

How to Complete 2026 Open Enrollment Online (Active Employees)

1



GO TO
www.SHPNC.gov
CLICK ON eBenefits

Go to the State Health Plan's website www.SHPNC.gov and click eBenefits.

2



SELECT
Appropriate
Enrollment System

If you are employed by any of the organizations in the boxes, click to enroll.
If not, click Access your Benefits via eBenefits.

3

CLICK
Get Started

1 of 2 →

****2026 Open Enrollment is Here****

All Non-Medicare retirees were moved to the Standard PPO Plan for the 2026 benefit year. If you prefer to enroll in the Plus PPO Plan YOU MUST TAKE ACTION by **October 31, 2025**.

For the 2026 benefit year all Medicare-eligible members **WILL REMAIN** in the plan in which you are currently enrolled **UNLESS** you would like to enroll in a different plan during Open Enrollment.

You will need to **TAKE ACTION** during Open Enrollment if you want to change plans or need to make changes regarding your dependents.

After you see the green "Congratulations" message **PRINT** your Confirmation Statement.

Show less

Get started >

4

ADD or EDIT
Dependents
to your profile

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

To add a dependent, click 'Create dependent profile'

Name	Relationship	Date of Birth	Gender	Actions
██████████	Child	██/██/██	Male	Edit
██████████	Spouse	██/██/██	Female	Edit
██████████	Child	██/██/██	Male	Edit

Create dependent profile

Next Previous

💡 No additional dependents will be added to coverage by creating a dependent profile.

5

CHOOSE OE
CLICK Next

Medical

Please select a reason for changing your benefit coverage.

You are making a change to benefit elections. Why are you making this change?

☒ Open Enrollment
☐ Life or family change (ex. Marriage, birth, death, loss of other coverage, etc.)

You must have a qualifying life or family change to change coverage.

Note: All changes to your benefits must be approved by your Health Benefits Representative before they become effective.

Next Previous Cancel

6

CHOOSE
Your Medical
Coverage

Current Benefits Open Enrollment Benefits

Open Enrollment Benefits

All active and Non-Medicare members were moved to the Standard PPO Plan for the 2026 benefit year. If you want to enroll in the Plus PPO Plan, **YOU MUST TAKE ACTION** by October 31, 2025. **REMEMBER to CLICK SAVE!** After you sa

Your benefits

+ Your Medical coverage
Plus PPO

Offered By:
Effective Date:
Plan(s) Covered:

Edit coverage Show Plan Details

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SELECT Edit coverage to change plans, or
CLICK Save

2026 SHP Medical Summary

You have entered a life or family change.

Medical
Standard PPO
Offered By: Aetna
Effective Date: 01/01/2026
You Pay: \$268.00 per month
Persons Covered: [Redacted]

Medicare
No policy on record
No medicare policy information on record

Primary Care Provider [Edit](#)
[Show details](#)

[Edit coverage](#)

[Save](#) [Cancel](#)

Cost Summary
This is a summary of your OE benefit elections.

Benefit Elections (1 items)

Monthly
Medical

You Pay

Monthly Total: \$268.00

All Non-Medicare members have been moved to the Standard PPO Plan. If you want to enroll in the Plus PPO Plan click Edit Coverage.

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READ Notice
CLICK Close

ACTION REQUIRED: Open Enrollment
October 13 - October 31, 2025

All active and Non-Medicare members were moved to the Standard PPO Plan for the 2026 benefit year. If you prefer to enroll in the Plus PPO Plan, **YOU MUST TAKE ACTION** by October 31, 2025.

When you have completed your enrollment you **MUST** click **SAVE!** A green congratulations message will appear when you have successfully completed your enrollment selection.

[Close](#)

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CHOOSE
Your Medical
Plan Option
CLICK Next

Choose your Medical plan.

Please review your options and choose the plan that best meets your needs.

Who do you want to cover on this plan?

[Add Dependent](#)

ACTION REQUIRED: Open Enrollment
October 13 - October 31, 2025

PPO (FSA)

Standard PPO **\$268.00**
Monthly Cost

Benefit Year Deductible: \$1,500 Individual/\$4,500 Family
Office Visit Copay: \$0 Copay for CPP Provider selected as PCP/\$30 Copay for Non CPP Provider/\$45 for any other PCP visit
Preventive Services: \$0 Copay
Specialist Visit Copay: \$47 Copay for CPP Specialist Provider/\$84 for any other Specialist visit
Emergency Room Copay: \$337 Copay, then 30% after deductible
Inpatient Hospital Copay: \$337 Copay, then 30% after deductible

[Currently Selected](#) [Plan details](#)

PPO (FSA)

Plus PPO **\$355.00**
Monthly Cost

Benefit Year Deductible: \$1,250 Individual/\$3,750 Family
Office Visit Copay: \$0 Copay for CPP Provider selected as PCP/\$10 Copay for Non CPP Provider/\$25 for any other PCP visit
Preventive Services: \$0 Copay
Specialist Visit Copay: \$40 Copay for CPP Specialist Provider/\$80 for any other Specialist visit
Emergency Room Copay: \$300 Copay, then 20% after deductible
Inpatient Hospital Copay: \$300 Copay, then 20% after deductible

[Select plan](#) [Plan details](#)

[Decline coverage](#) [I would like to decline Medical coverage](#)

[Next](#) [Previous](#) [Cancel](#)

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REVIEW
Medical Summary
CLICK Save

Medical Plus PPO
Offered By: Aetna
Effective Date: 01/01/2026
You Pay: \$355.00 per month
Persons Covered: [REDACTED]

Cost Summary
This is a summary of your OE benefit elections. [Hide all](#)

Benefit Elections (1 items)

Monthly	Medical	You Pay
Monthly Total	\$355.00	\$355.00

Primary Care Provider [Edit](#)
[Show details](#)

[Edit coverage](#) [Edit plan](#) [Plan details](#)

[Save](#) [Cancel](#)

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REVIEW all benefit
elections, then
CLICK
Complete Enrollment

☐ I have reviewed the information above

[Complete Enrollment](#) [Return home](#)

Your benefits

- 1. Your Medical coverage: \$105.00
- 2. Your NCPlus Health Care PBA coverage: \$83.33
- 3. Your NCPlus Dependent Day Care PBA coverage: \$0.00
- 4. Your NCPlus Accident Plan coverage: \$0.00
- 5. Your NCPlus Cancer coverage: \$0.00
- 6. Your NCPlus Critical Illness coverage: \$0.00
- 7. Your NCPlus Dental coverage: \$75.74
- 8. Your NCPlus Vision coverage: \$0.00
- 9. Your NCPlus Group Term Life coverage: \$0.00
- 10. Your NCPlus Spouse Group Term Life coverage: \$0.00
- 11. Your NCPlus Child Group Term Life coverage: \$0.00
- 12. Your NCPlus AD&D coverage: \$0.00
- 13. Your NCPlus Voluntary AD&D coverage: \$0.00
- 14. Your Voluntary Disability coverage: \$0.00
- 15. Your NCPlus Travel Supplement coverage: \$0.00

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PRINT
Confirmation
Statement

✓ **Congratulations, [REDACTED] You have successfully completed your enrollment process.**
[Please review and print your Confirmation Statement for your records.](#)

CONGRATULATIONS! You have successfully completed your enrollment.
Click on "Confirmation Statement" to access a printable version of your benefits.