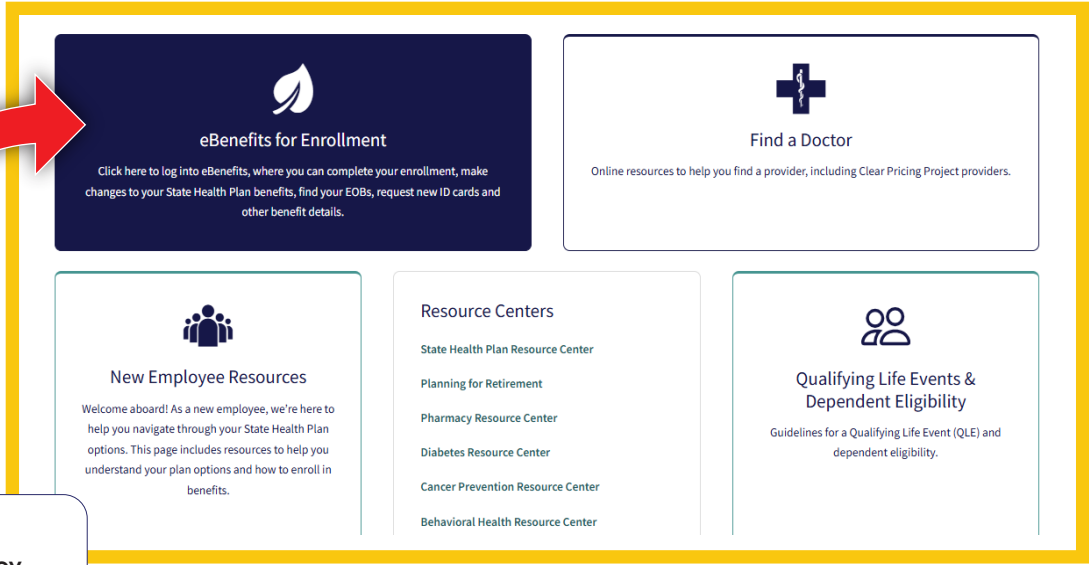


HOW TO COMPLETE ENROLLMENT ONLINE (Active Employees)

1

GO TO
www.SHPNC.gov
CLICK ON eBenefits



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

2

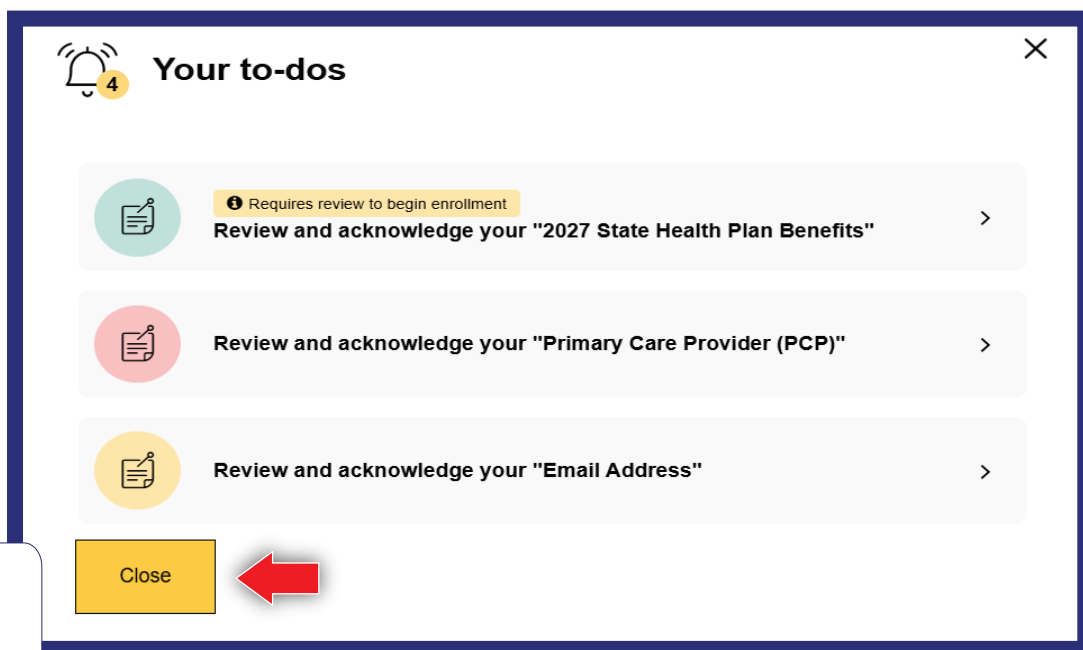
SELECT
Appropriate Enrollment System



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

3

REVIEW
Your To-Dos
CLICK Close



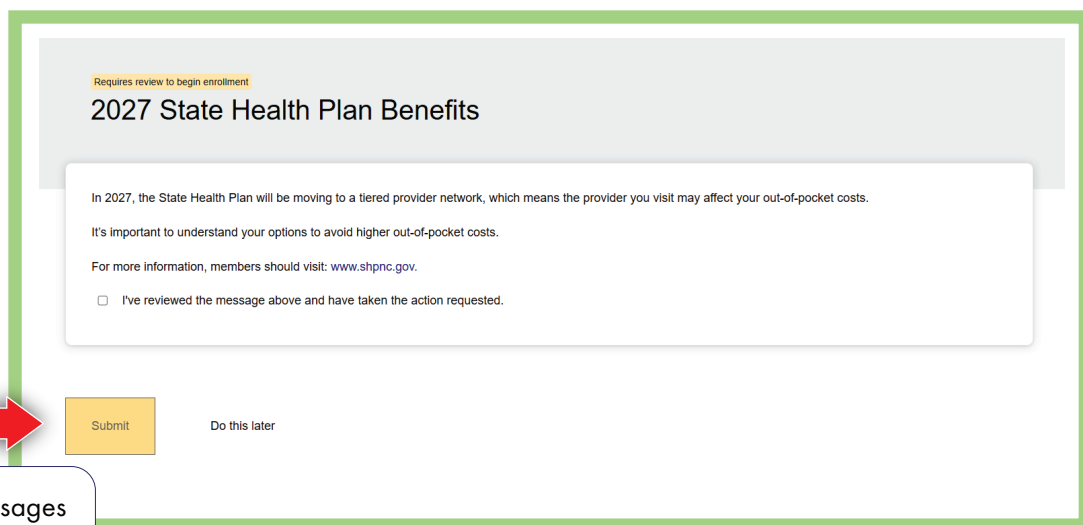
 4 **Your to-dos** 

-  **Requires review to begin enrollment**
Review and acknowledge your "2027 State Health Plan Benefits" 
-  **Review and acknowledge your "Primary Care Provider (PCP)"** 
-  **Review and acknowledge your "Email Address"** 

Close 

4

REVIEW Messages
CLICK Submit



Requires review to begin enrollment

2027 State Health Plan Benefits

In 2027, the State Health Plan will be moving to a tiered provider network, which means the provider you visit may affect your out-of-pocket costs.

It's important to understand your options to avoid higher out-of-pocket costs.

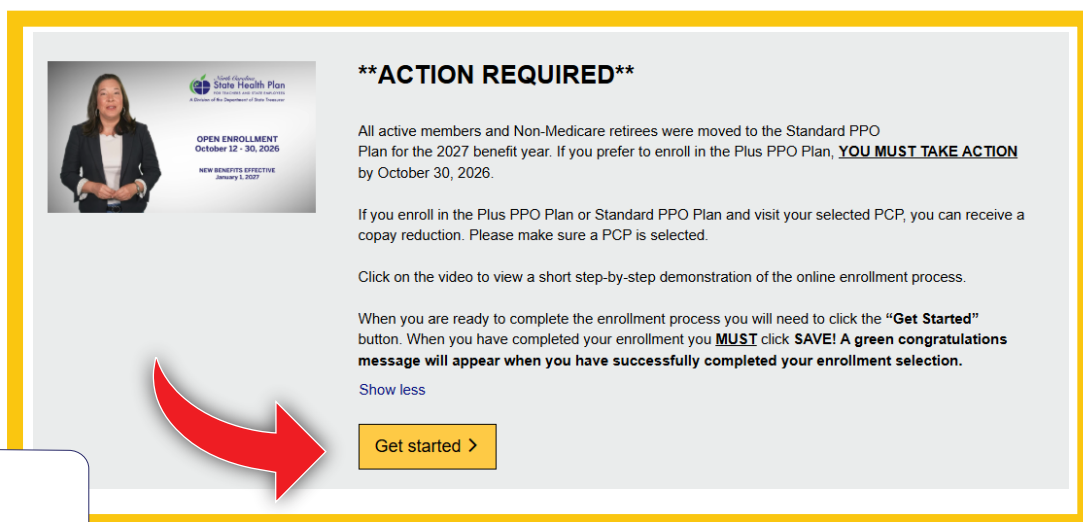
For more information, members should visit: www.shpnc.gov.

☐ I've reviewed the message above and have taken the action requested.

Submit [Do this later](#)

5

CLICK
Get Started



****ACTION REQUIRED****

All active members and Non-Medicare retirees were moved to the Standard PPO Plan for the 2027 benefit year. If you prefer to enroll in the Plus PPO Plan, **YOU MUST TAKE ACTION** by October 30, 2026.

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 >

6

ADD or EDIT
Dependents to your
profile [CLICK](#) Next

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
	Child		Female	Edit

[Create dependent profile](#)

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

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

7

CHOOSE
Your Medical
Coverage
**BEGIN
ENROLLMENT**

Open Enrollment Benefits

Looking for your current benefits? →

All active and Non-Medicare members were moved to the Standard PPO Plan for the 2027 benefit year. If you want to enroll in the Plus PPO Plan, **YOU MUST TAKE ACTION** by October 30, 2026. **REMEMBER to CLICK COMPLETE ENROLLMENT!**

After you successfully complete your enrollment, a "Congratulations" message will appear to print your Confirmation Statement.
Not Applicable to HDHP Members

[Medical](#) [NCFlex](#)

First, let's review your Medical benefits.

Medical
Helps cover the cost of medical and surgical expenses.
You had Medical last year

Decision required
Would you like Medical coverage?

[Begin enrollment](#) [Decline coverage](#)

8

CHOOSE
Open Enrollment

✓ PROFILE — ● BENEFITS — ○ CONFIRM

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](#)

9

READ Notice
CLICK Close



Close

ACTION REQUIRED: Open Enrollment October 12 - October 30, 2026



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 30, 2026.

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

10

CHOOSE
Your Medical
Plan Option
CLICK Next



Who do you want to cover on this plan?

Add Dependent

ACTION REQUIRED: Open Enrollment
October 12 - October 30, 2026

PPO PSA

Standard PPO Plan

\$225.80
Monthly Cost

Annual Deductible \$1,500 Individual/\$4,500 Family - Preferred
\$3,000 Individual/\$9,000 Family - Access/\$5,000 Individual/\$15,000 Family - Non-Preferred

Out of Pocket Maximum \$4,000 Individual/\$12,000 Family - Preferred
\$6,500 Individual/\$16,300 Family - Access/\$12,000 Individual/\$24,000 Family - Non-Preferred

Primary Care Provider Office Visit \$40 PCP on ID Card/\$50 Other PCP - Preferred
\$40 PCP on ID Card/\$50 Other PCP - Access and Non-Preferred

Specialist Office Visit \$40 Copay - Preferred
\$65 Copay - Access/30% Copay after Deductible - Non-Preferred

Currently Selected

Plan details

PPO PSA

Plus PPO Plan

\$348.64
Monthly Cost

Annual Deductible \$1,000 Individual/\$3,000 Family - Preferred
\$1,500 Individual/\$4,500 Family - Access/\$4,000 Individual/\$12,000 Family - Non-Preferred

Out of Pocket Maximum \$3,000 Individual/\$9,000 Family - Preferred
\$5,000 Individual/\$15,000 Family - Access/\$10,000 Individual/\$20,000 Family - Non-Preferred

Primary Care Provider Office Visit \$30 PCP on ID Card/\$40 other PCP - Preferred
\$30 PCP on ID Card/\$40 other PCP - Access and Non-Preferred

Specialist Office Visit \$25 Copay - Preferred
\$50 Copay - Access/20% Copay after Deductible - Non-Preferred

Select plan

Plan details

Decline coverage I would like to decline Medical coverage.

Next

Previous

Cancel

Medical

Search from the list of providers to enter your PCP (Primary Care Provider) information.

		PCP Name
	Search	
☒ Use the same provider for my dependents		
	Search	
	Search	



PCP Copay Reduction Reminder

Next

Previous

Cancel

11

SELECT Your PCP
CLICK Next

Cancel

\$398.06

CLICK Save

Decline coverage

for NCFlex FSA

14

CHOOSE OE
CLICK Next

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](#)

15

SELECT PLAN or
Decline Coverage

Choose your NCFlex Health Care FSA plan.

Do you want to participate in a Flexible Spending Account?

NCFlex Flexible Spending Accounts



2026 NCFlex FSA Summary of Benefits

Please note, contributing to an HCFSAs at the same time your spouse is making or receiving tax-favored HSA contributions violates IRS year if your spouse is contributing to an HSA. For questions, contact your HR department.

2027 NCFlex Health Care Flexible Spending Account

[Select plan](#)

[Decline coverage](#) I would like to decline NCFlex Health Care FSA coverage.

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

16

SELECT
Contribution Amount

NCFlex Health Care FSA

How much money do you want to contribute to your NCFlex Health Care FSA account?

You can contribute between \$120.00 and \$3,400.00 per plan year.

Contribution Amount

The amount you enter will be divided into individual deductions over the remainder of the year. Rounding may occur to ensure your paychecks are predictable and/or to ensure

[Decline coverage](#) I would like to decline NCFlex Health Care FSA coverage.

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

17

REVIEW FSA and
DCFSA Summary
CLICK Save

PROFILE ● BENEFITS ○ CONFIRM

2027 NCFlex Flexible Spending Accounts Summary

Your 2027 NCFlex Flexible Spending Accounts 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.

NCFlex Health Care FSA

2027 NCFlex Health Care Flexible Spending Account

Offered By: P & A Administrative Services
Effective Date: 01/01/2027
Contribution Amount: \$1,000.00 Per Plan Year \$83.33 per month ⓘ

Additional Information

Show details ▾

Edit contribution Edit coverage

Cost summary

Show all

Benefit elections (3 items) ▾

Monthly Total	\$398.06
---------------	----------

Tax advantage accounts (1 items) ▾

Monthly contributions total	\$83.33
-----------------------------	---------

You pay ⓘ

Monthly Total ⓘ	\$481.39
-----------------	----------

Save Cancel

18

SELECT Additional
NCFlex Benefits,
if desired

Helps to offset out-of-pocket costs for cancer treatments.

Would you like NCFlex Cancer coverage?

Begin enrollment Decline coverage

NCFlex Critical Illness

Helps with the treatment costs of life-changing illnesses and health events.

Decision required

Would you like NCFlex Critical Illness coverage?

Begin enrollment Decline coverage

NCFlex Dental

Provides coverage to save you money and help ensure a healthy smile.

✔ You had NCFlex Dental last year

✔ Currently selected

2027 NCFlex Classic Option Dental

Covers you, JUSTIN W. and JULIA C. ➕ Create dependent profile

Effective 01/01/2027
Beneficiaries: None

Show plan details

Edit coverage Decline

\$82.40 per month

NCFlex Vision

Provides coverage for vision care including eye exams and glasses.

✔ You had NCFlex Vision last year

✔ Currently selected

2027 NCFlex Basic Vision Plan

Covers you, JUSTIN W. and JULIA C. ➕ Create dependent profile

Effective 01/01/2027
Beneficiaries: None

Show plan details

Edit coverage Decline

\$11.66 per month

19

DECLINE
Benefits not wanted

Are you sure you want to decline NCFlex Dependent Day Care FSA coverage?

Are you sure you want to decline NCFlex Dependent Day Care FSA coverage?

If you decline, you and/or your family may be without NCFlex Dependent Day Care FSA coverage.

☐ Do not show this warning again.

Yes, decline this benefit

No, I'll keep it as is

20

CONFIRM
Changes

Voluntary Disability
Pays a percentage of your income if you are unable to work because of a disability related to an accident, injury or illness.

Declined
You have declined this benefit.
Change your mind? Hit "edit coverage" below.

Edit coverage

NCFlex TriCare Supplement
Helps pay for healthcare costs that are not covered by your regular health insurance plan.

Declined
You have declined this benefit.
Change your mind? Hit "edit coverage" below.

Show plan details

Edit coverage

Confirm changes **Return home**

You pay: \$481.39
Monthly Total ⓘ

21

PRINT
Confirmation
Statement

Congratulations [REDACTED]!
You have completed your enrollment!

You have until 10/30/2026 to make changes to your benefit selections.

Now what? Here are a few things to consider.

Confirmation Statement
Download or print a summary of your benefits for your records

Download the Benefitplace app
Get easy access to your coverage details, educational content and more - in the palm of your hand.

Continue to next page