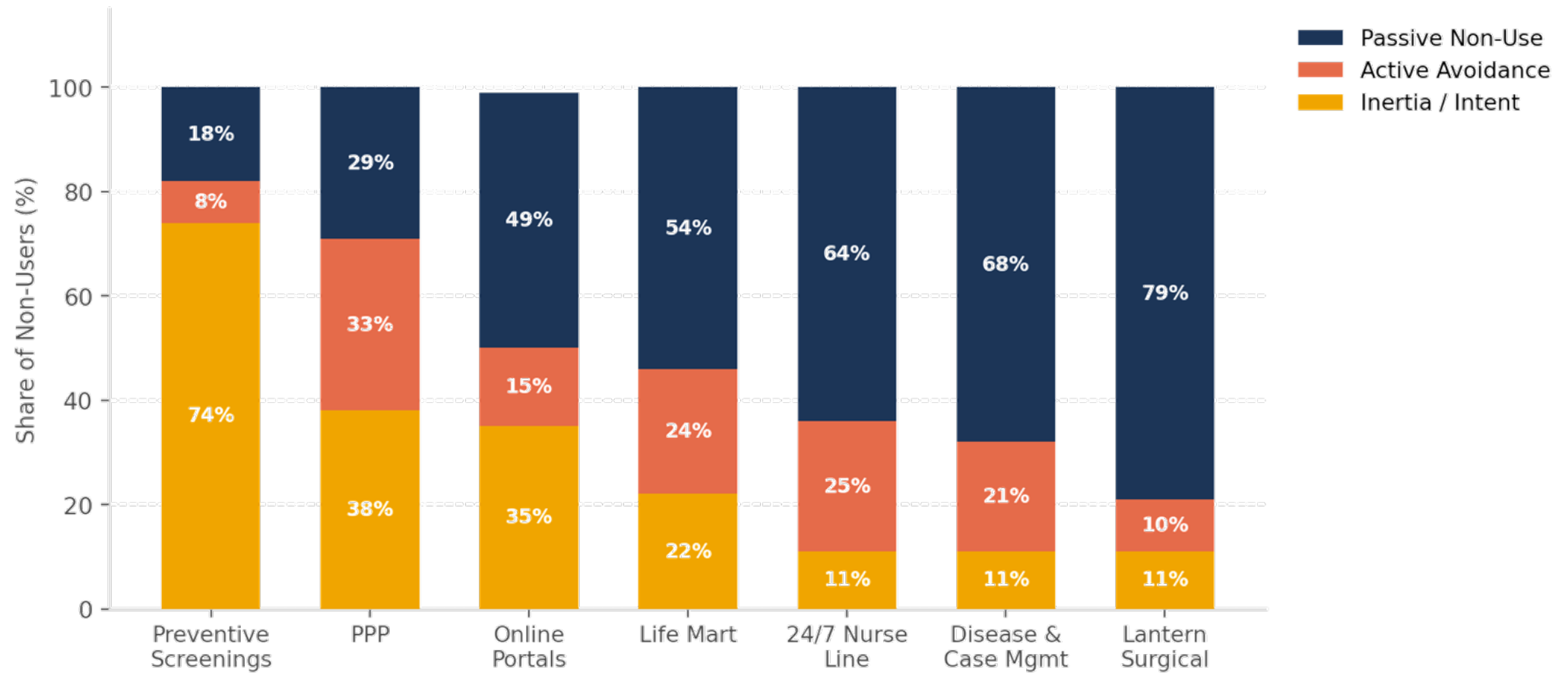
Segment	Behavioral Profile
● Inertia / Intent	Intended to use the benefit but has not acted. Primary drivers: forgetting, difficulty scheduling, time constraints, and low perceived urgency. Receptive to reminders and friction-reducing interventions.
● Active Avoidance	Has consciously decided not to use the benefit. Drivers vary by benefit: distrust of recommendations, lack of nearby facilities, and skepticism about personal benefit. Requires messaging that directly addresses objections.
● Passive Non-Use	Disengaged or considers the benefit irrelevant. High "it hasn't come up" and "doesn't apply to me" responses. Requires relevance-building and proactive triggers linked to life events or health episodes.

Segmentation Findings by Benefit

- **Preventive Screenings:** Non-users are overwhelmingly Inertia/Intent (74%). Forgetting (28%), difficulty scheduling (26%), and lack of time (22%) are the top barriers. Simple nudge communications with scheduling calls-to-action should convert a large share.
- **PPP (Preferred Provider):** Unusually balanced across all three segments (38%/33%/29%). Active Avoidance is driven primarily by facility access concerns (25% no facility nearby) and distrust (18%). A near-equal mix of interventions is required.
- **Lantern Surgical:** Passive Non-Use dominates (79%) driven by "doesn't apply to me" (80%) and "it hasn't come up" (49%). This benefit is highly situational; awareness campaigns should focus on pre-surgical decision points, not broad outreach.
- **24/7 Nurse Line:** Passive Non-Use (64%) reflects that members simply don't think of the nurse line when health needs arise ("it hasn't come up": 53%). Active Avoidance (25%) is driven by skepticism about its value (23% "don't think it will help me").
- **Disease & Case Management:** Passive Non-Use (68%) signals that members with chronic conditions are not recognizing the relevance of this benefit to their situation ("no doctor has mentioned it": 31%). PCP-level referral activation is a high-priority lever.
- **Online Portals:** A relatively even Inertia/Passive Non-Use split (35%/49%). "I forgot about it" (37%) and "it hasn't come up" (55%) are leading barriers. Contextual reminders at claims moments represent a natural activation trigger.
- **Life Mart:** Primarily Passive Non-Use (54%) and Active Avoidance (24%). "I don't think it will help me" (30%) and cost skepticism (20%) are notable Active Avoidance drivers. Concrete discount examples and peer testimonials would build relevance.

Segmentation Findings by Benefit (continued)

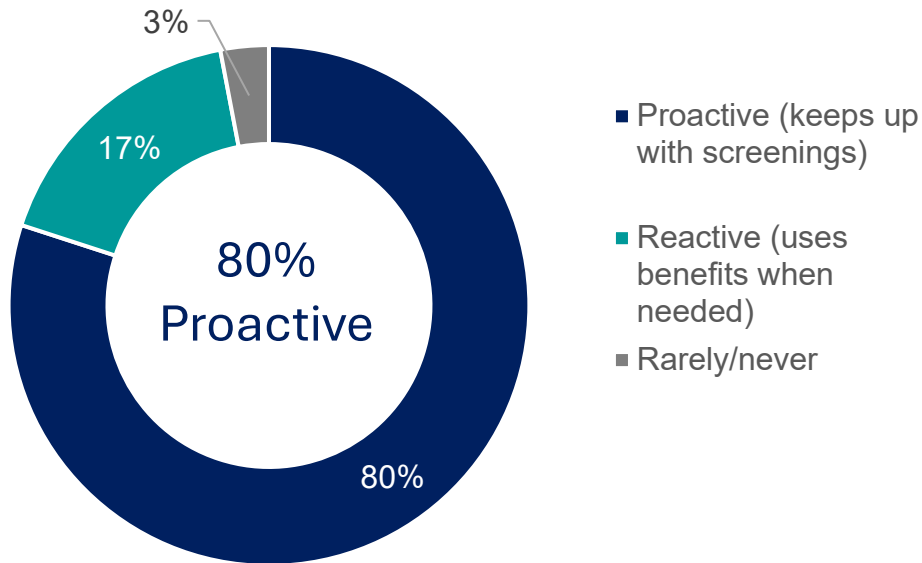
Behavioral Segmentation of Non-Users by Benefit
(ordered by rising Passive Non-Use)



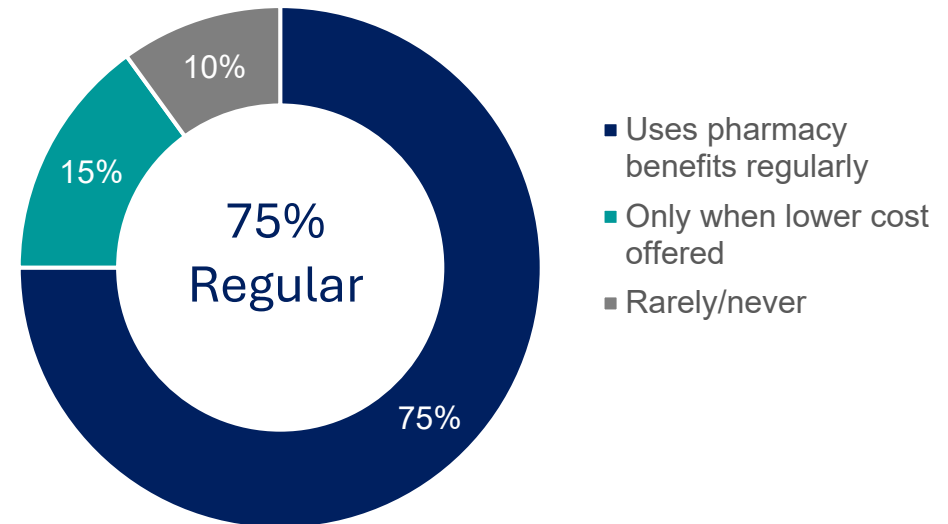
Preventive Care & Pharmacy Practices

The majority of NCSHP members take a proactive approach to both preventive care and pharmacy benefits. However, meaningful minorities remain reactive or disengaged, representing clear targets for health management programs.

Preventive Health Practices

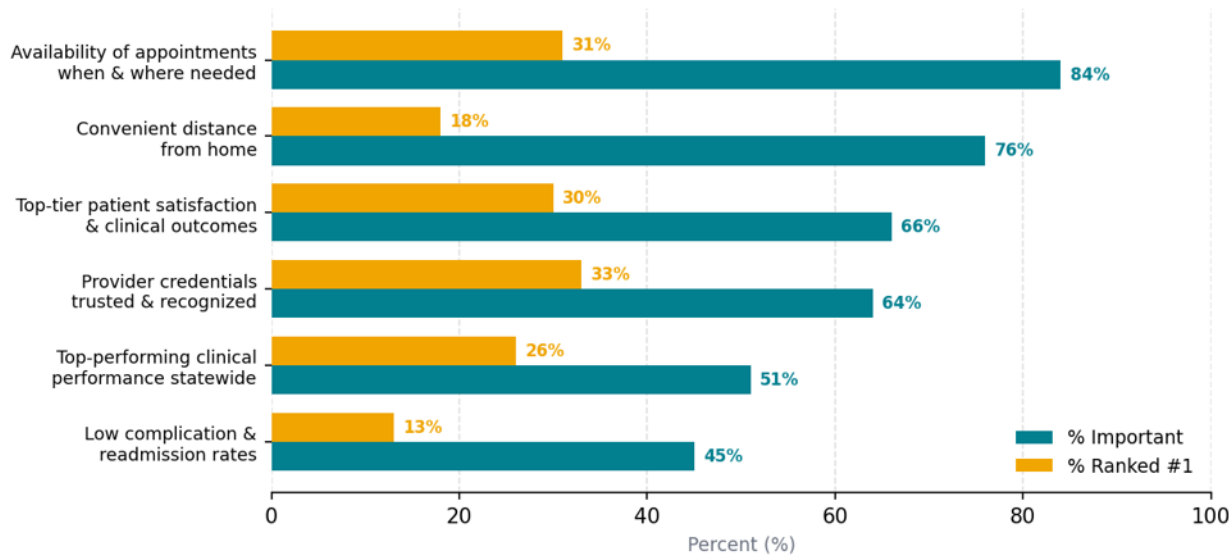


Pharmacy Benefit Practices



80% of members proactively maintain preventive screenings and track health metrics. 75% use pharmacy benefits regularly. These proactive-majority findings validate the plan's member engagement baseline, while the 17–25% reactive/disengaged populations represent high-value intervention targets for chronic disease prevention.

Importance of Medical Care Attributes (n = 20,000)



Medical Care Priorities

Members prioritize appointment availability (84% important) and geographic convenience (76%) above clinical metrics when evaluating their care options. However, when ranking factors by primary importance, provider credentials (33% ranked #1) edge out appointment access (31%), suggesting that trust and qualifications underlie stated scheduling preferences.

Premium & Copay Trade-off Preferences

Using a Share of 100% allocation methodology, members showed a clear preference for cost predictability at the point of service:

- **33%** Lower monthly premiums, higher copays for office visits/services
- **26%** Higher monthly premiums, lower copays for medications
- **22%** Higher monthly premiums, lower copays for office visits/services
- **20%** Lower monthly premiums, higher copays for medications

Primary Care Provider (PCP) Dynamics

Ninety-three percent of members have a PCP listed on their NCSHP ID card. Among the 7% who do not (n = 1,480), education gaps and administrative friction are the primary barriers—not apathy.

Top Reasons for Not Selecting a PCP

- **22%** Didn't know they had to select one
- **20%** Desired PCP is not in-network
- **17%** Unaware that selecting a PCP provides lower copays
- **11%** Don't know how to select a PCP
- **8%** Couldn't find an available PCP
- **8%** Financial concerns reduce regular doctor visits

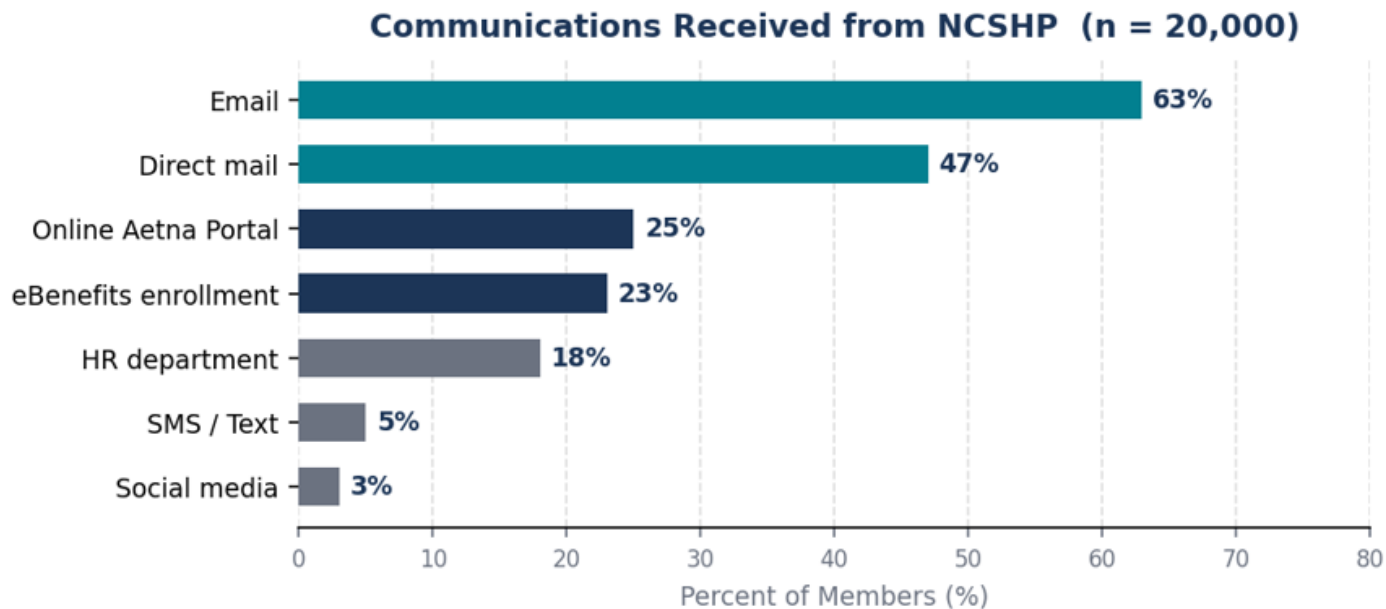
Implication: About 50% of non-selecting members simply don't know they need to select a PCP, how to do so, or that it saves them money on copays. A targeted education campaign directed at the 7% without a PCP—emphasizing the financial benefit and the selection process—would yield rapid, measurable results.

Specialist Referral Patterns

Fifty-six percent of NCSHP members have been referred to an outside medical facility by their PCP in the recent past. The T.U.R.F. analysis confirms laboratories (32%) as the most common referral, with X-ray/imaging (+12 pp incremental reach) and medical specialist clinics (+7 pp) rounding out the top three most broadly-reaching referral destinations.

Member Communications

Email is the dominant communications channel (63%), followed by direct mail (47%). Digital channels—online portal (25%) and eBenefits (23%)—reach roughly one in four members. SMS reaches only 5%, and social media barely registers at 3%, indicating limited current engagement through real-time digital channels.



Information-Seeking Behavior

Sixty-eight percent of members sought plan information in the past three months. Proactive purposes (average 18% per reason type) outpace reactive purposes (average 10%), with coverage verification (27%), provider search (24%), and general coverage information (20%) topping the proactive list. Cost reduction is the single most common reactive driver (31%).

Channel Preferences by Use Case

The NCSHP website is the primary self-service tool (41% of information seekers), followed by general online search (23%) and telephone (21%). Members reaching out via the Aetna Member Portal show consistently higher intent across all information categories—particularly for claims status (45%), coverage checking (51%), and cost reduction (56%)—suggesting that portal-engaged members are more financially motivated and benefit-aware.

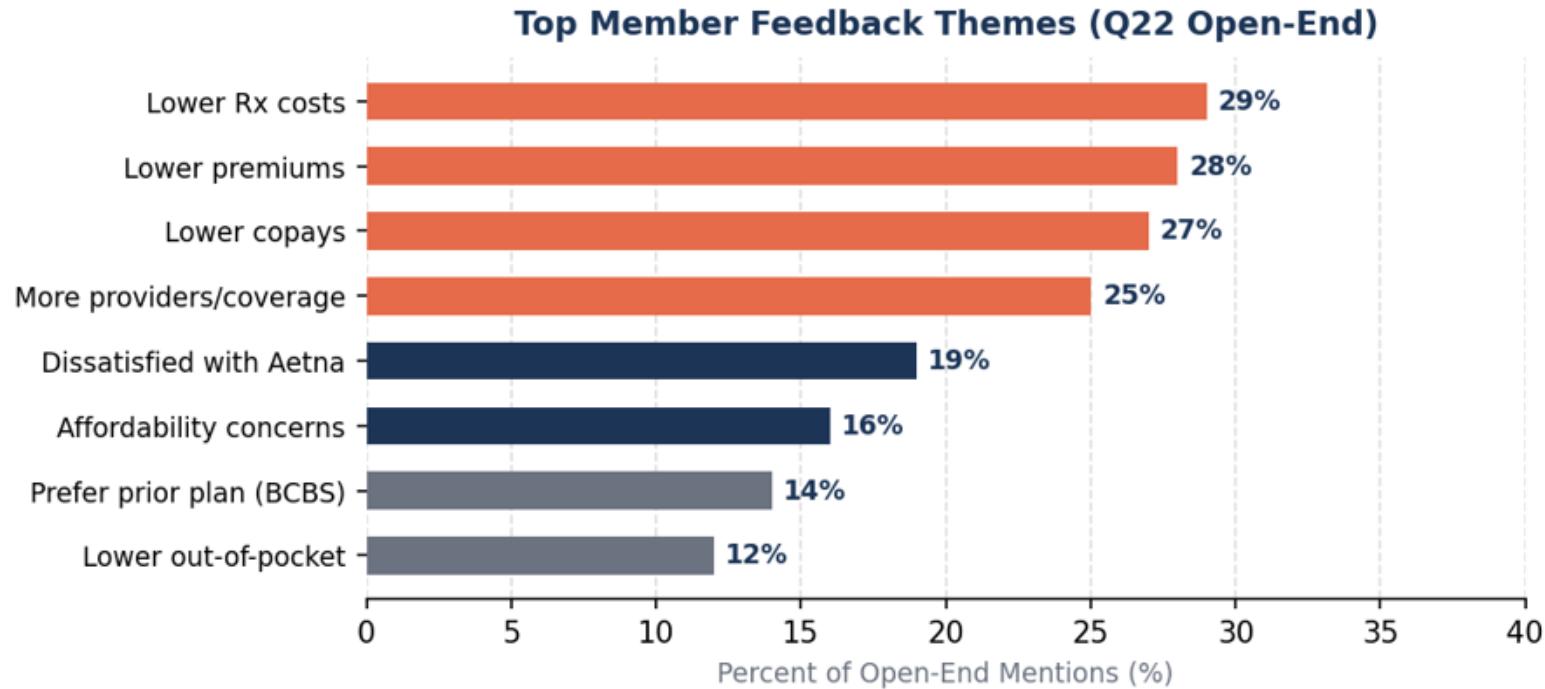
Plan Composition & Switching

The Enhanced (Plus) PPO Plan (80/20) is the dominant plan choice in 2026, representing approximately 62% of the member base (n = 13,947 in the sample). The Standard PPO Plan (70/30) accounts for 37% (n = 5,354). The Medicare Advantage Plan (1%) and High-Deductible Health Plan (<1%) are very small segments.

Plan retention is high: 87% of Standard PPO holders and 82% of Enhanced PPO holders remained on their prior-year plan. Notable switching patterns include: 47% of members who previously had "other employer plans" migrated to the Standard PPO; 51% migrated to the Enhanced PPO. This suggests the NCSHP successfully attracts new members at both tiers.

Member Feedback & Open-End Theme

Open-end responses to Q22 ("Any comments, feedback, or concerns?") reveal a cost-dominated member sentiment landscape. The top three themes—lower prescription costs (29%), lower premiums (28%), and lower copays (27%)—reflect persistent financial pressure across the member population. Dissatisfaction with Aetna is the fifth-most mentioned topic.



Notable Secondary Themes

- **25%** More provider options & expanded coverage (especially out-of-network)
- **19%** General dissatisfaction with Aetna as administrator
- **16%** Affordability concerns tied to income/pay constraints
- **14%** Preference for prior plan (BCBS)
- **7%** Request to cover GLP-1 weight-loss medications
- **8%** Perception of plan fraud, mismanagement, or broken trust

The GLP-1 medication request (7%) and the dissatisfaction with Aetna (19%) represent emerging relationship risks that warrant dedicated communication strategies—the former through benefit coverage clarity, the latter through administrator accountability and service quality improvements.

Six Strategic Recommendations

Awareness and usage vary dramatically across the seven NCSHP benefits tested in the survey. Preventive screenings and the PPP anchor the high end—both well-known and well-used. In contrast, Disease & Case Management and Life Mart suffer from severe awareness deficits. Lantern Surgical occupies a unique position: moderate awareness but near-zero utilization, largely attributable to its context-dependent eligibility.

R1 — Awareness Blitz for Low-Visibility Benefits

Disease & Case Management (24% aware) and Life Mart (16% aware) require immediate, benefit-specific awareness campaigns. Multi-channel outreach (email, HR communications, portal banners) with clear value propositions tailored to member health profiles should be deployed within 60 days.

R2 — Inertia Intervention for Preventive Screenings

74% of non-using preventive screening members fall into the Inertia/Intent segment. Frictionless scheduling integrations, reminder cadences, and pre-populated appointment links embedded in email campaigns can convert a meaningful share of this segment at low cost.

R3 — PCP Selection Education Campaign

A targeted effort directed at the 7% without a listed PCP—emphasizing the copay savings benefit and providing step-by-step selection guidance—addresses a high-ROI gap. Clear, jargon-free instructions should appear across onboarding materials, HR communications, and NCSHP website.

R4 — Context-Triggered Lantern & Nurse Line Promotion

Both benefits suffer from deep Passive Non-Use because they are situationally invisible. Integrate Lantern Surgical mentions into pre-surgical authorization communications and promote the Nurse Line at health-crisis touchpoints (urgent care cost alerts, ER visit follow-ups).

R5 — Rebuild Aetna Trust Through Transparency

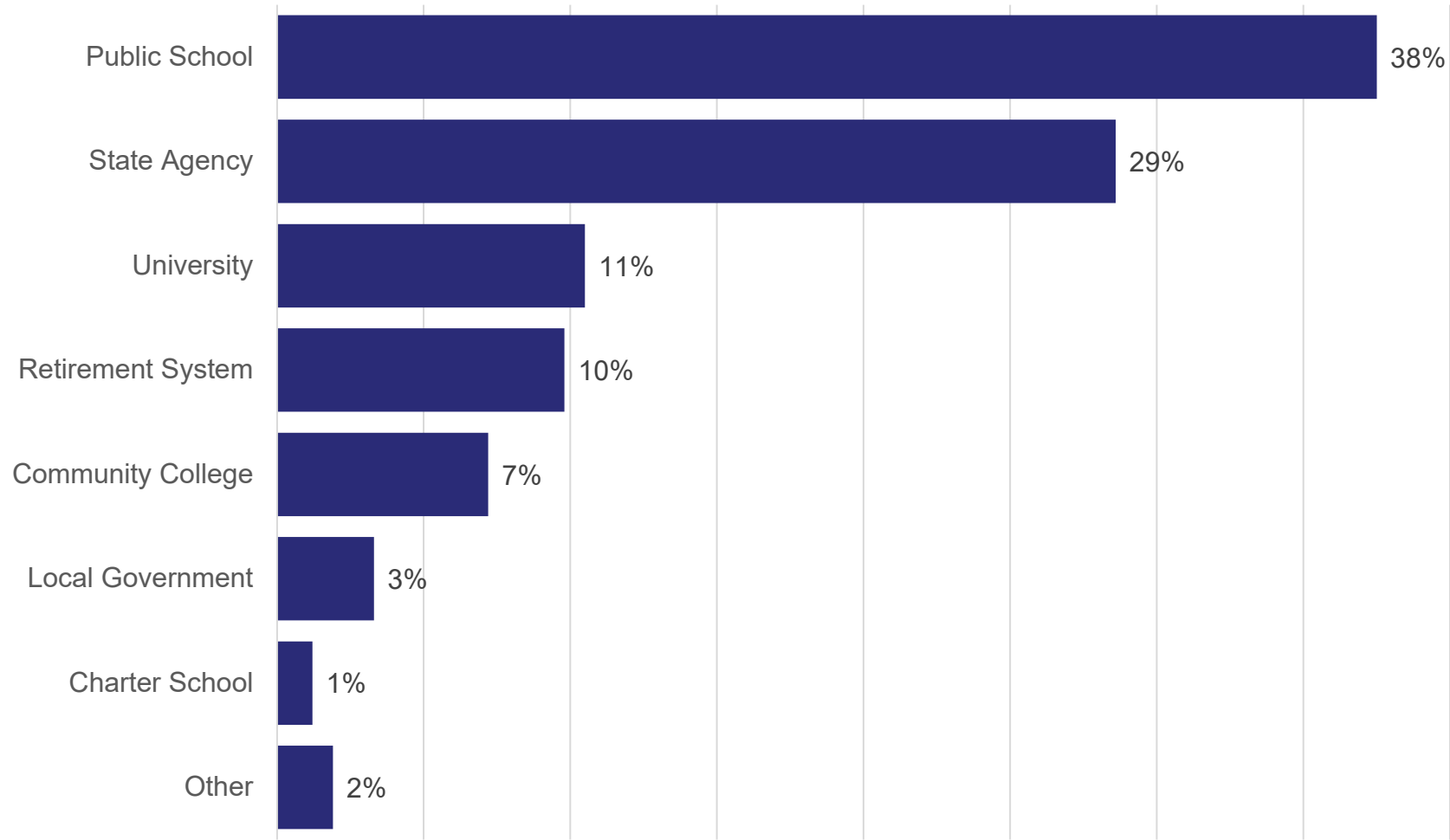
19% of open-end respondents expressed general Aetna dissatisfaction and 14% prefer the prior BCBSNC plan. Member-facing communications that proactively address claims accuracy, service responsiveness, and plan value comparisons can begin to restore administrator trust.

R6 — Cost Narrative & GLP-1 Communication

With about 84% of open-end themes touching affordability, a proactive "Your Plan Value" communication series quantifying member cost savings across all benefits would directly counter the dominant negative sentiment. GLP-1 coverage clarity should be addressed explicitly to manage expectations and reduce frustration among the 7% raising it.

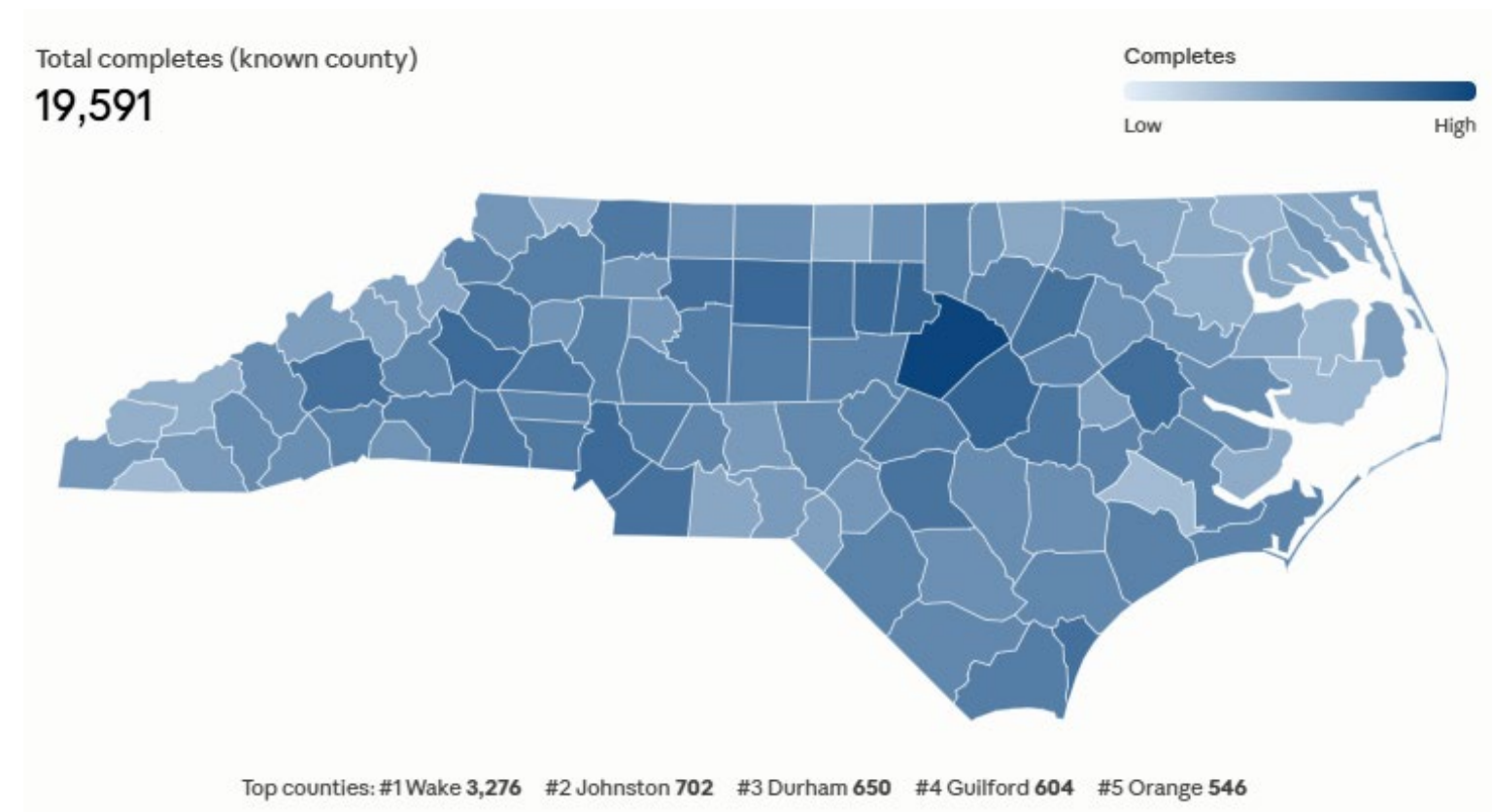
Members' Organizations

Base: Total sample (n = 20,000)



Z2. *Base: All* Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?

Distribution of Sample by North Carolina County

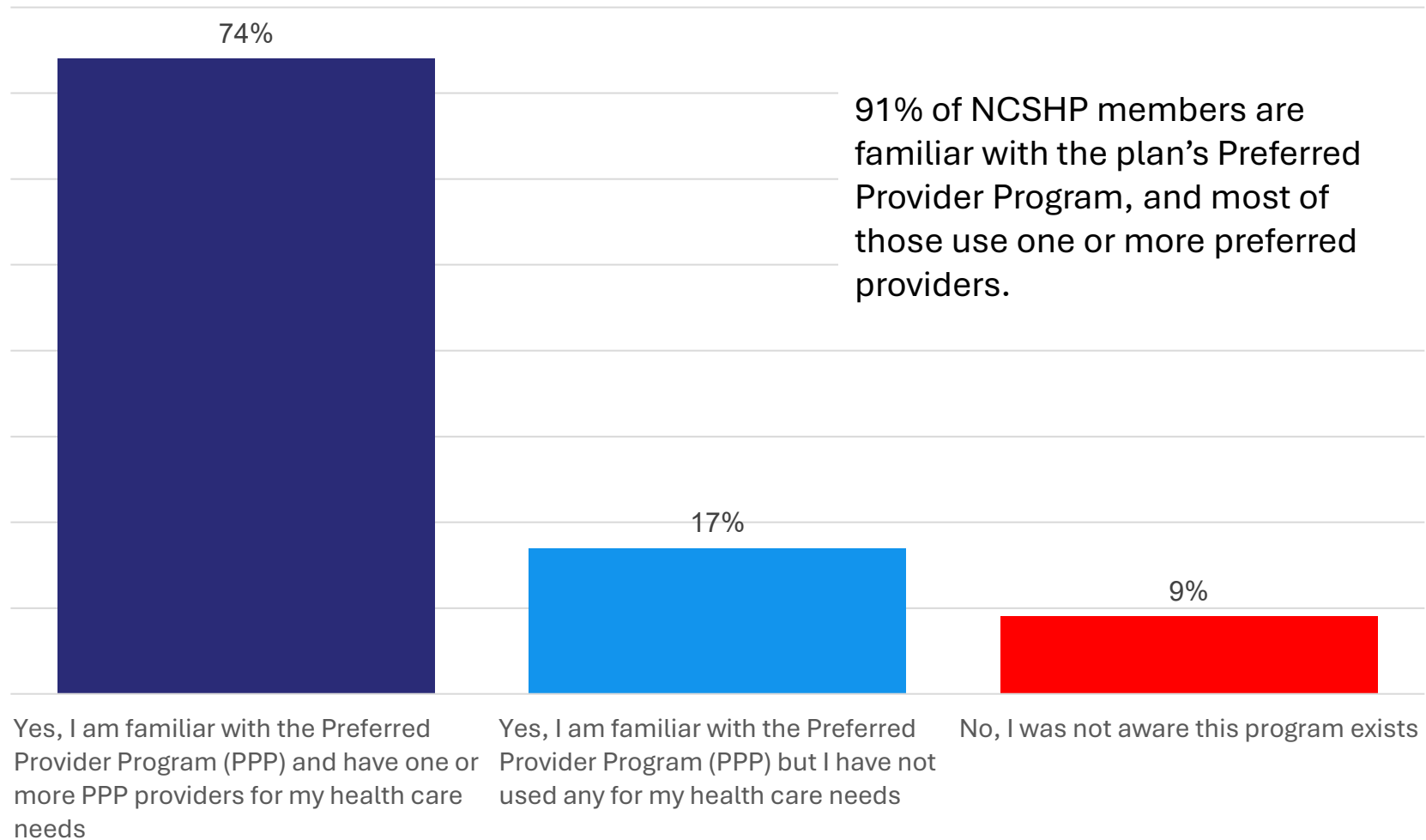


County	Frequency	County	Frequency	County	Frequency
Alamance	381	Franklin	194	Pamlico	26
Alexander	76	Gaston	266	Pasquotank	71
Alleghany	21	Gates	17	Pender	139
Anson	32	Graham	22	Perquimans	27
Ashe	71	Granville	139	Person	94
Avery	33	Greene	46	Pitt	450
Beaufort	108	Guilford	604	Polk	78
Bertie	24	Halifax	114	Randolph	231
Bladen	92	Harnett	266	Richmond	56
Brunswick	214	Haywood	113	Robeson	174
Buncombe	400	Henderson	179	Rockingham	100
Burke	532	Hertford	28	Rowan	175
Cabarrus	244	Hoke	66	Rutherford	226
Caldwell	344	Hyde	15	Sampson	109
Camden	28	Iredell	193	Scotland	44
Carteret	167	Jackson	109	Stanly	141
Caswell	29	Johnston	702	Stokes	77
Catawba	332	Jones	12	Surry	272
Chatham	168	Lee	160	Swain	23
Cherokee	66	Lenoir	163	Transylvania	98
Chowan	33	Lincoln	166	Tyrrell	16
Clay	13	Macon	58	Union	372
Cleveland	317	Madison	46	Vance	76
Columbus	133	Martin	82	Wake	3,276
Craven	167	McDowell	149	Warren	31
Cumberland	345	Mecklenburg	519	Washington	36
Currituck	38	Mitchell	43	Watauga	176
Dare	52	Montgomery	58	Wayne	308
Davidson	214	Moore	124	Wilkes	205
Davie	64	Nash	388	Wilson	169
Duplin	97	New Hanover	394	Yadkin	75
Durham	650	Northampton	35	Yancey	40
Edgecombe	87	Onslow	184	Outside NC	409
Forsyth	428	Orange	546		

Z1. *Base: All* Please enter your 5-digit Zip Code. RECORD MAP TO COUNTY AND STORE DERIVED COUNTY IN DATABASE

Familiarity with NC State Health Plan PPP

Base: Total sample (n = 20,000)



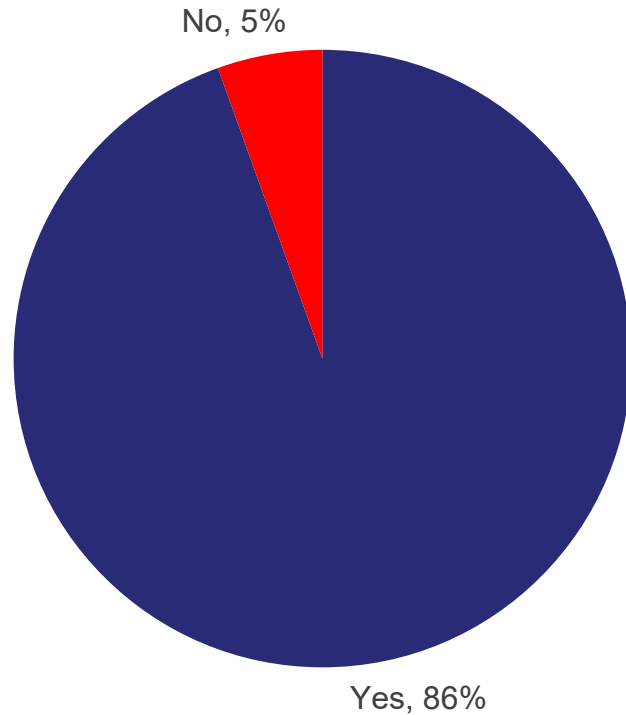
Q1. *Base: All* First, we'd like to gauge your level of awareness of the State Health Plan's Preferred Provider Program, which offers access to high-quality providers committed to affordable health care.

Awareness of Copay Benefits of PPP

86% of NCSHP members know that using a PPP is a means to saving on copay expenses. 93% say they have a preferred primary care physician listed on their NCSHP ID card.

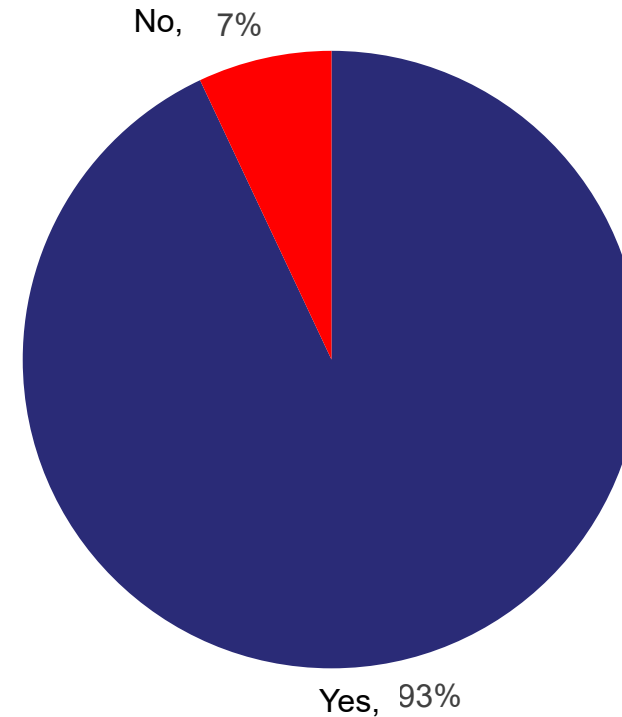
Awareness of Copay Benefits of PPP

Base: Familiar with PPP (n = 18,216)



Primary Provider Listed on NCSHP ID Card

Base: Total sample (n = 20,000)

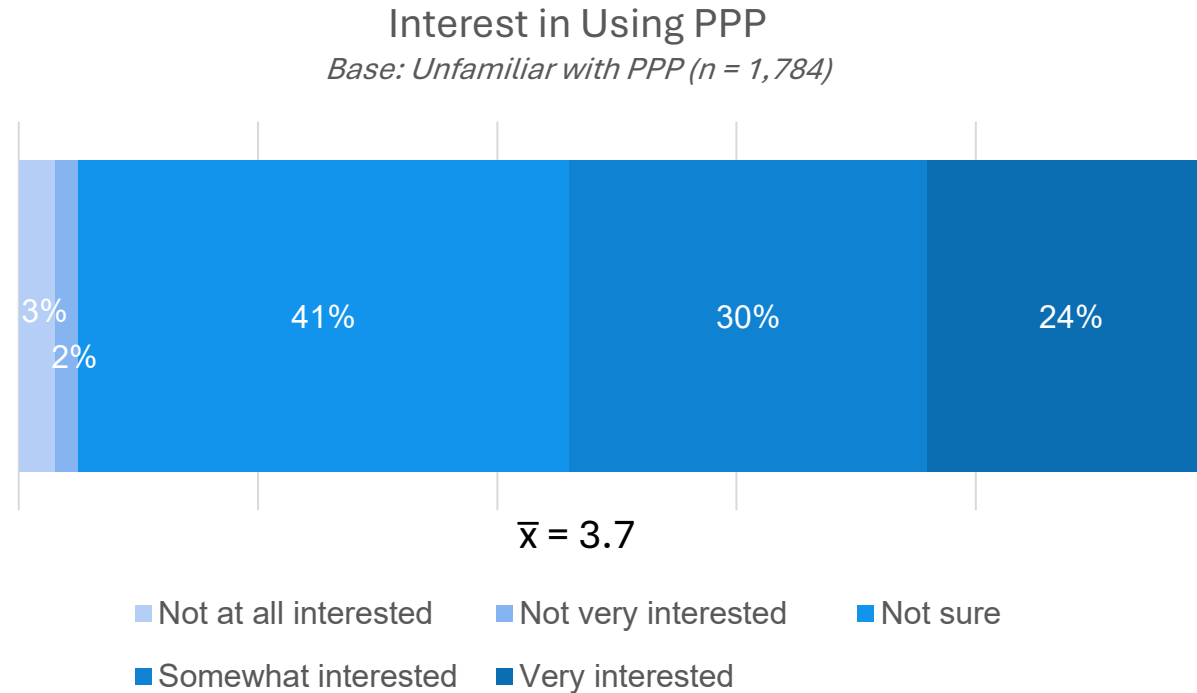


Q2. *Base: Familiar with PPP* Are you aware that selecting a Preferred Provider to appear on your ID card has the lowest co-pay for an office visit when you visit that provider?

Q4. *Base: All* Do you currently have a Primary Care Provider listed on your State Health Plan ID card?

Interest in Using PPP

Over half of the relatively few NCSHP members who weren't currently familiar with the PPP program say they are somewhat or very interested in it.

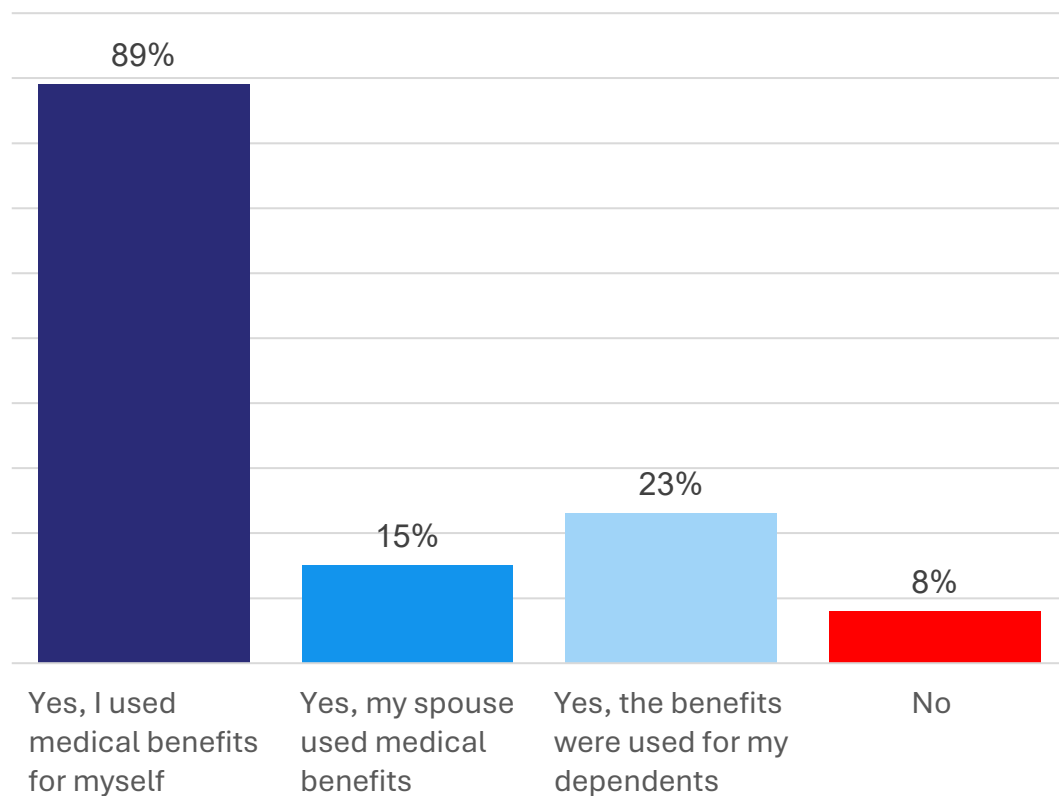


Q3. *Base: Not previously familiar with PPP* Now that you know that the Preferred Provider Program exists, what is your level of interest in using it?

The vast majority of benefit and pharmacy usage are for the NCSHP members themselves. Benefits are used for spouses and dependents in relatively smaller proportions.

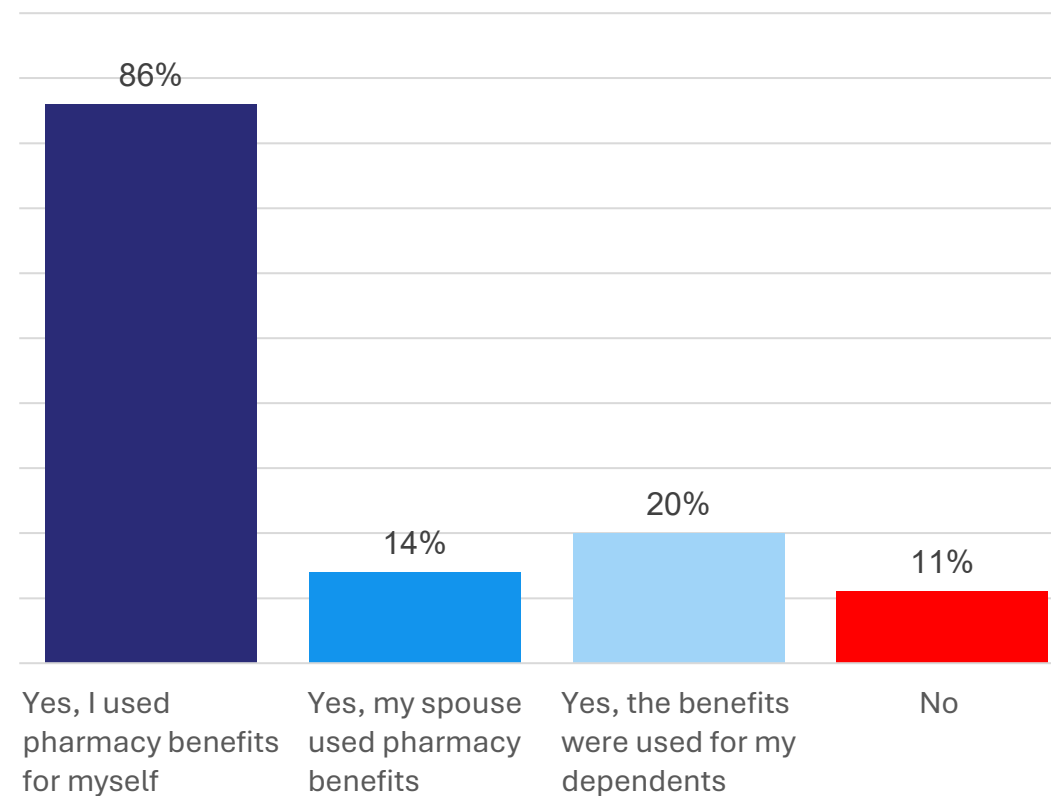
Usage of NCSHP Medical Benefits

Base: Total sample (n = 20,000)



Usage of NCSHP Pharmacy Benefits

Base: Total sample (n = 20,000)

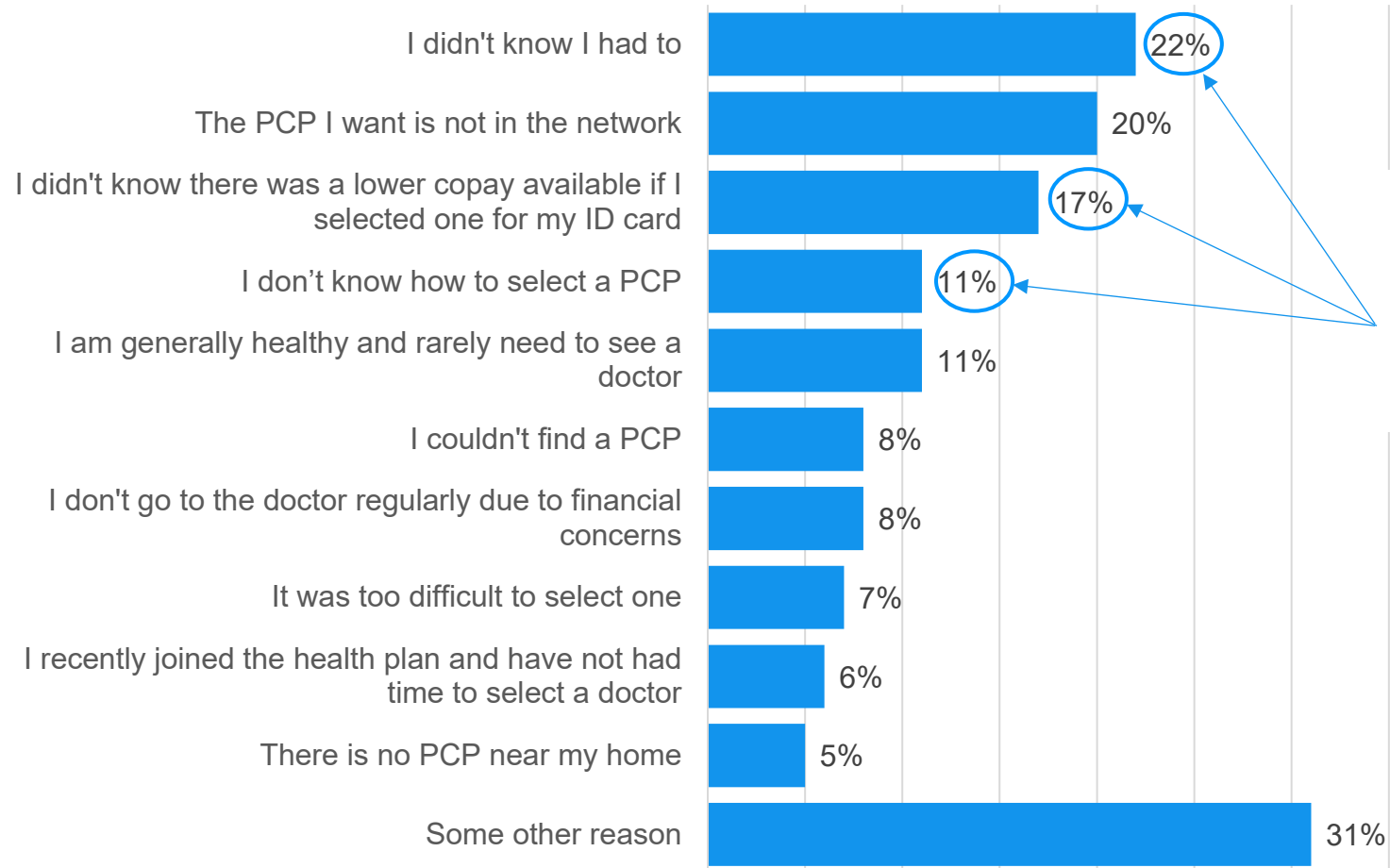


Q5. *Base: All* Have you, a spouse, or dependent used your State Health Plan medical benefits for any of your health care needs in the last 6 months? Please check all that apply.

Q6. *Base: All* Have you, a spouse, or dependent used your State Health Plan pharmacy benefits for any of your health care needs in the last 6 months? Please check all that apply.

Reasons for Not Selecting a PCP

Base: Has not selected a PCP (n = 1,480)

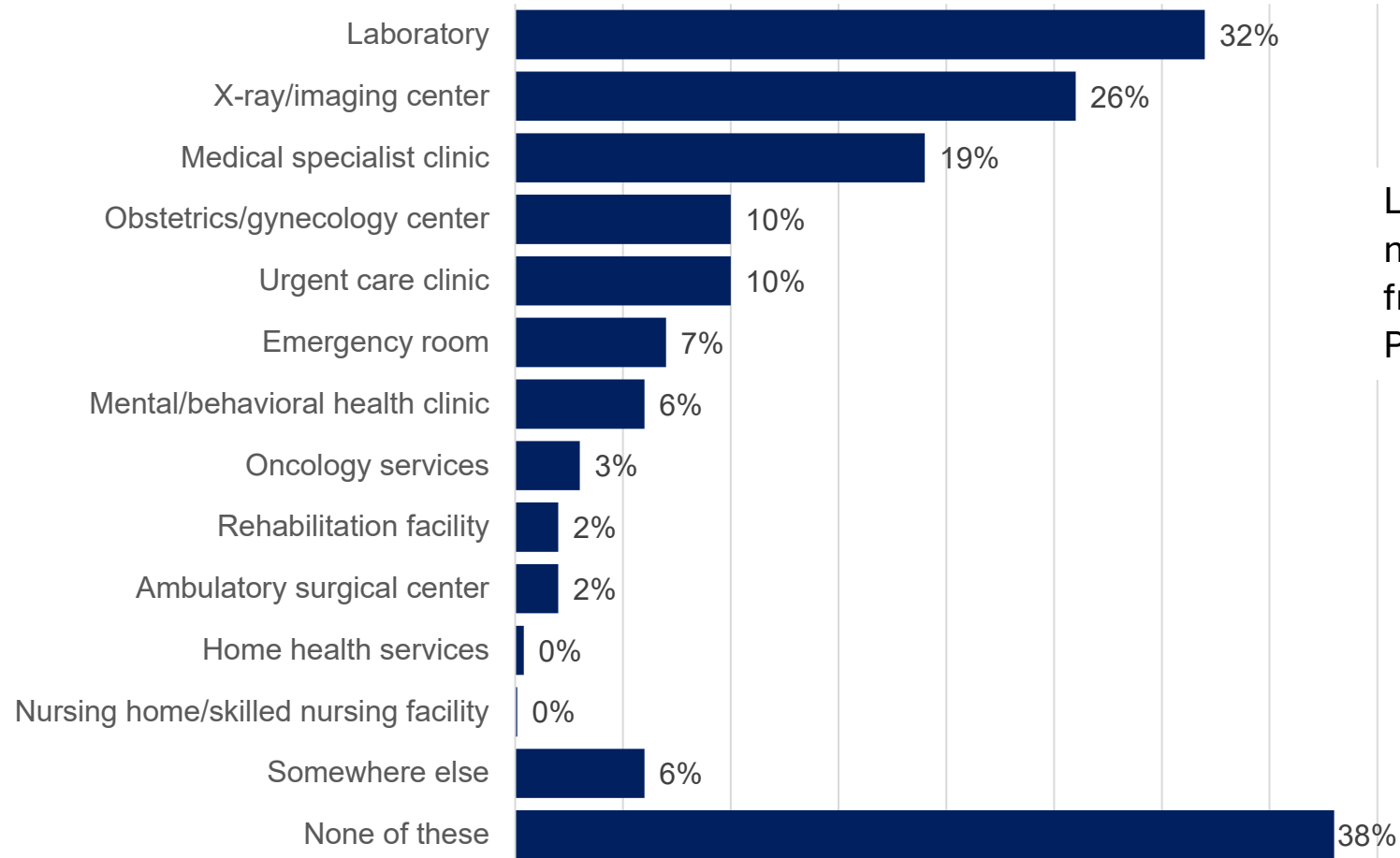


Educating NCSHP members about the benefits of selecting a PCP, along with the mechanics about how it works, would result in significantly greater usage.

Q15. Base: No primary care physician Earlier, you mentioned that you have not added a primary care provider (PCP) to your State Health Plan ID Card. Which of the following situations apply as to why you haven't selected one?

Use of a Care Facility Recommended by PCP

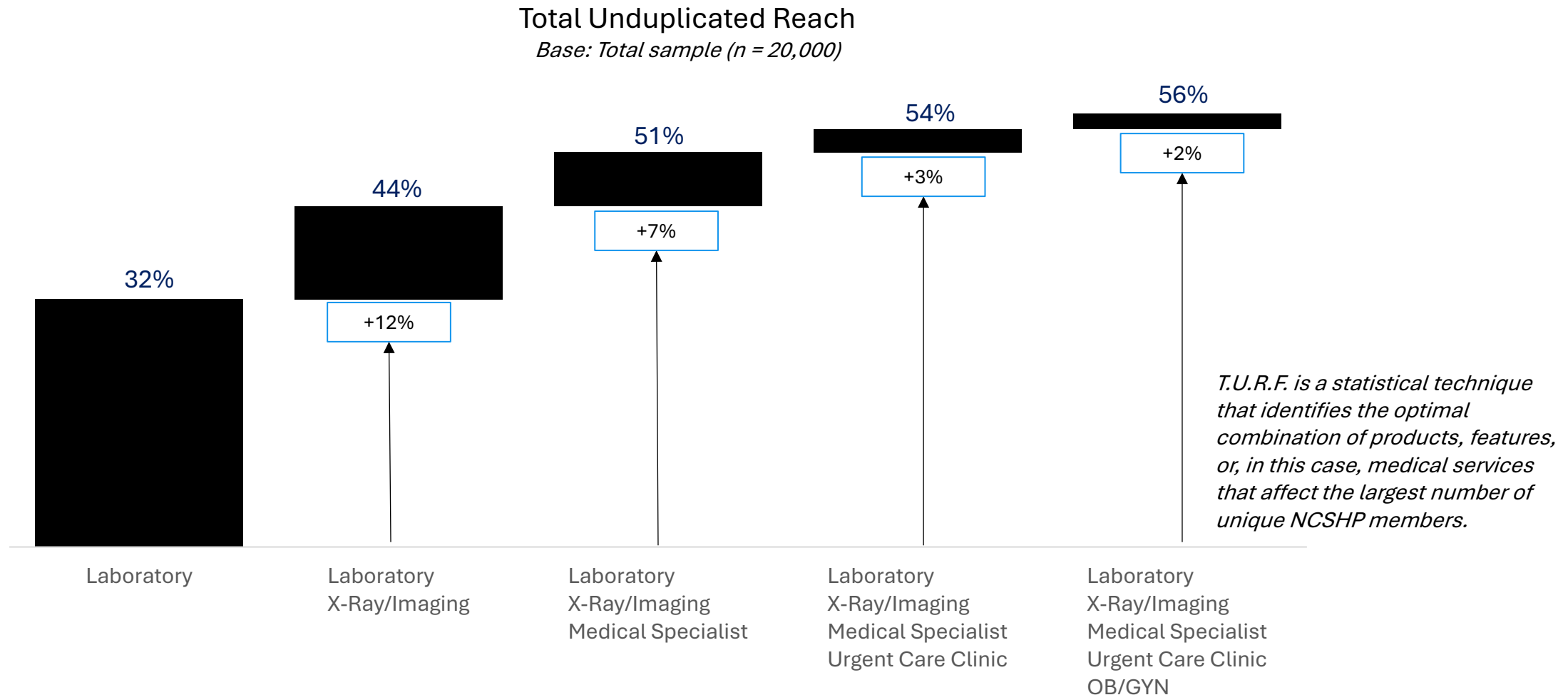
Base: All (n = 20,000)



Labs, x-rays, and consultations with medical specialists are the most frequently recommended facilities by PCPs.

Q16. *Base: All* Have you recently received care at a specific medical facility that your Primary Care Provider recommended?

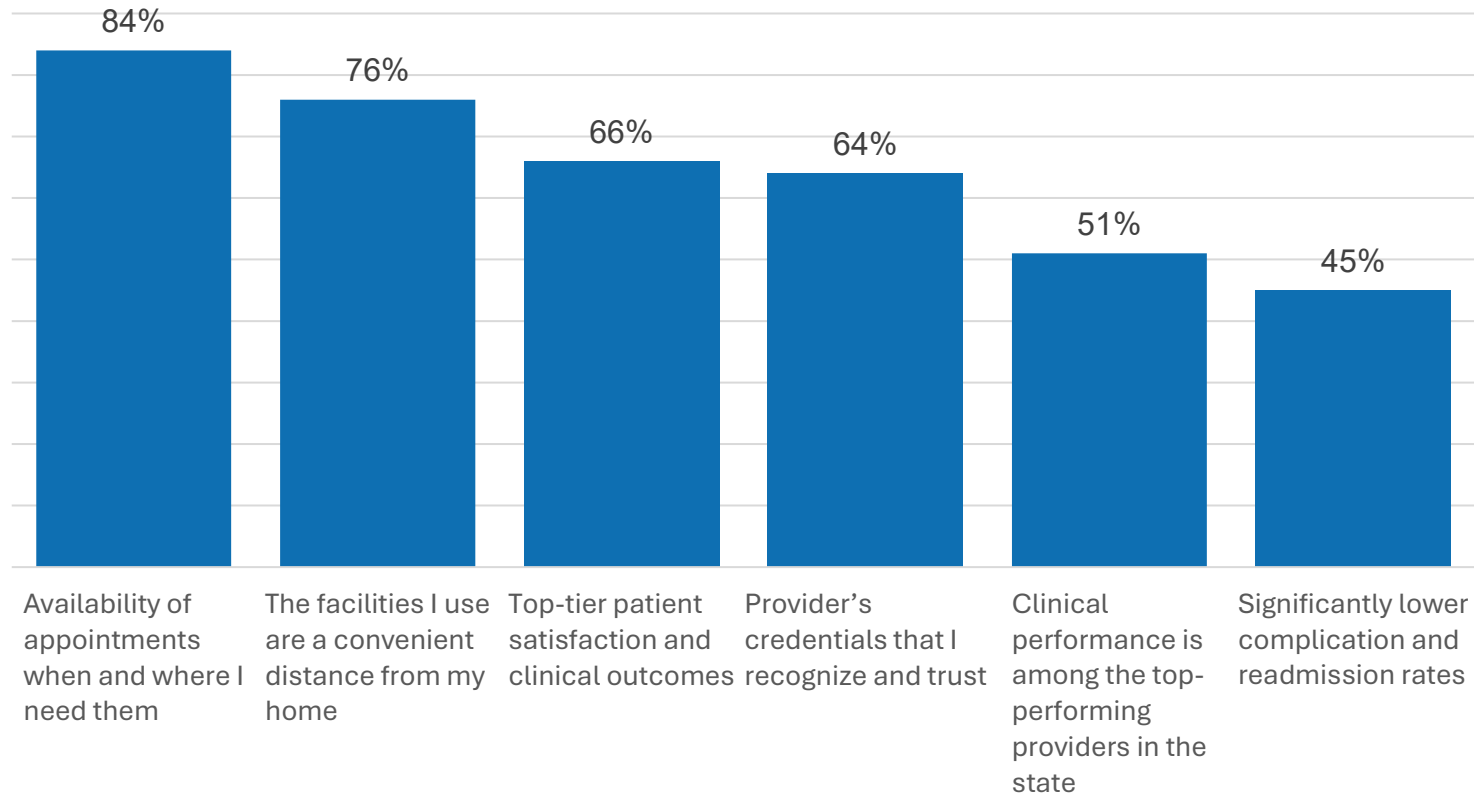
56% of NCSHP members have been referred to other medical facilities by their primary care provider.



Q16. *Base: All* Have you recently received care at a specific medical facility that your Primary Care Provider recommended?

Importance of General Medical Care Attributes

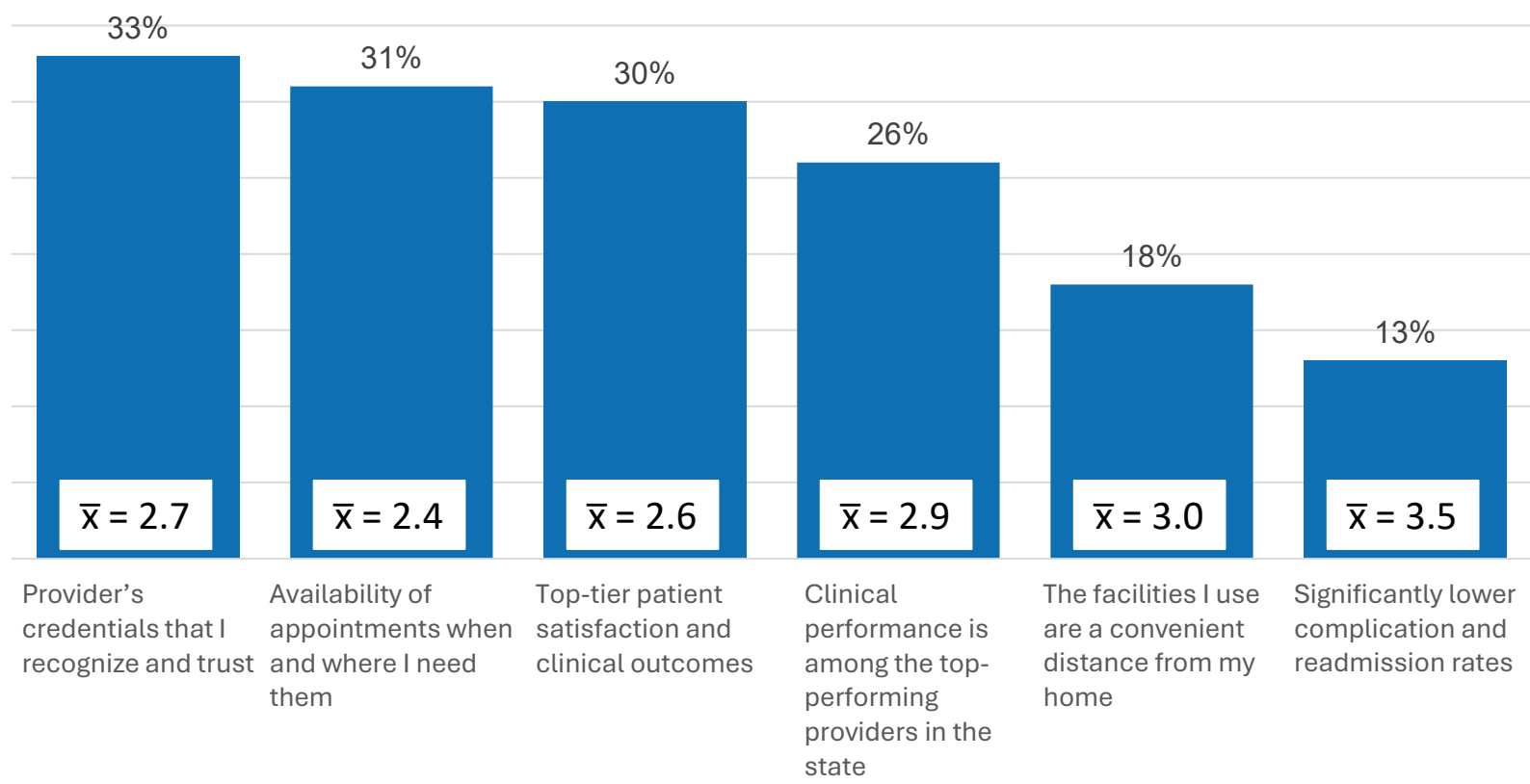
Base: Total sample (n = 20,000)



Q23. *Base: All* Please consider the following statements about medical care in general. Which of these is important to you?

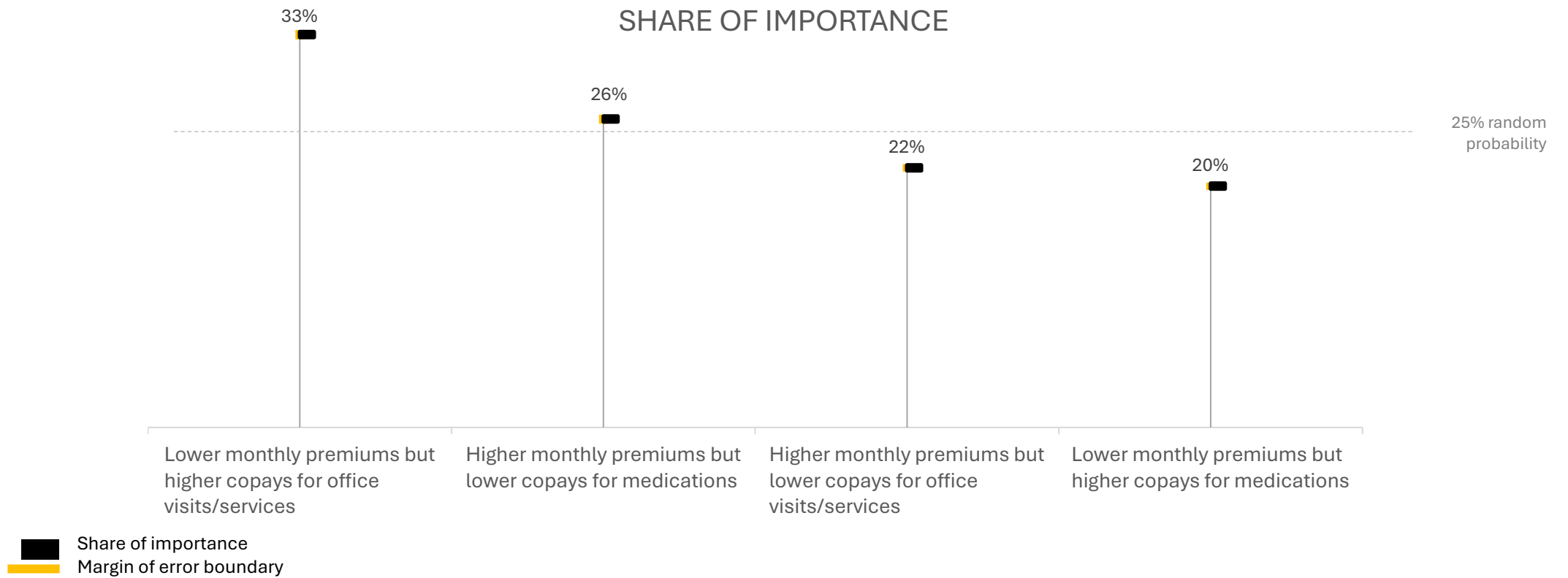
Ranked Importance of General Medical Care Attributes (Percent #1)

Base: Total sample (n = 20,000)



\bar{x} = mean ranking value; lower is better

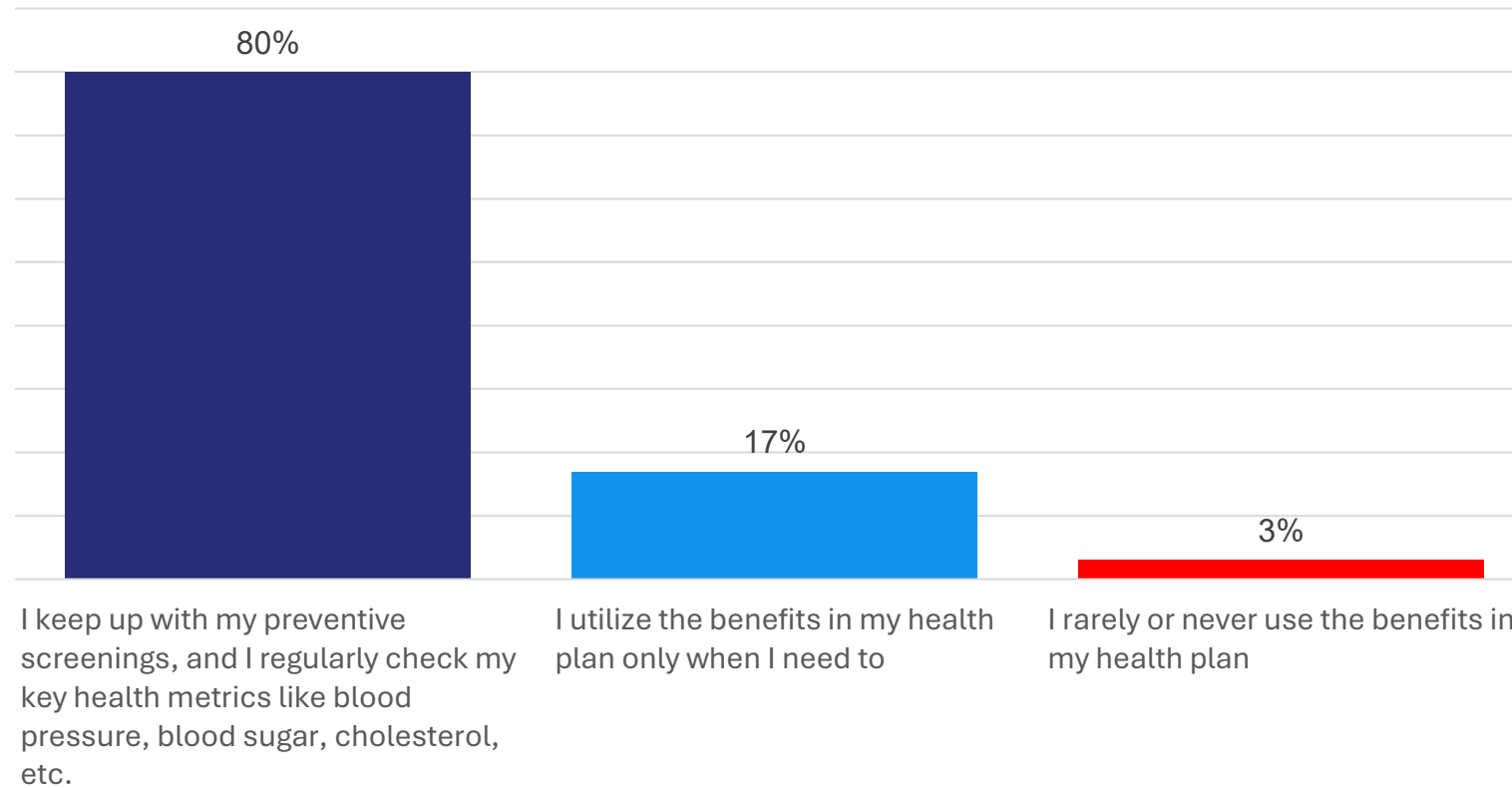
Q24. Base: All For the statements you chose, order the statements in order of importance. The most important statement would be #1, the second most important would be #2, and so on.



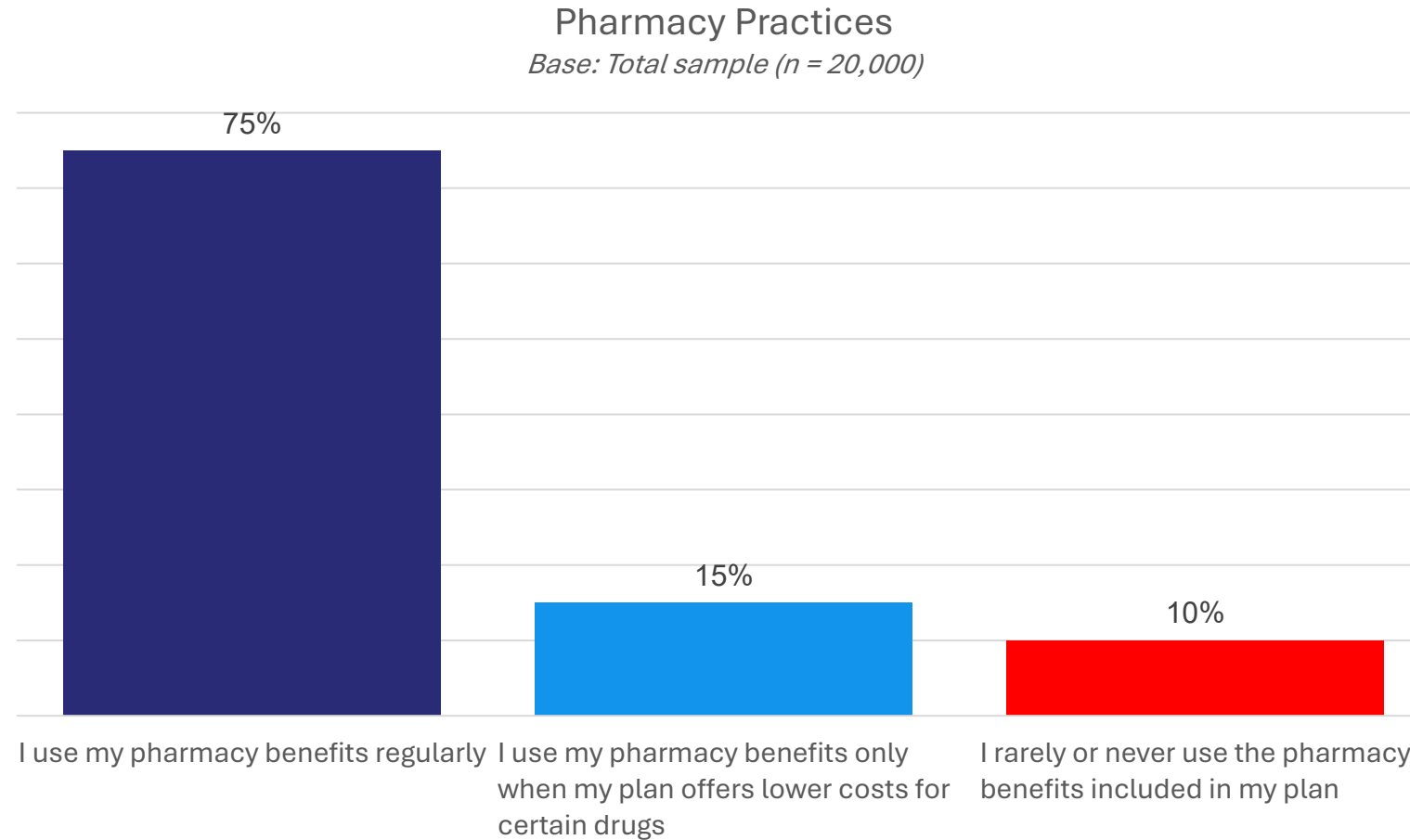
Q24. *Base: All*

Preventive Health Care Practices

Base: Total sample (n = 20,000)



Q7. *Base: All* Thinking about preventive health care only, which of the following three statements best describe how you use your health plan to manage your own health care?



Q8. *Base: All* Now thinking about pharmacy coverage only, which of the following three statements best describe how you use your health plan to manage your prescriptions?

Barriers to Usage by Benefit: Awareness of Specific Benefits

	Base*	Aware	Not aware
Your State Health Plan benefits cover preventive screenings and an annual physical at no cost to you.	n = 8,647	87%	13%
Lower copays when you select and visit a Preferred Provider.	n = 8,495	91%	9%
Lantern Surgical Benefit, which provides certain non-emergency surgical procedures at no cost.	n = 8,626	64%	36%
24/7 Aetna Nurse line, talk to a nurse anytime at no cost.	n = 8,590	46%	54%
Disease and Case Management Services provided to members with a chronic condition at no cost.	n = 8,609	24%	76%
State Health Plan Member Online Portals (via Aetna and CVS Caremark), secure portals that allow you to view your claims and other important information regarding your benefits.	n = 8,570	78%	22%
Aetna's Life Mart Program, which offers a variety of discounts on programs and services.	n = 8,463	16%	84%

* Base sample randomly assigned

Awareness ≤ 50%

Q9. *Base: All* Were you aware of this benefit?

Barriers to Usage by Benefit: Usage of Specific Benefits

	Base	Used	Not used
Your State Health Plan benefits cover preventive screenings and an annual physical at no cost to you.	n = 7,529	89%	11%
Lower copays when you select and visit a Preferred Provider.	n = 7,689	82%	18%
Lantern Surgical Benefit, which provides certain non-emergency surgical procedures at no cost.	n = 5,539	4%	96%
24/7 Aetna Nurse line, talk to a nurse anytime at no cost.	n = 3,977	6%	94%
Disease and Case Management Services provided to members with a chronic condition at no cost.	n = 2,057	13%	87%
State Health Plan Member Online Portals (via Aetna and CVS Caremark), secure portals that allow you to view your claims and other important information regarding your benefits.	n = 6,681	68%	32%
Aetna's Life Mart Program, which offers a variety of discounts on programs and services.	n = 1,352	13%	87%

Base: Aware of benefit

Usage ≤ 50%

Q10. *Base: Aware of benefit* In the past 12 months, have you used this benefit?

Barriers to Usage by Benefit: INERTIA/INTENT

Specific Barriers →	Base	Meant to but haven't gotten around to it	Decided not to use it	Not considering surgery at this time/not applicable to me	Not sure
Your State Health Plan benefits cover preventive screenings and an annual physical at no cost to you.	n = 836	74%	8%		18%
Lower copays when you select and visit a Preferred Provider.	n = 1,359	38%	33%		29%
Lantern Surgical Benefit, which provides certain non-emergency surgical procedures at no cost.	n = 5,310	11%	10%	61%	19%
24/7 Aetna Nurse line, talk to a nurse anytime at no cost.	n = 3,741	11%	25%		64%
Disease and Case Management Services provided to members with a chronic condition at no cost.	n = 1,785	11%	21%	52%	16%
State Health Plan Member Online Portals (via Aetna and CVS Caremark), secure portals that allow you to view your claims and other important information regarding your benefits.	n = 2,166	35%	15%		49%
Aetna's Life Mart Program, which offers a variety of discounts on programs and services.	n = 1,179	22%	24%		54%

Base: Has not used benefit

Response ≥ any other barrier

Q11. *Base: Has not used benefit* Have you ever thought about using this benefit, or planned to do it but not followed through?

Barriers to Usage by Benefit: INERTIA/INTENT

Reasons for non-use →	Base	Don't have the time	Difficult time scheduling	Not a priority	Forgot about it	Keep putting it off	Worried about the cost	No primary care provider	Don't want to share my health information	
									Some other reason	
Your State Health Plan benefits cover preventive screenings and an annual physical at no cost to you.	n = 621	22%	26%	6%	12%	28%	14%	5%		29%
Lower copays when you select and visit a Preferred Provider.	n = 519	10%	14%	7%	6%	18%	9%	10%		55%
Lantern Surgical Benefit, which provides certain non-emergency surgical procedures at no cost.	n = 591	16%	12%	12%	9%	26%	19%	1%		46%
24/7 Aetna Nurse line, talk to a nurse anytime at no cost.	n = 400	7%	6%	17%	38%	16%	5%	1%		30%
Disease and Case Management Services provided to members with a chronic condition at no cost.	n = 204	22%	14%	8%	36%		8%	1%	6%	9%
State Health Plan Member Online Portals (via Aetna and CVS Caremark), secure portals that allow you to view your claims and other important information regarding your benefits.	n = 765	17%	6%	23%	37%	30%	5%	1%		19%
Aetna's Life Mart Program, which offers a variety of discounts on programs and services.	n = 255	14%	7%	20%	33%	27%	20%	1%		18%

Base: Inertia/Intent segment

Highest frequency responses

Q12. *Base: Inertia/Intent segment* What has gotten in the way of using this benefit? Please check all that apply.

Barriers to Usage by Benefit: ACTIVE AVOIDANCE

Reasons for non-use →	Base	I feel healthy and don't think I need it	I'm worried about what they might find	I've had bad experiences	I don't trust the recommendation	I'm worried about discomfort or embarrassment	I don't think it will help me	There's no facility for this near my home or workplace	Some other reason
Your State Health Plan benefits cover preventive screenings and an annual physical at no cost to you.	n = 63**	35%	0%	6%	13%	2%	16%	3%	51%
Lower copays when you select and visit a Preferred Provider.	n = 449	2%	<1%	4%	18%	<1%	4%	25%	77%
Lantern Surgical Benefit, which provides certain non-emergency surgical procedures at no cost.	n = 516	7%	<1%	3%	45%	<1%	5%	32%	49%
24/7 Aetna Nurse line, talk to a nurse anytime at no cost.	n = 938	22%	<1%	5%	19%	<1%	23%		49%
Disease and Case Management Services provided to members with a chronic condition at no cost.	n = 372	16%	<1%	7%	15%	2%	26%		50%
State Health Plan Member Online Portals (via Aetna and CVS Caremark), secure portals that allow you to view your claims and other important information regarding your benefits.	n = 333	13%	<1%	11%	14%	<1%	25%	8%	44%
Aetna's Life Mart Program, which offers a variety of discounts on programs and services.	n = 284	10%	<1%	6%	14%	0%	30%	23%	

Base: Active Avoidance segment

Highest frequency responses

Q13. *Base: Active Avoidance segment* What are the main reasons you've decided not to use this benefit? Please check all that apply.

* Small base
 ** Very small base, use with caution

Barriers to Usage by Benefit: PASSIVE NON-USE

	Base	Doesn't really apply to me	No doctor has mentioned it	I haven't had any reminders about it	I don't think of myself as someone who needs this kind of care	I have more pressing health issues I'm focused on	It hasn't come up	This is for people who are already sick	Some other reason
Your State Health Plan benefits cover preventive screenings and an annual physical at no cost to you.	n = 152	11%	22%	20%	13%	20%			31%
Lower copays when you select and visit a Preferred Provider.	n = 391	7%	10%	8%	6%	7%	30%	2%	54%
Lantern Surgical Benefit, which provides certain non-emergency surgical procedures at no cost.	n = 4,203	80%	16%	5%	7%	12%	49%	1%	28%
24/7 Aetna Nurse line, talk to a nurse anytime at no cost.	n = 2,403	12%	8%	8%	14%	10%	53%		20%
Disease and Case Management Services provided to members with a chronic condition at no cost.	n = 287	6%	31%	13%	19%	12%	39%		21%
State Health Plan Member Online Portals (via Aetna and CVS Caremark), secure portals that allow you to view your claims and other important information regarding your benefits.	n = 1,068	9%	8%	13%	7%	7%	55%	1%	22%
Aetna's Life Mart Program, which offers a variety of discounts on programs and services.	n = 640	15%	16%	16%	12%	11%	46%	2%	17%

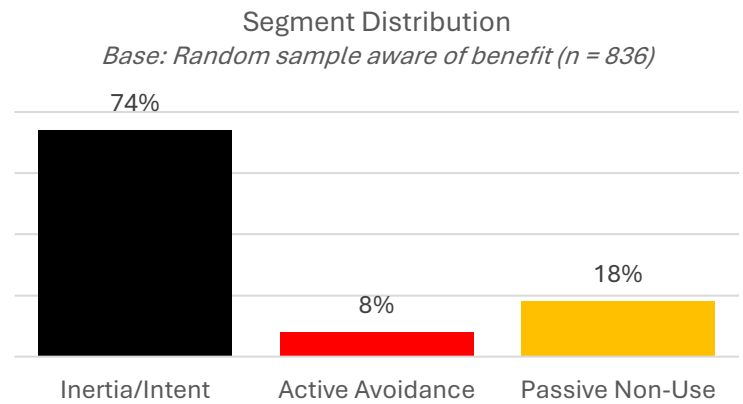
Base: Passive Non-Use segment

Highest frequency responses

Q14. *Base: Passive Non-Use segment* Can you tell us a little about why you haven't thought about using this benefit? Please check all that apply.

Your State Health Plan benefits cover preventative screenings and an annual physical at no cost to you.

Awareness and Usage	Percent	IDX
Awareness	87%	150
P12M Usage	89%	227



Q12 Barriers to Usage: Inertia/Intent Segment

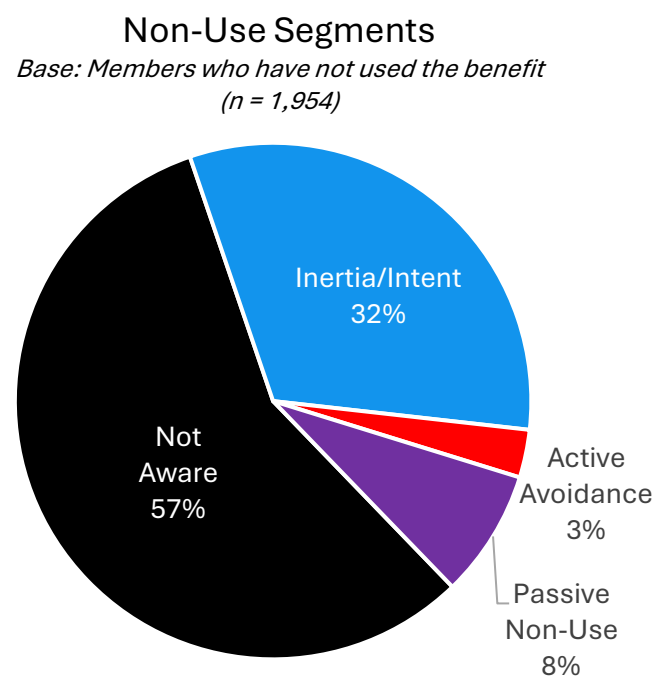
I keep putting it off	28%
I've had a difficult time scheduling	26%
I don't have the time	22%
I'm worried about the cost	14%
I forgot about it	12%
It's not a priority	6%
I don't have a primary care provider	5%
Some other reason	29%

Q13 Barriers to Usage: Active Avoidance Segment

I feel healthy and don't think I need it	35%
I don't think it will help me	16%
I don't trust the recommendation	13%
I've had bad experiences	6%
There's no facility for this near my home or workplace	3%
I'm worried about discomfort or embarrassment	2%
I'm worried about what they might find	0%
Some other reason	51%

Q14 Barriers to Usage: Passive Non-Use Segment

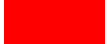




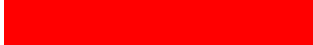
No doctor has mentioned it	22%
I haven't had any reminders about it	20%
I have more pressing health issues	20%
I'm focused on	13%
I don't think of myself as someone who needs this kind of care	13%
It doesn't really apply to me	11%
Some other reason	31%



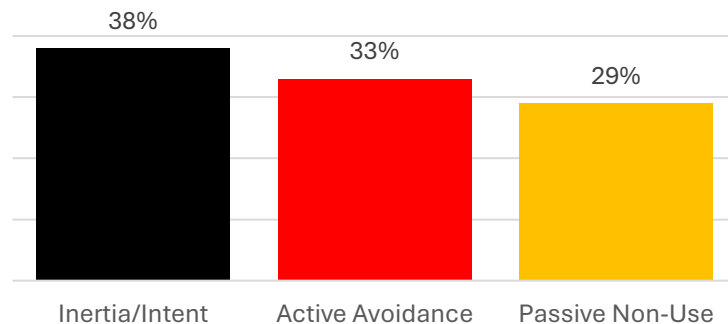
IDX refers to the percentage of awareness/usage for this attribute relative to the unweighted average of all attributes (xx%). The formula is (attribute awareness/usage ÷ average awareness/usage) * 100.

Lower copays when you select and visit a Preferred Provider.

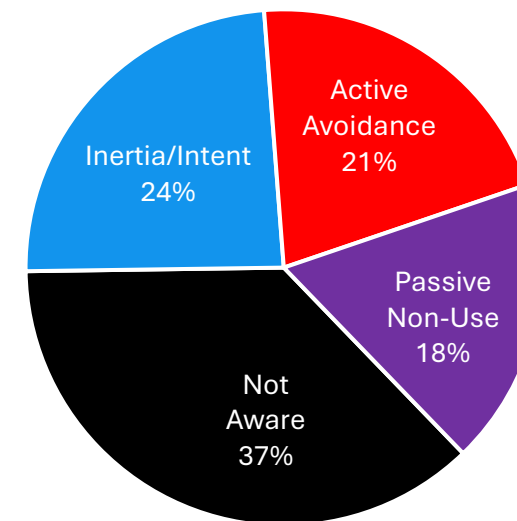
Awareness and Usage	Percent	IDX
Awareness	91%	157
P12M Usage	82%	209

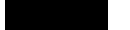







Q13 Barriers to Usage: Active Avoidance Segment		
There's no facility for this near my home or workplace		25%
I don't trust the recommendation		18%
I've had bad experiences		4%
I don't think it will help me		4%
I feel healthy and don't think I need it		2%
I'm worried about discomfort or embarrassment		0%
I'm worried about what they might find		0%
Some other reason		77%










Segment Distribution
Base: Random sample aware of benefit (n = 1,359)



Non-Use Segments
Base: Members who have not used the benefit (n = 2,165)



Q12 Barriers to Usage: Inertia/Intent Segment		
I keep putting it off		18%
I've had a difficult time scheduling		14%
I don't have the time		10%
I don't have a Primary Care Provider		10%
I'm worried about the cost		9%
It's not a priority		7%
I forgot about it		6%
Some other reason		55%

Q14 Barriers to Usage: Passive Non-Use Segment		
It hasn't come up		30%
No doctor has mentioned it		10%
I haven't had any reminders about it		8%
It doesn't really apply to me		7%
I have more pressing health issues		7%
I'm focused on		6%
I don't think of myself as someone who needs this kind of care		6%
This is for people who are already sick		2%
Some other reason		54%

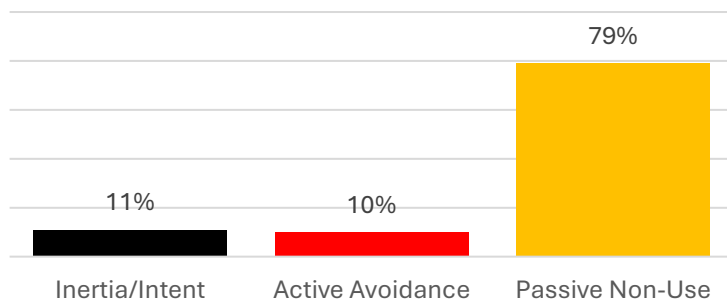
IDX refers to the percentage of awareness/usage for this attribute relative to the unweighted average of all attributes (xx%). The formula is (attribute awareness/usage ÷ average awareness/usage) * 100.

Segment Distribution by Benefit

Lantern Surgical Benefit, which provides certain non-emergency surgical procedures at no cost.

Awareness and Usage	Percent	IDX
Awareness	64%	110
P12M Usage	4%	10

Segment Distribution
Base: Random sample aware of benefit (n = 5,310)

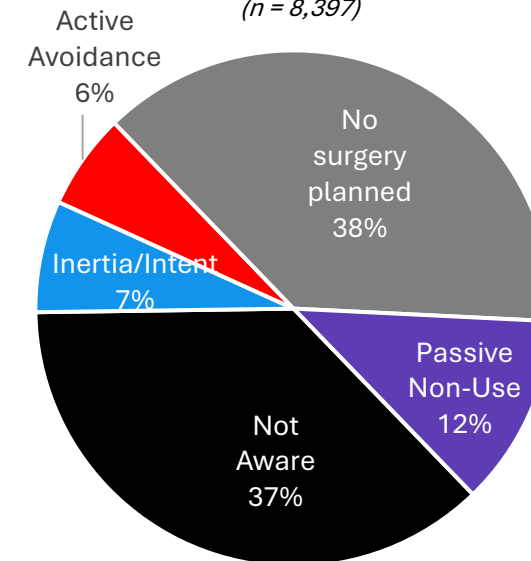


Q13 Barriers to Usage: Active Avoidance Segment		
I don't trust the recommendation	45%	
There's no facility for this near my home or workplace	32%	
I feel healthy and don't think I need it	7%	
I don't think it will help me	5%	
I've had bad experiences	3%	
I'm worried about what they might find	0%	
I'm worried about discomfort or embarrassment	0%	
Some other reason	49%	

Q14 Barriers to Usage: Passive Non-Use Segment		
It doesn't really apply to me	80%	
It hasn't come up	49%	
No doctor has mentioned it	16%	
I have more pressing health issues	12%	
I'm focused on	7%	
I don't think of myself as someone who needs this kind of care	7%	
I haven't had any reminders about it	5%	
This is for people who are already sick	1%	
Some other reason	28%	

Q12 Barriers to Usage: Inertia/Intent Segment		
I keep putting it off	26%	
I'm worried about the cost	19%	
I don't have the time	16%	
I've had a difficult time scheduling	12%	
It's not a priority	12%	
I forgot about it	9%	
I don't have a primary care provider	1%	
Some other reason	46%	

Non-Use Segments
Base: Members who have not used the benefit (n = 8,397)

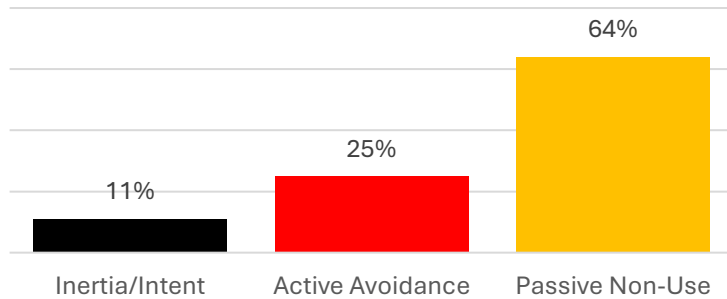


IDX refers to the percentage of awareness/usage for this attribute relative to the unweighted average of all attributes (xx%). The formula is (attribute awareness/usage ÷ average awareness/usage) * 100.

24/7 Aetna Nurse line, talk to a nurse anytime at no cost.

Awareness and Usage	Percent	IDX
Awareness	46%	79
P12M Usage	6%	15

Segment Distribution
Base: Random sample aware of benefit (n = 3,741)

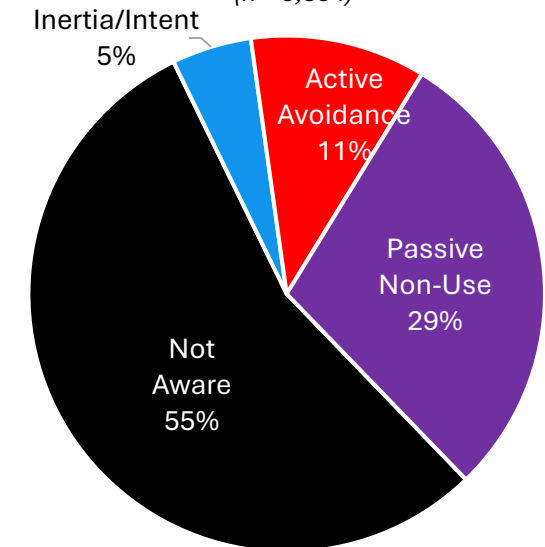


Q13 Barriers to Usage: Active Avoidance Segment		
I don't think it will help me	23%	
I feel healthy and don't think I need it	22%	
I don't trust the recommendation	19%	
I've had bad experiences	5%	
I'm worried about discomfort or embarrassment	0%	
I'm worried about what they might find	0%	
Some other reason	49%	

Q14 Barriers to Usage: Passive Non-Use Segment		
It hasn't come up	53%	
I don't think of myself as someone who needs this kind of care	14%	
It doesn't really apply to me	12%	
I have more pressing health issues I'm focused on	10%	
No doctor has mentioned it	8%	
I haven't had any reminders about it	8%	
Some other reason	28%	

Q12 Barriers to Usage: Inertia/Intent Segment		
I forgot about it	38%	
It's not a priority	17%	
I keep putting it off	16%	
I don't have the time	7%	
I've had a difficult time scheduling	6%	
I'm worried about the cost	5%	
I don't have a primary care provider	1%	
Some other reason	30%	

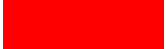
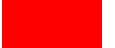




Non-Use Segments
Base: Members who have not used the benefit (n = 8,354)



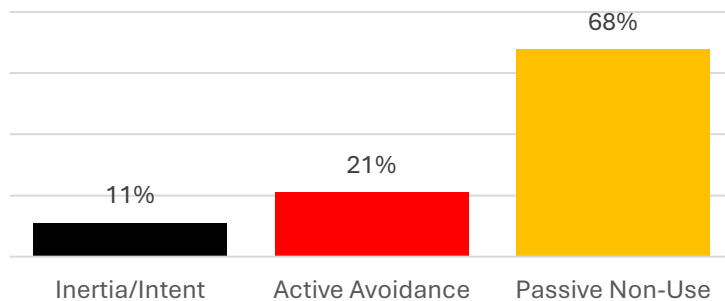
IDX refers to the percentage of awareness/usage for this attribute relative to the unweighted average of all attributes (xx%). The formula is (attribute awareness/usage ÷ average awareness/usage) * 100.








Disease and Case Management Services provided to members with a chronic condition at no cost.








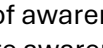
Awareness and Usage	Percent	IDX
Awareness	24%	41
P12M Usage	13%	33

Q13 Barriers to Usage: Active Avoidance Segment		
I don't think it will help me		26%
I feel healthy and don't think I need it		16%
I don't trust the recommendation		15%
I've had bad experiences		7%
I'm worried about discomfort or embarrassment		2%
I'm worried about what they might find		0%
Some other reason		50%

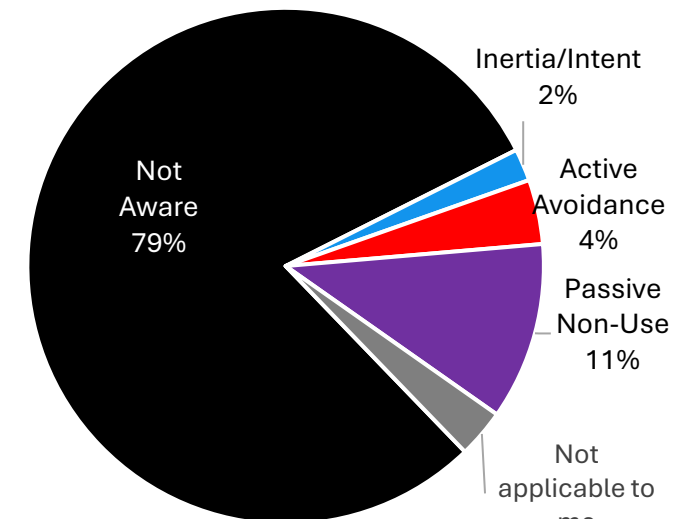
Segment Distribution
Base: Random sample aware of benefit (n = 1,785)



Q14 Barriers to Usage: Passive Non-Use Segment		
It hasn't come up		39%
No doctor has mentioned it		31%
I don't think of myself as someone who needs this kind of care		19%
I haven't had any reminders about it		13%
I have more pressing health issues I'm focused on		12%
It doesn't really apply to me		6%
Some other reason		21%

Q12 Barriers to Usage: Inertia/Intent Segment		
I keep putting it off		40%
I forgot about it		36%
I don't have the time		22%
I've had a difficult time scheduling		14%
It's not a priority		8%
I'm worried about the cost		8%
I don't want to share my health information		6%
I don't have a primary care provider		1%
Some other reason		9%

Non-Use Segments
Base: Members who have not used the benefit (n = 8,337)



IDX refers to the percentage of awareness/usage for this attribute relative to the unweighted average of all attributes (xx%). The formula is (attribute awareness/usage ÷ average awareness/usage) * 100.

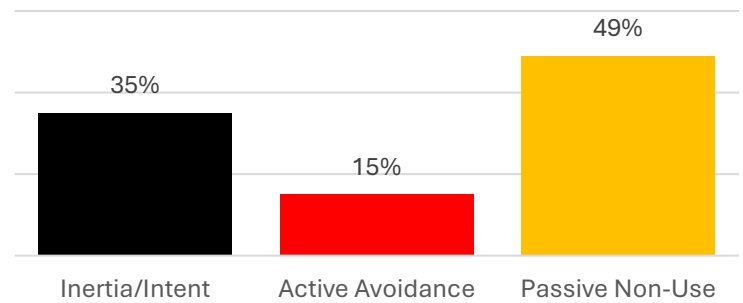
State Health Plan Member Online Portals (via Aetna and CVS Caremark), which are secure portals that allow you to view your claims and other important information regarding your benefits.

Awareness and Usage	Percent	IDX
Awareness	78%	134
P12M Usage	68%	173

Q13 Barriers to Usage: Active Avoidance Segment

I don't think it will help me	25%
I don't trust the recommendation	14%
I feel healthy and don't think I need it	13%
I've had bad experiences	11%
There's no facility for this near my home or workplace	8%
I'm worried about discomfort or embarrassment	0%
I'm worried about what they might find	0%
Some other reason	44%

Segment Distribution
Base: Random sample aware of benefit (n = 2,166)



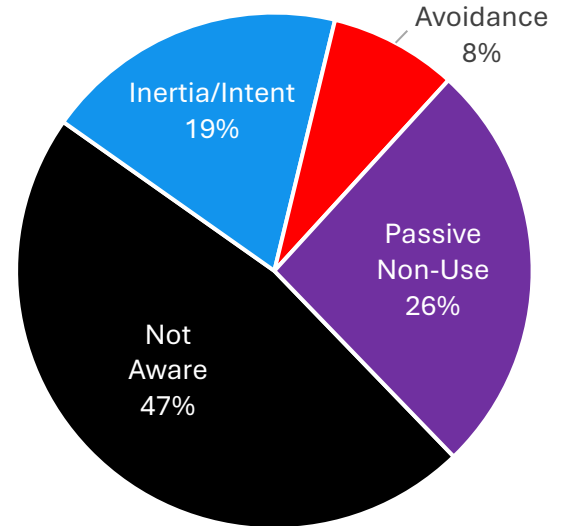
Q14 Barriers to Usage: Passive Non-Use Segment

It hasn't come up	55%
I haven't had any reminders about it	13%
It doesn't really apply to me	9%
No doctor has mentioned it	8%
I don't think of myself as someone who needs this kind of care	7%
I have more pressing health issues	7%
I'm focused on	1%
This is for people who are already sick	1%
Some other reason	22%

Q12 Barriers to Usage: Inertia/Intent Segment

I forgot about it	37%
I keep putting it off	30%
It's not a priority	23%
I don't have the time	17%
I've had a difficult time scheduling	6%
I'm worried about the cost	5%
I don't have a primary care provider	1%
Some other reason	19%

Non-Use Segments
Base: Members who have not used the benefit (n = 4,055)

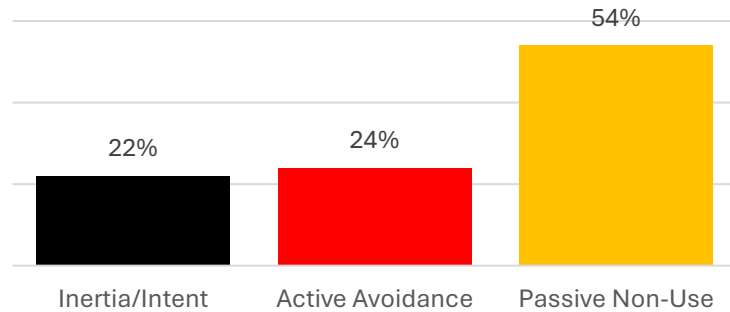


IDX refers to the percentage of awareness/usage for this attribute relative to the unweighted average of all attributes (xx%). The formula is (attribute awareness/usage ÷ average awareness/usage) * 100.

Aetna's Life Mart Program, which offers a variety of discounts on programs and services.

Awareness and Usage	Percent	IDX
Awareness	16%	28
P12M Usage	13%	33

Segment Distribution
Base: Random sample aware of benefit (n = 1,179)

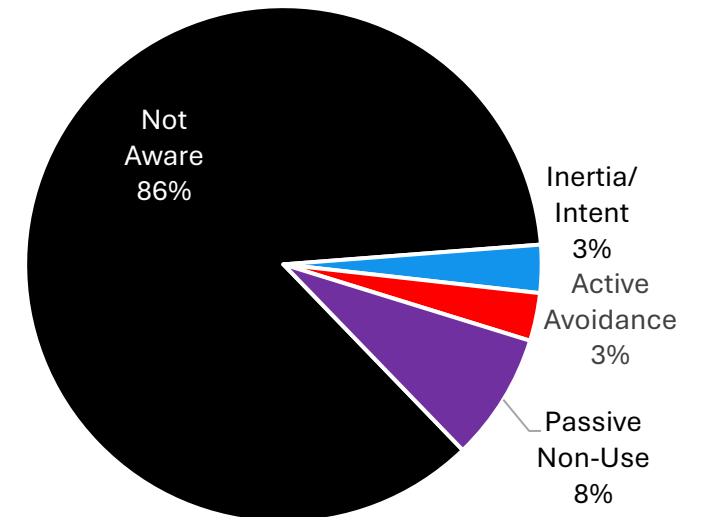


Q13 Barriers to Usage: Active Avoidance Segment		
I don't think it will help me	30%	
There's no facility for this near my home or workplace	23%	
I don't trust the recommendation	14%	
I feel healthy and don't think I need it	10%	
I've had bad experiences	6%	
I'm worried about what they might find	0%	
I'm worried about discomfort or embarrassment	0%	
Some other reason	40%	

Q14 Barriers to Usage: Passive Non-Use Segment		
It hasn't come up	46%	
I haven't had any reminders about it	16%	
No doctor has mentioned it	16%	
It doesn't really apply to me	15%	
I don't think of myself as someone who needs this kind of care	12%	
I have more pressing health issues	11%	
I'm focused on		
This is for people who are already sick	2%	
Some other reason	17%	

Q12 Barriers to Usage: Inertia/Intent Segment		
I forgot about it	33%	
I keep putting it off	27%	
It's not a priority	20%	
I'm worried about the cost	20%	
I don't have the time	14%	
I've had a difficult time scheduling	7%	
I don't have a primary care provider	1%	
Some other reason	18%	

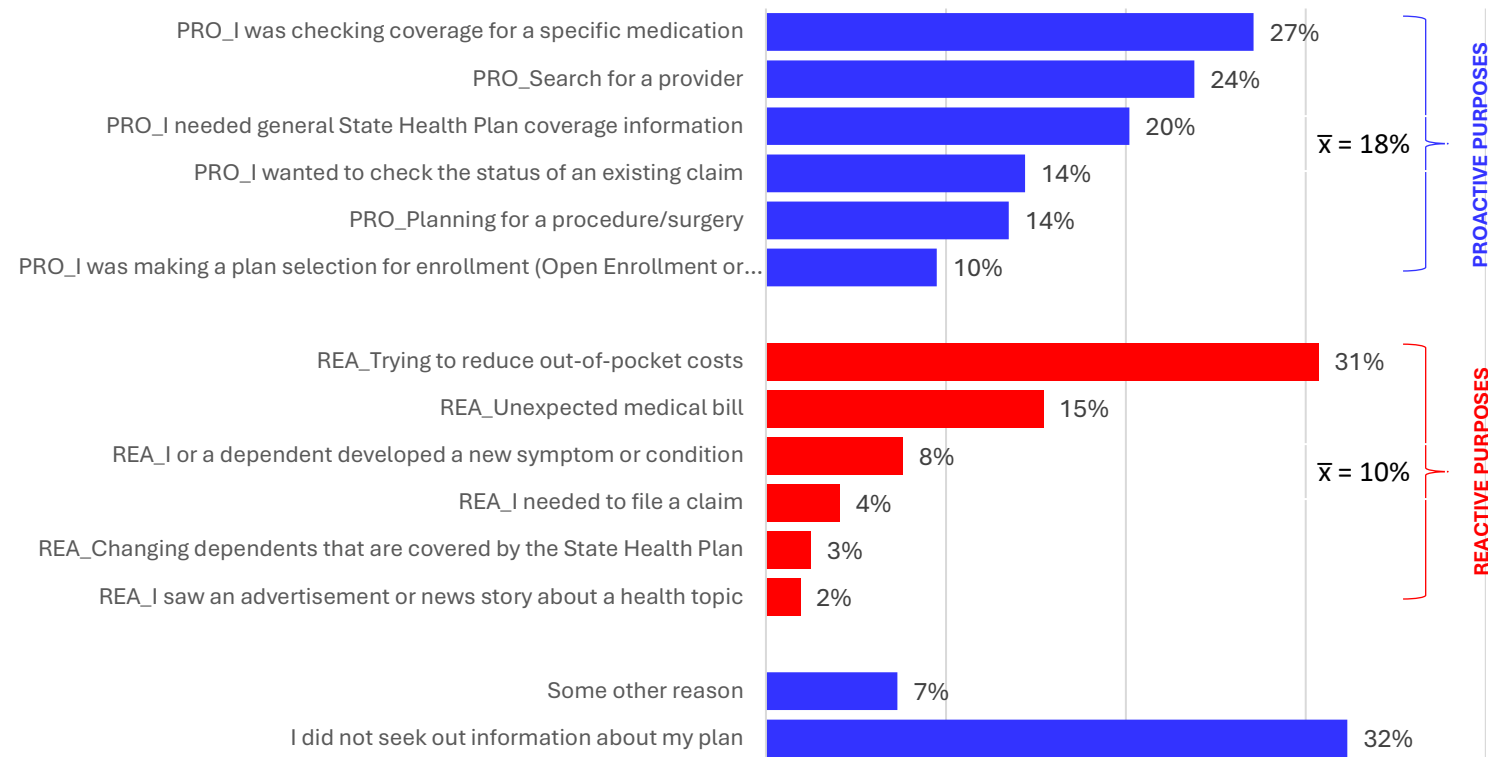
Non-Use Segments
Base: Members who have not used the benefit (n = 8,290)



IDX refers to the percentage of awareness/usage for this attribute relative to the unweighted average of all attributes (xx%). The formula is (attribute awareness/usage ÷ average awareness/usage) * 100.

Reasons for Seeking Out Information

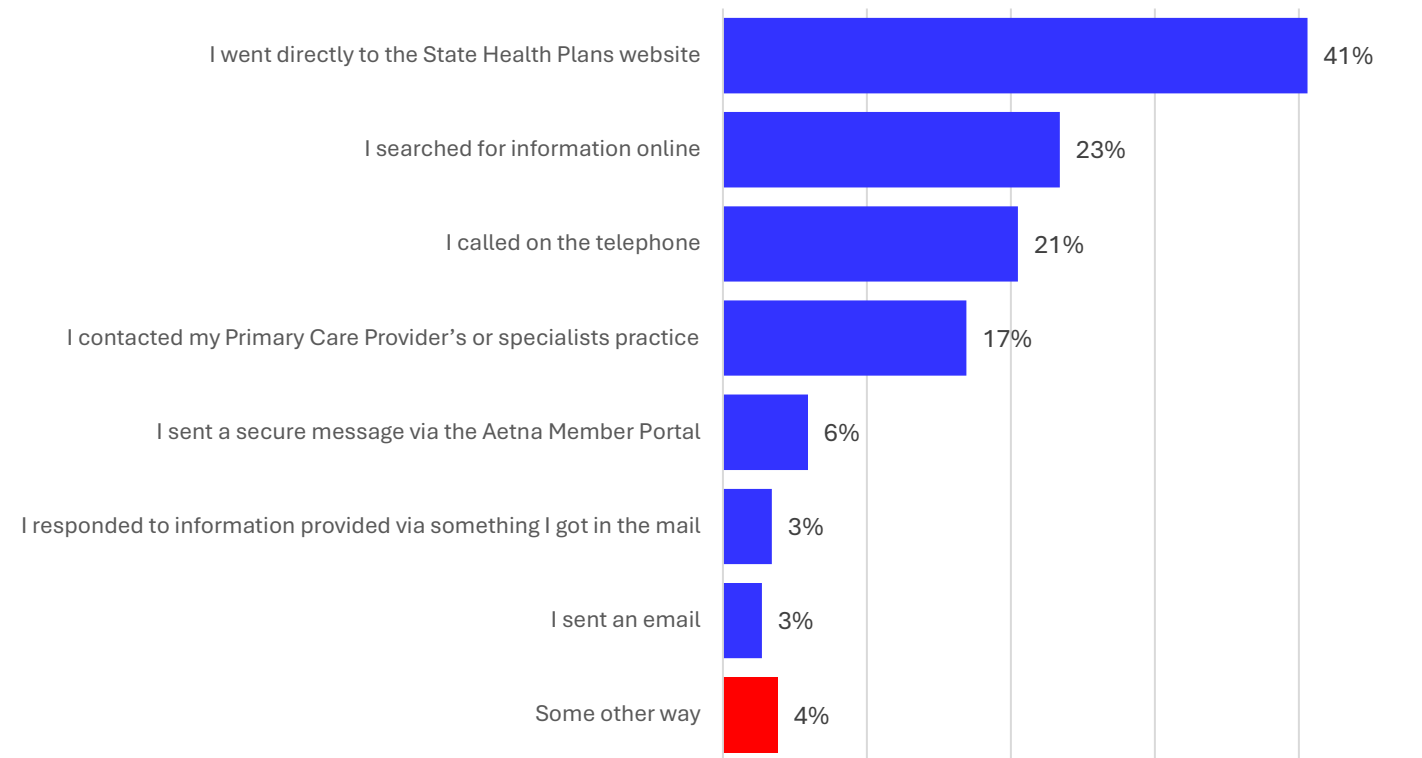
Base: All (n = 20,000)



Q17. Base: All Within the past 3 months, have you had a reason to seek out any information about your State Health Plan? If so, what information were you looking for?

Methods for Seeking Out Information

Base: Sought information (n = 13,539)



Q18. *Base: Sought information* How did you seek out the information you needed on those occasions?

Information Sought by Method

	Telephone	Email	PCP	Aetna Member Portal	Responded to mail	NCSHP website	Searched online	Other
Base	n = 4,103	n = 543	n = 3,388	n = 1,175	n = 677	n = 8,117	n = 4,675	n = 761
PRO_General coverage information	33%		33%	37%	38%	37%	37%	24%
REA_New symptom or condition	13%	14%	18%	15%	14%	12%	16%	9%
PRO_Plan selection	11%	19%	14%	14%	21%	18%	16%	11%
PRO_Checking Coverage	43%	45%	47%	51%	42%	44%	49%	34%
REA_File a claim	9%	19%	8%	15%	13%	6%	8%	7%
PRO_Status of a claim	26%	34%	25%	45%	36%	24%	24%	26%
PRO_Search for a provider	34%	38%	38%	43%	31%	43%	43%	27%
REA_Unexpected medical bill	33%	39%	34%	37%		22%	25%	21%
PRO_Planning for a procedure/surgery	25%	30%	29%	27%	30%	21%	23%	16%
REA_Changing dependents	5%	7%	3%	5%	6%	4%	4%	3%
REA_Reduce out-of-pocket costs	50%	60%	58%	56%	52%	47%	56%	
REA_I saw an ad	3%	5%	4%	3%	8%	3%	5%	2%
Some other reason	16%	20%	11%	13%	13%	9%	11%	35%

Most-used method for specific information

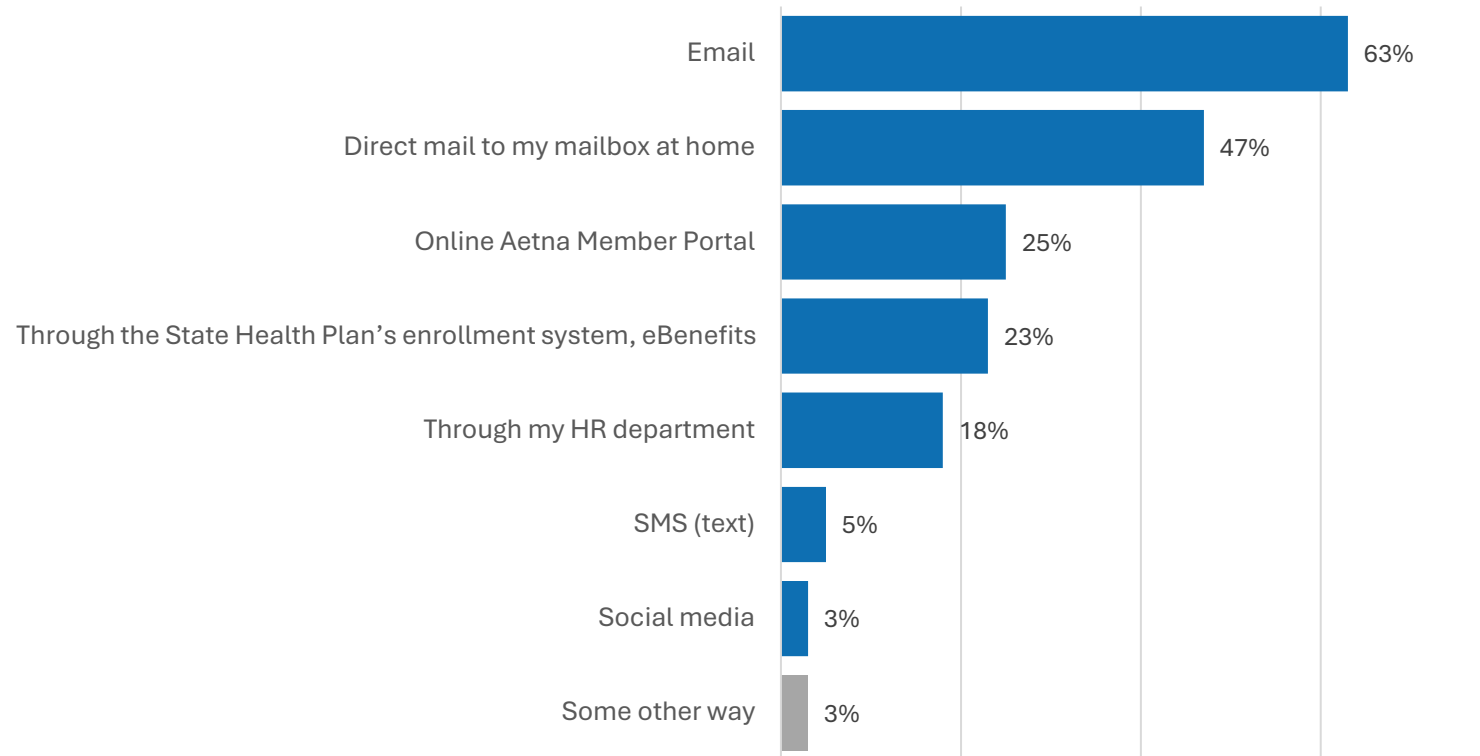
Virtually all differences between methods are statistically significant $p \geq 0.95$

Q17. *Base: All* Within the past 3 months, have you had a reason to seek out any information about your State Health Plan? If so, what information were you looking for?

Q18. *Base: Sought information* How did you seek out the information you needed on those occasions?

Communications Received from NCSHP

Base: All (n = 20,000)



Q19. *All* Again within the past 3 months, which of the following types of communications have you received from your State Health Plan?

Prior year plan →	Standard PPO Plan (70/30) A	Enhanced PPO Plan (80/20) B	Medicare Advantage Plan C	High Deductible Health Plan D	Other plan through different employer E	Total
Current (2026) Plan ↓	n = 5,354	n = 13,947	n = 122	n = 32**	n = 545	n = 20,000
Standard PPO Plan (70/30)	87% BCDE	18% c	5%	34% c	47% BC	37%
Plus PPO Plan (80/20)	13%	82% ACDE	5%	44% AC	51% AC	62%
Medicare Advantage Plan	0%	0%	89% ABDE	3% AB	0%	1%
High Deductible Health Plan	0%	0%	2% AB	19% ABCE	1% AB	0%

Column letters indicate statistically significant differences at $p \geq 0.95$

** Very small base, use with caution

Q20. *Base: Sought information* Which of the State Health Plans is your current Plan?

Q21. *Base: Sought information* Prior to this year, which plan did you have?

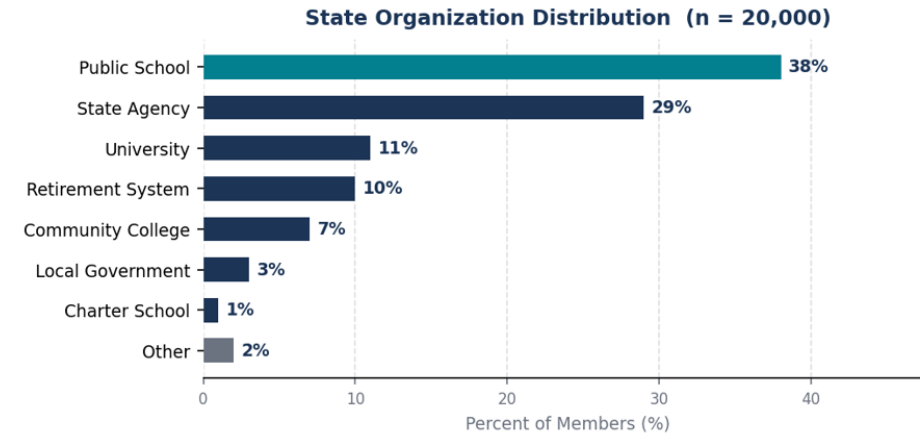
Open-ended Response	Percent
Preference for lower prescription costs	29%
Preference for lower insurance premium costs	28%
Preference for lower co-pays	27%
Request for more provider options/coverage/benefits (especially if already established with provider)/accessibility	25%
General dissatisfaction with Aetna or coverage	19%
Affordability concerns due to income/no income increase/low pay or other financial constraints	16%
Preference for previous (BCBS)/other plan	14%
Preference for lower out-of-pocket	12%
Difficulty/changing/slow/unclear/wrong/inefficient communication/processes/claims/benefits	9%
Perception of fraud/mismanagement/broken system/lack of trust	8%
General dissatisfaction with the state	8%
Request to cover GLP-1 medications	7%
Pre-approval/denial/claim concerns	7%
Gave up/switched services/medications due to cost	5%
Concerns about high salary thresholds/tiered pricing	4%

Open-ended Response	Percent
Declining plan coverage with increased costs	4%
Preference for other plan such as employee plus spouse/small family plan	3%
Concerns about survey	3%
General dissatisfaction with CVS	3%
Enrollment or plan selection error/confusion/stress	3%
Preference for lower deductible	3%
Positive feedback/appreciation	2%
Purchase medications/services less expensively out-of-pocket or with discount program	2%
Poor customer service experience / need more support	2%
General dissatisfaction with lantern	2%
Website or digital tools usability issues	2%
Desire for high-deductible option	1%
Dislike refund/rebate check policies	1%
Other	2%

Q22. Base: All Finally, do you have any comments, feedback, or concerns you would like to share with your State Health Plan? Let us know in the box below, and please be as specific as possible.

Data Decisions Group conducted the 2026 NC State Health Plan (NCSHP) Attitudes, Usage & Segmentation Study to assess member awareness, utilization, and behavioral barriers across seven key plan benefits. A random, stratified sample of 20,000 NCSHP members was drawn from across all member organization types and North Carolina counties. The study serves as the empirical foundation for member engagement strategy, benefit communication planning, and targeted outreach initiatives.

Public school employees constitute the largest segment (38%) of the NCSHP member population, followed by state agency employees (29%) and university staff (11%). These three groups collectively represent nearly 80% of total plan membership.



2026 NCSHP Attitudes, Usage, & Segmentation Study

- n = 20,000
- Data collection period: April 22, 2026, through May 27, 2026.
- Average survey length: 13 minutes

In addition to those unaware of certain benefits, the state employee segments in the study (Inertia/Intent, Active Avoidance, and Passive Non-Use) were defined on an a priori basis.

Sampling Considerations

The question often arises, “how do I know that the sample I use for my marketing research accurately reflects the intended audience?” Similarly, some ask “what is ‘enough’ sample to produce accurate survey results?”

These questions represent two fundamental aspects of survey sampling. First, the accuracy can be defined as a random sample that ideally is perfectly representative of the population being studied. It is based on the Equal Probability Selection Method (EPSEM), which is the principle that everyone in the population has an equal (and ultimately known) probability of selection to participate in the survey.

Artificial intelligence applications through Anthropic Sonnet 4.6 model were used to assist in coding and analysis of the responses to open-ended questions as well as for some synthesis of quantitative survey data.

This foundation is frequently modified to accommodate certain realities of modern survey research applications. Most commercial research is conducted via self-selected online research panels of respondents, which overall are not proportionally representative of the general population. For example, there may be relatively fewer people of color, disproportionate percentages of homeowners versus renters, age groups that are different sizes compared to the population, and more. These disparities can be managed through *stratified* sampling, where random samples of respondents *within* each pre-determined group are selected for participation in the proportions they exist in the population.

The answer to the second question, having “enough” sample to be projectable to a wider audience, is “it depends.” The actual answer depends on your tolerance for variation in the survey results. In popular parlance, this is referred to as the “*margin of error*.” All samples have an inherent margin of error. The amount of sampling error depends on three distinct factors: the total size of the sample, the absolute value of the survey result, and the confidence level we wish to apply to the outcome.

For example, let’s say we have a sample of 1,000 individuals, 45% who answer “purple” and 55% who answer “yellow.” Is that 10% difference due to reality, or is it simply due to sampling error? With a percentage of about 50% and a 95% confidence level, the margin of error in this situation is $\pm 3\%$. So, the 10% difference in our survey result is indeed “statistically significant,” meaning that the difference is attributable and projectable to conditions in the real world, and not an artifact of sampling. And this will be the case at least 95% of the time, based on the confidence level we chose for our experiment. Survey responses near the ends of the spectrum, like 10% or 90%, yield much lower levels of sampling error for the same measurement. In this example, the sampling error would be $\pm 1.8\%$.

In some cases, there is inadequate sample to reliably conduct null hypothesis significance testing, because NHST presumes that the data is “normally” distributed. With small samples, this distribution parameter is frequently not normal in terms of the dispersion of the averages. Throughout this report, base sizes of <100 are considered “small,” and those <75 are considered “very small.” All survey results so marked should be viewed with caution. Any situation where base sizes are <30 cannot, by definition, have a normal distribution and as such are ineligible for NHST.

The following table shows the approximate sampling error associated with various sample sizes for the 2026 NC State Health Plan Attitudes, Usage & Segmentation Study (n = 20,000). Results are expressed at the 95% confidence level, assuming maximum variability (p = 50%). For response percentages closer to 0% or 100%, the actual sampling error will be smaller than the values shown.

Sample Size (n)	Sampling Error (±)
20,000	±0.7%
15,000	±0.8%
12,000	±0.9%
10,000	±1.0%
8,500	±1.1%
8,000	±1.1%
7,500	±1.1%
7,000	±1.2%
6,500	±1.2%
6,000	±1.3%
5,500	±1.3%
5,000	±1.4%
4,500	±1.5%

95% Confidence Level

*Assumes maximum variability
(p = 50% response percentage)*

↑ n → smaller error

Sample Size (n)	Sampling Error (±)
4,000	±1.5%
3,500	±1.7%
3,000	±1.8%
2,500	±2.0%
2,000	±2.2%
1,500	±2.5%
1,200	±2.8%
1,000	±3.1%
750	±3.6%
600	±4.0%
500	±4.4%
400	±4.9%
300	±5.7%

Awareness of Preferred Provider Program

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Q1. First, we'd like to gauge your level of awareness of the State Health Plan's Preferred Provider Program, which offers access to high-quality providers committed to affordable health care.	Yes, I am familiar with the Preferred Provider Program (PPP) and have one or more PPP providers for my health care needs	74%	76%	75%	77% G H	76% G H	73%	71%	68%	74%
	Yes, I am familiar with the Preferred Provider Program (PPP) but I have not used any for my health care needs	17% E	15%	18%	17%	15%	19%	18%	21%	17%
	No, I was not aware this program exists	9%	9%	7%	6%	9% D	8%	11% C D	11% D	9%

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05¹

1. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

		Frequency
Valid	State Agency	5715
	Charter School	240
	University	2109
	Community College	1437
	Public School	7500
	Local Government	663
	Retirement System	1961
	Other (Please Specify)	375
	Total	20000

Column letters indicate statistically significant differences at $p \geq 0.95$

Q1. *Base: All* First, we'd like to gauge your level of awareness of the State Health Plan's Preferred Provider Program, which offers access to high-quality providers committed to affordable health care.

Selecting a Preferred Provider

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Q2. Are you aware that selecting a Preferred Provider to appear on your ID card has the lowest co-pay for an office visit when you visit that provider?	Yes	94%	94%	96%	94%	95%	94%	93%	94%	94%
	No	6%	6%	4%	6%	5%	6%	7%	6%	6%
BASE		5,213	218	1,954	1,346	6,796	609	1,747	333	18,216

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05^a

a. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Column letters indicate statistically significant differences at $p \geq 0.95$

Q2. *Base: Familiar with PPP* Are you aware that selecting a Preferred Provider to appear on your ID card has the lowest co-pay for an office visit when you visit that provider?

Interest in Preferred Provider Program

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Q3. Now that you know that the Preferred Provider Program exists, what is your level of interest in using it?	Not at all interested	3%	0% ^a	1%	4%	3%	2%	1%	10%	3%
	Not very interested	3%	0% ^a	2%	4%	1%	6%	3%	0% ^a	2%
	Not sure	43%	41%	44%	43%	40%	37%	38%	43%	41%
	Somewhat interested	27%	36%	32%	20%	31%	37%	29%	31%	30%
	Very interested	24%	23%	21%	29%	24%	19%	28%	17%	24%
BASE		502	22	155	91	704	54	214	42	1,784

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05^b

- a. This category is not used in comparisons because its column proportion is equal to zero or one.
- b. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Column letters indicate statistically significant differences at $p \geq 0.95$

Q3. *Base: Not previously familiar with PPP* Now that you know that the Preferred Provider Program exists, what is your level of interest in using it?

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Q4. Do you currently have a Primary Care Provider listed on your State Health Plan ID card?	Yes	92%	91%	94% A G	93%	93%	94%	92%	91%	93%
	No	8% C	9%	6%	7%	7%	6%	8% C	9%	7%

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05¹

1. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

	Frequency
Valid	
State Agency	5715
Charter School	240
University	2109
Community College	1437
Public School	7500
Local Government	663
Retirement System	1961
Other (Please Specify)	375
Total	20000

Column letters indicate statistically significant differences at $p \geq 0.95$

Q4. Base: All Do you currently have a Primary Care Provider listed on your State Health Plan ID card?

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Yes, I used medical benefits for myself	Yes	88%	87%	91%	89%	89%	88%	89%	89%	89%
Yes, my spouse used medical benefits	Yes	13%	16%	21% A D E G	15%	14%	18% A	15%	18%	15%
Yes, the benefits were used for my dependents	Yes	22% G	30% G	25% A G	22% G	26% A D G	21% G	8%	25% G	23%
No	Yes	8%	11%	6%	8%	8%	8%	9%	7%	8%

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05¹

1. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

		Frequency
Valid	State Agency	5715
	Charter School	240
	University	2109
	Community College	1437
	Public School	7500
	Local Government	663
	Retirement System	1961
	Other (Please Specify)	375
	Total	20000

Column letters indicate statistically significant differences at $p \geq 0.95$

Q5. Base: All Have you, a spouse, or dependent used your State Health Plan medical benefits for any of your health care needs in the last 6 months? By medical we mean doctor visits, hospital visits, lab work, etc.

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Yes, I used pharmacy benefits for myself	Yes	85%	83%	87%	86%	86%	87%	87%	87%	86%
Yes, my spouse used pharmacy benefits	Yes	12%	15%	20% A D E G	15%	14%	16%	14%	17%	14%
Yes, the benefits were used for my dependents	Yes	18% G	25% G	21% G	18% G	23% A D F G	18% G	8%	22% G	20%
No	Yes	12%	15%	10%	11%	11%	10%	11%	10%	11%

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05¹

1. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

	Frequency
Valid	
State Agency	5715
Charter School	240
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Retirement System	1961
Other (Please Specify)	375
Total	20000

Column letters indicate statistically significant differences at $p \geq 0.95$

Q6. *Base: All* Have you, a spouse, or dependent used your State Health Plan pharmacy benefits for any of your health care needs in the last 6 months?

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Q7. Thinking about preventive health care only, which of the following three statements best describe how you use your health plan to manage your own health care?	I keep up with my preventive screenings, and I regularly check my key health metrics like blood pressure, blood sugar, c	78%	73%	85% A B E F	82% A B	79%	77%	86% A B E F	84% B	80%
	I utilize the benefits in my health plan only when I need to	19% C D G	23% C D G	12%	14%	18% C D G	19% C G	12%	14%	17%
	I rarely or never use the benefits in my health plan	3%	4%	2%	3%	3%	4%	3%	2%	3%

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05¹

1. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

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	Other (Please Specify)	375
	Total	20000

Column letters indicate statistically significant differences at $p \geq 0.95$

Q7. Base: All Thinking about preventive health care only, which of the following three statements best describe how you use your health plan to manage your own health care??

Usage of Pharmacy Benefits

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Q8. Now thinking about pharmacy coverage only, which of the following three statements best describe how you use your health plan to manage your prescriptions?	I use my pharmacy benefits regularly	74%	69%	75%	76%	74%	76%	79% A B E	79%	75%
	I use my pharmacy benefits only when my plan offers lower costs for certain drugs	15% G	17%	15%	14%	17% G	14%	12%	14%	15%
	I rarely or never use the pharmacy benefits included in my plan	11% E	15%	10%	10%	10%	10%	9%	8%	10%

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05¹

1. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

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	Other (Please Specify)	375
	Total	20000

Column letters indicate statistically significant differences at $p \geq 0.95$

Q8. *Base: All* Now thinking about pharmacy coverage only, which of the following three statements best describe how you use your health plan to manage your prescriptions?

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
I didn't know I had to	Yes	19%	19%	18%	23%	22%	26%	27%	30%	22%
I couldn't find a PCP	Yes	9%	10%	7%	6%	7%	12%	6%	6%	8%
There is no PCP near my home	Yes	7%	0%	3%	4%	5%	2%	5%	0%	5%
I don't go to the doctor regularly due to financial concerns	Yes	8%	19% G	11% G	6%	8%	7%	2%	9%	8%
The PCP I want is not in the network	Yes	21%	19%	20%	15%	21%	26%	20%	6%	20%
I didn't know there was a lower copay available if I selected one for my ID card	Yes	18%	14%	15%	19%	16%	19%	20%	21%	17%
It was too difficult to select one	Yes	7%	19%	10%	8%	7%	10%	4%	3%	7%
I recently joined the health plan and have not had time to select a doctor	Yes	7%	0%	10%	10%	4%	7%	0%	9%	6%
I don't know how to select a PCP	Yes	9%	24%	9%	6%	13%	12%	10%	15%	11%
I am generally healthy and rarely need to see a doctor	Yes	10%	19%	13%	11%	13%	12%	10%	3%	11%
Some other reason	Yes	34%	38%	39%	34%	28%	24%	24%	52% G	31%
BASE		449	21	116	104	554	42	161	33	1,480

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05²

2. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

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Q15. *Base: No primary care physician* Earlier, you mentioned that you have not added a primary care provider (PCP) to your State Health Plan ID Card. Which of the following situations apply as to why you haven't selected one?

Care Facility Recommended by PCP

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	
Rehabilitation facility	Yes	2%	1%	3% D E	1%	1%	1%	2%	2%	2%
Medical specialist clinic	Yes	20%	15%	23% A E F G	20%	18%	17%	19%	19%	19%
Mental/behavioral health clinic	Yes	6% G	8% G	7% G	6% G	6% G	5%	3%	4%	6%
Obstetrics/gynecology center	Yes	8% G	15% A D G	10% G	8% G	12% A D G	8%	5%	10% G	10%
X-ray/imaging center	Yes	25%	24%	27%	27%	27%	22%	29% A F	26%	26%
Laboratory	Yes	31%	33%	35%	32%	33%	30%	32%	31%	32%
Urgent care clinic	Yes	9% G	14% G	9% G	10% G	13% A C D G	12% G	6%	11% G	10%
Emergency room	Yes	7%	7%	5%	6%	7% C G	8%	5%	6%	6%
Ambulatory surgical center	Yes	2%	0%	3%	3%	2%	2%	2%	2%	2%
Nursing home/skilled nursing facility	Yes	0%	0% E	0%	0%	0%	0%	0%	0%	0%
Home health services	Yes	0%	0%	0%	0%	0%	0%	1%	0%	0%
Oncology services	Yes	3%	2%	2%	2%	2%	3%	4%	5%	3%
Somewhere else	Yes	6%	5%	6%	6%	6%	5%	5%	8%	6%

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2. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Column letters indicate statistically significant differences at $p \geq 0.95$

Q16. *Base: All* Have you recently received care at a specific medical facility that your Primary Care Provider recommended?

Importance of Aspects of Medical Care

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Provider's credentials that I recognize and trust	Yes	64%	66%	67% D E F	61%	62%	60%	70% A D E F	62%	64%
Clinical performance is among the top-performing providers in the state	Yes	53% D E	47%	55% D E F	46%	48%	47%	54% D E F	61% B D E F	51%
Significantly lower complication and readmission rates	Yes	48% E	41%	50% E F G	46%	43%	42%	44%	51% E	45%
Top-tier patient satisfaction and clinical outcomes	Yes	67% E	67%	71% A D E F	65%	64%	63%	67%	68%	66%
Availability of appointments when and where I need them	Yes	83%	85%	86% A F	85%	85% A	81%	84%	84%	84%
The facilities I use are a convenient distance from my home	Yes	75%	75%	79% A D E	74%	76%	75%	77%	75%	76%

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State Agency	5715
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Q23. *Base: All* Please consider the following statements about medical care in general. Which of these is important to you?

Most Important Aspect of Medical Care

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Provider's credentials that I recognize and trust	1	23%	24%	20%	20%	24%	21%	28%	21%	23%
	2	13%	16%	13%	13%	13%	13%	16%	14%	13%
	3	13%	13%	14%	15%	13%	15%	13%	11%	13%
Clinical performance is among the top-performing providers in the state	1	16%	16%	15%	14%	14%	16%	16%	21%	15%
	2	13%	10%	13%	11%	11%	11%	14%	17%	12%
	3	11%	8%	10%	9%	10%	9%	11%	12%	10%
Significantly lower complication and readmission rates	1	7%	7%	7%	8%	7%	7%	5%	6%	7%
	2	10%	7%	10%	10%	8%	7%	9%	9%	9%
	3	11%	7%	11%	11%	9%	11%	10%	12%	10%
Top-tier patient satisfaction and clinical outcomes	1	23%	19%	26%	21%	21%	20%	20%	19%	22%
	2	16%	16%	16%	15%	17%	18%	16%	15%	16%
	3	16%	18%	16%	16%	15%	15%	16%	19%	15%
Availability of appointments when and where I need them	1	27%	31%	27%	32%	31%	30%	26%	29%	29%
	2	25%	24%	26%	25%	27%	26%	24%	22%	26%
	3	18%	18%	18%	16%	17%	16%	18%	16%	17%
The facilities I use are a convenient distance from my home	1	15%	13%	12%	15%	15%	18%	16%	14%	15%
	2	20%	24%	22%	23%	21%	22%	20%	20%	21%
	3	18%	19%	20%	16%	19%	17%	18%	18%	18%

		Frequency
Valid	State Agency	5715
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1. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Column letters indicate statistically significant differences at $p \geq 0.95$

Q24. *Base: All* For the statements you chose, order the statements in order of importance. The most important statement would be #1, the second most important would be #2, and so on.

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
PRO_General coverage information	Yes	23% E F G	20%	28% A D E F G H	21% E G	17%	16%	17%	19%	20%
REA_New symptom or condition	Yes	7% G	9%	10% A G	8% G	8% G	7%	5%	9% G	8%
PRO_Plan selection	Yes	8% G	12% G	12% A G	11% A G	11% A G	8%	6%	9%	10%
PRO_Checking Coverage	Yes	28% G	27%	31% E G	27% G	27% G	25%	21%	27%	27%
REA_File a claim	Yes	5% G	3%	6% D E G	4%	4% G	3%	2%	5% G	4%
PRO_Status of a claim	Yes	14%	17%	22% A D E F G H	14%	13%	14%	14%	11%	14%
PRO_Search for a provider	Yes	26% E F G	24%	30% A D E F G H	24% G	22%	20%	19%	22%	24%
REA_Unexpected medical bill	Yes	16% G	18% G	18% E F G	16% G	15% G	12%	11%	15%	15%
PRO_Planning for a procedure/surgery	Yes	14%	11%	15%	13%	13%	11%	13%	13%	14%
REA_Changing dependents	Yes	2%	3%	3%	3% G	3%	2%	1%	3%	3%
REA_Reduce out-of-pocket costs	Yes	33% G	30%	33% G	30% G	31% G	27% G	21%	30% G	31%
REA_I saw an ad	Yes	2%	0%	2%	2%	2%	2%	1%	3%	2%

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05¹

1. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

	Frequency
Valid State Agency	5715
Charter School	240
University	2109
Community College	1437
Public School	7500
Local Government	663
Retirement System	1961
Other (Please Specify)	375
Total	20000

Column letters indicate statistically significant differences at $p \geq 0.95$

Q17. *Base: All* Within the past 3 months, have you had a reason to seek out any information about your State Health Plan? If so, what information were you looking for?

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	
I called on the telephone	Yes	30%	32%	28%	29%	31%	25%	38%	25%	30%
								A C D E F H		
I sent an email	Yes	4%	3%	5%	3%	4%	5%	4%	2%	4%
I contacted my Primary Care Provider's or specialist's practice	Yes	24%	25%	23%	23%	27%	24%	25%	17%	25%
						H				
I sent a secure message via the Aetna Member Portal	Yes	8%	6%	11%	8%	9%	10%	9%	11%	9%
I responded to information provided via something I got in the mail	Yes	5%	3%	6%	5%	5%	4%	6%	4%	5%
I went directly to the State Health Plan's website	Yes	62%	59%	69%	66%	56%	56%	52%	57%	60%
		E G		A E F G H	E F G					
I searched for information online	Yes	35%	37%	40%	35%	34%	29%	28%	32%	35%
		G		A E F G	G	G				
Some other way	Yes	6%	3%	6%	6%	5%	7%	6%	8%	6%
BASE		3,931	167	1,608	993	4,958	438	1,191	253	13,539

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05¹

1. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Column letters indicate statistically significant differences at $p \geq 0.95$

Q18. *Base: Sought information* How did you seek out the information you needed on those occasions?

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Email	Yes	59%	66%	73%	66%	63%	59%	66%	59%	63%
				A D E F G H	A	A		A F		
SMS (text)	Yes	5%	5%	6%	4%	6%	5%	7%	5%	5%
								A		
Direct mail to my mailbox at home	Yes	46%	50%	53%	48%	46%	45%	47%	51%	47%
				A E F G						
Social media	Yes	2%	2%	2%	3%	3%	2%	4%	1%	3%
					C			A C E		
Online Aetna Member Portal	Yes	24%	27%	29%	24%	24%	22%	28%	25%	25%
				A D E F				A E		
Through the State Health Plan's enrollment system, eBenefits	Yes	24%	21%	25%	22%	23%	20%	21%	24%	23%
Through my HR department	Yes	18%	22%	21%	34%	17%	25%	2%	14%	18%
		G	G	E G	A B C E F G H	G	A E G H		G	
Some other way	Yes	4%	2%	3%	3%	3%	4%	4%	6%	3%

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05¹

1. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

	Frequency
Valid State Agency	5715
Charter School	240
University	2109
Community College	1437
Public School	7500
Local Government	663
Retirement System	1961
Other (Please Specify)	375
Total	20000

Column letters indicate statistically significant differences at $p \geq 0.95$

Q19. *Base: All* Again within the past 3 months, which of the following types of communications have you received from your State Health Plan?

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Q20. Which of the State Health Plans is your current Plan?	Standard PPO Plan (70/30) – lower premiums but higher copays and coinsurance	36% F H	48% A C D F H	36% F H	34% H	40% A D F H	29%	40% A D F H	25%	37%
	Plus PPO Plan (80/20) – higher premiums but lower copays and coinsurance	64% B E G	52%	63% B G	65% B E G	60%	70% A B C E G	56%	75% A B C D E G	62%
	Medicare Advantage Plan	0%	0% ¹	0%	0%	0%	0%	4% A C D E F H	0%	1%
	High Deductible Health Plan	0%	0% ¹	0% ¹	0%	0%	0%	0% ¹	1%	0%

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05²

1. This category is not used in comparisons because its column proportion is equal to zero or one.
2. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

	Frequency
Valid	
State Agency	5715
Charter School	240
University	2109
Community College	1437
Public School	7500
Local Government	663
Retirement System	1961
Other (Please Specify)	375
Total	20000

Column letters indicate statistically significant differences at $p \geq 0.95$

Q20. *Base: All* Which of the State Health Plans is your current Plan?

		Z2. Which of the following best describes the organization where you work, or through which you receive access to the North Carolina State Health Plan?								
		State Agency	Charter School	University	Community College	Public School	Local Government	Retirement System	Other (Please Specify)	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Column N %
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
Q21. Prior to this year, which plan did you have?	Base PPO Plan (70/30) – lower premiums but higher copays and coinsurance	23%	32% A F H	25% H	24%	30% A C D F H	21%	33% A C D F H	17%	27%
	Enhanced PPO Plan (80/20) – higher premiums but lower copays and coinsurance	73% B E G	63%	73% E G	71% G	67% G	75% B E G	62%	78% B E G	70%
	Medicare Advantage Plan	0%	0% ¹	0%	0%	0%	0%	3% A C D E F H	0%	1%
	High Deductible Health Plan	0%	0% ¹	0%	0%	0%	0%	0%	0%	0%
	Some other plan through a different employer	4% C E G	5% C G	1%	4% C G	2%	4% C G	1%	4% G	3%

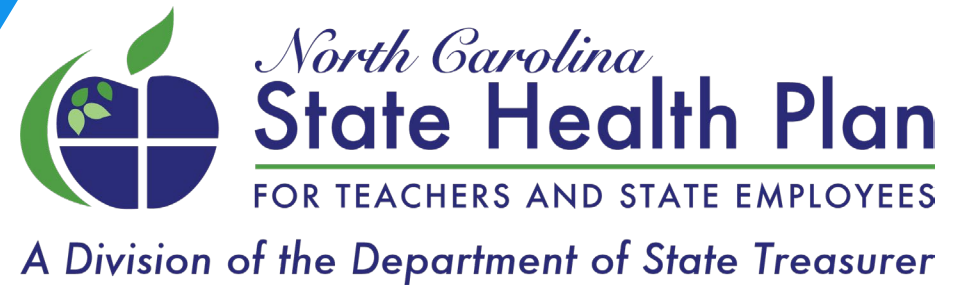
Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion. Significance level for upper case letters (A, B, C): .05²

1. This category is not used in comparisons because its column proportion is equal to zero or one.
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Column letters indicate statistically significant differences at $p \geq 0.95$

Q21. *Base: All* Prior to this year, which plan did you have?



2026 Medicare Member Segmentation Study

July 2026

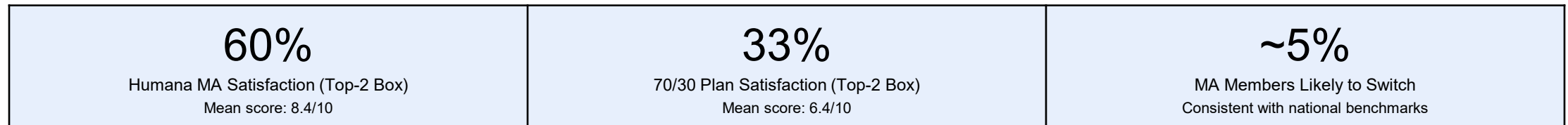
NORTH CAROLINA STATE HEALTH PLAN

Medicare Alternatives Study

Executive Summary of Findings | July 2026

Study Overview

This study was commissioned by the North Carolina State Health Plan (NCSHP) to understand how Medicare-eligible retirees and state employees evaluate, choose, and remain committed to the plan options available to them — the Humana Medicare Advantage plan and the Aetna 70/30 PPO plan. The research examines satisfaction, switching intent, information-seeking behavior, and member feedback to inform NCSHP's strategic planning and communications. Importantly, NCSHP seeks to learn why many members choose to remain with the 70/30 PPO plan option instead of switching to the less expensive, feature-rich Medicare Advantage plan made available to them through Humana.



Satisfaction with Plan Options

Satisfaction diverges significantly between the two plan options. The Humana Medicare Advantage plan earns substantially higher ratings than the Aetna 70/30 plan — yet even members with lower 70/30 satisfaction rarely act on it.

Plan Switching Behavior

Despite having regular opportunities to change coverage during open enrollment, plan switching rates are low across both member segments — a pattern consistent with national Medicare Advantage research.

Humana Medicare Advantage Members

- Approximately 5% of Humana MA members say they are likely to switch at their next open enrollment opportunity.
- This aligns closely with national benchmarks: KFF research finds 6–12% of MA enrollees switch to another MA plan annually, and approximately 5% exit Medicare Advantage entirely.
- The two most important reasons members chose — and remain with — the Humana MA plan are its broad provider network and predictable copays.

Aetna 70/30 PPO Members

- About 13% of 70/30 members indicate they are likely to switch — a higher rate than the MA segment, though not everyone would move to Humana MA.
- Inertia is the dominant reason for remaining in the 70/30 plan. Members cite comfort with familiar processes and coverage rather than high satisfaction as their primary reason for staying.
- A small subset of 70/30 members are enrolled in an outside plan (not coordinating with Medicare Advantage); the majority of these are TRICARE or TRICARE for Life enrollees.

Satisfaction with Plan Options

The lower 70/30 satisfaction is driven largely by frustration with Aetna's administration — particularly claims handling, prior authorization processes, and EOB clarity — rather than the plan's benefit design itself. Many 70/30 members specifically cite dissatisfaction with Aetna compared to the prior BCBSNC administrator.

Humana Medicare Advantage: 60% Top-2 Box satisfaction (mean 8.4/10) vs. Aetna 70/30: 33% Top-2 Box satisfaction (mean 6.4/10). The satisfaction gap is wide, but low 70/30 satisfaction does not reliably predict members' switching.

Switching From Humana Medicare Advantage

Among the roughly 5% of Humana MA members considering switching, the primary themes from open-ended responses are:

- Provider/hospital network instability — concern about doctors or facilities dropping Humana coverage, even among members who haven't personally lost a provider yet.
- Rising out-of-pocket costs — copays, deductibles, and premiums increasing over time.
- Prior authorization denials and claims issues — particularly for rehab, post-acute care (SNF), and specialty services.
- Prescription drug costs — formulary tier changes and drug denials, with GLP-1 medications (Wegovy, Ozempic, Zepbound) prominently mentioned.
- Humana outreach perceived as intrusive — consistent, unsolicited calls and mail promoting in-home wellness visits, CenterWell pharmacy, and "unused benefits" are sometimes perceived as harassment.

Switching From the 70/30 Plan

Among 70/30 members considering switching, the dominant themes are:

- Prescription drug costs and coverage — the single most cited reason, including tier changes and outright Rx claim denials.
- General coverage adequacy concerns — including copay and deductible levels.
- Claims processing and prior authorization issues — dissatisfaction with Aetna's claims administration.
- Desire for lower cost or better value — some members are also drawn toward Humana MA as an alternative.
- Aetna vs. BCBS comparison — strong preference for the prior BCBS administrator is a recurring undercurrent.

Member Communications & Information Sources

For 70/30 members actively researching plan options, the NCSHP website is the primary starting point, followed by the Enrollment Support Center and plan events or webinars.

- The NCSHP website alone reaches approximately 22% of unique information-seeking members.
- Combining the website with the Enrollment Support Center, plan events/webinars, and other channels, NCSHP can achieve a total unduplicated reach of approximately 77% of members who are actively seeking information.
- Direct mail and email are the most recalled communications from NCSHP; Humana-specific information is associated with both channels.

Member Feedback: Open-Ended Comments (Q17)

Sentiment among all respondents is bipolar: a large, grateful segment expresses strong appreciation for NCSHP coverage (often framing it as one of the best benefits of state service), while a vocal, frustrated minority clusters around several recurring operational issues. The loudest pain points are operational and communication-related — Humana call volume, prescription tier changes, network confusion — rather than fundamental benefit design failures. Members who used the plan for serious illness (cancer, major surgery) are notably the most positive, frequently describing the plan as having "saved" them financially.

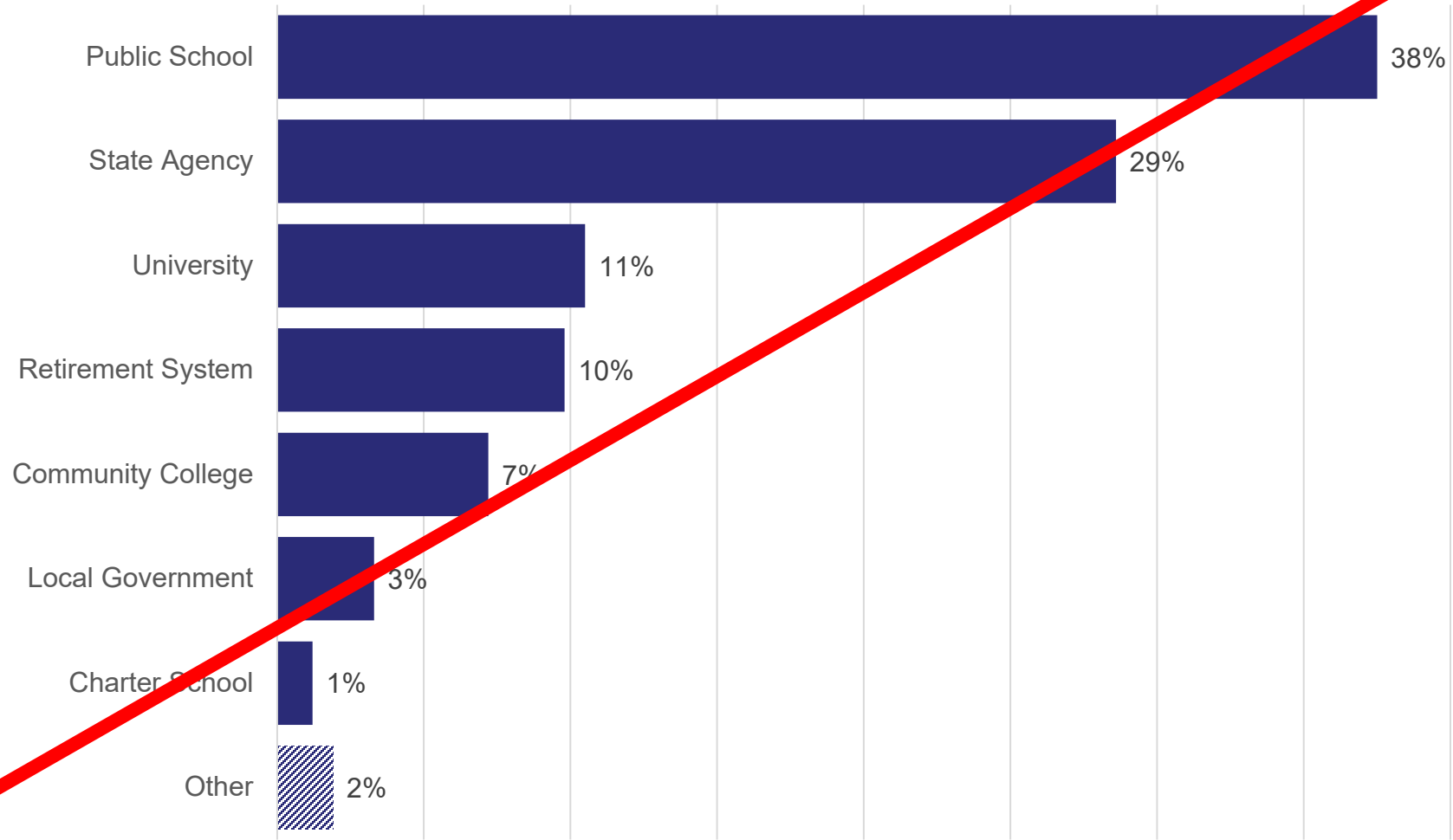
Strategic Implications

The research points to several areas of opportunity and risk for NCSHP. Humana outreach volume is the single most urgent reputational issue. The volume and persistence of Humana's calls, texts, and mailers — especially for in-home wellness visits and CenterWell pharmacy — is the top complaint across both plan segments. Addressing this directly with Humana could improve satisfaction scores meaningfully and may remove an important barrier to adoption of the Humana Medicare Advantage plan.

1. The 70/30 PPO plan's satisfaction deficit is largely an Aetna administration problem. The benefit structure is not broadly unpopular; the claims handling, prior authorization experience, and EOB clarity are. Comparisons to BCBSNC are frequent and generally unfavorable.
2. Prescription drug coverage is a growing vulnerability in both plans. Rx cost increases, formulary tier changes, and GLP-1 denials are cited across Q7, Q14, and Q17. This will likely intensify as GLP-1 adoption grows.
3. Network stability is the primary driver of MA switching intent. Even members who haven't lost a provider express anxiety about potential network changes — particularly around UNC Health and WakeMed, both of whom have had very public and discordant end-of-contract relationships with UHC and others. Proactive communications about network stability would likely reduce switching intent.
4. Plan inertia is real but not unconditional. Both plans retain members largely through inertia rather than active satisfaction. Among 70/30 PPO plan members especially, rising costs or a significant administrative failure could accelerate switching more than current rates suggest.
5. NCSHP's digital and event communications are effective but underdeveloped. The website and Enrollment Support Center are trusted, and adding reach through events and webinars has a demonstrable incremental lift. Investing in these channels is supported by the TURF data. This is especially meaningful with consistent messaging across platforms.

Members' Organizations

Base: Total sample (n = 20,000)



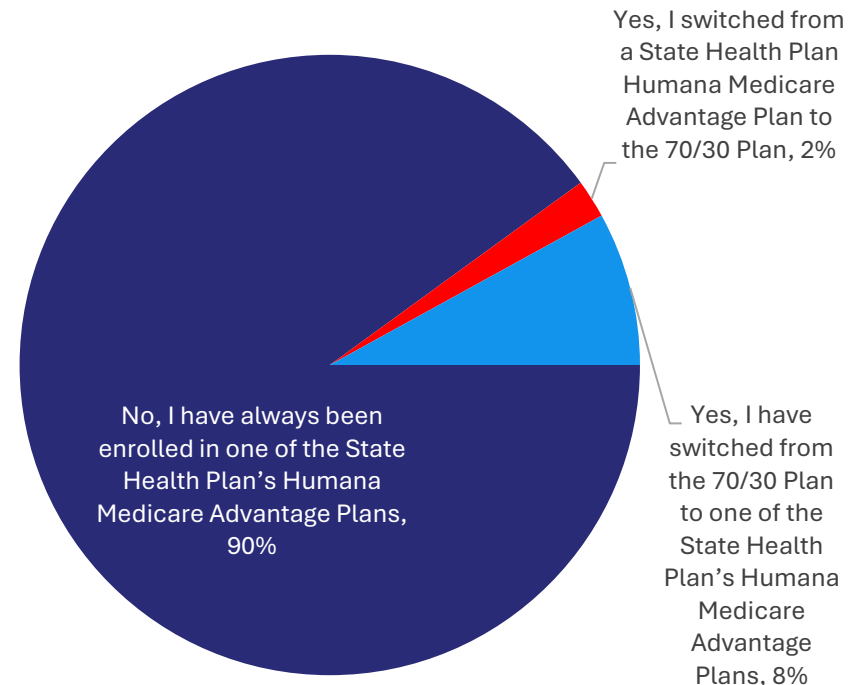
Q1. *Base: Medicare Advantage member* Since becoming Medicare-eligible, have you at any time switched your plan coverage when you were eligible to do so?

Plan Switching Behavior among Medicare-Eligible Members

In terms of percentages, there is very little “switching” taking place when members have committed to a plan. About 14% of retired members have maintained their health care coverage in the NCSHP 70/30 plan, despite some of the benefits offered by Humana’s Medicare Advantage product.

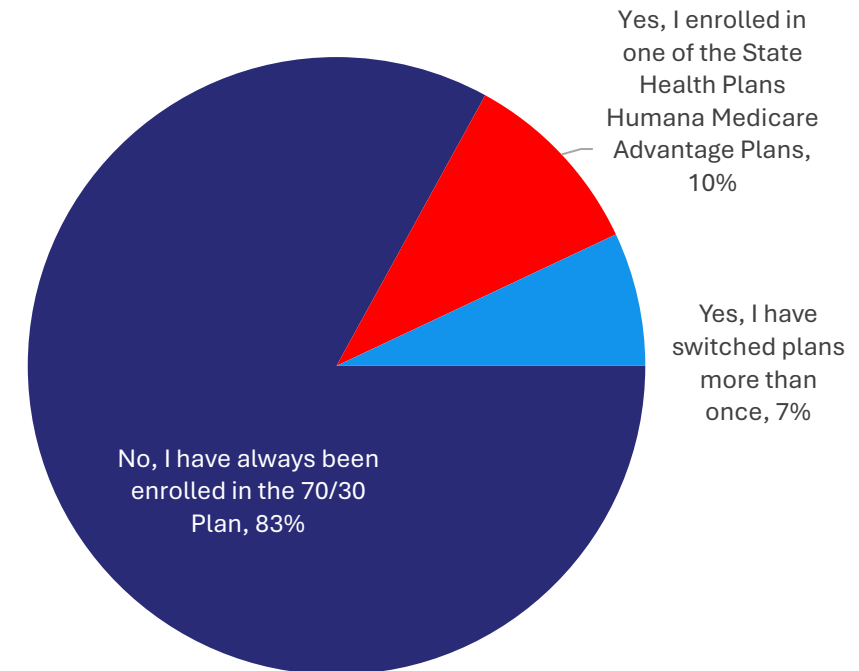
Plan Switching Behavior, Medicare Advantage

Base: Medicare Advantage Member (n = 11,348)



Plan Switching Behavior, 70/30 Plan

Base: 70/30 Member (n = 1,864)

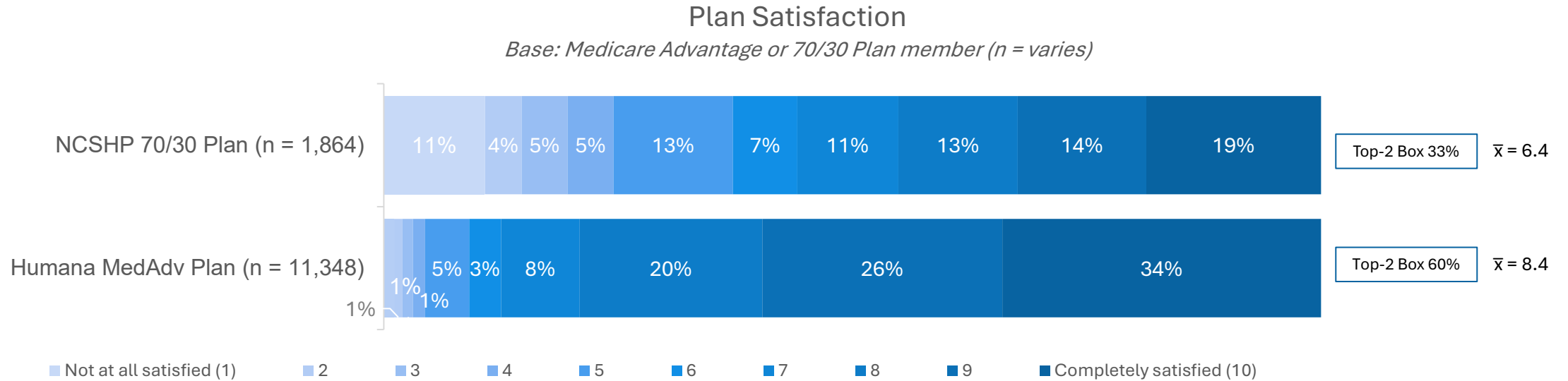


Q1. Base: Medicare Advantage member Since becoming Medicare-eligible, have you at any time switched your plan coverage when you were eligible to do so?

Q8. Base: 70/30 member Since becoming Medicare-eligible, have you at any time switched your plan coverage when you were eligible to do so? Please check all that apply.

Satisfaction with Plan Alternatives

Satisfaction with the Humana Medicare Advantage plan is far higher than that of the NCSHP 70/30 plan (the Top-2 Box ratings for each plan is 60% and 33%, respectively). Yet the lower overall satisfaction does not cause many members to switch coverage to something else.



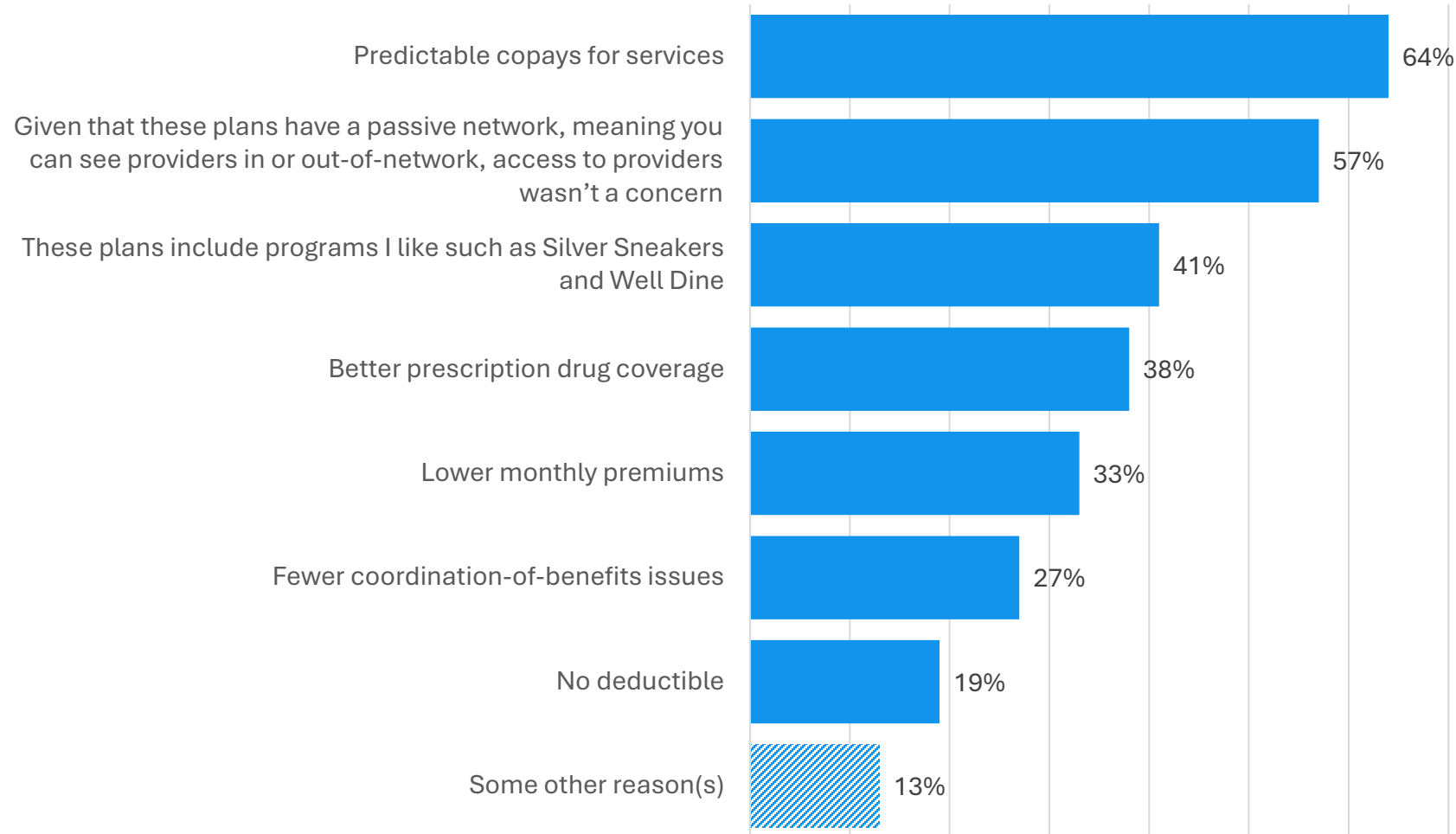
Q2. Base: Medicare Advantage member Overall, how satisfied are you with your current State Health Plan Humana Medicare Advantage plan? Please use a scale where 10 means you're completely satisfied and 1 means you are not at all satisfied.

Q9. Base: 70/30 member Overall, how satisfied are you with the 70/30 Plan? Please use a scale where 10 means you're completely satisfied and 1 means you are not at all satisfied.

Reasons for Choosing the Humana Medicare Advantage Plan

Reasons for Choosing Humana Plan

Base: Medicare Advantage member (n = 11,348)



The two main drivers of members selecting and sticking with the Humana Medicare Advantage plan are predictable copays and a much broader network of providers.

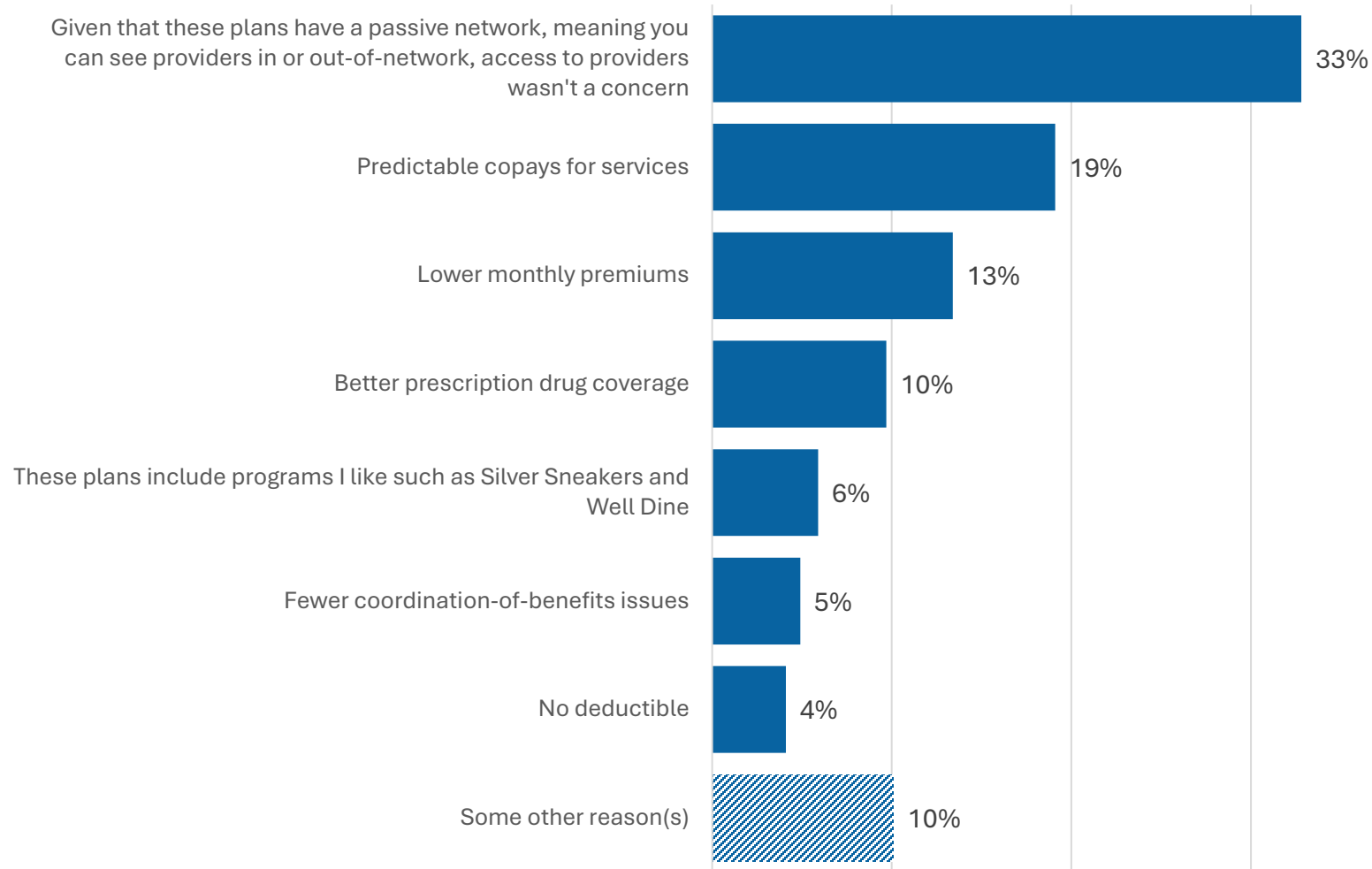
Many members with the NCSHP 70/30 plan membership do so because of the perceived hassle of switching.

Q3. Base: Medicare Advantage member Below is a list of possible reasons you chose one of the Humana Medicare Advantage Plans for your coverage. Which of these reasons drove your choice of this plan? Check all that apply.

Primary Reasons for Choosing Humana Medicare Advantage Plan

Primary Reason for Choosing Humana Plan

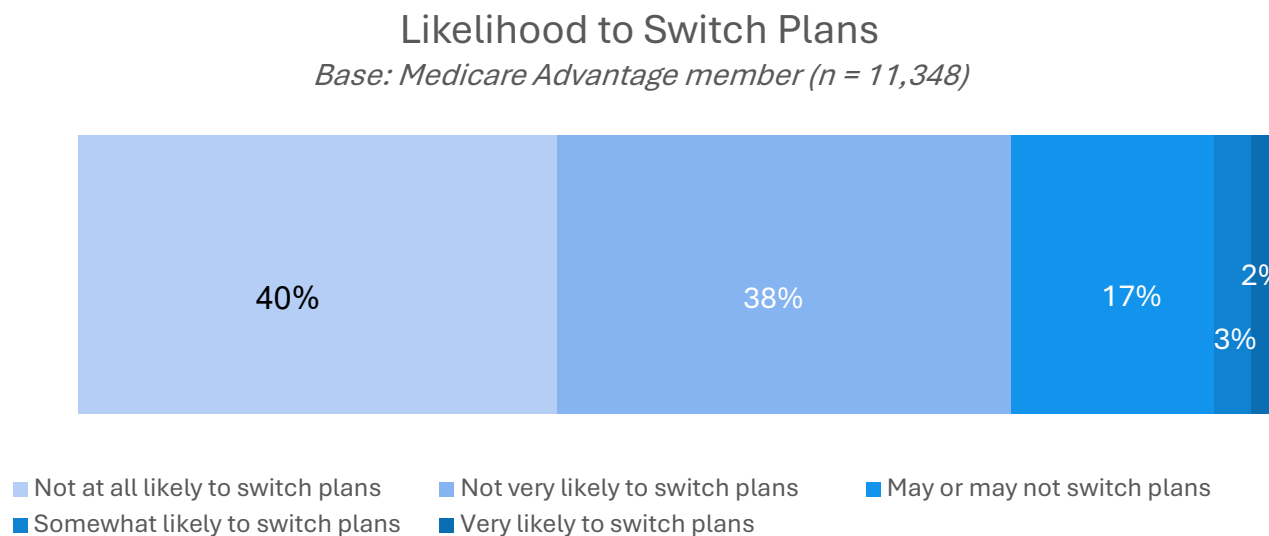
Base: Medicare Advantage member (n = 11,348)



All things considered, the primary reason members stay with the Humana Medicare Advantage plan is the plan's wide network benefits. Predictable copays come in a distant second.

Q4. Base: Medicare Advantage member Of the reasons you chose one of the Humana Medicare Advantage Plans, which one is the most important to you?

A very small proportion of Humana Medicare Advantage members—about 5%—say they are likely to switch plans at the next opportunity. This is consistent with broader Medicare Advantage switching behavior. According to a study by the Kaiser Family Foundation, about 6% to 12% of Medicare Advantage members switch to another Medicare Advantage plan¹, and about 5% switch out of Medicare Advantage altogether².



¹ Jacobson, G., Neuman, T., and Damico, A. "Medicare Advantage Plan Switching: Exception or Norm?" Kaiser Family Foundation, September 2016. <https://www.kff.org/medicare/medicare-advantage-plan-switching-exception-or-norm/>

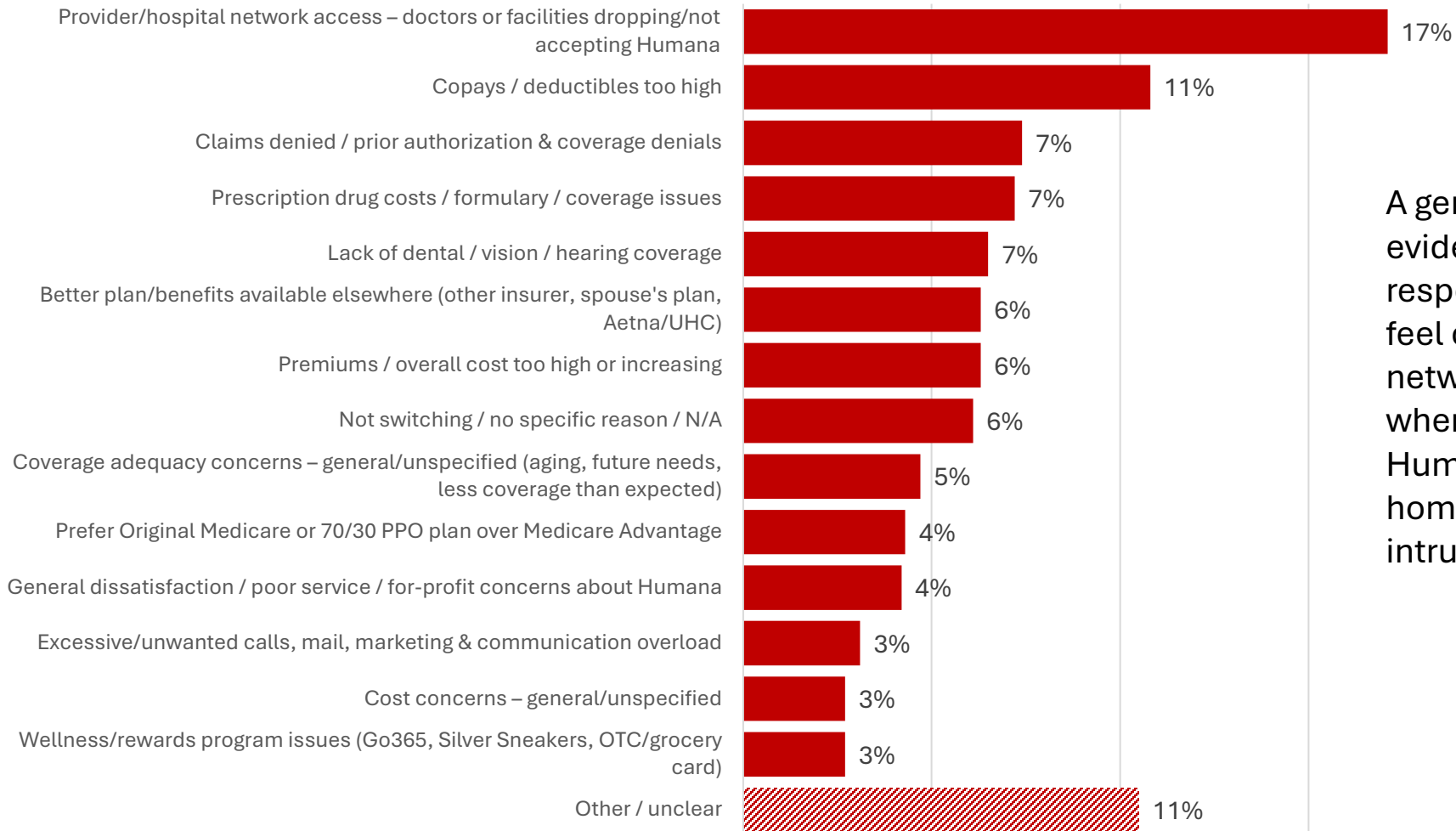
² KFF. "Medicare Beneficiaries Rarely Change Their Coverage During Open Enrollment." Kaiser Family Foundation, 2021. <https://www.kff.org/medicare/medicare-beneficiaries-rarely-change-their-coverage-during-open-enrollment/>

Q5. *Base: Medicare Advantage member* What is the likelihood you will switch to a different plan the next time you have the opportunity to make changes to your coverage (i.e., Open Enrollment)?

Reasons for Considering Switching Medicare Advantage Plans

Reasons for Considering Switching Plans

Base: Medicare Advantage member, likely to switch (n = 554)



A general, recurring narrative is evident throughout the verbatim responses to this question. Members feel coverage erodes as they age, network instability creates anxiety even when nothing has gone wrong yet, and Humana's outreach (calls/texts/in-home visit offers) is experienced as intrusive rather than helpful.

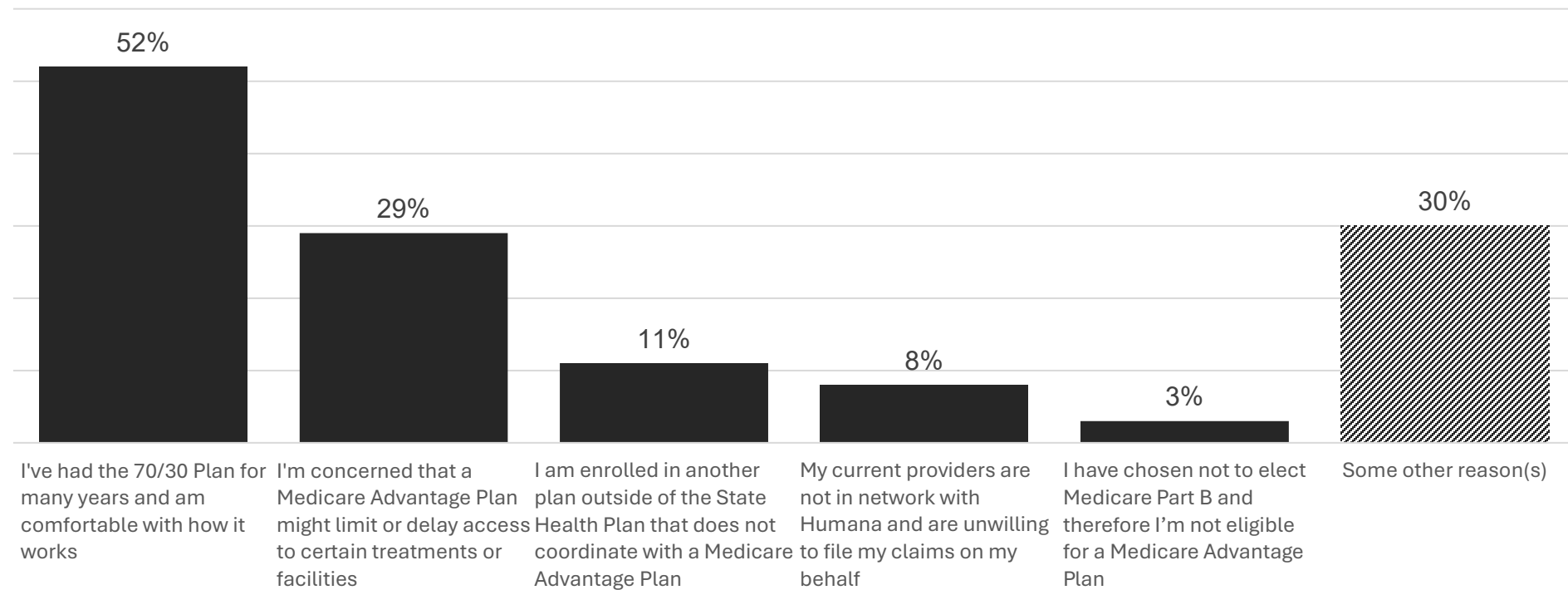
Q7. Base: Medicare Advantage member, likely to switch Why are you considering switching from one of the Humana Medicare Advantage plans? Please be as specific as possible.

Reasons for Choosing 70/30 Plan

Inertia is the most likely explanation about why members elect to stay in their NCSHP 70/30 PPO plan. Satisfaction with the 70/30 plan is not as high as the Medicare Advantage plan from Humana but is evidently not poor enough to cause many members to switch.

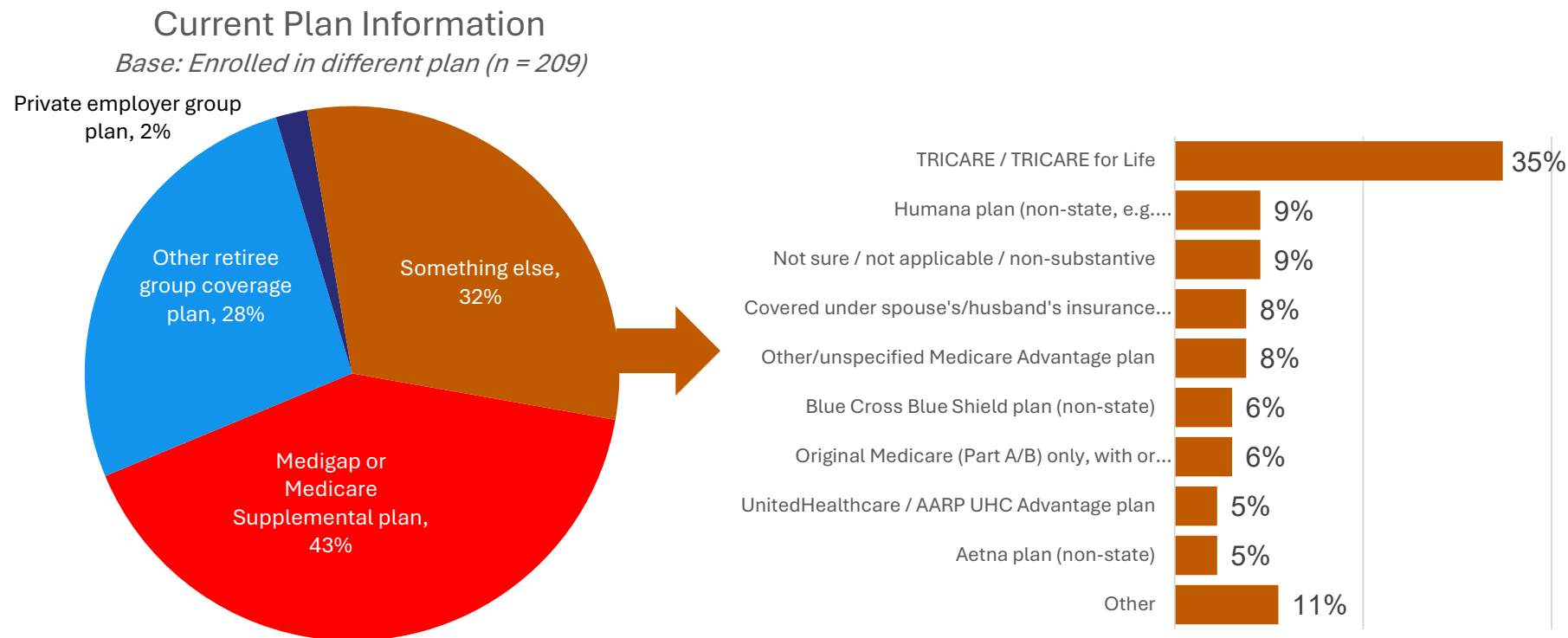
Reasons for Choosing 70/30 Plan

Base: 70/30 member (n = 1,864)



Q10. Base: 70/30 member Below is a list of possible reasons you chose the 70/30 Plan. We are interested in learning why you made the choice to enroll in this plan instead of one of the lower-cost Humana Medicare Advantage Plans. Which of these reasons drove your choice? Check all that apply.

The small proportion of members who are enrolled in a plan other than one of the two choices available through NCSHP are primarily enrolled in a TRICARE plan.

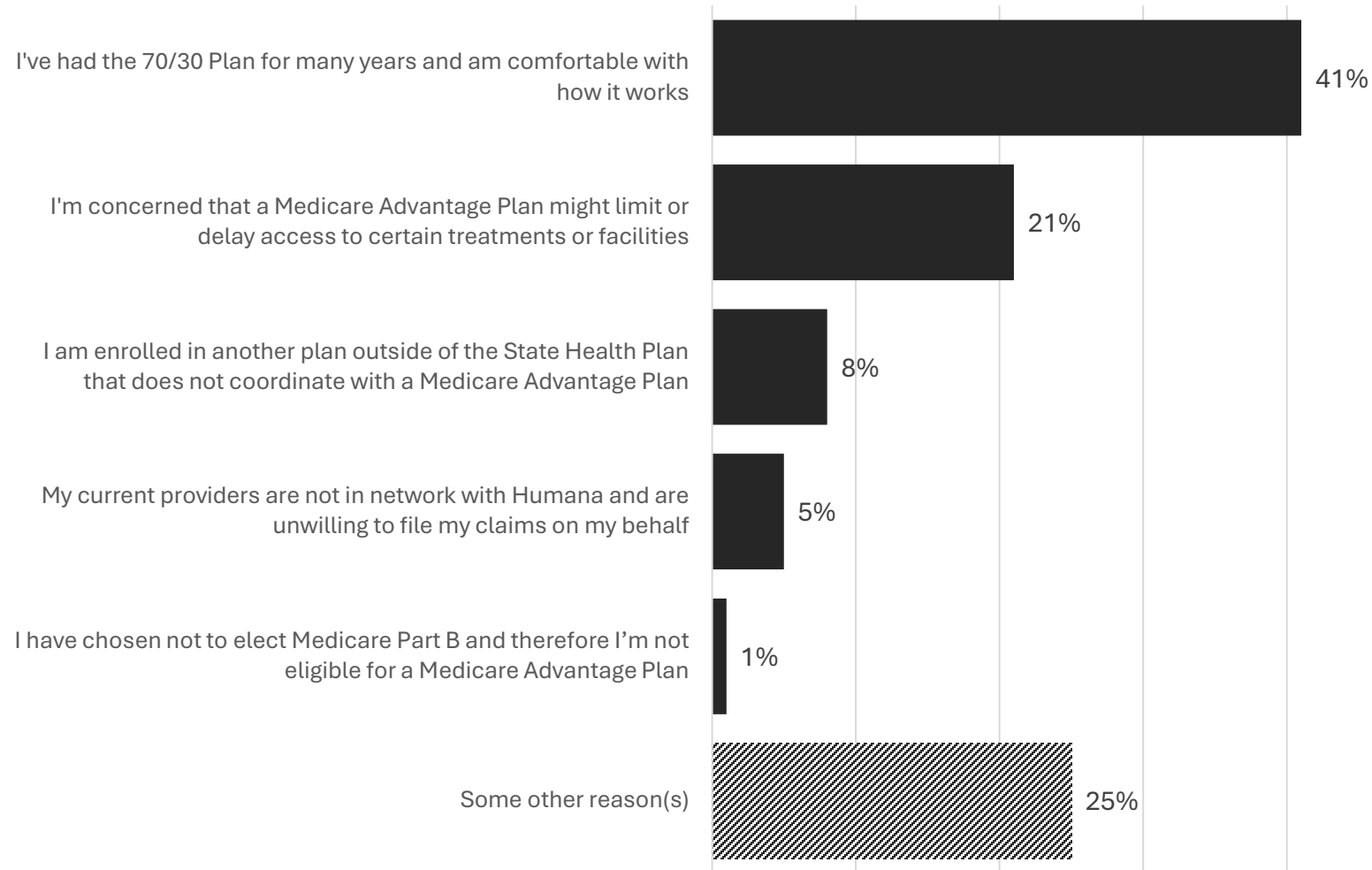


Q10a. Base: Enrolled in another plan outside of SHP You indicated that you are enrolled in another plan outside of the State Health Plan that does not coordinate with a Medicare Advantage Plan. Which of the following best describes that plan that you are enrolled in? Check all that apply.

Primary Reasons for Choosing 70/30 Plan

Primary Reason for Choosing 70/30 Plan

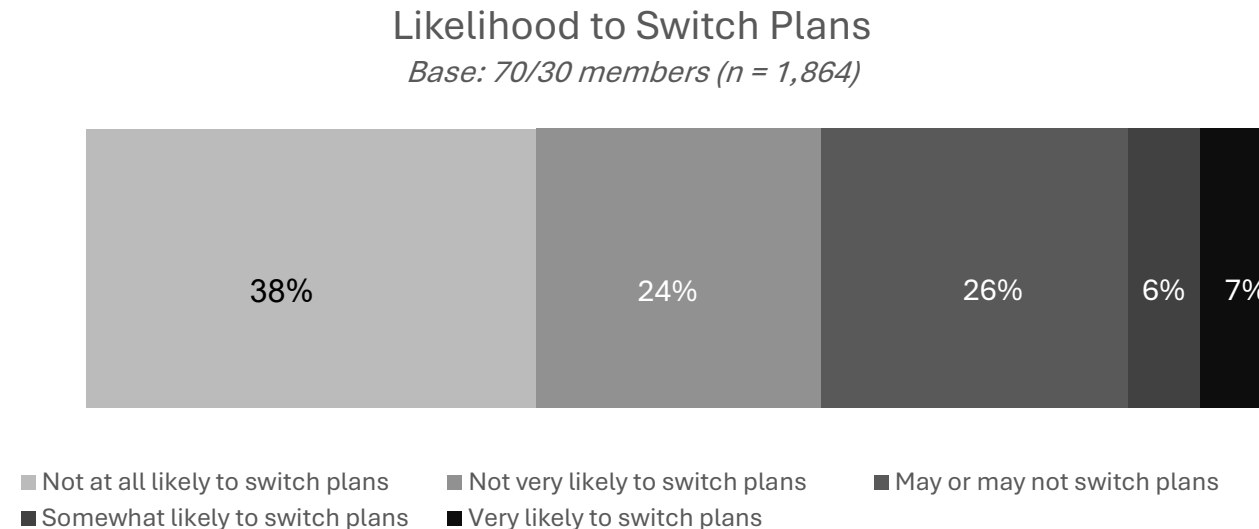
Base: 70/30 member (n = 1,864)



Comfort with the processes and coverage offered by the 70/30 PPO plan is the main reason members stick with it. This is the case despite lower-than-expected overall satisfaction ratings.

Q11. Base: 70/30 member Of the reasons you chose the 70/30 Plan, which one is the most important to you?

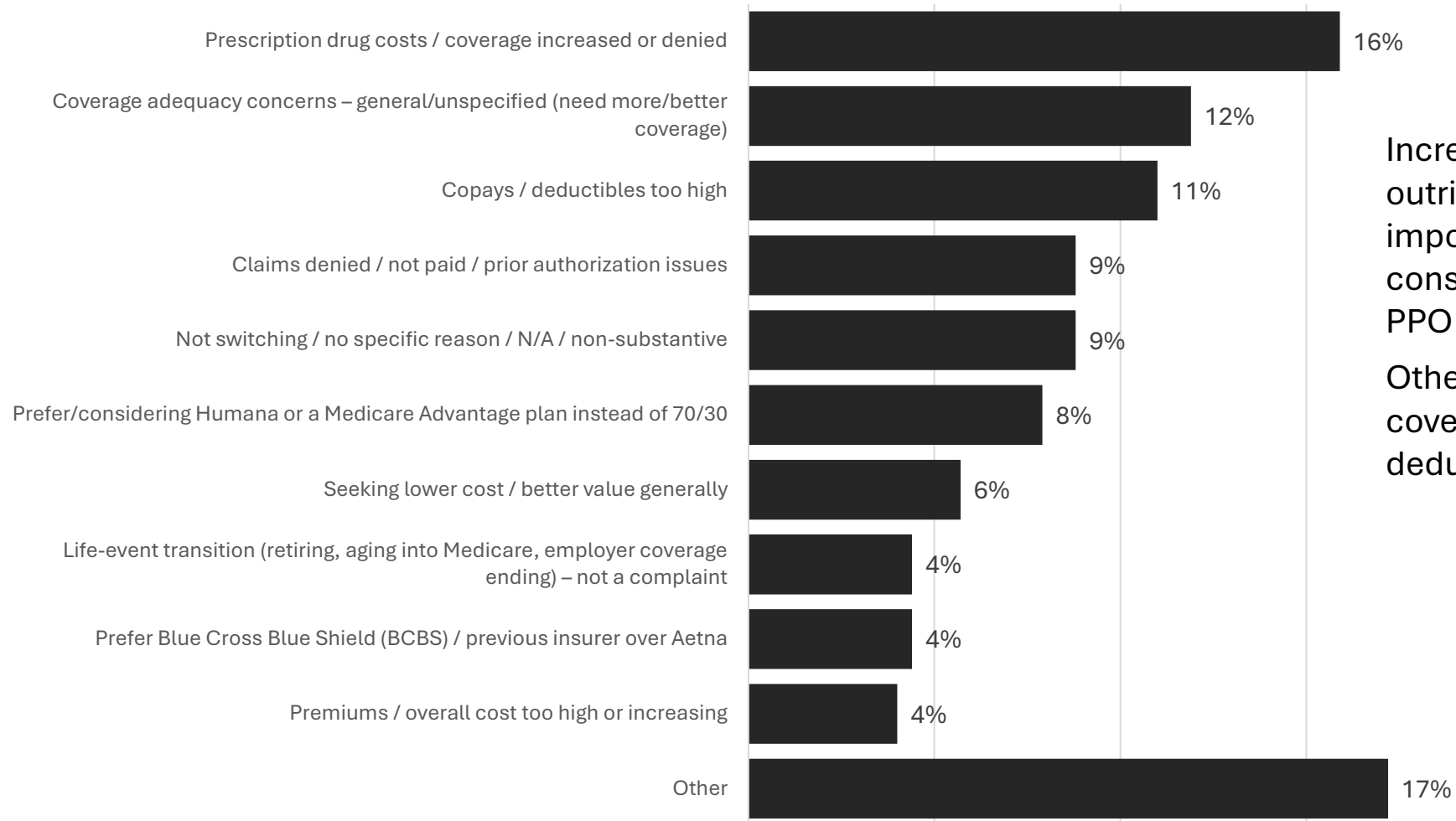
About 13% of members in the 70/30 PPO plan say they're likely to switch. This does not necessarily imply, however, that they will be switching to the Humana Medicare Advantage alternative available to them.



Q12. *Base: 70/30 member* What is the likelihood you will switch to a different plan option the next time you have the opportunity to make changes to your coverage (i.e., Open Enrollment)?

Reasons for Considering Switching from 70/30 Plan

Base: 70/30 member, likely to switch (n = 227)



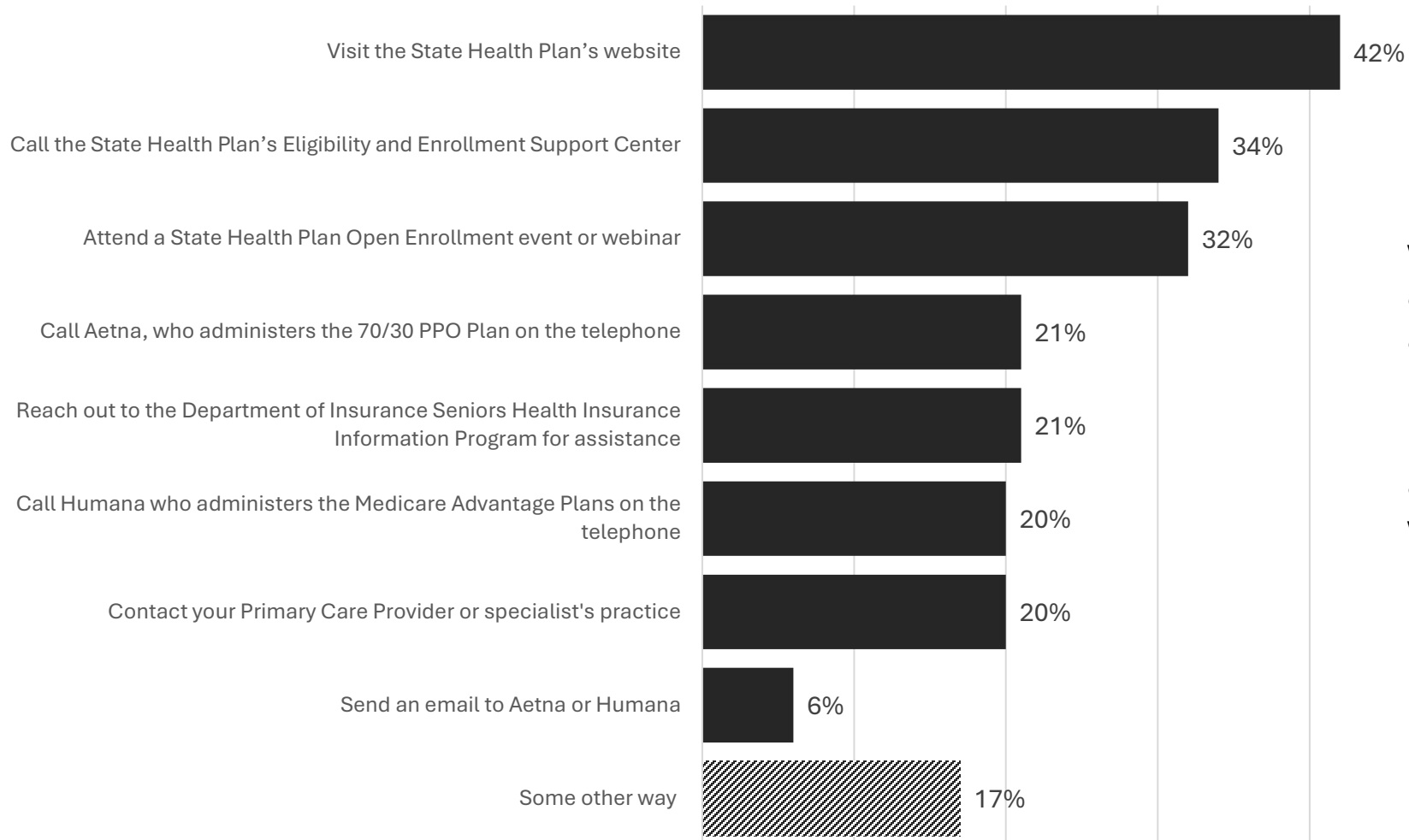
Increases in prescription drug costs or outright denial of Rx claims is an important reason members are considering switching from the 70/30 PPO plan.

Other reasons include adequacy of coverage generally, copays and deductibles, and claims issues.

Q14. Base: 70/30 member, likely to switch Why are you considering switching from the 70/30 Plan? Please be as specific as possible.

Plan Options Information Sources

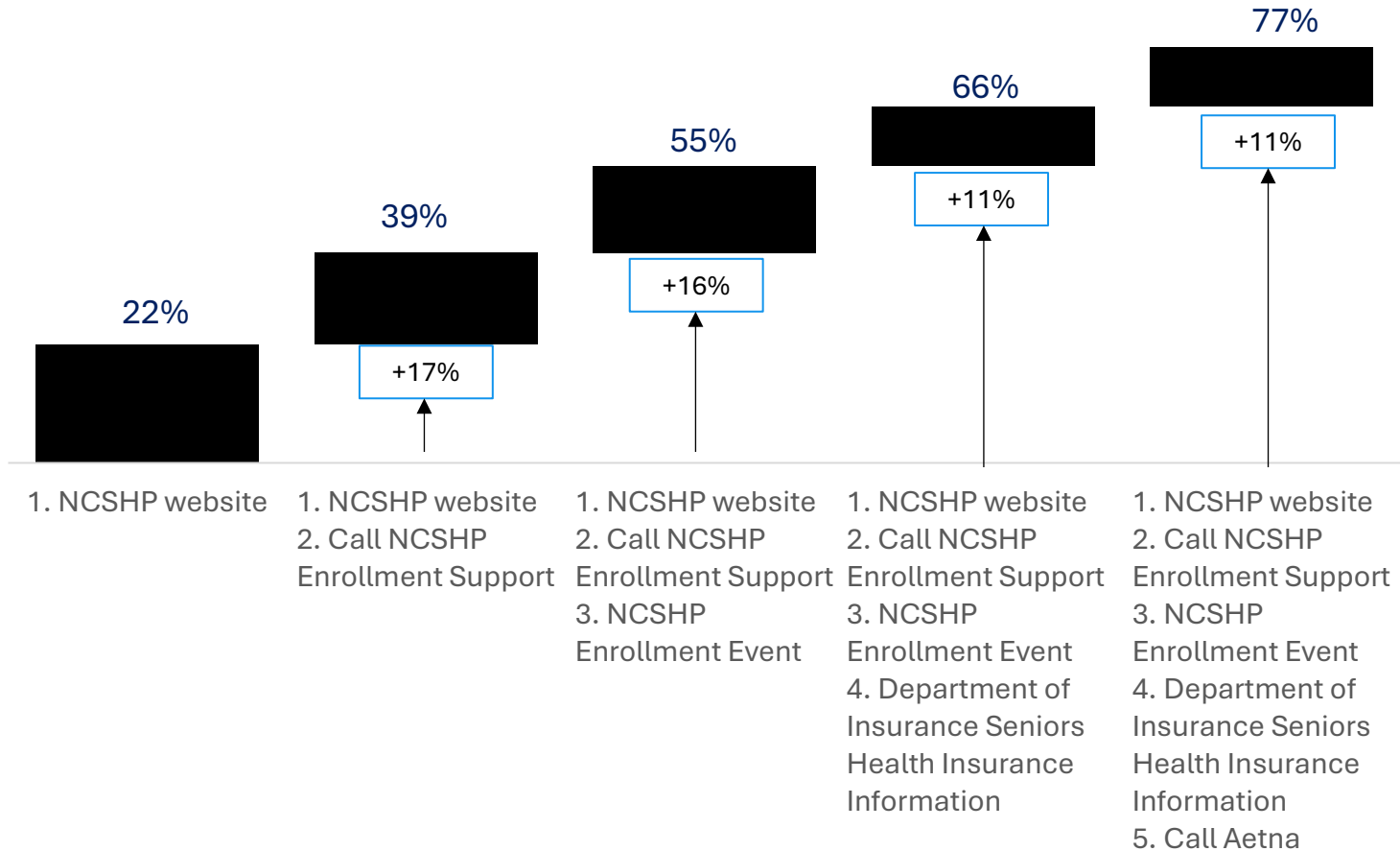
Base: 70/30 member, sought information (n = 229)



Members are apt to visit NCSHP's website to seek out information about the health plan options available to them though NCSHP. Relatively high proportions call the Enrollment Support Center and/or attend a State Health Plan event or webinar.

Q15. Base: 70/30 member, sought information If you were researching the different health plan options available to you, how would you most likely seek out that information? Check all that apply.

Total Unduplicated Reach & Frequency
 Base: 70/30 members seeking information (n = 229)



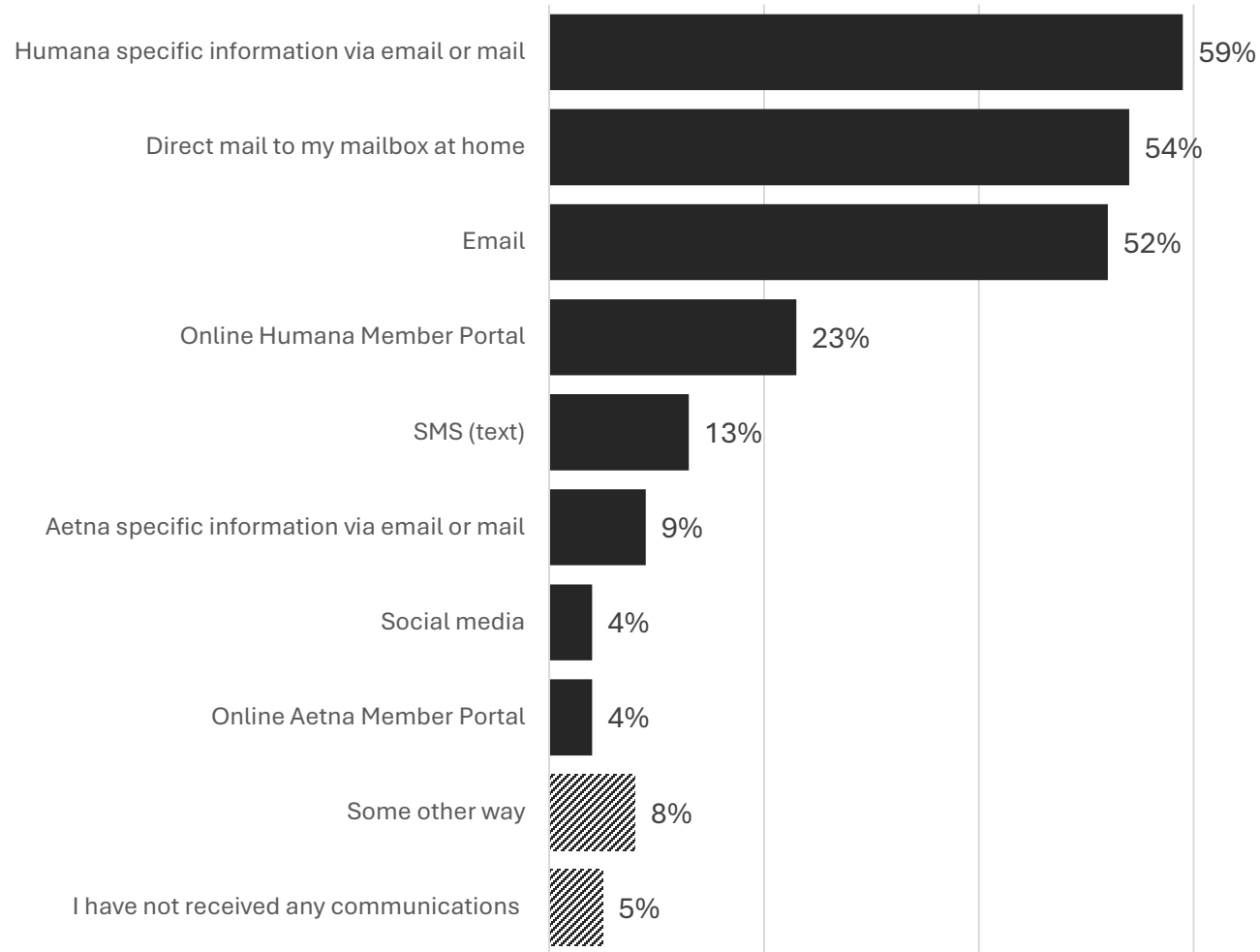
NCSHP can reach about 22% of unique members who are seeking information through the website alone (and no other media).

NCSHP can ultimately reach 77% of unique members by combining the media as indicated in the T.U.R.F. chart.

Q15. *Base: 70/30 member, sought information* If you were researching the different health plan options available to you, how would you most likely seek out that information? Check all that apply.

Communications from NCSHP

Base: total sample (n = 13,212)



Most members recall having received communications from direct mail or email. In particular, members receive Humana-specific information from both sources.

Q16. Base: All Within the past 3 months, which of the following types of communications have you received from your State Health Plan? Check all that apply.

Overall sentiment is bimodal. A very large share of respondents are genuinely grateful and say some version of "please don't change anything" — many describe the plan as the best benefit of their state career, especially compared to friends in other states or the private sector. But a substantial, vocal minority are frustrated, and their complaints cluster tightly around a handful of issues.

Top recurring themes, roughly in order of frequency:

- Excessive phone calls/mail from Humana — by far the single most repeated complaint across the entire dataset. Constant calls pushing in-home wellness visits, CenterWell mail-order pharmacy, and "benefits you're not using," even after repeated opt-out requests. Many describe it as bordering on harassment.
- Rising premiums, especially spousal premiums — frequently cited jump from \$4/month to \$30–\$70+/month over 2–3 years is mentioned by dozens of respondents almost verbatim, often paired with no COLA on their pension.
- Network/provider access anxiety — UNC Health, Wake Med, MUSC, and various local hospitals going in/out of network with Humana or Aetna; confusing, contradictory letters about whether patients need to switch doctors.
- Prescription drug cost increases and denials — copay tier changes, GLP-1/weight-loss drug denials (Wegovy, Zepbound, Ozempic) are an extremely common complaint, often framed as "would save you money long-term."
- Desire for dental/vision/hearing coverage — many compare unfavorably to spouses' UHC or other Advantage plans that include these "for free," and call the supplemental UHC/Pierce dental plan inadequate.
- Aetna vs. BCBS sentiment (70/30 members) — strong, frequent nostalgia for Blue Cross Blue Shield and dissatisfaction with Aetna's claims handling, EOB clarity, and coordination with Medicare/TRICARE.
- Claims/prior-authorization denials and appeals — accounts of denied rehab, surgery, or procedures that were later approved on appeal, described as stressful and harmful to care timing.

Q17. Base: All Finally, do you have any comments, feedback, or concerns you would like to share with your State Health Plan? Let us know in the box below, and please be as specific as possible.

- Promised free healthcare for life" grievance — many longtime employees (hired in the 1970s–1990s) feel betrayed that they now pay premiums or Medicare Part B costs, referencing the Lake/Bailey lawsuits.
- General praise for Humana customer service — paired oddly with the call-volume complaints; many specifically praise phone reps as friendly, knowledgeable, and helpful when they do call in.
- Smaller but recurring threads:
 - Confusion over two separate medical/Rx cards,
 - Requests for OTC/grocery benefit cards (frequently referencing competitor ads),
 - Silver Sneakers/Go365 satisfaction (and complaints when local gyms don't honor it),
 - Copay complaints for labs done in-office, and gratitude expressed by cancer/serious-illness patients who say the plan "saved" them financially

Net takeaway: the loudest pain points are operational/communication (calls, prescription tier changes, network confusion) rather than benefit design itself — most people who actually used the plan for serious illness report being well covered. The Aetna 70/30 segment is meaningfully more negative than the Humana Advantage segment, driven by comparisons to the previous BCBS administrator.

Q17. Base: All Finally, do you have any comments, feedback, or concerns you would like to share with your State Health Plan? Let us know in the box below, and please be as specific as possible.

Additional Comments from Members (continued)

Open-ended Response	Percent of Cases
Positive/thankful/satisfied feedback / appreciation for provider/state/coverage / request for no changes	30%
Request for more provider options/coverage/benefits (especially if already established with provider)/accessibility	12%
Preference for less marketing/sales calls/texts/mailings	9%
Preference for lower/no co-pays	8%
Inefficient/unclear/slow/request for more communication/benefits/processes	7%
Need for better dental plan/coverage	6%
Preference for lower overall/out-of-pocket costs	6%
Affordability concerns due to income/no income/other financial constraints	6%
Pre-approval/pre-authorization/denial/claim concerns	6%
Preference for lower prescription costs	5%
Dissatisfaction with provider or coverage	4%
Preference for previous/other plan/coverage	4%
Perception of broken system / mismanagement / lack of trust / fear	4%
Need for better vision plan/coverage	4%
Preference for lower insurance premium costs	3%
General dissatisfaction with prescription process/provider/coverage	3%
Request to cover GLP-1 medications	3%
General dissatisfaction/concern with the state	2%
Declining plan coverage/request for more coverage	2%
Need for more customer support	2%
Preference for other/lower cost spouse plan	2%
Enrollment or plan selection error/confusion/stress	2%
Need for better hearing plan/coverage	1%
Concerns/questions/feedback about/from survey	1%
Website or digital tools usability issues	1%
Preference for lower deductible	1%
Gave up/switched services/medications due to cost	0%
Dislike reimbursement process	0%
Purchase medications/services less expensively out-of-pocket or with discount program	0%
Preference for high salary thresholds/tiered pricing	0%
No concerns / no feedback provided / no comment / none / no	10%
Other	2%

Q17. Base: All Finally, do you have any comments, feedback, or concerns you would like to share with your State Health Plan? Let us know in the box below, and please be as specific as possible.

The NCSHP Medicare Alternatives Study is a custom quantitative measurement of retirement-age North Carolina state employees.. Data Decisions Group completed online interviews with over 13,000 of these individuals.

NCSHP Medicare Alternatives Study

- n = 13,212
- Data Collection Period: April 22, 2026 through May 27, 2026.
- Average survey length: 6 minutes

The primary intent of the research was to quantify differences in attitudes and opinions about the current NCSHP 70/30 PPO health insurance plan and Humana’s Medicare Advantage offering. Both products are available to NC retirees, and NCSHP hopes to learn why many members opt to remain in the more expensive 70/30 PPO plan instead of switching to the Humana MedAdv plan. The latter alternative offers better benefits and lower cost risk, yet 14% of retired members remain in the 70/30 PPO plan.

Sampling Considerations

The question often arises, “how do I know that the sample I use for my marketing research accurately reflects the intended audience?” Similarly, some ask “what is ‘enough’ sample to produce accurate survey results?”

These questions represent two fundamental aspects of survey sampling. First, the accuracy can be defined as a random sample that ideally is perfectly representative of the population being studied. It is based on the Equal Probability Selection Method (EPSEM), which is the principle that everyone in the population has an equal (and ultimately *known*) probability of selection to participate in the survey.

Artificial intelligence applications through Anthropic Sonnet 4.6 model were used to assist in coding and analysis of the responses to open-ended questions as well as for some synthesis of quantitative survey data.

This foundation is frequently modified to accommodate certain realities of modern survey research applications. Most commercial research is conducted via self-selected online research panels of respondents, which overall are not proportionally representative of the general population. For example, there may be relatively fewer people of color, disproportionate percentages of homeowners versus renters, age groups that are different sizes compared to the population, and more. These disparities can be managed through *stratified* sampling, where random samples of respondents *within* each pre-determined group are selected for participation in the proportions they exist in the population.

The answer to the second question, having “enough” sample to be projectable to a wider audience, is “it depends.” The actual answer depends on your tolerance for variation in the survey results. In popular parlance, this is referred to as the “*margin of error*.” All samples have an inherent margin of error. The amount of sampling error depends on three distinct factors: the total size of the sample, the absolute value of the survey result, and the confidence level we wish to apply to the outcome.

For example, let’s say we have a sample of 1,000 individuals, 45% who answer “purple” and 55% who answer “yellow.” Is that 10% difference due to reality, or is it simply due to sampling error? With a percentage of about 50% and a 95% confidence level, the margin of error in this situation is $\pm 3\%$. So, the 10% difference in our survey result is indeed “statistically significant,” meaning that the difference is attributable and projectable to conditions in the real world, and not an artifact of sampling. And this will be the case at least 95% of the time, based on the confidence level we chose for our experiment. Survey responses near the ends of the spectrum, like 10% or 90%, yield much lower levels of sampling error for the same measurement. In this example, the sampling error would be $\pm 1.8\%$.

In some cases, there is inadequate sample to reliably conduct null hypothesis significance testing, because NHST presumes that the data is “normally” distributed. With small samples, this distribution parameter is frequently not normal in terms of the dispersion of the averages. Throughout this report, base sizes of <100 are considered “small,” and those <75 are considered “very small.” All survey results so marked should be viewed with caution. Any situation where base sizes are <30 cannot, by definition, have a normal distribution and as such are ineligible for NHST.

Description of Methodology (continued)

Q2 / Q5 / Q9 / Q12 — MARGINS OF SAMPLING ERROR CALCULATIONS

INDIVIDUAL PROPORTIONS — Humana MA: N = 11,348 | 70/30 Plan: N = 1,864 | 95% Confidence

Metric	Result	95% CI (scale: 0–70%)	MoE	Base
MA Satisfaction (Top-2 Box)	60.0%	59.1% – 60.9%	±0.9pp	n = 11,348
70/30 Satisfaction (Top-2 Box)	33.0%	30.9% – 35.1%	±2.1pp	n = 1,864
MA Likely to Switch at Next Enrollment	5.0%	4.6% – 5.4%	±0.4pp	n = 11,348
70/30 Likely to Switch at Next Enrollment	13.0%	11.5% – 14.5%	±1.5pp	n = 1,864

PAIRWISE DIFFERENCES — CONSERVATIVE TWO-PROPORTION TEST (BETWEEN PLAN SEGMENTS)

Comparison	Gap	MoE on diff	Significant?
MA Satisfaction vs. 70/30 Satisfaction (Top-2 Box)	+27.0pp	±2.3pp	Yes — clear gap
MA Likely to Switch vs. 70/30 Likely to Switch	-8pp	±1.6pp	Yes — clear gap

MoE on differences uses the conservative unpaired formula: $\pm 1.96 \sqrt{(p_1(1-p_1)/n_1 + p_2(1-p_2)/n_2)}$. MA and 70/30 respondents are independent samples, making this formula appropriate. CI bars drawn on a common 0–70% scale; minimum rendered bar width 0.10" for legibility.