





2023 State Health Plan Open Enrollment

Training for Health Benefit Representatives

Open Enrollment Dates October 10-28, 2022



Topics for Today

- •HBR Role Prior to and during Open Enrollment
- Member Action for 2023
- Plan Options
- Premiums
- Enrollment Process Overview
- Communicating Open Enrollment to Members
- HBR Resources





HBR Role for Open Enrollment



Your Critical Role as an HBR

- HBRs are the main avenue through which members receive benefit information.
- You serve as ambassadors for the Plan.
- It is critical that you are knowledgeable about Plan changes prior to Open Enrollment.
- If you are well-prepared to handle questions, it will create a better member experience.
- Your role is to educate employees on benefits, NOT enroll them in the eBenefits system as eBenefits is a self-service system.
- Given that Open Enrollment will take place over three weeks, it will be very IMPORTANT to approve tasks in a timely manner.

Reports & Enrollment Approvals

- It is important to utilize reports in eBenefits, such as the Employee Participation report found under the Benefits tab.
 - You will need to select Medical in the Benefit Type (if applicable) and Open Enrollment in the Current Benefits/Open Enrollment drop down to identify members that still need to take action.
 - Members that have not yet taken action will have a blank in the field labeled DECLINATION_REASON.
- Changes are not sent to any vendors including CVS and Blue Cross and Blue Shield of North Carolina (Blue Cross NC) until the task has been approved.
- The Task List report (Data & Reporting, Standard Reports, and Task List report) provides a list of tasks which requires attention.
- The Account Management team at Benefitfocus will provide an updated OE Toolkit which will include useful reporting. The toolkit will be uploaded into HBR University.



New Enrollments During Oct. 10 – Dec. 31

- Newly eligible/enrolling members during and after OE:
 - Will be automatically prompted to complete their OE elections
 - Must complete the tobacco attestation for 2022 and 2023
 - If applicable, they must visit a provider to complete at least one tobacco cessation counseling session and obtain their credit.
- Please remember to set up new hires as quickly as possible to ensure they have the full 30 days to complete their enrollment.
- Just a friendly reminder that the New Employee Resources Center is available on the Plan's website!



New Employee Resources

Welcome aboard! As a new employee,
we're here to help you navigate through
your State Health Plan options. This page
includes resources to help you
understand your plan options and how
to enroll in benefits.







Dependent Eligibility Reminder

- Open Enrollment is the time to add/drop dependents and/or change plans.
- 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. It is the HBR's responsibility to ensure proper documentation is uploaded for all new dependents, including dependents added during OE!
- Mass approvals are not associated with dependent verification, so HBRs will still need to remind employees about their need for documentation and be responsible for approving them.
- These transactions should not be approved without proper dependent verification and/or QLE documentation.
 - Full list of required documents on the Plan's website.
 - Documents should be uploaded and stored in eBenefits.
- As a reminder, while the Plan audits a large percentage of these actions on a monthly basis, HBRs cannot rely on the Plan's audits to find transactions without the proper documentation. The Plan will not approve an enrollment exception just because an Employing Unit has not collected proper documentation.
- Contact HBR Support at Benefitfocus or your Account Manager for help.



Qualifying Life Events & Dependent Eligibility

Guidelines for a Qualifying Life Event (QLE) and dependent eligibility.



Action Required for Active Employees



- ALL active employees, including dependents, will be moved to the Base PPO Plan (70/30) effective Jan. 1, 2023.
 - Employees will see this change when they log in to eBenefits during Open Enrollment.
- Subscribers **MUST** take action to enroll in the Enhanced PPO Plan (80/20) and reduce their premium in either the Base 70/30 or Enhanced 80/20 Plan.
- Failure to take action by Oct. 28 will result in:
 - Remaining on the Base PPO Plan (70/30) for 2023.
 - Paying more for subscriber-only premium for failure to complete the tobacco attestation.

Please note: The 80/20 and 70/30 plan names have changed. However, these are still the same plans offered previously to State Health Plan members.





Plan Options



2023 Plan Options

The State Health Plan will continue to offer two plan options to active employees and non-Medicare retirees for 2023:

Enhanced PPO Plan (80/20)

Members pay a 20% coinsurance for eligible in-network services. For some services (i.e., office visits, urgent care or emergency room visits), members pay a copay. 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.

Base PPO Plan (70/30)

Members pay 30% coinsurance for eligible in-network expenses. Similar to the Enhanced 80/20 plan, members pay a copay for some services (i.e., office visits, urgent care or emergency room visits). 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.

Members can reduce their employee premium by completing the tobacco attestation in both plans!

2023 Open Enrollment Tobacco Attestation Activity



- Subscribers can attend a tobacco cessation counseling session at a provider's office that offers this service for *free* to lower their 2023 employee-only premium by \$60.
 - If they combine their tobacco cessation visit with another service, there may be a copay.
- To earn the \$60 premium credit, subscribers may complete the tobacco cessation counseling session between **July 1 and November 30**, **2022**. They do not have to wait until Open Enrollment!
- Please note this action is only for tobacco users who want to reduce their 2023 premium. If the subscriber is a non-tobacco user, they will simply attest to that fact during the Open Enrollment.
- To ensure subscriber receives credit for visit, please encourage them to upload their provider office visit summary to the "Document Center" located in eBenefits, the Plan's enrollment system. *They should make sure they request a copy of their summary during their visit.*

July 1, 2022

 Tobacco users can start visiting a provider to complete their counseling session.



November 30, 2022

 Tobacco users will have until November 30, 2022, to complete this activity.





2023 Open Enrollment Tobacco Attestation Activity

- A postcard was mailed this month to subscribers who:
 - Selected they were a tobacco user during last year's OE
 - Selected they were a tobacco user but willing to complete a cessation session during last year's OE
 - Took no action during last year's OE
- Reminder: Cessation Counseling Throughout the Year
 - If a member is interested in receiving a tobacco cessation counseling session at any point in the year, they can just GO to a provider's office at no charge.
 - If they combine their tobacco cessation visit with another service, there may be a copay.

STATE HEALTH PLAN STATE HEALTH PLAN







- submit a claim on your behalf. To ensure you receive credit for your visit, you should unload your office visit summary to the "Document Center" located in
- premium by \$60 per month in 2023. If you are NOT a tobacco user, you will imply need to attest to that online during Open Enrollment.

Visit us at: www.shpnc.org



Raleigh, NC 27604











Tobacco Attestation Savings



	Enhanced 80/20	Base 70/30
Subscriber-Only Monthly Premium	\$110	\$85
Attest to being a non-tobacco user or agree to visit a provider (by Nov. 30, 2022) for at least one cessation counseling session to earn a monthly premium credit.	-\$60	-\$60
Total Monthly Subscriber-Only Premium (With Credit)	\$50	\$25

Subscribers enrolled through the <u>Retirement Systems</u> that select the <u>Base 70/30 Plan</u> do NOT need to complete the tobacco attestation.



Plan Design Features	Enhanced 80/20 Plan
Deductible	\$1,250 Individual \$3,750 Family (Combined Medical & Pharmacy)
Medical/Rx Out-of-Pocket* (OOP)	\$4,890 Individual \$14,670 Family (Combined Medical & Pharmacy)
Preventive	\$0
PCP	\$0 for CPP PCP on ID Card \$10 for non-CPP PCP on ID card \$25 for any other PCP
Behavioral Health Provider	\$0 CPP Provider \$10 non-CPP Provider
Specialist Copay	\$40 for CPP Specialist \$80 for other Specialists
Speech, Occupational, Chiro and Physical Therapy Copay	\$26 for CPP Providers \$52 for other Providers
Urgent Care	\$70
Hospital & ER Copays	\$300 + Ded/Coins.

Plan Design Features	Base 70/30 Plan
Deductible	\$1,500 Individual \$4,500 Family (Combined Medical & Pharmacy)
Medical/Rx Out-of-Pocket (OOP)	\$5,900 Individual \$16,300 Family (Combined Medical & Pharmacy)
Preventive	\$0
PCP	\$0 for CPP PCP on ID Card \$30 for non-CPP PCP on ID card \$45 for any other PCP
Behavioral Health Provider	\$0 CPP Provider \$30 non-CPP Provider
Specialist Copay	\$47 for CPP Specialist \$94 for other Specialists
Speech, Occupational, Chiro and Physical Therapy Copay	\$36 for CPP Providers \$72 for other Providers
Urgent Care	\$100
Hospital & ER Copays	\$337 + Ded/Coins.



Rx Tier	Enhanced 80/20	Base 70/30	HDHP
Tier 1 – Generics <u><</u> \$150	\$5	\$16	Ded/Coins
Tier 2 – Preferred Brands & High-Cost Generics	\$30	\$47	Ded/Coins
Tier 3 – Non-Preferred	Ded/Coins	Ded/Coins	Ded/Coins
Tier 4 – Low-Cost Generic Specialty	\$100	\$200	Ded/Coins
Tier 5 – Preferred Specialty	\$250	\$350	Ded/Coins
Tier 6 – Non-Preferred Specialty	Ded/Coins	Ded/Coins	Ded/Coins
Preventive Medications	\$0	\$0	\$0
Preferred Diabetic Supplies	\$5	\$10	Coins
Preferred and Non-Preferred Insulin	\$0	\$0	\$0

Cost is for a 30-Day Supply





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.

High Deductible Health Plan (HDHP) Enrollment

- No benefits changes in the HDHP for 2023.
- Employees selecting the HDHP will enroll through eBenefits.
- Employees that are currently enrolled and are still eligible do not need to take action unless they need to update their dependents. They will be automatically re-enrolled.
- The HDHP features a higher deductible than other traditional medical and pharmacy benefit plans.
- Employees should check with HBRs to confirm their eligibility prior to enrolling.
- Employees eligible for this plan will click eBenefits at the top of the State Health Plan home page, then register with a username and password before enrolling.



Premium Rates



2023 Premium Rates

Monthly Premium Rates	2023 Rates *		
Enhanced 80/20 Plan			
Subscriber Only	\$50.00		
Subscriber + Child(ren)	\$305.00		
Subscriber + Spouse	\$700.00		
Subscriber + Family	\$720.00		
Base 70/30 Plan			
Subscriber Only	\$25.00		
Subscriber + Child(ren)	\$218.00		
Subscriber + Spouse	\$590.00		
Subscriber + Family	\$598.00		



For the 5th year in a row, no employee premium increases!



2023 Premium Rates (High Deductible Health Plan)



Monthly Premium Rates	2023 Rates
HDHP	
Subscriber Only	\$96.00
Subscriber + Child(ren)	\$284.00
Subscriber + Spouse	\$513.00
Subscriber + Family	\$617.00

Employer Contributions

- For 2022, the Plan rolled out a new rate structure to align with the rates outlined in the 2021-2022 fiscal year budget. We now have an Active-Employer contribution rate and a Retirement Systems contribution rate.
- For 2023, the Plan is streamlining the rate structure so that the Active Employer contribution rate and the Retirement Systems contribution rate no longer varies based on the Medicare status of the members.
 - For example, if you have an employee that is 66 years old and retiring, the Active Employer contribution rate will not be reduced during the last month of coverage. The rate will stay the same regardless of the employee's Medicare status.
- The monthly employer contributions below will be effective January 1, 2023, which means they should be reflected in December payroll deductions.
 - Active Employer Contribution Rate: \$584.96
 - Retiree Employer Contribution Rate: \$472.08
 - Non-Permanent Full-time Employer Rate (HDHP): \$159.88
- As a reminder, the current monthly employer contribution rate for active employees is \$647.86



January Invoices

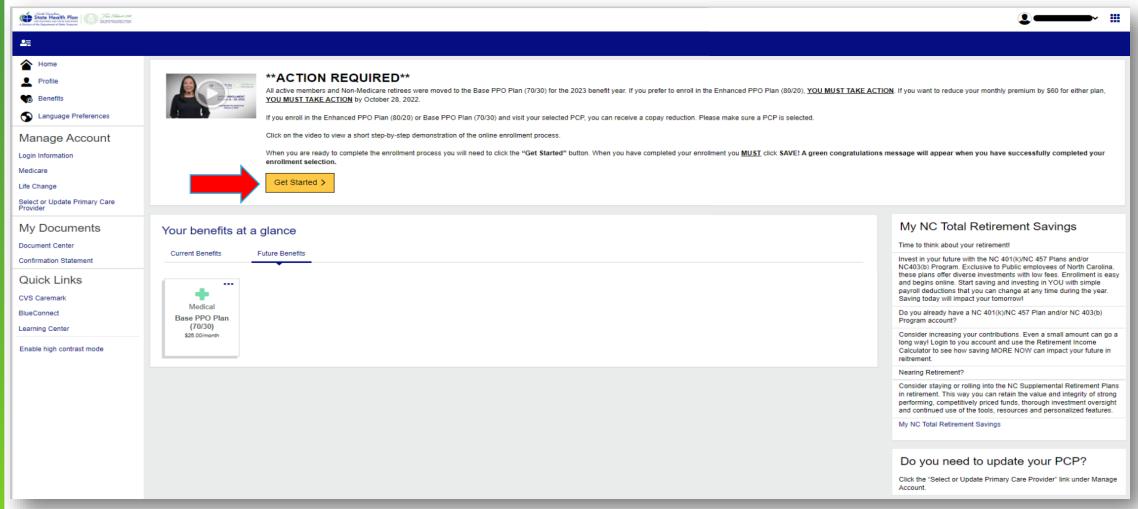
- January invoices
 - Can be scheduled to run any time after December invoice has been paid
 - Contact the Blue Cross NC Billing Department at 800-245-7319 or <u>stateppoinvoice@bcbsnc.com</u>.
- Please remember to request the invoice date to be changed back to your regular preferred schedule.



Open Enrollment eBenefits Workflow

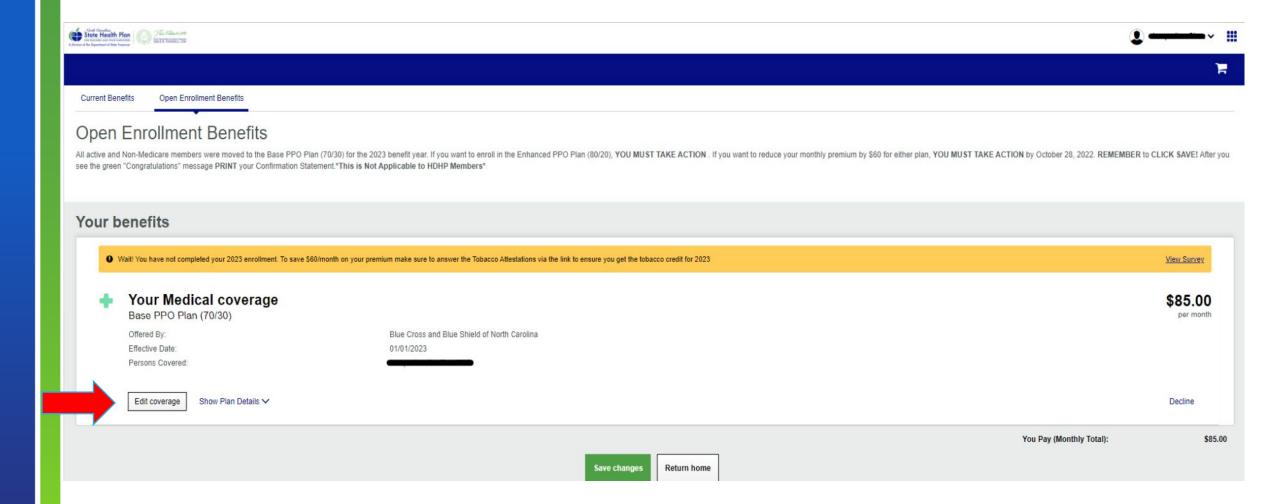


Member Home Page



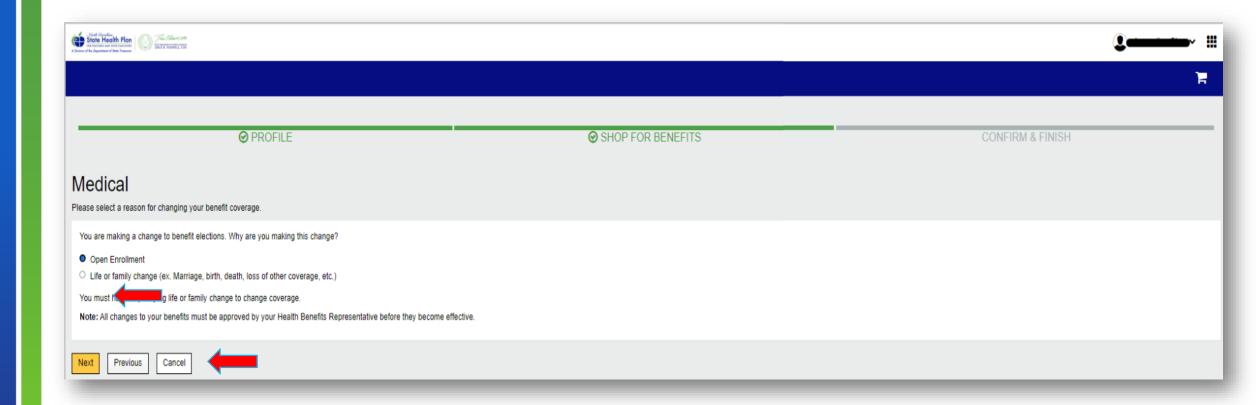


Open Enrollment Benefits



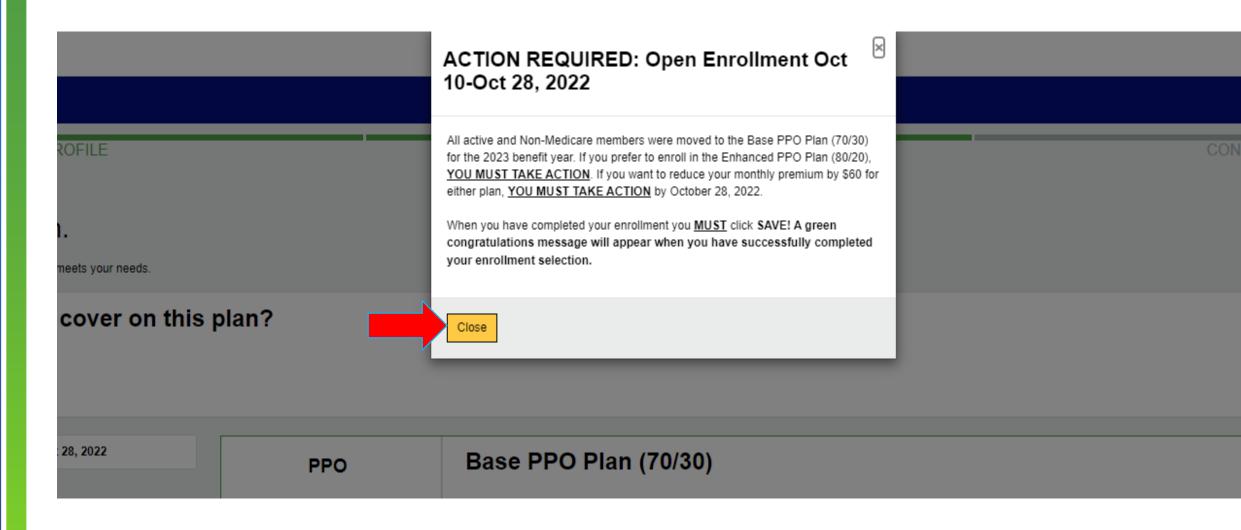


Open Enrollment Selection



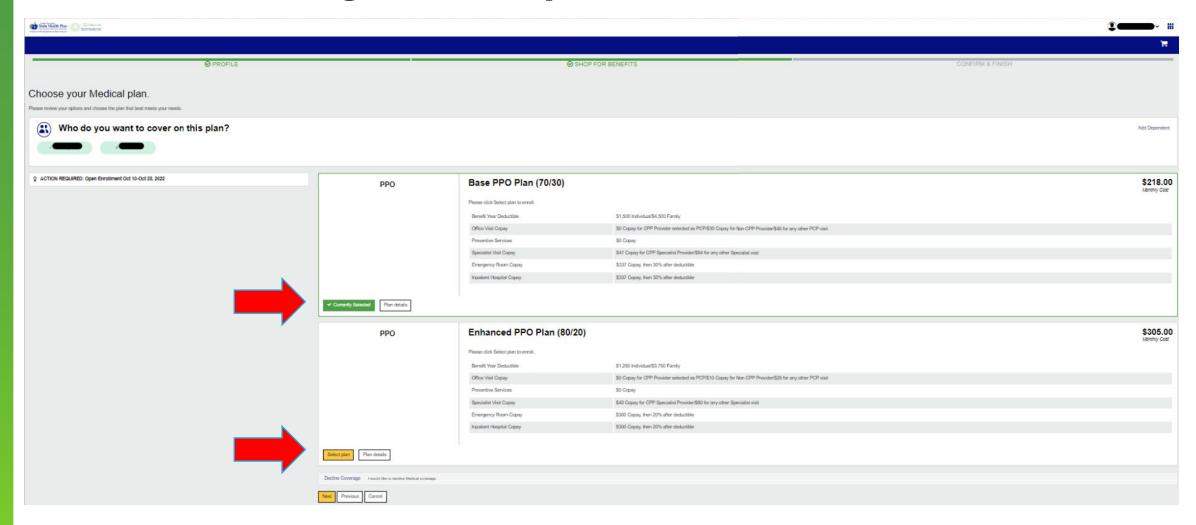


"Action Required" Pop up Statement





Plan Selection Page/Add Dependents(s)





2023 Tobacco Attestation

> Tobacco Attestation (Premium Credit \$60)

\$60.00 per month

I attest that I am NOT a tobacco user (includes cigarettes, cigars, pipes, chewing tobacco, snuff, vaping or any product containing nicotine). Or if I am a tobacco user, I agree to complete at least one tobacco cessation counseling session by November 30, 2022. (Please note: You may lose your \$60 monthly premium credit if you do not visit an in-network Primary Care Provider for a tobacco cessation counseling session by November 30, 2022.) 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
- IAM a tobacco user but agree to participate in a cessation counseling program by 11/30/2022
- I AM a tobacco user

Next

Previous

Cancel



New Hire Member Screen

- Note will display if member is completing initial enrollment and Open Enrollment at same time.

O PROFILE

SHOP FOR BENEFITS

CONFIRM & FINISH

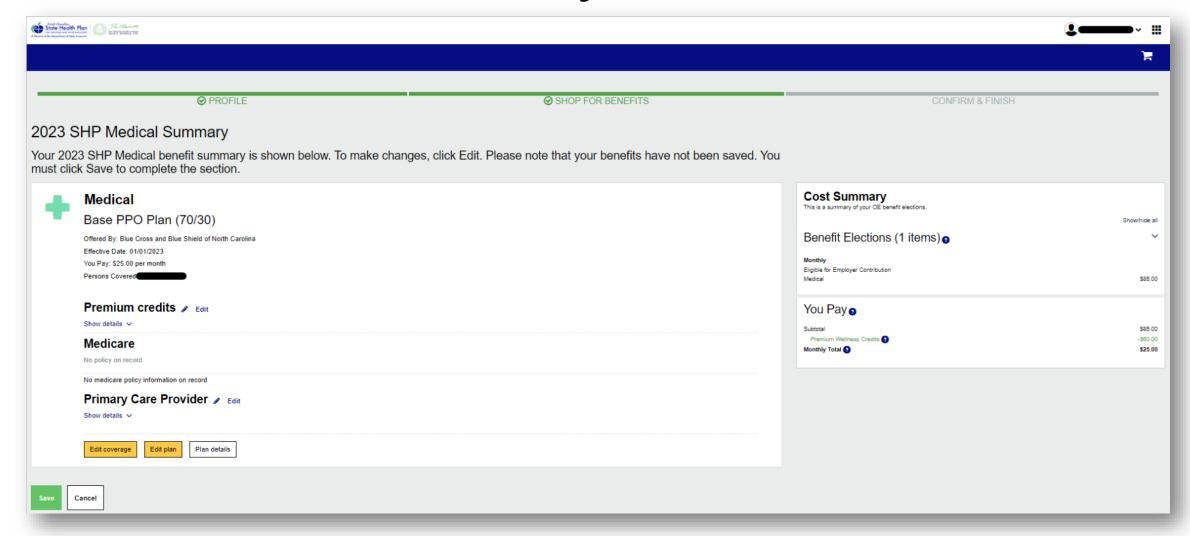
Please Note

- Medical elections have been successfully applied to the upcoming benefit year.
- The 2022 Tobacco Attestation answer(s) have been successfully forwarded to the upcoming benefit year.

Next

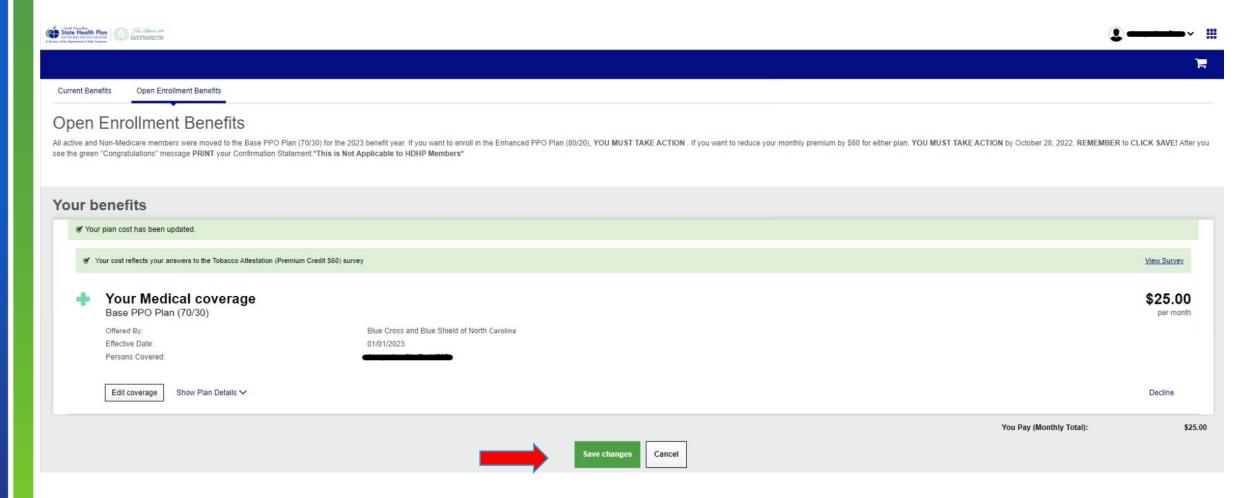


Medical Benefits Cost Summary



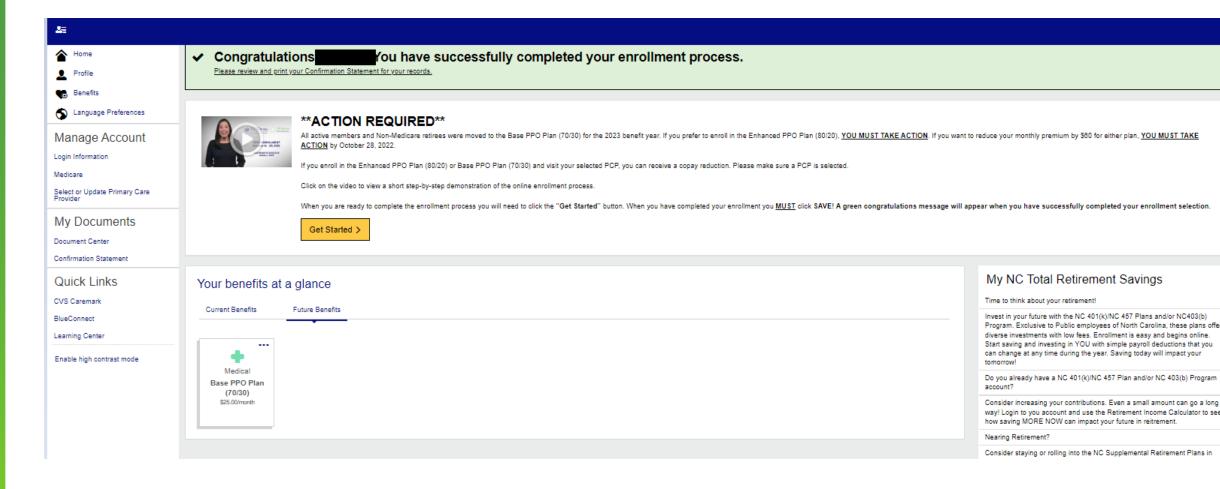


Your Benefits Review





Congratulations Banner





Important Points to Reinforce for Members

- Members need to SAVE their choices at the end of the enrollment process.
- Many members overlook this vital, final step and therefore fail to complete enrollment!
- All enrollment choices will be displayed for confirmation but the member isn't finished yet!
- Members then need to scroll down and click SAVE to record their enrollment choices. Otherwise, it will be as if they never enrolled.
- Printing out their confirmation statement is also recommended!
- Members that call into the call center to complete their enrollment will receive a mailed confirmation statement.



No Global Password Resets for Members

- There will not be any global password resets for your employees!
- Passwords must be reset individually following the steps below:
 - 1. Pull up individual employee in eBenefits
 - 2. Under "Manage Employee" Select "Update Login Information"
 - 3. Create new password under "Change Member Password" and confirm that the "Allow this member to log in" box is checked. This enables the member's account.
 - 4. Click "Save Login ID and Password"
 - 5. Once the employee logs into eBenefits with their temporary password they will be prompted to set their own password.
- These instructions will be available in HBR University in this year's OE Toolkit provided by the Account Management Team at Benefitfocus.



Medicare Retiree Plan Changes



2023 Medicare Retiree Plan Options

- Medicare retirees will have the following plan options for 2022:
 - Humana Medicare Advantage Base Plan (90/10)
 - Humana Medicare Advantage Enhanced Plan (90/10)
 - Base PPO Plan (70/30) administered by Blue Cross NC
- Medicare Primary members enrolled in the Humana Medicare Advantage Base or Enhanced Plan will remain in the plan in which they are currently enrolled.
- Medicare Primary members enrolled in the Base PPO Plan (70/30) will be enrolled in the Humana Medicare Advantage Base (90/10) Plan.
- If they would like to be enrolled in a different plan, or need to add a dependent, they will need to take action during Open Enrollment.
- Encourage your retirees to attend in-person Medicare Outreach meetings in September & October or webinars will be available.

Important Note:

Members are not able to edit/add Medicare information; they must call the Eligibility and Enrollment Support Center or have their HBR update it.



Open Enrollment Communications



Communicating Open Enrollment to Employees

- Resources available on the Plan's website will include:
 - Videos
 - Decision guides
 - Rate sheets
 - Comparison charts
 - Benefit booklets
 - Summary of coverage documents
 - Multiple webinars available for employees
 - OE Flier for Worksites (available in HBR University/Website)









BASE PPO PLAN (70/30)

ALL members will AUTOMATICALLY be moved to this plan.

\$25/month employee-only premium
(after you complete tobacco attestation)

ENHANCED PPO PLAN (80/20)

You MUST take action to enroll in this plan.

\$50/month employee-only premium (after you complete tobacco attestation)

Highlights for 2023!

No premium increases for the 5th year in a row!

Members who select a Clear Pricing Project Provider as their Primary Care Provider will continue to enjoy \$0

Members will continue to enjoy a reduced copay when visiting a Clear Pricing Project Provider!

Preferred and non-preferred insulin continues to have a \$0 copay for a 30-day supply!

Preventive Services remain covered at 100% - no copay or deductible - on either plan!

Enroll & Learn More at SHPNC.ORG



There are no significant benefit changes for 2023. The formulary (drug list), which determines what medications are covered & what tier they fall under, changes on a quarterly basis, so there is a possibility that you will have changes in your prescription coverage in 2023.

Remember to process terminations timely for members turning 65 and retiring so they receive the appropriate mailers.





Extended Call Center Hours



- The Eligibility and Enrollment Support Center will have extended hours during Open Enrollment:
 - Monday-Friday, 8 a.m. 10 p.m.
 - Saturdays, 8 a.m. 5 p.m.
- Encourage your employees not to wait until the last minute!
- Call wait times are always longer the first two days and last two days of OE.
- Again, this year there will be a virtual hold option for members calling in who would rather not hold and receive a call back when a representative is available.

855-859-0966

HBR Resources



HBR University Reminder



- HBR University is the Plan's online learning management tool powered by SkyPrep.
- This tool allows the Plan to issue and track trainings to ensure you have the knowledge and guidance necessary to perform your duties as they relate to the Plan.
- HBR University, which you can access online anywhere at your own convenience, focuses on the roles and responsibilities of HBRs and important State Health Plan policies and procedures.
- After your initial registration in HBR University, you are encouraged to log in at https://shpnc.skyprepapp.com/account/signin to:
 - Enroll in trainings offered in the Course Catalog and
 - Review job aids in the Resource Center.
- HBR University will contain an Open Enrollment folder with resources!



Any Questions?



HBR SUPPORT LINE 800-422-5249

- BEACON HBRs can call HBR Support line for general questions
- Reach out to BEST Shared Services for member-specific issues and billing
 - 919-707-0707 (in Raleigh) or 866-622-3784
 - Submit a ticket to SVC_OSC.best <best@osc.nc.gov

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 and HDHP)888-234-2416

ITEDIUM (PREMIUM BILLING, DIRECT BILL/COBRA) 877-679-6272



