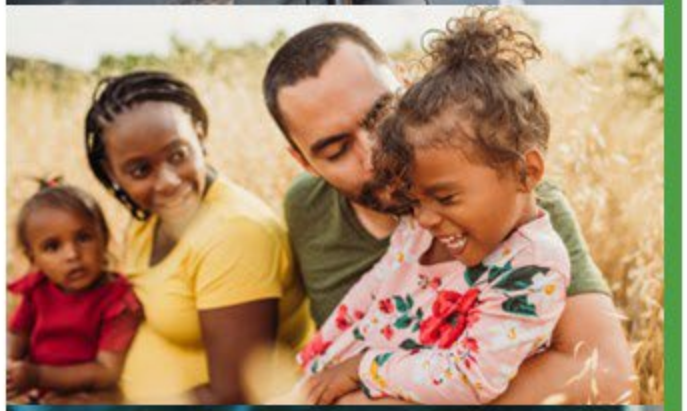

2027 Open Enrollment HBR Training

July 2026

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

Topics for Today

- HBR Role Prior to and During OE
- Plan Changes
- Premiums
- eBenefits Enrollment Overview
- Communicating OE to Employees
- HBR Resources

Your Critical Role as an HBR

You serve as AMBASSADORS for the State Health Plan.

HBRs are the main avenue through which members receive benefit information.

It is critical that you are knowledgeable about Plan changes PRIOR to Open Enrollment.

Being well-prepared to handle questions, will create a better member experience.

Your role is to educate employees on benefits; NOT enroll them in the eBenefits system as this is a self-service system.

Given that OE will take place over 2.5 weeks, it will be very IMPORTANT to approve tasks in a timely manner.

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Reports & Enrollment Approvals

- It is important to utilize reports in eBenefits, such as the found under the Benefits tab.
  - You will need to select MEDICAL in the Benefit Type, if applicable, and OPEN ENROLLMENT in the Current Benefits/Open Enrollment drop down to identify members that still need to take action.
  - Members that have not yet taken action will have a blank in the field labeled DECLINATION_REASON.
- Changes are NOT sent to any vendors, including CVS and Aetna, until the task has been approved.
- The Task List report (Data & Reporting, Standard Reports, and Task List report) provides a list of tasks which require attention.
- The Account Management team at Benefitfocus will provide an **OE Toolkit**, which will include useful reporting.

TASK_TYP	TASK_DESCRIPTION
MEMBER_VERIFICATION_REQUIRED	Sections Need to be Reviewed by Employee

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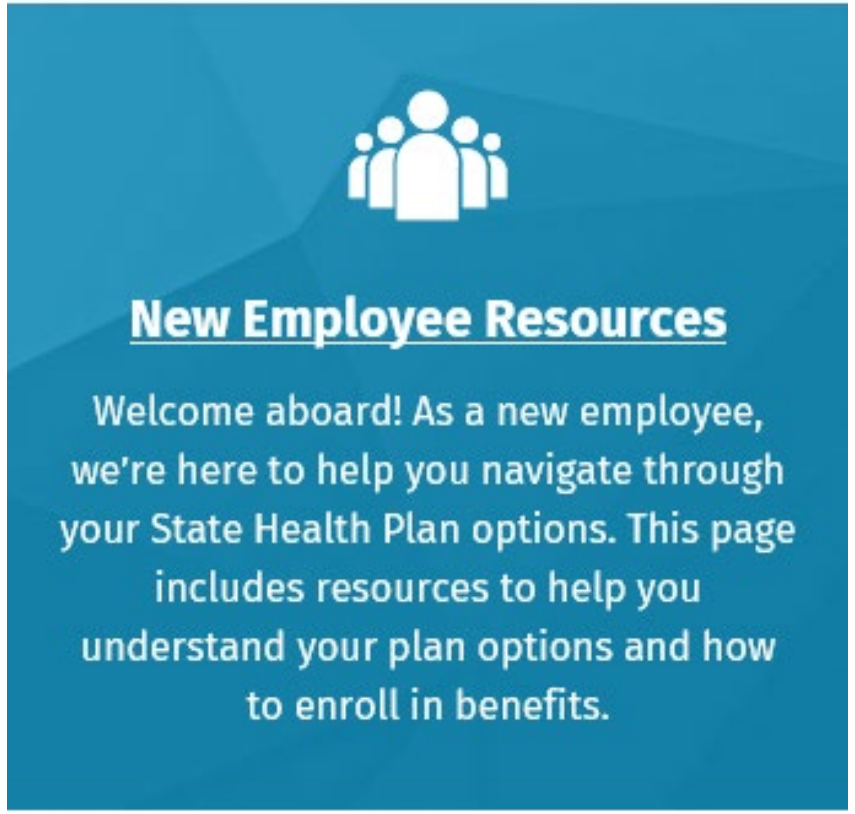
NEW ENROLLMENTS During Oct.12-Dec. 31, 2026

Set up new hires as quickly as possible to ensure they have THE FULL 30 DAYS to complete their enrollment.

Newly eligible/enrolling members during and after OE:

- Will be automatically prompted to complete their OE elections.
- Will need to select a Primary Care Provider (PCP).
- Please advise new enrollees that they will receive two ID cards fairly close together (one for 2026 and one for 2027) and will need to use them at the appropriate times or they will not work.

NOTE: The 2027 New Employee Kit will be posted in November, on the New Employee Resource Center available on the Plan's website.



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DEPENDENT ELIGIBILITY Reminder

Open Enrollment is the time to add/drop dependents and/or change plans.

- Outside of OE, there must be a Qualifying Life Event (QLE) to add/drop dependents within 30 days of the event.
- Dependent verification documentation is required for all dependents.
- It is the HBR'S RESPONSIBILITY to ensure proper documentation is uploaded for all new dependents, including dependents added during OE!
- Mass approvals are not allowed for dependent verification, so HBRs still need to REMIND EMPLOYEES about their need for documentation and BE RESPONSIBLE for approving them.
- These transactions should not be approved without proper dependent verification and/or QLE documentation.
  - Full list of required documents is on the Plan's website.
  - Documents should be uploaded and stored in eBenefits.
- Contact HBR Support at Benefitfocus or your Account Manager for help.

Qualifying Life Events & Dependent Eligibility

Guidelines for a Qualifying Life Event (QLE) and dependent eligibility.

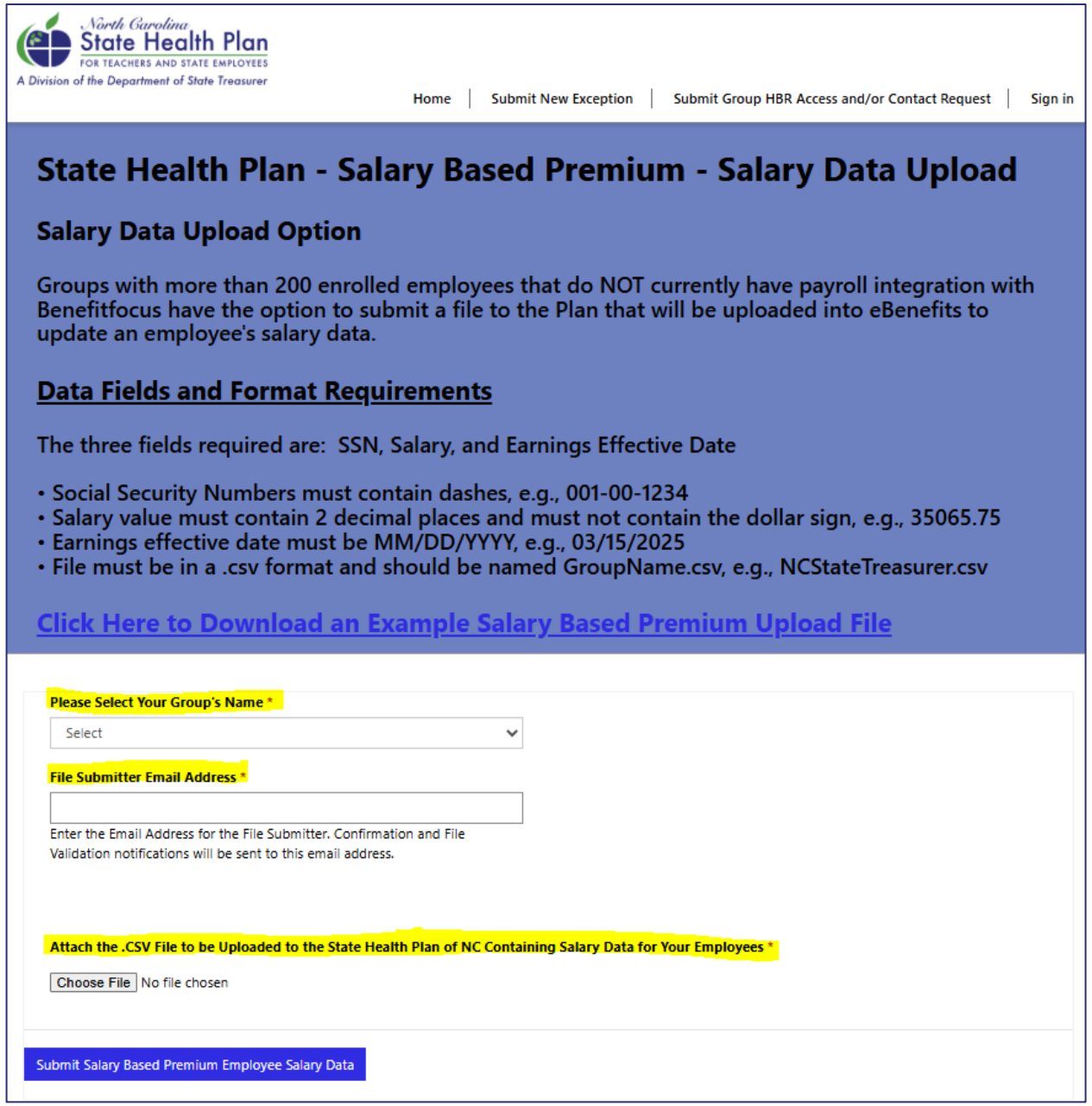
NOTE: The Plan audits a percentage of these actions monthly, however, HBRs cannot rely on the Plan's audits to find transactions without the proper documentation. The Plan WILL NOT approve an enrollment exception just because an Employing Unit has not collected proper documentation.

SALARY DATA UPLOAD

Salary Data File Submission Website Address:

https://shpapplicationportal.shpnc.*org*/SBP-File-Import/

Salaries need to be uploaded by Sept. 1, 2026



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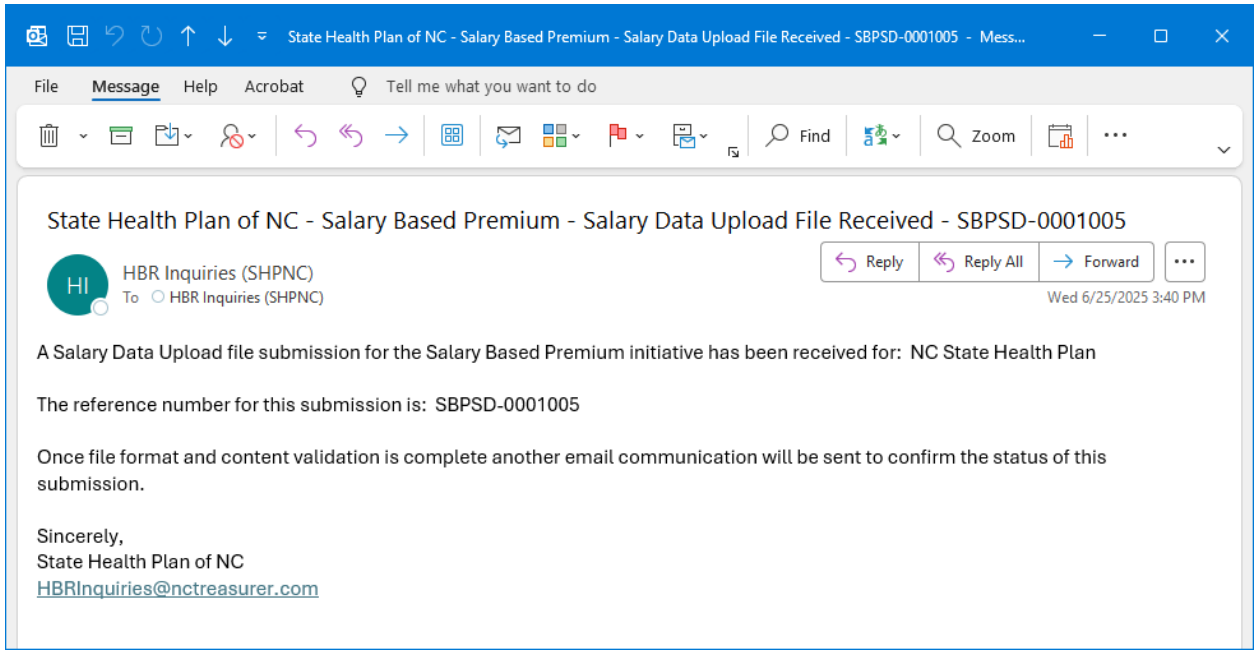
SALARY DATA UPLOAD

Upon successful submission of a file, a confirmation email will be sent to the 'File Submitter Email Address' from HBRInquiries@nctreasurer.gov to confirm receipt of the file.

Upon successful validation of the file, another email will be sent to the 'File Submitter Email Address' from HBRInquiries@nctreasurer.gov to confirm the file has been successfully validated and sent to Benefitfocus for importing to the eBenefits system.


State Health Plan of NC - Salary Based Premium - Salary Data Upload File Received - SBPSD-0001005 - Mess...

File Message Help Acrobat Tell me what you want to do

Find Zoom

State Health Plan of NC - Salary Based Premium - Salary Data Upload File Received - SBPSD-0001005

HI HBR Inquiries (SHPNC)
To HBR Inquiries (SHPNC)

Reply Reply All Forward

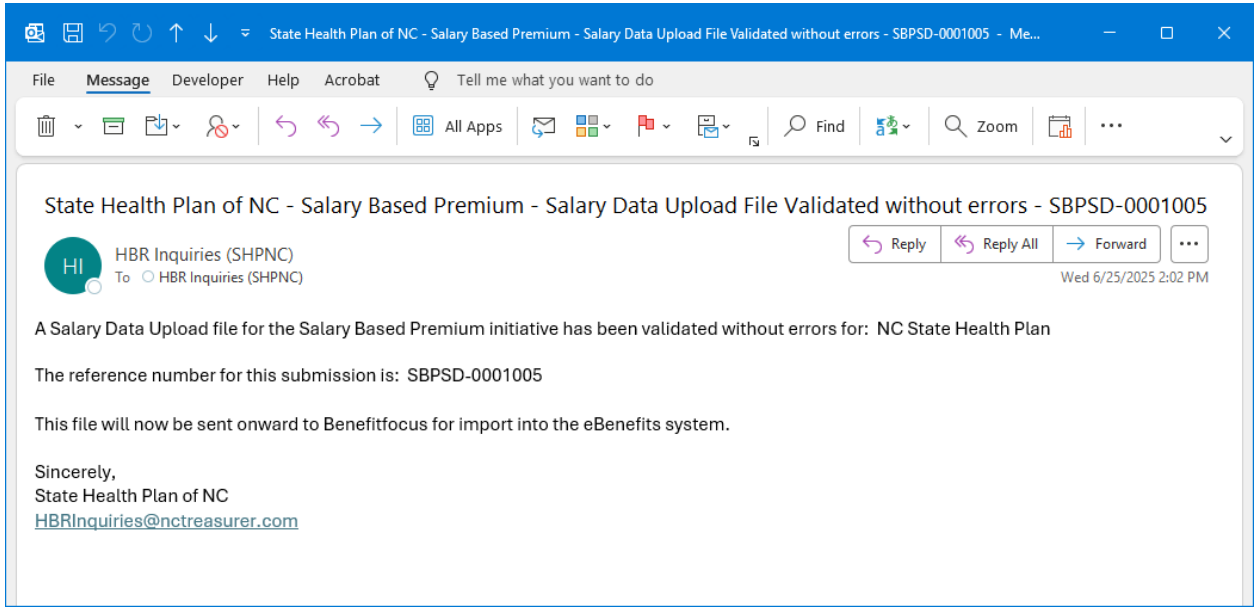
Wed 6/25/2025 3:40 PM

A Salary Data Upload file submission for the Salary Based Premium initiative has been received for: NC State Health Plan

The reference number for this submission is: SBPSD-0001005

Once file format and content validation is complete another email communication will be sent to confirm the status of this submission.

Sincerely,
State Health Plan of NC
HBRInquiries@nctreasurer.com


State Health Plan of NC - Salary Based Premium - Salary Data Upload File Validated without errors - SBPSD-0001005 - Me...

File Message Developer Help Acrobat Tell me what you want to do

All Apps Find Zoom

State Health Plan of NC - Salary Based Premium - Salary Data Upload File Validated without errors - SBPSD-0001005

HI HBR Inquiries (SHPNC)
To HBR Inquiries (SHPNC)

Reply Reply All Forward

Wed 6/25/2025 2:02 PM

A Salary Data Upload file for the Salary Based Premium initiative has been validated without errors for: NC State Health Plan

The reference number for this submission is: SBPSD-0001005

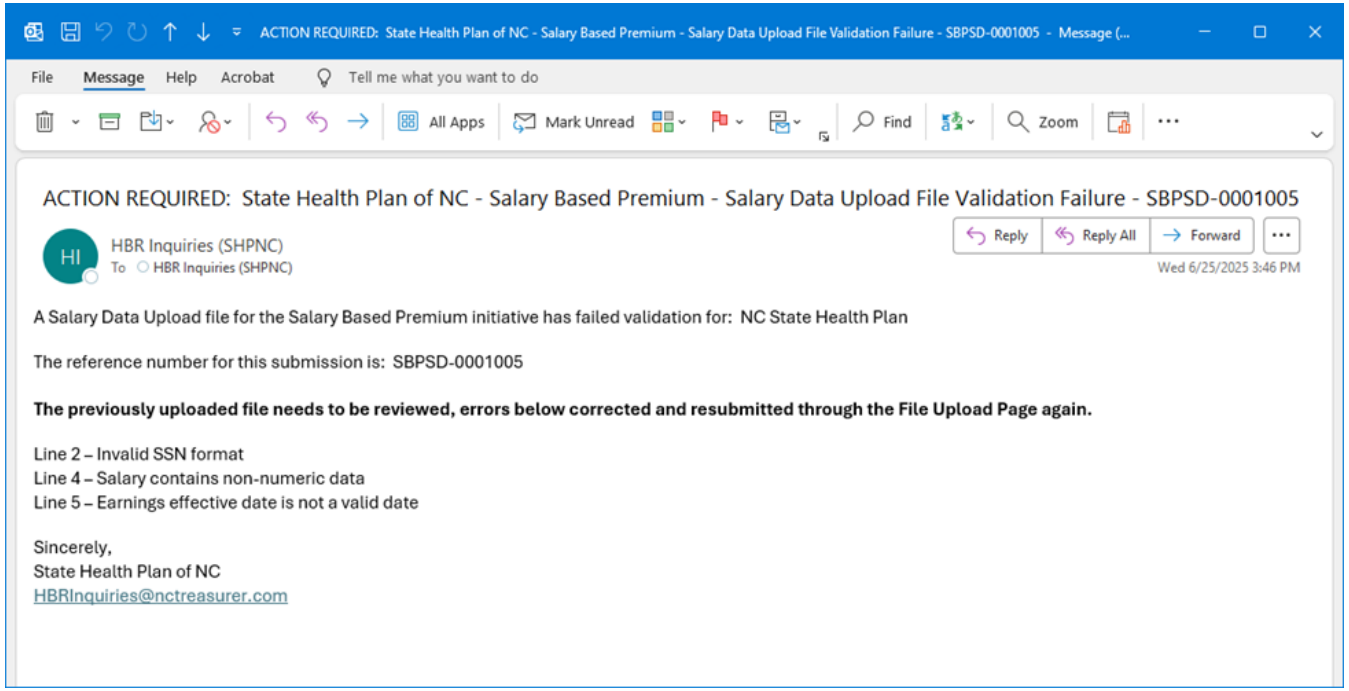
This file will now be sent onward to Benefitfocus for import into the eBenefits system.

Sincerely,
State Health Plan of NC
HBRInquiries@nctreasurer.com

SALARY DATA UPLOAD – ERROR LISTS

Upon unsuccessful validation of the file, another email will be sent to the 'File Submitter Email Address' from HBRInquiries@nctreasurer.gov to confirm the file has not been successfully validated. This email will contain a list of errors contained in the file.

When this email is received, the uploaded file needs to be reviewed, errors corrected and resubmitted through the File Upload Page.



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High-Deductible Health Plan (HDHP) Enrollment

- Employees selecting the HDHP will enroll through eBenefits.
- Employees that are currently enrolled and are still eligible do not need to take action unless they need to update their dependents. They will be automatically re-enrolled.
- The HDHP features a higher deductible than other traditional medical and pharmacy benefit plans.
- Employees should check with HBRs to confirm their eligibility prior to enrolling.
- Employees eligible for this plan will click eBenefits at the top of the State Health Plan home page, then click the appropriate box to register with a username and password before enrolling.

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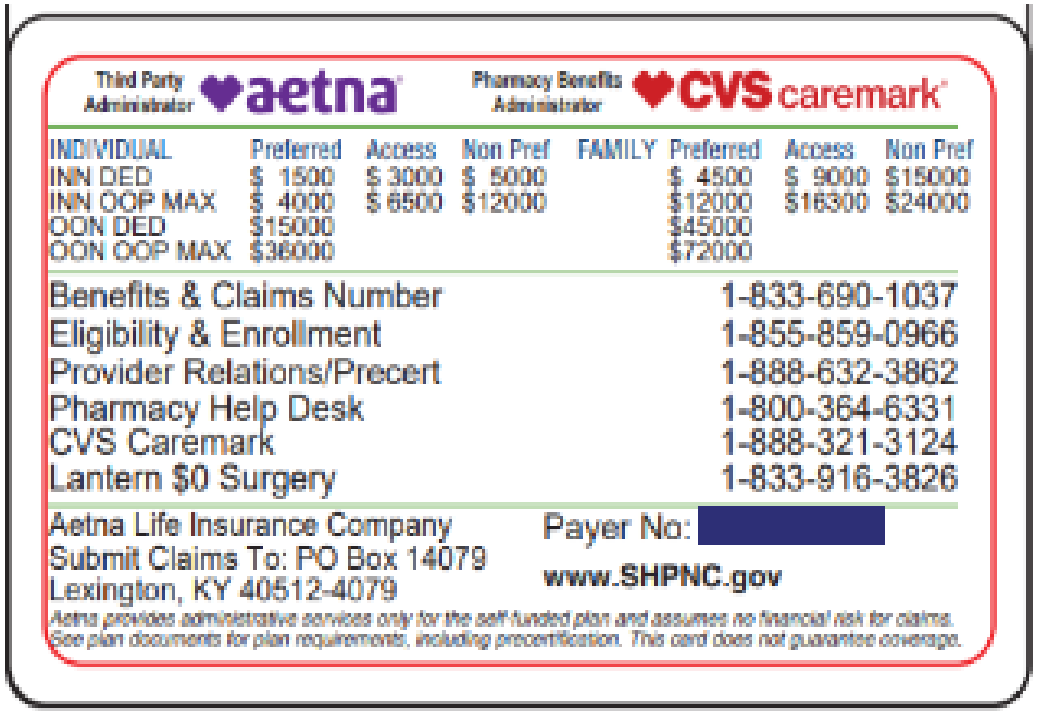
No benefit changes for 2027.

NEW ID CARDS

ALL MEMBERS, regardless of action taken during Open Enrollment, will receive a new ID card in late November-December.

Members will need to begin using this card Jan. 1, 2027, for all medical and pharmacy services.



2027 Benefits

2027 Plan Options: Active & Non-Medicare

The State Health Plan will continue to offer TWO PLAN OPTIONS to active employees and non-Medicare retirees for 2027:

Standard PPO Plan

Members pay 30% COINSURANCE for eligible in-network services after meeting a deductible.

For some services (i.e., office visits, urgent care or emergency room visits), members pay a copay.

Plus PPO Plan

Members pay 20% COINSURANCE for eligible in-network services after meeting a deductible.

Similar to the Standard Plan, members pay a copay for some services (i.e., office visits, urgent care or emergency room visits).

FOR BOTH PLAN OPTIONS: Preventive Services performed by an in-network provider are covered at 100% by the Plan, at no cost to the member.

ACTION REQUIRED: for Active Employees

All Active employees, including dependents, will be AUTOMATICALLY ENROLLED in the Standard PPO Plan, for the 2027 benefit year.

Subscribers MUST TAKE ACTION during Open Enrollment if they would like to enroll in the Plus PPO Plan or if they need to make any changes regarding dependents.

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Lantern Surgery Benefit

The State Health Plan continues its partnership with Lantern, a trusted provider that helps connect Plan members to a high-quality, carefully selected surgeon when you need a planned, non-emergency procedure.

This program offers NO COST ($0) surgery for members who use a Lantern provider—no deductibles or no copays.

Lantern covers more than 1,500 planned, non-emergency surgeries. Lantern surgeons are individually vetted and among the best in their field. A dedicated Lantern Care Advocate will work to match you with an excellent surgeon in the Lantern network as close to your home as possible. When close to home isn't possible, there is a travel benefit members may utilize.

COMMONLY COVERED PROCEDURE CATEGORIES:

- Spine
- Orthopedic
- Joint
- Ear, Nose, & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine & Ortho Injections
- Urology
- Bariatrics

Not all providers in the Lantern network cover all types of covered procedures under their specialties.

Members will need to call Lantern to determine if a surgery is covered. Lantern will be sending all eligible* members another ID card for 2027. Members will use the card when seeing a Lantern provider.

*Medicare Primary members are not eligible to participate.

Change in Benefit Notice

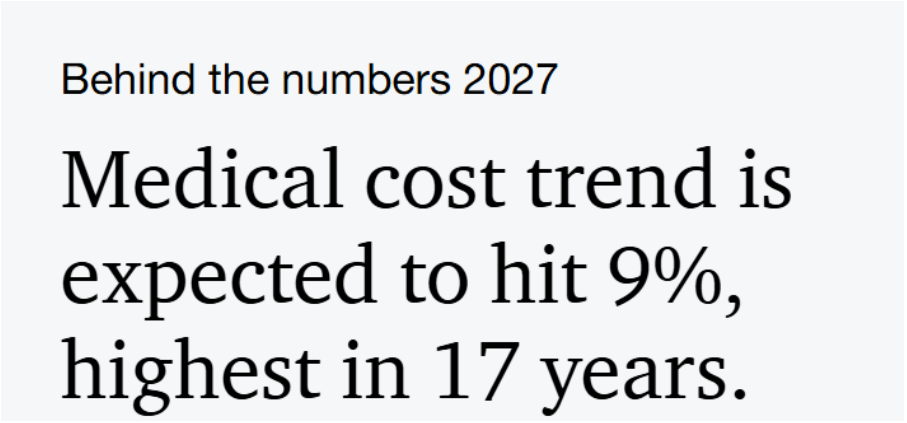
SESSION LAW 2026-50 HOUSE BILL 1126

- Maternity benefits now covered for dependent children.
- The bill became law July 7, 2026. The specific dependent provision is effective 30 days after the bill becomes law. So, the new provision is effective August 6, 2026.
- This includes delivery and in hospital stay. Note that the newborn is not eligible outside of hospital stay.
- State Health Plan materials and systems are being updated.

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.



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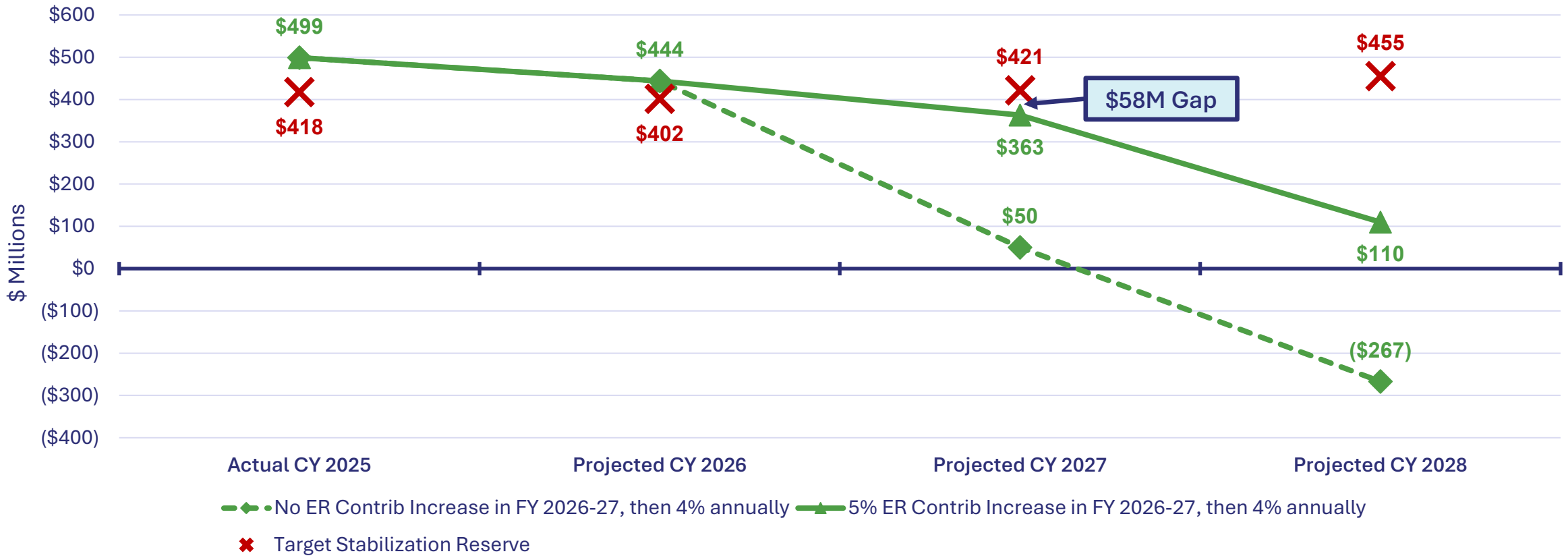
PwC= PricewaterhouseCoopers

Current State

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



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
- Same benefit as today for members or in some cases may be lower out-of-pocket costs

NON-PREFERRED PROVIDERS

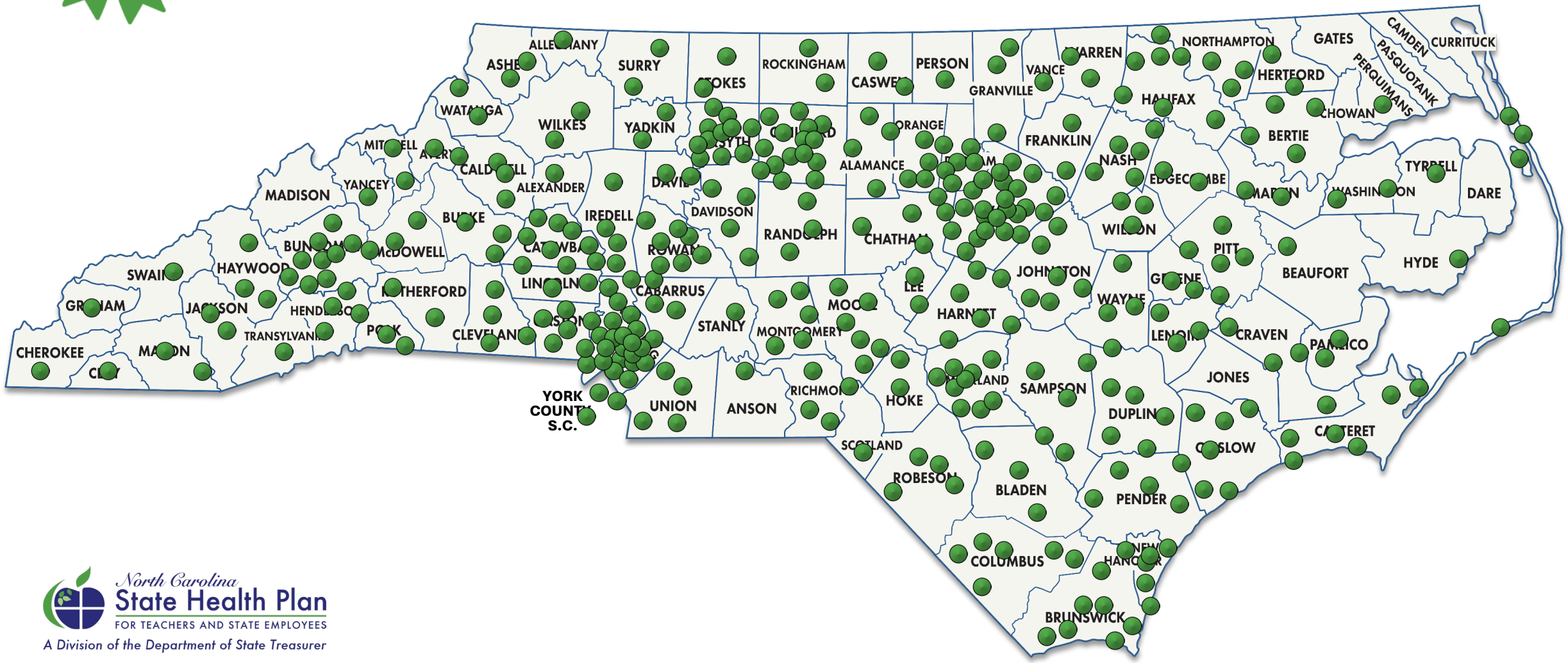
- These providers elected or were not selected to participate in PPP
- Members will see a significant cost increase when seeing these providers

OUT-OF-NETWORK PROVIDERS

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

Preferred Providers

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



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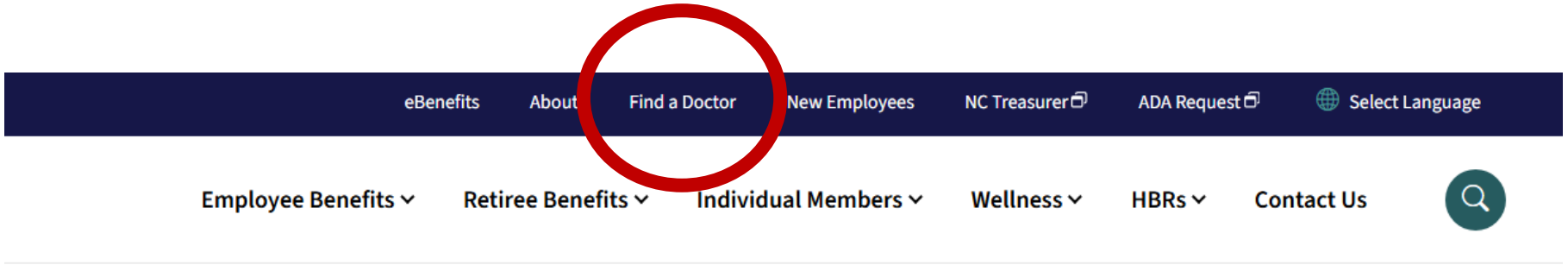
Find a Provider

Visit **www.shpnc.gov** and click Find a Doctor

- Select your plan
- You can login to Aetna or continue as guest
- Search by various filters
- Preferred and Access Providers will be labeled

Preferred Provider

Access Provider



Online resources to help you find a provider, including Preferred Providers.

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2027 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)

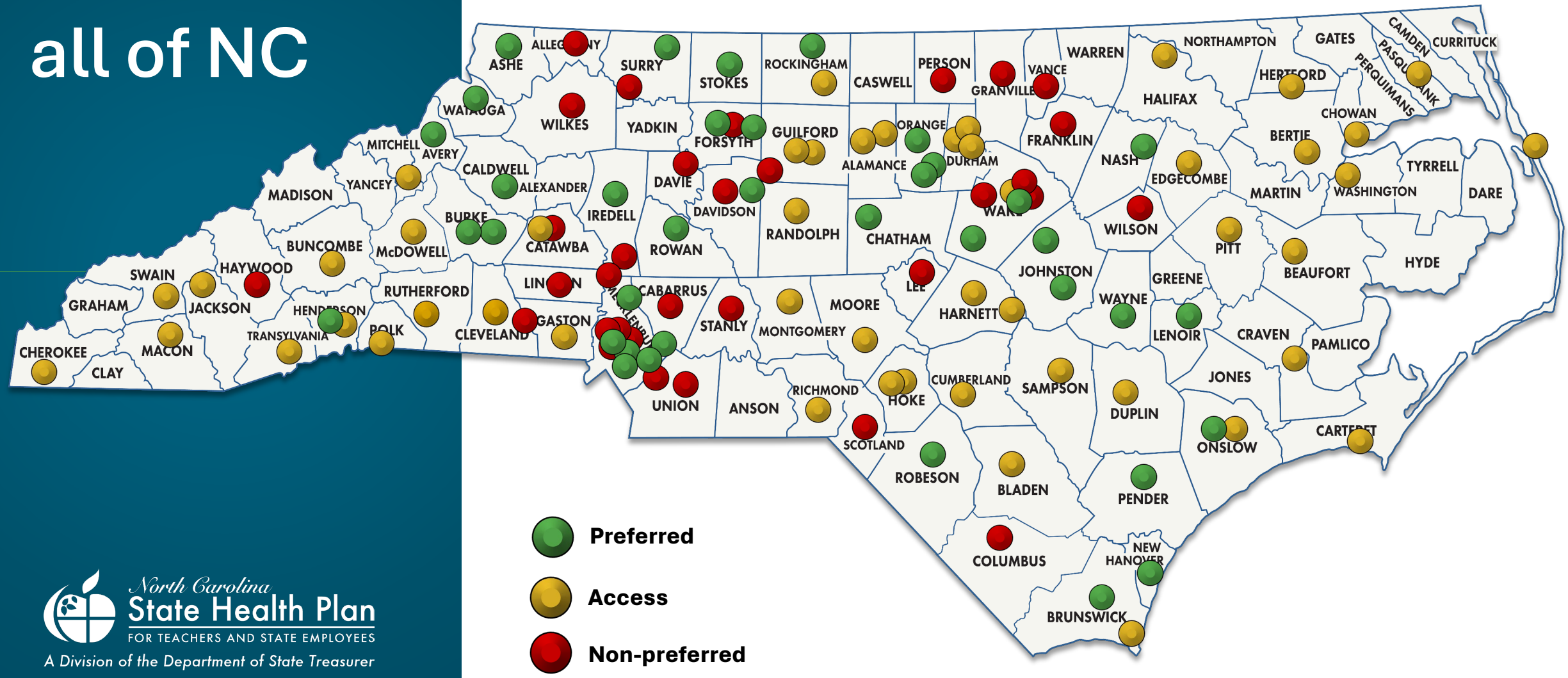
	STANDARD PPO Plan				PLUS PPO Plan			
	Preferred	Access	Non Preferred	Out of Network	Preferred	Access	Non Preferred	Out of Network
Annual Deductible	$1,500 Ind $4,500 Fam	$3,000 Ind $9,000 Fam	$5,000 Ind $15,000 Fam	$15,000 Ind $45,000 Fam	$1,000 Ind $3,000 Fam	$1,500 Ind $4,500 Fam	$4,000 Ind $12,000 Fam	$12,000 Ind $36,000 Fam
Out-of-Pocket Maximum (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
	In-Network (deducitble & OOP max cross-accumulates)				*In-Network (deducitble & OOP max cross-accumulates)*			
MEDICAL BENEFITS								
Preventive	$0 Preventive Services				$0 Preventive Services			
Primary Care Provider (PCP)	$15 Preferred PCP listed on ID card $40 other PCP listed on ID card $50 other PCP			50% after deductible	$10 PCP Preferred PCP listed on ID card $30 other PCP listed on ID card $40 other PCP			40% after deductible
Walk-In Clinic	$40 other PCP on ID card $50 other PCP			50% after deductible	$30 other PCP on ID card $40 other PCP			40% after deductible
Specialist	$40	$65	30% after deductible	50% after deductible	$25	$50	20% after deductible	40% after deductible
Behavioral Health	$15			50% after deductible	$10			40% after deductible
Speech, Occupational, Chiropractic, Physical Therapy	$62			50% after deductible	$42			40% after deductible
High-Cost Imaging	$400	30% after deductible	$1,000, then 30% after ded	50% after deductible	$250	20% after deductible	$500, then 20% after ded	40% after deductible
Urgent Care	$100				$70			
Emergency Room	$600, then 30% after deductible (copay waived with admission)				$500, then 20% after deductible (copay waived with admission)			
Inpatient Hospital	$750	$600, then 30% after ded	$1,500, then 30% after ded	50% after deductible	$500	$500, then 20% after ded	$1,000, then 20% after ded	40% after deductible
Outpatient Surgery	$600	$350, then 30% after ded	$1,000, then 30% after ded	50% after deductible	$300	$300, then 20% after ded	$500, then 20% after ded	40% after deductible
Ambulatory Surgical Center	$400	30% after deductible	$1,000, then 30% after ded	50% after deductible	$250	20% after deductible	$500, then 20% after ded	40% after deductible
Lantern	Lantern Surgical Benefit $0 Member Cost				Lantern Surgical Benefit $0 Member Cost			

Full Plan Comparison Available
NOW on www.shpnc.gov

	STANDARD PPO Plan	PLUS PPO Plan
PHARMACY BENEFITS		
Rx Tier 1	$25	$15
Rx Tier 2	$75	$55
Rx Tier 3	Deductible / Coinsurance	Deductible / Coinsurance
Rx Tier 4	$200	$100
Rx Tier 5	$600	$500
Rx Tier 6	Deductible / Coinsurance	Deductible / Coinsurance
Preferred Blood Glucose Meters and Supplies*	$10*	$5*
Preferred & Non-Preferred Insulin	$0	$0
Preventive Medications	$0	$0

Hospitals | Across all of NC

HOSPITAL LOCATIONS and TIERS for those participating in the Preferred Provider Program.



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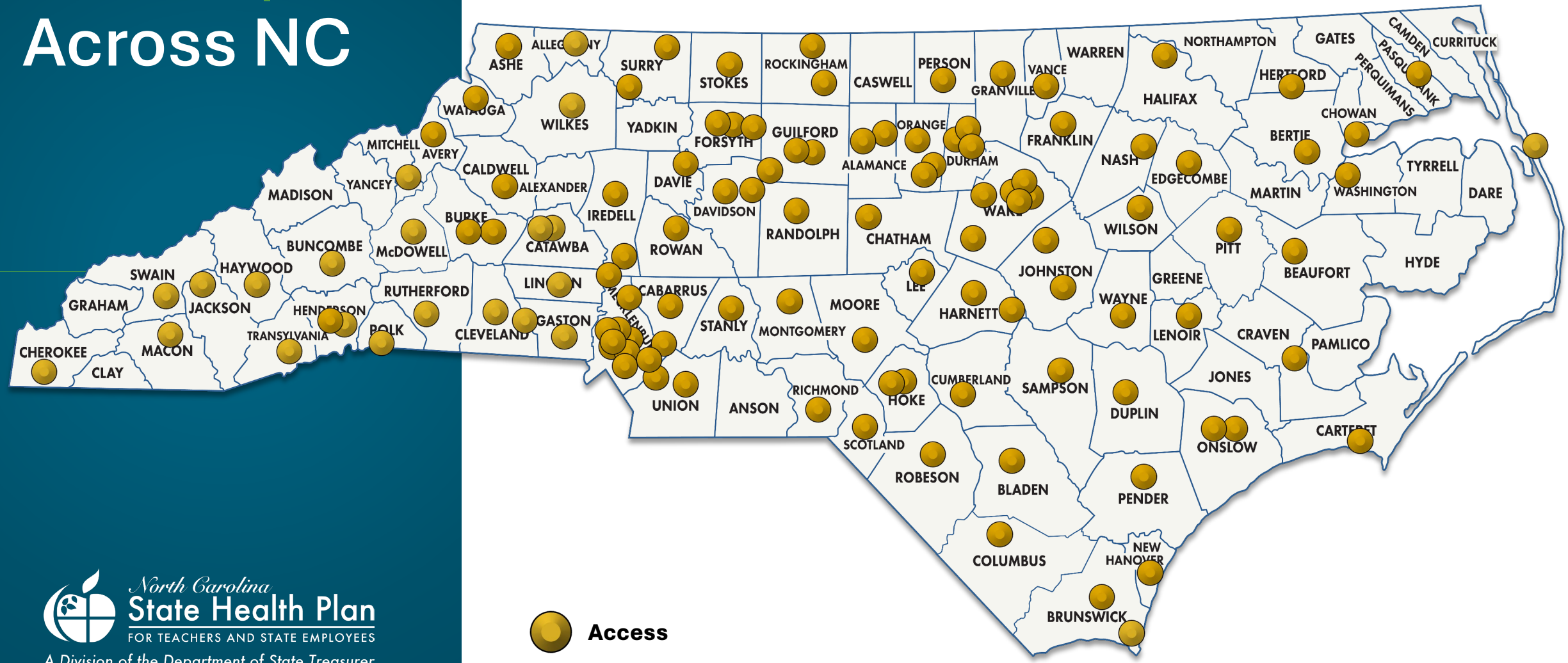
Emergency Rooms | Across NC



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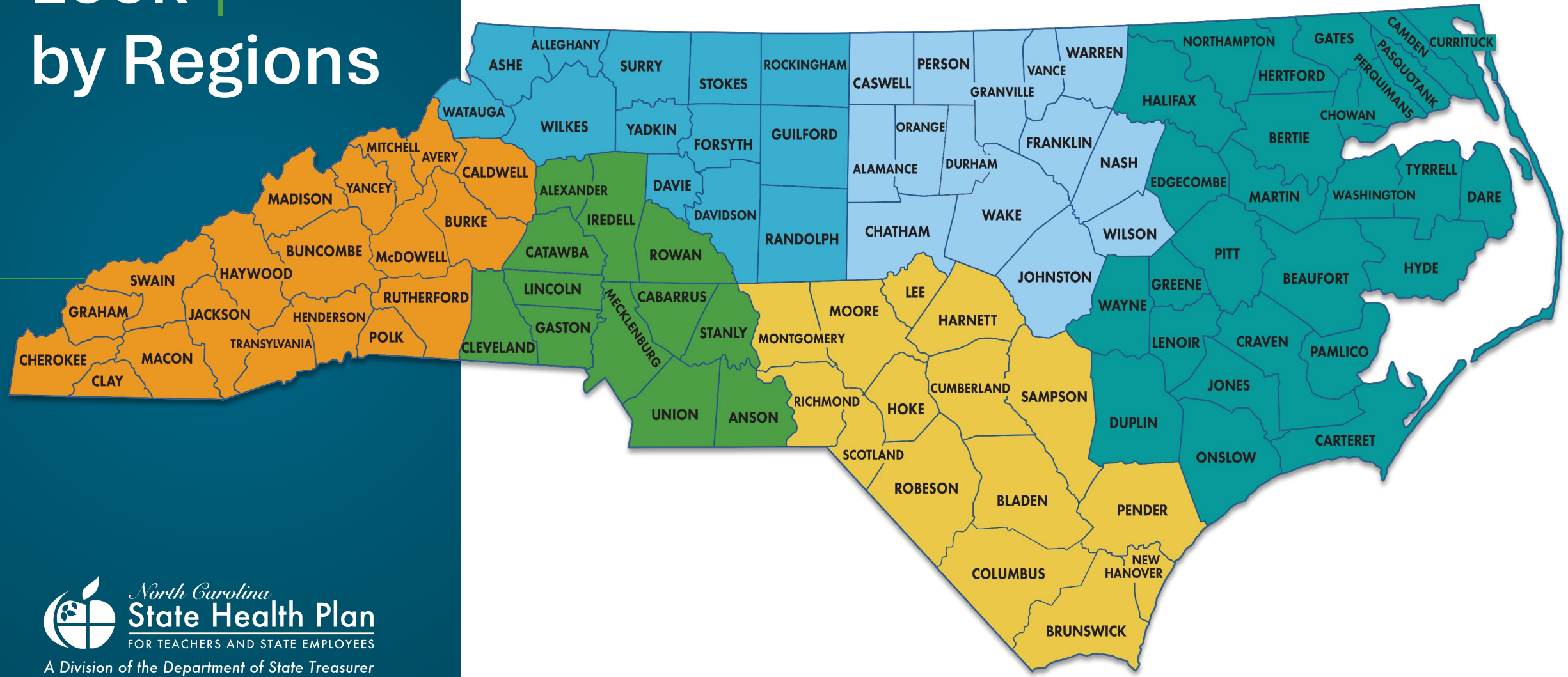
Closer Look | by Regions

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



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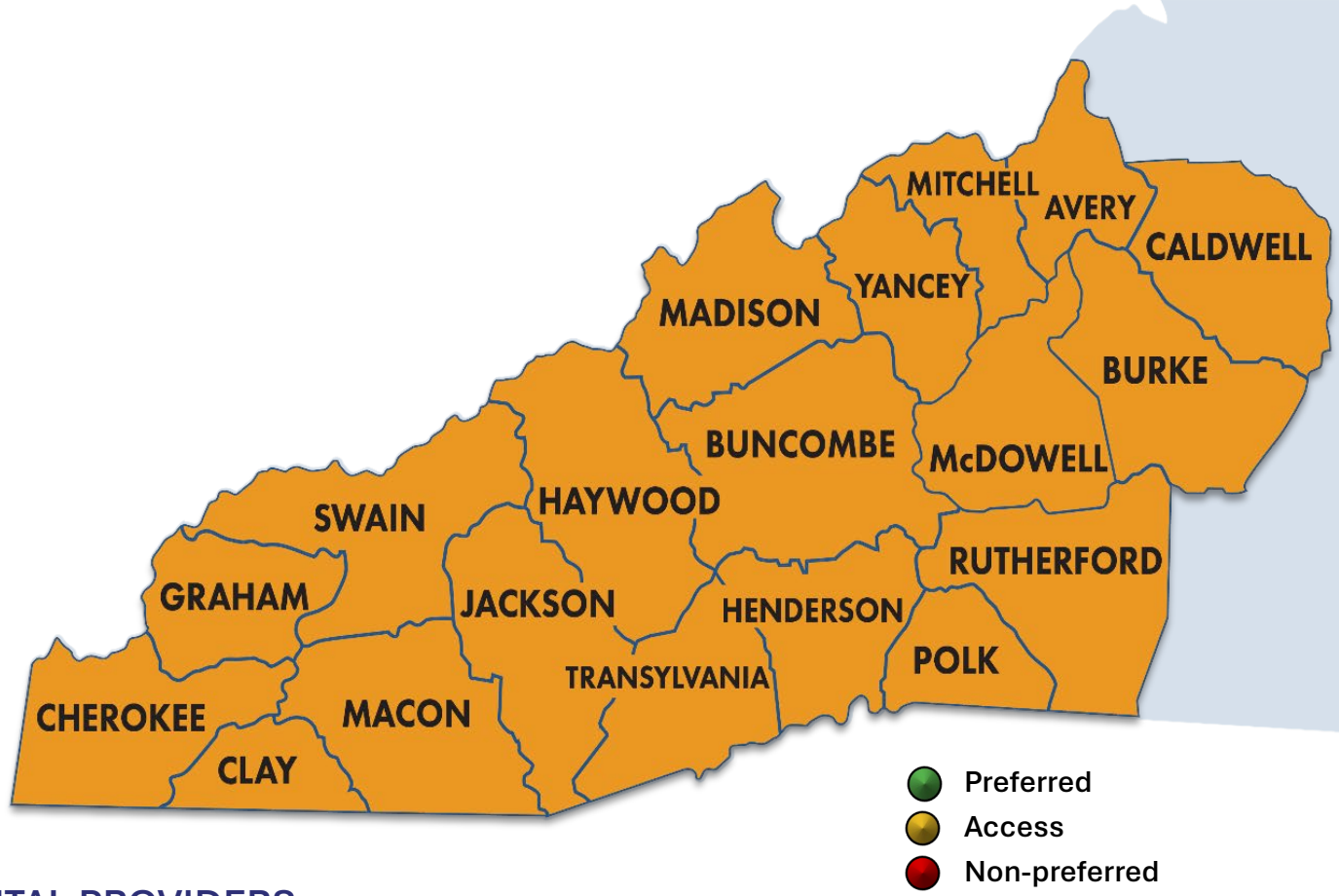
Region 1

Providers in **Access** or **Preferred** Tiers

TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	124	97%
Orthopedics	97	100%
Cardiology	79	100%
Hematology / Oncology	32	100%
Other Medical Specialties*	218	96%

*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
Erlanger Western Carolina Hospital
Harris Regional Hospital
Haywood Regional Medical Center
Mission Hospital Buncombe
Mission Hospital McDowell
Pardee UNC Health Care
Rutherford Regional Health System
Swain Community Hospital
Transylvania Regional Hospital
UNC Health Blue Ridge – Morganton
UNC Health Blue Ridge – Valdese

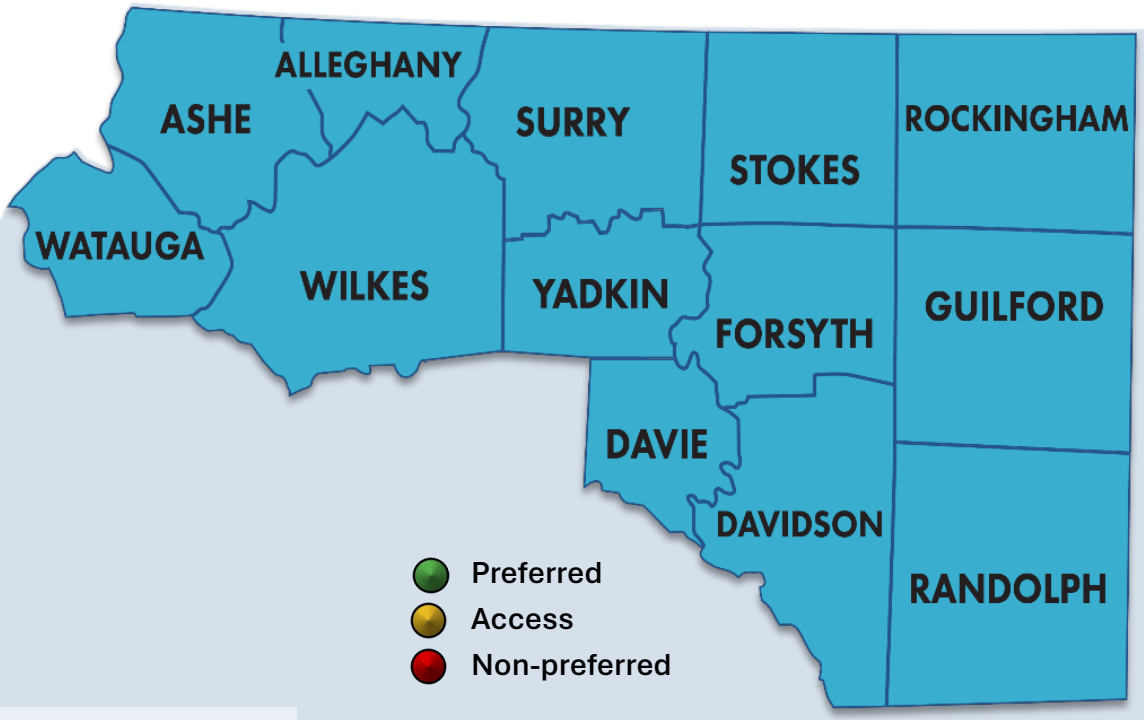
Region 2

Providers in **Access** or **Preferred** Tiers

TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	221	74%
Orthopedics	199	72%
Cardiology	210	80%
Hematology / Oncology	94	54%
Other Medical Specialties*	568	63%

*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

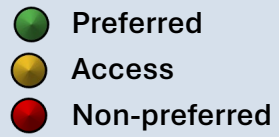
Region 3

Providers in **Access** or **Preferred** Tiers

TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	526	47%
Orthopedics	221	71%
Cardiology	229	57%
Hematology / Oncology	170	38%
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

Region 4

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

TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	534	89%
Orthopedics	281	91%
Cardiology	279	85%
Hematology / Oncology	230	95%
Other Medical Specialties*	1,099	94%

*OTHER MEDICAL SPECIALTIES:

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

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

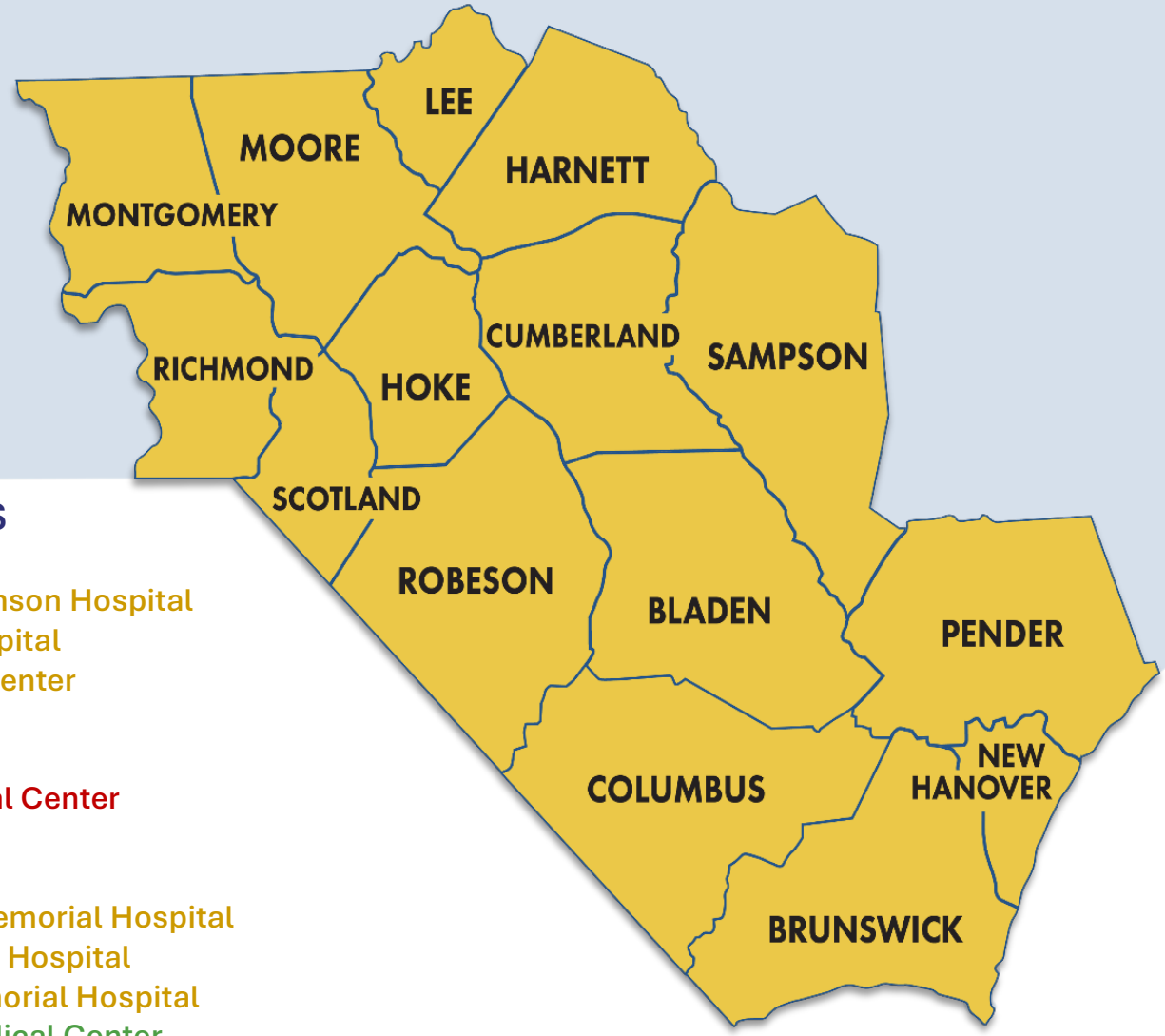
Region 5

Providers in **Access** or **Preferred** Tiers

TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	214	94%
Orthopedics	126	94%
Cardiology	143	93%
Hematology / Oncology	44	95%
Other Medical Specialties*	396	95%

*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

- Preferred
- Access
- Non-preferred

Region 6

Providers in **Access** or **Preferred** Tiers

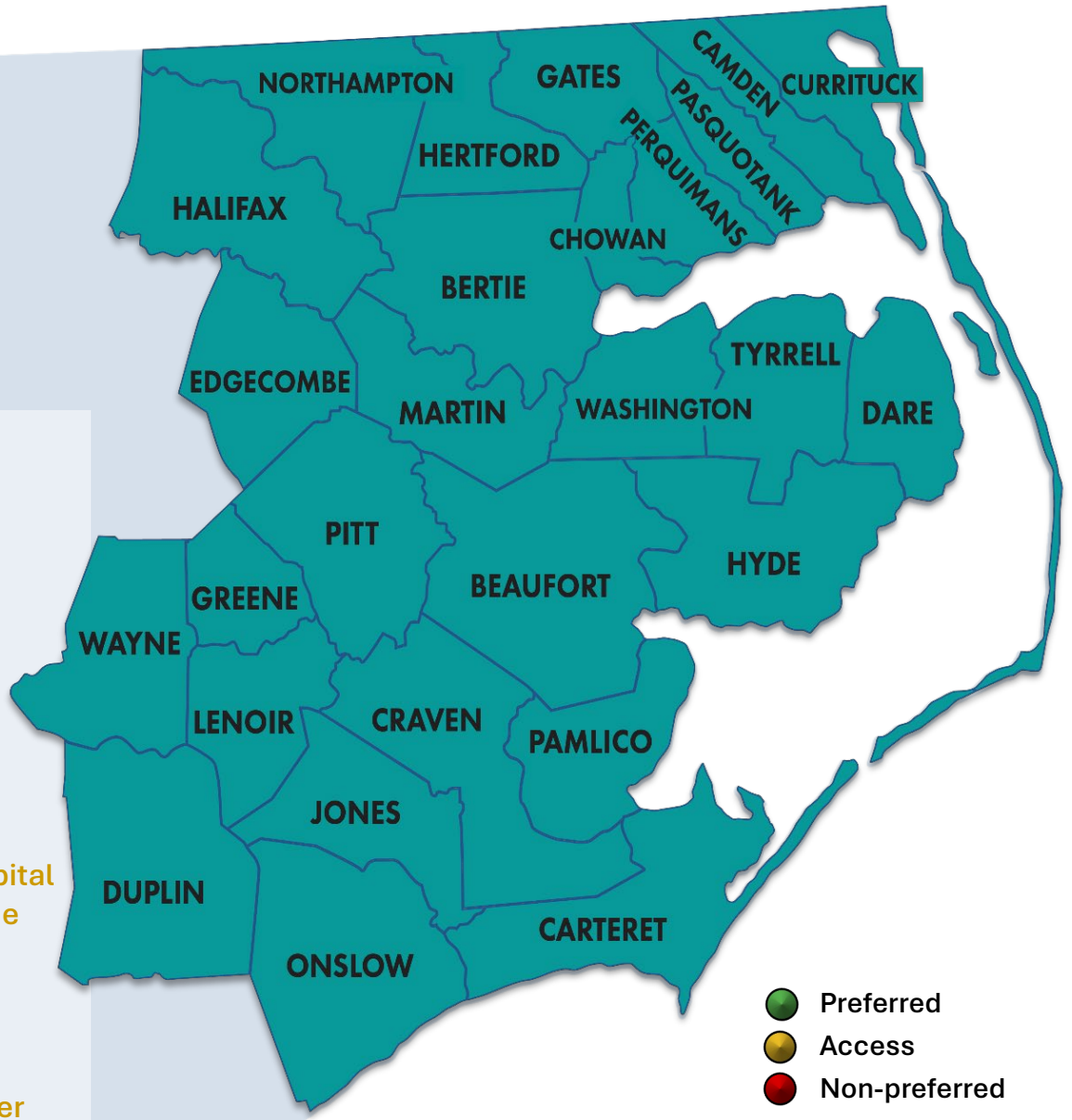
TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	159	97%
Orthopedics	73	99%
Cardiology	128	98%
Hematology / Oncology	37	97%
Other Medical Specialties*	291	99%

*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



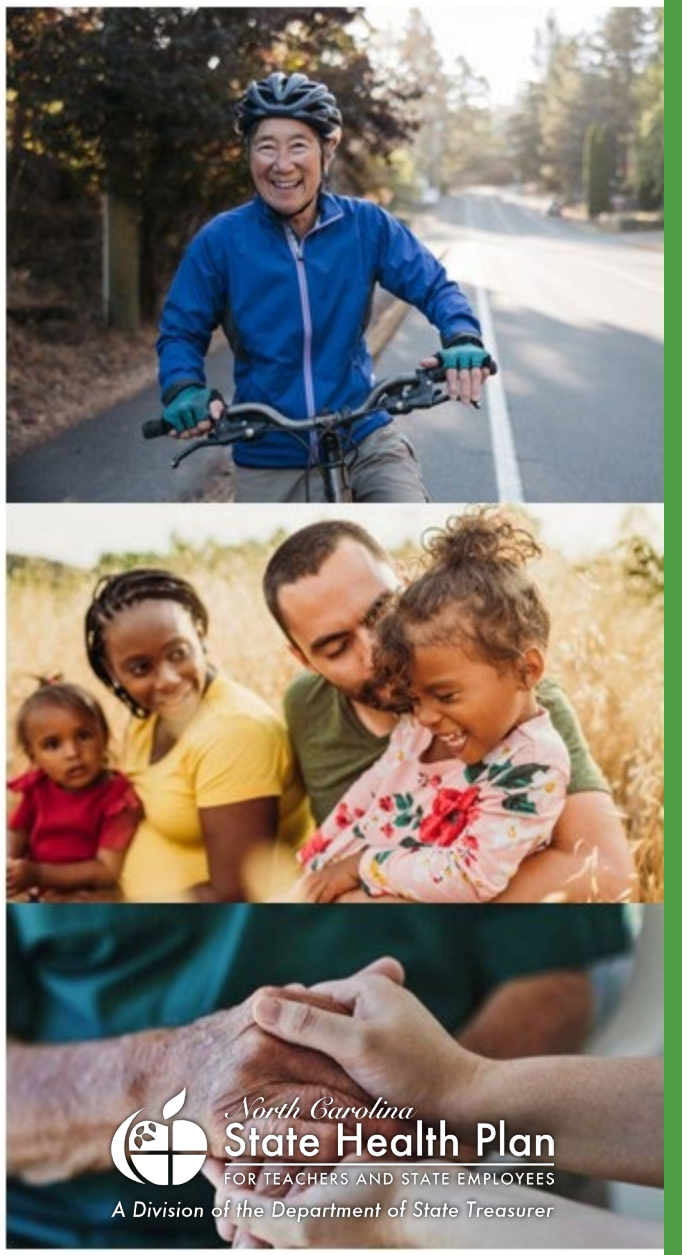
Supporting Members

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.



2027 Premiums

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

Monthly / Annual Change	Individual Coverage	
	LOWEST	HIGHEST
Change in Monthly Premium Cost		
Active Employee	$1.76	$8.04
Change in Annual Premium Cost		
Active Employee	$21.12	$96.48

2027 Active Employee Premiums

STANDARD PPO & PLUS PPO PLAN
for Active Subscribers

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

Monthly Premium Rates January 1, 2027 to December 31, 2027	STANDARD PPO Plan Salary Band				PLUS PPO Plan 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

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**.

2027 HDHP Premiums

HIGH DEDUCTIBLE HEALTH PLAN

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

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

NOTES:
The HDHP benefit option will be available only to employees eligible for coverage under G.S. §135.48.40(e).
The employer share for subscribers is $203.72.

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	$200	$200	$200	$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		$13,200	$5,410	$13,200	$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.

Alternative Path

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

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

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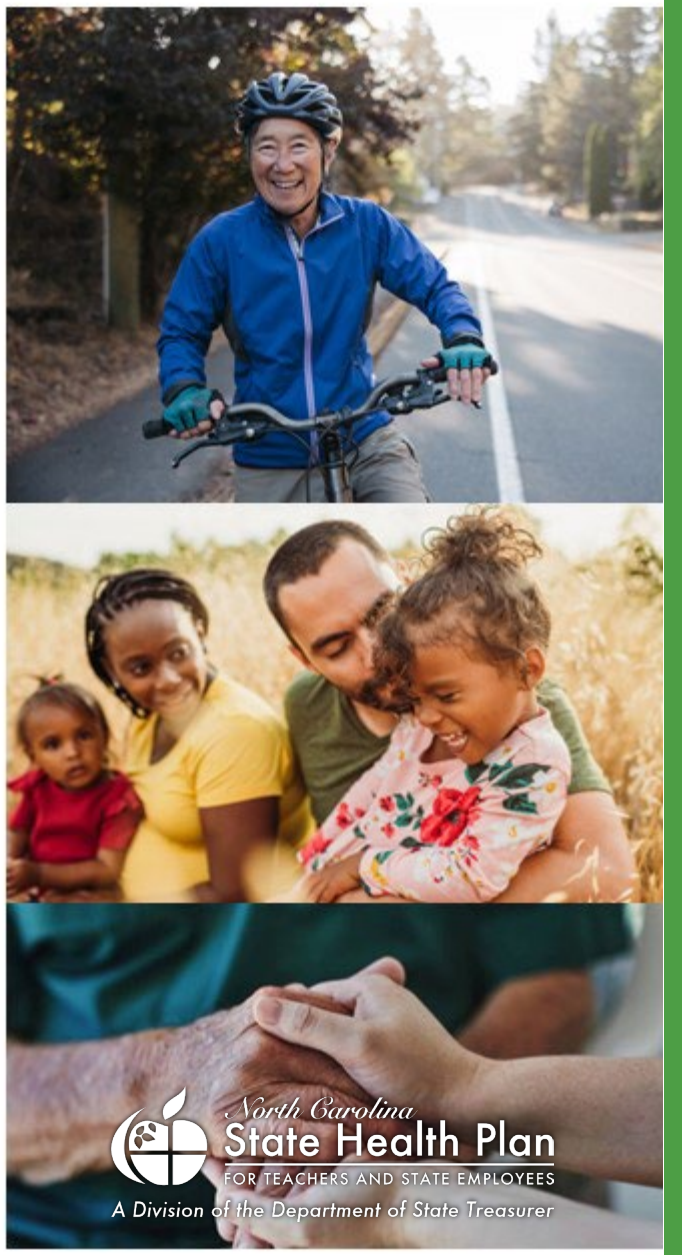

Frequently Asked Questions

Frequently Asked Questions

Why is the State Health Plan moving to a tiered network for 2027?

Health care costs continue to rise faster than the funding available to the Plan. Without changes, the Plan would have faced significantly higher costs that would have required much larger premium increases and benefit reductions for all members.

Instead of asking every member to pay more, the Plan is changing how it purchases health care. Hospitals and health systems had the opportunity to compete to become Preferred Providers by offering high-quality care at a better overall value for Plan members.

Members can still receive care from any provider in the network, but those who choose Preferred Providers will generally pay less out of pocket.

By focusing on value rather than simply increasing premiums across the board, the Plan can better manage rising health care costs while continuing to provide members with access to quality care.

The tiered network impacts members on the Standard and Plus PPO plans as well as Medicare retirees on the 70/30 Plan. This does not impact members on the Humana Medicare Advantage Plans or members in the High Deductible Health Plan.

Frequently Asked Questions

How did the State Health Plan determine what hospitals are going to be Preferred or Non-preferred?

The goal of the Preferred Provider Program was to use competition to help lower health care costs while maintaining access to high-quality care.

In parts of the state where multiple health systems compete for patients, we invited providers to compete to become Preferred Providers. Those providers agreed to offer the State Health Plan a better overall value. In return, members who choose those Preferred Providers will generally pay less out of pocket.

In some areas of the state, there is little or no competition because one health system serves most of the community. In those areas, providers have less incentive to offer additional discounts or pricing arrangements because they already care for the majority of patients in that region. As a result, many of those providers are classified as Access Providers rather than Preferred Providers.

- For example, ECU Health provides excellent care and is the primary health system for much of eastern North Carolina. Because there are few competing hospital systems in that region, the same competitive pricing opportunities that exist in other parts of the state simply aren't available in Eastern North Carolina, which is why most providers in the East are Access Providers (which is the same benefit you have today).

Many Access and Non-Preferred providers deliver outstanding care. The Preferred designation reflects providers willing and able to enter into agreements that offer the best overall value for Plan members.

Frequently Asked Questions

It seems like the 5% premium increase takes our new pay increase away, why was that necessary?

The state budget included a record investment of nearly $4 billion for the State Health Plan. That funding helped keep premium increases significantly lower than they otherwise would have been.

For active members: Individual monthly premiums are increasing by less than $2 to about $8, depending on your salary and plan. Family coverage is increasing by about $29 to $42 per month. The salary-based premium structure remains in place, helping reduce the financial burden on lower-paid employees.

The increases are proportionate to recent salary increases. For example, an employee earning $60,000 who recently received a 3% pay raise will pay $52.52 per month for individual Standard Plan coverage, compared with $50 today.

Are there going to be other Preferred Providers added?

There will not be any other health systems added as a Preferred Provider. The State Health Plan will continue to add Independent providers when possible as Preferred.

UNC Health and Novant Health are in addition to the already existing Preferred Providers in place today.
To find Preferred Providers, click here.

The following practices also remain preferred in 2027:

- OrthoCarolina
- Tryon Health
- Pinehurst Surgical
- Aledade Primary Care
- Community Care of North Carolina Primary Care
- UNC Health Alliance Primary Care
- Various Providers via the Lantern Surgical Benefit
- Emerge Ortho
- Eagle Physicians
- Raleigh Neurology

Frequently Asked Questions

Why isn't Atrium included as a Preferred Provider?

All health systems were asked and offered the opportunity. Atrium did not seriously compete for our business.

Do I have to change my doctor?

- If you are already seeing a Preferred Provider then you don't have to do anything.
- If you are seeing an Access provider, which is most providers, you can continue to see them at the current benefit level with a lower specialist copay.
- If you're seeing a Non-Preferred Specialist you will have to pay more to continue seeing that provider and may want to consider moving your care.
- For those members out of state, all out of state providers are considered in the Access tier.

Atrium Health Cleveland County is listed as an Access Provider does that include other locations?

Only the hospital and the services the hospital provides will be at the Access tier benefit level.

Are UNC Health and Novant Health able to handle the influx of new patients?

Both systems are working hard now to increase capacity on all fronts and are excited to welcome new patients in the new year.

Frequently Asked Questions

What if I'm seeing a Non-Preferred Provider?

Beginning Jan. 1, 2027, if you're seeing a Non-Preferred Provider you will have to pay more if you choose to continue seeing that provider.

- As a reminder, Primary Care, Behavioral Health, Therapies, and Emergency Room copays are not impacted by the tiered network, copays remain the same.

If you are going through cancer treatments, pregnant, or have a child in the NICU you will not have to switch and will receive care at the Access tier level. You will be receiving information in the mail regarding that process and will need to complete a Transition of Care form.

Members with certain complex conditions that are seeing Non-Preferred providers will be able to request an exception for the Access tier benefit. Members in this situation will be communicated to directly via mail.

What if I don't have a Preferred Provider close to me?

This is why there are Access Providers, these providers are available to ensure access to care and are available with the same benefit you have today and in many cases your specialist copay will be lower.

Most providers in North Carolina are access providers.

Are there any out of state Preferred Providers?

All out of state providers are in the Access tier.

Frequently Asked Questions

What if I have an emergency and end up at a Non-Preferred hospital?

Members experiencing an emergency need to go to the closest Emergency Dept. Regardless of hospital or location, all emergencies will be in the Access tier and includes if you are admitted.

How does the out-of-pocket (OOP) maximum and deductibles work if someone sees providers in different tiers?

Deductibles and OOP limits will accumulate across all tiers simultaneously. For example, if a member on the Plus Plan hits their OOP max at a preferred provider ($3,000) and then goes to an access provider, they could spend up to an additional $2,000 in the access tier to reach her access OOP max ($5,000).

Frequently Asked Questions

Is the Lantern Surgical Benefit going to remain in place?

Members will continue to have access to the Lantern Surgical Benefit, which provides coverage for specific surgical procedures at no cost when using participating providers. Providers and procedures are continually increasing for this benefit.

Does the change back to Blue Cross NC for third-party administrative services impact the Medicare Advantage Plans?

No, this change does not impact the Humana Medicare Advantage Plans.

This change will only impact Medicare members enrolled in the 70/30 Plan. This change will not occur until Jan. 1, 2028.

What if I have a complex condition and need to keep seeing my Non-Preferred Provider?

There may be scenarios that qualify for an exception. The Plan will evaluate these cases as needed.

When is Open Enrollment?

Open Enrollment is scheduled for **Oct. 12-30, 2026**.

Members will receive communication and education before Open Enrollment. Updated provider directories, online tools and dedicated support resources will help members understand their options and make informed health care decisions.

Communicating to Employees

Extended Call Center Hours

Encourage your employees NOT TO WAIT until the last minute!

Call WAIT TIMES are always longer the first two days and last two days of OE.

There will continue to be a VIRTUAL HOLD OPTION for members calling in who would rather not hold and receive a call back when a representative is available.

The Eligibility and Enrollment Support Center..... 855-859-0966 will have EXTENDED HOURS during Open Enrollment:

- Monday-Friday, 8 a.m. – 10 p.m.
- Saturdays, 8 a.m. – 5 p.m.

Communicating Open Enrollment to Employees

RESOURCES on the Plan's website will include:

- Videos
- Decision Guides
- Rate Sheets
- Comparison Charts
- Benefit Booklets
- Summary of Coverage Documents
- Find a *Doctor Lookup Tool* will be updated mid-Sept.

Please communicate with employees on LOA, or any other kind of leave during Open Enrollment.

OUTREACH will include:

- Multiple Webinars
- Telephone Town Hall

UPDATE ADDRESS REMINDER:
Mail files will be pulled at the end of August for OE mailers.

REMINDER: Process terminations timely for members turning 65 and retiring, so they receive the appropriate mailers.

Teacher Ambassadors Program

New initiative designed to STRENGTHEN CONNECTIONS with educators and IMPROVE AWARENESS of health benefits and resources.

- This program empowers participating educators to serve as trusted liaisons within their schools, sharing timely updates about Plan benefits, wellness initiatives and other available resources.
- By leveraging peer-to-peer communication, the program aims to ensure educators have the information they need to make informed health care decisions.
- Ambassadors will receive exclusive communications, including targeted emails and invitations to webinars, equipping them to help colleagues better understand and maximize their Plan benefits.
- Teachers interested in participating can sign up at Teacher Ambassador Updates Sign Up Page.

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
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TEACHER AMBASSADORS PROGRAM

Stay Connected with State Health Plan News

It's important to STAY ENGAGED so members can be in the know on what you need to do prior to and during Open Enrollment!

- SUBSCRIBE to the Plan's monthly e-newsletter HBR UPDATE by visiting www.shpnc.gov.
- FOLLOW the State Health Plan on @SHPNC and @nchealthplan.
- LOOK FOR your Open Enrollment Decision Guide, which will arrive in mailboxes prior to Open Enrollment.
- REMIND Retirees to make sure ORBIT also has their current information.

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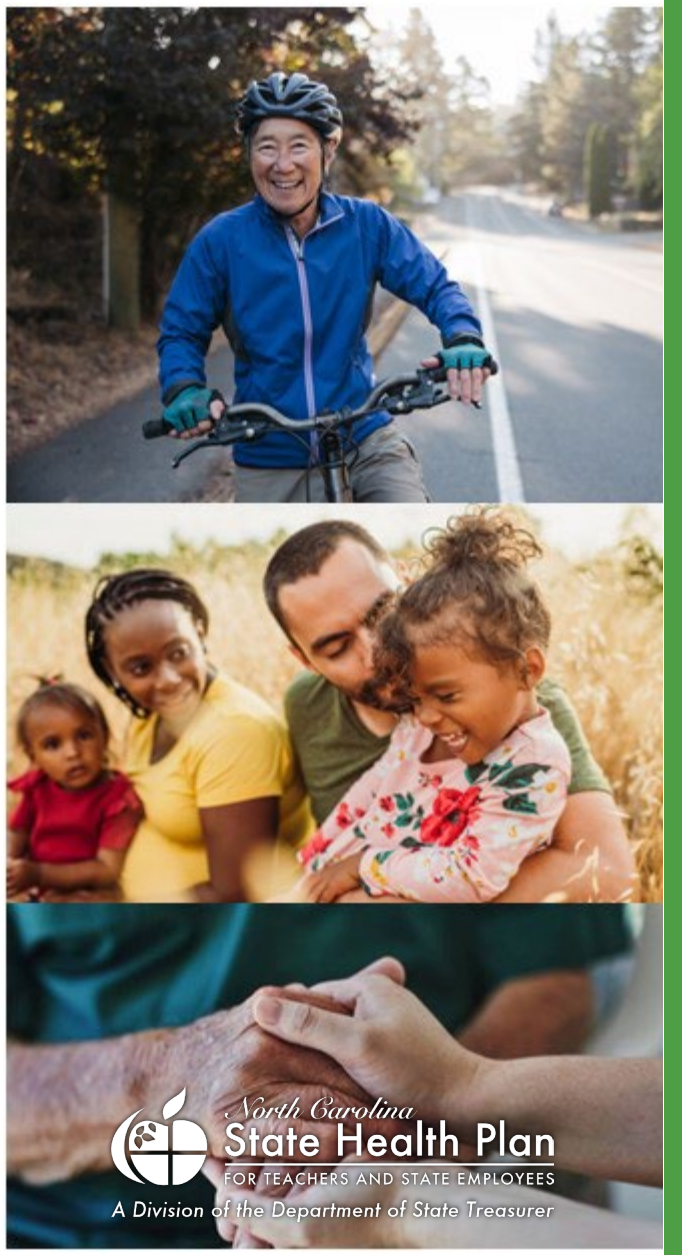
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer



HBR Resources

HBR Training Resources Online

The State Health Plan recognizes the value in providing Health Benefit Representatives with training opportunities to assist in carrying out duties as they relate to the Plan.
To better serve HBRs, we have posted the following training modules on the Plan's website at www.shpnc.gov/HBRs/Training-and-Development

RESOURCE GUIDES:

- HBR Quick Reference Guide
- High-Deductible Health Plan (HDHP Reference Guide)

PRESENTATIONS:

- HBR Overview
- eBenefits Navigation
- Employment Status
- Exception Process
- Policies and Processes
- HIPAA Overview

Important Phone Numbers

HBR Support Line **800-422-5249**

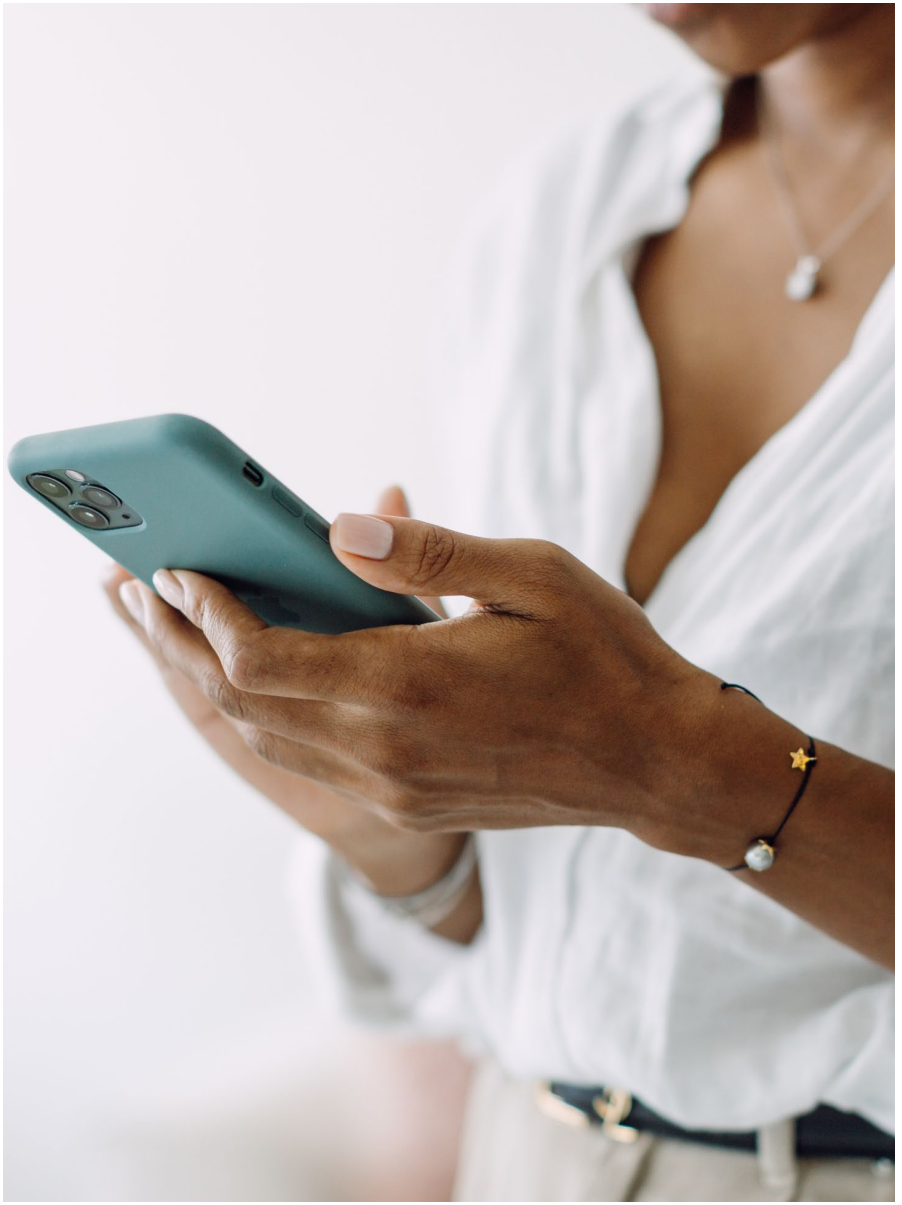
- *Fiori HBRs can call HBR Support line for general questions*
- *Reach out to BEST Shared Services for member-specific issues and billing*
  - *919-707-0707 (in Raleigh) or 866-622-3784*
  - *Submit a ticket to SVC_OSC.best <best@osc.nc.gov>*

Eligibility and Enrollment Support Center **855-859-0966**

Aetna Concierge Service *(Benefits and HDHP)* **833-690-1037**

CVS Caremark *(Pharmacy Benefits)* **888-321-3124**

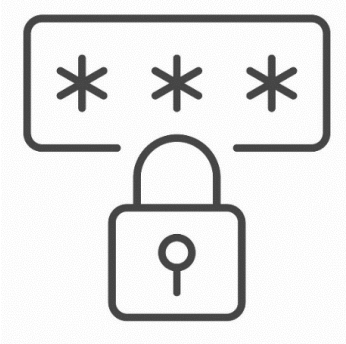
iTedium *(RIF, LOA, Direct Bill/COBRA/Group Billing for HBRs)* ..**855-552-6272**



eBenefits Open Enrollment Screenshots

NO GLOBAL PASSWORD RESETS for Members

There WILL NOT BE any global password resets for your employees!



Passwords must be reset individually following the steps below:

- Pull up individual employee in eBenefits
- Under “Manage Employee” select “Update Login Information”
- Create new password under “Change Member Password” and confirm that the “Allow this member to log in” box is checked. This enables the member’s account.
- Click “Save Login ID and Password”
- Once the employee logs into eBenefits with their temporary password they will be prompted to set their own password.

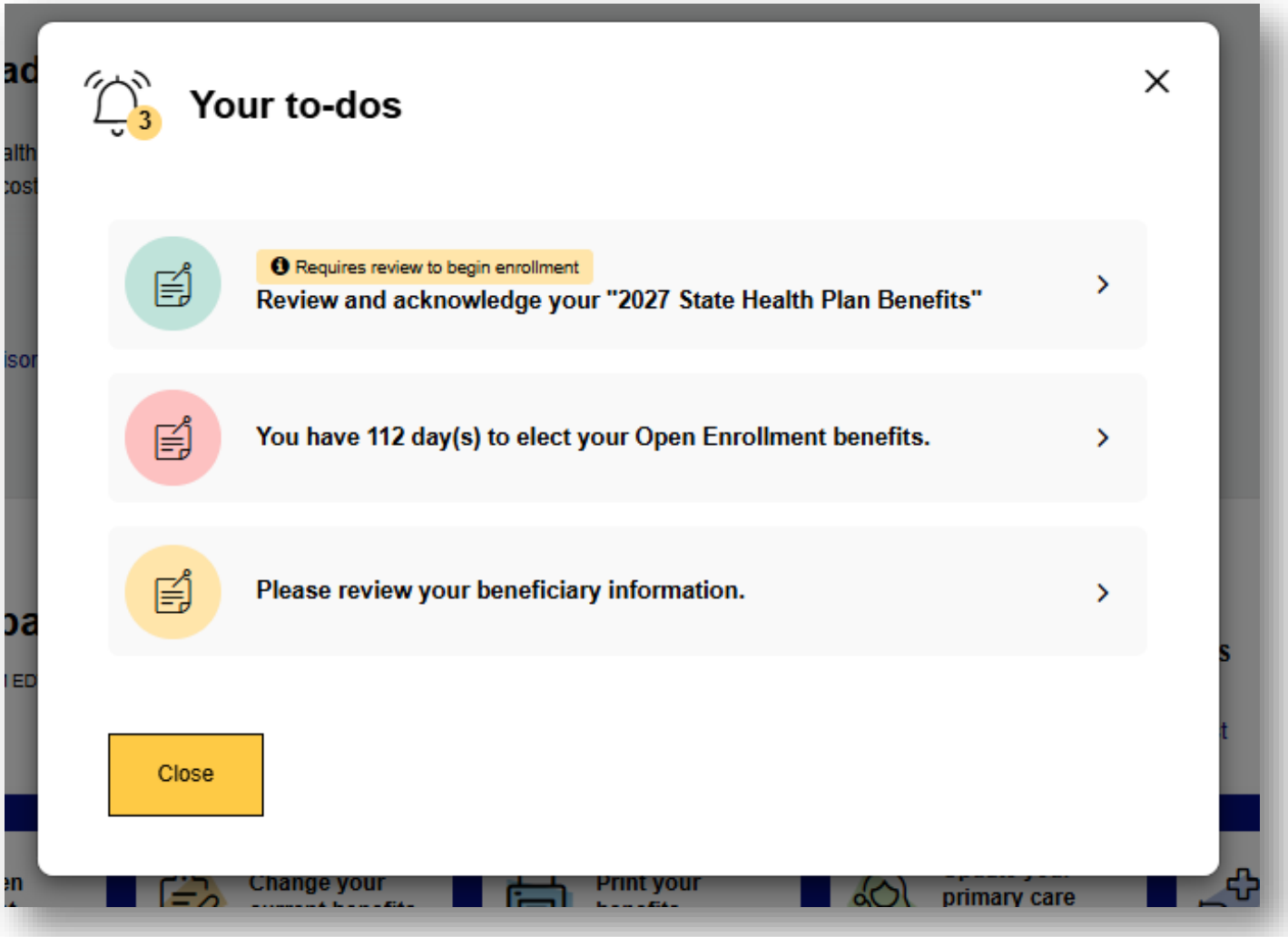
EXAMPLE IN WORKFLOW

- Member changes plans from Standard PPO to Plus PPO Plan for 2027
- Member enrolls in Health Flexible Pending Account
- Members Dental and Vision have mapped over from 2026
- Member has Employee and Children coverage

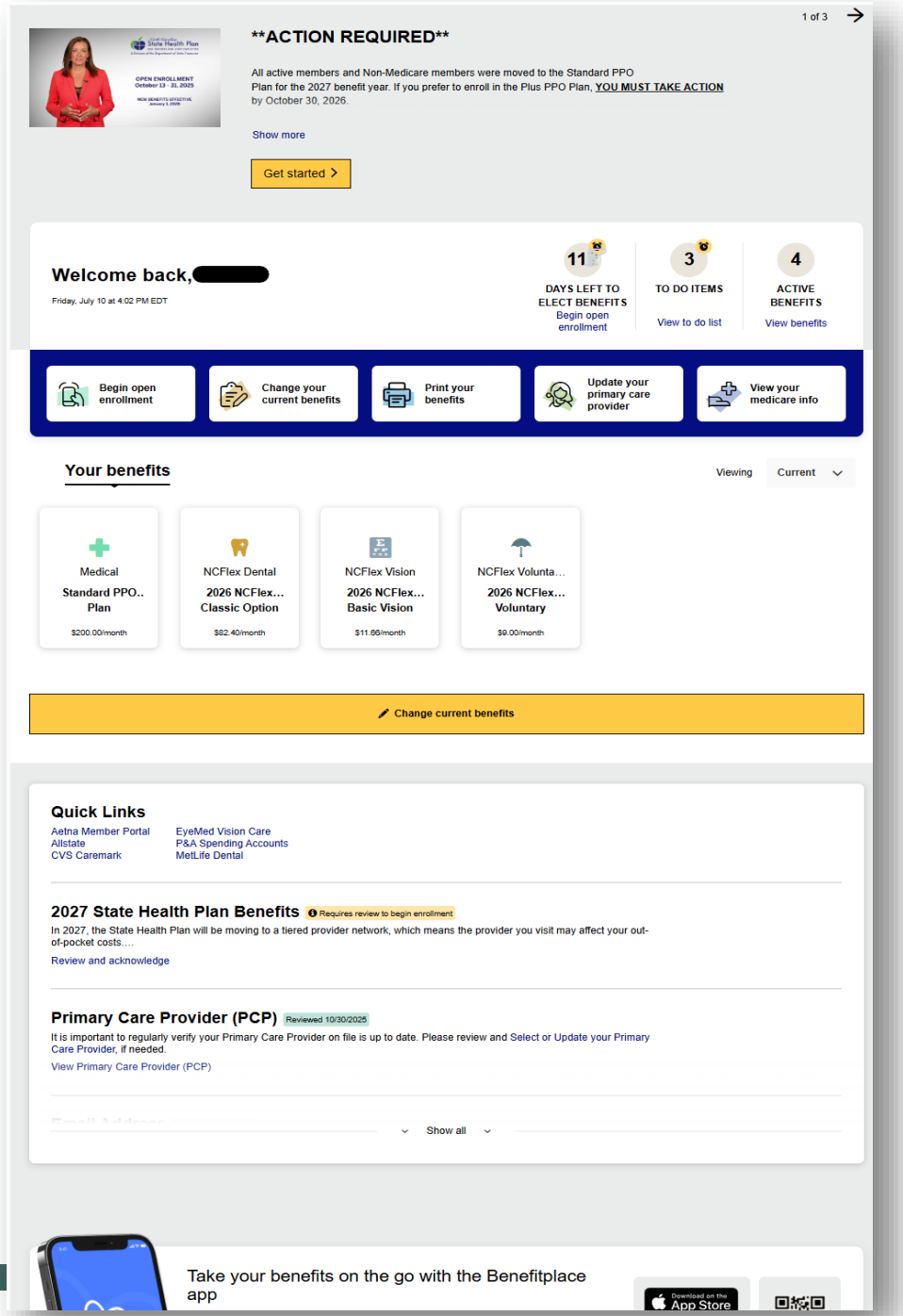
❖ Medical Group and NCFlex

❖ Premiums are posted only for examples.

1. Member Home Page “Your to-dos” Pop Up

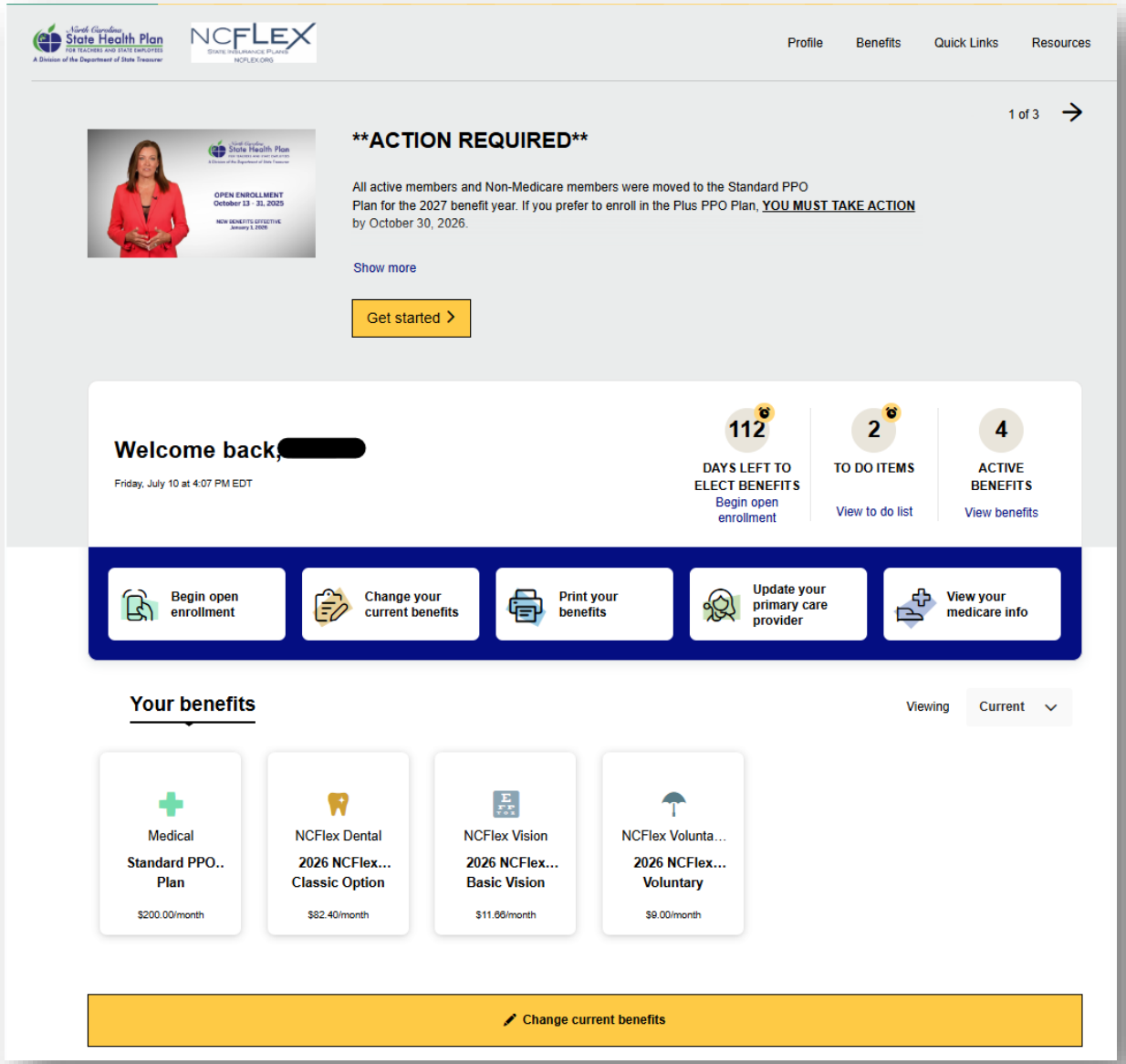


2. Home Page – Full View - New OE video will be included

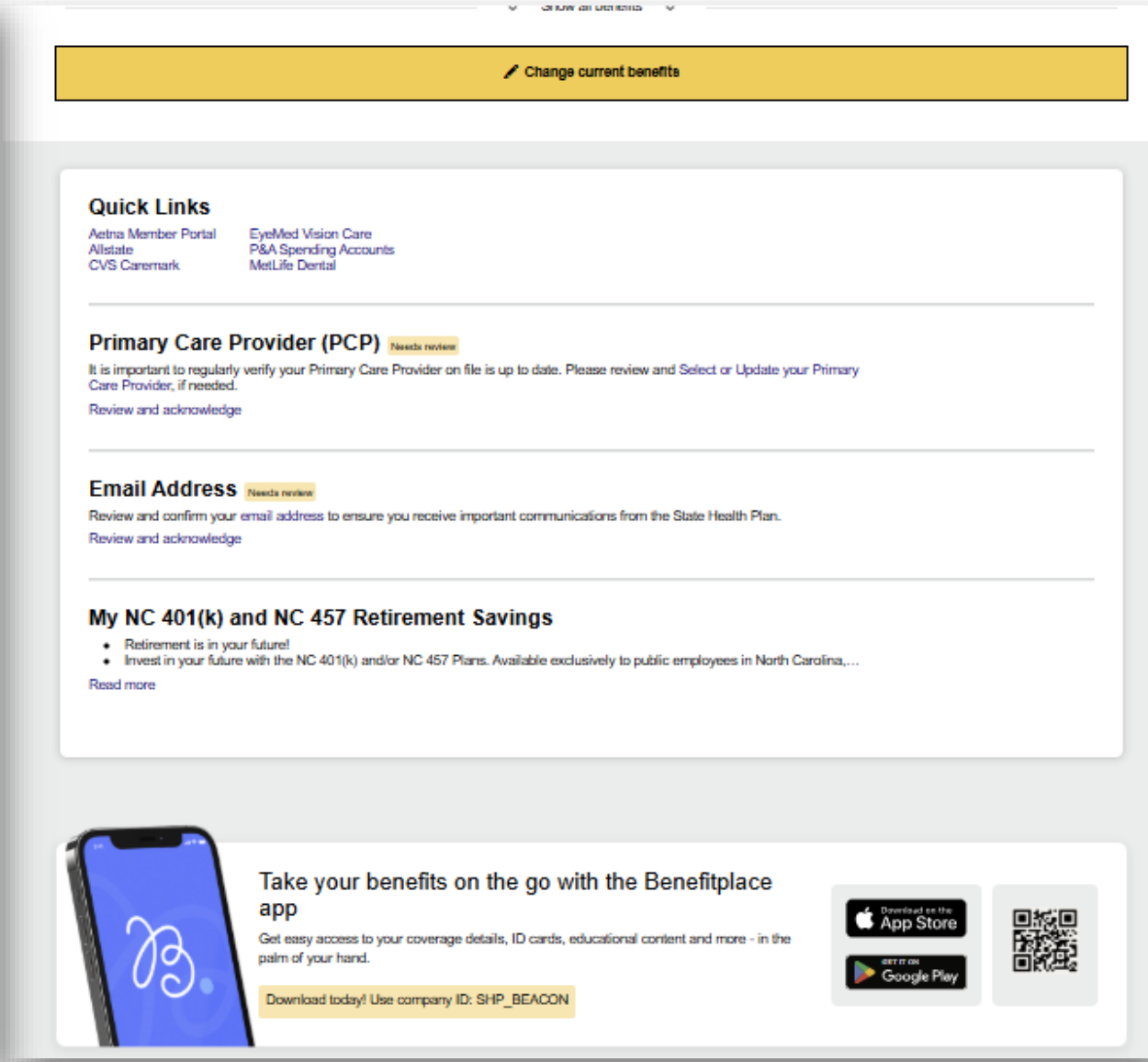


3. Member Home Page – Begin State Health Plan 2027 Enrollment

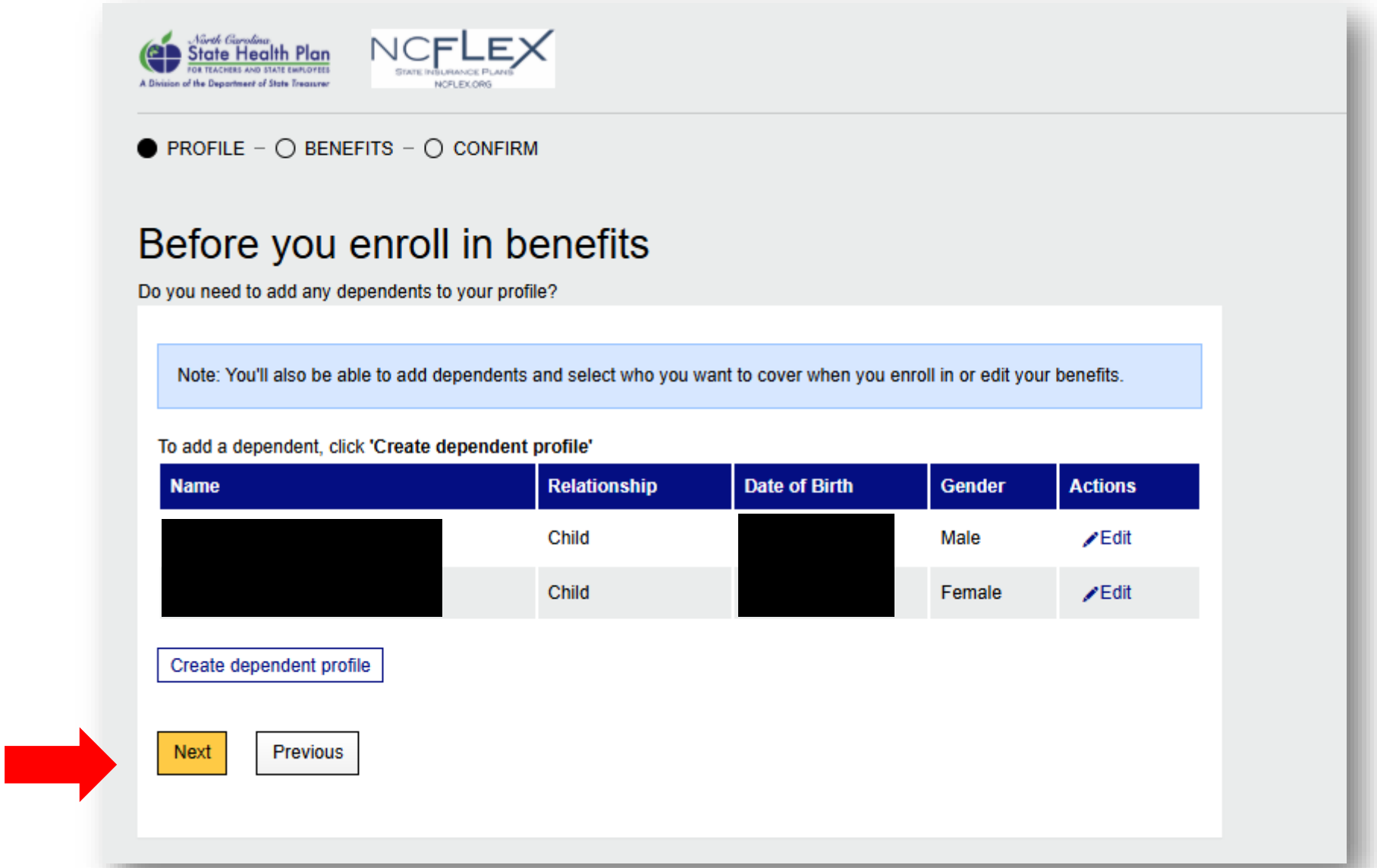
Top Half



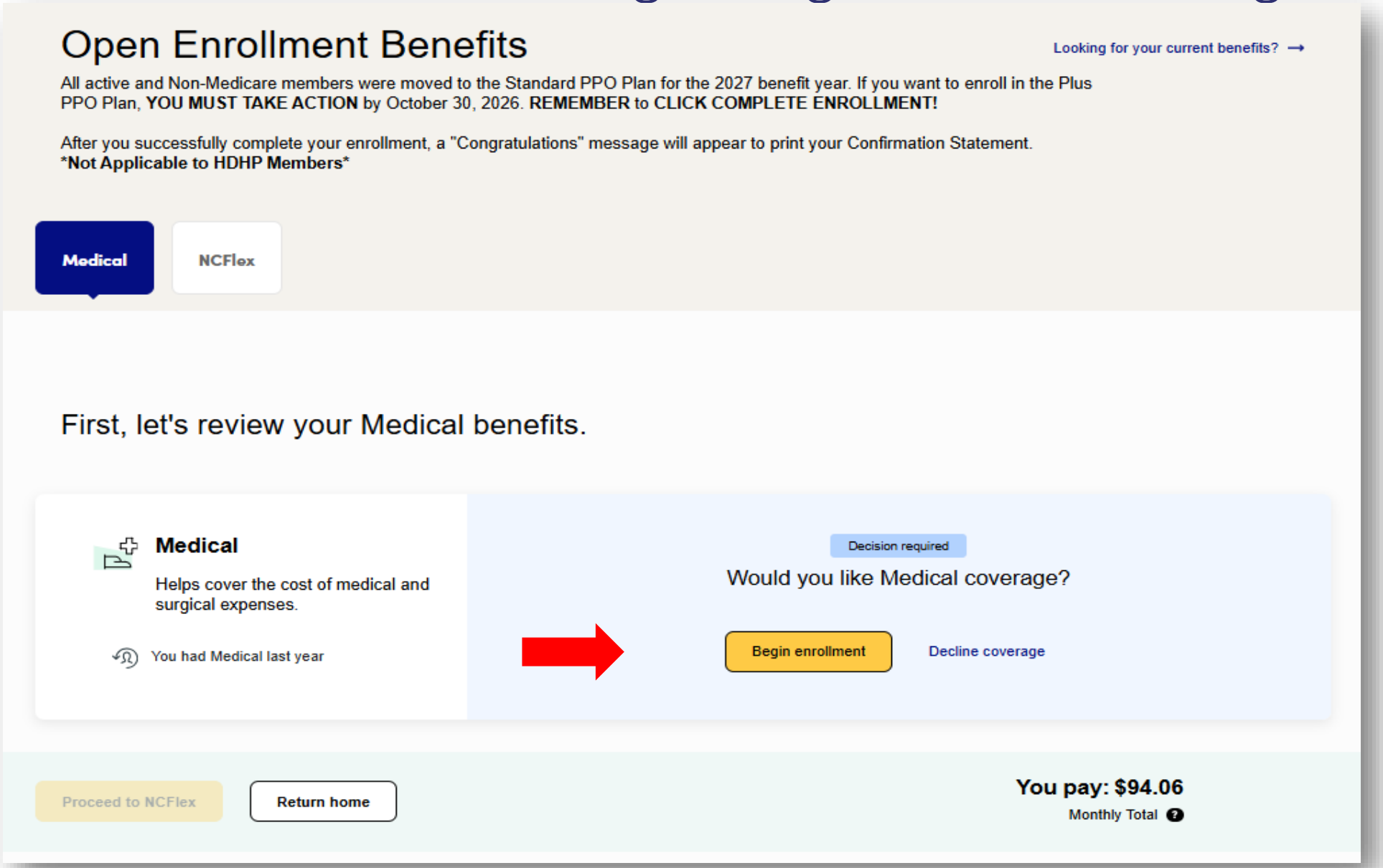
Bottom Half



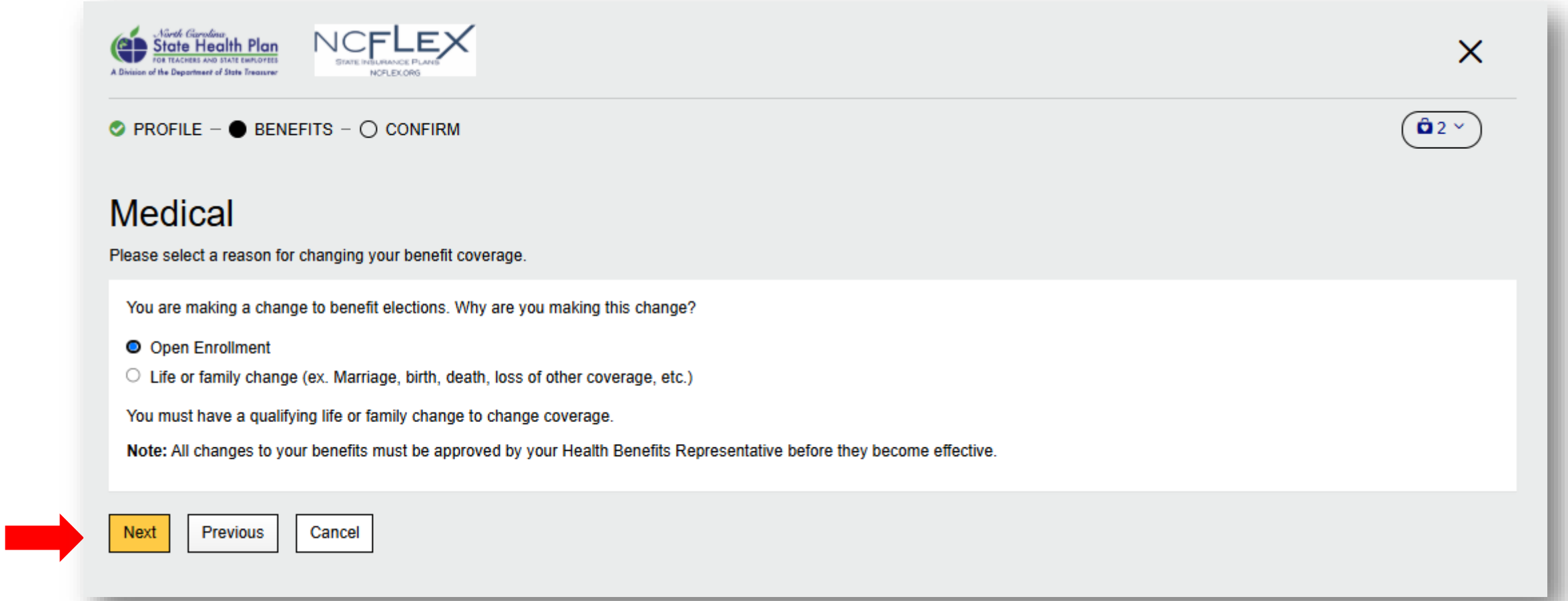
4. Add Dependents Page – No additional dependents will be added



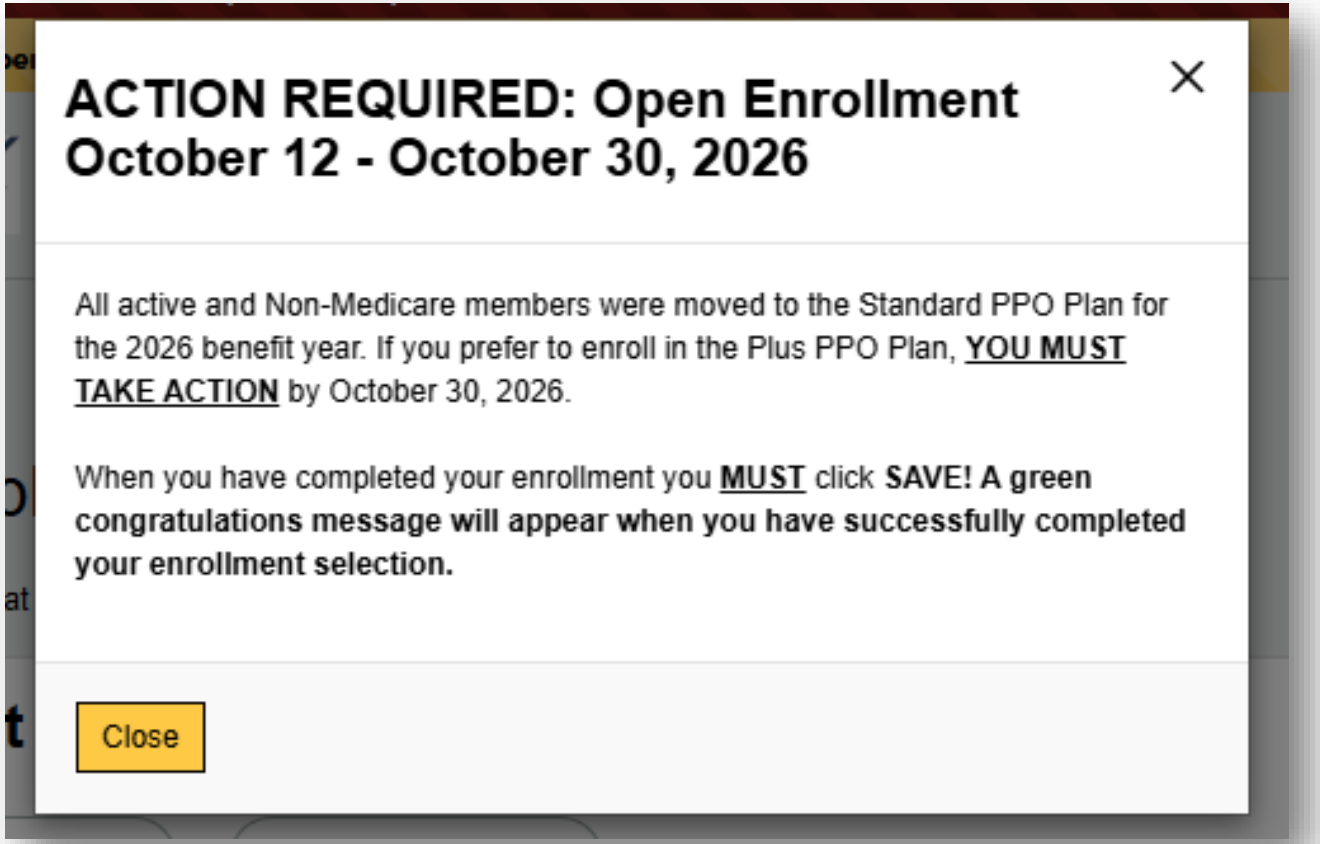
5. Choose Your Medical Coverage - Begin Enrollment Page



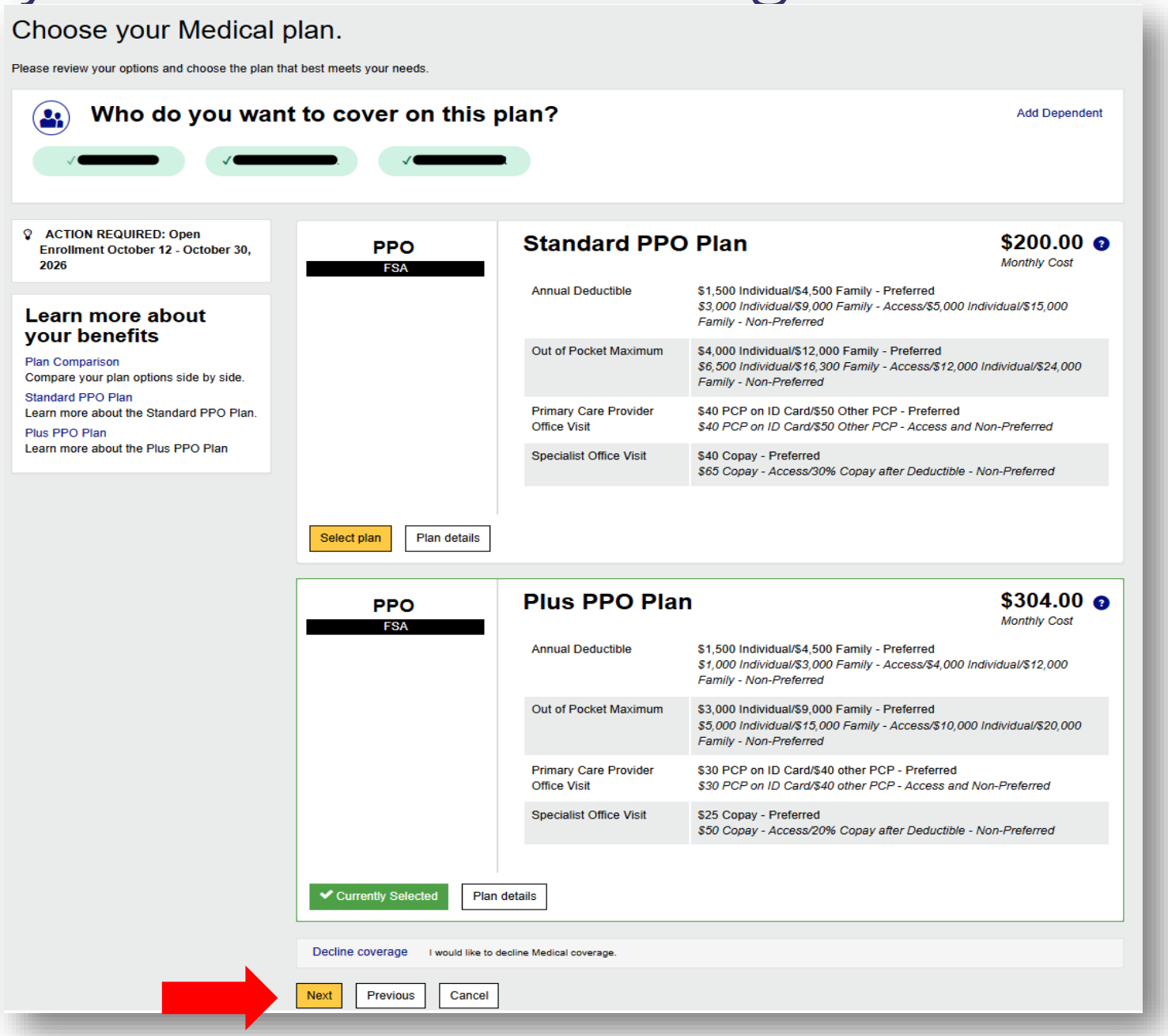
6. Open Enrollment / QLE Choice – Member chooses OE



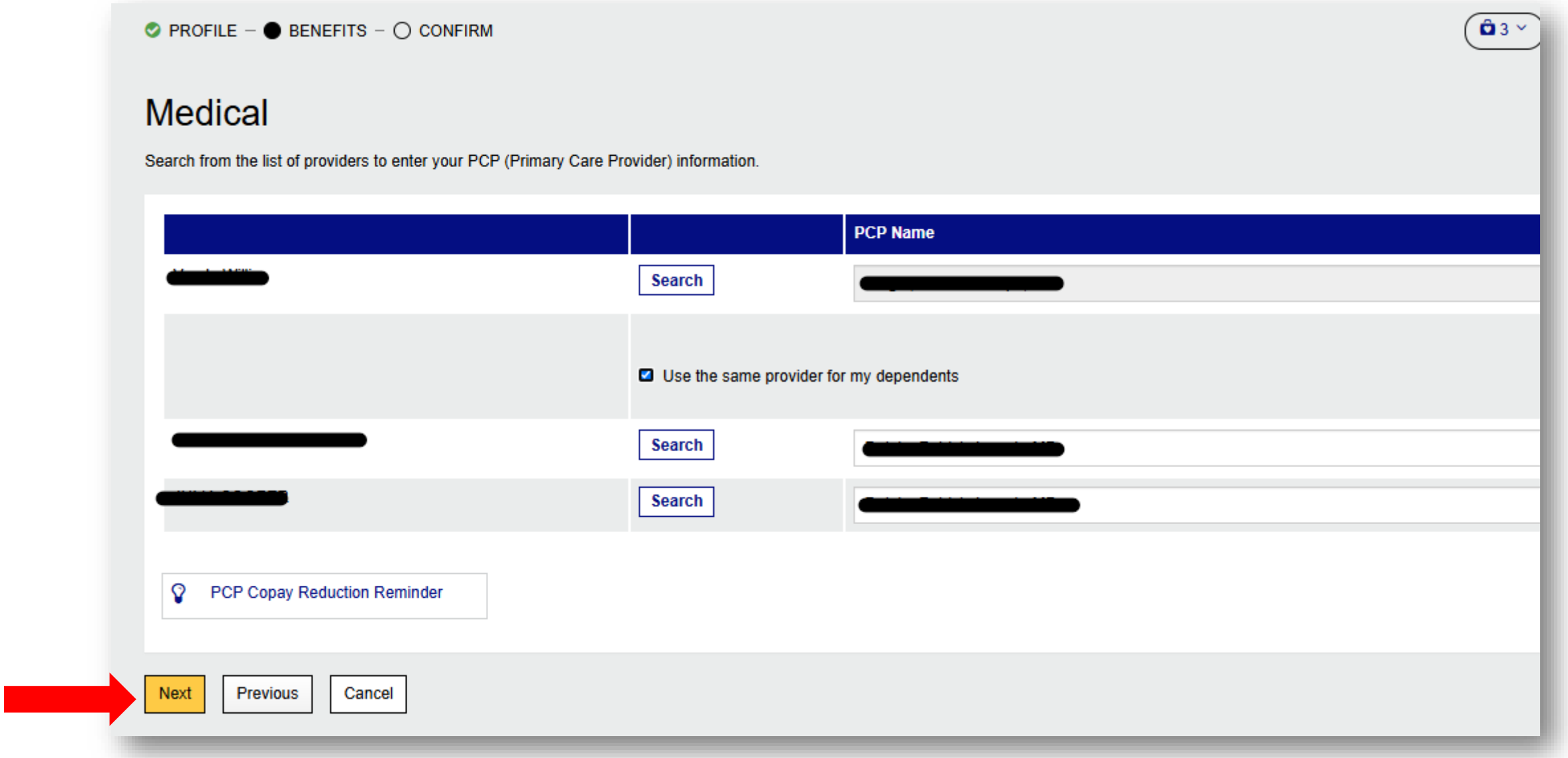
7. OE Action Required Pop Up



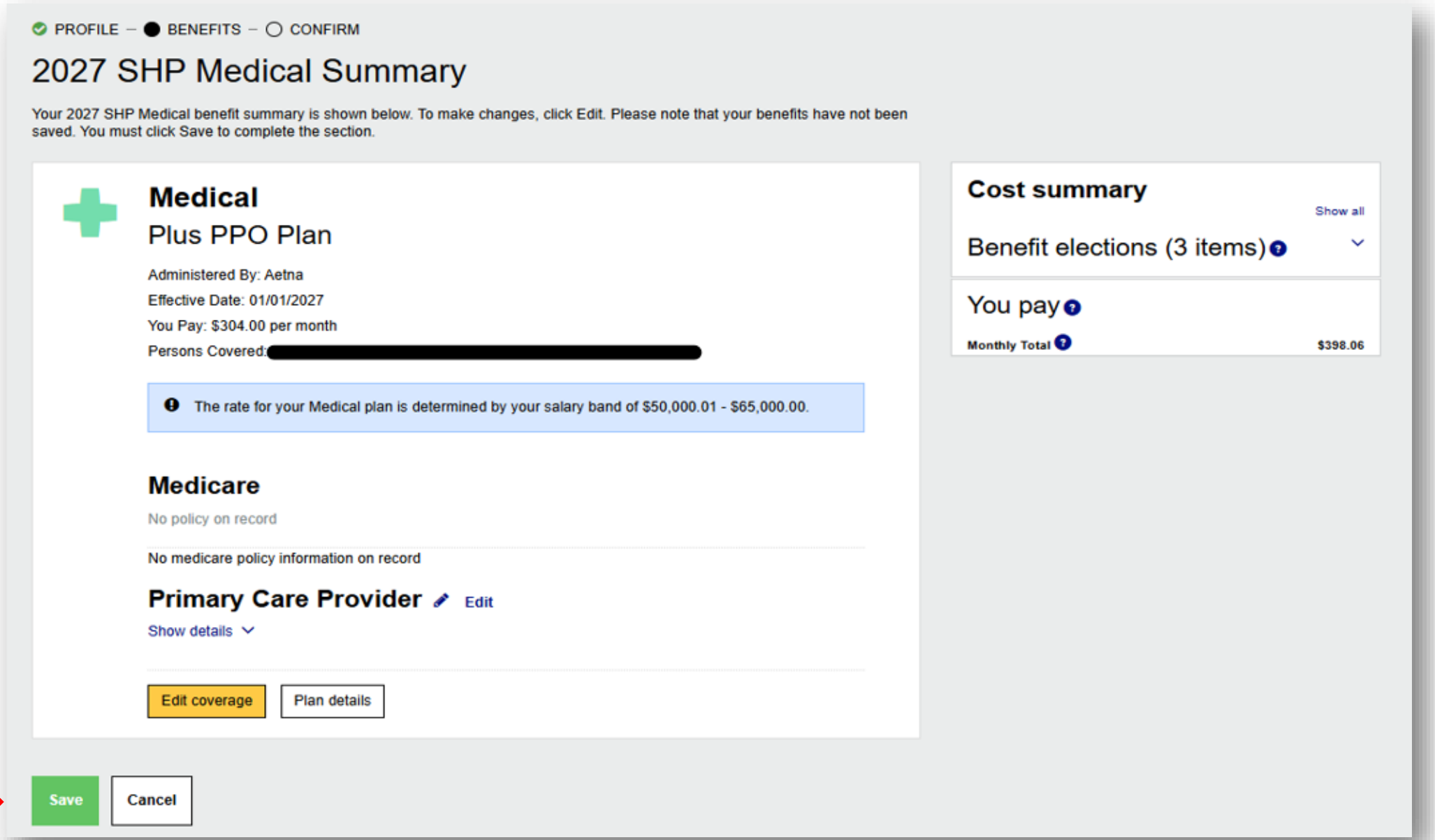
8. Choose your Medical Plan Page



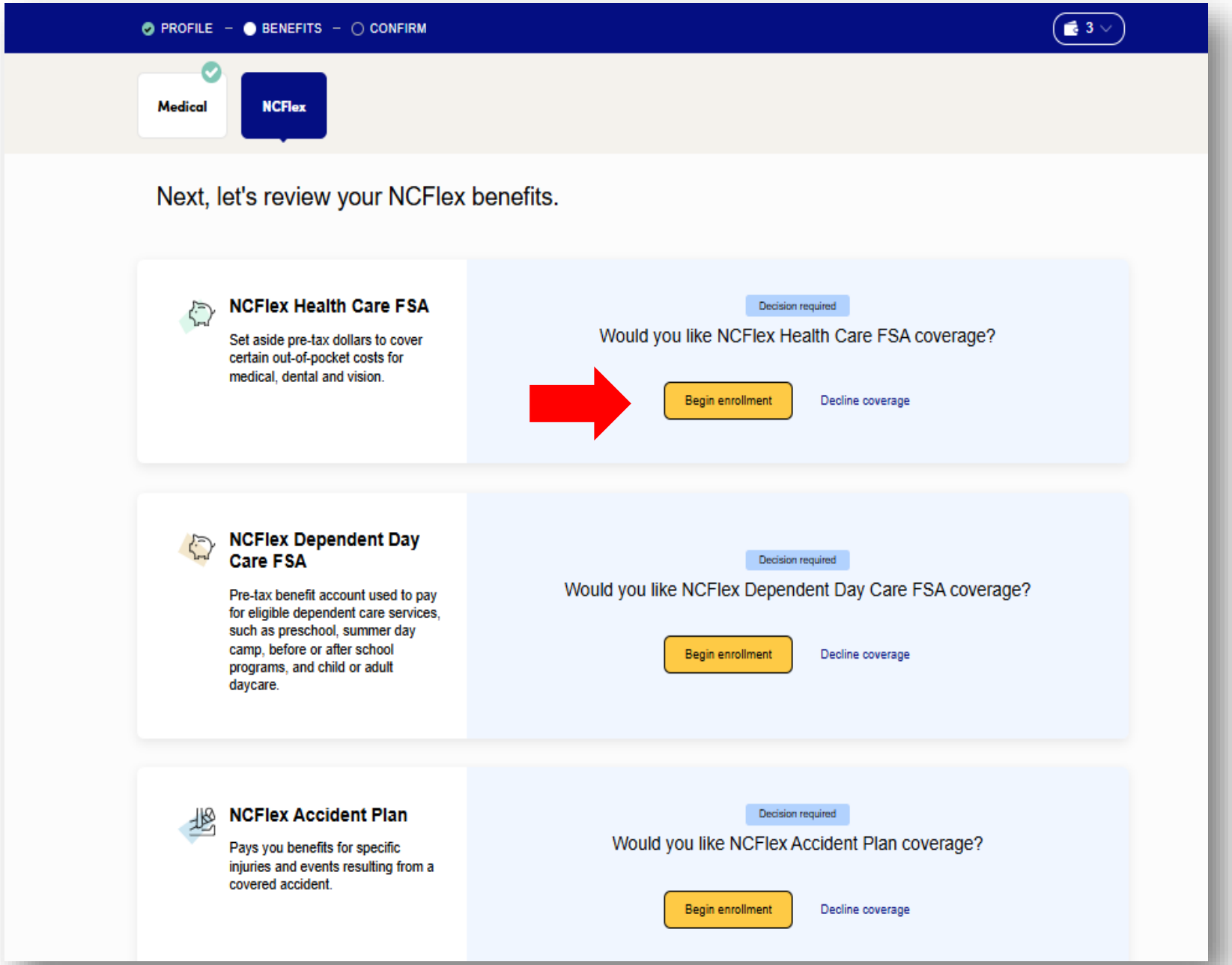
9. 2027 PCP Selection



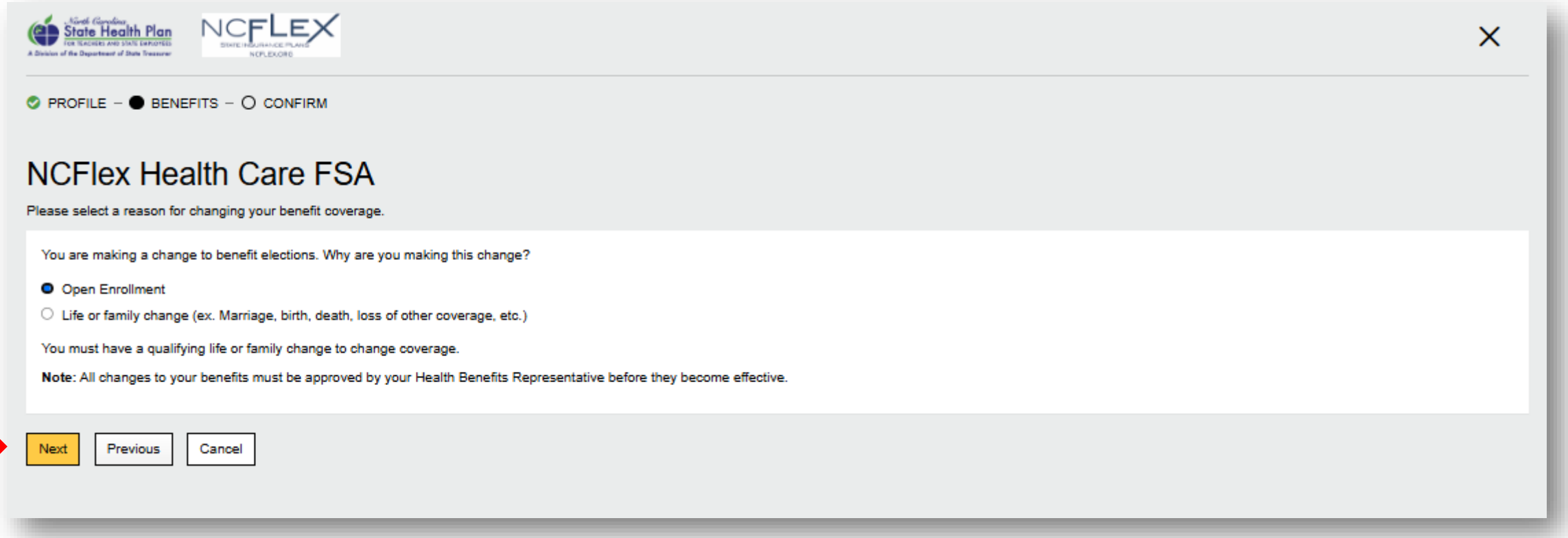
10. 2027 Medical Summary



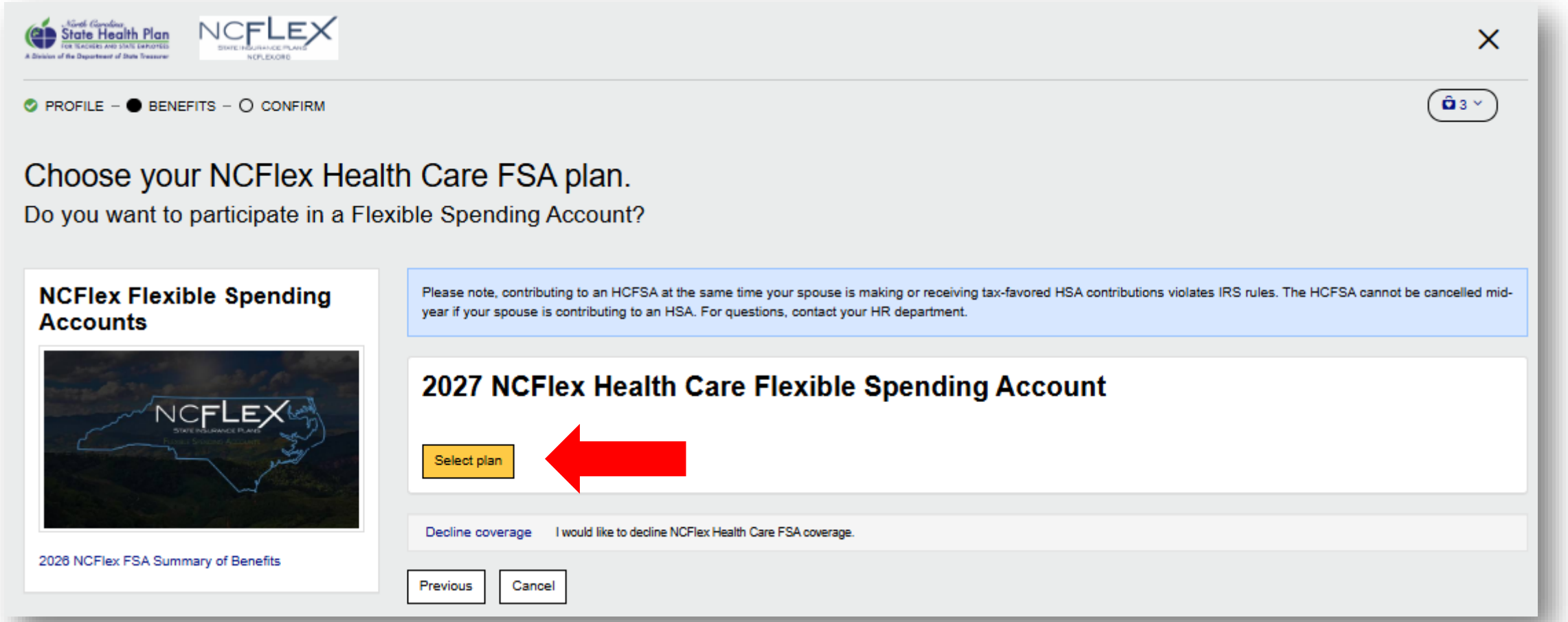
11. NCFlex Health Care FSA coverage enrollment



12. Open Enrollment / QLE Choice – Member chooses OE

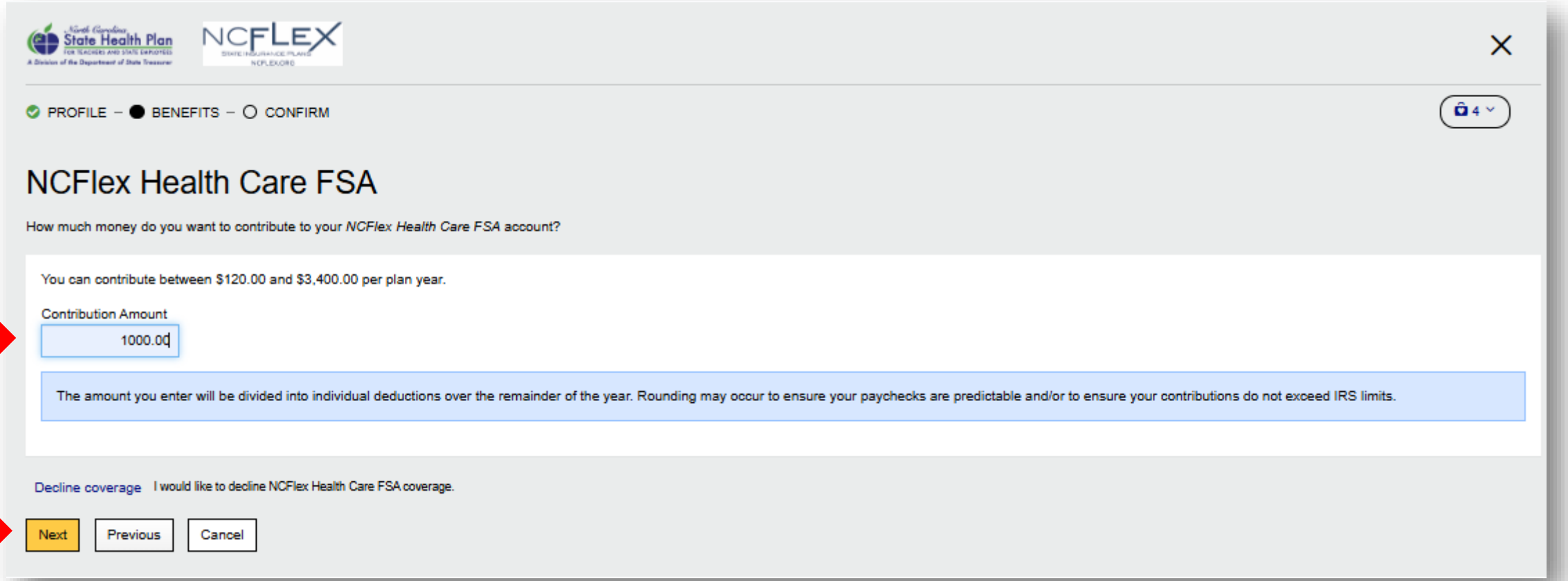


13. Select Health Care FSA – New 2027 NCFlex OE video will be included

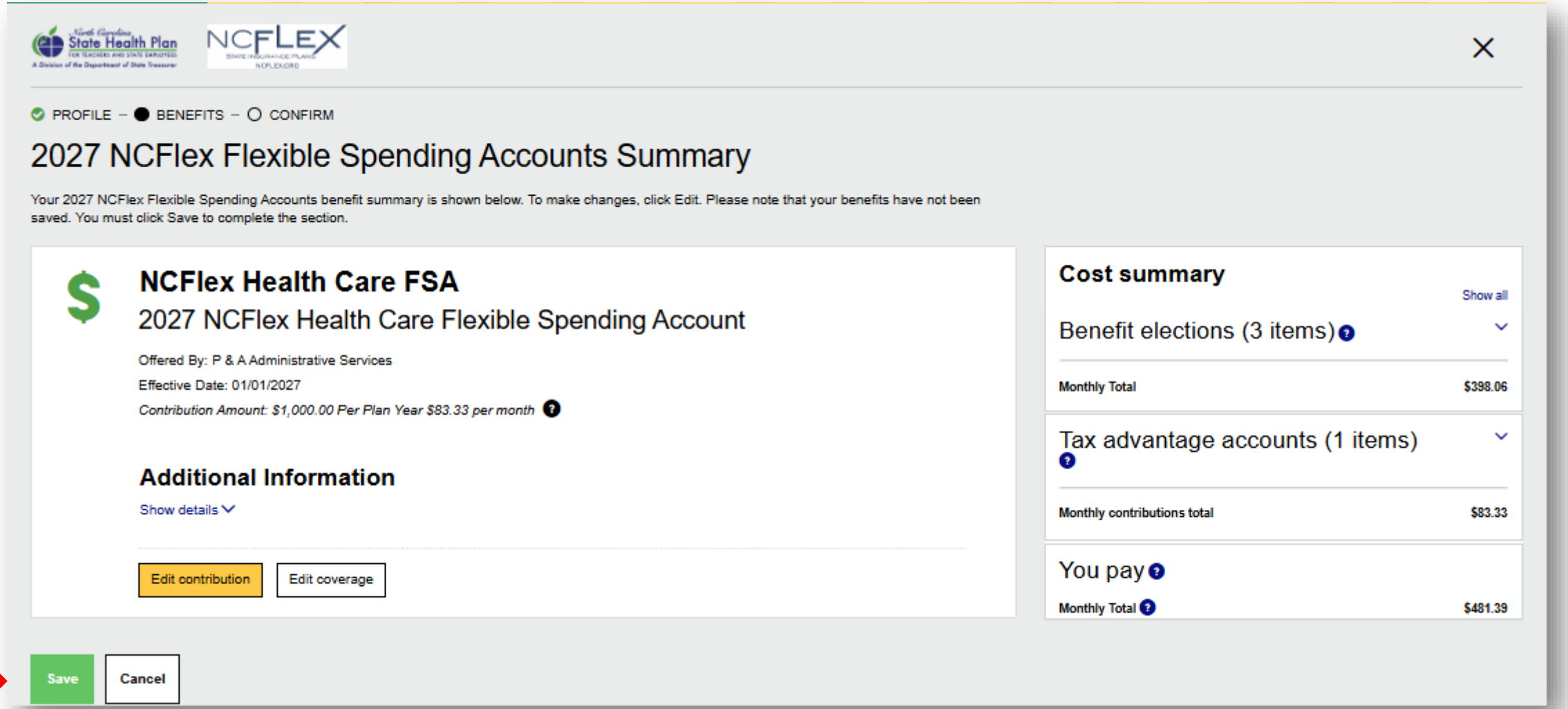


14. FSA Contribution Amount

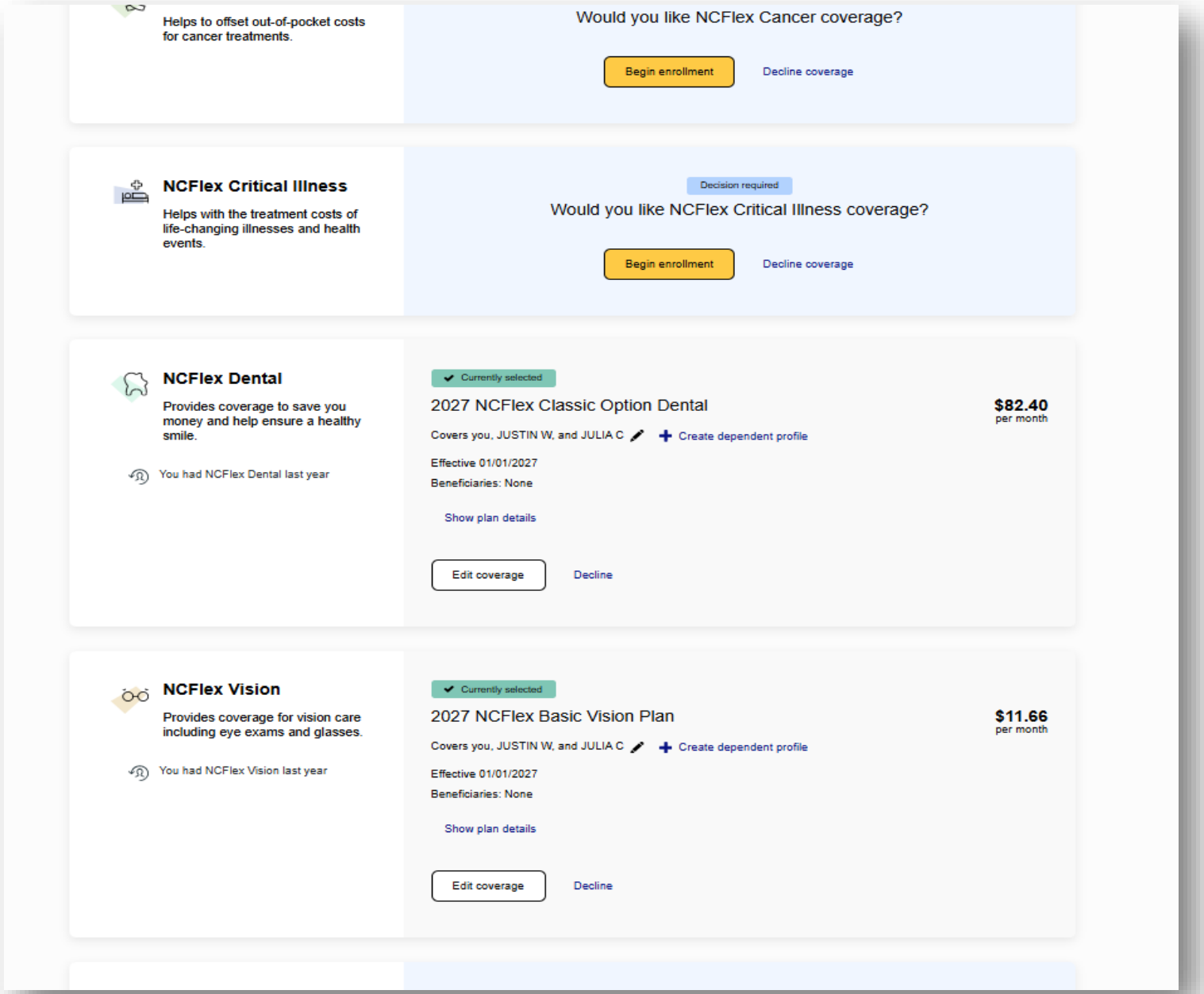
$1000 Annual Contribution Amount



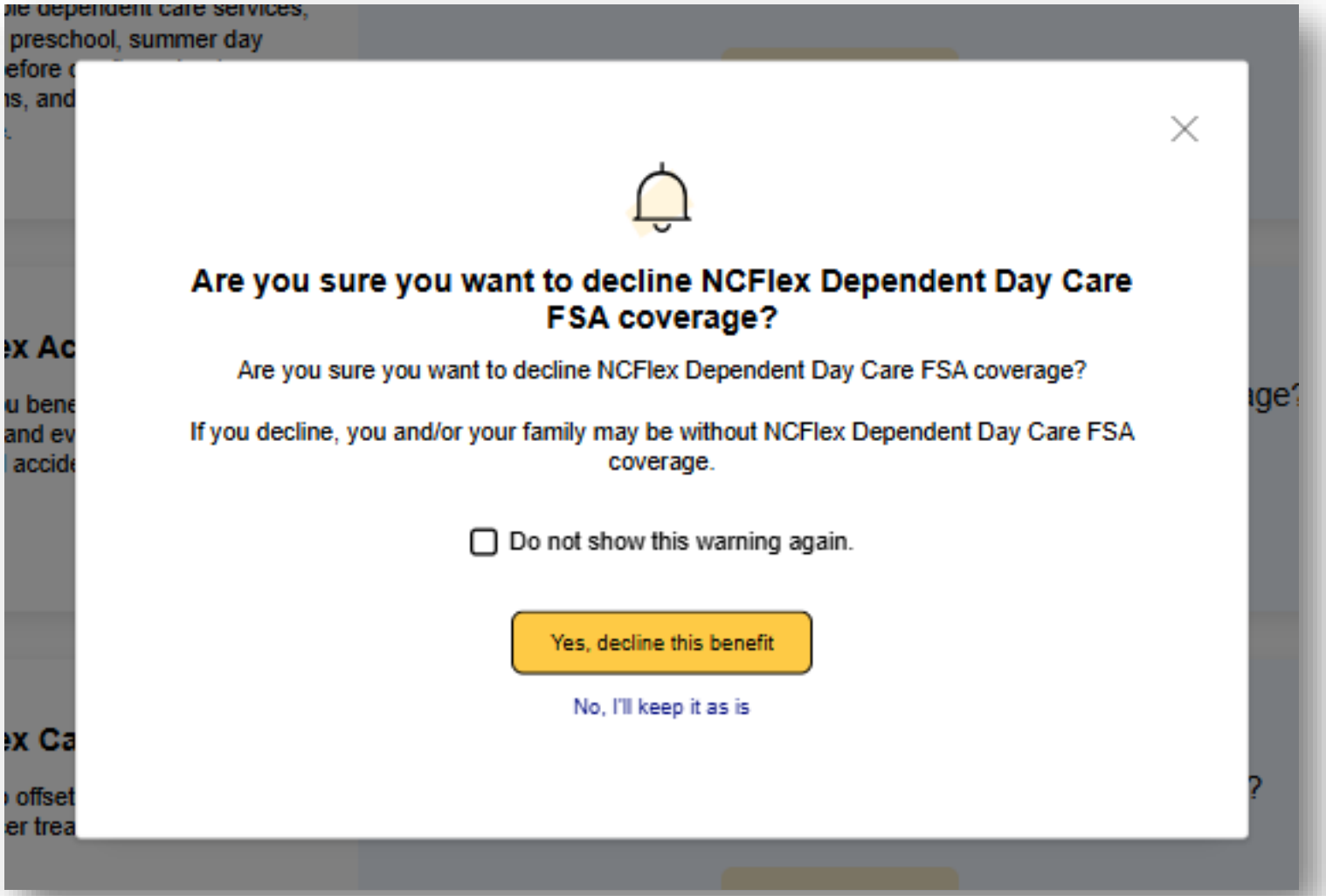
15. Health Care FSA and DCFSA Account Summary



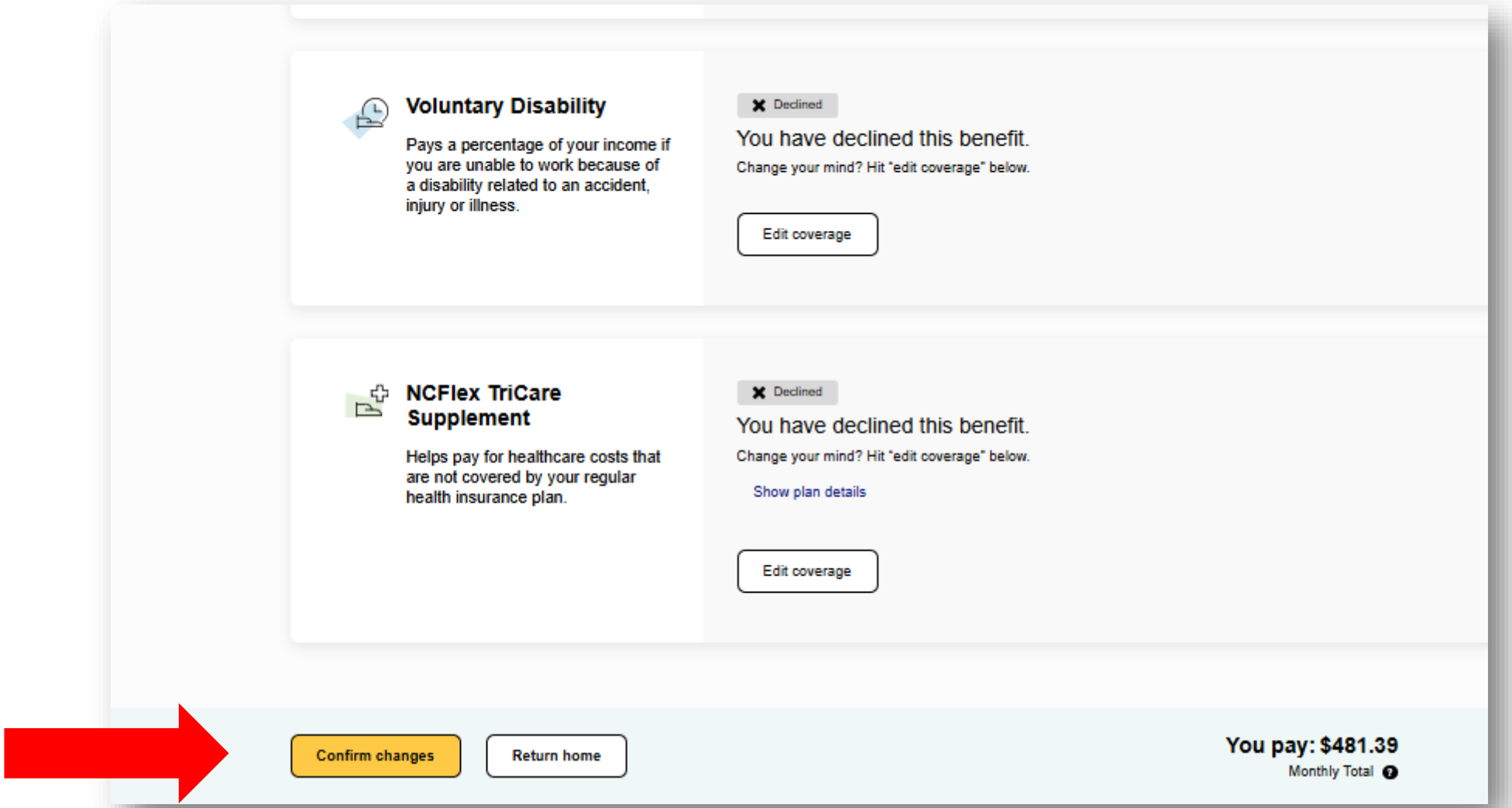
16. NCFlex Dental and Vision Mapped from 2027



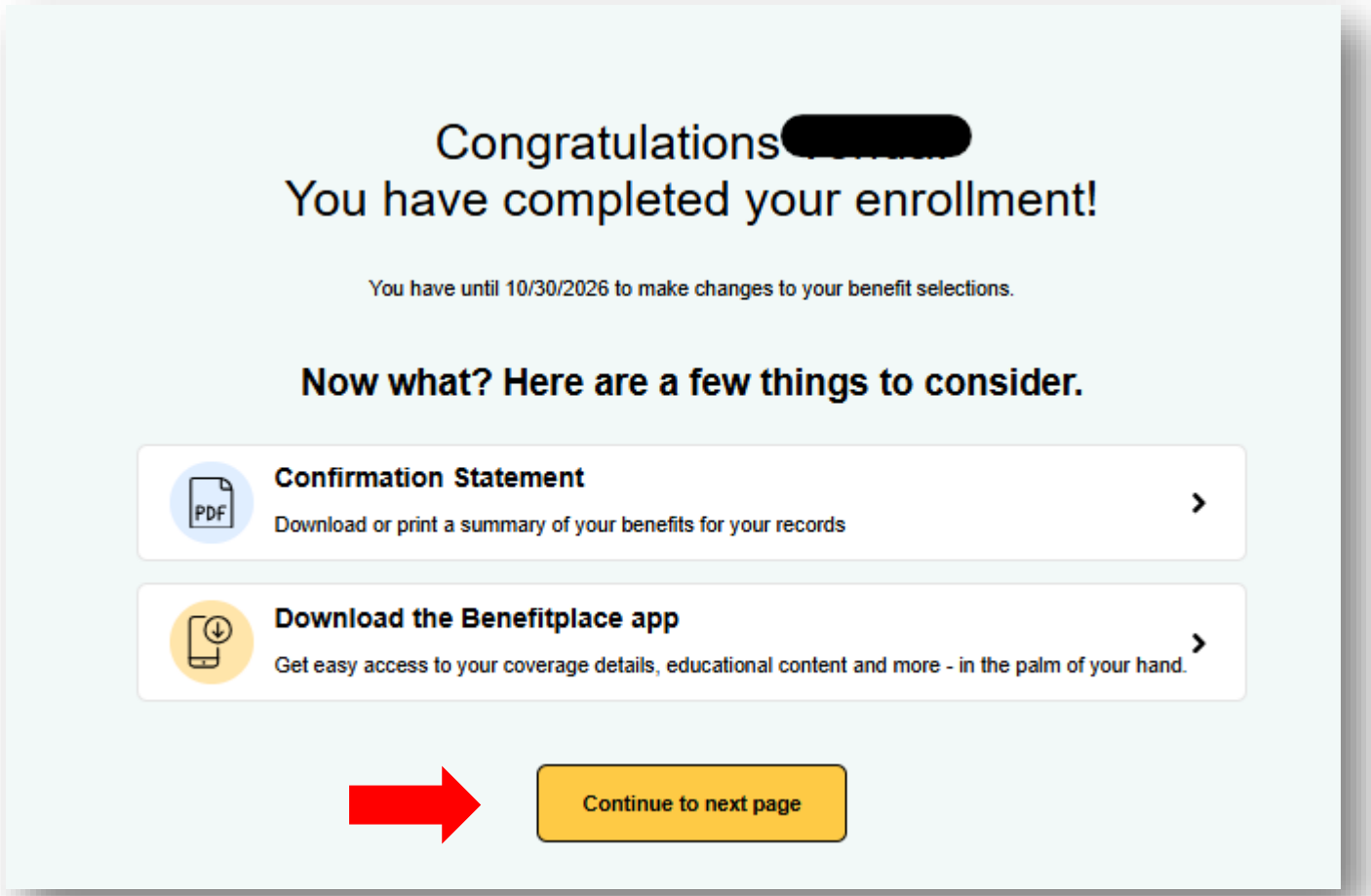
17. Decline Benefits Pop Up



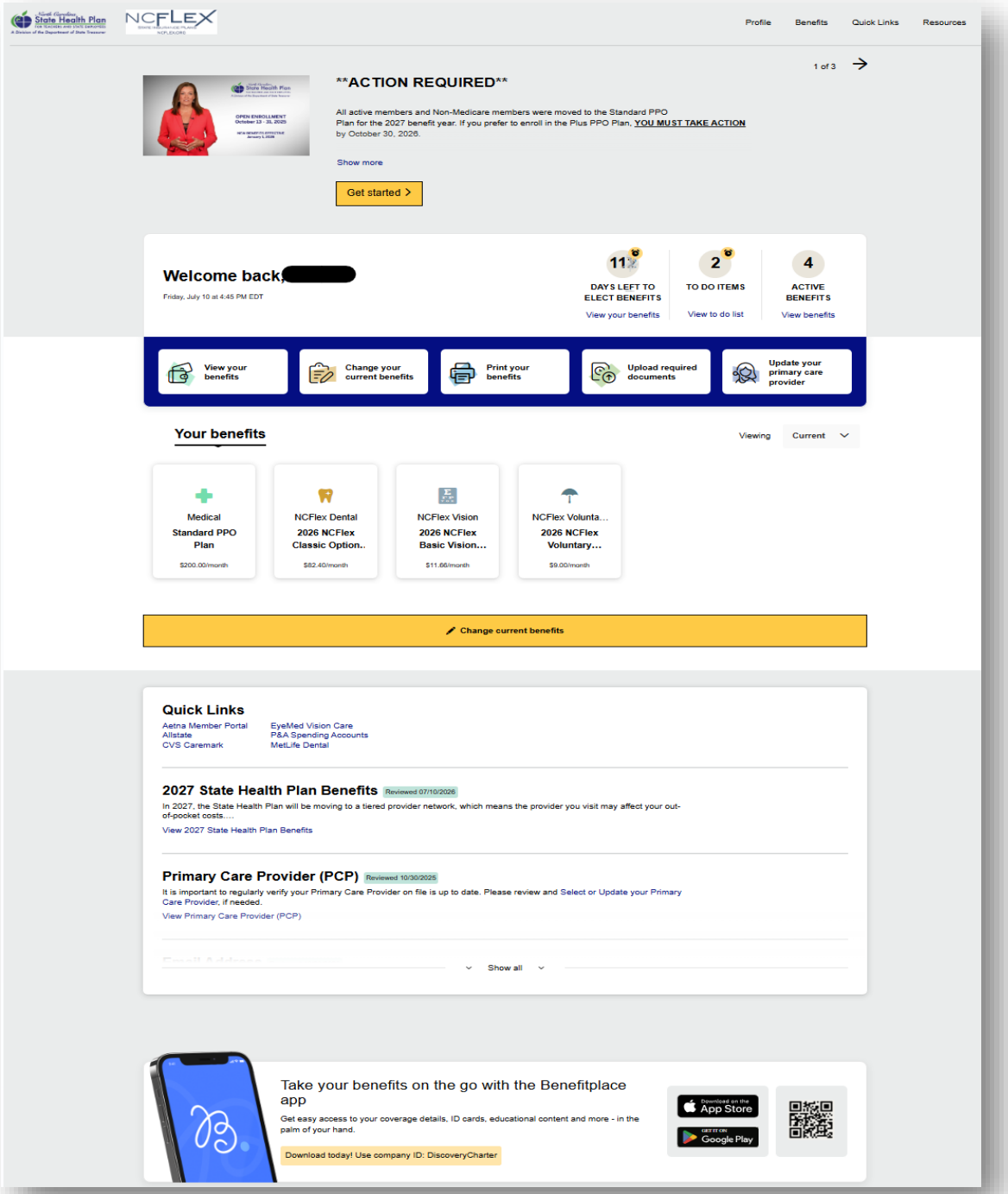
18. Confirm Changes



19. Enrollment Completed



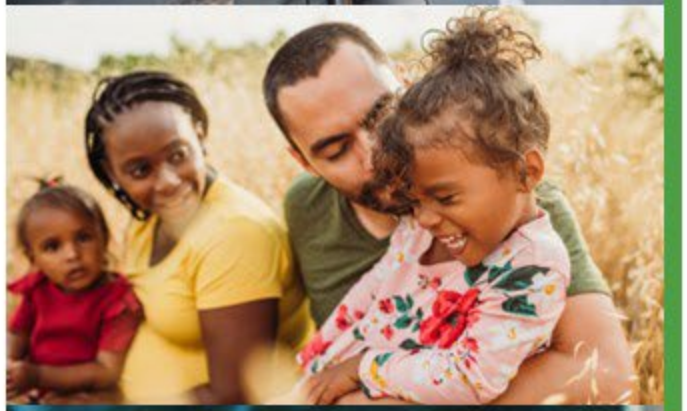
20. Home Page


Profile
Benefits
Quick Links
Resources
1 of 3
ACTION REQUIRED
All active members and Non-Medicare members were moved to the Standard PPO Plan for the 2027 benefit year. If you prefer to enroll in the Plus PPO Plan, YOU MUST TAKE ACTION by October 30, 2026.
Show more
Get started
Welcome back,
Friday, July 10 at 4:45 PM EDT
11
DAYS LEFT TO ELECT BENEFITS
View your benefits
2
TO DO ITEMS
View to do list
4
ACTIVE BENEFITS
View benefits
View your benefits
Change your current benefits
Print your benefits
Upload required documents
Update your primary care provider
Your benefits
Viewing
Current
Medical
Standard PPO Plan
$200.00/month
NCFlex Dental
2026 NCFlex Classic Option..
$82.40/month
NCFlex Vision
2026 NCFlex Basic Vision...
$11.66/month
NCFlex Volunta...
2026 NCFlex Voluntary...
$9.00/month
Change current benefits
Quick Links
Aetna Member Portal
Allstate
CVS Caremark
EyeMed Vision Care
P&A Spending Accounts
MetLife Dental
2027 State Health Plan Benefits
Reviewed 07/10/2026
In 2027, the State Health Plan will be moving to a tiered provider network, which means the provider you visit may affect your out-of-pocket costs....
View 2027 State Health Plan Benefits
Primary Care Provider (PCP)
Reviewed 10/30/2025
It is important to regularly verify your Primary Care Provider on file is up to date. Please review and Select or Update your Primary Care Provider, if needed.
View Primary Care Provider (PCP)
Show all
Take your benefits on the go with the Benefitplace app
Get easy access to your coverage details, ID cards, educational content and more - in the palm of your hand.
Download today! Use company ID: DiscoveryCharter
App Store
Google Play

IMPORTANT POINTS TO REINFORCE for Members

- Members need to SAVE their choices at the end of the enrollment process.
- Many members overlook this vital, final step and therefore fail to complete enrollment!
- All enrollment choices will be displayed for confirmation – but the member isn't finished yet!
- Members then need to scroll down and click SAVE to record their enrollment choices. Otherwise, it will be as if they never enrolled.
- Printing out their confirmation statement is also recommended!

The choices you pick
Will NOT stick
Unless you SAVE them
With a CLICK!



Thank You.

Questions?

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