



Open Enrollment Starts Soon!

(All Members)

Open Enrollment begins Oct. 12 and ends Oct. 30, 2026.

Active & Non-Medicare Members

All active and non-Medicare members will be automatically enrolled in the Standard PPO Plan. Members who wish to enroll in the Plus PPO Plan or make changes to dependents MUST **TAKE ACTION** during Open Enrollment.

Non-Medicare members in the Retirement System who are eligible will continue to be premium free for subscriber-only coverage for the Standard PPO Plan.

Medicare Members

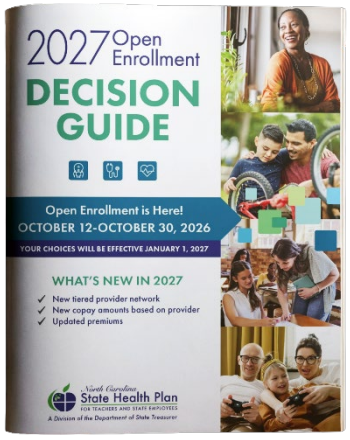
Members enrolled in a Humana Medicare Advantage Plan **WILL REMAIN** in that plan for 2027 and do not need to take action during Open Enrollment **UNLESS** you would like to enroll in a different plan or need to make any changes regarding your dependents.

If you are enrolled in the 70/30 Plan, *you will be enrolled in the Humana Medicare Advantage Base PPO & Prescription Drug Base Plans for 2027*. If you do not want to be in that plan or if you need to make changes regarding your dependents, you will need to **TAKE ACTION** Open Enrollment.

Open Enrollment Decision Guides

Members should watch the mail for their Open Enrollment Decision Guide, which will include information needed to make the best benefit choices for you and your family for 2027.

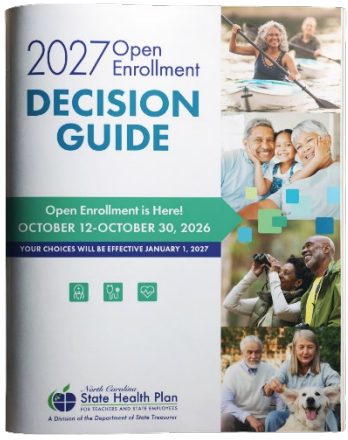
Decision Guides for *all* members are also available on the State Health Plan's website, including a Spanish version of the active member Decision Guide.



Active Members



Non-Medicare Members

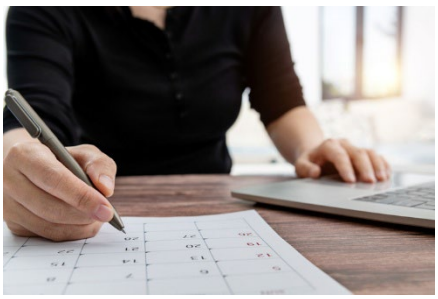


Medicare Members

Open Enrollment Webinars & Events

(All Members)

The State Health Plan is offering several opportunities for you to get connected and learn more about your 2027 benefits. Members are encouraged to participate in one of these events.



Webinars begin soon. Visit Upcoming Events to select a date and time that is convenient for your schedule.

In-person Events for Medicare members begin October 6. Visit Upcoming Events to select a

location that is convenient to you. While registration is encouraged, no ticket is required to attend this event.

To find the complete event schedule and to register for a webinar or in-person event, visit the State Health Plan's Upcoming Events page. Make sure you select the correct event based on if you are an active employee, Non-Medicare or Medicare retiree.

Telephone Town Halls

The State Health Plan is hosting two Telephone Town Halls. These events are events that include information regarding Open Enrollment and offer listeners the opportunity to ask questions.

Members with a valid phone number in eBenefits will receive a call at the start of one of the events below. **Members may also call 800-303-1480 at the date and time listed below to join us.** Registration is not required.

- Active Members & Non-Medicare Retirees: Oct. 7 at 7 p.m.
- Medicare Members: Oct. 8 at 2 p.m.

Medicare-Eligible Member Open Enrollment Tips

(Medicare Members)

For Medicare-eligible members, there is an increase in television advertisements and other solicitations regarding Medicare plans, which can cause confusion. It is possible Medicare-eligible members will receive random telephone calls, mailers, and salespeople at your door. There is also an increase in television commercials and infomercials regarding Medicare Advantage Plans offered to the public. Please be aware that enrolling in an outside Medicare Health Plan, such as a Medicare Advantage or Medicare Prescription Drug Plan, may have a serious impact on your State Health Plan coverage and out-of-pocket costs.

Here are some tips:

- Medicare's Open Enrollment period runs from October 15 to December 7 and is not associated with the State Health Plan's Open Enrollment period. If you act during this period, it may impact your 2027 coverage under the State Health Plan. This period is intended for individuals in the private

sector who may not have retirement coverage from their former employer. It allows them to sign up or change Individual Medicare plans.

- A person cannot be enrolled in multiple Medicare Health Plans at the same time. If you are currently enrolled in one of our Humana Group Medicare Advantage Plans and choose to enroll in an outside plan, you will be automatically enrolled to our 70/30 PPO Plan, administered by Aetna. This may impact your costs under the State Health Plan, especially if a covered spouse enrolls in an outside plan.
- **Do not give out your personal information** such as your Medicare number, Social Security number, date of birth, etc. Companies do not need this information to provide you with information about a plan. All they need is your zip code.
- **Per Medicare rules:**
    - People representing Medicare Health Plans cannot come to your home uninvited to sell or endorse their plans.
    - People representing Medicare Health Plans cannot call you unless you are already a member of their plan, or you asked them to contact you.
    - Companies cannot require you to speak to a sales agent to get information about a plan.
- **BEFORE enrolling in an outside plan, contact the State Health Plan's Eligibility & Enrollment Support Center at 855-859-0966 to see how it may affect your coverage under the State Health Plan.**

Fall into Health with Eat Smart, Move More, Weigh Less

(Active and Non-Medicare Members)

Eat Smart, Move More, Weigh Less is a 15-week online weight management program that informs, empowers, and motivates participants to live mindfully as they make choices about healthy eating and physical activity. Online classes are held online with a live Registered Dietitian Nutritionist (RDN) instructor.

Program cost is typically $260; however, it is **FREE for active employees, non-Medicare retirees or dependents over the age of 18 who are currently enrolled in the NC State Health Plan.**

Eligible members please use coupon/voucher code* - GNC2026
**Medicare-eligible retirees are not eligible for the discounted rate.*

See Class Times and Register Now

For questions, please contact us at esmmweighless@ncsu.edu

*Each weekly session is covered at 100% as a telehealth group nutritional counseling visit. NC State Health Plan members can participate at no cost. Enter voucher code ***GNC2026*** when registering. You will be asked to enter your Aetna ID#, and a claim will be filed for your participation. Aetna must be your primary insurance provider.

A Note from the State Health Plan's Pharmacist

(All Members)

What does the role of a community pharmacist look like, and what kind of education is required to get there?

Did you know that the role of a pharmacist extends far beyond the traditional counter? Today, they act as a bridge between you and your doctor to make sure your medicine is safe. When a pharmacist handles a prescription, they do not just fill a bottle. They meticulously analyze patient profiles to catch dangerous drug interactions, allergies, verify accurate dosing and monitor for duplications. As frontline healthcare providers, they also educate patients on proper usage, administer essential vaccines, and collaborate directly with physicians to optimize treatments and find affordable drug alternatives.

To become a licensed pharmacist in the United States, students need to complete two to four years of college science courses, followed by a four-year Doctor of Pharmacy (Pharm.D.) degree. While in pharmacy school, students gain hands-on experience working in hospitals, clinics, and community pharmacies by completing at least 1,740 hours of clinical rotations. After graduating, students must pass two major board exams: the NAPLEX for clinical knowledge and the MPJE or UMPJE for pharmacy law.

Get Your Annual Wellness Visit and Earn a $25 Go365 Reward!

(Humana Medicare Advantage Members)

Many people visit their doctor only for annual checkups or when they feel sick. If that is true for you, you may miss an important chance to partner with your doctor to learn how to live a healthier, happier life. **An Annual Wellness Visit is covered under your plan and available at no extra cost.**

The goal is to create a plan for your health to help you avoid or reduce the effects of conditions like diabetes, heart disease, and obesity. It may also help educate you on how to reduce dangerous fall hazards and visits to the emergency room.

As you work toward achieving good health, it is important to have both an annual physical and annual wellness visit once per calendar year. There is no additional cost for this visit. Although the Annual Wellness Visit is provided as a benefit to all Medicare members, if a medical condition is found during the visit, there may be a cost to treat the condition.

To get the most out of your visit, bring these items:

- ✓ Medical records, including screenings and shots you have had in the past year.
- ✓ Family health history
- ✓ List of all medications and supplements you take.
- ✓ List of all doctors and pharmacists you use.
- ✓ Any information you have on recent visits with your specialists.

Go365 Rewards - Earn $25 annually in Go365 rewards for completing your Annual Wellness Visit

If you have a MyHumana account, you can use the same information to log in to Go365.com. If not, activate your profile at MyHumana.com. Once you log in to Go365, you will see eligible activities you can complete to earn rewards. Once you have earned at least $10 as a reward, choose your gift cards in the Go365 Mall. Your reward will show up automatically in your Go365 account if billed through your Humana medical or pharmacy plan. This can take up to 90 days.

Visit your.humana.com/ncshp and select "Find Care."

Subrogation: Third-Party Liability and You

(Active and Non-Medicare Members)

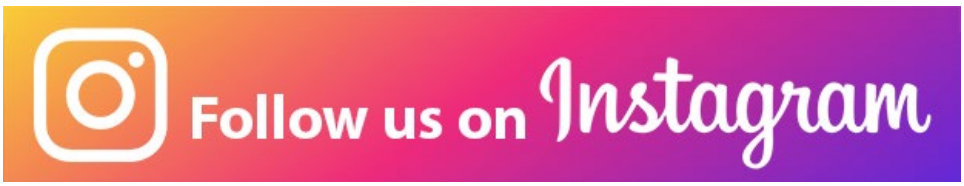
Have you recently been involved in a car accident, medical malpractice case, product defect incident, or some other event that resulted in an injury? In certain circumstances, this may lead to subrogation by the State Health Plan (Plan).

When you receive medical treatment because of an injury or illness, the Plan pays the insurance claims for that care. If the need for treatment was caused by someone else's action or negligence, this is known as third-party liability. So that funds are reserved for our members' medical claims, the Plan protects its funds by the process of subrogation to recover treatment costs that should have been paid by another party. The Plan will seek reimbursement for medical and pharmacy expenditures if another party is liable for an injury incident, such as medical malpractice, workers' compensation, slip and falls, product liability cases, or motor vehicle accidents.

The Plan has a legal right to recover paid claims that are the responsibility of a third party. You or your attorney should ***immediately*** notify the Plan if another party is involved in your accident or caused your injury or illness.

Please note: If a liable third party pays YOU directly for damages and the Plan is not informed, then YOU may be responsible for reimbursing the Plan. You can prevent this situation by contacting the Plan's subrogation contractor, Machinify. Call Machinify with any questions toll free at 1-855-967-6614. You or your duly authorized representative can also send an email to NCStatemanualreferrals@machinify.com for a subrogation request. For details, visit the State Health Plan website. Click on Employee Benefits and scroll down to find "Subrogation and Recovery."













Sheet-Pan Honey Mustard Salmon & Vegetables

World Alzheimer's Month

GET THE RECIPE! >

LEARN MORE! >



Eligibility and Enrollment Questions: 855-859-0966
For questions on this newsletter, e-mail: shpmemberinquiries@nctreasurer.gov

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