



2026

State Health Plan Overview

for Health Benefit Representatives





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

Eligibility & Enrollment

When Can a New Hire Enroll in the Plan?

- Within 30 days from the date of hire
- Benefits are effective the first of the month following the employee's hire date, or the first of the second month following the employee's hire date.
- Here's an example:

Hired	Can Elect Coverage Until	Effective Date of Coverage
October 15	November 14	Either Nov. 1 or Dec. 1 (employee choice)

New Employee Resources

These materials located on the Plan's website www.shpnc.gov help you support your new employees with consistent information about their benefits.

We encourage you to provide these resources to new employees.

- Self-paced narrated PowerPoint presentation
- New Employee Guide (printable)
- Step by Step Enrollment Instructions



New Employee Enrollment Guide

This guide contains everything you need to know regarding your State Health Plan options. See inside for an introduction to the Plan and important information about benefits, plan comparisons and how to enroll.



New Employee Benefits Overview Video



About Us

The mission of the State Health Plan is to improve the health and health care of North Carolina teachers, state employees, retirees, and their dependents. Click to learn more!



Step-by-Step Enrollment Instructions

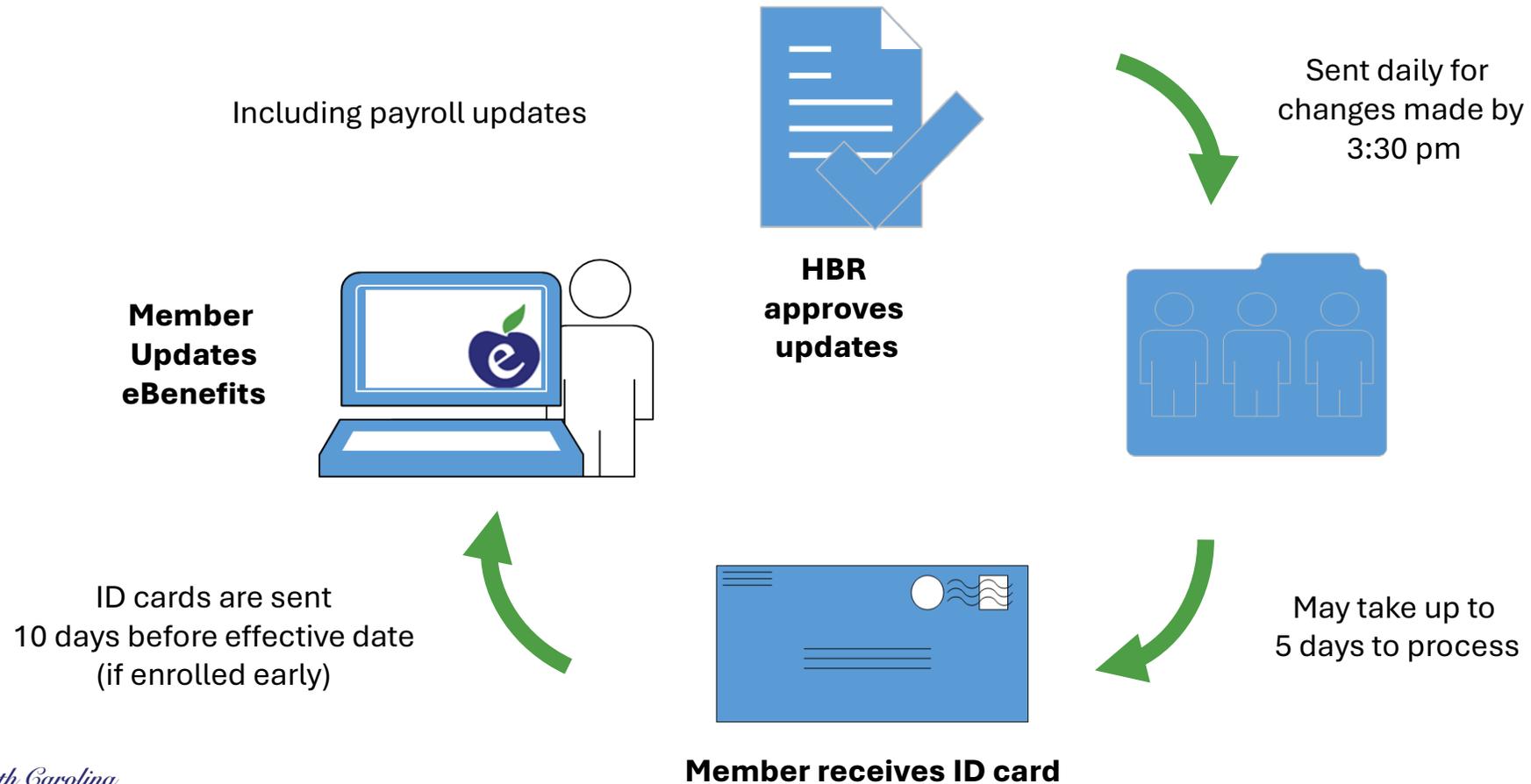
eBenefits is the enrollment system in which you will enroll in your health benefits. Once your Health Benefits Representative has created a personal record for you in the system, you are ready to enroll!

Exceptions and Important Reminders

- Exceptions need to document the **EXTENUATING CIRCUMSTANCES** that prevented the action from taking place within the existing rules and regulations.
- You will receive an **EMAIL CONFIRMATION** that the exception has been submitted. If you do not receive this, the exception was not submitted, or the email address was entered incorrectly while completing the form.
- All appropriate **DOCUMENTATION** must be loaded in eBenefits for the exception to be reviewed. If required documentation is missing, the exception will be denied with instructions to submit a new exception after uploading the documents.

Visit the HBR Section at www.shpnc.gov for more information.

Membership Maintenance Life Cycle



Eligibility For Permanent Employees

Working 30 Hours Per Week

May enroll themselves and their eligible dependents

Working 20 Hours but Less than 30 Hours Per Week

May enroll themselves and their eligible dependents BUT must pay full cost of coverage

A full list of who is eligible for State Health Plan coverage is in the Benefits Booklet, located at www.shpnc.gov



Who is an Eligible Dependent?

- Legal Spouse
- Children up to age 26*
 - Natural
 - Legally Adopted
 - Foster Children
 - Children under Legal Guardianship
 - Stepchildren

Employees are required to provide a valid, unique Social Security Number and required documentation to verify the eligibility of a dependent. A complete list of acceptable documents is available on the Plan's website.



*A child's coverage may be extended beyond age 26 if the child is physically or mentally disabled and the condition developed before their 26th birthday and the dependent was covered by the Plan. Members must complete a form to continue such coverage. The form is available at www.shpnc.gov.

How to Enroll

Go to the Plan's website at www.shpnc.gov and select eBenefits.

The screenshot shows the website header with the following navigation items: "An official website of the State of North Carolina [How you know](#) ▾", "eBenefits" (highlighted with a red arrow), "About", "Find a Doctor", "New Employees", "NC Treasurer" (with a printer icon), and "Select Language" (with a globe icon). Below the header is the logo for the "North Carolina State Health Plan FOR TEACHERS AND STATE EMPLOYEES A Division of the Department of State Treasurer". The main navigation menu includes "Employee Benefits ▾", "Retiree Benefits ▾", "Individual Members ▾", "Wellness ▾", "HBRs ▾", and "Contact Us". A search icon is located on the right. The main content area features five enrollment options, each with a checkmark icon:

- Access Your Benefits via eBenefits**
Login to eBenefits, the State Health Plan's Enrollment System
- Retirees Using the ORBIT System**
Login to eBenefits through ORBIT
- Employees Using the FIORI System**
Login to eBenefits through FIORI
- Employees of the University of North Carolina and Constituent Institutions**
Click here to login to eBenefits through your institution
- Employees of the NC General Assembly**
NC General Assembly employees login to eBenefits

Members in these groups will be directed to their employer's portal to log in to eBenefits.

ID Cards

- After enrollment, the Plan's TPA will send ID cards in the mail. ID cards should arrive approximately 10 days after the enrollment is approved.
- For additional cards, members can log in to eBenefits and click Aetna Member Portal.
- Members may also call Aetna Health Concierge (Customer Service) at 833-690-1037

Your benefits Your accounts

Medical
Standard PPO
Plan

NCFlex Acciden..
2026 NCFlex
Classic Accide...

NCFlex Dental
2026 NCFlex
Low Option...

Quick Links

Aetna Member Portal
Allstate
CVS Caremark

EyeMed Vision Care
P&A Spending Accounts
MetLife Dental

English Inbox Notifications **ID Cards** Account

aetna | State Health Plan

What can we help you with today?

Home Claims Benefits Find Care & Pricing Prescriptions Health & Wellness Support

Online Resources

Aetna Member Portal or Aetna App

Protected online resource to:

- Manage your health plan
- Maximize your benefits

Registered users can:

- View claims status
- View and order new ID cards
- Research health/wellness topics
- Access a cost estimator tool for medical procedures
- Make informed health care decisions

Visit www.shpnc.gov and click eBenefits to access Aetna's Member Portal.

State Health Plan Member ID Cards



North Carolina State Health Plan

 FOR TEACHERS AND STATE EMPLOYEES

 A Division of the Department of State Treasurer

JANE DOE

 ID: ██████████

DEPT OF NATURAL & CULTURAL RESOURCES

Group No: **0192681** Eff Date: **01/01/2026**

Plus PPO Plan

Choice POS II

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

SELF INSURED

Paid for by YOU and other NC Taxpayers

Provider Type		
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%	
Other Info		
	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
Primary Care Provider (PCP)		
Maria V Delbono		
VA Preferred		NAP

Third Party Administrator:	Pharmacy Benefits Administrator:
	
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>	

Open Enrollment

During Open Enrollment, employees can re-evaluate their health care needs for the upcoming benefit year that runs January 1 to December 31, and:

- Enroll in the State Health Plan
- Switch between plans
- Add or remove dependents

All without a qualifying life event!



NOTE: The member must remain on the health plan selected during Open Enrollment until the next enrollment period and may not change coverage types (for example, employee only) unless he/she experiences a qualifying life event (QLE).

Qualifying Life Event

Qualifying Life Events (QLE):

- Allow the employee to make certain changes, such as add or drop dependents, NOT change plans.
- Election change must be “consistent” with the event, as defined by the IRS.
- Include marriage, birth, spouse employment change, etc.

For a complete list refer to the Benefits Booklet.



Changes must be made within **30 days** of the Qualifying Life Event and documentation must be **uploaded to eBenefits** to confirm the status change. To review acceptable documentation, visit the Plan’s website.



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Benefit Overview

State Health Plan Administration

The State Health Plan offers two health plan options:

Standard PPO Plan



Plus PPO Plan

Both plans are administered by Aetna, the State Health Plan's Third Party Administrator (TPA).

CVS Caremark is the State Health Plan's Pharmacy Benefit Manager (PBM).



Plan Options

Standard PPO Plan

Combined out-of-pocket maximum
for pharmacy and medical:

- \$6,500 Individual
- \$16,300 Family

Plus PPO Plan

Combined out-of-pocket maximum
for pharmacy and medical:

- \$5,000 Individual
- \$15,000 Family



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

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

State Health Plan Comparison

Full chart is available on the Plan's website.

MEDICAL BENEFITS	
Annual Deductible	
Coinsurance	
Out-of-Pocket Maximum combined Medical and Pharmacy	
Preventive Services	
Primary Care Provider (PCP) Office Visit	
Specialist Visit	
Behavioral Health Visit	
Speech, Occupational, Chiropractic, Physical Therapy	
Urgent Care	
Emergency Room	
Inpatient Hospital Services	
Outpatient Surgery	
Outpatient Surgery at Ambulatory Surgical Center	
Lantern Bundle Program	

Network	
In	Out
\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family
30% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met
\$6,500 Individual \$16,300 Family	\$13,000 Individual \$32,600 Family
\$0	N/A
\$15 Preferred PCP on ID Card \$40 Other PCP on ID Card \$50 Other PCP	50% after deductible is met
\$50 Preferred Provider \$94 Other Provider	50% after deductible is met
\$15	50% after deductible is met
\$62	50% after deductible is met
\$100	
\$600, then 30% after deductible is met (copay waived with admission)	
\$600, then 30% after deductible	\$600, then 50% after deductible
\$350, then 30% after deductible	\$350, then 50% after deductible
Deductible / Coinsurance	
\$0	

Network	
In	Out
\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
20% of eligible expenses after deductible is met	40% of eligible expenses after deductible is met
\$5,000 Individual \$15,000 Family	\$10,000 Individual \$30,000 Family
\$0	N/A
\$10 Preferred PCP on ID Card \$30 Other PCP on ID Card \$40 Other PCP	40% after deductible is met
\$40 Preferred Provider \$80 Other Provider	40% after deductible is met
\$10	40% after deductible is met
\$42	40% after deductible is met
\$70	
\$500, then 20% after deductible is met (copay waived with admission)	
\$500, then 20% after deductible	\$500, then 40% after deductible
\$300, then 20% after deductible	\$300, then 40% after deductible
Deductible / Coinsurance	
\$0	



Preferred Providers

Preferred Providers are **INDEPENDENT PRIMARY CARE PROVIDERS** that have been identified by the State Health Plan as providers who are committed to improved access to high-quality, affordable health care.

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

HOW to FIND and SELECT A PREFERRED PROVIDER

1. **VISIT** www.shpnc.gov
2. **LOG INTO** eBenefits
3. **SELECT** Update Your Primary Care Provider
4. **LOOK FOR** the Preferred Provider badge

	STANDARD PPO Plan	PLUS PPO Plan
PCP Office Visit	\$15 Preferred Provider PCP on ID Card \$40 Other PCP on ID Card \$50 Other PCP	\$10 Preferred Provider PCP on ID Card \$30 Other PCP on ID Card \$40 Other PCP
Specialist Visit	\$50 Preferred Provider \$94 Other Provider	\$40 Preferred Provider \$80 Other Provider



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Pharmacy Benefits

The State Health Plan's pharmacy benefits are administered by CVS Caremark, they:

- Provide a network of pharmacies
- Process pharmacy claims

For more information visit the Plan's website, or
call **CVS Caremark** at **(888) 321-3124**

NOTE: Plan members **DO NOT** have to go to a CVS pharmacy for prescriptions. CVS Caremark has a broad pharmacy network.

Pharmacy Benefits

The State Health Plan uses a CUSTOM, CLOSED FORMULARY (drug list) as a guide for covering medicines. Certain drugs are not covered. The formulary changes on a quarterly basis.

- A formulary exception process is available if your provider states that it is medically necessary for you to remain on a medicine that is not covered by the Plan.
 - If you are approved to take a non-covered medicine, it will be placed into Tier 3 or Tier 6, and covered accordingly
- The Pharmacy Benefit Preferred Drug List (PDL):
 - Recommends drugs based on effectiveness/price
 - Lists preferred options for non-covered medicines
 - Is updated quarterly

For more information visit the Plan's website and select Pharmacy Resource Center, or

call **CVS Caremark** at **(888) 321-3124**

Resource Centers

- State Health Plan Resource Center
- Planning for Retirement
- Pharmacy Resource Center
- Diabetes Resource Center
- Cancer Prevention Resource Center
- Behavioral Health Resource Center
- Disability Resource Center
- 2024 Previous TPA Information



Pharmacy Benefits

Some medications:

- Require step therapy or prior authorization
- Have quantity limits

Affordable Care Act (ACA) preventive medications on the Standard PPO Plan and the Plus PPO Plan are covered at no charge with a prescription.



For more information visit the Plan's website, or call **CVS Caremark** at **(888) 321-3124**

Pharmacy Benefits Comparison

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

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

	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

NOTES:

2 months of medication = twice the cost, 3 months = 3 times the cost

If approved to take an excluded drug, it will be placed in either tier 3 or 6.



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High Deductible Health Plan Non-Permanent Full-time Employees

HDHP for Non-Permanent Full-Time Employees

- To avoid tax penalties under section 4980H of the Internal Revenue Code (the Code), employers **MUST** offer health coverage to all full-time employees.
- Employees are considered full-time, and thus **REQUIRED** to be offered employer-sponsored health care, if they are reasonably expected to work 30 hours per week.
- Employing units are responsible for determining whether an employee is a full-time employee. This includes **ALL NON-PERMANENT EMPLOYEES**.

The State Health Plan is **NOT** able to provide guidance to employing units regarding eligibility for employees.

Additional information is posted on the Plan's website under the Health Benefit Representatives (HBRs) tab. Click [High Deductible Health Plan](#).

High Deductible Plan Overview

PLAN DESIGN FEATURES	IN-NETWORK (Individual Coverage)	IN-NETWORK (Family Coverage)	OUT-OF-NETWORK (Individual Coverage)	OUT-OF-NETWORK (Family Coverage)
MEDICAL COVERAGE				
Deductible	\$5,000	\$10,000	\$10,000	\$20,000
Coinsurance	50%	50%	60%	60%
Out-of-Pocket Maximum (Medical and Pharmacy)	\$6,450	\$12,900	\$12,900	\$25,800
Preventive Care Services	\$0 (covered by the Plan at 100%)	\$0 (covered by the Plan at 100%)	60% after deductible is met	60% after deductible is met
Office Visits	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
Specialist Visits	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
Inpatient Hospital	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
PRESCRIPTION DRUGS				
Covered Prescription Drugs CVS Caremark Formulary	50% after deductible is met	50% after deductible is met	60% after deductible is met	60% after deductible is met
Preventative Medications	\$0 (covered by the Plan at 100% with prescription)	\$0 (covered by the Plan at 100% with prescription)	60% after deductible is met	60% after deductible is met
Preferred/Non-Preferred Insulin \$0 for \$30-day supply.				



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Health & Wellness

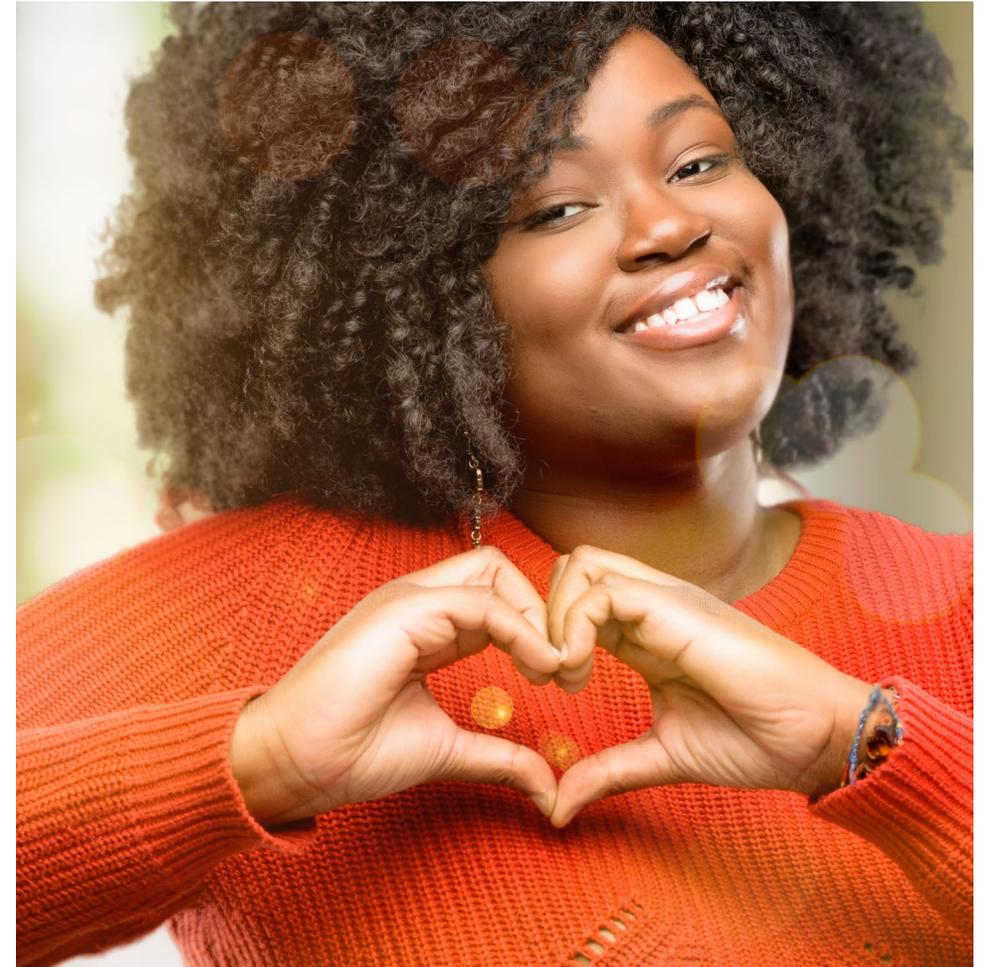
Health & Wellness

Health & Wellness Resources are available on the Plan's website, including:

- Tips on Preventive Care
- Worksite Wellness
- Diabetes Resource Center
- Opioid Resource Center
- Behavioral Health Resource Center
- Cancer Prevention Resource Center

Aetna's Member Portal (eBenefits) or the Aetna Mobile App also has resources available, including:

- 24/7 Nurse Line
- Life Coaching and Disease Management
- Teladoc
- Visit the Member Portal or download the Aetna App
- LifeMart Discount Program





Thank You.



This presentation is for general information purposes only. If it conflicts with federal or state law, State Health Plan policy or your benefits booklet, those sources will control. Please be advised that while we make every effort to ensure that the information we provide is up to date, it may not be updated in time to reflect a recent change in law or policy.

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