

2022 State Health Plan Open Enrollment

Active and Non-Medicare Members

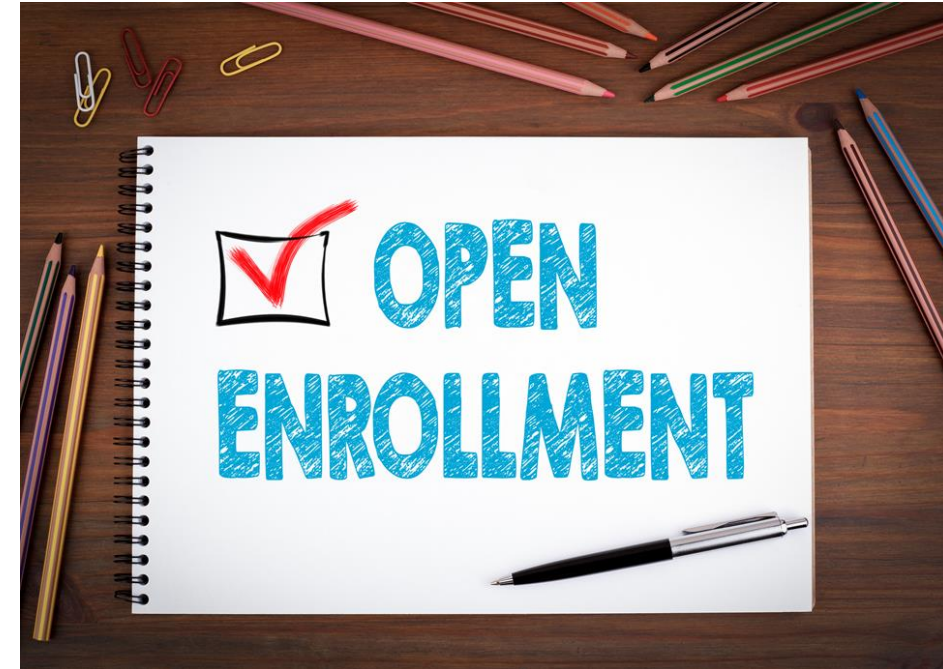
Open Enrollment
October 11 – 29, 2021



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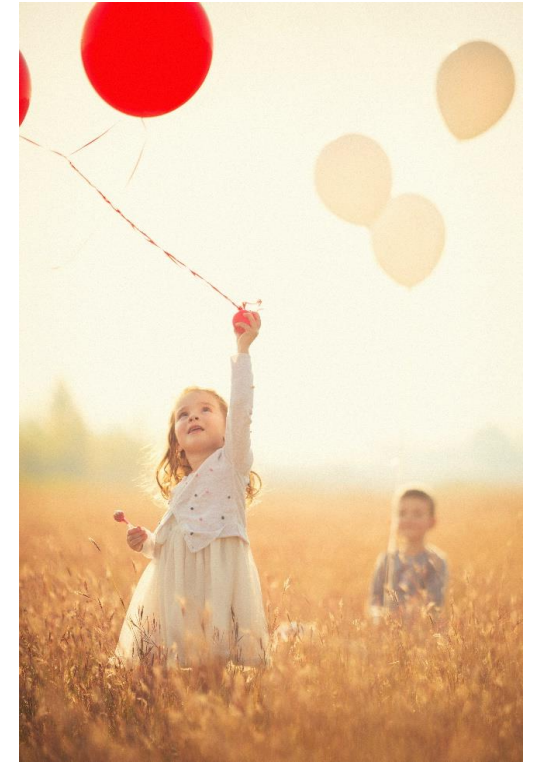
Topics for Today

- Open Enrollment Reminders and Plan Options
- Benefit Highlights for 2022
- 80/20 & 70/30 PPO Plan Benefits
- Premium Rates
- Online Enrollment Process
- Important Phone Numbers



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.
 - You have 30 days from the date of the event to make changes.
- Dependent verification documentation is required for all dependents. This includes Social Security numbers.
 - During Open Enrollment, you have until October 29 to provide the required documentation.
 - A full list of required documents can be found on the Plan's website.
- Documents should be uploaded and stored in eBenefits. Need help? Contact your HBR or the Eligibility and Enrollment Support Center (855-859-0966).



Qualifying Life Events & Dependent Eligibility

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

Action Required!



- ALL active and non-Medicare members, including dependents, will be moved to the 70/30 PPO Plan effective January 1, 2022.
 - You will see this change when you log in to eBenefits during Open Enrollment.
- **You MUST take action if you want to enroll in the 80/20 PPO Plan and reduce your premium in either the 70/30 or 80/20 PPO Plan.**
- If you do not take action by October 29, you will:
 - **Remain on the 70/30 PPO Plan for 2022.**
 - **Pay more for subscriber-only premium for failure to complete tobacco attestation for active members in the 70/30 and 80/20 PPO Plans.**
- *The 70/30 PPO Plan remains premium-free for non-Medicare members in the Retirement Systems and does not require a tobacco attestation to reduce the premium. The tobacco attestation applies to non-Medicare members in the Retirement Systems who want to enroll in the 80/20 PPO Plan and reduce their monthly premium.*

2022 Health Plan Options

- The State Health Plan will continue to offer two plan options to active members and non-Medicare retirees for 2022:

80/20 PPO Plan

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.

70/30 PPO Plan

Members pay 30% coinsurance for eligible in-network expenses. Similar to the 80/20 PPO 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.

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

Benefit Highlights for 2022

Benefit News for 2022!

- No premium increases for the 4th year in a row!
- Members who select a Clear Pricing Project Provider as their Primary Care Provider will continue to enjoy a \$0 copay!
- Reduced copays for members who visit a Clear Pricing Project Specialist!
- Preferred and non-preferred insulin will continue to have a \$0 copay for a 30-day supply!
- Preventive Services & Preventive Medications will continue to have no copay or deductible on either plan!



Clear Pricing Project Provider Copay Reductions

CLEAR PRICING PROJECT PROVIDER COPAY COMPARISON CHART		
Provider	80/20 PPO Plan	70/30 PPO Plan
Primary Care Provider (PCP)	\$0 for Clear Pricing Project (CPP) PCP on ID card; \$10 for non-CPP PCP on ID card; \$25 for any other PCP	\$0 for Clear Pricing Project (CPP) PCP on ID card; \$30 for non-CPP PCP on ID card; \$45 for any other PCP
Specialist	\$40 for CPP Specialist; \$80 for other Specialists	\$47 for CPP Specialist; \$94 for other Specialists
Behavioral Health Provider	\$0 for CPP Provider \$25 for non-CPP Provider	\$0 for CPP Provider \$45 for non-CPP Provider
Speech, Occupational, Chiropractor and Physical Therapy	\$26 for CPP Providers; \$52 for other Providers	\$36 for CPP Providers; \$72 for other Providers

2022 Open Enrollment Tobacco Attestation

- Subscribers can attend a tobacco cessation counseling session at a CVS MinuteClinic or a Primary Care Provider's (PCP) office for **free to** lower their 2022 employee-only premium by \$60.
 - Since subscribers can see a PCP, waivers will no longer be given to members who live more than 25 miles away from a CVS MinuteClinic.
- To earn \$60 premium credit, subscribers may complete the tobacco cessation counseling session between **now and November 30, 2021**. No need to wait until Open Enrollment!
 - **This action is only for tobacco users who want to reduce their 2022 premium. If you as the subscriber are not a tobacco user, simply attest to that fact during Open Enrollment.**

Tobacco Attestation Counseling Reminder



To ensure you receive credit for the office visit, upload the office visit summary (from PCP office or CVS MinuteClinic to the “Document Center” located in eBenefits, the Plan’s enrollment system.

minute clinic

Patient: [REDACTED]
Visit Date: 1/28/2019

Practitioner: [REDACTED]
Clinic Address: MONTAGUE, CRYSTAL
10100 S Main St
Archdale NC 27283

Patient: [REDACTED]
Home Phone: [REDACTED]
Patient DOB: [REDACTED]
Patient Address: [REDACTED]

Patient Visit Receipt
Federal Tax ID: 20-3555819
POS Code: 11
Group NPI: 1699748608

General Patient Information
Patient ID: E23170760
Visit ID: 350970488
Primary Care Provider: Richard T Escajeda

Primary Insurance Information
Insurance: BCBS NC 212
Patient Insurance ID: xxxxxxxxxxxx5201
Group Number: S27079
Subscriber Name: [REDACTED]

Some of the services you received today may not be covered by your insurance or may be patient responsibility (cash pay). Those services that can be billed to your insurance will be submitted. Once your insurance company has notified us of your actual payment responsibility, you may 1) receive no further billing, or 2) receive a bill from MinuteClinic for the remaining amount due, or 3) receive a refund for any overpayment you made. For those services that are considered patient responsibility, payment is expected at time of service. If you have further questions, please contact our billing department at 866-389-ASAP (2727), Option 2.

Certain lab services are sent out to be performed and will be directly billed to you/your insurance by the outside lab.

Special Offer: NC State Health Plan Tobacco Cessation Initial Voucher

Code	Description	Mods	Qty	Amnt	Pat Resp
99407	TOBACCO CESSATION		1	\$50.00	\$0.00

Diagnoses: F17.210

Payment Summary
No payment information could be found for the specified dates.

We want your feedback!
If you have opted in to complete a survey by providing us with your email address you will automatically receive an email to complete a brief Patient Experience Survey in 24 hours. It only takes a few minutes to complete. Please have this Patient Visit Receipt available when you take the survey. Thank you!

For information or questions regarding this visit, please contact MinuteClinic at 866-389-ASAP (2727). If you have MinuteClinic but not addressed your request, you may contact the Equal Commission on their website: equalcommission.org

- **Don't forget, Tobacco cessation counseling is available throughout the year!**
- If you're interested in tobacco cessation counseling at any point in the year, you can just *GO* to a CVS MinuteClinic or PCP's office.

Tobacco Attestation Savings



	80/20 Plan	70/30 Plan
Total employee-only monthly premium without credit	\$110	\$85
Attest to being tobacco-free OR agree to visit a CVS MinuteClinic or PCP's office for at least one tobacco cessation counseling session, if a tobacco user.	-\$60	-\$60
TOTAL employee-only monthly premium with credit	\$50	\$25

*Subscribers enrolled through the **Retirement Systems** that select the **70/30 PPO Plan** do **NOT** need to complete the tobacco attestation.*

80/20 & 70/30 PPO Plan Benefits

2022 80/20 & 70/30 PPO Plans

Plan Design Features	80/20 PPO Plan	70/30 PPO Plan
Deductible	\$1,250 Individual \$3,750 Family (Combined Medical & Pharmacy)	\$1,500 Individual \$4,500 Family (Combined Medical & Pharmacy)
Medical/Rx Out-of-Pocket (OOP)	\$4,890 Individual \$14,670 Family (Combined Medical & Pharmacy)	\$5,900 Individual \$16,300 Family (Combined Medical & Pharmacy)
Preventive Services	\$0	\$0
Primary Care Provider (PCP)	\$0 for CPP PCP on ID Card \$10 for non-CPP PCP on ID card \$25 for any other PCP	\$0 for CPP PCP on ID Card \$30 for non-CPP PCP on ID card \$45 for any other PCP
Specialist Copay	\$40 for CPP Specialist \$80 for other Specialists	\$47 for CPP Specialist \$94 for other Specialists
Speech, Occupational, Chiro and Physical Therapy Copay	\$26 for CPP Providers \$52 for other Providers	\$36 for CPP Providers \$72 for other Providers
Hospital & ER Copays	\$300 + Ded/Coins.	\$337 + Ded/Coins.

Copay Waiver for Insulin

- For January 1, 2022, members will continue to have a \$0 copay for Preferred and Non-Preferred Insulin.

Rx Tier	80/20	70/30	HDHP
Tier 1 – Generics ≤ \$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

Premium Rates



2022 Premium Rates

Monthly Premium Rates	2022 Rates *
80/20 PPO Plan	
Subscriber Only	\$50.00
Subscriber + Child(ren)	\$305.00
Subscriber + Spouse	\$700.00
Subscriber + Family	\$720.00
70/30 PPO Plan	
Subscriber Only	\$25.00
Subscriber + Child(ren)	\$218.00
Subscriber + Spouse	\$590.00
Subscriber + Family	\$598.00

Assumes completion of tobacco attestation. The employee-only premium will be \$60 higher per month if the tobacco attestation is not completed. **NOTE: 70/30 PPO Plan for retiree-only coverage remains premium free.*

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.
- You are encouraged to **NOT** wait until the last minute to enroll! As we near the end of the enrollment period, call wait times will be longer than usual. Act early!

855-859-0966

Member Resources

- **ELIGIBILITY AND ENROLLMENT SUPPORT CENTER**
855-859-0966

- **CVS CAREMARK**
(PHARMACY BENEFITS)

- **888-321-3124**

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

Thank You!

Questions?

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. To ensure the accuracy of, and to prevent the undue reliance on, this information, we advise that the content of this material, in its entirety, or any portion thereof, should not be reproduced or broadcast without the express written permission of the State Health Plan.