




June HBR Webinar

June 17, 2026

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



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 visit www.shpnc.gov for more information and to sign up.

Member Feedback Survey Update

- The State Health Plan conducted a member survey to solicit feedback on a variety of topics regarding benefits, premiums, provider preferences.
- The survey was live April 22-May 27, 2026, and targeted two member groups:
 - Active & Non-Medicare Members **20,029** Responded
 - Medicare Primary Members **13,012** Responded
- Results will be shared at the July 10 meeting.

The State Health Plan wants to hear from you!

Your feedback helps us understand what you value most so we can serve you better.
Take the Member Survey Today!

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2027 Benefits Discussion

Evolution of State Health Plan Tiering

2012-2017

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

2018-2024

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

CURRENT

PHASE 1

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

PHASE 2

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



Preferred Providers 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 copays, deductibles and out-of-pocket costs for members

ACCESS PROVIDERS

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

NON-PREFERRED PROVIDERS

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

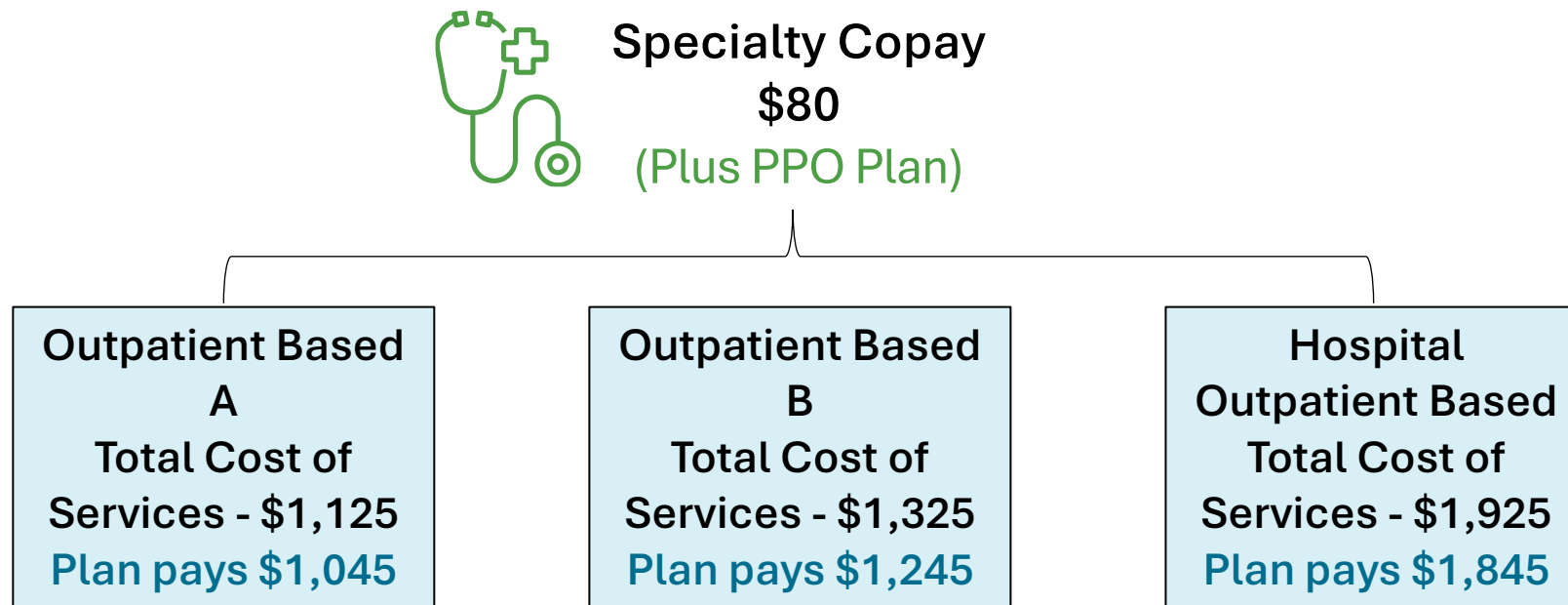
OUT-OF-NETWORK PROVIDERS

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

How it Works Today

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

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



Intent of the Preferred Provider Program



Preferred
Provider



Access
Provider

PREFERRED
Specialty Copay
\$40
(Plus PPO Plan)

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

*Preferred Providers
offer discount to participate
in program*

ACCESS
Specialty Copay
\$50
(Plus PPO Plan)

Outpatient Based B
Total Cost of
Services - \$1,325
Plan pays \$1,275

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

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

*Some Non-Preferred
Providers raising prices for
being down tiered*

Why Tier?

The **STATUS QUO** of **HEALTHCARE** is **UNSUSTAINABLE**, and member health is getting worse **BECAUSE** health care is unaffordable.

- We need to give our members the opportunity to save money as everything else becomes more expensive.
- Without hard steerage, we create significantly more financial risk to members and the Plan.
 - We need to make sure we are being good partners and aligning incentives
 - We are asking for more timely access, better prices, and the highest quality care as we need to make it simple for members to get to where we need them to go
- Short-term we need to pay less for services because we aren't buying health and in the long-term, we will spend less through a mix of rate and health improvement.

2027 Proposed Benefit Changes

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

*MRIs, CT scans, CAT Scans, PET scans

PCP=Primary Care Provider

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



Preferred Provider



Access Provider
Same as 2026



Non-Preferred Provider

Aetna + State Health Plan Custom DocFind

Available to members during Open Enrollment



¹ Preferred and Access provider views shown

² Benefit tiering and accumulators align to four-tier structure (out-of-network not shown)

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

What's Next

State Health Plan Board of Trustees July 10th Meeting

- ✓ 2027 Premium Rates
- ✓ 2027 Benefits
- ✓ Third-Party Administrative Services Contract (1.1.28)
- ✓ Pharmacy Benefit Manager Contract (1.1.28)



Preferred Provider Communications Strategy

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

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

Open Enrollment Communications

Contact Information Checklist

- Ensure mailing address, email, and phone number are correct in eBenefits
- Make sure your employer has your correct address, as well.
- If you're a retiree, your personal information needs to be current in ORBIT and eBenefits as the two systems do not coordinate.
- Follow the State Health Plan on [Facebook](#) and [Instagram](#)!

Addresses will get pulled at the end of August for OE Decision Guides, so the address at that time is what will be used for OE mailings.

Open Enrollment HBR Trainings

The State Health Plan is holding Open Enrollment trainings for HBRs in July to better prepare you for the changes coming for 2027.

To register, visit shpnc.gov and click HBR tab.

- Tuesday, July 28, 10am & 2pm
- Wednesday, July 29, 10am & 2pm
- Thursday, July 30, 10am & 2pm

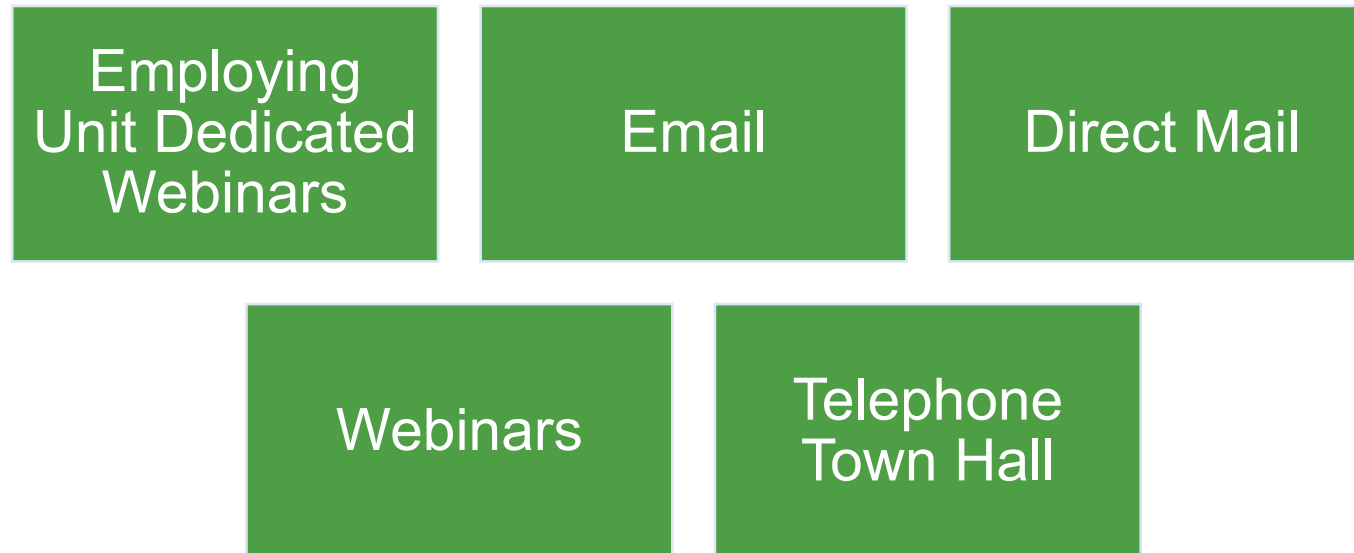
2027 OPEN ENROLLMENT

October 12-30, 2026



Open Enrollment Outreach

Communication is going to be critical and members understanding the tiered network structure will be key in helping them lower their cost.



Groups that would like to have Plan staff host a webinar just for your group at a designated time, please email shpmemberinquiries@nctreasurer.gov.



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2027 Medicare Advantage Benefits

2027 Humana Medicare Advantage Plans

The Plan continues to offer TWO fully insured Medicare Advantage (MA) options to Medicare retirees.

- Humana Medicare Advantage PPO & Prescription Drug Base Plans
- Humana Medicare Advantage PPO & Prescription Drug Enhanced Plans

As of April 2026, nearly 177,000 members were enrolled in Humana Medicare Advantage plans:



157,800 in the Humana Base Plan


19,000 in the Humana Enhanced Plan

- For most of the Plan's Medicare population, the Medicare Advantage plan options offer more valuable coverage than the Medicare 70/30 Plan.

2027 Medicare Advantage Cost-Sharing Changes

Benefit Copays	BASE PLAN		ENHANCED PLAN	
	2026 Benefits	Proposed Change	2026 Benefits	Proposed Change
MEDICAL BENEFIT				
Medical Out-of-Pocket Maximum	\$4,000	\$4,500	\$3,300	\$3,700
Inpatient Acute Hospital Admit Copay <i>(per day, days 1-10)</i>	\$160	\$200	\$125	\$150
Specialist Visit Copay	\$40	\$50	\$35	\$45
Advanced Imaging Copay	\$100	\$175	\$100	\$150
Radiology Copay	\$40	\$75	\$40	\$50
Therapies Copay – physical, occupational, speech, etc.	\$20	\$30	\$20	No change
Part B Drugs Copay	\$0	\$50	\$0	\$50
PHARMACY BENEFIT				
Tier 1 Drugs	\$10	\$15	\$10	No change
Tier 2 Drugs	\$40	\$50	\$40	No change
Tier 3 Drugs	\$64	\$70	\$50	No change
Tier 4 Drugs	25% to \$100	25% to \$150	25% to \$100	No change



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Employment Transfer Demo