



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



*Dale R. Folwell, CPA*  
STATE TREASURER OF NORTH CAROLINA  
DALE R. FOLWELL, CPA



## Step-by-Step Enrollment Instructions for New Employees

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*A Division of the Department of State Treasurer*

# State Health Plan Website

- Once your Health Benefits Representative has created a personal record for you in the eBenefits system, go to the State Health Plan's website at [www.shpnc.org](http://www.shpnc.org) and click eBenefits located at the top center on the home screen.

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**Need a New ID Card? Looking for Your EOBs? eBenefits is the Gateway!**

Find your Explanation of Benefits (EOBs), order new ID cards, enroll and more through eBenefits, the Plan's enrollment system!

[Access the eBenefits Portal](#) →

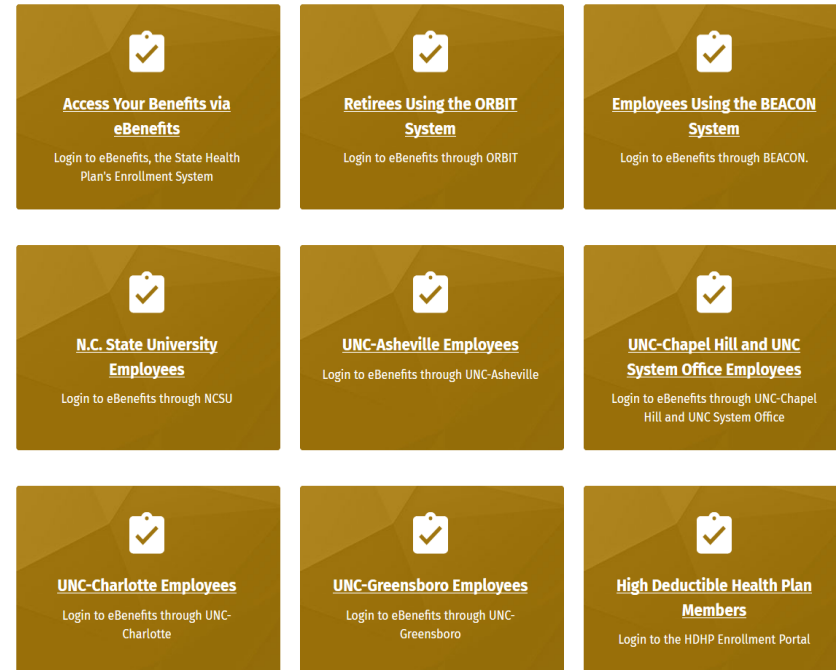
# **eBenefits is the Gateway to your Enrollment**

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- eBenefits is the Plan's online enrollment system and the gateway to all of your benefit information.
- Once you are logged into eBenefits, you will have access to several resources without having to remember various passwords. Your resources include:
  - Blue Connect: your portal for ordering new ID cards, reviewing your Explanation of Benefits, and reviewing where you are in meeting your deductible
  - CVS Caremark: your pharmacy portal, where you can review your prescription history and other benefits

# Logging into eBenefits

- If you are employed by any of the organizations in the gold boxes, click one to enroll. If not, click Access your Benefits via eBenefits (the first gold box).
- Enter your Username and Password.  
Login ID: Your first name, the first initial of your last name and the last 4 digits of your Social Security number. Initial Password: Your Social Security number without spaces or dashes.
- Example for employee John Doe with SSN 111-22-3333: Login ID is JohnD3333 and Password is 111223333. If you have transferred from another agency and already had an account in eBenefits, please check with your HBR to verify your login information.



# Changing Your Password

- You will be prompted to change your password as soon as you log in.
- After you select **Save**, you will also be asked to select your secret questions and answers.
- Select **Save** again and **Next**.

## Your Account

Change your username, password and secret questions.

### Username

Current username

OCT3333

Edit

### Password

New password \*

Confirm new password \*

Save

Cancel



Your Password must contain 8-15 characters, at least 1 number, and at least 1 upper case and 1 lower case letter. Your password cannot contain more than 2 of the same characters in a row or your Login ID.

### Secret questions

Edit

# Getting Started

- When you have arrived at the Member Home Page at login, you will be able to get started on your enrollment. Just follow the prompts in this slide and the ones that follow.

The screenshot displays the Member Home Page interface. On the left is a navigation sidebar with links for Home, Dependents, Language Preferences, Manage Account (Login Information, Medicare, Select or Update Primary Care Provider), and My Docs (View Tax Documents, Document Center). The main content area features an 'Important Messages for You' section with a warning icon and the text: 'You have new benefits being offered to you: You have 30 days to elect your Current Enrollment benefits.' Below this is a yellow 'Get started >' button. A green callout box with the text 'Click Get Started' has a pointer directed at the 'Get started >' button. Below the messages is a white box with the heading 'Do you need to update your PCP?' and the instruction: 'Click the "Select or Update Primary Care Provider" link under Manage Account.' The footer contains copyright information for Benefitfocus.com Inc., contact details for the State Treasurer of North Carolina (Dale R. Folwell, CPA), and accessibility options like 'Low Vision? Enable high contrast mode'.

# Adding Dependents

- You will be asked if you want to list any dependents. Either select **ADD DEPENDENT** and follow the instructions on the screen to add a dependent or **Next** if no dependent.

Profile Shop for benefits Confirm & Finish

## 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.

Add Dependent

Next Previous

**Click Next**

# Begin Enrollment

Profile Shop for benefits Confirm & Finish

## Current Benefits

You have incomplete benefits. Please check the steps below to make sure you have completed all the steps in the enrollment process.

### Your benefits

**1. Choose your Medical coverage**

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

**Click  
Begin  
Enrollment**



# Who Do You Want to Cover?

## A note from your Health Benefits Representative



All dependents over 6 months of age must have valid unique social security numbers. Dependents without valid social security numbers will be terminated.

Profile

Shop for benefits

## Medical: Who do you want to cover?

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

### Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender	Actions
<input checked="" type="checkbox"/>		Subscriber		Male	

Add Dependent

Decline Coverage I would like to decline Medical coverage.

Next

Previous

Click Next

# Select Your Plan

Profile Shop for benefits Confirm & Finish

## Choose your Medical plan.

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

**Covered persons:**

☒

+ Add Dependent

FSA	70/30 PPO Plan	\$85.00 Monthly Cost
	Please click Select plan to enroll.	
	Benefit Year Deductible	\$1,080 Individual/\$3,240 Family
	Office Visit Copay	\$40 Copay
	Preventive Care	\$40 Copay
	Specialist Visit Copay	\$94 Copay
	<input type="button" value="Select plan"/>	<input type="button" value="Plan details"/>

FSA	80/20 PPO Plan	\$110.00 Monthly Cost
	Please click Select plan to enroll.	
	Benefit Year Deductible	\$1,250 Individual/\$3,750 Family
	Office Visit Copay	\$25; \$10 if you use PCP on ID card
	Preventive Care	\$0 Copay
	Specialist Visit Copay	\$85 Copay
	<input type="button" value="Select plan"/>	<input type="button" value="Plan details"/>

I would like to decline Medical coverage.

Select plan and click Next.

# Tobacco Attestation Premium Credit

Click **Tobacco User Attestation** and select the appropriate answer. Then click **Next**.

Profile Shop for benefits Confirm & Finish

Premium credits

> **Tobacco Attestation (Worth \$60 Premium Credit)** \$80.00 per month

I attest that I am **NOT** a tobacco user, or if I am a tobacco user, I agree to visit a **CVS Minute Clinic** for at least one tobacco cessation counseling session. (Please note: You may lose your individual \$60 monthly premium credit if you do not visit a **CVS Minute Clinic** 90 days after the last day of **Open Enrollment** or from your initial enrollment date.) As part of this attestation, I understand that making a false statement, representation or attestation could result in my termination from **State Health Plan** coverage. I also agree to cooperate with the **Plan** in any efforts to verify my tobacco status.

Select the appropriate response below:

- I am **NOT** a tobacco user
- I **AM** a tobacco user, **BUT** I agree to visit a **CVS Minute Clinic** for at least one tobacco cessation counseling session within 90 days after the last day of **Open Enrollment** or from my initial enrollment date.
- I **AM** a tobacco user

Next Previous Cancel

Make selection and Click **Next**

# Primary Care Provider (PCP) Selection

Profile Shop for benefits Confirm & Finish

## Medical

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

		PCP Name
<input type="text"/>	<input type="button" value="Search"/>	<input type="text"/>

PCP Copay Reduction Reminder

**Select PCP if  
desired and  
click Next.**

# Additional Insurance

[Profile](#) [Shop for benefits](#)

## Additional Insurance

Currently, do any of the persons covered for this benefit including yourself have other health insurance?

Yes

No

Please Note:  
It is very important to enter your and/or your covered dependents' insurance policies. By providing this information, you will ensure that the claims for you and your covered dependents will be processed timely and accurately.

Additional insurance information should NOT be supplied on non-medical policies such as Dental, Vision, Life, Cancer or Medicaid. You do not need to provide information on policies you have previously had with other State Health Plan agencies. Additional insurance information is used to coordinate benefits if you or your dependents have other medical coverage in addition to the State Health Plan, which will continue after you are enrolled in the State Health Plan.

Select **Yes** and enter other insurance if applicable and click **Next**.

# Select Start Date

Profile Shop for benefits Confirm & Finish

## Medical

Employing Unit Premium Contribution - When would you like your benefits to become effective?

Effective Date \*

01/01/2019

02/01/2019

Next Previous Cancel

Select desired date  
and click Next.

# Medical Summary Page

The screenshot shows the '2019 SHP Medical Summary' page. At the top, there are navigation tabs: 'Profile', 'Shop for benefits', and 'Confirm & Finish'. Below the title, a message states: 'Your 2019 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.'

The main content area is divided into sections:

- Medical:** 80/20 PPO Plan. Offered By: Blue Cross and Blue Shield of North Carolina. Effective Date: 01/01/2019. You Pay: \$50.00 per month. Persons Covered: SHP OE0007. There is an 'Edit' link next to 'Premium credits'.
- Medicare:** No policy on record. No medicare policy information on record.
- Additional Insurance:** No policy on record. No additional insurance policy information on record.
- Primary Care Provider:** There is an 'Edit' link.

At the bottom left, there is a 'Save' button. At the bottom right, there is a 'Cost Summary' section with a 'Showhide all' link. Below that is a 'Benefit Elections (1 items)' section with a dropdown arrow. Underneath is a 'You Pay' section with a plus icon. The 'You Pay' section includes a table:

You Pay	
Subtotal	\$110.00
Premium Wellness Credits	-\$90.00
Monthly Total	\$50.00

Callout boxes with arrows pointing to specific elements:

- Box 1: 'Click **Edit** to modify tobacco survey answer if you need to.' (points to the 'Edit' link for Premium credits)
- Box 2: 'Click **Edit** to update additional insurance if you need to.' (points to the 'Edit' link for Additional Insurance)
- Box 3: 'Click **Edit** to add a Primary Care Provider if you need to.' (points to the 'Edit' link for Primary Care Provider)
- Box 4: 'Click **Save**' (points to the 'Save' button)

*Other options to edit Premium Credit, Additional Insurance and Primary Care Provider (PCP) will follow. Remember, if you enroll in the 80/20 Plan and visit your PCP, you can receive a copay reduction.*

# Document Manager (if applicable)

Profile Shop for benefits Confirm & Finish

## Document Manager

For requests with a status of "Document Required", upload a document to associate it. The Document will then show as "Pending Approval" until it is approved or denied by an administrator. When adding a document through the "Add Document" option, it can then be associated with a "Document Required" request and can be viewed by selecting the filter for "All Documents".

1 Document Required, 0 Pending Approval, 0 Approved, 0 Denied, 0 Disabled, 0 Expired, 0 All Documents




+ Add Document

Begin typing search query Search

per page 10

Filter by type All Filter by status All Requests

Sort By: Document Name Date Created Date Uploaded

 Document is awaiting upload Dependent Name: Benefits will not be effective until a verification document has been received and approved by your administrator.	 11/29/2018 
--	---

Document Required Upload a Document Associate an Existing Document

per page 10

Save

**Upload documents and click Save.**



# Review Elections and Select Save!

## Your benefits



### 1. Your Medical coverage

Visit the Plan's website at [www.shpnc.org](http://www.shpnc.org) for more information about your plan options!

#### 80/20 PPO Plan

**\$50.00**  
per month

Offered By: Blue Cross and Blue Shield of North Carolina  
Effective Date: 01/01/2019  
Persons Covered:

[Edit coverage](#) [Show Plan Details](#) ▾

[Decline](#)

[Complete Enrollment](#) [Cancel](#)

Click "Complete Enrollment" to complete enrollment process



The choices you pick  
Will NOT stick  
Unless you SAVE them  
With a CLICK!

# Confirmation Page

Home  
Profile  
Benefits  
Dependents  
Language Preferences

**Manage Account**  
Login Information  
Medicare  
Select or Update Primary Care Provider

**My Docs**

✓ **Congratulations, [redacted]!** You have successfully completed your enrollment process.  
Your confirmation number is: 1788600897-5dq951. Please review and print your Confirmation Statement for your records.

Welcome,  
[Get Started >](#)

**Benefits Snapshot**

**Medical** **\$50.00**  
Monthly  
80/20 PPO Plan | Employee Only | Effective as of 01/01/2019

**Do you need to update your PCP?**  
Click the "Select or Update Primary Care Provider" link under Manage Account.

Click to view and print Confirmation Statement

Confirmation statement example.

Date Printed: 07/13/2018

**Confirmation Statement**

Employing Unit Assigned ID: NC, USA 28304  
Date of Hire: 08/16/2001  
Gender: Male  
Marital Status: Married

Home Phone: \_\_\_\_\_

**Open Enrollment Elections** Monthly Subscriber Costs: \$50.00

Relationship: Subscriber | Date of Birth: \_\_\_\_\_

✓ **80/20 PPO Plan** Effective: 01/01/2019  
Employee Only Monthly Cost \$50.00 \*

## Questions?

**ELIGIBILITY AND ENROLLMENT** (Support Center for Members)  
855-859-0966

**CVS CAREMARK** (PHARMACY BENEFITS)  
888-321-3124

**BLUE CROSS AND BLUE SHIELD OF NC** (BENEFITS & CLAIMS)  
888-234-2416



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