October 2025 HBR Update

Open Enrollment is Underway!

Open Enrollment is underway and ends Oct. 31!

Reminder: All active members will be automatically enrolled into the Standard PPO Plan (formerly the 70/30 Plan). If they would like to enroll in the Plus PPO Plan (formerly the 80/20 Plan) or would like to make a change to dependents, they will need to **TAKE ACTION** during Open Enrollment.

Here are some tips to assist you and your employees.

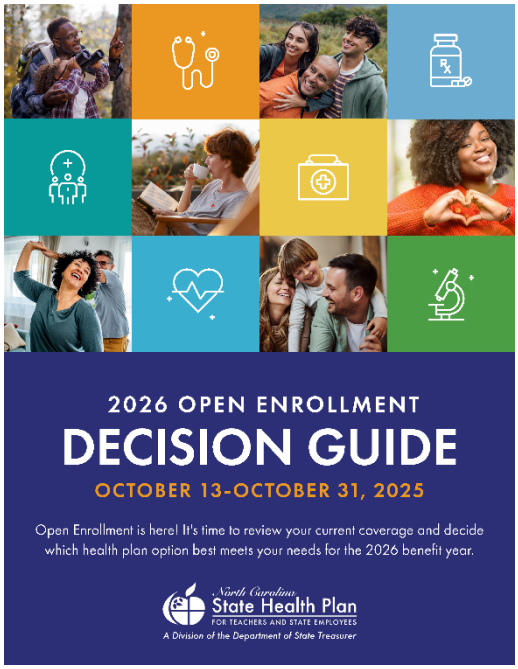
- Print or email this flyer to help promote OE to your employees.
- Send out an email blast to your employees this week to make them aware that OE is underway and ends October 31.
- Open Enrollment training for HBRs can be located on the Plan's website.

As a reminder, the Plan's Eligibility and Enrollment Support Center has extended hours during Open Enrollment. Monday-Friday 8am-10pm and on Saturdays 8am-5pm. **855-859-0966.**

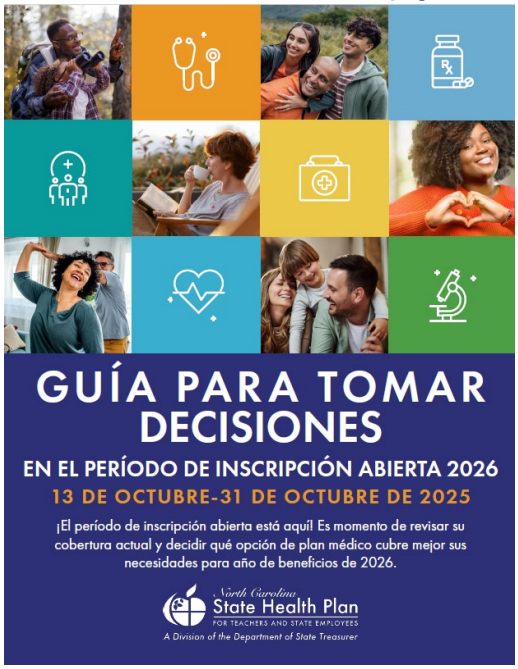
There are several resources on the Plan's website to assist you and your employees with their benefit decisions. See below.

Open Enrollment Resources

Active Decision Guide



Active Decision Guide (Spanish)



[Actives Decision Guide →]

[Actives Decision Guide (Spanish) →]

[2026 Plan Comparison →]

[State Health Plan Website →]

Do Employees Need Help Enrolling?

[Actives Member Enrollment Instructions →]

[Navigate Through eBenefits (View Video) →]

Managing Dependent Eligibility Documentation

Collecting and validating dependent eligibility documentation is the responsibility of the HBR. Outside of Open Enrollment, a dependent add should never be approved without the appropriate documentation.

It is the HBR's responsibility to ensure proper documentation is uploaded for all new dependents, including dependents added during Open Enrollment!

- Rule on Enrollment Exceptions and Appeals
- Rule on Member Termination and Reinstatements
- Guidelines for Required Documentation

Salary-Based Premiums in eBenefits

Salary-based premiums depend on accurate employee salary data in eBenefits. As a reminder, employees who may dispute the salary that was loaded into eBenefits, which dictates the salary band, will be directed back to their HR department or Best Shared Services (Fiori groups).

- *To verify salary data*: **Run the Basic Work Report** from the Census tab in eBenefits.
- *To correct inaccurate salary information:* Go to **Manage Employee** and update the salary details.

Review the **October 6 HBR Alert** for more information.

New Enrollment during Open Enrollment

As a reminder, 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 Open Enrollment:

- 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 close together (one for 2025 and one for 2026) and will need to use them at the appropriate times or they will not work.

Reduction in Force

All employees who are currently enrolled in Plan benefits and whose jobs are eliminated because of a partial or full reduction in funding are eligible for RIF coverage. Per statute, this applies to all groups within the State Health Plan, and groups must offer RIF coverage.

Groups that utilize a payroll file need to be able to send this RIF employment status in the file sent to Benefitfocus. Additional employment status information is available on the Plan's website.

It is critical that these members are offered and set up for 12-month RIF coverage on a timely basis. This should be done to ensure there is no break in coverage or access to care concerns, but also because delays in enrollment will cause delays in the member receiving a premium invoice.

Timely setup is especially important for members eligible for Medicare, as they will be Medicare primary under RIF and need to get their Medicare Parts A & B by the start of their 12-month RIF period. To better assist you in understanding the rules around RIF, additional information is available on the Plan's website.

Employee Lantern Webinars Coming in November

As a reminder, the State Health Plan is partnering with Lantern, a trusted provider of planned, non-emergency procedures for active members*. With over 1,500 vetted surgeons across specialties like orthopedics, gynecology, and cardiac care, eligible members are matched by a Lantern Care Advocate to top providers close to home or supported with travel benefits if needed.

Click here for a printable flyer. Learn more on the Plan's website.

HBRs learned more about this benefit last month. If you missed this webinar, the presentation and recording are available on the Plan's website.

To help your employees understand this NEW benefit, the Plan is offering webinars in November. These sessions will provide more information about Lantern's services, covered procedure categories, and guidance on how to navigate the program. Encourage your employees to register for one of these sessions!

**Medicare Primary and HDHP members are not eligible.*

Tuesday, November 18 at Noon →

Thursday, November 20 at Noon →

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Pumpkin Bread with
Mini Chocolate Chips

GET THE RECIPE! >

Breast Cancer
Awareness Month

LEARN MORE! >

Eligibility and Enrollment Questions: 855-859-0966

For questions on this newsletter, e-mail: shpmemberinquiries@nctreasurer.com

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