



2023 Open Enrollment Medicare Outreach

**Open Enrollment
October 10 – 28, 2022**



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Today's Topics

- 2023 Plan Options
- Plan Comparisons
- Medicare Advantage (PPO) Plan (90/10) Reminders
- Humana
- Base PPO Plan (70/30)
- Premium Rates
- How to Make Changes



Open Enrollment Action

**Open Enrollment
October 10-28, 2022**

- During the Open Enrollment period, you can make changes for the next benefit year:
 - Change plans
 - Opt in / out of the State Health Plan
 - Add / remove dependents
- **All Medicare members currently enrolled in the Base PPO Plan (70/30) will be automatically enrolled into the Humana Group Medicare Advantage (PPO) Base Plan effective January 1, 2023.**
 - **You will need to take action during Open Enrollment if you want to be enrolled in a different plan option.**
- **Current Humana Group Medicare Advantage Plan members will not have to take any action during Open Enrollment** unless you want to change plans or add/remove dependents. You will roll over to the same Humana Plan currently in place.

2023 Open Enrollment Action



- All non-Medicare primary members, including non-Medicare primary spouse/dependents, will be moved to the Base PPO Plan (70/30) effective January 1, 2023.
 - Dependents who are not Medicare eligible have the same options available to active employees and non-Medicare members [Base PPO Plan (70/30) and Enhanced PPO Plan (80/20)].
 - They will be moved to the Base PPO Plan (70/30) for the 2023 benefit year; therefore, you will need to take action to re-elect the Enhanced PPO Plan (80/20).
 - Failure to act will result in dependents remaining on the Base PPO Plan (70/30) for 2023.
 - **Remember:** The premium reduction for being a non-tobacco user only applies to the non-Medicare subscriber.

Important Tips

- You cannot be enrolled in two Medicare Advantage Plans or Medicare Prescription Drug Plans at the same time.
 - If you enroll in a Medicare Advantage or Medicare Prescription Drug plan outside of the State Health Plan, **you will be bumped to our Base PPO Plan (70/30) which may be more costly for you (or spouse).**
- You may receive telephone calls from insurance agents/carriers encouraging you to look at their Medicare Advantage Plans. They **are not** representing the State Health Plan options.
- The plans featured on television and in magazines **are not the same** as your State Health Plan coverage.
 - Calling to enroll in one of these plans may impact your enrollment in the State Health Plan.
- If you enroll in an outside Medicare Advantage or Medicare Prescription Drug plan, it will not remove you as a member of the State Health Plan. However, it will cause you to be defaulted to the Base PPO Plan (70/30). This could significantly impact your out-of-pocket costs.

2023 Medicare Primary Plan Options

- Medicare members will continue to have three (3) State Health Plan options to choose from for the 2023 benefit year:

**Humana Group Medicare
Advantage (PPO) Base Plan
(90/10)***

**Humana Group Medicare
Advantage (PPO) Enhanced Plan
(90/10)***

Base PPO Plan (70/30)
Administered by Blue Cross NC**

**The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.*

***Although the 70/30 (and 80/20) plan names have changed, these are still the same plans previously offered to State Health Plan members.*

2023 Plan Highlights

- **Humana Medicare Advantage Base and Enhanced (PPO) Plans (90/10*):**
 - Copays will be eliminated under both plan options for:
 - Lab Services at Urgent Care Facility
 - Dialysis Services at Outpatient Facility
 - Dialysis Services at Dialysis Center
 - Changes within the formulary (list of covered medications) may have occurred – it is recommended to verify your medications with Humana.
- **Enhanced PPO Plan (80/20) and Base PPO Plan (70/30):**
 - There are no major changes to benefits. Copays/coinsurance amounts will remain the same.
 - Changes within the formulary (list of covered medications) **may occur quarterly** on the Enhanced PPO Plan (80/20 and Base PPO Plan (70/30).
 - Reduced copays remain for Clear Pricing Project (CPP) Primary Care Provider (PCP) and Specialists.
 - For full coverage details, members should refer to the Benefits Booklet on the Plan’s website at **www.shpnc.org**.

* The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.

2023 Plan Comparison – Medical Benefits

Benefit	Humana Base (90/10)**	Humana Enhanced (90/10)**	Base PPO Plan (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)	\$5,900 In-network (Individual) \$16,300 Out-of-network (Family) (Combined Medical & Pharmacy)
Annual Deductible	\$0	\$0	\$1,500 In-network (Individual) \$4,500 In-network (Family) (Combined Medical & Pharmacy)
Primary Care Provider (PCP) – Office Visit	\$20 copay	\$10 copay	\$0 for CPP PCP on ID Card \$30 for non-CPP PCP on ID card \$45 for any other PCP
Specialist Office Visit	\$40 copay	\$35 copay	\$47 for CPP Specialist \$94 for other Specialists
Urgent Care	\$50 copay	\$40 copay	\$100 copay
Inpatient Hospitalization	Days 1-10: \$160/Day Days 11+: \$0/Day	Days 1-10: \$125/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 Base PPO Plan (70/30), cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the Base PPO Plan (70/30) may help pay some of the costs that Medicare does not cover. ** The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.

2023 Plan Comparison – Medical Benefits, cont'd.

Benefit	Humana Base (90/10)**	Humana Enhanced (90/10)**	Base PPO Plan (70/30) *
Emergency Room	\$65 copay (Worldwide)	\$65 copay (Worldwide)	Individual: \$337 copay plus 30% coinsurance after deductible
Lab Services	\$40 copay	\$10 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	\$40 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 Base PPO Plan (70/30), cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the Base PPO Plan (70/30) may help pay some of the costs that Medicare does not cover. ** The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.

2023 Plan Comparison – Pharmacy Benefits

Benefit	Humana Base (90/10)**	Humana Enhanced (90/10)**	Base PPO Plan (70/30) *
Pharmacy Maximum	\$2,500 Individual	\$2,500 Individual	\$5,900 In-network (Individual) \$16,300 Out-of-network (Family) (Combined Medical & Pharmacy)
Deductible	\$0	\$0	\$1,500 In-network (Individual) \$4,500 In-network (Family) (Combined Medical & Pharmacy)
Retail Purchase from an In-Network Provider			
Tier 1	\$10 copay per 30-day supply		\$16 copay per 30-day supply
Tier 2	\$40 copay per 30-day supply	\$40 copay per 30-day supply	\$47 copay per 30-day supply
Tier 3	\$64 copay per 30-day supply	\$50 copay per 30-day supply	Ded/Coinsurance
Tier 4	25% coinsurance up to \$100 per 30-day supply		\$200
Tier 5	N/A		\$350
Tier 6	N/A		Ded/Coinsurance
Insulin	\$35 copay (30-day supply) Preferred or Non-Preferred		\$0 (30-day supply) Preferred or Non-Preferred

*When enrolled in the Base PPO Plan (70/30), cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the Base PPO Plan (70/30) may help pay some of the costs that Medicare does not cover. ** The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.

Medicare Advantage Reminders

More than 80% of the State Health Plan's Medicare members are already enrolled in Humana Medicare Advantage Plans.

If you are not currently enrolled in the Humana Group Medicare Advantage Plans (90/10), we encourage you to take another look!

They have a benefit value **equivalent to a 90/10 plan, which could mean significant savings for you!**

Humana Medicare Advantage (PPO) Plans (90/10)

- The State Health Plan's Humana Group Medicare Advantage Plans (90/10) are different than what you can enroll in as the general public and what you see advertised on television. What the State Health Plan offers members is often BETTER and, in many cases, more comprehensive coverage.
 - **Eligible members will again have premium-free coverage for the Humana Group Medicare Advantage Base Plan, and it will only cost \$4 monthly to add eligible dependents!**
 - The spouse monthly premium rate is \$425 for the Base PPO Plan (70/30), so not only can you save on your monthly premiums but on your out-of-pocket costs as well.
- The Humana Group Medicare Advantage Prescription Drug Plans (90/10) offered under the State Health Plan umbrella are Medicare Health Plan choices.
 - You must be enrolled in both Medicare Part A and Medicare Part B and continue to pay the Medicare premiums. Part B premiums are paid by you from Social Security benefits or directly to federal government.
 - Humana contracts with Medicare to provide your Medicare Part A and Medicare Part B benefits.
 - Although not in Original Medicare, you are **still** considered to be in the Medicare program.
 - You still have same protections as someone in Original Medicare and Humana must cover all services Original Medicare covers.

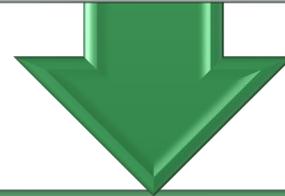
Humana Medicare Advantage (PPO) Plans (90/10)

Simplicity and Predictability

You use ONE card, your Humana ID card – **not** your red, white and blue Medicare card.

Copayment driven, majority of covered services have an established copayment, eliminating the guess.

No deductible!



Passive Provider Network

Nationwide network of providers. Do not need a referral to see a specialist.

Includes an “open” or “passive” network. Copays or coinsurance remains the same, even if provider is out-of-network. The provider must accept Medicare and bill Humana

If you are not currently enrolled in the Humana Group Medicare Advantage (PPO) Plans (90/10), you need to take another look! They have a benefit value **equivalent to a 90/10 plan, which could mean significant savings for you!** **Register for a webinar to learn more of what you might be missing!**

Humana Medicare Advantage (PPO) Plans (90/10) & Other Insurance

- Generally, with the Humana Group Medicare Advantage Plans there is no need for additional coverage.
- You cannot be in multiple Medicare Health Plans at the same time.
 - Additional Medicare Health Plan coverage can cause you to be disenrolled from your State Health Plan Humana Group Medicare Advantage Plan.
 - This means you may not be enrolled in another Medicare Advantage Plan, Medicare Prescription Drug Plan, or a Medicare Special Needs Plan. Does not matter if it is Group or Individual coverage.
 - If already enrolled in another Medicare Health Plan, your coverage with that plan will terminate unless you elect not to enroll in one of our Humana Group Medicare Advantage Plans.

Medicare Advantage (PPO) Plans (90/10) & Other Insurance

- **TRICARE for Life (TFL) (TRICARE[®] + Medicare)**
 - TFL members can enroll in Medicare Advantage plans.
 - Medicare Advantage Plan would be primary coverage for medical and pharmacy services. TFL will typically cover the copay associated with the medical service received if it is a service covered by TFL.
 - Majority of retail pharmacies can electronically transmit pharmacy claim to both Medicare Advantage plan and TFL for online processing. If using mail-order, you will need to use the mail-order service with the Medicare Advantage Plan, pay the applicable copays and then submit a paper claim to TFL for any coordination of benefits and potential reimbursement.
 - You cannot use Medicare or Medicare Advantage plan in a Military Treatment Facility, like a VA hospital.

Medicare Advantage (PPO) Plans (90/10) & Other Insurance

- **Other Insurance**

- If covered by any other retiree group health plan (yours or perhaps a spouse), it is important to check with them to ensure enrollment into one of our Medicare Advantage plans will not disrupt coverage with them.
- Individual health plans like cancer, long-term care, nursing home, hospital indemnity, dental or vision will not affect eligibility or coverage under a Medicare Advantage plan.

- **Medicare Supplement Plans** (also known as Medigap) will not work with Medicare Advantage plans.

- If you are enrolled in a Medicare Advantage Plan, you cannot purchase a Medicare Supplement/Medigap plan without terminating your Medicare Advantage Plan.

Humana Group Medicare Advantage plans

North Carolina State Health Plan for
Teachers and State Employees

Humana[®]



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DALE R. FOLWELL, CPA





Humana Group Medicare Advantage PPO

At Humana, we are here to help you make the most of your benefits.

About Humana:

- Dedicated to communities around the country for **more than 30 years**
- **Over 8.7 million Medicare members** just like you, across all **50 states**¹
- Providing Medicare plans to beneficiaries **since 1987**
- Easily find a provider with our **nationwide network of providers – 900,000 providers and 3,450 hospitals**
- In **North Carolina**, our provider network includes **7,450 Primary Care Physicians (PCPs), 12,250 Specialists, and 103 hospitals**

¹Humana Inc. 2021 Annual Report, February 2022.

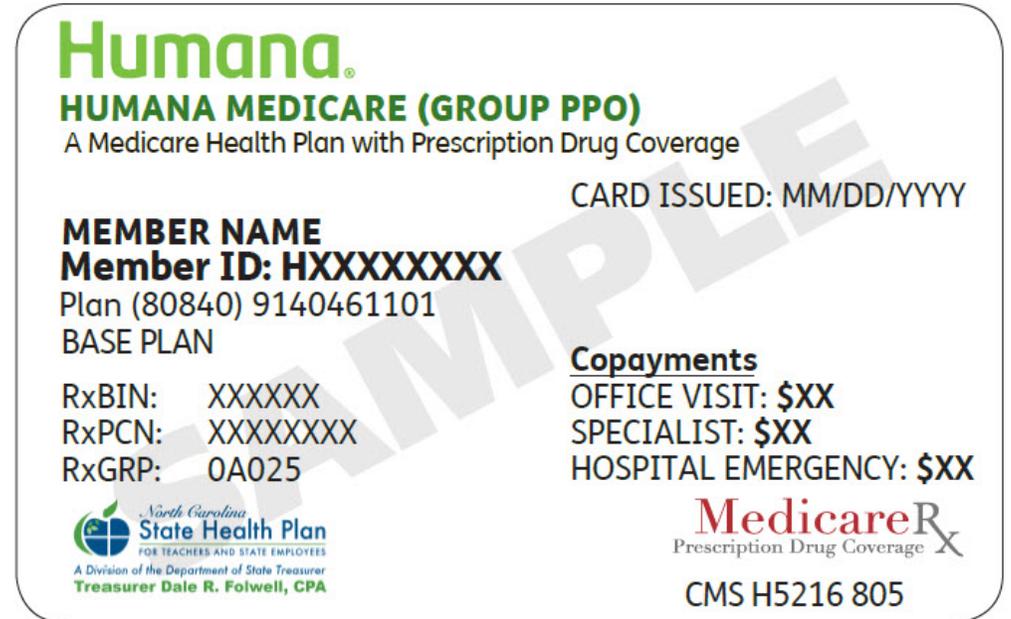
What is a PPO?

Humana's preferred provider organization (PPO)

Preferred Provider Organization

Choose any provider that accepts Medicare and agrees to bill the plan.

- With your PPO plan, you will pay the same amount for both in- and out-of-network for care
- No copay for preventive care
- Out-of-pocket maximum
- Worldwide emergency coverage



Humana
HUMANA MEDICARE (GROUP PPO)
A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: MM/DD/YYYY

MEMBER NAME
Member ID: HXXXXXXXXX
Plan (80840) 9140461101
BASE PLAN

RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: 0A025

Copayments
OFFICE VISIT: \$XX
SPECIALIST: \$XX
HOSPITAL EMERGENCY: \$XX

MedicareRx
Prescription Drug Coverage Rx
CMS H5216 805


North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer
Treasurer Dale R. Folwell, CPA

Providers

With your PPO plan, you will pay the same amount for in- and out-of-network services

- As a State Health Plan member, the in-network and out-of-network benefits are structured the same for any member of this plan.
- This means you don't need to find a new doctor.
- As long as your provider participates in Medicare and agrees to bill Humana, you can continue with the doctor you know and trust at no extra cost—even if they are out-of-network.
- If a provider is still resistant to filing a claim with Humana, the member would pay for the service and then file a paper claim with Humana for reimbursement (less any applicable copayment/coinsurance).

TAKE THIS TO YOUR PROVIDER

Having a provider you're happy with can play an important role in your health and meeting your needs

If your healthcare provider says they do not accept Humana insurance, give them this flyer. Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.

Don't forget to take your Humana member ID card to your first appointment.

A message for your provider

Humana will provide coverage for this retiree under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this retiree or any member of this plan if you are a provider who is eligible to participate in Medicare.

Contracted healthcare providers
If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

Out-of-network healthcare providers
Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.

Claims process
If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at 800-626-2741, Monday - Friday, 8 a.m. - 5 p.m., Central time.

NOTE: This number is not for patient use. Patients, please call the Group Medicare Customer Care number on the back of your Humana member ID card.

Providers

With your PPO plan, you will pay the same amount for in- and out-of-network services

This is a sample of North Carolina providers that are either in-network or they are out of network and accept the Humana plan; this is not an all-inclusive list.



2023 Copay reductions

Benefit	Base plan Current coverage	Enhanced plan Current coverage	Base & Enhanced plans 2023 Plan year coverage
Lab services at Urgent care facility	\$40 copay	\$10 copay	\$0 copay
Dialysis services at Outpatient facility	20% coinsurance	20% coinsurance	\$0 copay
Dialysis services at Dialysis center	20% coinsurance	20% coinsurance	\$0 copay
Dialysis equipment rental for in-home dialysis	20% coinsurance	20% coinsurance	\$0 copay

Your PPO benefits (Extra benefits)

With your PPO plan, you will pay the same amount for in- and out-of-network services.

Extra benefits	Base plan	Enhanced plan
Routine Vision exam	\$40 copay for routine exam (includes refraction) up to 1 per year	\$35 copay for routine exam (includes refraction) up to 1 per year
Routine Podiatry services	\$40 copay; maximum of 6 combined visits per year	\$35 copay; maximum of 6 combined visits per year
Routine Hearing services	<ul style="list-style-type: none"> \$0 copay for fitting/evaluation, routine hearing exams up to 1 per year \$500 combined in and out of network maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years 	
Routine Chiropractic services	\$20 copay	
Acupuncture	\$40 copay; limit 20 combined visits per year	\$35 copay; limit 20 combined visits per year
Private Duty Nursing	20% of the cost, \$5,000 maximum benefit per year	



Connect with a provider virtually

Telehealth visits, also known as virtual visits, are available through your Humana plan

Your primary care provider and your specialist may offer virtual visits

- Connect with your provider from the comfort of your home via telephone or video chat using your phone, tablet or computer.*
- Providers may help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills in addition to many other conditions.
- If you don't have a primary care provider or if your PCP doesn't offer virtual visits, you can use the "Find a doctor" tool on our.Humana.com/ncshp or call the number on the back of your member ID card to get connected with a provider that offers this service.

*Standard data rates may apply.



Humana Care Management

Humana care management programs support qualifying members to help them remain independent at home by providing education and helping with inpatient hospital or skilled nursing facility discharge instructions, and more, available at no additional cost.

Post-discharge Transportation

- 12 one-way trips by car, van or wheelchair accessible vehicle, up to 50 miles per trip
- Includes transportation to a member's place of residency and to follow-up appointments following facility discharge

Post-discharge Personal Home Care

- Qualified aides offer assistance performing activities of daily living within the home
- Minimum of 4 hours per day, maximum of 8 hours per facility discharge

To find out more about how these services can help you, call **800-432-4803 (TTY: 711)** or visit **Humana.com/home-care.**



Humana Well Dine[®]

After your overnight inpatient stay in a hospital or skilled nursing facility, you're eligible to receive up to 28 nutritious meals (2 meals per day for 14 days). The meals will be delivered to your door at no additional cost to you.

Humana Well Dine meal plans include:

General wellness

Vegetarian

Renal friendly

Gluten-free

Heart friendly

Lower sodium

Diabetes friendly

Pureed

Cancer support

For more information, please contact the number on the back of your Humana member ID card or visit [Humana.com/home-care/well-dine](https://www.humana.com/home-care/well-dine).

Plan reminders

Medical

- **Durable Medical Equipment (DME)**
 - **Examples of DME:** Oxygen, CPAP machines & supplies, walkers
 - **Preferred providers:**
 - CCS Medical, 877-531-7959
 - Edwards Healthcare, 888-344-3434
 - EdgePark, 800-321-0591
- **Physical, Occupational, Speech Therapy**
 - Cohere
- **MRI/Advanced Imaging**
 - HealthHelp
- **Skilled Nursing Facility**
 - naviHealth



Claim Form Submission

- Download a claim form at **our.Humana.com/ncshp** and follow the instructions to submit to Humana.
- You may also call your **dedicated Humana Group Medicare Customer Care team** at **888-700-2263** to request one to be sent to you, they can assist you with the submission.

Medicare Part D

Your plan includes prescription drug coverage

- Access to over 66,000 national, regional and independent local pharmacies, including CenterWell Pharmacy™ mail delivery and CenterWell Specialty Pharmacy™
- Generic, brand and specialty drug coverage
- Most Part D vaccines are covered 100% (i.e. Shingrix, Zostavax)
- Diabetic supplies and administration supplies are covered 100%
- Coverage for cough & cold and weight loss medications, and vitamins & minerals
- Transition fill process
- Drug list change letters





Rx mail delivery

You have many pharmacies to choose from in Humana's network. One option is CenterWell Pharmacy™ mail-order.

Accuracy and safety

Free standard shipping in discreet, temperature-controlled packaging.

Convenience

No driving to the pharmacy or waiting in line.

Reminders

Refill reminders by email, text or phone—you decide.

Support you need

To learn more about CenterWell Pharmacy or how to set up a new account, start a new Rx and/or download the mobile app, visit **CenterWellPharmacy.com** or calling **888-538-3518 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Diabetic testing & monitoring supplies

- Preferred diabetic supplies and administration supplies are covered 100%; supplies include meters, test strips and lancets
- \$0 copay for Medicare-covered therapeutic Continuous Glucose Monitors (CGMs) and supplies
- CGMs and supplies should be obtained from a durable medical equipment (DME) provider; these are not covered through the pharmacy benefit at the pharmacy
- Humana's preferred DME providers for CGMs and supplies are:
 - CCS Medical, 877-531-7959
 - Edwards Healthcare, 888-344-3434



CenterWell TRUE METRIX® AIR by Trividia

- Bluetooth® technology
- No coding
- Tiny, 0.5-microliter sample size
- Results in 4 seconds



Accu-Chek Guide Me® by RocheDiabetes

- Large, easy to read display
- Bluetooth® technology
- Small, 0.6-microliter sample size
- Results in 4 seconds



Accu-Chek Guide® by RocheDiabetes

- Simple to see, day or night
- Bluetooth® technology
- Small, 0.6-microliter sample size
- Results in 4 seconds

Plan Reminders – Pharmacy

Humana’s Part D coverage is spread among four groupings based on the drug type—also called “tiers.”

Tiers	Base plan (30-day supply)	Enhanced plan (30-day supply)
Tier 1	\$10 copay	\$10 copay
Tier 2	\$40 copay	\$40 copay
Tier 3	\$64 copay	\$50 copay
Tier 4	25% of the cost (\$100 copay max. per prescription)	25% of the cost (\$100 copay max. per prescription)

- \$2,500 maximum out-of-pocket
- Prior authorization
- Step therapy
- Medicare exclusions
- Most Part D vaccines are covered 100% (i.e. Shingrix, Zostavax)
- Insulin coverage:
 - Part D: No more than \$35 copay (30-day supply) Preferred or Non-Preferred
 - Part B: Starting July 1, 2023, Part B covered insulin will be no more than \$35 copay (30-day supply)

In-home Health & Wellbeing Assessment (IHWA)

An in-home 45-60 minute one-on-one health assessment with a doctor or nurse practitioner, available at no cost to you.

- The doctor or nurse practitioner will:
 - Check your blood pressure and other vital signs
 - Take a brief health history
 - Review any medications and over-the-counter vitamins and supplements you take
 - Assess the safety of your home
- It is designed to help support, but not take the place of your regular doctor's care.
- It may also help Humana to identify any plan programs and services that may be right for you.
- This is a voluntary program for members.
- You will receive a \$15 Walmart gift card when you complete a visit.



Receive a **\$15 Walmart gift card** when you complete a visit

*No amount of this gift card can be used to purchase Medicare-covered services, nor can it be converted to cash.



SilverSneakers®

A total health and physical activity program included in your plan at no extra cost

- SilverSneakers gives you access to exercise equipment, group fitness classes and social events.
- Work towards improving muscle strength, bone density, flexibility and balance.
- Use thousands of fitness locations nationwide, with weights, swimming, classes and cardio equipment (equipment and classes vary by location).
- Enjoy group fitness classes outside of traditional gyms.
- Start workout programs tailored to your level with the SilverSneakers GO™ app.
- Learn more at **SilverSneakers.com** or call **888-423-4632 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.



Go365 by Humana®

Your wellness program that rewards you for making healthier choices, at no extra cost to you

Your health can be rewarding

Go365 by Humana makes wellness fun and easy. We can help you reach your physical and emotional health goals. Track your activity and redeem rewards:

- online, at **MyHumana.com**, or
- by filling out and mailing in paper forms

Earn rewards you can redeem for gift cards

Complete eligible healthy activities like walking, getting your Annual Wellness Visit or volunteering and you can earn rewards to redeem for gift cards. Once you've earned at least \$10 in rewards, choose your gift cards in the Go365 Mall.

Now it's time to get going with Go365

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.

Additional programs

MyDirectives

MyDirectives®, an online advance care plan platform, ensures your wishes are met in case unexpected medical emergencies happen or as illnesses progress. With MyDirectives, you can make your exact wishes known and identify the people you trust to speak for you as well.

Sign in to **MyHumana.com**, go to MyHealth tab, in the drop down select MyHealth Overview and then select MyDirectives under Resources.

Humana Health Coaching

Our health coaching program provides guidance to help you develop a plan of action that supports your health and well-being goals.

A health coach works with you to create a personal vision for your health and well-being, brings clarity to your goals and priorities and provides accountability and support.

Get started by calling **877-567-6450** (TTY: 711), 8 a.m. – 6 p.m., Eastern time.

What else does Humana offer you?

- Discounts on hearing aids, vision services and dental services
- Philips Lifeline® Medical Alert Systems
- Meal delivery discounts
- Concierge bill management service

TruHearing™

PHILIPS

Lifeline

MOM'S MEALS®
A PURFOODS® COMPANY

eye®
Med

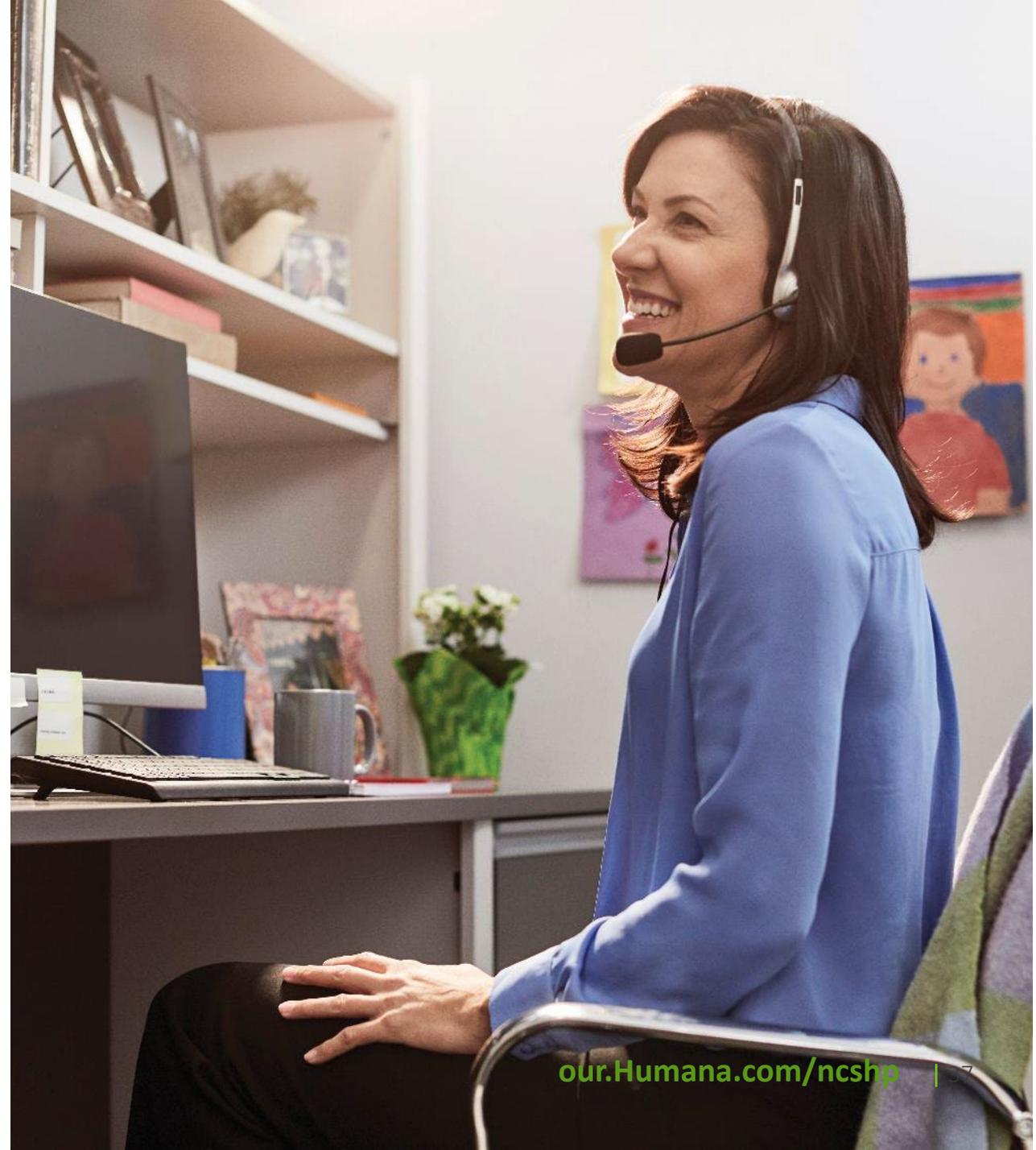
FRESHLY®

Silver®
Bills

Health resources

There are clinical programs/health resources available to eligible members

- Case Management
- Disease Management
- Transplant Management
- Health Planning and Support Nurses





Humana Neighborhood Centers

There's something happening at Humana in your neighborhood

At many locations, you can:

- Focus on how to improve health
- Stay social with crafts and games
- One-on-one health and wellness education
- Virtual health and wellness classes

Find the Humana Neighborhood Center classes that are right for you

Visit us online at [HumanaNeighborhoodCenter.com](https://www.humana.com/humana-neighborhood-center) to see a full list of virtual activities and to RSVP for classes and other events.

Go to [Humana.com/humana-neighborhood-centers](https://www.humana.com/humana-neighborhood-centers) to find a Humana Neighborhood Center near you.

Humana Neighborhood Centers

North Carolina locations

Asheville

Skyland Plaza | 1863 Hendersonville Rd., Suite 122

Greensboro

Jefferson Village | 1564 Highwoods Blvd., Suite A

Charlotte

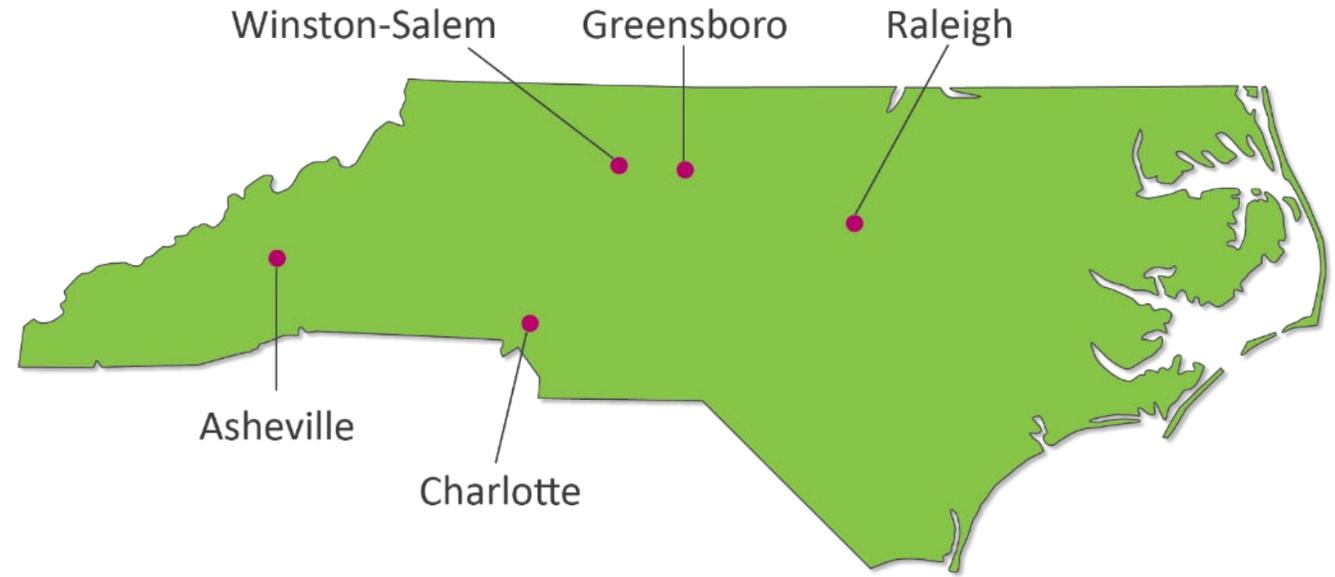
Windsor Square | 9901 E Independence Blvd.

Raleigh

Shoppes at Garner | 4430 Fayetteville Rd.

Winston-Salem

Hanes Commons | 1045 Hanes Mall Blvd.



There are 40 other Humana Neighborhood Center locations nationwide.

Go to [Humana.com/Humana-neighborhood-centers](https://www.humana.com/Humana-neighborhood-centers) to find a Humana Neighborhood Center near you.



New Member Orientation (NMO) and Bringing Humana to You (BH2U) Events

- Happening again in Spring 2023!
- Member educational events focused on plan benefits and a variety of health and wellness topics
- Events will be held virtually via webinars and in person throughout North Carolina
- All State Health Plan members are invited to participate
- Event invitations will be sent to all State Health Plan members' homes in early 2023



Whether you prefer using a desktop, laptop or smartphone, you can access your healthcare information in one convenient place.*

- View your plan and coverage details
- Check the status of your claims
- View electronic versions of letters sent to you
- Track your healthcare spending
- Find providers in your network
- Get tips for staying healthy



Go to our.Humana.com/ncshp to register.



Use the MyHumana mobile app

If you have an iPhone or Android, download the MyHumana mobile app. You'll have your plan details with you at all times.*

Visit Humana.com/mobile-apps to learn about our many mobile apps, the app features and how to use them.

*Standard data rates may apply.

SmartSummary

Your personalized benefits statement

SmartSummary **Humana.**

Your Pharmacy, Medical, and Hospital claims processed in March 2022

THIS IS NOT A BILL

This summary is your "Explanation of Benefits" (EOB) and claim payments for your medical, hospital and your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. **This is not a bill.**

JOHN DOE
Member ID: XXXXXXXXX
Plan name: Humana Group Medicare LPPO
Rx PCN or Rx Group number: 03200000

OVERVIEW OF YOUR MARCH CLAIMS

Medical, hospital and Part B pharmacy (see page 3)

Total billed charges this month	\$1,145.24
Humana discounts	-\$557.54
Benefit exclusions	-\$233.67
Other Insurance	-\$0.00
Amount Humana Paid	-\$329.03
Your Share	\$25.00

Part D prescription drug claims (see page 10)

Total cost this month	\$4.55
Other Payments	-\$0.00
Amount Humana Paid	-\$0.00
Your Share	\$4.55

YOU ARE CURRENTLY IN PART D DRUG PAYMENT STAGE: 1 2 3

CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.

SmartSummary **Humana.**

Your personal prescription and medical benefits statement

Page 2 of 14
John Doe

Medical and hospital deductible and yearly limits

YEARLY LIMITS - THESE LIMITS GIVE YOU FINANCIAL PROTECTION

These limits tell the most you will have to pay in 2022 in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan.

These yearly limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get. This means:

- Once you have reached a limit in out-of-pocket costs, **you stop paying medical claims costs.**
- You keep getting your covered services as usual, and **the plan will pay the full cost for the rest of the year.**

2022 Individual In-network Out-of-pocket
In 2022, \$2,500.00 is the most you will have to pay for covered services from providers.

Your Individual In-network Out-of-pocket is: **\$2,500.00**

As of March 31, 2022 you have paid: **\$25.00**

Your remaining amount is: **\$2,475.00**

2022 Individual Out-of-network Out-of-pocket
In 2022, \$2,500.00 is the most you will have to pay for covered services from non-network providers.

SmartSummary **Humana.**

Your personal prescription and medical benefits statement

Page 3 of 14
John Doe

Details for Medical and Hospital Claims processed in March 2022

MEDICAL AND HOSPITAL CLAIMS

Service Date: 02/28/2022 Claim # XXXXXXXXXX
MD SMITH
-New patient office or other outpatient visit, typically 30 minutes
Out-of-network (billing code 99203) 1, 2, 3

Amount the provider billed the plan	\$342.00
Humana Discounts	-\$0.00
Benefit Exclusions	-\$233.67
Other Insurance	-\$0.00
Total Cost (amount the plan approved)	\$108.33
Amount Humana Paid	-\$83.33
Your Share	\$25.00

1. You pay a \$25.00 copayment for New patient office or other outpatient visit, typically 30 minutes from an out-of-network provider.

2. **EXPLANATION OF MEMBER RESPONSIBILITY** - The estimated member's responsibility amount is based upon information available at the time of claim processing. This amount represents any applicable deductibles, coinsurance, copayments, and non-covered services as outlined in your benefit plan document. It includes any amounts that the member may have previously paid to the provider of service. Also, any amounts denied for additional information may be re-evaluated.

3. You may be responsible for paying some or all of the excluded charges to your provider.

Service Date: 02/28/2022 Claim # XXXXXXXXXX
Amount the provider billed the plan: **\$325.00**

SmartSummary **Humana.**

Your personal prescription and medical benefits statement

Page 4 of 14
John Doe

MEDICAL AND HOSPITAL CLAIMS

Service Date: 02/28/2022 Claim # XXXXXXXXXX
ABC HOSPITAL
-Radiology-Diagnostic-General
Out-of-network (billing code 320) 1

Amount the provider billed the plan	\$325.00
Humana Discounts	-\$325.00
Benefit Exclusions	-\$0.00
Other Insurance	-\$0.00
Total Cost (amount the plan approved)	\$0.00
Amount Humana Paid	-\$0.00
Your Share	\$0.00

Service Date: 02/28/2022 Claim # XXXXXXXXXX
ABC HOSPITAL
-Professional Fees (Extension of 0960)-Radiology-Diagnostic
Out-of-network (billing code 972) 1

Amount the provider billed the plan	\$28.00
Humana Discounts	-\$28.00
Benefit Exclusions	-\$0.00
Other Insurance	-\$0.00
Total Cost (amount the plan approved)	\$0.00
Amount Humana Paid	-\$0.00
Your Share	\$0.00

Service Date: 02/28/2022 Claim # XXXXXXXXXX
ABC HOSPITAL
-Professional Fees (Extension of 0960)-Radiology-Diagnostic
Out-of-network (billing code 972) 1

Amount the provider billed the plan	\$28.00
Humana Discounts	-\$28.00
Benefit Exclusions	-\$0.00
Other Insurance	-\$0.00
Total Cost (amount the plan approved)	\$0.00
Amount Humana Paid	-\$0.00
Your Share	\$0.00

Humana's SmartSummary provides a comprehensive overview of your health benefits and healthcare spending.

You'll receive this statement after each month you've had a claim processed.

You can sign in to your MyHumana account and see your SmartSummary statements anytime.

Go Green—update your member preferences to receive your SmartSummary statement electronically.

Humana Group Medicare Advantage PPO vs. Base PPO Plan (70/30)

Plan features & extra programs and services

Plan features & extra programs and services	Humana Medicare Advantage PPO plan	Base PPO Plan (70/30)
NO Deductible	✓	✗
Medicare-eligible dependent coverage for \$4 (Base Plan)	✓	✗
Customized plan for you combining Medicare Parts A and B along with Medicare Part D (prescription coverage) into one plan	✓	✗
The ability to see providers outside the network for the same copay or coinsurance as in-network providers as long as the provider participates in Medicare and agrees to bill Humana	✓	✗
\$0 copay for dialysis services at dialysis center and outpatient facility	✓	✗
\$0 copay for lab services at Urgent Care Facility	✓	✗

Humana Group Medicare Advantage PPO vs. Base PPO Plan (70/30)

Plan features & extra programs and services

Plan features & extra programs and services	Humana Medicare Advantage PPO plan	Base PPO Plan (70/30)
<p>\$0 copay for fitting/evaluation, routine hearing exams up to 1 per year, includes \$500 combined in and out of network maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years.</p>	✓	✗
<p>\$0 copay for post-discharge benefits including transportation and in-home personal care</p>	✓	✗
<p>Coverage for routine services – vision exam, podiatry, chiropractic, private duty nursing</p>	✓	✗
<p>\$0 copay for most Part D vaccines (i.e. Shingrix, Zostavax)</p>	✓	✗
<p>\$0 copay for preferred blood glucose meters (BGM) and supplies</p>	✓	✗
<p>\$0 copay for Part D diabetic supplies and administration supplies</p>	✓	✗
<p>\$0 copay for Medicare-covered therapeutic continuous glucose monitors (CGMs) and supplies</p>	✓	✗

Humana Group Medicare Advantage PPO vs. Base PPO Plan (70/30)

Plan features & extra programs and services

Plan features & extra programs and services	Humana Medicare Advantage PPO plan	Base PPO Plan (70/30)
Free enrollment in the SilverSneakers® fitness program	✓	✗
Humana Well Dine® program which includes up to 28 meals delivered following an inpatient hospital or skilled nursing facility stay	✓	✗
Go365 by Humana® program to earn rewards for making healthier choices and redeem for gift cards	✓	✗
Personal Health Coaching and Smoking Cessation programs at no extra charge	✓	✗
Discounts on vision, dental, hearing and meal delivery services	✓	✗
Access to Humana Neighborhood Centers, in person and virtually	✓	✗
Bringing Humana to You (BH2U) events, in person and virtually	✓	✗

What to expect after you enroll



Enrollment confirmation

New members will receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment. This will be received in December, prior to January 1, 2023.



Humana member ID card

New members will receive their member ID card in December, prior to January 1, 2023. Current members will continue to use their current Humana ID card.



Evidence of Coverage (EOC)

New members will receive their detailed benefit booklet, which includes the healthcare plan coverage and privacy notice, in the mail within 30 days of their effective date.

Current members will receive their Annual Notice of Change (ANOC) that will include guidance on how to obtain the EOC.



Medicare Health Assessment

CMS requires Humana to ask members to complete a health survey within their first few months of enrollment. Completing this survey is optional.

Instructions on how to complete the survey are included in the booklet mailed to you.

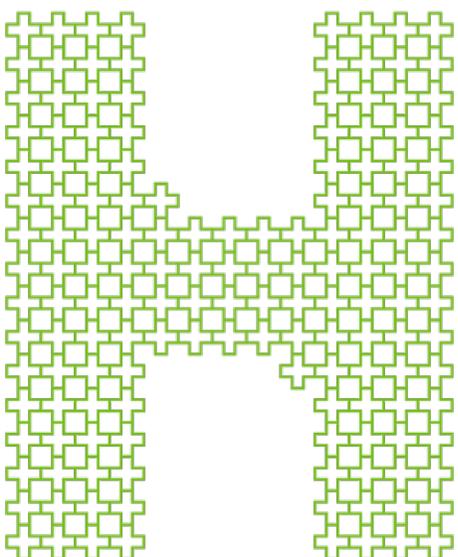
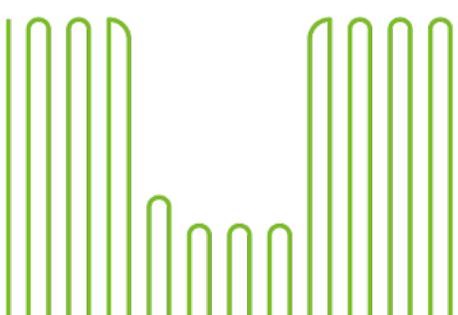


Stay connected with Humana

You have a dedicated Customer Care team to help you with anything related to your State Health Plan Humana Medicare Advantage PPO plan

888-700-2263 (TTY: 711)

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

- 
- Visit **our.Humana.com/ncshp** to access plan-related information.
 - We will be sending all State Health Plan members currently enrolled in the Base PPO Plan 70/30 a Humana informational kit so that those members may review the detailed benefits included with the Humana plan.
 - These informational kits should begin to arrive near the start of open enrollment, which is October 10th.
- 



Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Call **888-700-2263 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

Other providers are available in our network. The provider network may change at any time. You will receive notice when necessary.

Humana.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **888-700-2263 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our customer service number at 888-700-2263 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **888-700-2263 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**888-700-2263 (TTY: 711)**

◦ 辦公時間：東部時間上午 8 時至晚上 8 時 ◦



State Health Plan Retirees

2023 Benefit Option

Base PPO Plan (70/30)



**BlueCross BlueShield
of North Carolina**

Base PPO Plan (70/30)



2023 Medical Benefits

Preventive Care	\$0 PCP / \$0 Specialist
PCP Visit	\$45
CPP* PCP Visit (CPP PCP/Practice on ID Card)	\$0
Non CPP PCP Visit (Non CPP PCP/Practice on ID Card)	\$30
Specialist Visit	\$94
CPP* Specialist Visit	\$47
Chiro/PT/OT/ST	\$72
CPP* Chiro/PT/OT/ST	\$36

***Clear Pricing Project**

Base PPO Plan (70/30)



2023 Medical Benefits, cont'd

Urgent Care	\$100
Emergency Room	\$337 then 30% after deductible
Inpatient Hospital Stay	\$337 then 30% after deductible
Annual Deductible (Medical/RX combined)	\$1,500 Individual / \$4,500 Family
Out-of-Pocket Maximum (Medical/RX combined)	\$5,900 Individual / \$16,300 Family

Base PPO Plan (70/30)



2023 Pharmacy Benefits

Tier 1 Generic	\$16
Tier 2 Preferred Brand and High-Cost Generic	\$47
Tier 3 Non preferred brand	Ded/Coinsurance
Tier 4 Low Cost / Generic Specialty	\$200
Tier 5 Preferred Specialty	\$350
Tier 6 Non-Preferred Specialty	Ded/Coinsurance
Preventive Medications	\$0
Preferred Diabetic Supplies	\$10
Preferred Insulin	\$0
Annual Deductible (Medical and RX combined)	\$1,500 Individual \$4,500 Family
Out-of-Pocket Maximum (Medical and RX combined)	\$5,900 Individual \$16,300 Family

The Pharmacy Benefit Manager (PBM) for the State Health Plan is CVS/Caremark.

For questions regarding your Traditional Pharmacy Benefits, please call: CVS/Caremark Custom Service at 888-321-2134

Plan Design



The Base PPO Plan (70/30) is a true out-of-pocket, ACA (Affordable Care Act) compliant plan.

You must meet the yearly \$1,500 deductible for those medical services and medications that are subject to the deductible.

Once you've met the \$1,500 deductible, you will pay 30% of all remaining covered charges (after Medicare has paid - medical) up to the \$5,900 out-of-pocket maximum.

Once the out-of-pocket maximum is met, medical and pharmacy benefits will be paid at 100%.

Note: Your out-of-pocket maximum include copays, coinsurance and deductible.

**Base PPO Plan (70/30) is
Secondary to Medicare**

Deductible / Out-of-Pocket Maximum



Service	Applied to Individual Deductible \$1,500	Out-of-Pocket Maximum (Combined Medical & Pharmacy) \$5,900
All Medical Copays Includes office visits, urgent care, ER, Inpatient/Outpatient Hospital		X
Deductible & 30% Coinsurance <ul style="list-style-type: none"> • Facility based services • Tiers 3 & 6 Rx's • Non-Preferred Diabetic Testing Supplies 	X X X	X X X
Pharmacy Copays <ul style="list-style-type: none"> • Tiers 1, 2, 4 & 5 • Preferred Diabetic Testing Supplies 		X X

- Amounts applied to the individual deductible are also applied to the out-of-pocket maximum.
- After the individual deductible has been met, you will pay a 30% coinsurance until the total out-of-pocket maximum has been met.

➤ ACA preventive services & preventive RX's covered at 100% are not subject to deductible or out-of-pocket maximum.

State Health Plan Network

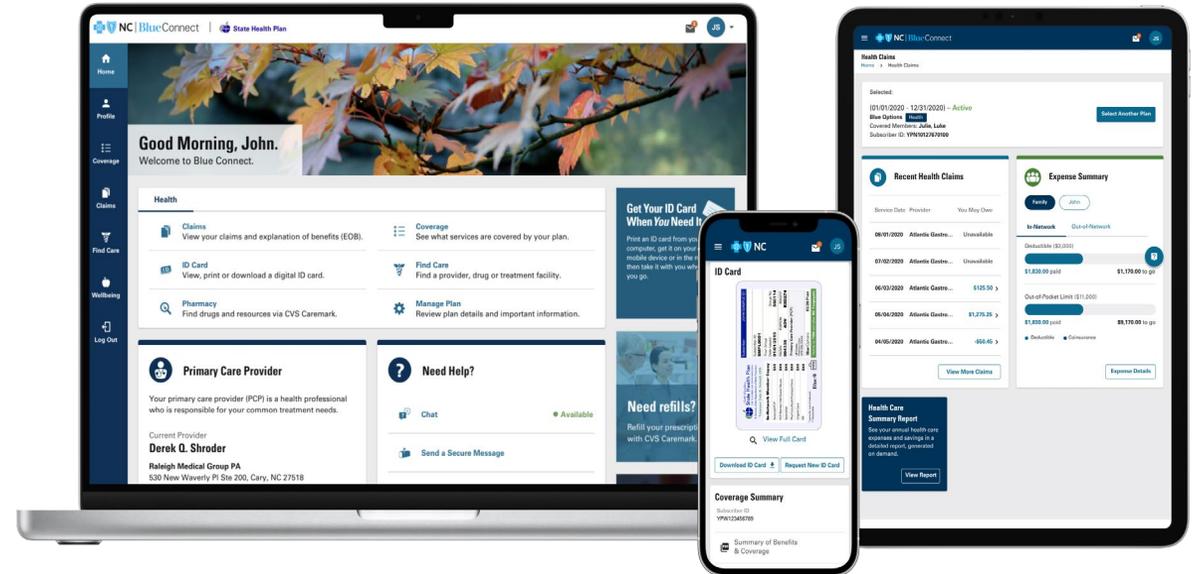


- The Base PPO Plan (70/30) is supported by the State Health Plan Network of providers which includes over 97% of doctors practicing in North Carolina and 100% of all hospital facilities.
- With the Base PPO Plan (70/30), you can seek care from providers in the State Health Plan Network or go out-of-network. When you use in-network providers, you'll have wide access to high quality providers, and pay less out-of-pocket.

Online tools for answers anytime, anywhere!

Blue ConnectSM employee portal and mobile app make it easy to:

- Order new ID cards
- View EOBs
- Request suppression of paper EOBs
- Review recent claims
- Send and receive secure messages
- Secure chat
- Access wellness resources
- Find a doctor



For More Information on Blue Connect:

Visit www.shpnc.org and click eBenefits to find the Blue Connect link.

For More Information on Blue Connect Mobile:



www.bcbsnc.com/mobile

- Apparel & Footwear
- Fitness
- Hearing & Vision
- Home & Family
- Personal Care
- Nutrition
- Travel



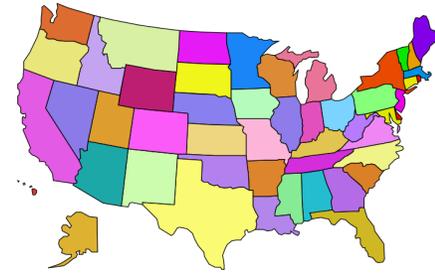
Register for Blue365

- To access Blue Connect, visit the State Health Plan's website at shpnc.org and click eBenefits at the top of the page. Log into eBenefits then look for Blue Connect on the left-hand menu.
- Once you're logged into Blue Connect, click the Blue365 tile or navigate to the Member Discounts section under Benefits.
- Members must opt in to use Blue365 services.
- You can also find more information in your benefit booklet and by calling 855-511-2583, 8 a.m. – 6 p.m., Monday – Friday.

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 such as deductible, copayments, etc.
- Contact Blue Cross of NC for preauthorization.

Coordination of Benefits



Medicare

- If you elect the Base PPO Plan (70/30) option, Medicare will be your primary insurance
- With the Base PPO Plan (70/30), 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

2023 ID Cards



Everyone will receive a new ID Card

ID Card Changes:

- Plan Name Change, Base PPO Plan (70/30)

Subscriber ID will remain the same

Destroy your old card after 1/1/23


North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer
Treasurer Dale R. Folwell, CPA

Provider Type	CPP	Non CPP
Selected PCP*	\$0	\$30
Phy/Occu/Spch Therapy/Chiro	\$36	\$72
Specialist	\$47	\$94
Behavioral Health	\$0	\$45
Urgent Care	\$100	
ER	\$337 + Ded & 30%	

Other Info	INN	OON
Ind Deductible	\$1,500	\$3,000
Ind OOP Max	\$5,900	\$11,800
Family Deductible	\$4,500	\$9,000
Family OOP Max	\$16,300	\$32,600

*If PCP not selected, In-network copay \$45

CPP: Clear Pricing Project /
INN: In-network / OON: Out-of-network / OOP: Out-of-pocket

Blue  PPO

Subscriber: **SUBSCRIBER NAME**

Subscriber ID:
YPY100000001

GROUP NAME

Effective Date: **01/01/23** Group No: **14170742**

RXBIN: **004336** RXPCN: **ADV** RXGRP: **RX0274**

Primary Care Provider (PCP)
PROVIDER NAME
PROVIDER PRACTICE
919-555-5555

NC SHP Network Base PPO Plan (70/30)

Paid for by **YOU** and other **NC Taxpayers**



Blue Cross NC at 1-888-234-2416

or

CVS/CAREMARK at 1-888-321-3124

2023 Premium Information & Reminders

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 (or direct billed if delayed Social Security).
- IRMAA will apply if individual income **is over \$91,000** or if married (filing joint tax return) income **is over \$182,000**.
- When enrolled in one of our Humana Group Medicare Advantage plans, higher income members may be subject to Part D IRMAA in addition to their already higher Medicare Part B premium.

***IRMAA amounts for 2023 Medicare Part D may range from \$12.40 to \$77.90 per month.
IRMAA determination is based on IRS tax return from 2 years ago (2020).***

Disability

- If member becomes eligible for Medicare due to disability, it is very important for them to enroll in both Medicare Part A and Medicare Part B.
- Do not overlook accepting Medicare Part B. Many people fail to accept the offer to retroactively purchase Medicare Part B.
 - **Read the Notice of Award letter carefully.**
- State Health Plan becomes SECONDARY to Medicare as of the Medicare eligibility date.
 - Claims will be reprocessed back to Medicare eligibility date.
 - The State Health Plan will reduce their claims by the amount that would have been paid under Medicare, paying the remaining claim amount under the terms of the health benefit plan.
- **As a result, if Medicare Part B is not taken, member will be responsible for the amount that would have been paid by Medicare Part B.**

2023 Medicare Premiums

HUMANA GROUP MEDICARE ADVANTAGE (PPO) BASE PLAN (90/10)	
COVERAGE TYPE	MONTHLY PREMIUM
Subscriber Only	\$0
Subscriber + Child(ren)	\$4.00
Subscriber + Spouse	\$4.00
Subscriber + Family	\$8.00

HUMANA GROUP MEDICARE ADVANTAGE (PPO) ENHANCED PLAN (90/10)	
COVERAGE TYPE	MONTHLY PREMIUM
Subscriber Only	\$73.00
Subscriber + Child(ren)	\$146.00
Subscriber + Spouse	\$146.00
Subscriber + Family	\$219.00

Base PPO Plan (70/30)	
COVERAGE TYPE	MONTHLY PREMIUM
Subscriber Only	\$0.00
Subscriber + Child(ren)	\$155.00
Subscriber + Spouse	\$425.00
Subscriber + Family	\$444.00

Open Enrollment Medicare Outreach Virtual Events

- The Plan will be offering several webinars prior to and during Open Enrollment.
- The information presented today is the same information that will be covered in these webinars.
- The Plan is also hosting 2 Telephone Town Hall events.
- Members who have registered and members with a valid phone number in the Plan's enrollment system, eBenefits, will receive a call prior to a Telephone Town Hall event, which will prompt you to join.
- However, if the phone number we have on file is a mobile number, you must register and agree to be contacted for the meeting via your mobile number.
- To register for these events visit www.shpnc.org.

Webinar Events

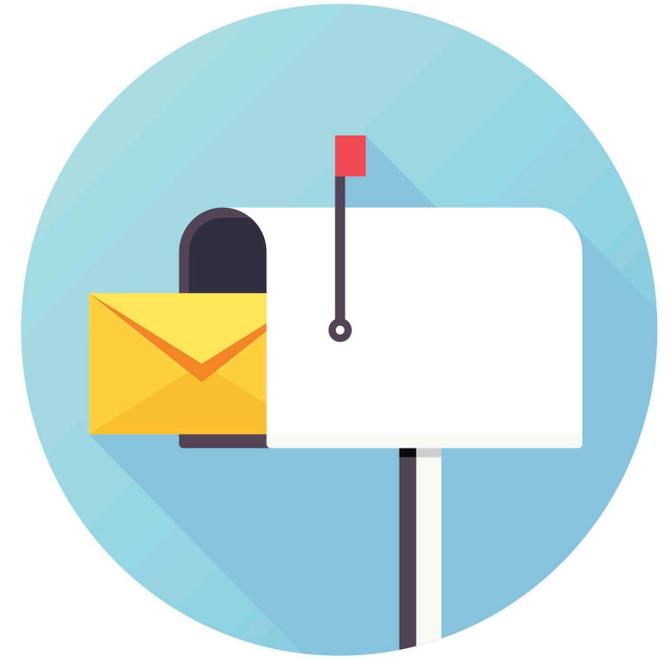
September 15	10AM
September 23	2PM
September 26	10AM
September 30	2PM
October 4	10AM
October 7	2PM
October 10	6PM
October 14	2PM
October 21	10AM
October 24	2PM

Telephone Town Hall Events

October 4	7PM
October 25	2PM

Important Address Information

- 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.
 - Humana is unable to process an enrollment with *only* a P.O. Box number on file.
 - Systems are able to store multiple addresses. The Plan can retain the P.O. Box number for mailing purposes and will store the physical address separately.
- It is essential you update your information in ORBIT and in eBenefits, the Plan's information system.



How to Make a Change During Open Enrollment

- **Enroll Online:**

- Visit the State Health Plan website (www.shpnc.org) and click on eBenefits
- Then click ORBIT
- Once logged into ORBIT, click State Health Plan Benefits

- **Enroll by Phone**

- The Plan's Eligibility & Enrollment Support Center at 855-859-0966 will offer extended hours to assist you with your enrollment.
 - M – F: 8 a.m.-10 p.m.(ET)
 - Sat.: 8 a.m.-5 p.m. (ET)



Retirees Using the ORBIT
System

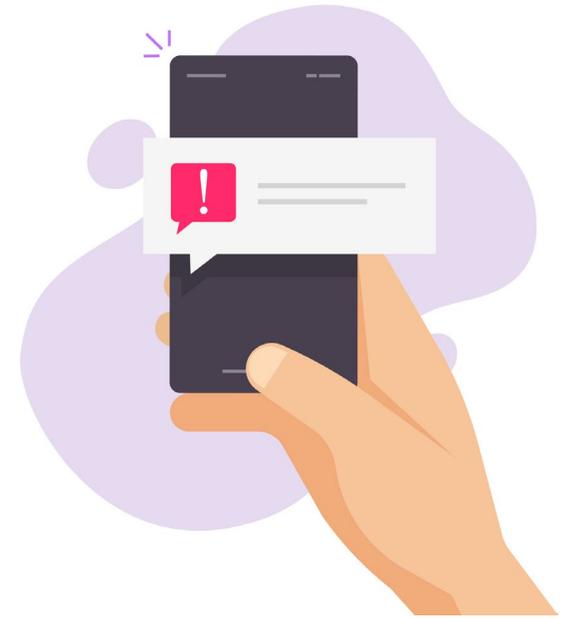
Login to eBenefits through ORBIT

Important Phone Numbers

- **Eligibility and Enrollment Support Center**
 - 855-859-0966

Extended hours during Open Enrollment
M – F: 8 a.m.-10 p.m.(ET)
Sat.: 8 a.m.-5 p.m. (ET)

- **Humana Customer Service**
 - 888-700-2263
- **Blue Cross Blue Shield of NC (Benefits, Claims on 70/30)**
 - 888-234-2416
- **CVS Caremark (70/30 Plan Pharmacy Benefits)**
 - 888-321-3124
- **Pierce Insurance Agency (Dental/Vision Coverage through State Retirement System)**
 - 855-627-3847





Questions?

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