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

STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

2018 Open Enrollment
Medicare Outreach Event

Open Enrollment
Sept. 30 – Oct. 31, 2017

Presentation Overview

- 2018 Open Enrollment
  - Options
  - Strategy
  - Changes
  - Considerations
- Medicare Advantage Refresher
- UnitedHealthcare (UHC)
- Blue Cross and Blue Shield of NC
- Plan Comparisons
- 2018 Rates
- Income Related Monthly Adjustment Amount (IRMAA)
- Making Changes for 2018
- Question and Answer Session

2018 Plan Options for Medicare Primary Members

UnitedHealthcare Group Medicare Advantage (PPO) Base Plan	• Premium free for Medicare eligible qualified subscribers • Monthly premium for spousal or dependent coverage • Must have Medicare Part A and Medicare Part B in place
UnitedHealthcare Group Medicare Advantage (PPO) Enhanced Plan	• Monthly premium for Medicare eligible subscribers • Monthly premium for spousal or dependent coverage • Must have Medicare Part A and Medicare Part B in place
70/30 PPO Plan administered by Blue Cross Blue Shield of NC	• Premium free for Medicare eligible qualified subscribers • Monthly premium for spousal or dependent coverage

2018 Open Enrollment

Attention: Members in 70/30 Plan:

- All Medicare members currently enrolled in the 70/30 Plan will be automatically enrolled into the UnitedHealthcare® (UHC) Group Medicare Advantage (PPO) Base Plan effective January 1, 2018. **You will need to take action during Open Enrollment if you want to be enrolled in a different plan option.**

Attention Members in UHC Medicare Advantage Plans:

- If you are currently enrolled in a UnitedHealthcare® (UHC) Group Medicare Advantage Plan and are satisfied with that plan, **you do NOT need to take any action during Open Enrollment.**

Open Enrollment Period

- Open Enrollment is your opportunity to make changes, you can:
  - Change plans
  - Opt in/out of the State Health Plan
  - Add dependents
  - Remove dependents
- If you opt out of the State Health Plan during an Open Enrollment period, you may opt back into the State Health Plan during any following Open Enrollment period or as a result of a Qualifying Life Event.

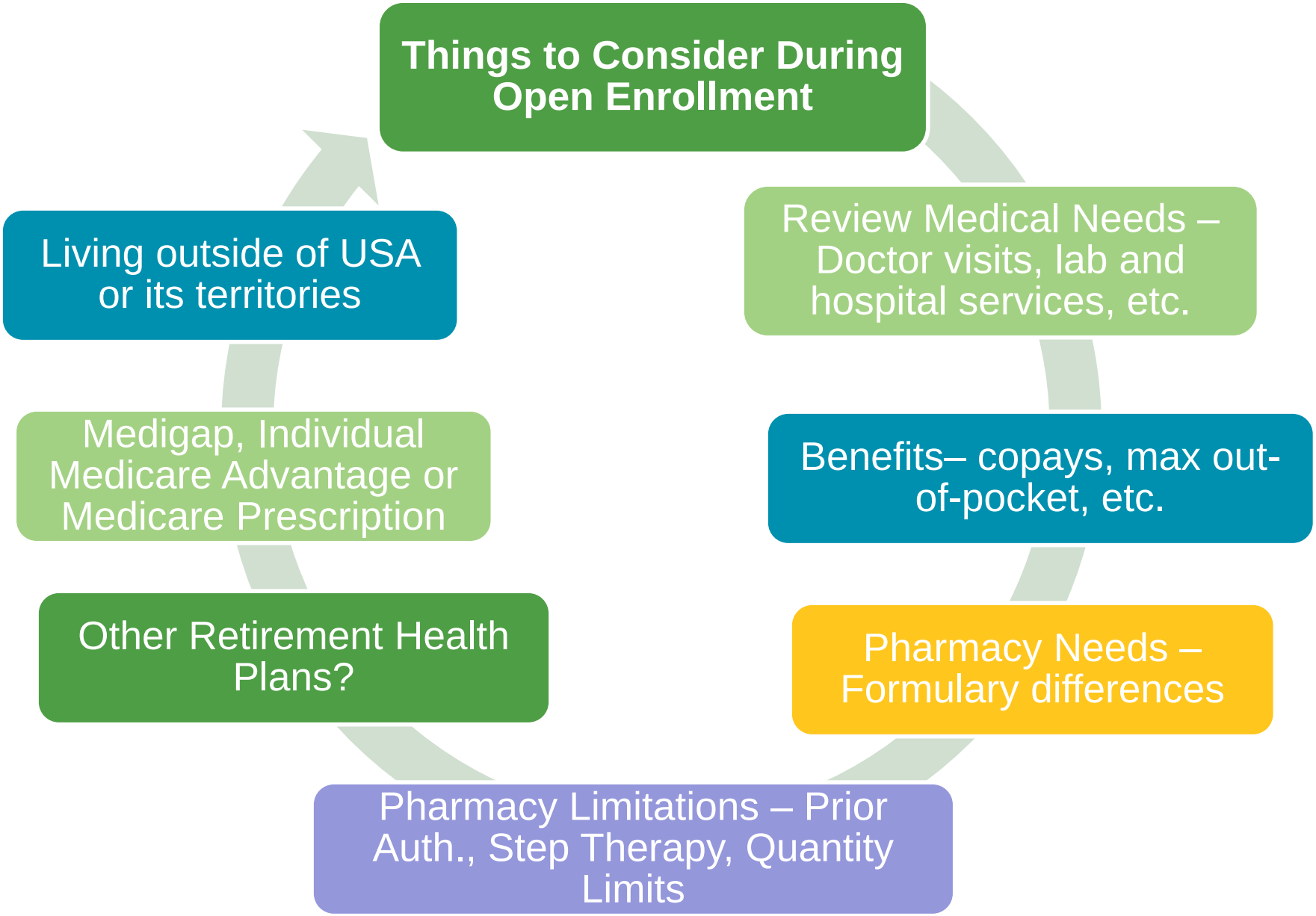
- Medicare Primary dependents will stay together.
  - If spouse/dependents **are not** Medicare eligible:
    - They have same options available to active employees/non-Medicare members*.
      - 80/20 PPO Plan
      - 70/30 PPO Plan

*Remember the Consumer Directed Health Plan (CDHP) is not being offered for 2018 plan year.

REMEMBER: If you are in the 70/30 PPO plan for 2017, you will be enrolled into UnitedHealthcare's Group Medicare Advantage (PPO) Base plan for 2018 UNLESS you make a different selection during the Open Enrollment Period.

2018 Plan Changes

- Copays under the UnitedHealthcare Group Medicare Advantage Plans and maximum out-of-pocket limits will remain the same for 2018.
- Deductible, copays, and maximum out-of-pocket limits for the 70/30 PPO plan will remain the same for 2018.
- Consumer-Directed Health Plan (CDHP) is being eliminated for 2018 for active employees, non-Medicare retirees and/or dependents.
- There have been changes in the formulary (drug list) with UnitedHealthcare as well as Blue Cross Blue Shield of NC.


Things to Consider During Open Enrollment
Review Medical Needs – Doctor visits, lab and hospital services, etc.
Benefits– copays, max out-of-pocket, etc.
Pharmacy Needs – Formulary differences
Pharmacy Limitations – Prior Auth., Step Therapy, Quantity Limits
Other Retirement Health Plans?
Medigap, Individual Medicare Advantage or Medicare Prescription
Living outside of USA or its territories

Medicare Advantage Plan Reminders

What are Medicare Advantage Plans?

- A Medicare Advantage Plan, like the UHC Medicare Advantage plans offered by the State Health Plan, are considered a **Group Medicare Advantage Prescription Drug Plan (MAPDP)**. They are:
  - A Medicare health plan choice, which may be an individual or group product.
    - Private companies, like UHC, contract with Medicare to provide your Medicare Part A and Medicare Part B benefits. Most include Medicare Prescription Drug Coverage, Part D.
- **With a Medicare Advantage Plan:**
  - You are still considered to be in the Medicare program.
  - You keep same rights and protections as Original Medicare.
  - They must cover all services Original Medicare covers.
  - Members must have both Medicare Part A and Medicare Part B and continue to pay Medicare premiums to be eligible for Medicare Advantage Plans.

What are Medicare Advantage Plans?

- Group Medicare Advantage Plans, like the UHC Medicare Advantage plans, are different than Individual Medicare Advantage Plans, which you can purchase yourself.
  - The UHC Medicare Advantage plans are customized for the State Health Plan.
- The UHC Medicare Advantage plans are considered National Preferred Provider Organization (PPO) plans. They offer:
  - Access to providers nationwide.
  - Access to additional benefits at a lower cost and include an open network.
  - **Copays or coinsurance remain the same**, regardless of who you see in- or out-of-network.
- Out-of-network providers must participate with Medicare and agree to accept and file claims on member's behalf.

What are Medicare Advantage Plans?

- The UHC Medicare Advantage Plans provide one ID card for medical services and prescription drugs.
  - **Remember**: You are still considered to be in the Medicare program.
  - You use your UnitedHealthcare ID card – **not** your red, white and blue Medicare card
- The UHC Medicare Advantage Plans also provide extra services not covered under Original Medicare.
  - Wellness programs/SilverSneakers®
  - Disease and Case Management
  - Nurse help line
  - Routine eye exams
  - Routine hearing exams
  - Hearing aids
  - Routine foot care

UHC Medicare Advantage Plans & Other Insurance

- With the UHC Medicare Advantage Plans there is no need for additional coverage.
  - Additional Medicare product coverage can cause you to be disenrolled from your State Health Plan UHC Medicare Advantage Plan.
  - If enrolled in a MAPDP, you cannot purchase a Medicare Supplement or Medigap plan without you terminating your MAPDP.
  - If already enrolled in another Medicare Advantage or Part D prescription drug plan, your coverage with those plans will terminate unless you elect not to enroll in one of the UHC Medicare Advantage Plans.

UHC Medicare Advantage Plans & Other Insurance

- TRICARE® for Life (TFL) (TRICARE® + Medicare)
  - TFL beneficiaries can enroll in Medicare Advantage plans and TFL will typically reimburse your copayments for services covered by TFL.
  - You cannot use Medicare or Medicare Advantage in a Military Treatment Facility, like a VA Hospital.
- Other Insurance
  - If covered by a Federal Employee Health Benefit Plan or another former employer's retiree group health plan, it is important to check with them to ensure enrollment into one of these Medicare Advantage plans will not disrupt coverage with them.
  - Individual cancer, hospital indemnity, dental, vision, long-term care insurance products will not have an effect on eligibility or coverage under a Medicare Advantage plan.

2018 Benefit Plan Options

UnitedHealthcare®

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Plan Benefits

The UnitedHealthcare® Group Medicare Advantage (PPO) Plan

Getting the health care coverage you may need.

- Two Group Medicare Advantage PPO plan options: Base and Enhanced
  - Work similarly to your 2017 health plan
  - For current UnitedHealthcare plan members, there are no increases in benefit copays, coinsurance, out-of-pocket maximums for 2018
- Both plan options include:
  - No deductible
  - Coverage for medical services from doctors, clinics and hospitals in one plan
  - Prescription drug coverage
  - No referral needed to see a specialist
  - The ability to see doctors outside the network for the same copay or coinsurance as in-network providers as long as the provider accepts Medicare and the plan
  - Additional benefits and features beyond Original Medicare

UnitedHealthcare®

Your doctors

- Both the Base and the Enhanced are Preferred Provider Organization (PPO) plans that allow you the flexibility to use doctors, specialists and hospitals both inside UnitedHealthcare's large national network as well as outside UnitedHealthcare's network anywhere in the U.S.
- If you use doctors outside of UnitedHealthcare's network, they must participate in Medicare and accept the plan. This type of plan is sometimes called a "passive" PPO plan.
- Doctors outside of UnitedHealthcare's network are paid according to Medicare's rules and fee schedule. Doctors inside UnitedHealthcare's network are paid according to their contract with UnitedHealthcare.

UnitedHealthcare®

Your doctors

- If your doctor is outside UnitedHealthcare's network and participates in Medicare but does not accept Medicare's fee schedule, your doctor can charge up to the Medicare limit but the excess charges (or balance billing) will be paid by UnitedHealthcare NOT you.
- These plans work like traditional PPO plans. If your doctor is in the network, he or she must accept this plan as part of their contract and continue to see you if you are a current patient. If your doctor is not in our network, your doctor has a choice as to whether or not to continue to see you under this plan.
- If you need help finding a doctor, we're here to help. Just give us a call at 1-866-747-1014, TTY 711 8 a.m. – 8 p.m. local time, 7 days a week.

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UnitedHealthcare Plan Options

Benefit Coverage	Base Plan In and Out of Network	Enhanced Plan In and Out of Network
Annual Medical Out-of-Pocket Maximum	$4,000 Combined	$3,300 Combined
Deductible	$0	$0
Primary care provider (PCP) office visit	$20 copay	$15 copay
Specialist office visit	$40 copay	$35 copay
Urgent Care	$50 copay	$40 copay
Inpatient hospitalization	$160 copay per day, days 1-10 $0 copay per day thereafter	$150 copay per day, days 1-10 $0 copay per day thereafter
Outpatient surgery	$250 copay	$250 copay

UnitedHealthcare®

UnitedHealthcare Plan Options

Benefit Coverage	Base Plan In and Out of Network	Enhanced Plan In and Out of Network
Emergency room	$65 copay (worldwide)	$65 copay (worldwide)
Ambulance	$75 copay	$75 copay
Diagnostic radiology services (such as MRIs, CT Scans)	$100 copay	$100 copay
Lab services	$40 copay	$20 copay
Therapeutic radiology services (such as radiation treatment for cancer)	$40 copay	$10 copay

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UnitedHealthcare Plan Options

Preventive Services

Benefit Coverage	Base Plan In and Out of Network	Enhanced Plan In and Out of Network
Annual physical	$0 copay	$0 copay
Annual Wellness Visit	$0 copay	$0 copay
Immunizations	$0 copay	$0 copay
Breast Cancer screening	$0 copay	$0 copay
Colon Cancer screening	$0 copay	$0 copay

UnitedHealthcare®

Your Prescription Drug Coverage

- Both Base and Enhanced Plans have an annual out-of-pocket maximum of <$2,500> for prescription drugs
- More than <68,000> network pharmacies nationwide — all national drugstore chains and independent pharmacies are included.
- Thousands of covered brand name and generic drugs.
- Bonus drug coverage in addition to Medicare Part D drug coverage.
- Certain higher cost generic drugs will be covered at the Tier 3 or Tier 4 copay in 2018. You may want to talk to your doctor about whether a Tier 1 generic drug is right for you.
- Check your plan's drug list or call Customer Service to see if your prescription drugs are covered.

[1]Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher. Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.

UnitedHealthcare®

Your Prescription Drug Coverage

What is Prior Authorization?

- It's when you need plan approval in advance before a specific drug can be covered
- Can be requested by either you or your doctor
- If you don't get prior authorization, your drug may not be covered by the plan

What is transition refill?

- New members can receive a one-time transition refill for many Part D eligible drugs during the first 90 days of enrollment
- Allows new members time to talk with their doctor about other options that align with the new formulary
- Transition refills can be made for many Part D eligible drugs that require quantity limits, prior authorization, step therapy override or formulary exception because the drug is not on the new formulary
- Members will receive notification from us of the transition refill along with their options

UnitedHealthcare®

Your Prescription Drug Benefits

Tier	Prescription Drug Type	Your Costs Retail (31-day supply)	
		Base Plan	Enhanced Plan
Tier 1	Generic	$10 copay	$10 copay
Tier 2	Preferred Brands	$40 copay	$35 copay
Tier 3	Non-Preferred Brands	$64 copay	$50 copay
Tier 4	Specialty Tier	25% coinsurance or a $100 copay maximum	25% coinsurance or a $100 copay maximum

UnitedHealthcare®

Your Prescription Drug Benefits

Tier	Prescription Drug Type	Your Costs Retail and Mail Order (90-day supply)	
		Base Plan	Enhanced Plan
Tier 1	Generic	$24 copay	$20 copay
Tier 2	Preferred Brands	$80 copay	$70 copay
Tier 3	Non-Preferred Brands	$128 copay	$100 copay
Tier 4	Specialty Tier	25% coinsurance or a $300 copay maximum	25% coinsurance or a $200 copay maximum

UnitedHealthcare®

Diabetic Testing & Monitoring Supplies

Your plan will provide coverage for the following brands of blood glucose testing strips and meters:

OneTouch® Ultra® 2

OneTouch® Verio™

OneTouch® UltraMini™

ACCU_CHEK Aviva

ACCU_CHEK SmartView

OneTouch® Verio® Flex™ System Kit with OneTouch® Verio® test strips

When you use one of these brands, your cost-share for diabetes testing and monitoring supplies is **$0 copay**.

These supplies include the above brands of test strips and meters, and **any brand of lancets,** lancing device, glucose control solution (to test the accuracy of your meter), and replacement batteries for your meter.

You may be required to get a new prescription from your doctor. If you are using a different brand than identified above, a temporary supply of your current brand can be requested.

UnitedHealthcare®

Diabetic Insulin Changes

In 2018, the UnitedHealthcare plans will continue to cover Humalog and Humulin at the Tier 2 copay.

Aprida, Novolin and Novolog are not covered on the drug list. If you are unable to use a covered insulin, you or your doctor can request that the plan cover your current insulin. If approved, the insulin will be covered at the Tier 3 copay.

UnitedHealthcare®

Home Delivery Pharmacy

UnitedHealthcare®

HouseCalls

Enjoy a clinical visit in the convenience your own home.

UnitedHealthcare® HouseCalls is an annual wellness program offered to you for no extra cost. The program sends an advanced practice clinician to your home. During the visit, they will review your medical history and current medications. You can also ask any health questions you may have. HouseCalls will then send a summary of your visit to your primary care provider so he/she has this additional information regarding your health. HouseCalls may not be available in all areas.

You may be eligible for a reward when you complete a HouseCalls visit.

Receiving a HouseCalls visit is not required. You can choose whether or not to accept a HouseCalls visit. However, with 98%[1] member satisfaction, we hope you will accept a visit.

[1]December 2014 HouseCalls Member Survey Data

UnitedHealthcare®

Renew by UnitedHealthcare®

Renew by UnitedHealthcare is a member perk that can help you learn, earn rewards and start living a healthier, happier life.

Renew Lifestyle
Get the latest on healthy living with *Renew* magazine, videos, recipes and a site devoted to everyday positivity.

Renew Learning
Empower yourself to live healthier and keep on top of the latest health information with free online courses and a resource library full of articles, videos and interactive tools.

Renew Rewards
Challenge yourself to become healthier and earn rewards for completing certain health-related activities.

UnitedHealthcare®

Annual Wellness Visit

Take charge of your health

Schedule your annual physical, annual wellness visit and other preventive care. Both your annual physical and wellness visit are covered by your health plan for a $0 copay.[1,2]

Make the most of your annual care:

- Save time by combining your wellness visit and physical into a single office visit
- Schedule your appointment as soon as you can to get the preventive care you may need
- Make sure you follow through with your provider's recommendations for screenings, exams and other care

You can get your annual wellness visit any time during the calendar year no matter when you had your last visit.

[1]A copay or coinsurance may apply if you receive additional services that are not part of the annual physical.
[2]Covered at a $0 copay when you see a network doctor (if your plan has a network).

UnitedHealthcare®

Fitness Program

Get active and have fun with SilverSneakers® Fitness

Designed for all fitness levels and abilities, SilverSneakers includes access to exercise equipment, classes and more at 13,000+ fitness locations. SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness.

At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

SilverSneakers is available at no additional cost to members enrolled on both the Base and Enhanced Plans.

UnitedHealthcare®

UnitedHealthcare’s Virtual Doctor Visits

See a doctor using your computer, tablet or mobile phone

UnitedHealthcare’s Virtual Doctor Visits lets you choose to see and speak to specific doctors using your computer or a mobile device, like a tablet or smartphone from wherever you can access a strong internet connection. These doctors are special providers that have the ability to offer virtual medical visits.

During a virtual visit, you can ask questions, get a diagnosis and the doctor can even prescribe medication[1] that, if appropriate, can be sent to your pharmacy.

You can find a list of participating virtual medical doctors online at **www.UHCRetiree.com/ncshp**.

[1]Doctors can’t prescribe medications in all states.

UnitedHealthcare®

NurseLine

Want to talk to a nurse?

Whether you have questions about a medication or have a health concern in the middle of the night, registered nurses answer your call 24 hours a day.

Services include:

- Choosing appropriate medical care
- Understanding treatment options, risks, benefits and possible outcomes
- Finding a doctor, urgent care center and other health resources
- Learning about healthy living

UnitedHealthcare®

Solutions for Caregivers

Extra support for those who take care of others

- Get helpful advice and decision-making support from a professional care manager.
- Have a registered nurse perform an in-person health overview of the person you are caring for.
- Work together to create a custom plan that may address both your needs and the needs of the person you are caring for.
- Get help to find and arrange community-based programs and services for your specific needs.
- Access educational resources, discounted products and services online.

UnitedHealthcare®

What to expect after enrollment

1. You will receive your new member ID card and you can start using it as soon as your plan is effective.

2. Members enrolling in the UnitedHealthcare plan for the first time will receive a welcome packet that gives you more information on how your benefits work and how to get the most out of your plan.

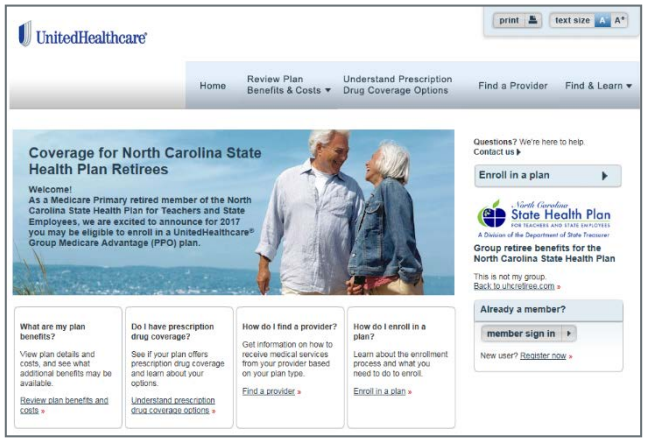
3. After your effective date, register online at **www.UHCRetiree.com/ncshp**.

4. Soon after you're a member, we will contact you to help us understand your unique health needs. Remember to use your member ID card.

UnitedHealthcare®

Online Account

After your coverage begins, register online at www.UHCRetiree.com/ncshp to access plan information, materials and programs.



- ✓ Look up your latest claim information
- ✓ Review benefit information and plan materials
- ✓ Print a temporary member ID card and request a new one
- ✓ Search for network doctors
- ✓ Search for drugs and see how much they cost under your plan
- ✓ Review your personal health record
- ✓ Learn about wellness topics and sign up for healthy challenges based on your interests and goals
- ✓ Sign up to get your Explanation of Benefits online

UnitedHealthcare®

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

Beginning in April 2018, Centers for Medicare & Medicaid Services (CMS) will begin replacing Medicare beneficiaries' Health Insurance Claim Numbers (HICN) with a unique Medicare Beneficiary Identifier (MBI). This is a result of the Social Security Number Removal Initiative (SSNRI) that was included in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

- ✓ This fraud prevention initiative requires CMS to remove Social Security numbers from Medicare cards.
- ✓ You'll receive communications directly from CMS about the changes to your Medicare ID number.
- ✓ CMS will mail new Medicare ID cards to beneficiaries between April 2018 and April 2019. The new ID Card does not change your coverage through the North Carolina State Health Plan.
- ✓ **Please continue to use your UnitedHealthcare/NCSHP insurance card for your healthcare needs.**

UnitedHealthcare®

We’re here to help

If you have questions or concerns, just give us a call.

- Located in Greensboro, NC
- Dedicated to North Carolina State Health Plan Retirees
- Specially trained on your health plans

Toll-free number: 1-866-747-1014, TTY 711

Hours of Operation: 8 a.m. - 8 p.m. local time,

7 days a week

Are you relocating or moving?

- ✓ Make sure to notify both UnitedHealthcare as well as the North Carolina State Health Plan so that your coverage is not interrupted.

UnitedHealthcare®

Thank You

We look forward to welcoming you to our Medicare family.

Additional Information

This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.
The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
You must continue to pay your Medicare Part B premium ,if not otherwise paid for under Medicaid or by another third party.

Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D Sponsor members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Nurseline should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

You are not required to use OptumRx home delivery for a 90- or 100- day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company. $0 copay is applicable for tier 1 and tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

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Additional Information

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

• **Online**: UHC_Civil_Rights@uhc.com

• **Mail**: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

• **Online**: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

• **Phone**: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

• **Mail**: U.S. Dept. of Health and Human Services. 200 Independence Avenue. SW Room 509F, HHH Building, Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCION: Si habla espanol (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposicion. Llame al numero de telefono gratuito que aparece en su tarjeta de identificacion.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русском (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

SPRJ36574

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Additional Information

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском** (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذذاا كنت تتحدث االعربية **(**Arabic**)** فإنن خدمات االمساعدة االلغوية االمجانية متاحة لك. االرجاء االاتصالل على ررقم االهھاتف ،، **)** االمجاني االموجدد على معرّفف االعضوية.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte االمجاني االموجدد على معرّفف االعضوية.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجھه: االگر زززبانن شما **فاررسی (**Farsi**)** االست،، خدمات االمداادد زززبانی بهه طططورر رراایگانن ددرر االختییارر شما می باشد. لطفا با شمارره تلفن **)** رراایگانی کهه رررووی کاررتت شناساییی شما قییید شدهه تماس بگییرییید.

!यान द": य"द आप !हंद% (Hindi) बोलते है, आपको भाषा सहायता सेबाएं, !न:शु#क उपल$ध ह"। कृपया अपने पहचान प" पर सूचीब& टोल

SPRJ36574

UnitedHealthcare®

70/30 PPO Plan Benefit Option for Medicare Primary Members

BlueCross BlueShield of North Carolina

2018 70/30 PPO Plan Design

Annual Deductible	$1,080 Individual / $3,240 Family
Coinsurance Maximum	$4,388 Individual / $13,164 Family
Preventive Care	$40 PCP / $94 Specialist
PCP Visit	$40
Specialist Visit	$94
Urgent Care	$100
Chiro/PT/OT	$72
Emergency Care	$337 then 30% after deductible
Inpatient Hospital	$337 then 30% after deductible

2018 Pharmacy Benefits for 70/30 Plan

Tier 1 Generic	$16
Tier 2 Preferred Brand and High Cost Generic	$47
Tier 3 Non preferred brand	$74
Tier 4 Low Cost / Generic Specialty	10% up to $100
Tier 5 Preferred Specialty	25% up to $103
Tier 6 Non Preferred Specialty	25% up to $133
Preferred Diabetic Supplies	$10
OOP	$3,360 Rx Only

The Pharmacy Benefit Manager (PBM) for the State Health Plan is CVS/Caremark.
For questions regarding your Traditional Pharmacy Benefits, please call:
CVS/Caremark Customer Service at 888-321-3124

Plan Design

- 70/30 plan is a copay, deductible and coinsurance plan
- Under the 70/30 plan, you must meet the yearly $1,080 deductible for those services that are subject to the deductible
- Once you meet the $1,080 deductible, you will pay 30% of all remaining covered charges (after Medicare has paid) up to the $4,388 coinsurance maximum

Note: Deductible doesn't apply to the coinsurance maximum

- Once all out-of-pocket maximums are met, **all eligible benefits will be paid at 100%** with the exception of those services that require a copay
- Copays do not apply to the deductible or coinsurance maximum

70/30 PPO Plan is Secondary to Medicare

Your Online Destination For Healthy Deals

Deals

Discounts

And More

+ Fitness: Gym memberships & fitness gear
+ Personal Care: Vision & hearing care
+ Healthy Eating: Weight loss & nutrition programs
+ Lifestyle: Travel & family activities
+ Wellness: Mind/body wellness tools & resources
+ Financial Health: Financial tools & programs

Register for Blue365

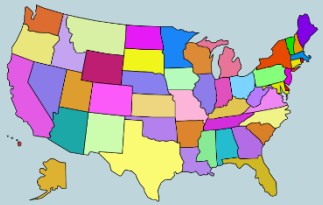
+ To access Blue Connect, visit the State Health Plan's website at ***shpnc.org*** and click eEnroll Now/Access Benefits to log into eEnroll, the Plan's enrollment system.
+ Once you're logged into eEnroll, click the Blue Connect Quick Link
+ Once you're in Blue Connect, look for the Blue365 tab.
+ *Members must register to use Blue365 services.*
+ You can also find more information in your benefit booklet and by calling 855-511-2583, 8a.m. – 6p.m., Monday – Friday.

PPO Blue Options Network

- The 70/30 PPO Plan is supported by the Blue Cross NC Blue Options network of providers which includes over 95% of all doctors practicing in North Carolina.

- With the 70/30 Plan, you can seek care from providers in the Blue Cross NC Blue Options network or go out-of-network. When you use in-network providers, you'll have wide access to high quality providers, and pay less out-of-pocket.

Blue Cross Blue Shield Coverage



State Health Plan members are covered in all 50 States as well as outside of the country for emergency and non-emergency services.

Blue Cross Blue Shield Global Core (formally BlueCard Worldwide)

- Single point of contact for medical assistance (inpatient, outpatient and professional):
  - www.bcbsglobalcore.com
  - Global Core Service Center: 1-800-810-2583 or Collect: 1-804-673-1177, 24 hours a day, seven days a week.
- Outpatient/Doctor Care: Payment usually required upfront. Claim forms are located on the Global Core website or www.shpnc.org.
- Inpatient Care: Contact the Global Core Service Center to arrange direct billing. Most cases you should not have to pay upfront for inpatient care except for any out-of-pocket expenses (i.e. deductible, copayment, etc.).
- Contact Blue Cross of NC for preauthorization.

Coordination of Benefits

- Medicare
  - If you elect the 70/30 Plan option, Medicare will be your primary insurance
  - With the 70/30 Plan, charges left unpaid by Medicare are paid by the SHP after your yearly deductible, coinsurance and copays are applied
  - If you don't have Medicare Part B, you will be responsible for what Medicare Part B would have paid

- Medigap (Medicare Supplement) plan
  - A Medigap plan is generally not needed when you have secondary coverage to Medicare
  - Medigap plans ONLY work with Original Medicare. They will not work with Medicare Advantage plans

QUESTIONS

Blue Cross NC

1-888-234-2416

or

CVS/CAREMARK

1-888-321-3124

Thank You

Plans Comparison – Medical Benefits

Benefit Coverage	UHC Base	UHC Enhanced	BCBSNC 70/30*
Network Providers	You can use in and out-of-network providers but must accept in Medicare and your insurance plan.		You pay less when you use BCBSNC provider network
Annual Medical Out-of-Pocket Maximum	$4,000 (In and Out-of-Network)	$3,300 (In and Out-of-Network)	Individual: $4,388 In-network, $8,776 Out-of-network
Annual Deductible	$0	$0	Individual: $1,080 In-network Family: $3,240 In-network
Primary Care Provider (PCP) – Office Visit	$20 copay	$15 copay	In-network: $40
Specialist Office Visit	$40 copay	$35 copay	In-network: $94
Urgent Care	$50 copay	$40 copay	$100 copay
Inpatient Hospitalization	Days 1-10: $160/Day Days 11+: $0/Day	Days 1-10: $150/Day Days 11+: $0/Day	In-network: $337 copay plus 30% coinsurance after deductible
Outpatient Surgery	$250 copay	$250 copay	In-network: 30% coinsurance after deductible
Ambulance	$75 copay	$75 copay	30% coinsurance after deductible

When enrolled in the 70/30 Plan, cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the 70/30 Plan may help pay some of the costs that Medicare does not cover.

Plans Comparison – Medical Benefits, cont'd.

Benefit Coverage	UHC Base	UHC Enhanced	BCBSNC 70/30*
Emergency Room	$65 copay (Worldwide)	$65 copay (Worldwide)	Individual: $337 copay plus 30% coinsurance after deductible
Lab Services	$40 copay	$20 copay	If performed during PCP or Specialist office visit, no additional fee if **in-network** lab used.
Diagnostic radiology services (such as MRIs, CT Scans)	$100 copay	$100 copay	In-network: 30% coinsurance after deductible
Therapeutic Radiology Services (such as radiation treatment for cancer)	$40 copay	$10 copay	In-network: 30% coinsurance after deductible
Durable Medical Equipment (such as oxygen)	20% coinsurance	20% coinsurance	In-network: 30% coinsurance after deductible

When enrolled in the 70/30 Plan, cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the 70/30 Plan may help pay some of the costs that Medicare does not cover.

Plans Comparison – Pharmacy Benefits

Benefit Coverage	UHC Base	UHC Enhanced	BCBSNC 70/30*
Pharmacy Maximum	$2,500 Individual	$2,500 Individual	Individual: $3,360 Family: $10,080
Retail Purchase from an In-Network Provider			
Tier 1	$10 copay per 31-day supply		$16 copay per 30-day supply
Tier 2	$40 copay per 31 day supply	$35 copay per 31 day supply	$47 copay per 30-day supply
Tier 3	$64 copay per 31 day supply	$50 copay per 31 day supply	$74 copay per 30 day supply
Tier 4	25% coinsurance up to $100 per 31-day supply		10% coinsurance up to $100 per 30-day supply
Tier 5	N/A		25% coinsurance up to $103 per 30-day supply
Tier 6	N/A		25% coinsurance up to $133 per 30-day supply
Preferred Diabetic Testing Supplies	N/A		$10 copay per 30-day supply

When enrolled in the 70/30 Plan, cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the 70/30 Plan may help pay some of the costs that Medicare does not cover.

Plans Comparison – Pharmacy Benefits, cont'd.

Benefit Coverage	UHC Base	UHC Enhanced	BCBSNC 70/30*
Maintenance Drugs from an In-Network Provider – Up To A 90-Day Supply			
Tier 1	$24 copay	$20 copay	$48 copay
Tier 2	$80 copay	$70 copay	$141 copay
Tier 3	$128 copay	$100 copay	$222 copay
Tier 4	25% coinsurance up to $300	25% coinsurance up to $200	10% coinsurance up to $300
Tier 5	N/A		25% coinsurance up to $309
Tier 6	N/A		25% coinsurance up to $399

When enrolled in the 70/30 Plan, cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the 70/30 Plan may help pay some of the costs that Medicare does not cover.

UnitedHealthcare Medicare Advantage (PPO) Base Plan

Coverage Type	2018 Retiree Premium	2018 Dependent Premium	2018 Total Monthly Premium
Retiree Only	$0.00	N/A	**$0.00**
Retiree + Child(ren)	$0.00	$124.00	**$124.00**
Retiree + Spouse	$0.00	$124.00	**$124.00**
Retiree + Family	$0.00	$248.00	**$248.00**

UnitedHealthcare Medicare Advantage (PPO) Enhanced Plan

Coverage Type	2018 Retiree Premium	2018 Dependent Premium	2018 Total Monthly Premium
Retiree Only	$66.00	N/A	**$66.00**
Retiree + Child(ren)	$66.00	$190.00	**$256.00**
Retiree + Spouse	$66.00	$190.00	**$256.00**
Retiree + Family	$66.00	$380.00	**$446.00**

70/30 PPO Plan

Coverage Type	2018 Retiree Premium	2018 Dependent Premium	2018 Total Monthly Premium
Retiree Only	$0.00	N/A	**$0.00**
Retiree + Child(ren)	$0.00	$155.00	**$155.00**
Retiree + Spouse	$0.00	$425.00	**$425.00**
Retiree + Family	$0.00	$444.00	**$444.00**

Income-Related Monthly Adjustment Amount (IRMAA)

- Members with higher income levels are required to pay an adjusted Medicare Part B premium plus an additional amount when enrolled in Medicare Part D prescription drug coverage. The additional amount is called Income-Related Monthly Adjustment Amount or IRMAA.
- Income level based on modified adjusted gross income, which is the total of your adjusted gross income and tax-exempt interest income.
- IRMAA is mandated by Federal law and each amount is deducted from your monthly Social Security payments.
- IRMAA will apply if individual income is over $85,000 or if married (filing joint tax return) income is over $170,000.
- If enrolled in the Group Medicare Advantage plans with UnitedHealthcare, higher income members may be subject to IRMAA.

Address Updates

- P.O. Box Addresses: If you currently only have a P.O. Box address on record with the State Health Plan you will need to provide a physical address as well.
  - UnitedHealthcare will be unable to process an enrollment with only a P.O. Box number on file.
  - Systems are able to store multiple addresses. We can retain the P.O. Box number for mailing purposes and will store the physical address separately.
- Please update through ORBIT or by calling the Eligibility and Enrollment Support Center at 855-859-0966.

Automatic Enrollment Reminder

- The State Health Plan conducts auto-enrollments into a Group Medicare Advantage Base Plan as retired members age in to Medicare (typically when turning 65).
  - Auto-enrollment letters are sent approximately 80-90 days before a retiree becomes Medicare eligible.
  - Auto-enrollment occurs even for those retirees living outside of North Carolina.
  - Members who have been auto-enrolled have the opportunity to change plans prior to their effective date.
- State Health Plan members retiring when they are already 65 years or older are automatically enrolled into either a Group Medicare Advantage Base Plan or the Traditional 70/30 PPO.

Reminder: Dependent Eligibility Verification Audit

- The State Health Plan is conducting a **Dependent Eligibility Verification Audit** for subscribers with dependents under age 75 as of April 19, 2017.
- Several notifications were sent to members beginning in May to all impacted members.
- It is vital for members to submit the required documentation as soon as possible to avoid loss of dependent coverage.
- For more information visit the Plan's website at www.shpnc.org.

NOTE: When adding dependents to your coverage, you may be asked to provide documentation of dependent eligibility.

How to Make a Change for Open Enrollment

Read your materials and make a decision regarding your 2018 health plan option.

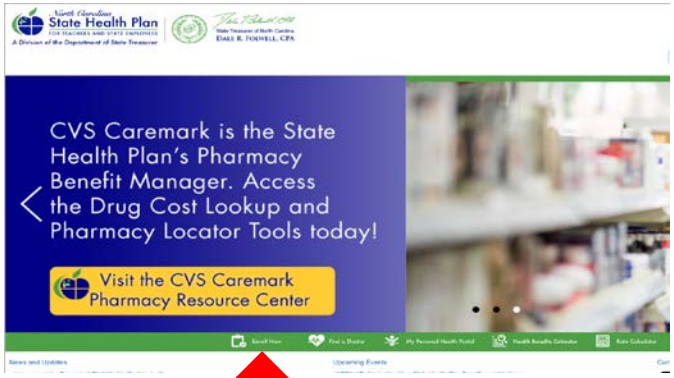
- Make sure you read EVERYTHING!
- Check out the State Health Plan's website at www.shpnc.org
- Participate in a Telephone Town Hall

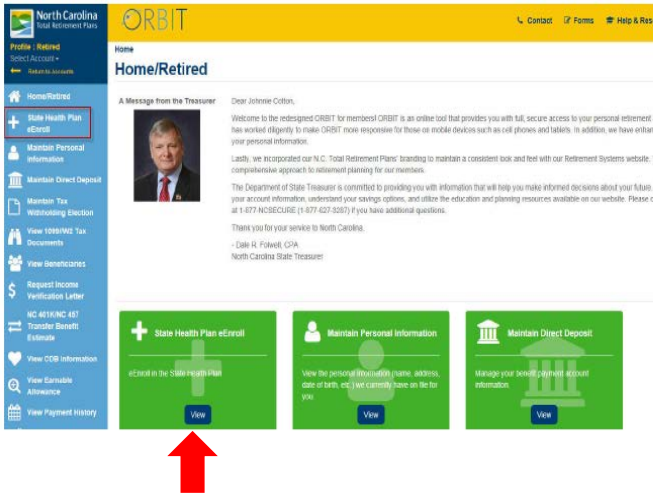
Enroll Online

- Make change online through eEnroll, which can be accessed via ORBIT (www.myncretirement.com)
- Once you log into ORBIT select the green box "State Health Plan eEnroll"

Enroll by Phone

- During Open Enrollment, the Plan's Eligibility and Enrollment Support Center will offer extended hours.
  - M-F: 8 a.m. – 10 p.m. E.T.
  - Sat.: 8 a.m. – Noon E.T.





ORBIT has upgraded security protocols. If you have not logged into ORBIT since January 2017, you will need to reset your account.

Thank You!

Questions?

REMEMBER: If you are in the 70/30 PPO plan for 2017, you will be enrolled into UnitedHealthcare's Group Medicare Advantage (PPO) Base plan for 2018 UNLESS you make a different selection during the Open Enrollment Period.

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

Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

www.shpnc.org

www.nctreasurer.com

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