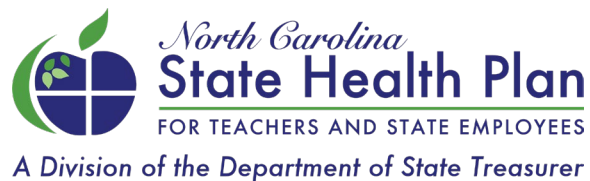




# State Health Plan 2026 Open Enrollment

Open Enrollment  
Oct. 13-31, 2025



# Presentation Overview

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- Overview
- Open Enrollment Action
- Plan Options
- New Opportunities
- Benefit Changes
- Premiums
- How to Make Changes



**OPEN  
ENROLLMENT**

# HOW WE GOT HERE

The Plan maintained a rich benefit **WITHOUT CHANGING** member premiums and plan designs **WHILE INCREASING** provider reimbursement through the Clear Pricing Project.

- Plan options had gotten increasingly richer compared to alternatives.

The State Health Plan was facing a \$507 million **DEFICIT EXPECTED** in 2026.



The Plan was **NOT** on a sustainable path.

The changes approved by the Board this year in both premium rates and benefit design will place the Plan on the **RIGHT TRACK TO SOLVENCY**.



# 2026 OPEN ENROLLMENT

Open Enrollment is the perfect time to **REVIEW YOUR COVERAGE** and options provided under the State Health Plan for this next benefit year and make any necessary changes.

- **CHANGE** plans
- **OPT IN / OUT** of the State Health Plan
- **ADD / REMOVE** spouse / dependents

Outside of OE, there must be a **QUALIFYING LIFE EVENT (QLE)** to add/drop dependents within 30 days of the event.

Dependent **VERIFICATION DOCUMENTATION** is required for all dependents.

- During Open Enrollment, you have until Oct. 31 to provide the required documentation.
- A full list of required documents can be found on the Plan's website at [www.shpnc.gov](http://www.shpnc.gov).

Documents should be uploaded and stored in eBenefits.

Need help? Contact your HBR or the Eligibility and Enrollment Support Center at 855-859-0966.

# 2026 Plan Options: Active & Non-Medicare



The State Health Plan will continue to offer **TWO PLAN OPTIONS** to active employees and non-Medicare retirees for 2026. **NEW PLAN NAMES** will be introduced in an effort to move away from numerical/actuarial plan names.

## Standard PPO Plan

*Formerly named 70/30 Plan*

Members pay **30% COINSURANCE** for eligible in-network services after meeting a deductible.

For some services (i.e., office visits, urgent care or emergency room visits), members pay a copay.

## Plus PPO Plan

*Formerly named 80/20 Plan*

Members pay **20% COINSURANCE** for eligible in-network services after meeting a deductible.

Like the Standard Plan, members pay a copay for some services (i.e., office visits, urgent care or emergency room visits).

For **BOTH** Plan Options: Affordable Care Act (ACA) Preventive Services performed by an in-network provider are **COVERED AT 100%** by the Plan, at no cost to the member.

# 2026 Plan Options: Active & Non-Medicare



The Plan utilizes a Third-Party Administrator or TPA that is responsible for the provider network and processing your medical claims. Our current TPA is Aetna.

But your **MEDICAL CLAIMS** are **PAID BY THE STATE**, not Aetna.



The Plan also utilizes a Pharmacy Benefit Manager or PBM that is responsible for providing a pharmacy network, managing the formulary (drug list) and processing your pharmacy claims. Our current PBM is CVS Caremark.

But your **PHARMACY CLAIMS** are **PAID BY THE STATE**, not CVS.



# ACTION REQUIRED: for Active Employees

All Active employees, including dependents, will be **AUTOMATICALLY ENROLLED** in the Standard PPO Plan, for the 2026 benefit year.

Subscribers **MUST TAKE ACTION** during Open Enrollment if they would like to enroll in the Plus PPO Plan or if they need to make any changes regarding dependents.


The Tobacco Attestation premium credit has been removed. Subscribers no longer have to attest to earn down their monthly premium. Premiums did **NOT** go up \$60 as a result.



# NEW ID CARDS

ALL MEMBERS, regardless of action taken during Open Enrollment, will receive a new ID card in late November-December.

Members will need to begin using this card Jan. 1, 2026, for all medical and pharmacy services.

 FOR TEACHERS AND STATE EMPLOYEES A Division of the Department of State Treasurer		
LUCY 6 JEANTEST		
ID: MMR8WNPRKQKC		
DEPT OF NATURAL & CULTURAL RESOURCES		
Group No:	Eff Date:	
0192681	01/01/2025	
Plus PPO Plan		
Choice POS II		
RXBIN:	RXPCN:	RXGRP:
004336	ADV	RX0274
SELF INSURED		
Paid for by YOU and other NC Taxpayers		
<b>Provider Type</b>		
Selected Pref PCP	\$10	
Selected Other PCP	\$30	
Non-Selected PCP	\$40	
Preferred Specialist	\$40	
Other Specialist	\$80	
Urgent Care	\$70	
Hosp/ER	\$500+Ded+20%	
<b>Other Info</b>	INN	OON
Ind Deductible	\$ 1,500	\$ 3,000
Ind OOP Max	\$ 5,000	\$10,000
Family Deductible	\$ 4,500	\$ 9,000
Family OOP Max	\$15,000	\$30,000
<b>Primary Care Provider (PCP)</b>		
Maria V Delbono		
VA Preferred		NAP

<b>Third Party Administrator:</b>	<b>Pharmacy Benefits Administrator:</b>
	
Benefits & Claims Number	1-833-690-1037
Eligibility & Enrollment	1-855-859-0966
Behavioral Health	1-800-424-4047
Provider Relations/Precert	1-888-632-3862
24-Hour Nurse Line	1-800-556-1555
Pharmacy Help Desk	1-800-364-6331
CVS Caremark	1-888-321-3124
Lantern \$0 Surgery	1-833-916-3826
Aetna Life Insurance Company	Payer No: 60054 0155
Submit Claims To: PO Box 14079	www.SHPNC.gov
Lexington, KY 40512-4079	
<small>Aetna provides administrative services only for the self funded plan, and assumes no financial risk for claims. Claims may be subject to review. Members are responsible for obtaining the prior review/cert for professional and/or outpatient services for non-participating providers.</small>	



# Clear Pricing Project (CPP) Ending


The Clear Pricing Project is ending Dec. 31, 2025.


The State Health Plan continues its **COMMITMENT** to **PROVIDING MEMBERS** access to **HIGH QUALITY** and **AFFORDABLE** Health Care through **PREFERRED PROVIDERS**.


When members select and see a Preferred Provider, they will receive the **LOWEST COPAY**.

## IMPORTANT NOTES

- Members that have a selected PCP that has both badges, no action is needed to select a different PCP.
- If members switch PCPs during OE, that action is going to generate a new ID card immediately.
- If you want to select a different PCP, members will need to wait until 1/1/26.


**Bruckert, Joseph W., MD**  
Family Practice


 100 Ridge View Drive, Suite 105 Cary, NC 27511  
0.85 miles from you


 (919) 851-7867


☐ Compare


[View Details](#) [Select as PCP](#)


Group and IPA Affiliations 

 Clear Pricing Project Provider

 Preferred Provider


**Gupta, Sachin Kumar, MD**  
Family Practice

 4000 Glenaire Circle, Cary, NC 27511  
0.99 miles from you

 (919) 447-4476

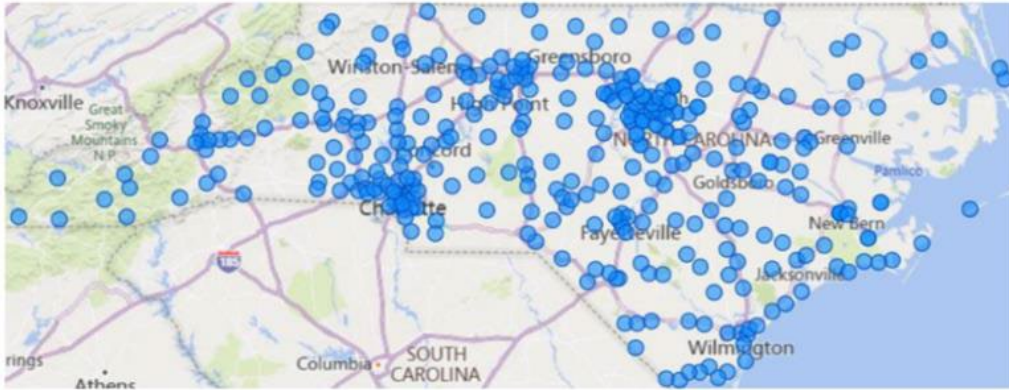
☐ Compare

[View Details](#) [Select as PCP](#)

 Preferred Provider

# Preferred Providers

The State Health Plan continues its COMMITMENT to PROVIDING MEMBERS access to HIGH QUALITY and AFFORDABLE health care through **PREFERRED PROVIDERS**.



- Aledade
- Bethany
- Community Care Physician Network
- Coastal Carolina
- Eagle
- EmergeOrtho
- OneHealth
- Piedmont
- Pinehurst
- Tryon
- UNC Alliance
- WakeMed Key
- Wilmington Health

Starting January 1, 2026, members will be able to select a Preferred Provider to receive the **LOWEST COPAY**.

# Teladoc

Teladoc Health will no longer be offered by the State Health Plan after Dec. 31, 2025.

Any Teladoc Health **CLAIMS** after this date will be considered out-of-network.

Other virtual care **OPTIONS** that are available to you as part of your benefits.

- Check with your provider. Some providers offer telehealth or virtual services as part of their practice. If you receive care in this manner, the same copay applies as an in-person office visit.
- Visit the Aetna app and click “*Find Care*” under “*Additional Care Options*”, here you will find a complete list of virtual care options.

Members that have **QUESTIONS** about virtual care options, contact:

Aetna Concierge Team at 833-690-1037.

# Lantern Surgery Benefit

The State Health Plan is excited to be partnering with Lantern, a trusted provider that helps connect Plan members to a high-quality, carefully selected surgeon when you need a planned, non-emergency procedure.

There will be NO COST (\$0) for surgery for members who use a Lantern provider—no deductibles or no copays.

Lantern covers more than 1,500 planned, non-emergency surgeries. Lantern surgeons are individually vetted and among the best in their field. A dedicated Lantern Care Advocate will work to match you with an excellent surgeon in the Lantern network as close to your home as possible. When close to home isn't possible, there is a travel benefit members may utilize.

## COMMONLY COVERED PROCEDURE CATEGORIES:

- Spine
- Orthopedic
- Joint
- Ear, Nose, & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine & Ortho  
Injections
- Urology
- Bariatrics



Members will need to call Lantern to determine if a surgery is covered. Lantern will be sending all eligible\* members an ID card to keep in your wallet as a reminder of this great benefit. When you use a Lantern provider, you will utilize this ID card.

Visit the Benefits Booklet at [www.shpnc.gov](http://www.shpnc.gov) for full benefit details.

*\*Medicare Primary members are not eligible to participate.*

# New Targeted Initiatives

In 2026, members that meet certain criteria will have access to these new initiatives.

## Ventricle Health

Ventricle Health is a national, value-based cardiology provider network that increases access to care, improves outcomes, and reduces cost for people with heart failure and other cardiac conditions.



Hinge Health offers qualified members virtual physical therapy solutions that can reduce joint and muscle aches, pain, and tension at home.

# 2026 Plan Design Changes *Active and Non-Medicare*

SERVICES	2025		2026	
	70/30	80/20	STANDARD	PLUS
Annual Deductible	\$1,500 / \$4,500	\$1,250 / \$3,750	\$3,000 / \$9,000	\$1,500 / \$4,500
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$5,900 / \$16,300	\$4,890 / \$14,670	\$6,500 / \$16,300	\$5,000 / \$15,000
In-Patient Hospital / Emergency Room	\$337 +ded/coins	\$300 +ded/coins	\$600 +ded/coins	\$500 +ded/coins
Out-Patient Surgical Copay	ded/coins	ded/coins	\$350 +ded/coins	\$300 +ded/coins
Primary Care Provider Office Visit	\$45 / \$30 / CPP \$0	\$25 / \$10 / CPP \$0	\$50 / \$40 / \$15*	\$40 / \$30 / \$10*
Specialist Visits	\$94 / CPP \$47	\$80 / CPP \$40	\$94 / \$50*	\$80 / \$40*
Behavioral Health Provider	\$45 / CPP \$0	\$25 / CPP \$0	\$15	\$10
Speech, Occupational, Chiropractic and Physical Therapy	\$72 / CPP \$36	\$52 / CPP \$26	\$62	\$42
Rx Tier 1	\$16	\$5	\$25	\$15
Rx Tier 2	\$47	\$30	\$75	\$55
Rx Tier 4	\$200	\$100	\$200	\$100
Rx Tier 5	\$350	\$250	\$600**	\$500**
Actuarial Value	79.8%	84.6%	74.8%	81.5%

\*Lowest copay for preferred providers. \*\*Manufacturer's coupons would generally cover increased copay. \*\*\*Premiums to be determined in Aug.



# Plan Comparison ACTIVE and NON-MEDICARE Subscribers



## MEDICAL BENEFITS

	STANDARD PPO Plan (formerly named Base PPO Plan 70/30)		PLUS PPO Plan (formerly named Enhanced PPO Plan 80/20)	
	Network		Network	
	In	Out	In	Out
Annual Deductible	\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible is met
Out-of-Pocket Maximum combined Medical and Pharmacy	\$6,500 Individual \$16,300 Family	\$13,000 Individual \$32,600 Family	\$5,000 Individual \$15,000 Family	\$10,000 Individual \$30,000 Family
Preventive Services	\$0	N/A	\$0	N/A
Primary Care Provider (PCP) Office Visit	\$15 Preferred PCP on ID Card \$40 Other PCP on ID Card \$50 Other PCP	50% after deductible is met	\$10 Preferred PCP on ID Card \$30 Other PCP on ID Card \$40 Other PCP	40% after deductible is met
Specialist Visit	\$50 Preferred Provider \$94 Other Provider	50% after deductible is met	\$40 Preferred Provider \$80 Other Provider	40% after deductible is met
Behavioral Health Visit	\$15	50% after deductible is met	\$10	40% after deductible is met
Speech, Occupational, Chiropractic, Physical Therapy	\$62	50% after deductible is met	\$42	40% after deductible is met
Urgent Care	\$100		\$70	
Emergency Room	\$600, then 30% after deductible is met (copay waived with admission)		\$500, then 20% after deductible is met (copay waived with admission)	
Inpatient Hospital Services	\$600, then 30% after deductible	\$600, then 50% after deductible	\$500, then 20% after deductible	\$500, then 40% after deductible
Outpatient Surgery	\$350, then 30% after deductible	\$350, then 50% after deductible	\$300, then 20% after deductible	\$300, then 40% after deductible
Outpatient Surgery at Ambulatory Surgical Center	Deductible / Coinsurance		Deductible / Coinsurance	
Lantern Bundle Program	\$0		\$0	

## STANDARD PPO Plan (formerly named Base PPO Plan 70/30)

Network	
In	Out

## PLUS PPO Plan (formerly named Enhanced PPO Plan 80/20)

Network	
In	Out

## PHARMACY BENEFITS

Rx Tier 1	\$25	\$15
Rx Tier 2	\$75	\$55
Rx Tier 3	Deductible / Coinsurance	Deductible / Coinsurance
Rx Tier 4	\$200	\$100
Rx Tier 5	\$600	\$500
Rx Tier 6	Deductible / Coinsurance	Deductible / Coinsurance
Preferred Blood Glucose Meters (BGM) and Supplies*	\$10*	\$5*
Preferred and Non-Preferred Insulin	\$0	\$0
Preventive Medications	\$0	\$0

Rx copays for 30-day supply.

\*This does not include Continuous Glucose Monitoring Systems or associated supplies. These are considered a Tier 2 member copay.

# PHARMACY BENEFIT Reminders

CVS Caremark is the Pharmacy Benefits Manager for the State Health Plan.  
Remember that the Plan continues to maintain a customized closed formulary, or drug list.

**CLOSED FORMULARY** – In a “closed” formulary, certain drugs are excluded.

- The formulary is **UPDATED** on a **QUARTERLY BASIS** and members should always review it to see if there have been any coverage changes to their prescribed medications.
- An exception process is available to providers who believe that, based on medical necessity, it is in the members’ best interest to remain on the excluded drug(s).
- Exception requests for tier level changes are not permitted.



Excluded drugs approved for coverage through the exceptions process will be at the Tier 3 or Tier 6-member copay level.



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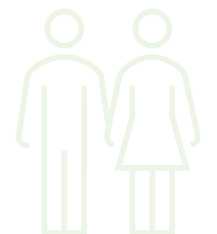
# 2026 Premiums

# Monthly Premiums: Employee-Only

The Plan will be introducing **SALARY-BANDED PREMIUMS** for the 2026 benefit year. Implementing salary-based premiums allows for a lower impact on lower salaried employees.

- Salary-based rates will only apply to the subscriber-only rate and is based on the employee's total base pay.
- The employee's monthly rate will display in eBenefits, when they log in to eBenefits to complete their Open Enrollment.
- The subscriber-only rate, which is based on the member's salary at the time of Open Enrollment will remain the same for 2026 regardless of salary adjustments.
- The new premium amount will be deducted from December paychecks for January coverage.

If retro salary increases are approved with a state budget, it could impact the bands in which people are in as of OE. The Plan will communicate any action necessary when the time comes.



# Active Employee Premiums: Salary Bands

Salary Band	Count	%
\$50,000 + UNDER	60,500	20.4%
\$50,001 - \$65,000	94,900	32.1%
\$65,001 - \$90,000	93,200	31.5%
\$90,001 + OVER	47,200	16.0%
<b>Total Employees</b>	<b>295,800</b>	<b>100%</b>

# 2026 Premiums

## STANDARD PPO & PLUS PPO PLAN for Active Subscribers



Monthly Premium Rates  January 1, 2026 to December 31, 2026	STANDARD PPO PLAN				PLUS PPO PLAN			
	Salary Band				Salary Band			
	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER
ACTIVE SUBSCRIBERS								
Subscriber Only	\$35	\$50	\$65	\$80	\$66	\$94	\$122	\$160
Subscriber + Child(ren)	\$185	\$200	\$215	\$230	\$276	\$304	\$332	\$370
Subscriber + Spouse	\$575	\$590	\$605	\$620	\$746	\$774	\$802	\$840
Subscriber + Family	\$575	\$590	\$605	\$620	\$746	\$774	\$802	\$840



# 2026 Premiums

## STANDARD PPO & PLUS PPO PLAN

for Non-Medicare Primary Subscribers in the Retirement Systems



Monthly Premium Rates January, 2026 to December 31, 2026	STANDARD PPO PLAN	PLUS PPO PLAN
SUBSCRIBER and all DEPENDENTS are NON-MEDICARE		
Subscriber Only	\$0	\$66
Subscriber + Child(ren)	\$185	\$276
Subscriber + Spouse	\$575	\$746
Subscriber + Family	\$575	\$746
MEDICARE PRIMARY DEPENDENT(S) on MEDICARE ADVANTAGE BASE PLAN		
Subscriber + Child(ren)	\$68	\$134
Subscriber + Spouse	\$68	\$134
Subscriber + Family	\$136	\$202
MEDICARE PRIMARY DEPENDENT(S) on MEDICARE ADVANTAGE ENHANCED PLAN		
Subscriber + Child(ren)	\$145	\$211
Subscriber + Spouse	\$145	\$211
Subscriber + Family	\$290	\$356
MEDICARE PRIMARY DEPENDENT(S) on STANDARD PPO PLAN		
Subscriber + Child(ren)	\$185	\$251
Subscriber + Spouse	\$575	\$641
Subscriber + Family	\$575	\$641


# 2026 Premiums

## STANDARD PPO & PLUS PPO PLAN for Active Employees, Eligible Part-Time, Job Share and Leave of Absence Subscribers



Monthly Premium Rates  January 1, 2026 to December 31, 2026	STANDARD PPO PLAN				PLUS PPO PLAN			
	Salary Band				Salary Band			
	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER
SUBSCRIBER and all DEPENDENT(S) are NON-MEDICARE								
Subscriber Only	\$35	\$50	\$65	\$80	\$66	\$94	\$122	\$160
Subscriber + Child(ren)	\$185	\$200	\$215	\$230	\$276	\$304	\$332	\$370
Subscriber + Spouse	\$575	\$590	\$605	\$620	\$746	\$774	\$802	\$840
Subscriber + Family	\$575	\$590	\$605	\$620	\$746	\$774	\$802	\$840
JOB SHARE EMPLOYEES (50% CONTRIBUTORY)								
Subscriber Only	\$406.02				\$437.02			
Subscriber + Child(ren)	\$556.02				\$647.02			
Subscriber + Spouse	\$946.02				\$1,117.02			
Subscriber + Family	\$946.02				\$1,117.02			
LOA FULLY PAID & PART-TIME (100% CONTRIBUTORY)								
Subscriber Only	\$777.04				\$808.04			
Subscriber + Child(ren)	\$927.04				\$1,018.04			
Subscriber + Spouse	\$1,317.04				\$1,488.04			
Subscriber + Family	\$1,317.04				\$1,488.04			



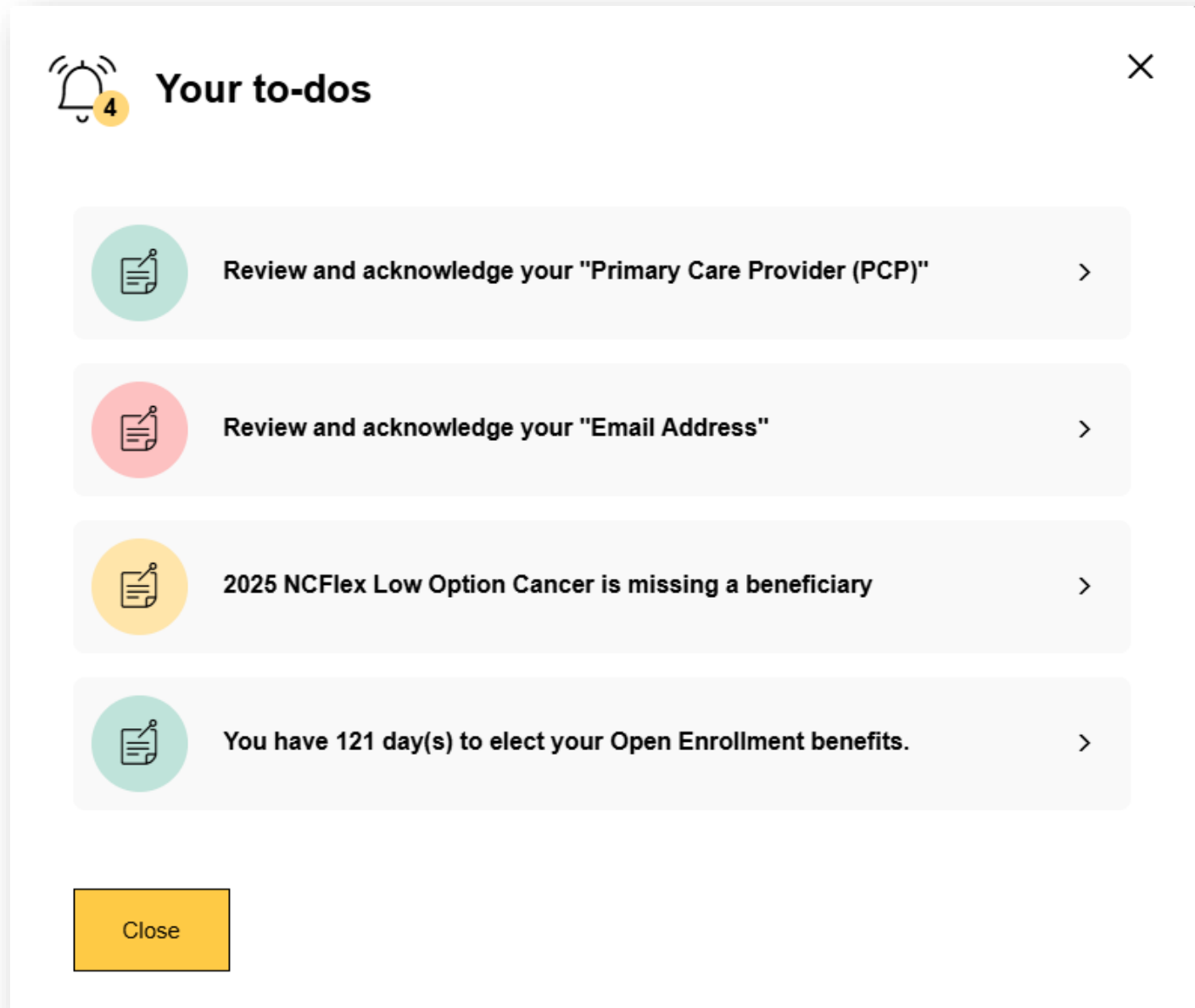
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**State Health Plan**  
FOR TEACHERS AND STATE EMPLOYEES  
A Division of the Department of State Treasurer

# eBenefits Open Enrollment Member Experience


# 1. MEMBER HOME PAGE

## ‘Your to-dos’ Pop Up

In this example,  
member changes  
from Standard to Plus  
PPO Plan for 2026.



## 2. HOME PAGE – FULL VIEW



**\*\*ACTION REQUIRED\*\***

All active members and 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.


If you enroll in the Plus PPO Plan or Standard PPO Plan and visit your selected PCP, you can receive a copay reduction. Please make sure a PCP is selected.

Click on the video to view a short step-by-step demonstration of the online enrollment process.

When you are ready to complete the enrollment process you will need to click the "Get started" button. When you have completed your enrollment you **MUST** click **SAVE!** A green congratulations message will appear when you have successfully completed your enrollment selection.

[Show less](#)

[Get started >](#)

Welcome back, 

Wednesday, July 2 4:11:14 AM EDT

121  
DAYS LEFT TO  
ELECT BENEFITS  
Begin open  
enrollment

4  
TO DO ITEMS  
View to do list

9  
ACTIVE  
BENEFITS  
View benefits

Begin open enrollment

Change your current benefits


Print your benefits

Update your primary care provider


View your medicare info

**Your benefits**


Viewing Current




Medical  
Base PPO Plan  
(70/30)  
\$218.00/month




NCFlex Accident...  
2025 NCFlex  
Classic Accident...  
\$18.25/month




NCFlex Cancer  
2025 NCFlex  
Low Option...  
\$10.02/month




NCFlex Critical...  
2025 NCFlex  
Critical Illness...  
\$14.00/month




NCFlex Vision  
2025 NCFlex  
Core Wellness...  
\$0.00/month




NCFlex Group...  
2025 NCFlex  
Voluntary Gro...  
\$0.00/month



NCFlex Spouse...  
2025 NCFlex  
Voluntary...  
\$0.00/month



NCFlex Child...  
2025 NCFlex  
Voluntary Chil...  
\$0.00/month



NCFlex Core...  
2025 NCFlex  
Core Accident...  
\$0.00/month

[Show all benefits](#)

[Change current benefits](#)

**Quick Links**

Aetna Member Portal  
Allstate  
CVS Caremark

EyeMed Vision Care  
PMA Spending Accounts  
MetLife Dental

**Primary Care Provider (PCP)** [Needs review](#)

It is important to regularly verify your Primary Care Provider on file is up to date. Please review and Select or Update your Primary Care Provider, if needed.

[Review and acknowledge](#)

**Email Address** [Needs review](#)


Review and confirm your email address to ensure you receive important communications from the State Health Plan.

[Review and acknowledge](#)

**My NC 401(k) and NC 457 Retirement Savings**

- Retirement is in your future!
- Invest in your future with the NC 401(k) and/or NC 457 Plans. Available exclusively to public employees in North Carolina...

[Read more](#)




Take your benefits on the go with the Benefitplace app

Get easy access to your coverage details, ID cards, educational content and more - in the palm of your hand.

[Download today! Use company ID: SHP\\_BEACON](#)

Download on the App Store

GET IT ON Google Play



www.shpnc.gov


25



# 3. MEMBER HOME PAGE – Begin 2026 Enrollment

SPLIT FOR BETTER REVIEW IN PRESENTATION ONLY

## TOP HALF



**\*\* ACTION REQUIRED \*\***

All active members and 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.

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[Show less](#)

[Get started >](#)

**Welcome back,** [REDACTED]

Wednesday, July 2 at 12:51 PM EDT

121

DAYS LEFT TO ELECT BENEFITS

Begin open enrollment

4


TO DO ITEMS


View to do list


9


ACTIVE BENEFITS


View benefits

 [Begin open enrollment](#)

 [Change your current benefits](#)










 [Print your benefits](#)

 [Update your primary care provider](#)

 [View your medicare info](#)

**Your benefits**

Viewing: **Current**

 Medical Base PPO Plan (70/30) \$218.00/month	 NCFlex Acciden... 2025 NCFlex Classic Accide... \$18.20/month	 NCFlex Cancer 2025 NCFlex Low Option... \$10.02/month	 NCFlex Critical... 2025 NCFlex Critical Illness... \$14.00/month	 NCFlex Vision 2025 NCFlex Core Wellness... \$0.00/month
 NCFlex Group... 2025 NCFlex Voluntary Gro... \$0.00/month	 NCFlex Spouse... 2025 NCFlex Voluntary... \$0.00/month	 NCFlex Child... 2025 NCFlex Voluntary Chil... \$0.00/month	 NCFlex Core... 2025 NCFlex Core Accident... \$0.00/month	

[Show all benefits](#)

[Change current benefits](#)

## BOTTOM HALF

[Change current benefits](#)

**Quick Links**

[Aetna Member Portal](#)  
[Allstate](#)  
[CVS Caremark](#)

[EyeMed Vision Care](#)  
[P&A Spending Accounts](#)  
[MetLife Dental](#)

**Primary Care Provider (PCP)** [Needs review](#)

It is important to regularly verify your Primary Care Provider on file is up to date. Please review and [Select or Update your Primary Care Provider](#), if needed.

[Review and acknowledge](#)

**Email Address** [Needs review](#)


Review and confirm your email address to ensure you receive important communications from the State Health Plan.

[Review and acknowledge](#)

**My NC 401(k) and NC 457 Retirement Savings**

- Retirement is in your future!
- Invest in your future with the NC 401(k) and/or NC 457 Plans. Available exclusively to public employees in North Carolina,...



[Read more](#)




**Take your benefits on the go with the Benefitplace app**

Get easy access to your coverage details, ID cards, educational content and more - in the palm of your hand.

[Download today! Use company ID: SHP\\_BEACON](#)



www.shpnc.gov

26



# 4. ADD DEPENDENTS PAGE –

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

☒ PROFILE – ☐ BENEFITS – ☐ CHECKOUT

## 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	<a href="#">Edit</a>
██████████████████	Spouse	██████	Female	<a href="#">Edit</a>
██████████	Child	██████	Male	<a href="#">Edit</a>

Create dependent profile

Next

Previous

# 5. CHOOSE YOUR MEDICAL COVERAGE

## Begin Enrollment Page



Current Benefits Open Enrollment Benefits

Open Enrollment Benefits

All active and nonactive Core medical plans moved to the Standard PPO Plan for the 2025 benefit year. If you want to enroll in the Plus PPO Plan, YOU MUST TAKE ACTION by October 31, 2024. NON-RENEW: If you see the green "Congratulations" message, your Confirmation Statement. This is Not Applicable to LEOP Benefits.

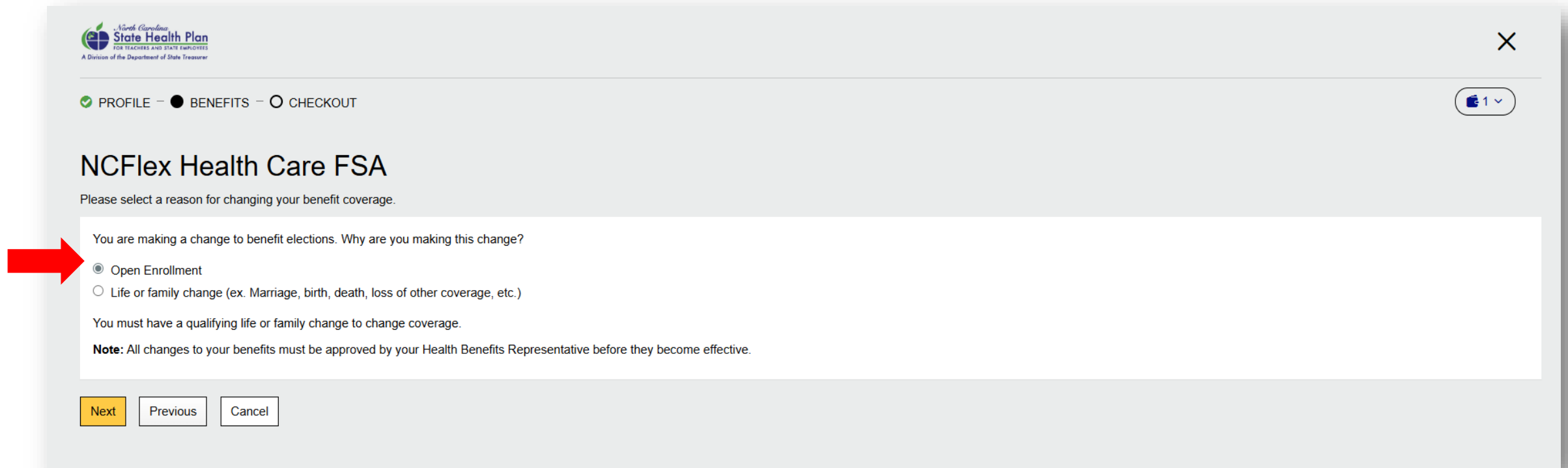
Your benefits


	<b>Your Medical coverage</b> Plus PPO Effective Date: 01/01/2025 Person Covered: [Name] [Show coverage] [Show Plan Details]	<b>\$355.00</b> per month	Decline
	<b>Your NCFlex Health Care FSA coverage</b> 2025 NCFlex Health Care Flexible Spending Account Spendable Amount: \$1,000.00 Per Plan Year \$83.33 per month Effective Date: 01/01/2025 Person Covered: [Name] [Show coverage] [Show Plan Details]	<b>\$83.33</b> per month	Decline
	<b>Your NCFlex Dependent Day Care FSA coverage</b> You have declined this benefit. [Show coverage]		
	<b>Your NCFlex Accident Plan coverage</b> You have declined this benefit. [Show coverage]		
	<b>Your NCFlex Cancer coverage</b> You have declined this benefit. [Show coverage]		
	<b>Your NCFlex Critical Illness coverage</b> You have declined this benefit. [Show coverage]		
	<b>Your NCFlex Dental coverage</b> 2025 NCFlex Classic Option Dental Effective Date: 01/01/2025 Person Covered: [Name] [Show coverage] [Show Plan Details]	<b>\$79.74</b> per month	Decline
	<b>Your NCFlex Vision coverage</b> 2025 NCFlex Core Wellness Exam Effective Date: 01/01/2025 Person Covered: [Name] [Show coverage] [Show Plan Details]	<b>\$0.00</b> per month	Decline
	<b>Your NCFlex Group Term Life coverage</b> Cancelled as of 11/01/2024 [Show coverage]		
	<b>Your NCFlex Spouse Group Term Life coverage</b> Not Eligible		
	<b>Your NCFlex Child Group Term Life coverage</b> Not Eligible		
	<b>Your NCFlex Core AD&amp;D coverage</b> You have declined this benefit. [Show coverage]		
	<b>Your NCFlex Voluntary AD&amp;D coverage</b> You have declined this benefit. [Show coverage]		
	<b>Your Voluntary Disability coverage</b> You have declined this benefit. [Show coverage]		
	<b>Your NCFlex Tricare Supplement coverage</b> You have declined this benefit. [Show coverage] [Show Plan Details]		

[Save changes](#) [Return home](#)

You Pay (Monthly Total): \$219.07

## 6. OPEN ENROLLMENT / QLE CHOICE – Member chooses OE



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

PROFILE – ● BENEFITS – ○ CHECKOUT 1

### NCflex Health Care FSA

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](#)

# 7. 2026 SHP MEDICAL SUMMARY – Click on Edit Coverage to Change

The screenshot shows the '2026 SHP Medical Summary' page. At the top, there's a navigation bar with 'PROFILE', 'BENEFITS', and 'CHECKOUT'. Below this, the title '2026 SHP Medical Summary' is displayed, followed by a message: 'You have entered a life or family change.' The main content area is divided into two columns. The left column contains sections for 'Medical' (Standard PPO), 'Medicare', and 'Primary Care Provider'. The 'Medical' section shows details like 'Offered By: Aetna', 'Effective Date: 01/01/2026', 'You Pay: \$268.00 per month', and 'Persons Covered: [redacted]'. The 'Medicare' section states 'No policy on record' and 'No medicare policy information on record'. The 'Primary Care Provider' section has an 'Edit' link. The right column contains a 'Cost Summary' section with a table of 'Benefit Elections (1 items)' showing 'Monthly Medical' at '\$268.00', and a 'You Pay' section showing a 'Monthly Total' of '\$268.00'. At the bottom of the main content area, there are three buttons: 'Edit coverage' (highlighted with a red arrow), 'Edit plan', and 'Plan details'. At the very bottom, there are 'Save' and 'Cancel' buttons.

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

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

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

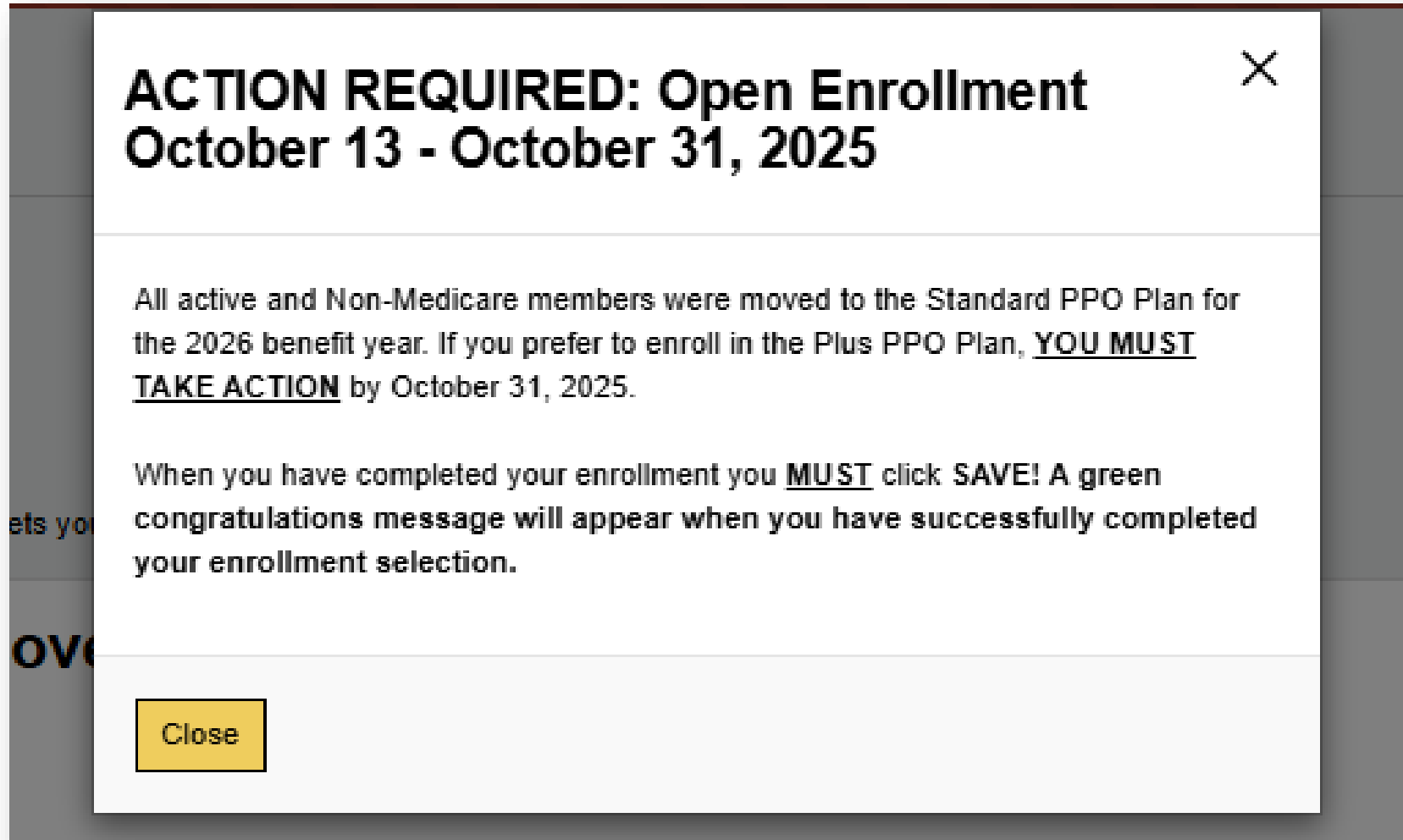
Benefit Elections (1 items)

Monthly Medical	\$268.00
-----------------	----------


**You Pay**

Monthly Total	\$268.00
---------------	----------

## 8. OE ACTION REQUIRED POP UP



# 9. CHOOSE YOUR MEDICAL PLAN PAGE



North Carolina  
State Health Plan  
and Retirement and Health Insurance  
A Division of the Department of State Treasurer


×

✓ PROFILE — ● BENEFITS — ○ CHECKOUT

1

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

✓ Currently Selected

Plan details

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/\$94 for any other Specialist visit

Emergency Room Copay

\$337 Copay, then 30% after deductible

Inpatient Hospital Copay

\$337 Copay, then 30% after deductible

PPO

FSA

Select plan

Plan details

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

Decline coverage

I would like to decline Medical coverage.

Next

Previous

Cancel

www.shpnc.gov


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# 10. 2026 SHP MEDICAL SUMMARY

PROFILE — BENEFITS — CHECKOUT

Your 2026 SHP Medical benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.



## Medical

### Plus PPO

Offered By: Aetna  
Effective Date: 01/01/2026  
You Pay: \$355.00 per month  
Persons Covered:

## Medicare

No policy on record

No medicare policy information on record

## Primary Care Provider

[Show details](#)

Edit coverage

Edit plan

Plan details

### Cost Summary

This is a summary of your OE benefit elections.


[Hide all](#)

#### Benefit Elections (1 items)

Monthly Medical	\$355.00
-----------------	----------

#### You Pay

Monthly Total	\$355.00
---------------	----------



Save

Cancel

www.shpnc.gov

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# 11. BENEFIT SUMMARY

## New Check Box –

Required to review information before 2026 Open Enrollment can be completed.

☐ I have reviewed the information above

Complete Enrollment

Return home

Current Benefits Open Enrollment Benefits

Open Enrollment Benefits

All active and Non-Medicaid 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 see the green "Congratulations" message PRINT your Confirmation Statement. \*THIS IS NOT Applicable to NCFlex Members\*

Your benefits


1. Your Medical coverage	\$355.00
Plus PPO	
Offered By: Aetna	
Effective Date: 01/01/2026	
Persons Covered:	
<a href="#">Edit coverage</a>	<a href="#">Show Plan Details</a>
Decline	
2. Your NCFlex Health Care FSA coverage	\$83.33
2026 NCFlex Health Care Flexible Spending Account	
Contribution Amount: \$1,000.00 Per Plan Year \$83.33 per month	
Effective Date: 01/01/2026	
Persons Covered:	
<a href="#">Edit contribution</a>	<a href="#">Edit coverage</a>
<a href="#">Show Plan Details</a>	
Decline	
3. Your NCFlex Dependent Day Care FSA coverage	
You have declined this benefit.	
<a href="#">Edit coverage</a>	
4. Your NCFlex Accident Plan coverage	
You have declined this benefit.	
<a href="#">Edit coverage</a>	
5. Your NCFlex Cancer coverage	
You have declined this benefit.	
<a href="#">Edit coverage</a>	
6. Your NCFlex Critical Illness coverage	
You have declined this benefit.	
<a href="#">Edit coverage</a>	
7. Your NCFlex Dental coverage	\$79.74
2026 NCFlex Classic Option Dental	
Effective Date: 01/01/2026	
Persons Covered:	
<a href="#">Edit coverage</a>	<a href="#">Show Plan Details</a>
Decline	
8. Your NCFlex Vision coverage	\$0.00
2026 NCFlex Core Wellness Exam	
Effective Date: 01/01/2026	
Persons Covered:	
<a href="#">Edit coverage</a>	<a href="#">Show Plan Details</a>
Decline	
9. Your NCFlex Group Term Life coverage	
Cancelled as of 01/01/2026	
<a href="#">Edit coverage</a>	
10. Your NCFlex Spouse Group Term Life coverage	
Not Eligible	
11. Your NCFlex Child Group Term Life coverage	
Not Eligible	
12. Your NCFlex Core AD&D coverage	
You have declined this benefit.	
<a href="#">Edit coverage</a>	
13. Your NCFlex Voluntary AD&D coverage	
You have declined this benefit.	
<a href="#">Edit coverage</a>	
14. Your NCFlex Voluntary Disability coverage	
You have declined this benefit.	
<a href="#">Edit coverage</a>	
15. Your NCFlex Tricare Supplement coverage	
You have declined this benefit.	
<a href="#">Edit coverage</a>	

☐ I have reviewed the information above

Complete Enrollment Return home

# 12. ENROLLMENT COMPLETED

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



**\*\*ACTION REQUIRED\*\***

All active members and 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.

If you enroll in the Plus PPO Plan or Standard PPO Plan and visit your selected PCP, you can receive a copay reduction. Please make sure a PCP is selected.

Click on the video to view a short step-by-step demonstration of the online enrollment process.

When you are ready to complete the enrollment process you will need to click the "Get Started" button. When you have completed your enrollment you **MUST** click **SAVE!** A green congratulations message will appear when you have successfully completed your enrollment selection.

[Show less](#)


[Get Started >](#)


**Welcome back, [REDACTED]**  
Wednesday, July 2 at 3:00 PM EDT


**121**  
DAY'S LEFT TO  
ELECT BENEFITS  
[View your benefits](#)


**2**  
TO DO ITEMS  
[View to do list](#)


**6**  
ACTIVE  
BENEFITS  
[View benefits](#)

 [View your benefits](#)

 [Change your current benefits](#)


 [Print your benefits](#)


 [Update your primary care provider](#)


 [View your medicare info](#)

**Your benefits**

**Your accounts**

  
Medical  
Plus PPO  
\$355.00/month

  
NCFlex Dental  
2026 NCFlex  
Classic Option..  
\$79.74/month

  
NCFlex Vision  
2026 NCFlex  
Core Wellness..  
\$0.00/month

Viewing

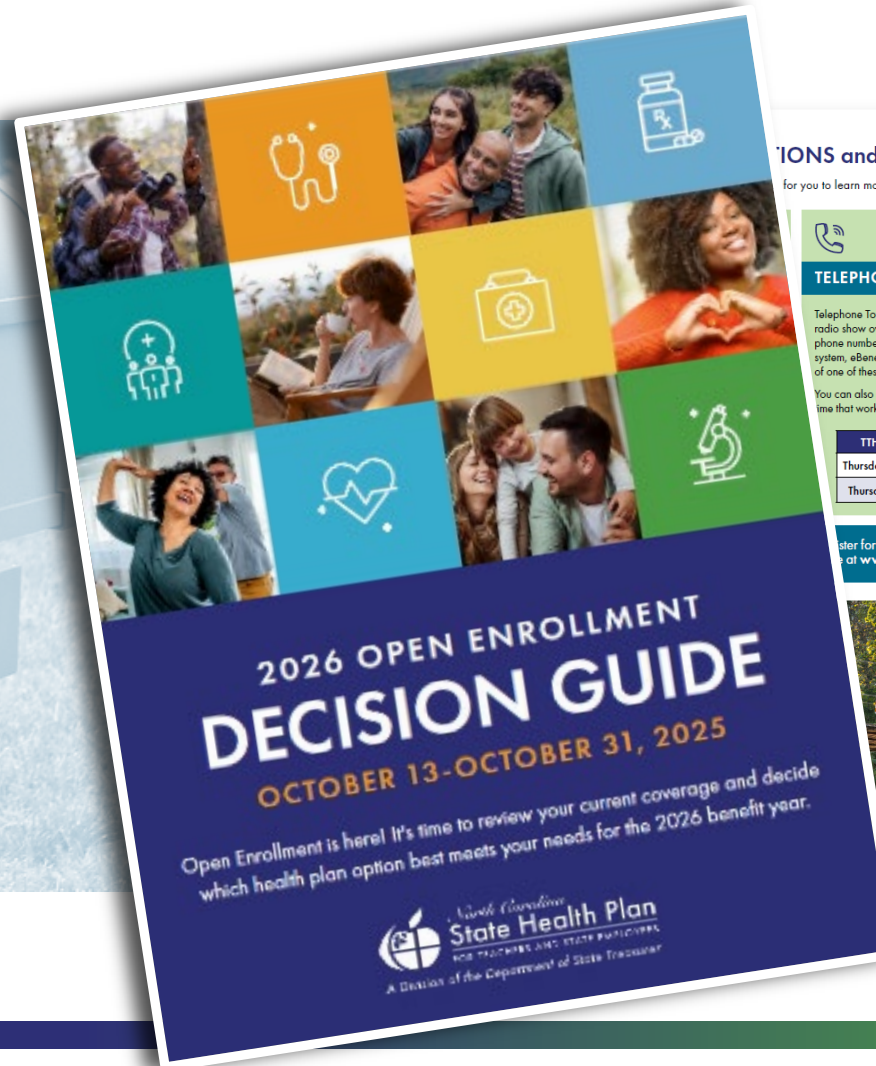
**Future** ▼

www.shpnc.gov

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# Decision Guides – Check Your Mail

Open Enrollment **DECISION GUIDES** will arrive in mailboxes prior to Open Enrollment.



## ACTIONS and STAY INFORMED!

for you to learn more about the changes coming in 2026.



### TELEPHONE TOWN HALLS

Telephone Town Halls are a lot like listening to a radio show over the phone. If you have a valid phone number in the State Health Plan's enrollment system, eBenefits, you will receive a call at the start of one of these events, which will prompt you to join.

You can also call **800-303-1480** at the date and time that works best for you. Registration not required.

TTH DATES	TTH TIMES
Thursday, Sept. 25	7 p.m.
Thursday, Oct. 9	7 p.m.

Register for a WEBINAR visit the Plan's at [www.shpnc.gov](http://www.shpnc.gov).

## OPEN ENROLLMENT CHECKLIST

- ❑ VISIT [www.shpnc.gov](http://www.shpnc.gov) for 2026 benefit information. You'll find a plan comparison, rate sheets, videos and Benefits Booklets.
- ❑ When you're ready to enroll or change your plan, starting Oct. 13, 2025, VISIT [www.shpnc.gov](http://www.shpnc.gov) and CLICK eBenefits.
- ❑ LOG INTO eBenefits. You may be required to create an account if you are a first-time user.
- ❑ REVIEW your dependent information and make changes, if needed. If adding a new dependent, you will need to provide Social Security numbers and will be prompted to upload required documentation.
- ❑ REVIEW your dependent information and make changes, if needed. If adding a new dependent, you will need to provide Social Security numbers and will be prompted to upload required documentation.
- ❑ ELECT YOUR PLAN: Standard PPO Plan or Plus PPO Plan.
- ❑ REVIEW the benefits you selected. If you are OK with your elections, you will be prompted to SAVE your enrollment.
- ❑ After you have made your choices, and they are displayed for you to review and print, you MUST scroll down to the bottom and click SAVE or your choices won't be recorded!
- ❑ PRINT the confirmation statement for your records.



### FORGOT PASSWORD TO eBENEFITS?

For members that log in directly to eBenefits (not through an employer portal) you can reset your password yourself and DO NOT need to call the Eligibility and Enrollment Support Center to reset your password.

If you are having issues logging into eBenefits, do not continue to attempt to log in or you will lock your account. Instead, you have the option to reset your password. Simply click "Reset my account" on the log-in page, then click "I can't reset my password." From there, you will be prompted to a screen that will ask you to enter your username, so a passcode can be sent to the email address you have in eBenefits.



If you change your Primary Care Provider (PCP) during Open Enrollment, a new ID card will generate immediately. If you want to change your PCP for 2026, you'll need to wait until Jan. 1, 2026 to make that update. As a reminder, PCPs can be changed anytime and ID cards typically arrive 7-10 days after the change is made.

## ACTION REQUIRED

All members will be automatically enrolled in the Standard PPO Plan. If you would like to enroll in the Plus PPO Plan you will NEED TO TAKE ACTION during Open Enrollment.

Eligibility and Enrollment Support Center: 855-859-0966

During Open Enrollment, the Eligibility and Enrollment Support Center will offer extended hours.  
Monday-Friday: 8 a.m.-10 p.m., Saturdays: 8 a.m.-5 p.m.

Aetna Health Concierge (Customer Service):  
Monday-Friday: 8 a.m.-5 p.m. 833-690-1037



## KEEP UP-TO-DATE ON STATE HEALTH PLAN NEWS

We have several ways you can stay informed!

FOLLOW US: [f SHPNc](https://www.facebook.com/SHPNc) and [onhealthplan](https://www.instagram.com/onhealthplan)

SIGN UP: [www.shpnc.gov/MemberFocus](http://www.shpnc.gov/MemberFocus)  
Subscribe to the State Health Plan's monthly e-newsletter, Member Focus.

# Extended Call Center Hours

We encourage members **NOT TO WAIT** until the last minute!

Call **WAIT TIMES** are always longer the first two days and last two days of OE.

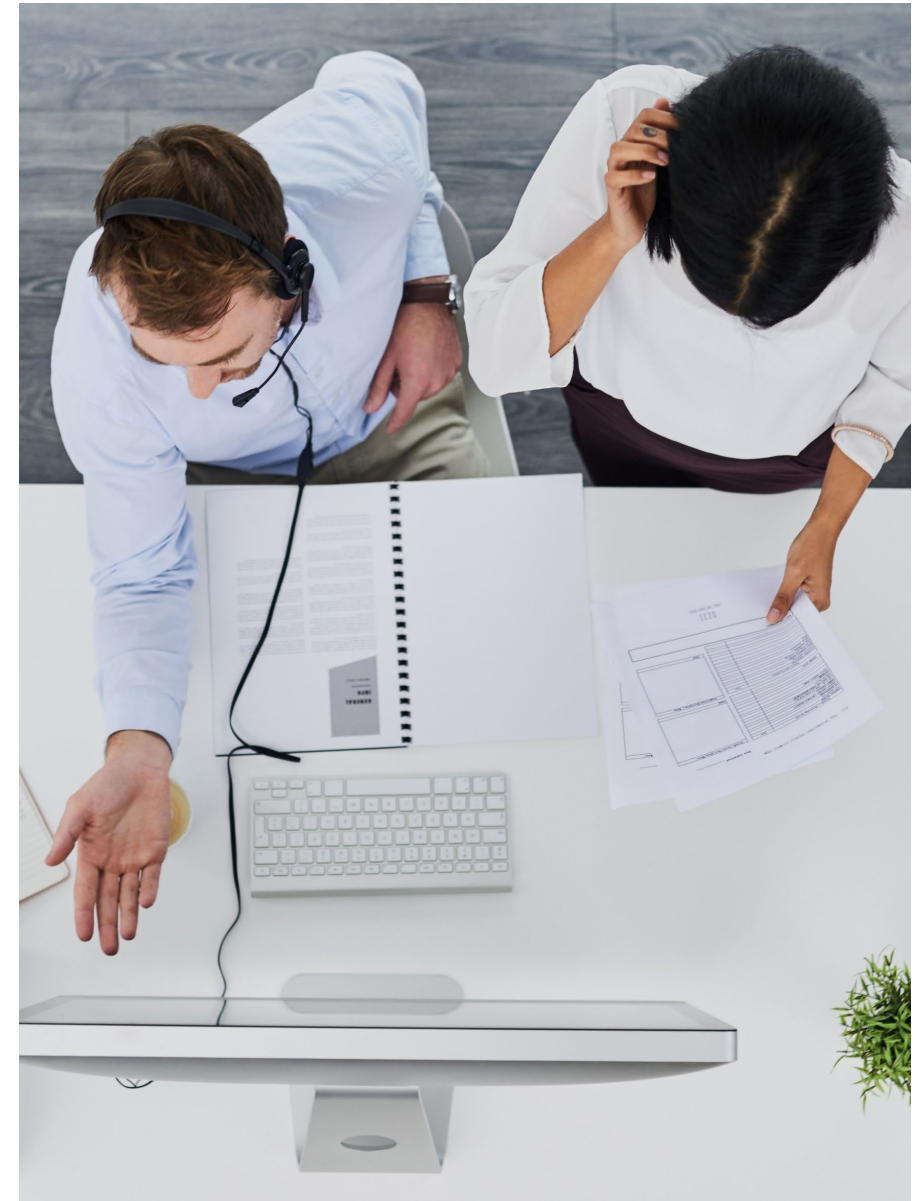
There will continue to be a **VIRTUAL HOLD OPTION** for members calling in who would rather not hold and receive a call back when a representative is available.



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

will have **EXTENDED HOURS** during Open Enrollment:

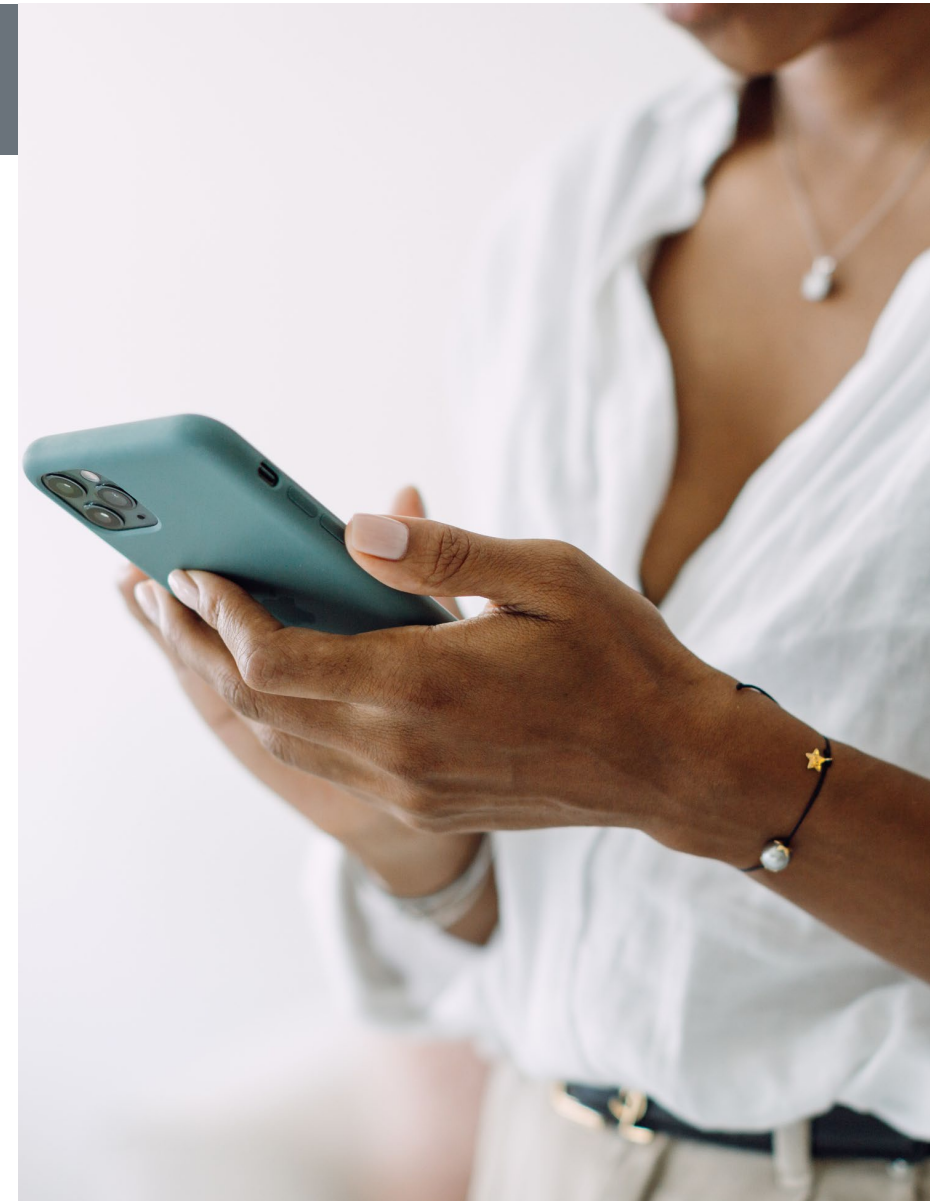
- Monday-Friday, 8 a.m. – 10 p.m.
- Saturdays, 8 a.m. – 5 p.m.





# Important Phone Numbers

State Health Plan's Eligibility and Enrollment Support Center .....	855-859-0966
Aetna Concierge Service .....	833-690-1037
CVS Caremark (Pharmacy Benefits) .....	888-321-3124
State Retirement System .....	919-814-4590





# Stay Connected with State Health Plan News

**KEEP ENGAGED** so you can be in the know prior to and during Open Enrollment!

**SUBSCRIBE** to the Plan's monthly e-newsletter by visiting [www.shpnc.gov](http://www.shpnc.gov).

**FOLLOW** the State Health Plan on  [@SHPNC](#) and  [@nchealthplan](#).



WE'VE MOVED TO A **.GOV** WEBSITE

The State Health Plan's website has moved from [www.shpnc.org](http://www.shpnc.org) to [www.shpnc.gov](http://www.shpnc.gov).

