

October 14, 2026, Member Alert!



State Health Plan Builds on Atrium Health's Affordability Program to Lower Costs

As a reminder, this does not impact members on the Humana Medicare Advantage Plans.

In light of a judge's initial ruling allowing Atrium Health's Affordability Program (Program) to continue, the State Health Plan (Plan) is now building upon Atrium's commitment to Plan members and enhancing its impact.

Beginning Jan. 1, 2027, Atrium Health will move to the out-of-network tier for the Plan, except for the previously agreed to "access" level facilities. This action will save the Plan hundreds of millions of dollars and, if Atrium Health keeps its commitment, will not impact member cost.

Members who choose Atrium Health providers and facilities are held harmless under this action, assuming Atrium follows through with its program. When Atrium introduced the Program last week, it stated "...regardless of how Atrium Health is categorized under the State Health Plan's new structure, the new Atrium Health Affordability Protection Program is designed to ensure members can continue receiving care from Atrium Health at the lowest cost-sharing available under the State Health Plan."

The Plan is taking Atrium at its word that its "...sole purpose is to make healthcare more affordable for North Carolina's dedicated public servants and their families." The only way to accomplish this is by not dismantling the new four-tiered provider network, which was created as the key way to avoid insolvency of the Plan.

Thousands of members have told us they don't want their premiums to increase and benefits to be cut. If the Plan failed to take today's action, Atrium would continue to charge the Plan higher rates into 2027. So, even if members pay less out of pocket on the front end, the Plan estimates the resulting cost impact could quickly reach a quarter of a billion dollars. This is an amount the Plan is not in a financial position to absorb.

The Plan is a publicly funded benefit program—not a private insurance company. Policies and rates must be governed by the Plan's agreements and the responsibilities entrusted to the Treasurer and the State Health Plan Board of Trustees, not dictated by private entities through 'creative' programs that conflict with those agreements.

Note to members: The State Health Plan is conducting Open Enrollment Oct. 12-Nov. 6. Plan members are reminded that Primary Care Provider copays remain the same. The following services are also not applicable to the new tiered network: Behavioral Health, Speech, Occupational, Chiropractor and Physical Therapy and Urgent Care.

In an emergency, members should seek care at the nearest emergency room. All emergency room copays are at Access Tier level regardless of the hospital's network tier, including your hospital stay if admitted.

Members are encouraged to visit the Plan's [website](#) for more information regarding Open Enrollment.

Related information:

- [State Health Plan Builds on Atrium Health's Affordability Program to Lower Costs](#)
- [State Health Plan Responds to Judge's Ruling on TRO | NC Treasurer](#)
- [State Health Plan Open Enrollment Period Extended as Atrium Creates Confusion Among Plan Members](#)
- [Atrium's Shell Game Accelerates the State Health Plan's Path to Bankruptcy](#)

