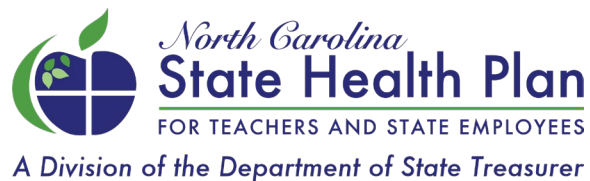




2027 Open Enrollment HBR Training

July 2026



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.

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

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.



New Employee Resources

Welcome aboard! As a new employee, we're here to help you navigate through your State Health Plan options. This page includes resources to help you understand your plan options and how to enroll in benefits.

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

State Health Plan - Salary Based Premium - Salary Data Upload

Salary Data Upload Option

Groups with more than 200 enrolled employees that do NOT currently have payroll integration with Benefitfocus have the option to submit a file to the Plan that will be uploaded into eBenefits to update an employee's salary data.

Data Fields and Format Requirements

The three fields required are: SSN, Salary, and Earnings Effective Date

- Social Security Numbers must contain dashes, e.g., 001-00-1234
- Salary value must contain 2 decimal places and must not contain the dollar sign, e.g., 35065.75
- Earnings effective date must be MM/DD/YYYY, e.g., 03/15/2025
- File must be in a .csv format and should be named GroupName.csv, e.g., NCStateTreasurer.csv

[Click Here to Download an Example Salary Based Premium Upload File](#)

Please Select Your Group's Name *

Select

File Submitter Email Address *

Enter the Email Address for the File Submitter. Confirmation and File Validation notifications will be sent to this email address.

Attach the .CSV File to be Uploaded to the State Health Plan of NC Containing Salary Data for Your Employees *

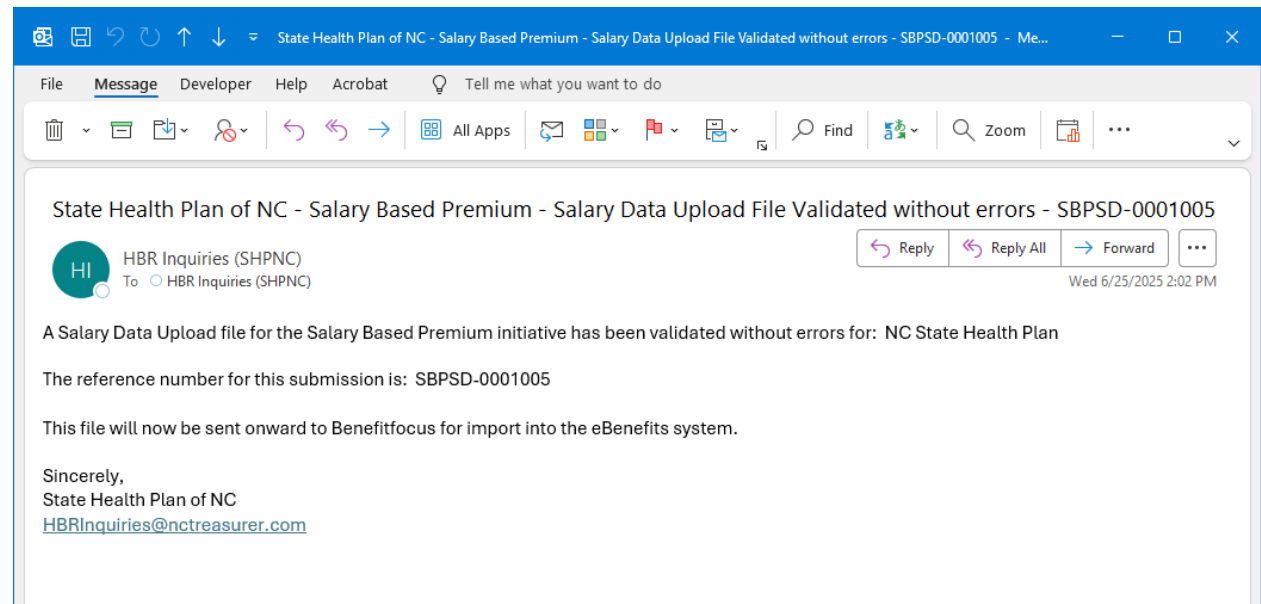
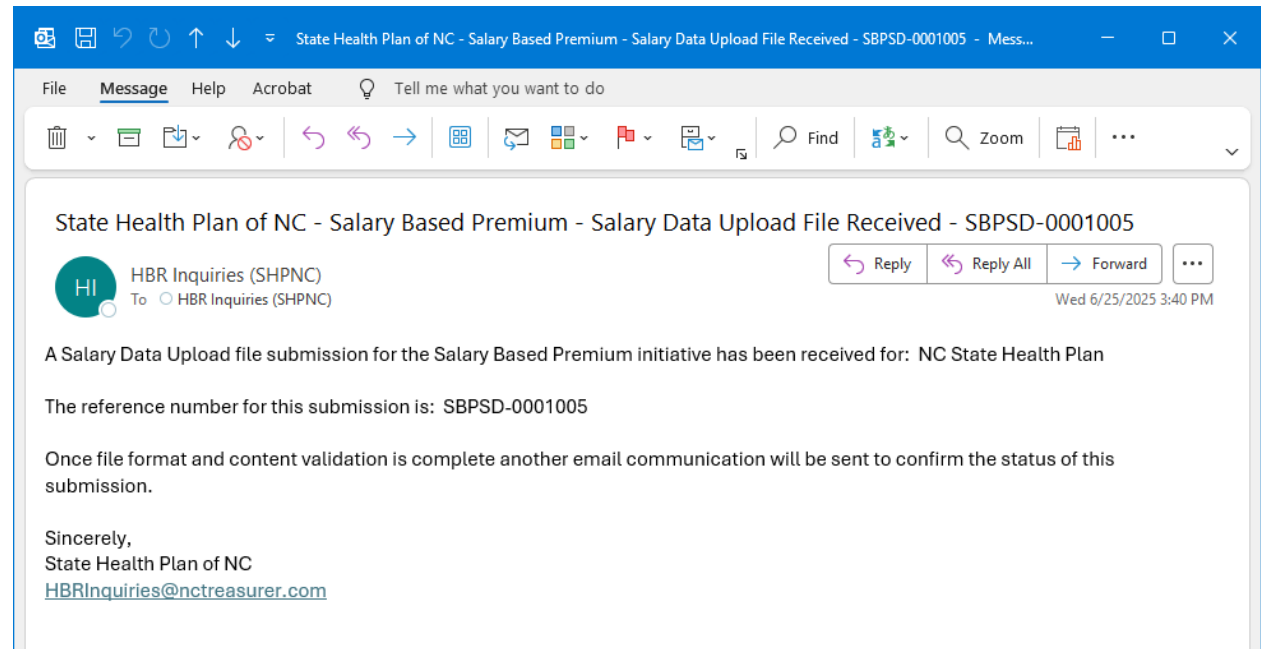
Choose File No file chosen

Submit Salary Based Premium Employee Salary Data

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.

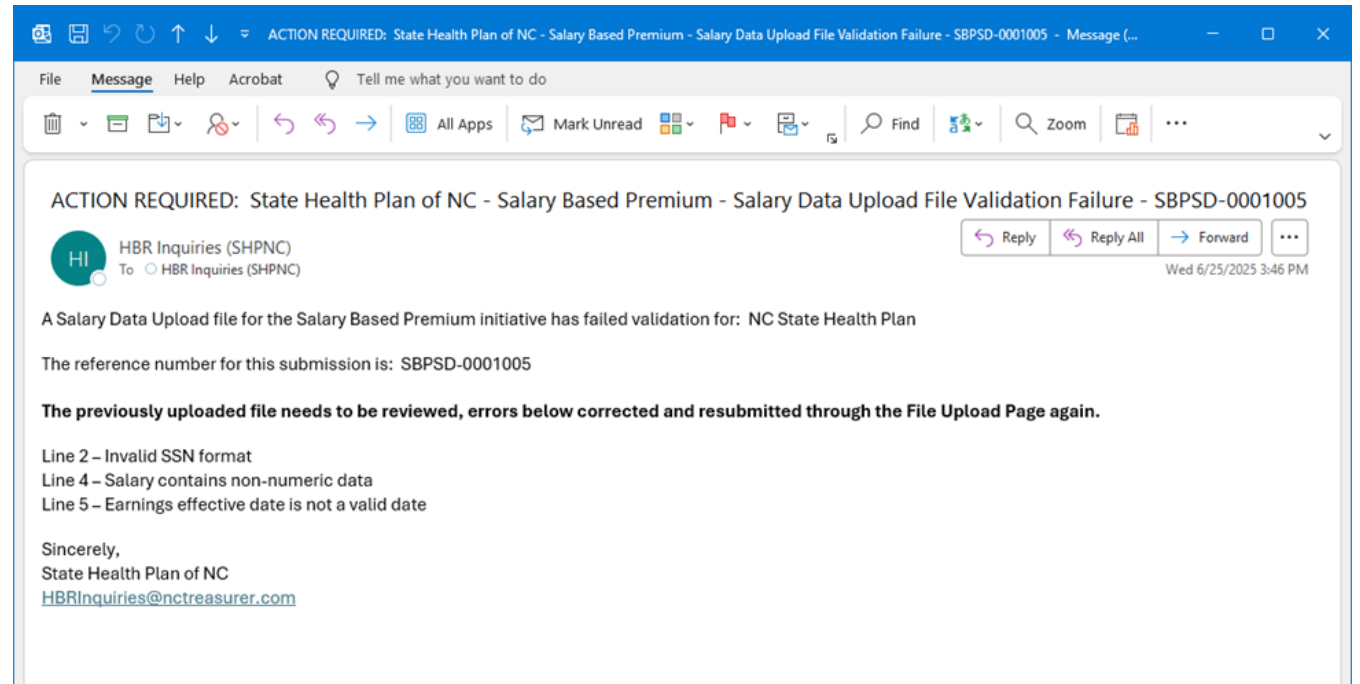
Upon successful validation of the file, another email will be sent to the 'File Submitter Email Address' from HBRInquiries@nctreasurer.gov to confirm the file has been successfully validated and sent to Benefitfocus for importing to the eBenefits system.



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.



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.

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.

**State Health Plan**
FOR TEACHERS AND STAFF EMPLOYED BY THE STATE OF NORTH CAROLINA
A Division of the Department of State Treasurer

Standard PPO Plan
Choice POS II

ID: [REDACTED]

DEPARTMENT OF INFORMATION TECHNOLOGY
Group No: 0192681
Effective Date: 01/01/2027
SELF INSURED

RXBIN: [REDACTED] **RXPCN:** **ADV** **RXGRP:** [REDACTED]

Paid for by YOU and other NC Taxpayers

Copay/Coinsurance

Provider Type	Pref	Access	Non Pref
Selected PCP	\$15	\$40	\$40
Other PCP	\$50	\$50	\$50
Spec (+Ded)	\$40	\$65	*30%
Urgent Care	\$100	\$100	\$100
ER (+Ded+30%)	\$600	\$600	\$600
Hosp(+Ded+30%)	\$750	*\$600	*\$1500

Primary Care Provider (PCP)
[REDACTED]
North Carolina
Preferred +
NAP

Third Party Administrator  **aetna**

Pharmacy Benefits Administrator  **CVS caremark**

INDIVIDUAL	Preferred	Access	Non Pref	FAMILY	Preferred	Access	Non Pref
INN DED	\$ 1500	\$ 3000	\$ 5000		\$ 4500	\$ 9000	\$15000
INN OOP MAX	\$ 4000	\$ 6500	\$12000		\$12000	\$16300	\$24000
OON DED	\$15000				\$45000		
OON OOP MAX	\$36000				\$72000		

Benefits & Claims Number 1-833-690-1037
Eligibility & Enrollment 1-855-859-0966
Provider Relations/Precert 1-888-632-3862
Pharmacy Help Desk 1-800-364-6331
CVS Caremark 1-888-321-3124
Lantern \$0 Surgery 1-833-916-3826
Aetna Life Insurance Company **Payer No:** [REDACTED]
Submit Claims To: PO Box 14079 **www.SHPNC.gov**
Lexington, KY 40512-4079
Aetna provides administrative services only for the self-funded plan and assumes no financial risk for claims.
See plan documents for plan requirements, including precertification. This card does not guarantee coverage.



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.



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



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.

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

*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.

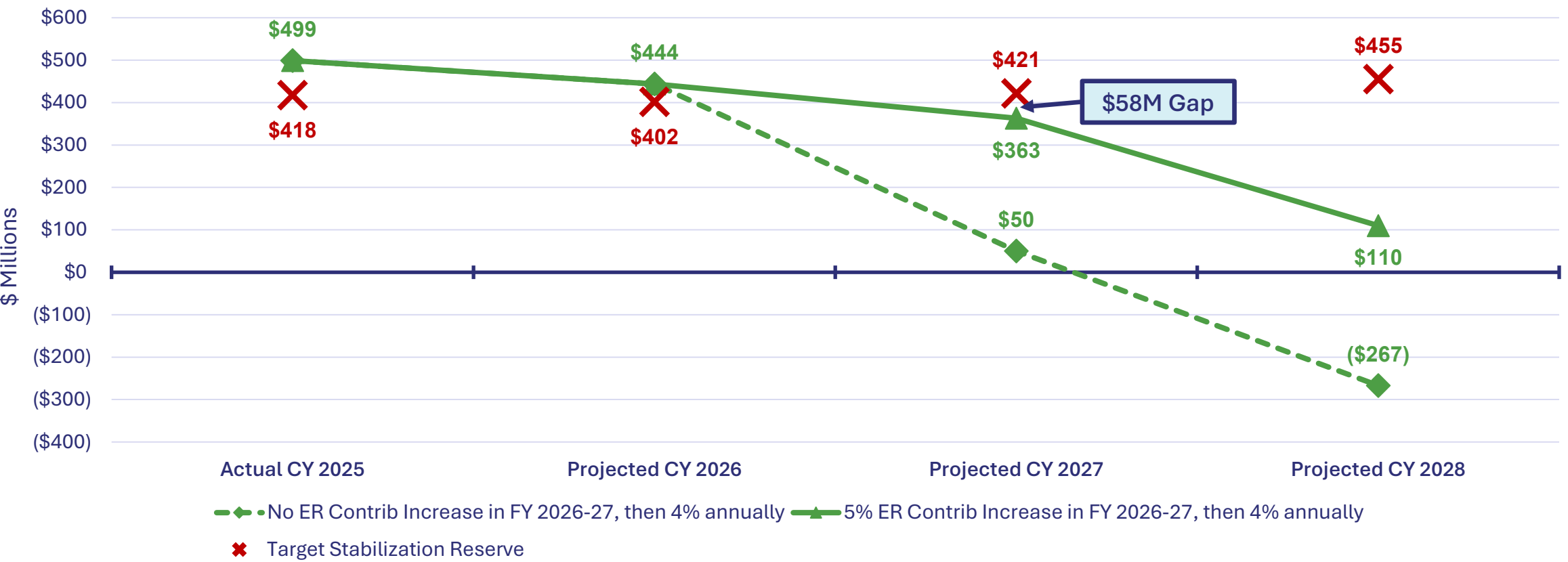
- PwC recently released their annual Behind the Numbers report, which estimates a 9% medical cost trend for the group market in 2027, the highest trend in over 15 years.
- Pointing to coding intensity (AI), inflation and provider consolidation, pharmacy costs, Behavioral Health use, and the No Surprises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

Behind the numbers 2027

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

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

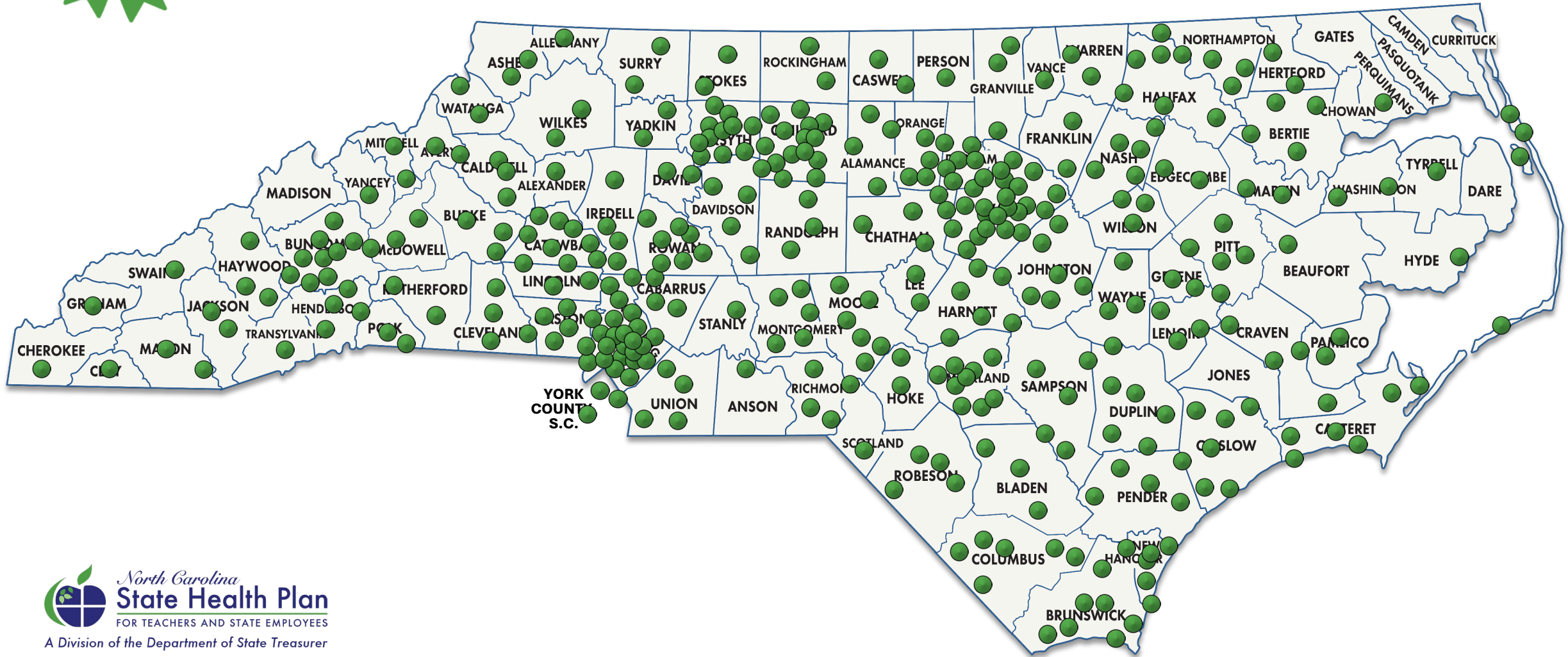
OUT-OF-NETWORK PROVIDERS

- 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.



Find a Provider

Visit www.shpnc.gov and click Find a Doctor

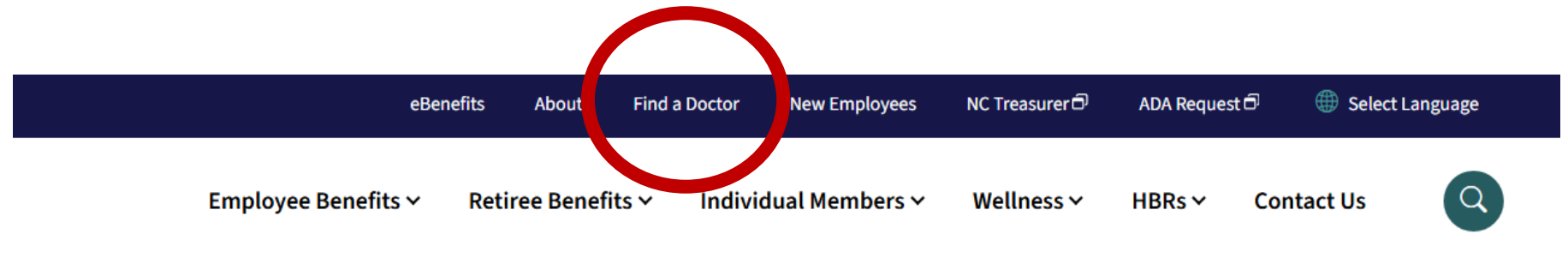
- Select your plan
- You can login to Aetna or continue as guest
- Search by various filters
- Preferred and Access Providers will be labeled



Preferred
Provider



Access
Provider



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

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

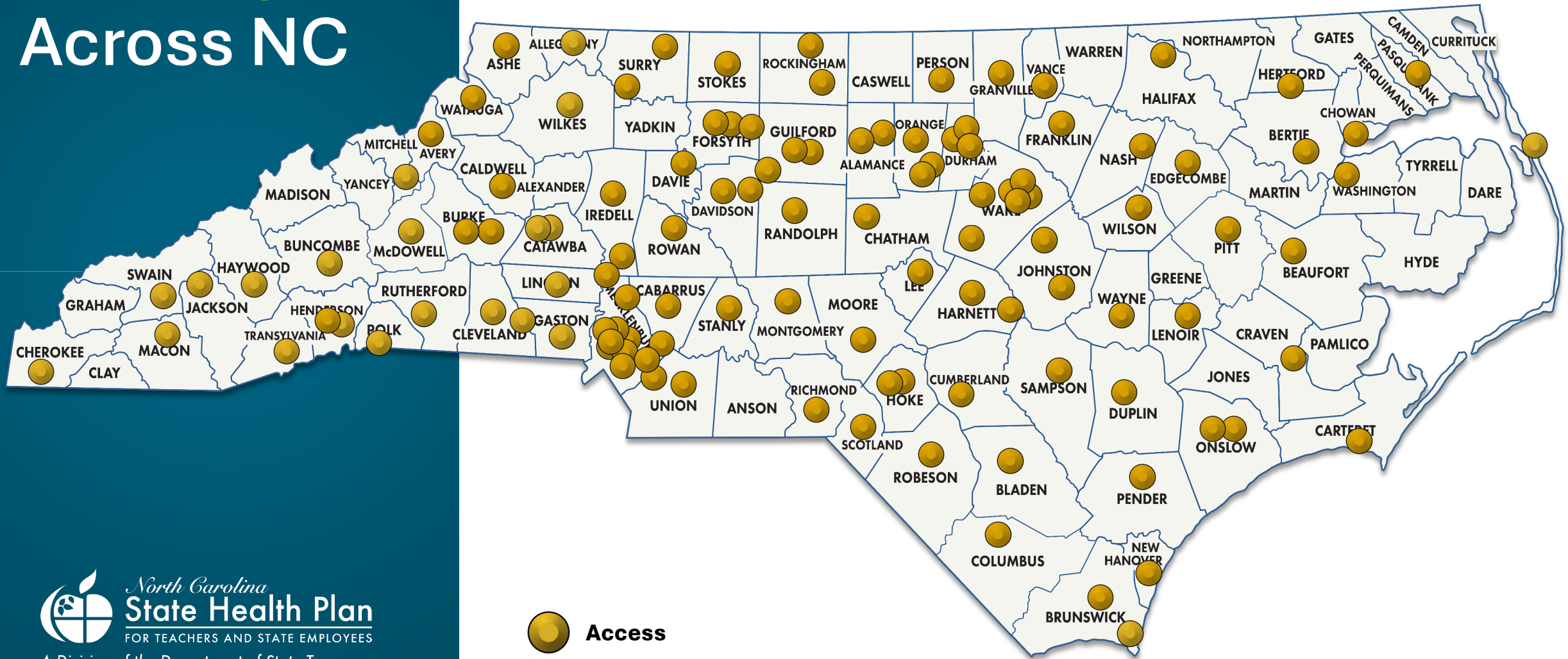
Full Plan Comparison Available
NOW on www.shpnc.gov

	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

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

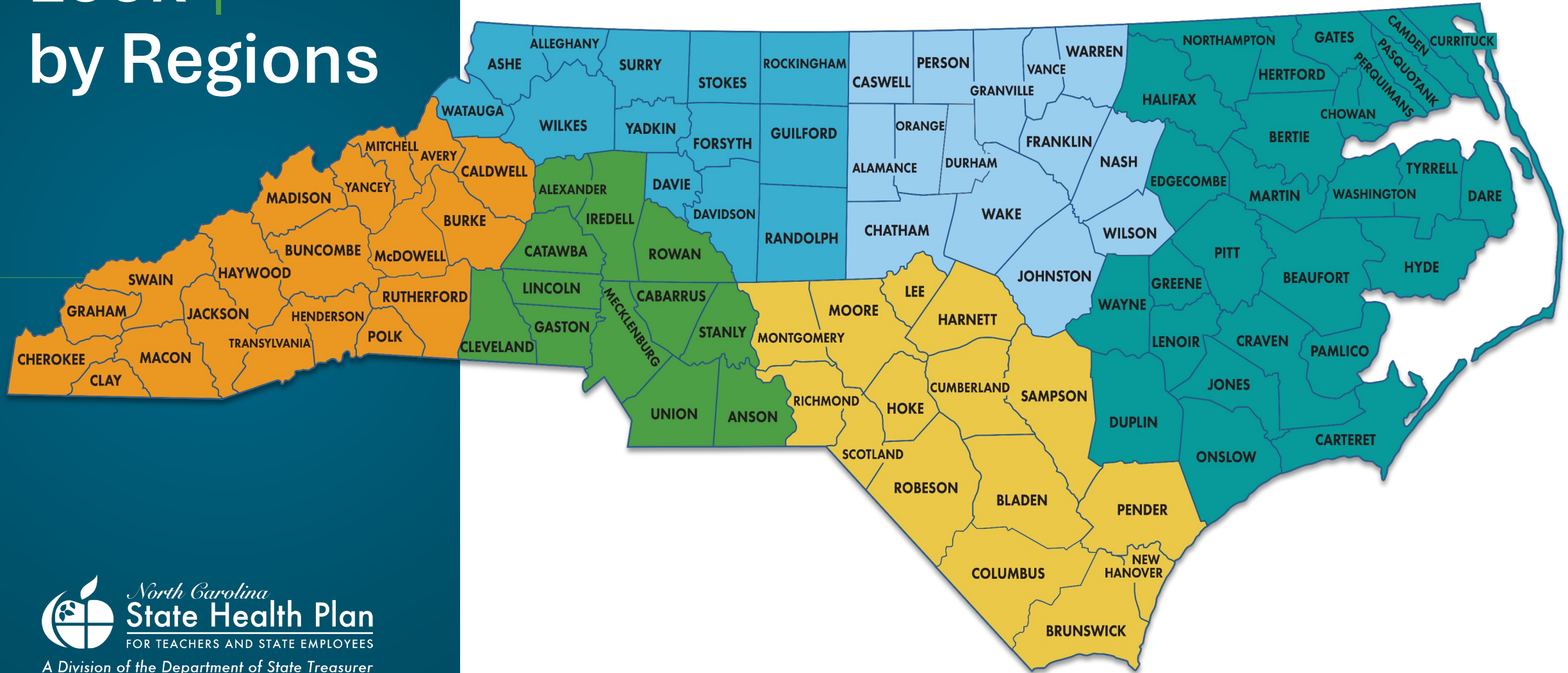


Emergency Rooms Across NC



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.



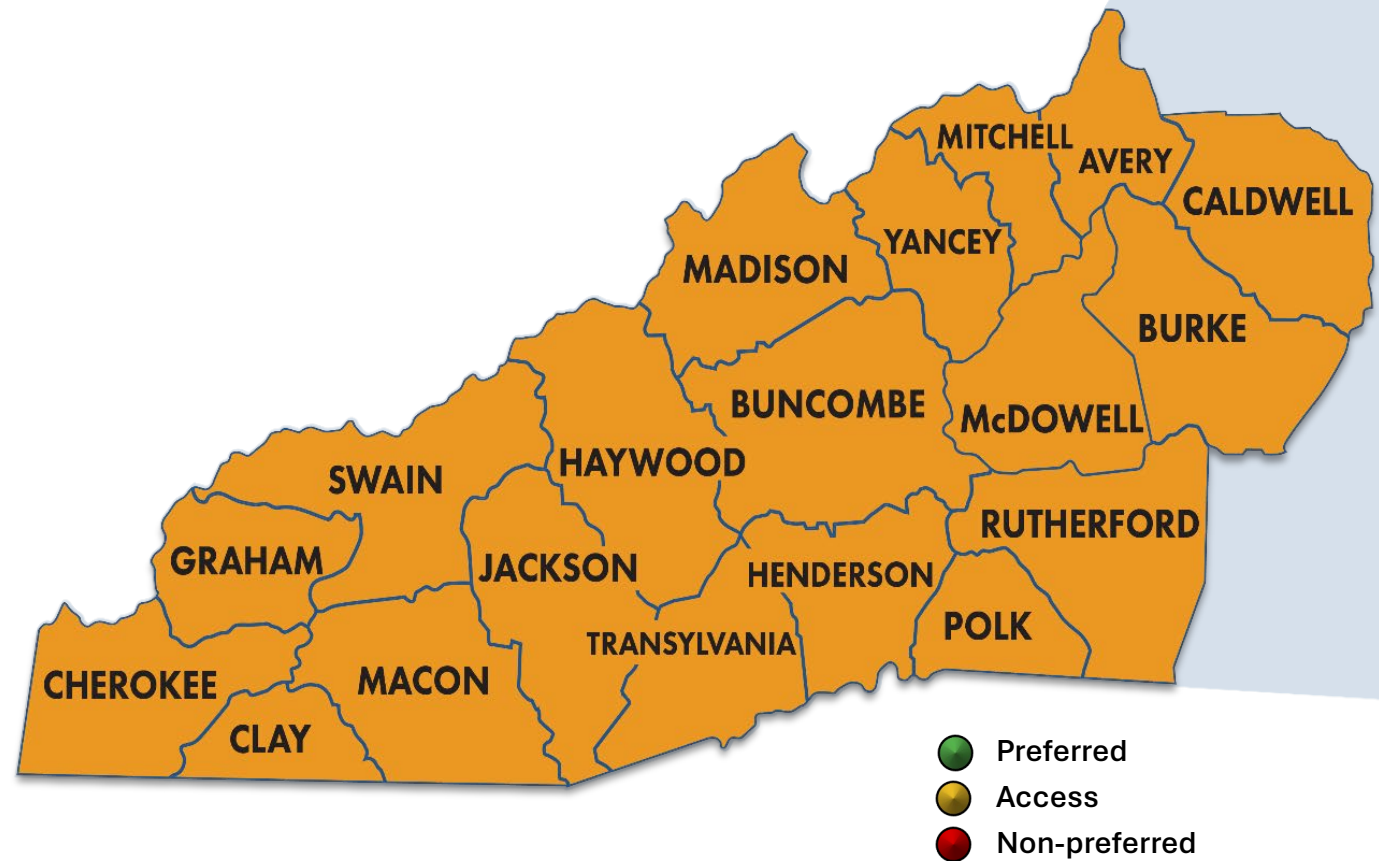
Region 1

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

TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	124	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

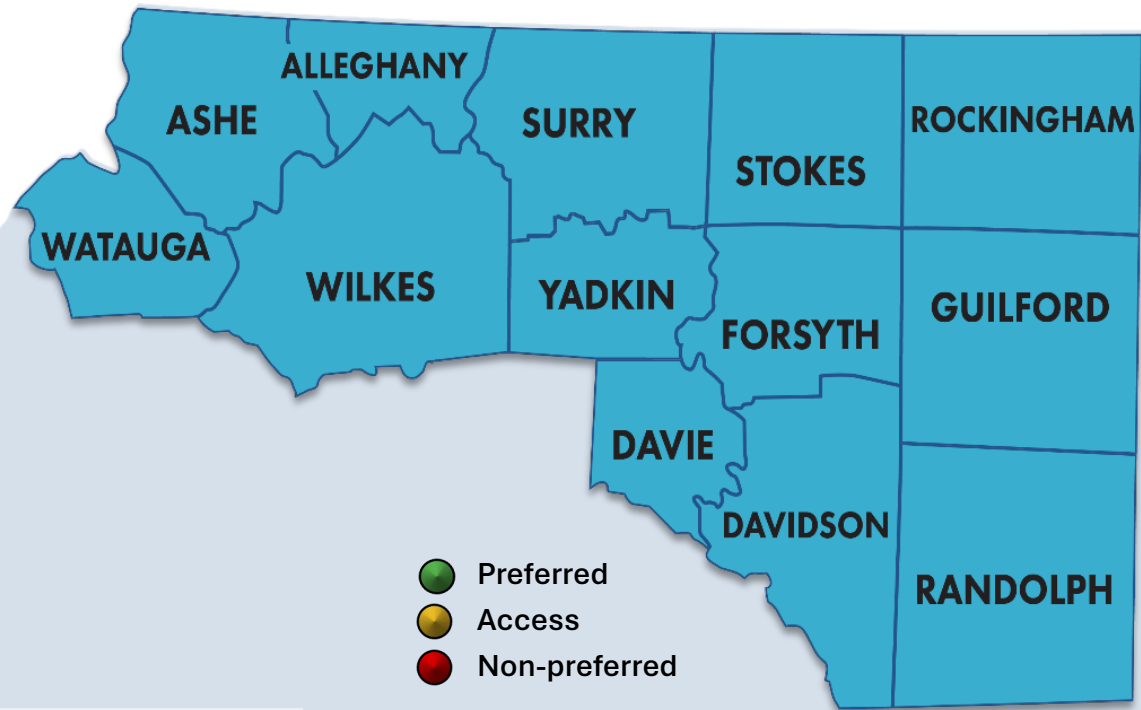
Region 2

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

- Preferred
- Access
- Non-preferred

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



- Preferred
- Access
- Non-preferred

Region 5

Providers in Access or Preferred Tiers

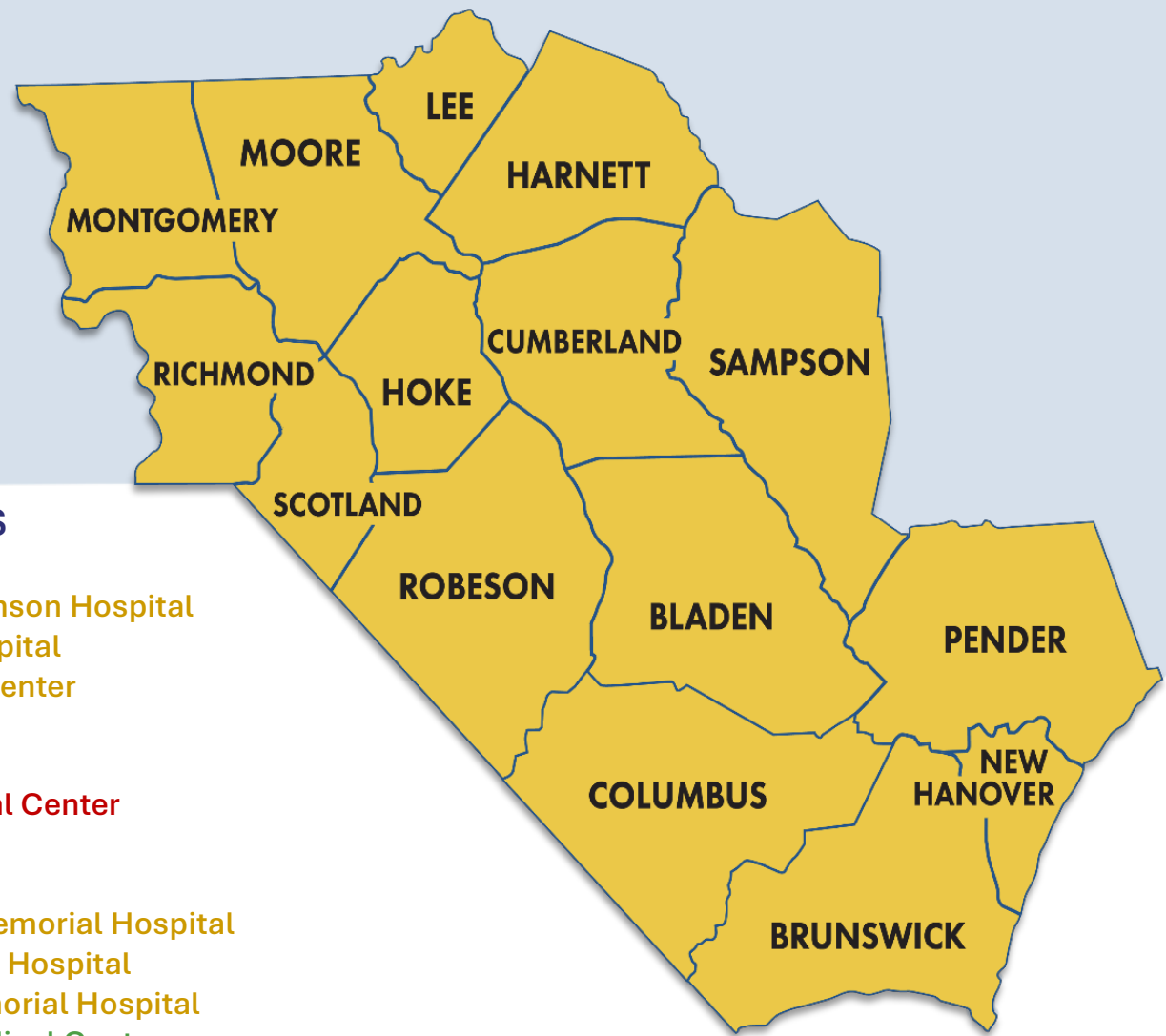
TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	214	94%
Orthopedics	126	94%
Cardiology	143	93%
Hematology / Oncology	44	95%
Other Medical Specialties*	396	95%

*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
 Doshier
 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

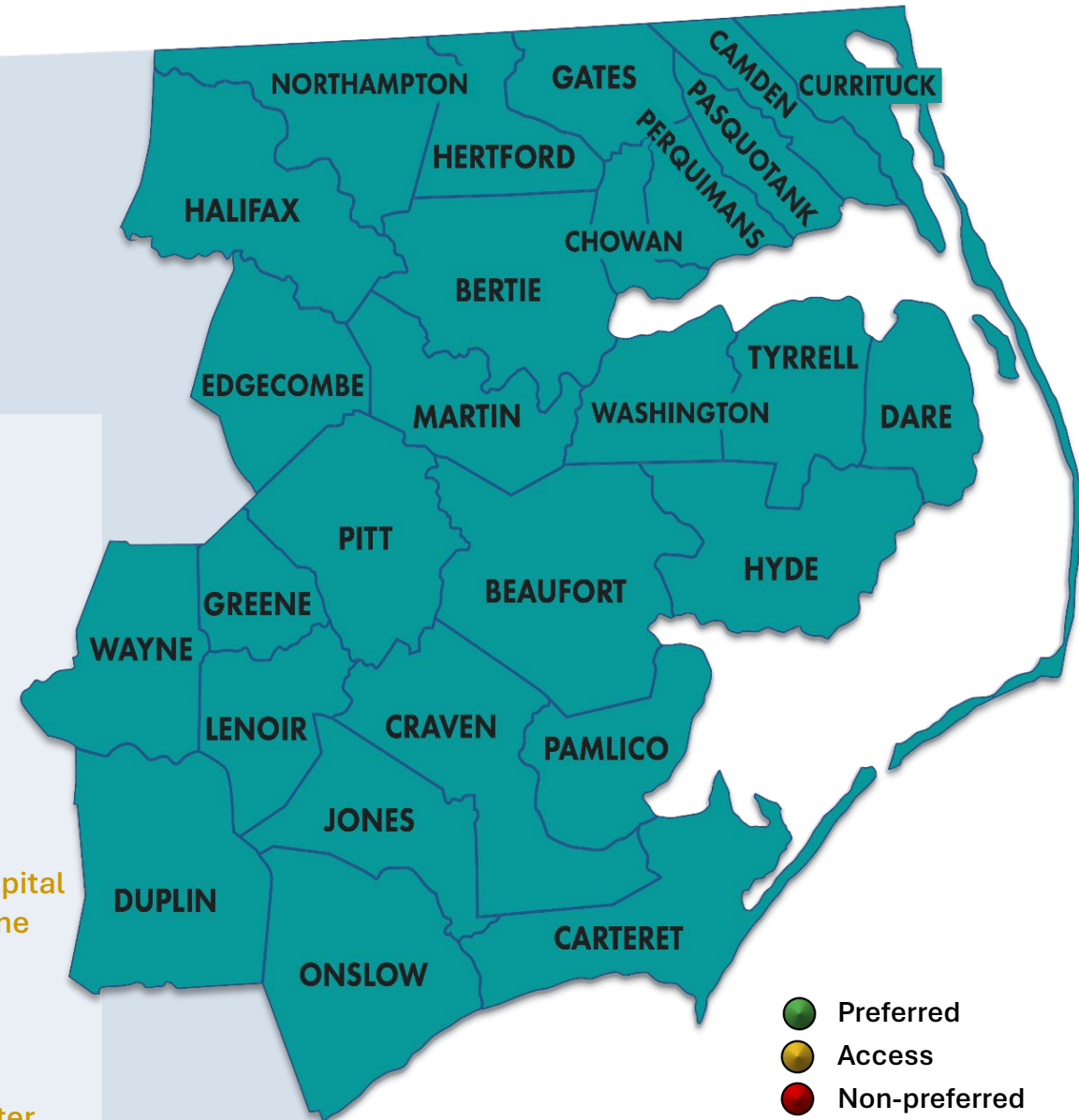
TOP SPECIALITIES	TOTAL	%
Obstetrics / Gynecology	159	97%
Orthopedics	73	99%
Cardiology	128	98%
Hematology / Oncology	37	97%
Other Medical Specialties*	291	99%

*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.



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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



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

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



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.

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

Illustrative Example ONLY.

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.



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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](#).

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.



HBR Resources

HBR Training Resources Online

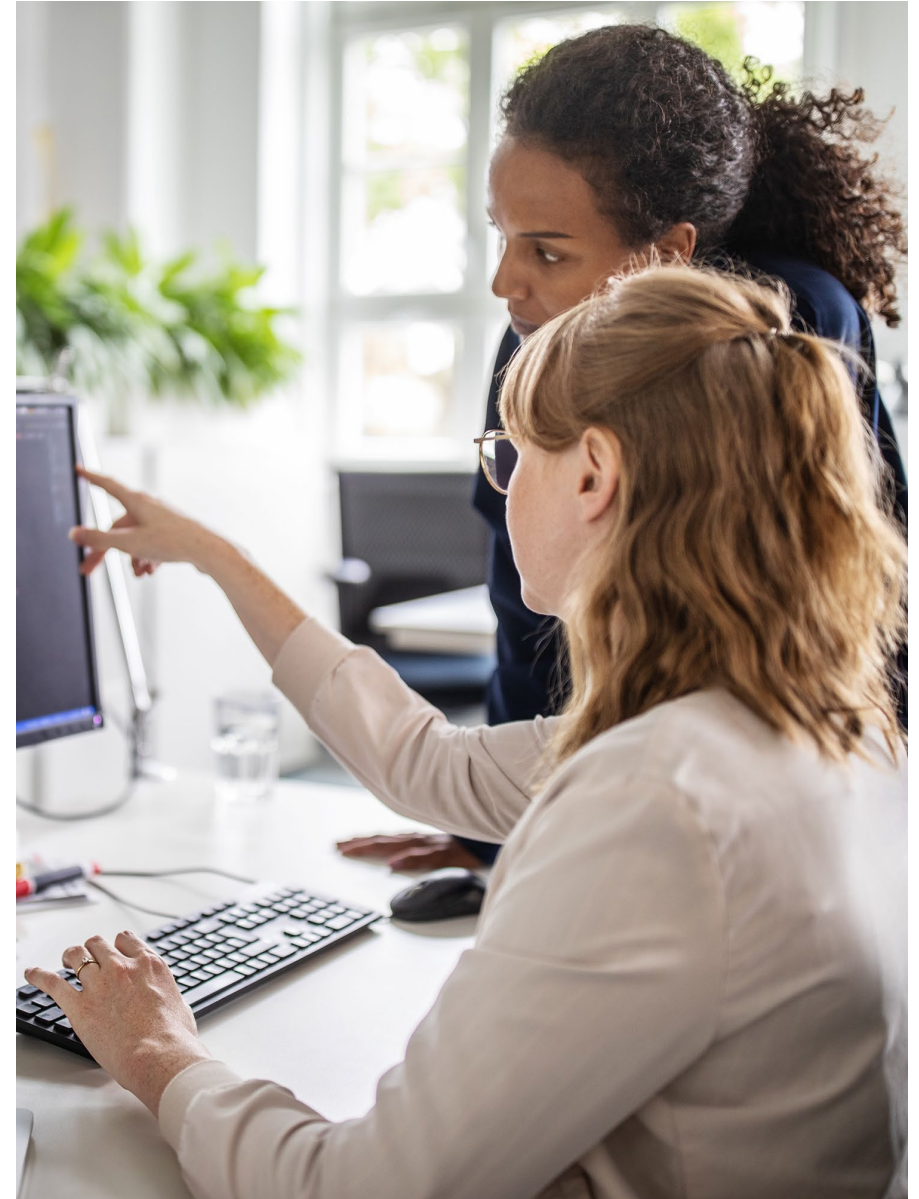
The State Health Plan recognizes the value in providing Health Benefit Representatives with training opportunities to assist in carrying out duties as they relate to the Plan. To better serve HBRs, we have posted the following training modules on the Plan's website at www.shpnc.gov/HBRs/Training-and-Development

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

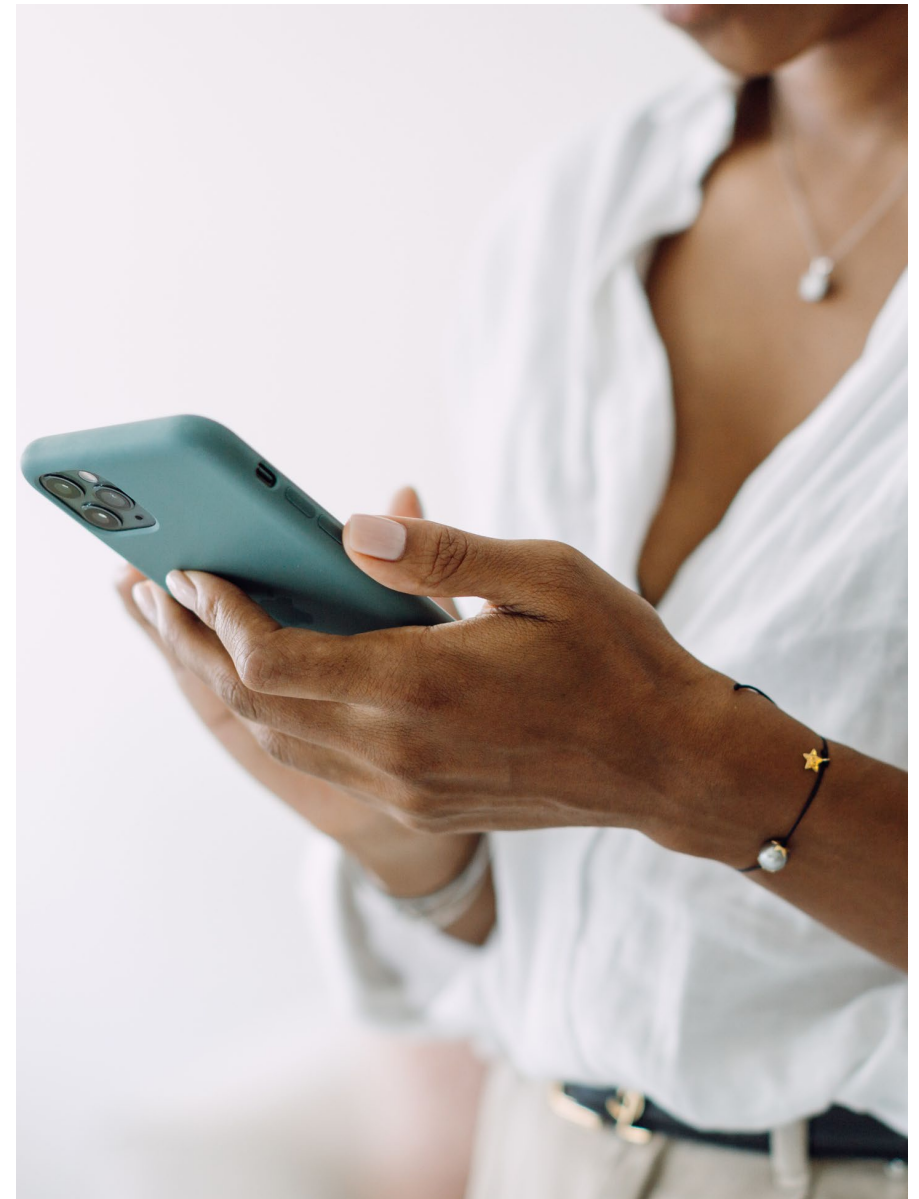
- *Fiori HBRs can call HBR Support line for general questions*
- *Reach out to BEST Shared Services for member-specific issues and billing*
 - *919-707-0707 (in Raleigh) or 866-622-3784*
 - *Submit a ticket to SVC_OSC.best <best@osc.nc.gov>*

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





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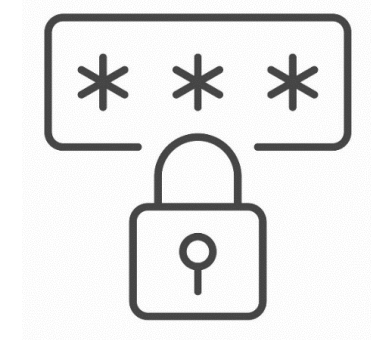
eBenefits Open Enrollment Screenshots

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:

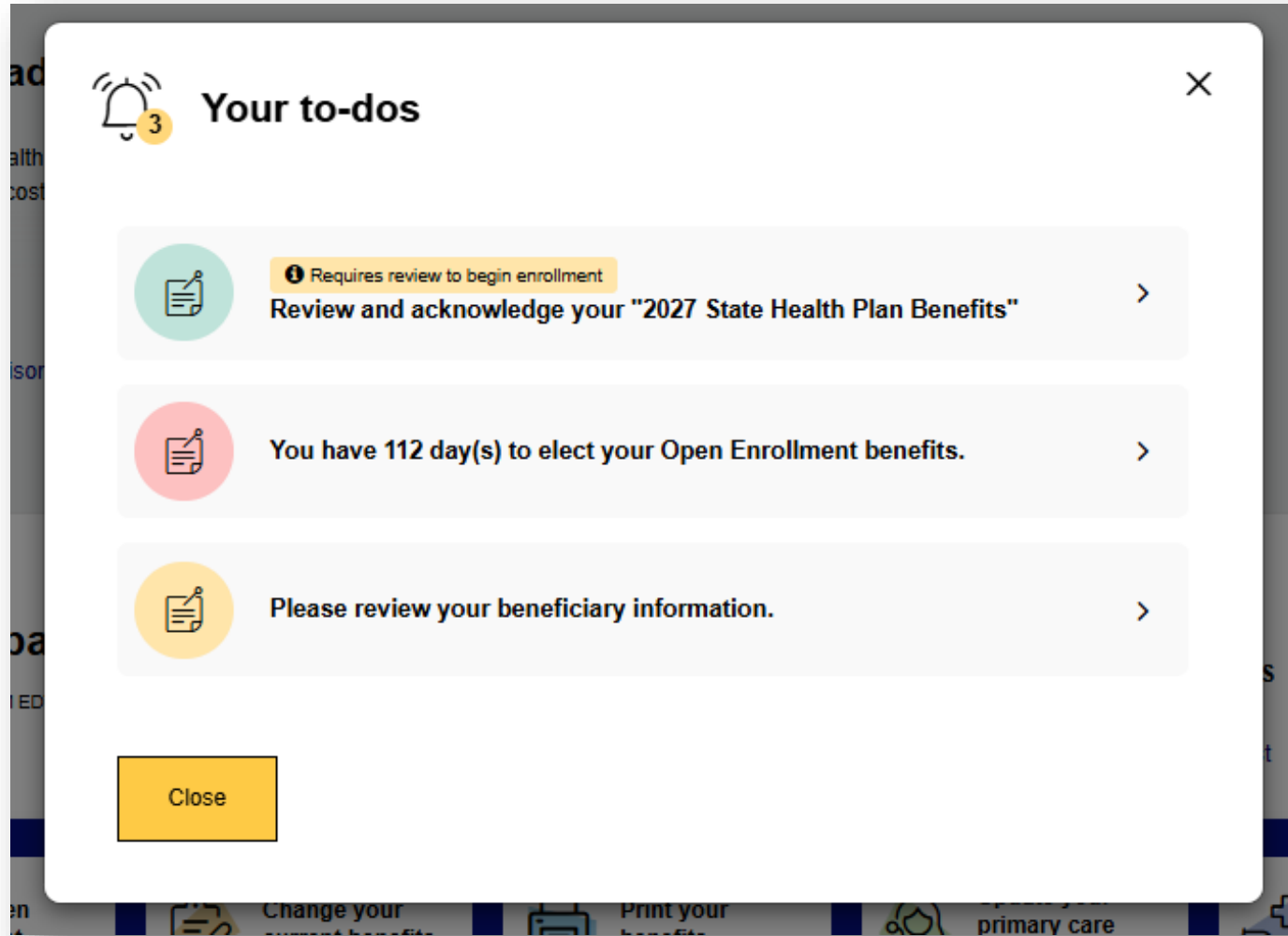
- Pull up individual employee in eBenefits
- Under “Manage Employee” select “Update Login Information”
- Create new password under “Change Member Password” and confirm that the “Allow this member to log in” box is checked. This enables the member’s account.
- Click “Save Login ID and Password”
- Once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



OPEN ENROLLMENT
October 13 - 31, 2025
NEW MEMBER SIGN-UP
January 1, 2026

****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 >](#)

1 of 3 →

Welcome back,
Friday, July 10 at 4:02 PM EDT

11
DAYS LEFT TO
ELECT BENEFITS
Begin open
enrollment

3
TO DO ITEMS
View to do list

4
ACTIVE
BENEFITS
View benefits

 Begin open enrollment

 Change your current benefits

 Print your benefits

 Update your primary care provider

 View your medicare info

Your benefits

Viewing Current ▾



Medical
Standard PPO..
Plan
\$200.00/month



NCFlex Dental
2026 NCFlex...
Classic Option
\$62.40/month



NCFlex Vision
2026 NCFlex...
Basic Vision
\$11.00/month



NCFlex Volunta...
2026 NCFlex...
Voluntary
\$0.00/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 Requires review to begin enrollment
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....
[Review and acknowledge](#)

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 \(PCP\)](#)

12

Show all ▾



Take your benefits on the go with the Benefitplace app



65

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

Top Half



NCFLEX
State Employees Health Plan
NCFLEX.ORG

ProfileBenefitsQuick LinksResources



OPEN ENROLLMENT
October 13 - 31, 2025
NEW BENEFITS EFFECTIVE January 1, 2026

****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 >](#)

1 of 3 >

Welcome back, [REDACTED]
Friday, July 10 at 4:07 PM EDT

112
DAYS LEFT TO
ELECT BENEFITS
Begin open enrollment

2
TO DO ITEMS
View to do list

4
ACTIVE BENEFITS
View benefits

 **Begin open enrollment**

 **Change your current benefits**

 **Print your benefits**

 **Update your primary care provider**

 **View your medicare info**

Your benefits

ViewingCurrent

**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](#)

Bottom Half

[Change current benefits](#)

Quick Links

[Aetna Member Portal](#)[Allstate](#)[CVS Caremark](#)[EyeMed Vision Care](#)[P&A Spending Accounts](#)[MetLife Dental](#)

Primary Care Provider (PCP) Needs review

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.

[Review and acknowledge](#)

Email Address Needs review

Review and confirm your email address to ensure you receive important communications from the State Health Plan.

[Review and acknowledge](#)

My NC 401(k) and NC 457 Retirement Savings

- Retirement is in your future!
- Invest in your future with the NC 401(k) and/or NC 457 Plans. Available exclusively to public employees in North Carolina,...

[Read more](#)



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: SHP_BEACON](#)



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



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FOR TEACHERS AND STATE EMPLOYEES
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☒ PROFILE – ☐ BENEFITS – ☐ CONFIRM

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

To add a dependent, click 'Create dependent profile'

Name	Relationship	Date of Birth	Gender	Actions
	Child		Male	Edit
	Child		Female	Edit

Create dependent profile

Next

Previous

5. Choose Your Medical Coverage - Begin Enrollment Page

Open Enrollment Benefits

Looking for your current benefits? →

All active and Non-Medicare members were moved to the Standard PPO Plan for the 2027 benefit year. If you want to enroll in the Plus PPO Plan, **YOU MUST TAKE ACTION** by October 30, 2026. **REMEMBER** to **CLICK COMPLETE ENROLLMENT!**

After you successfully complete your enrollment, a "Congratulations" message will appear to print your Confirmation Statement.

Not Applicable to HDHP Members

Medical

NCFlex

First, let's review your Medical benefits.



Medical

Helps cover the cost of medical and surgical expenses.



You had Medical last year

Decision required

Would you like Medical coverage?

Begin enrollment

Decline coverage

Proceed to NCFlex

Return home

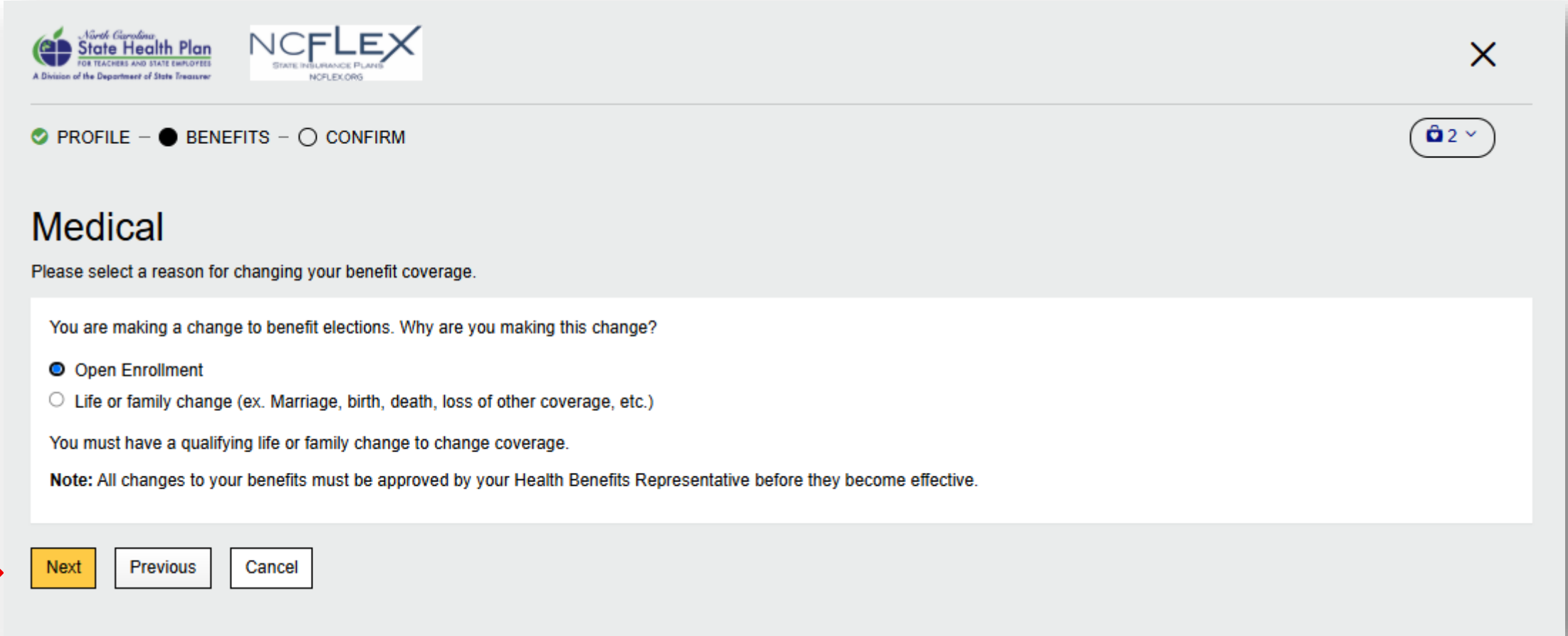
You pay: \$94.06

Monthly Total ⓘ

www.shpnc.gov

68

6. Open Enrollment / QLE Choice – Member chooses OE



The screenshot shows the NCFLEX portal interface. At the top left are the logos for the North Carolina State Health Plan and NCFLEX. A progress bar indicates the current step is 'BENEFITS' (selected with a black dot), with 'PROFILE' (checked with a green dot) and 'CONFIRM' (unchecked with a grey dot) as previous and next steps respectively. A lock icon with the number '2' is in the top right. The main heading is 'Medical', followed by the instruction 'Please select a reason for changing your benefit coverage.' Below this is a white box containing the question 'You are making a change to benefit elections. Why are you making this change?' and two radio button options: 'Open Enrollment' (selected) and 'Life or family change (ex. Marriage, birth, death, loss of other coverage, etc.)'. A note states: 'You must have a qualifying life or family change to change coverage. Note: All changes to your benefits must be approved by your Health Benefits Representative before they become effective.' At the bottom, there are three buttons: 'Next' (highlighted with a red arrow), 'Previous', and 'Cancel'.

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✓ PROFILE – ● BENEFITS – ○ CONFIRM

Medical

Please select a reason for changing your benefit coverage.

You are making a change to benefit elections. Why are you making this change?

☒ Open Enrollment

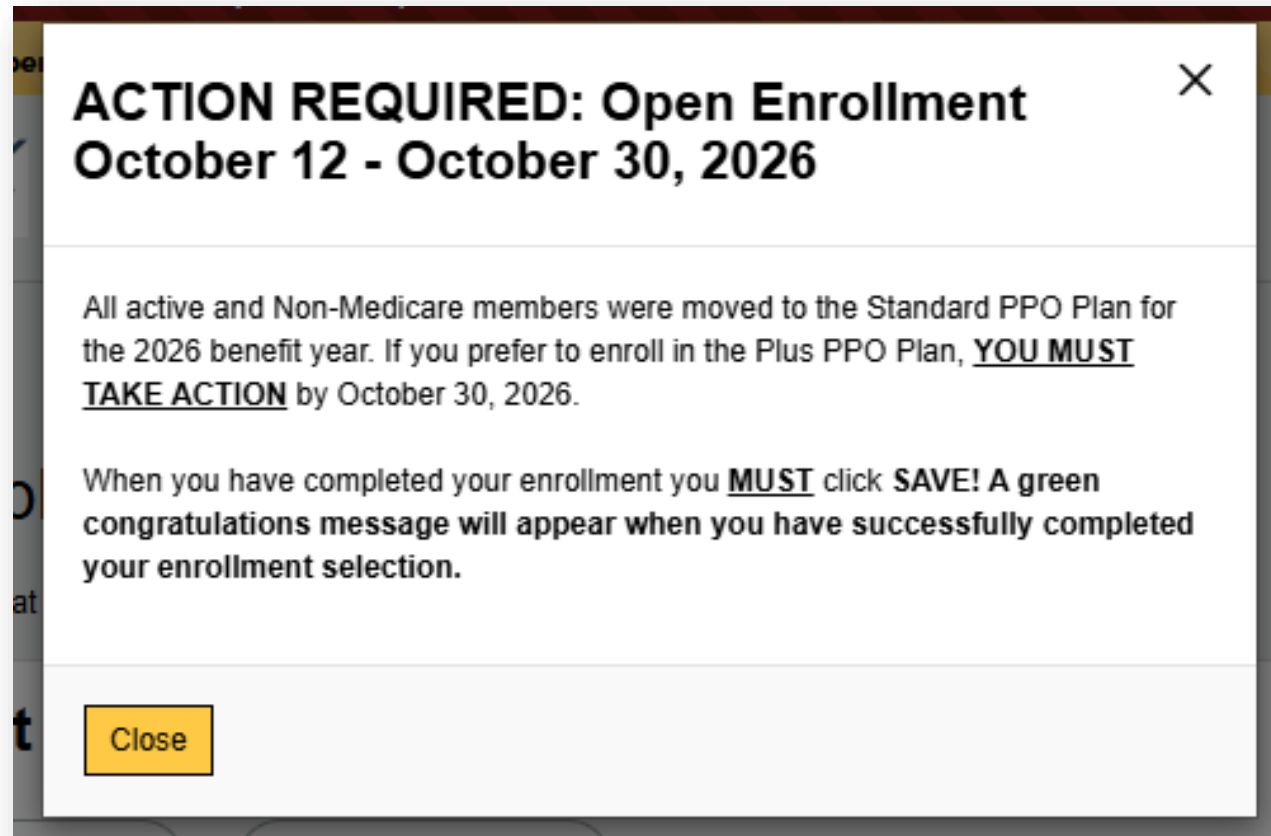
☐ Life or family change (ex. Marriage, birth, death, loss of other coverage, etc.)

You must have a qualifying life or family change to change coverage.

Note: All changes to your benefits must be approved by your Health Benefits Representative before they become effective.

Next Previous Cancel

7. OE Action Required Pop Up



8. Choose your Medical Plan Page

Choose your Medical plan.

Please review your options and choose the plan that best meets your needs.

Who do you want to cover on this plan?

Add Dependent

✓

✓

✓

ACTION REQUIRED: Open Enrollment October 12 - October 30, 2026

Learn more about your benefits

Plan Comparison

Compare your plan options side by side.

Standard PPO Plan

Learn more about the Standard PPO Plan.

Plus PPO Plan

Learn more about the Plus PPO Plan

PPO

FSA

Standard PPO Plan

\$200.00

Monthly Cost

Annual Deductible

\$1,500 Individual/\$4,500 Family - Preferred
\$3,000 Individual/\$9,000 Family - Access/\$5,000 Individual/\$15,000 Family - Non-Preferred

Out of Pocket Maximum

\$4,000 Individual/\$12,000 Family - Preferred
\$6,500 Individual/\$16,300 Family - Access/\$12,000 Individual/\$24,000 Family - Non-Preferred

Primary Care Provider Office Visit

\$40 PCP on ID Card/\$50 Other PCP - Preferred
\$40 PCP on ID Card/\$50 Other PCP - Access and Non-Preferred

Specialist Office Visit

\$40 Copay - Preferred
\$65 Copay - Access/30% Copay after Deductible - Non-Preferred

Select plan

Plan details

PPO

FSA

Plus PPO Plan

\$304.00

Monthly Cost

Annual Deductible

\$1,500 Individual/\$4,500 Family - Preferred
\$1,000 Individual/\$3,000 Family - Access/\$4,000 Individual/\$12,000 Family - Non-Preferred

Out of Pocket Maximum

\$3,000 Individual/\$9,000 Family - Preferred
\$5,000 Individual/\$15,000 Family - Access/\$10,000 Individual/\$20,000 Family - Non-Preferred

Primary Care Provider Office Visit

\$30 PCP on ID Card/\$40 other PCP - Preferred
\$30 PCP on ID Card/\$40 other PCP - Access and Non-Preferred

Specialist Office Visit

\$25 Copay - Preferred
\$50 Copay - Access/20% Copay after Deductible - Non-Preferred

✓ Currently Selected

Plan details

Decline coverage

I would like to decline Medical coverage.

Next

Previous

Cancel

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9. 2027 PCP Selection

✓ PROFILE

● BENEFITS

○ CONFIRM

3

Medical

Search from the list of providers to enter your PCP (Primary Care Provider) information.

		PCP Name
	Search	
	☒ Use the same provider for my dependents	
	Search	
	Search	

💡

PCP Copay Reduction Reminder

Next

Previous

Cancel



10. 2027 Medical Summary

✓ PROFILE — ● BENEFITS — ○ CONFIRM

2027 SHP Medical Summary

Your 2027 SHP Medical benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.



Medical

Plus PPO Plan

Administered By: Aetna

Effective Date: 01/01/2027

You Pay: \$304.00 per month

Persons Covered:

?

The rate for your Medical plan is determined by your salary band of \$50,000.01 - \$65,000.00.

Medicare

No policy on record

No medicare policy information on record

Primary Care Provider

Edit

Show details

Edit coverage

Plan details

Cost summary

Show all

Benefit elections (3 items)

You pay

Monthly Total

\$398.06

Save

Cancel

www.shpnc.gov | 73

11. NCFlex Health Care FSA coverage enrollment

PROFILE - BENEFITS - CONFIRM

3

Medical

NCFlex

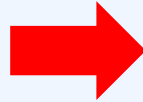
Next, let's review your NCFlex benefits.



NCFlex Health Care FSA
Set aside pre-tax dollars to cover certain out-of-pocket costs for medical, dental and vision.

Decision required

Would you like NCFlex Health Care FSA coverage?



Begin enrollment

Decline coverage



NCFlex Dependent Day Care FSA
Pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare.

Decision required

Would you like NCFlex Dependent Day Care FSA coverage?

Begin enrollment

Decline coverage



NCFlex Accident Plan
Pays you benefits for specific injuries and events resulting from a covered accident.

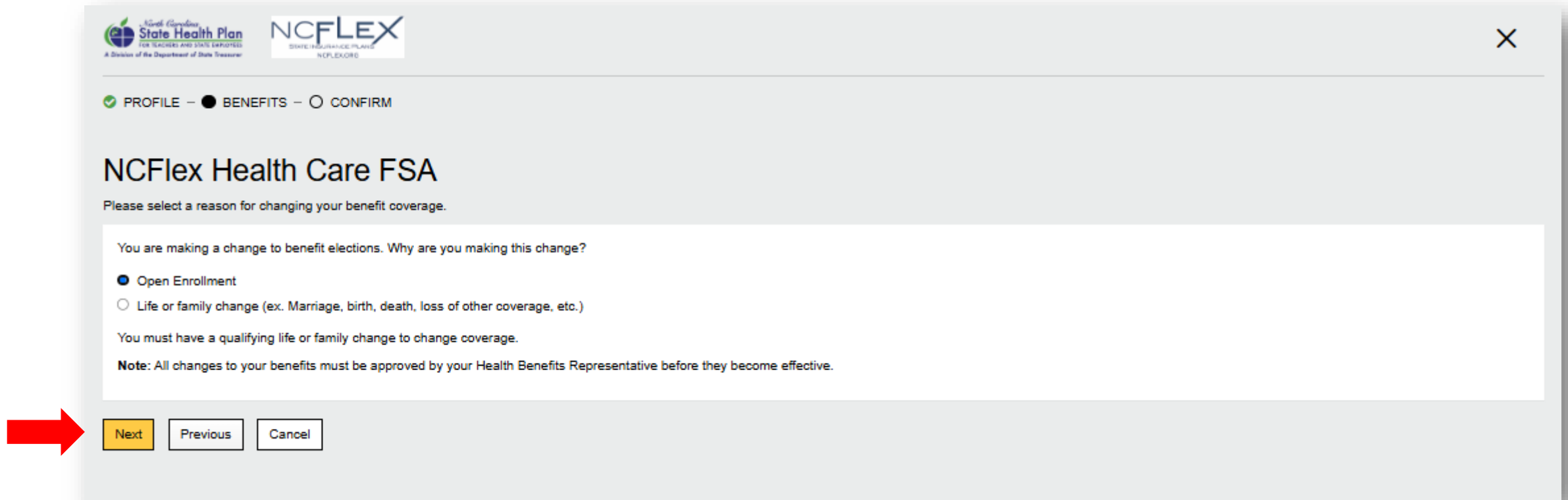
Decision required

Would you like NCFlex Accident Plan coverage?

Begin enrollment

Decline coverage

12. Open Enrollment / QLE Choice – Member chooses OE



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✓ PROFILE – ● BENEFITS – ○ CONFIRM

NCFlex Health Care FSA

Please select a reason for changing your benefit coverage.

You are making a change to benefit elections. Why are you making this change?

☒ Open Enrollment

☐ Life or family change (ex. Marriage, birth, death, loss of other coverage, etc.)

You must have a qualifying life or family change to change coverage.

Note: All changes to your benefits must be approved by your Health Benefits Representative before they become effective.

Next Previous Cancel

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



PROFILE – **BENEFITS** – CONFIRM

3

Choose your NCFlex Health Care FSA plan.

Do you want to participate in a Flexible Spending Account?

NCFlex Flexible Spending Accounts



2026 NCFlex FSA Summary of Benefits

Please note, contributing to an HCFSa at the same time your spouse is making or receiving tax-favored HSA contributions violates IRS rules. The HCFSa cannot be cancelled mid-year if your spouse is contributing to an HSA. For questions, contact your HR department.

2027 NCFlex Health Care Flexible Spending Account

Select plan

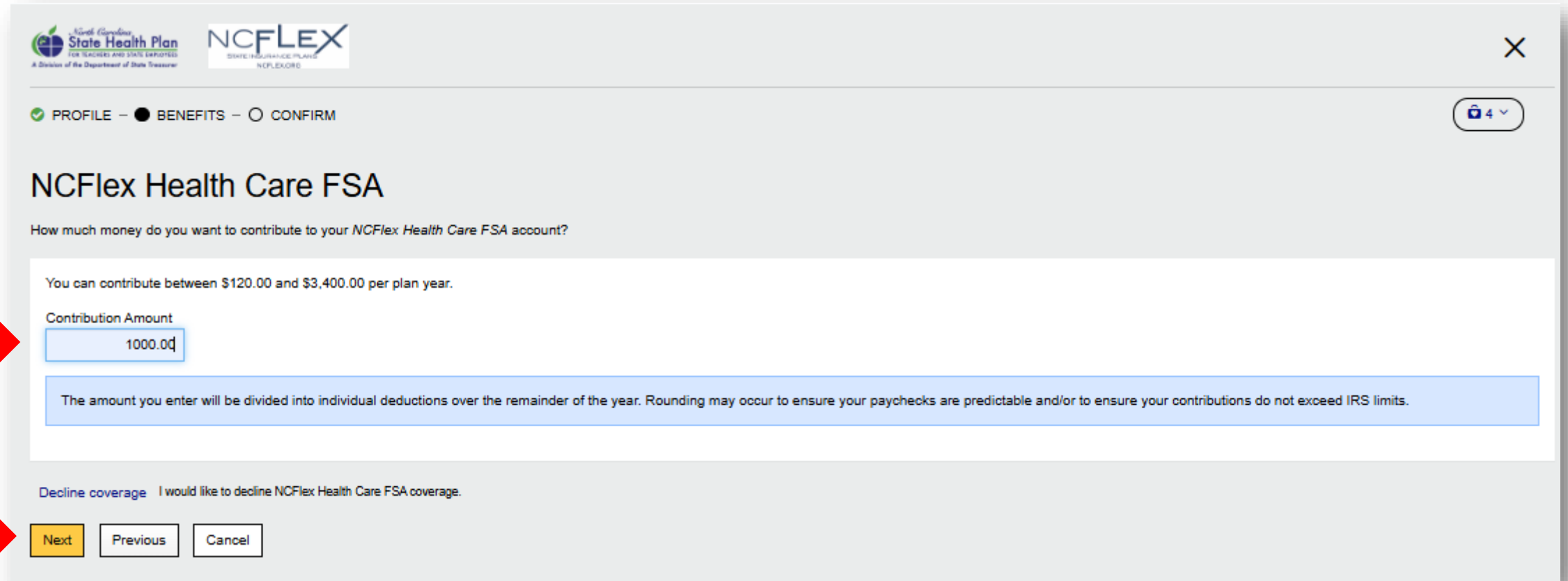
[Decline coverage](#) I would like to decline NCFlex Health Care FSA coverage.

Previous

Cancel

14. FSA Contribution Amount

\$1000 Annual Contribution Amount



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FOR TEACHERS AND STATE EMPLOYEES
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✓ PROFILE — ● BENEFITS — ○ CONFIRM

4

NCFlex Health Care FSA

How much money do you want to contribute to your *NCFlex Health Care FSA* account?

You can contribute between \$120.00 and \$3,400.00 per plan year.

Contribution Amount

1000.00

The amount you enter will be divided into individual deductions over the remainder of the year. Rounding may occur to ensure your paychecks are predictable and/or to ensure your contributions do not exceed IRS limits.

[Decline coverage](#) I would like to decline NCFlex Health Care FSA coverage.

Next Previous Cancel

15. Health Care FSA and DCFSA Account Summary



✕

✓ PROFILE – ● BENEFITS – ○ CONFIRM

2027 NCFlex Flexible Spending Accounts Summary

Your 2027 NCFlex Flexible Spending Accounts benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.



NCFlex Health Care FSA

2027 NCFlex Health Care Flexible Spending Account

Offered By: P & A Administrative Services
Effective Date: 01/01/2027
Contribution Amount: \$1,000.00 Per Plan Year \$83.33 per month ⓘ

Additional Information

[Show details](#) ▾

[Edit contribution](#) [Edit coverage](#)

Cost summary

[Show all](#)

Benefit elections (3 items) ⓘ ▾

Monthly Total	\$398.06
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Tax advantage accounts (1 items) ⓘ ▾

Monthly contributions total	\$83.33
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You pay ⓘ

Monthly Total ⓘ	\$481.39
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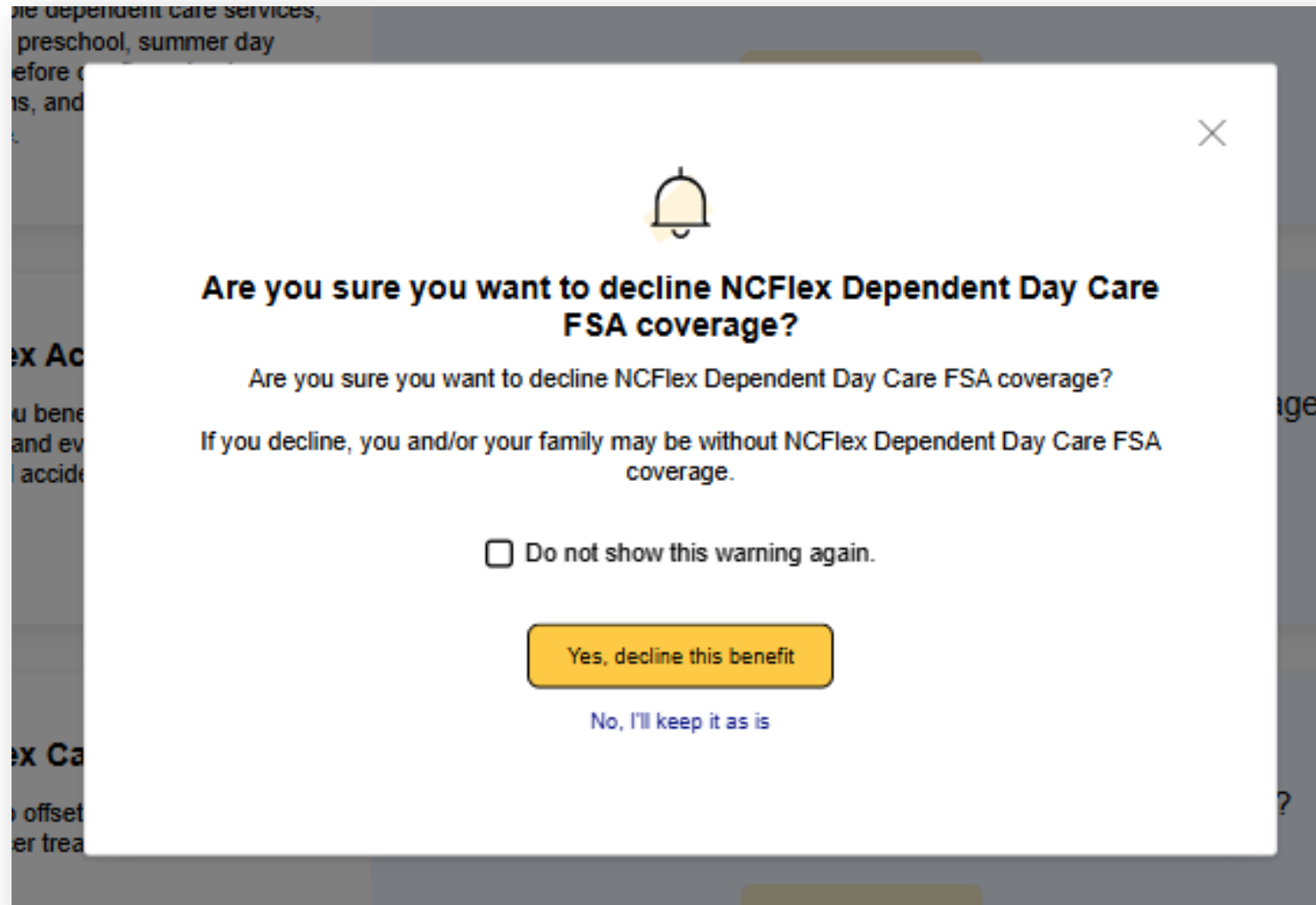


[Save](#) [Cancel](#)

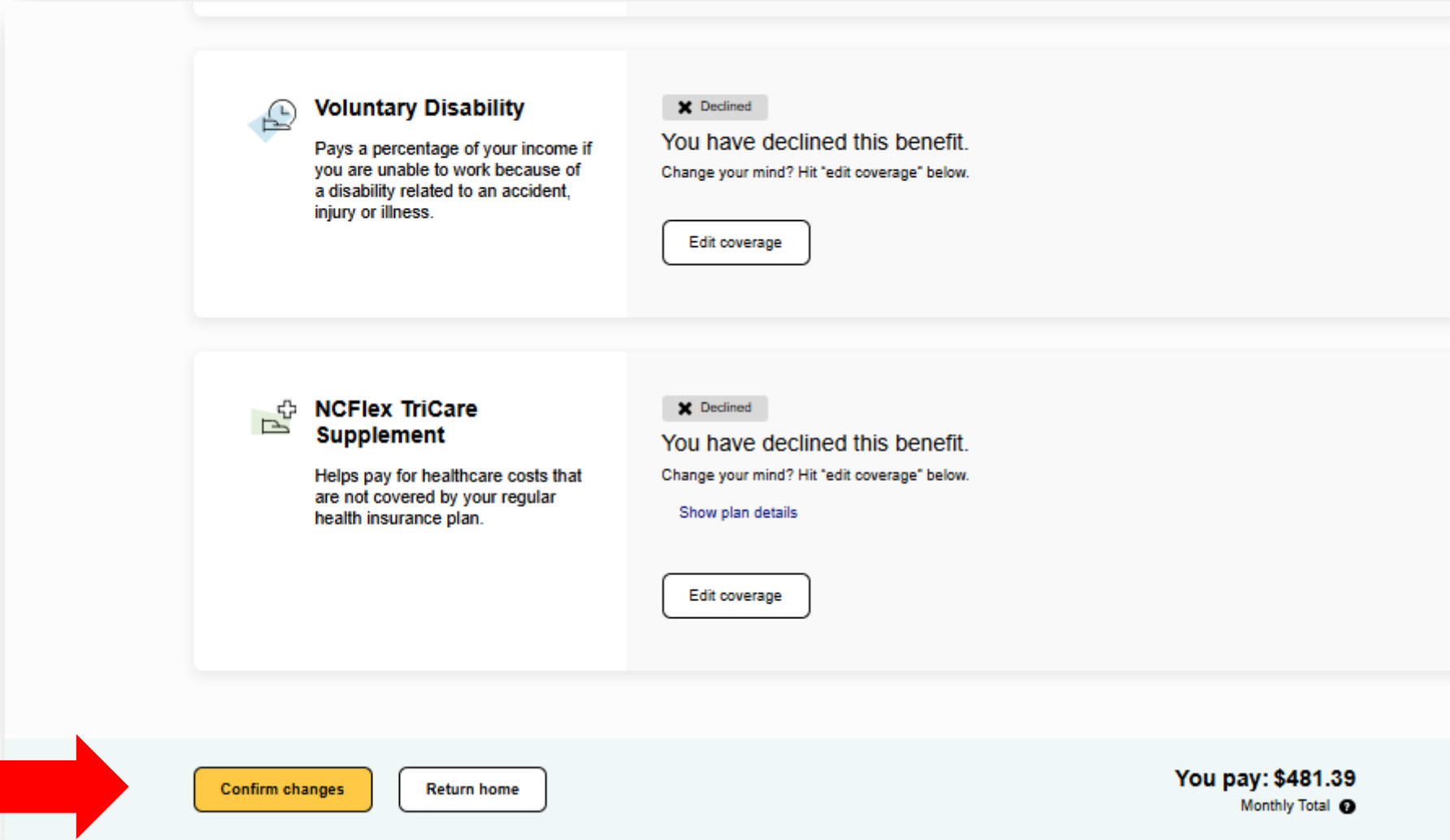
16. NCFlex Dental and Vision Mapped from 2027

 Helps to offset out-of-pocket costs for cancer treatments.	Would you like NCFlex Cancer coverage? Begin enrollment Decline coverage
 NCFlex Critical Illness Helps with the treatment costs of life-changing illnesses and health events.	Decision required Would you like NCFlex Critical Illness coverage? Begin enrollment Decline coverage
 NCFlex Dental Provides coverage to save you money and help ensure a healthy smile.  You had NCFlex Dental last year	✓ Currently selected 2027 NCFlex Classic Option Dental \$82.40 per month Covers you, JUSTIN W, and JULIA C  + Create dependent profile Effective 01/01/2027 Beneficiaries: None Show plan details Edit coverage Decline
 NCFlex Vision Provides coverage for vision care including eye exams and glasses.  You had NCFlex Vision last year	✓ Currently selected 2027 NCFlex Basic Vision Plan \$11.66 per month Covers you, JUSTIN W, and JULIA C  + Create dependent profile Effective 01/01/2027 Beneficiaries: None Show plan details Edit coverage Decline

17. Decline Benefits Pop Up



18. Confirm Changes



Voluntary Disability

Pays a percentage of your income if you are unable to work because of a disability related to an accident, injury or illness.

X Declined

You have declined this benefit.

Change your mind? Hit "edit coverage" below.

Edit coverage

NCFlex TriCare Supplement

Helps pay for healthcare costs that are not covered by your regular health insurance plan.

X Declined

You have declined this benefit.

Change your mind? Hit "edit coverage" below.

[Show plan details](#)

Edit coverage

Confirm changes [Return home](#)

You pay: \$481.39
Monthly Total ⓘ

19. Enrollment Completed

Congratulations [REDACTED]
You have completed your enrollment!

You have until 10/30/2026 to make changes to your benefit selections.

Now what? Here are a few things to consider.



Confirmation Statement

Download or print a summary of your benefits for your records



Download the Benefitplace app

Get easy access to your coverage details, educational content and more - in the palm of your hand.



Continue to next page

20. Home Page



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Profile Benefits Quick Links Resources



NCFLEX
NORTH CAROLINA FLEX
NORTH CAROLINA FLEX

1 of 3 →



2027 State Health Plan
Open Enrollment
October 15 - 26, 2026
NCFLEX
NORTH CAROLINA FLEX
NORTH CAROLINA FLEX

**** 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, [REDACTED]

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
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\$200.00/month

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\$82.40/month

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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 10/30/2026

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

Download on the App Store

GET IT ON 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!

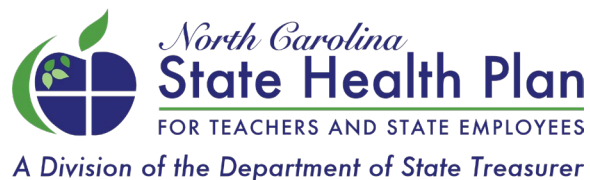


**The choices you pick
Will NOT stick
Unless you **SAVE** them
With a **CLICK!****



Thank You.

Questions?



This presentation is for general information purposes only. If it conflicts with federal or state law, State Health Plan policy or your benefits booklet, those sources will control. Please be advised that while we make every effort to ensure that the information we provide is up to date, it may not be updated in time to reflect a recent change in law or policy.

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