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

State Health Plan

Health Benefits Representative Quick Guide

June 2017

Information for Health Benefits Representatives who work with the North Carolina State Health Plan for Teachers and State Employees. This guide is updated as needed, *so check back often*.

Table of Contents

Acronyms

State Health Plan Acronyms			
BCBSNC	Blue Cross and Blue Shield of North Carolina	HBR	Health Benefits Representative
COBRA	Consolidated Omnibus Budget Reconciliation Act	OE	Open Enrollment
QLE	Qualifying Life Event	NCGS	North Carolina General Statutes
PCP	Primary Care Provider	RIF	Reduction In Force
HA	Health Assessment	SSO	Single Sign-On
ESRD	End Stage Renal Disease	SSN	Social Security Number

Roles and Responsibilities

The Health Benefits Representative (HBR) plays a vital role in administering the State Health Plan (Plan). You are the main avenue through which members receive their benefit information.

The employee also plays an essential role in following State Health Plan guidelines to ensure an understanding of their health plan benefit, its accuracy, and the timeliness of enrollment.

Please note: If you are an HBR for a state agency, your role is slightly different. State “designated Central Agency HBRs” have view-only access to eEnroll. BEST HBRs have administrative access. Please contact BEST Shared Services for more information regarding your role.

HBR Role

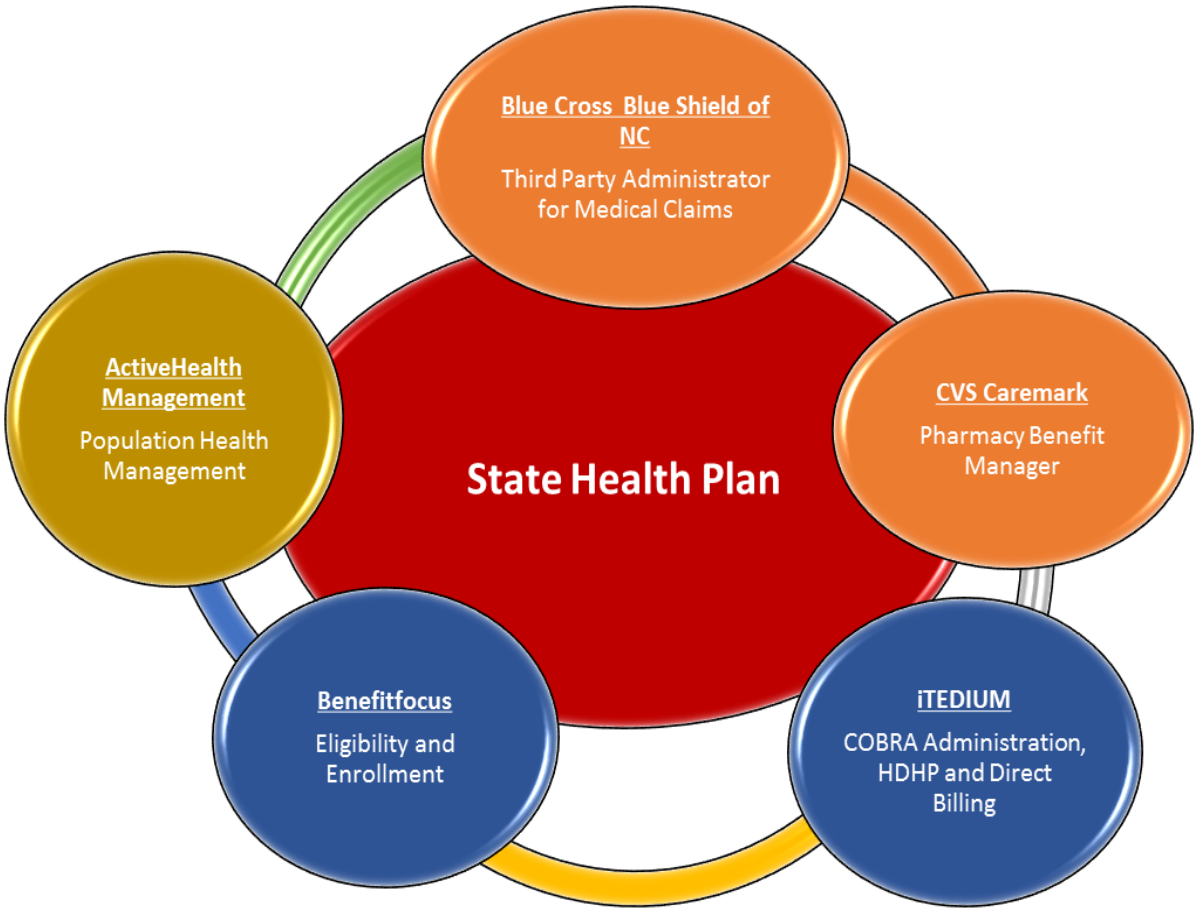
- Attend training to obtain an understanding of State Health Plan rules and the benefits
- Use the tools and resources provided by the State Health Plan
- Communicate benefits and eligibility information to employees
- Subscribe to the monthly HBR Update e-communications from the Plan
- Educate employees on how to use the online enrollment system, eEnroll. **eEnroll is a self-service system and HBRs should NOT process enrollments or life event changes for employees. New HBRs must complete the required training before receiving access to eEnroll. Failure to follow policy rules may result in removal of eEnroll access.**
- Perform employee benefits data management, including processing new hires, employee terminations, managing tasks in the eEnroll system, and Open Enrollment
- Obtain documentation to verify the eligibility of dependents being added to health coverage and to confirm that a status change meets the definition of a qualifying life event as defined by Section 125
- Reconcile group premium statements and remit group fees
- Collect the member's premium for active employees, including while an employee is on a leave of absence (LOA), family and medical leave (FMLA) or Workers' Compensation

Employee Role

- Enroll in the State Health Plan and process life event changes in a timely manner
- Provide documentation to verify dependent eligibility and life events
- Keep demographic information updated in the enrollment system
- Read the benefits booklet and all other Plan materials
- Call Customer Service or HBR for questions or if they do not understand the material provided
- Report any discrepancies in a timely manner to their HBR

State Health Plan Vendors

The State Health Plan works closely with a large network of vendor partners to administer benefits and services. For a complete list, visit the State Health Plan Contracted Vendors page on the Plan's website. Below are the Plan's main member-facing vendor partners.



HBR Training

The State Health Plan is committed to providing HBRs with the training needed to best serve employees. New HBRs and other individuals who require access to the eEnroll are required to complete training before receiving access to the system. HBRs may attend one of the regional onsite sessions or complete the online training presentation here. Please follow the process outlined below if you complete the online training:

- Complete the eEnroll Access Request Form and email it to HBRTraining@nctreasurer.com
- Complete the online training and send the certificate of completion to HBRTraining@nctreasurer.com
- The Plan will review and provide approval to Benefitfocus once the required forms are received
- A member of the HBR Support team at Benefitfocus will grant access within 24 hours and notify the HBR via email with their login information. eBilling login, if applicable, will be provided as well.

Other training opportunities include:

- Regional onsite sessions. Click here to sign up
- Monthly webinars: Click here to sign up

All training opportunities are located under the Health Benefits Representative tab, Training and Development section, along with other training documents to help you with your HBR duties.

HBR Resources

The Plan and its partners offer several supports and resources for HBRs. Please review the ones highlighted below.

- **For a complete list of who to call:** View the **Contact List for Health Benefit Representatives.**
- **State Health Plan website:** www.shpnc.org. The Plan's website has a wealth of information that is critical in understanding benefits, rules and processes.
- **The Health Benefits Representative (HBR)** webpage contains important information to assist you in carrying out your duties as an HBR as they relate to the Plan.
- **Benefits Booklets** are on the Plan's website, at www.shpnc.org under Plans for Active Employees, then select the Plan option. This is a great tool to assist you in understanding health plan benefits.
- **HBR Newsletter**: The monthly HBR Update is an e-newsletter containing important benefit information, pharmacy news and health tips. In addition, HBR Alerts are distributed as needed to HBRs to provide important, time-sensitive information. Please sign up by completing the Sign Up for HBR Updates form and notify the State Health Plan of any HBR personnel changes by emailing HBRInquiries@nctreasurer.com.
- **HBR Support:** Benefitfocus, the Plan's Eligibility and Enrollment vendor, is committed to providing HBRs immediate access to support. To ensure you are able to receive prompt assistance, Benefitfocus uses the platform One Place 365. This platform provides a secure avenue for issues or questions. You may also contact the HBR Support Line at 800-422-5249. Groups with dedicated account managers may contact their Account Manager.
- **HBR Support for the High Deductible Health Plan (HDHP) for Non-Permanent Employees:** 855-552-6272 or hbrsupport@iTEDIUM.net.

For any issues that are not resolved in a timely manner and need to be escalated, please contact the Plan office at 919-814-4400 or HBRInquiries@nctreasurer.com. Do not send emails directly to Plan staff members.

Governance of Plan Rules

The State Health Plan is governed by North Carolina General Statute (NCGS) 135 Article B. Groups must adhere to the rules established for the Plan. To view the legal statute, visit the State Health Plan website at www.shpnc.org, click on the About the State Health Plan tab, and Legal Statutes.

Health Plan Options

The State Health Plan offers three Preferred Provider Organization (PPO) plans for permanent employees. These plans are administered by Blue Cross and Blue Shield of North Carolina (BCBSNC).

- Enhanced 80/20 Plan
- Consumer-Directed Health Plan (CDHP)
- Traditional 70/30 Plan

See the Plan's website at www.shpnc.org and select Plans for Active Employees for detailed plan information.

Eligibility and Enrollment for Permanent Employees

For complete eligibility information, review the Eligibility section in the benefits booklets. Go to the Plan's website, www.shpnc.org. Click Plans for Active Employees, then select the Plan and the booklet. Employees with permanent employment are those working at least 30 hours per week for nine or more months per calendar year. Employees are eligible for the employer shared amount.

For permanent state employees working 20 or more hours but less than 30 hours per week, these employees may enroll, but they must pay the full cost of coverage.

Dependents

Dependents' coverage is paid at 100% by the employee and is available at group rates. Dependents that are eligible for coverage include the following:

- Legal spouse
- A child under age 26 including natural, legally adopted, foster, and children for whom the employee is a court-ordered guardian and stepchildren of the employee
- A child's coverage may be extended beyond age 26 if the child is physically or mentally incapacitated and the condition developed before their 26th birthday and the dependent was covered by the State Health Plan. This includes a child who is physically or mentally incapacitated, to the extent that he or she is incapable of earning a living, and such handicap developed or began to develop before the dependent's 26th birthday if the dependent was covered by the Plan. When requesting extension of coverage, employees should complete the Coverage Request for a Mentally or Physically Incapacitated Child available on the Plan's website and contact the Eligibility and Enrollment Support Line if they have questions. The form must be approved prior to the termination date.

Members are required to provide their HBR with documentation to verify the eligibility of all dependents added to health coverage. View the list of acceptable documents at the Plan website in the Health Benefits Representative tab by clicking Enrollment Rules and Information and Dependent Verification Requirements.

Please note: To ensure compliance with the NCGS 135-48.41 (C), dependents are unable to be dually enrolled in coverage. Dependents may not be added to coverage if the dependents are already covered by another subscriber on the State Health Plan. If a subscriber tries to add a dependent that is already enrolled in coverage with the State Health Plan they will receive the following message: "This dependent

cannot be enrolled because they are already covered on Medical in SHP-GroupName until 12/31/17. Please decline coverage in this benefit period so that you may enroll dependent name in coverage in the next benefit period effective after 12/31/2017."

Enrollment
New employees must enroll themselves and dependents within 30 days of their date of hire. The employee has the choice to enroll:

- the first of the month following their hire date or
- the first of the second month following their hire date

For more information, see the Health Benefits Representative tab, Enrollment Rules and Information and the Enrolling in the Plan section in the benefits booklets on the Plan's website at www.shpnc.org. Click Plans for Active Employees, then select the Plan and the benefits booklet.

Open Enrollment
During Open Enrollment, employees can re-evaluate their health care needs for the upcoming benefit year that runs January 1 – December 31. They may enroll in the State Health Plan, switch between plans, and add or remove dependents.

These can be done without a qualifying life event! Open Enrollment (OE) is in October. The Plan mails materials to enrolled members only. HBRs are responsible for sending OE information to all employees.

Qualifying Life Events
The State Health Plan must adhere to rules for making midyear changes under Section 125 of the Internal Revenue Code and NCGS 135 Article B. These events, called Qualifying Life Events (QLE), allow members to make certain coverage changes, such as adding/dropping dependents, canceling coverage, or enrolling in coverage.

Under the "general consistency rule," an election change must satisfy the consistency requirement: "If the election change is on account of and corresponds with a change in status that affects eligibility for coverage under an employer's plan." Regulations do not permit midyear election changes for family members who are not affected by the change in status, such as unaffected children in a case of loss of dependent child status.

The benefits booklets provide a list of QLEs or you may review the Section 125 Form. If you have questions about what changes can be made, please call the HBR Support line 800-422-5249, create a case via One Place 365, or reach out to your Account Manager.

Employees must provide supporting documentation to their HBR to verify the qualifying life event in accordance to State Health Plan policy within 30 days of the QLE or 60 days of becoming entitled to or losing eligibility for Medicaid or the Children's Health Insurance Program (CHIP). See the Qualified Life Event Supporting Documentation for a list of acceptable documentation.

How Does the Employee Enroll?
Permanent employees enroll through eEnroll, managed by the Plan's Eligibility and Enrollment vendor Benefitfocus.

Go to the State Health Plan's website at www.shpnc.org and click **Enroll Now**. Call the Eligibility and Enrollment Support Center at 855-859-0966 for assistance.

Important Notes:

- HBRs are provided with HBR access to the eEnroll system once they have completed the required training. Review the process that is outlined on the Plan's website under the Training and Development Training and Development section.
- HBRs should not process enrollments or plan changes for employees. If the employee is unable to enroll online, they need to call the Eligibility and Enrollment Support Center at 855-859-0966 for assistance. Failure to follow policy rules may result in removal of eEnroll access.
- HBRs must add new employees to eEnroll promptly to ensure they have time for enrollment and wellness activities. Allow two business days after their information is added to eEnroll for it to be loaded at ActiveHealth so the employee can complete the Health Assessment via SSO (single sign-on) in eEnroll.
- Dependents over 6 months of age must have a valid Social Security number (SSN). In the event a dependent doesn't have an SSN, Benefitfocus can generate a dummy SSN. This is ONLY an option for dependents that genuinely don't have SSNs, such as foreign nationals. This does NOT apply to members that are adding dependents and just don't have the SSN with them at the time the dependent is being added. In this case, members must wait until they have the SSN before adding the dependent. Newborn dependents can be added without an SSN and the SSN can be added as soon as it has been issued. The HBR may also reach out to HBR Support to have a dummy SSN created. Premiums are taken out pre-tax. If the employee wishes to have premiums paid on an "after-tax" basis, he/she must complete the Enrollment for Flexible Benefit Plan (IRS Section 125) for the State Health Plan form and return it to their HBR within their enrollment period. The next opportunity for them to change this election is Open Enrollment. A member who changes to an after-tax basis is still subject to the same rules for when health plan changes can be made. Refer to the Qualifying Life Events section.
- Enrollments are not sent to vendors until the HBR approves the enrollment task.
- Important: notify HBRInquiries@nctreasurer.com when anyone with eEnroll access leaves a position to allow the Plan to terminate eEnroll access to prevent unauthorized changes to accounts.

Resources for New Employees

Refer to the resources at New Employee Resources. These are great resources for your employees, and also help you become knowledgeable on benefits and assist employees when they have questions about how to enroll online.

ID Cards

If the member is enrolling on or after their effective date, they will receive their ID card in the mail within 10 days of enrollment and approval by the HBR. ID cards serve as both medical and prescription drug cards.

Each member will also receive their own ID card with their own assigned Primary Care Provider (PCP) if selected, printed on the front of the ID card. For additional cards, members are able to:

Go online at www.shpnc.org and click “Member Login” and log into “Blue Connect” to request a new card or print a temporary card. They will need their Member ID which is the W# are their ID card. Members may also call BCBSNC at 888-234-2416. In addition, HBRs can request a new card in eEnroll under Manage Employee.

CDHP members also receive a pharmacy debit card for the Health Reimbursement Account (HRA). For a new card, the member may call BCBSNC at 888-234-2416.

When Coverage Ends

Please see the rules on the Plan’s website, Health Benefits Representative tab, Enrollment and in the When Coverage Ends section in the benefits booklets available on the website www.shpnc.org.

Enrollment Exceptions and Appeals Policy

To ensure consistency and adherence to state and federal legislation, transactions for new hire enrollments, adding/dropping dependents for QLEs, and processing terminations must be completed in a timely manner.

Changes outside the State Health Plan rules may be requested by the HBRs through an exception process and may be approved under certain criteria only.

Please take time to review the Exceptions Process section on the Plan’s website under the Health Benefits Representative tab and the SHP Enrollment Exceptions and Appeals policy located on the same page.

Changes not outside of Plan rules can be processed by contacting the HBR Support line. For example, if the HBR processed a termination date for an employee effective 1/31/17 and it needs to be corrected to 2/28/17.

Eligibility for Health Coverage While on a Leave of Absence

Eligibility for Fully Contributory

An employee on official leave of absence without pay may elect to continue coverage provided that they pay the full employee and employer contribution to the group during the leave period. Because of this rule, a leave of absence event does not generate a COBRA offer notice.

Eligible for Partial Contributory

These include:

- Employees on official leave of absence while completing a full-time program in school administration in an approved program as a Principal Fellow.
- Employees on approved leave of absence with pay, or receiving workers' compensation. If employee is receiving workers compensation, but separated from service (i.e., no longer an employee) then the employee is no longer eligible for State Health Plan benefits.

- Employees on approved leave under the Family and Medical Leave Act of 1993 (FMLA).

Please review the SHP Policy on Arrears on the website for information on the arrears rules for the State Health Plan. This is for when a member is in a category that requires the member to be responsible for paying the full premium or a portion of the premium directly to the group or the Plan's billing vendor.

It is important to let the member know as indicated on the policy that, if their coverage is canceled for nonpayment, they cannot be reinstated, even with a qualifying life event (QLE) that otherwise under Section 125 would allow for an eligible member who is not covered to enroll. Any member whose coverage is canceled for non-payment of premium will be eligible to enroll during the next Open Enrollment period.

Eligibility for Health Coverage While on Disability

Former employees who are receiving disability benefits are eligible for the benefit provisions of the State Health Plan. Coverage for these people will cease, however, as of the end of the month in which the former employee is no longer eligible for disability retirement benefits.

Short-Term Disability
An employee with five years or more of retirement membership services is eligible on a partial contributory basis under the active group.

An employee with less than five years of retirement membership services is eligible on a fully contributory basis under the active group.

Extended Short-Term Disability
An employee with less than five years of retirement membership services is eligible on a fully contributory basis under the active group.

An employee with five years or more of retirement membership services is eligible under the State Retirement Systems.

Long-Term Disability
Long-Term Disability employees must have five years or more of retirement membership services to be eligible under the State Retirement Systems.

The State Retirement Systems has the following rule for when an employee is eligible for health coverage under their group: If the disability effective date is:

- 1st – 15th of the month
  Member's benefit effective date will be first of following month
  Example: Member with hire date 4/12 will get benefits 5/1

- 16th – 31st of the month
  Member's benefit effective date will be first of month after the following month
  Example: Member with hire date 6/22 will get benefits 8/1

Please note that the above rule only applies to prospective enrollments. Retroactive coverage under the State Retirement Systems for employees who are approved for disability at a later date is not permitted. For example, if an employee is termed in June and is approved for extended short-term or long-term disability benefits in November retroactive to July, the employee will not be retroactively enrolled into health coverage. The effective date of their health coverage is dependent upon the date the enrollment is sent on the file to Benefitfocus. The terminated employee would need to obtain COBRA coverage in order to avoid a gap in coverage.

It is important that you do not carry employees beyond their short-term disability benefit period while they are waiting for approval for extended short-term or long-term disability. Groups that elect to continue coverage are responsible for premiums and will not be refunded.

HBRs can cancel the member's coverage by terminating employment involuntarily since they are no longer eligible under the active group. Timely terminations will allow a COBRA notice to generate, which employees will need to avoid a gap in coverage while waiting for coverage to be effective under the State Retirement Systems.

Group Transfers

Employees of non-BEACON groups who transfer from one group to another are not automatically re-enrolled under the new group. Employees should complete enrollment within 30 days of their employment date with the group. The coverage effective date is the first day of the first month or second month following date of employment.

The PCP and the Health Assessment (HA) credits will also transfer if it is within the same benefit year. The Tobacco Attestation credit does not transfer, so the member will need to complete it again when they enroll.

In order to prevent dual coverage, there is an enrollment rule that prevents the system from enrolling a member into a new group if their health coverage has not been termed from their previous group. If the previous group follows the 2nd of the month termination rule and the employee was hired with the new group 8/1, but was covered until 8/31 by the previous group, the employee should select the 9/1 date to enroll in coverage under the new group.

BEACON employees who transfer to another BEACON group will have their health coverage automatically carried over.

Medicare for Active Members and Dependents

When an Employee or Dependent becomes eligible for Medicare, this information should be updated within the Manage Medicare section under the "Manage Employee" tab in eEnroll.

A member can become eligible for Medicare due to:
Age 65
Disability
End Stage Renal Disease (ESRD)

The State Health Plan mails a Medicare eligibility letter to employees and their dependents prior to their 65th birthday that outlines their coverage options when they become Medicare eligible. If they determine they want to drop Plan coverage when they become Medicare eligible, this must be done within 30 days of the QLE, which is the first of the month that they are Medicare eligible.

Medicare is only primary for members under active groups:

- The last month that a retiree is still covered by the active group prior to being enrolled in the Retirement System.
- Members with End Stage Renal Disease (ESRD) following the 30-month State Health Plan primary period.
- Former employees who are receiving the 12-month reduction in force (RIF) health coverage.

For detailed information, please see the State Health Plan Benefit Coordination with Medicare section in the benefits booklets on the website www.shpnc.org.

Continuation of Coverage

COBRA

Federal COBRA Continuation Law applies to employer groups covering 20 or more employees. This law generally allows eligible enrollees the right to continue coverage under the employer group health plan for up to 18 months after they are no longer employed by your group. Special circumstances may extend coverage up to 36 months.

iTEDIUM is the Plan's COBRA/billing vendor.

New hires and spouses upon enrollment into the Plan will receive the Initial COBRA Notice. This notice is intended to inform the members of their potential future options and obligations under the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

A COBRA notice is sent when a qualifying event occurs, such as a termination. For detailed information, please view the COBRA Administration Guide located on the Health Benefits Representative tab, Training and Development. More information is also available on COBRA Plan Overview.

To view the COBRA Rates, go to www.shpnc.org, click on Plans for Active Employees, then select the plan you want to view and click on 100% Contributory Non-Medicare COBRA Subscribers and Other 100% Contributory Subscribers or click on the COBRA Plan Overview.

Surviving Dependents of Active Employees

Spouses of deceased members are eligible to continue coverage on a fully contributory basis provided they were covered at the time of the member's death and enroll within 90 days of the member's death. Surviving spouses are eligible for life provided their premiums are paid. Surviving dependent children who are covered by the State Health Plan at the time of the employee's death are entitled to coverage as a surviving dependent.

In the absence of an eligible surviving parent, each child is eligible for member only (individual) coverage until attaining one of the usual dependent children ineligibility events. If a surviving child was certified and covered as an incapacitated dependent, the dependent is eligible for life, or until the dependent ceases to be incapacitated. When coverage ceases for a surviving dependent child, he or she may be eligible for continuation coverage under COBRA.

Benefitfocus will mail the offer notice to surviving dependents of active employees. The letter will instruct the dependent to call the Plan's Eligibility and Enrollment Support Center at 855-859-0966 if they want to continue coverage. The letters are mailed monthly and the surviving dependent will receive it at the beginning of the following month after the death event is processed in the system. The surviving dependents do not have to wait to receive the letter. As long as the event has been processed, they may call the Eligibility and Enrollment Support Center and Benefitfocus will setup the necessary shell for the surviving spouse ahead of the letter being received.

To view the 100% Contributory Rates, go to www.shpnc.org, click Plans for Active Employees, then select the plan you want to view. Click on 100% Contributory Non-Medicare COBRA Subscribers and Other 100% Contributory Subscribers.

Reduction in Force (RIF) Employees
Employees who lose their jobs as a result of a reduction in force (RIF) will continue to have coverage for up to 12 months, as long as the employee was covered by the Plan at the time of separation from service and has 12 or more months of service or completed a contract term of employment of 10 or 11 months as an employee of a local school administrative unit.

For detailed information on the RIF benefit and the process for termination and enrollment, visit the Health Benefits Representative tab, Overview, Reduction in Force section. This page includes information on the Forever RIF Process.

Retirement Process

Employees can submit paperwork to the Retirement Systems as early as 120 days prior to their retirement date.

HBRs should term employees as soon as the employee notifies them of their retirement date. In order to prevent dual coverage, there is an enrollment rule that prevents the system from enrolling a member into a new group if their health coverage has not been termed from their previous group.

How to Retire a Member in eEnroll that is moving to the Retirement Systems
Please follow the How to Retire a Member in eEnroll instructions available on the Plan's website under the Health Benefits Representatives tab, Training and Development.

Retiring Members and Medicare
For members who have Medicare, Medicare becomes primary the last month that a retiring member is covered by the active group. Please notify your employees of the primacy change and the need to elect Medicare Part B to be effective the date of their retirement.

Auto-enrollment Process
All retirees who are eligible for State Health Plan coverage will be automatically enrolled into a plan once the Retirement Systems has processed their Form 6E. Retirees are auto-enrolled into a plan regardless of the contribution status or if they did not have coverage as an active employee. Please review the Preparing for Retirement Overview webpage for information on the auto-enrollment process.

Retiree Premiums
Members that are fully contributory are responsible for paying their entire premium. Fully contributory members do not have enough years of service to have their premiums paid by the State, which means the full premium amount will be automatically deducted from their pension. If the pension benefit isn't sufficient for the premium amount, the retiree will be invoiced by iTEDIUM.

Please review this information with retiring employees and discuss whether or not their years of service qualify them for the state contribution to premiums. The information below outlines whether or not the member is partially or fully contributory in regard to premiums. You may also refer to the Eligibility section in the benefits booklets available on the Plan's website at www.shpnc.org.

Hired Before October 1, 2006	Hired On or After October 1, 2006
5 Years of service Non-contributory Plan Retiree pays 0% premium For 70/30 Plan* *Partial contribution may be required for other plan options	5 < 10 Years of service Retiree pays 100% premium 10 < 20 Years of service Retiree pays 50% premium 20 Years of service Retiree pays 0% premium* *Partial contribution may be required for other plan options

How to Make Changes to the Coverage under the Retirement Systems
Retirees are not able to make changes to their health plan by notifying the HBR or calling the Retirement Systems. If they want to make changes to their health coverage, they must make those changes by logging into their ORBIT account and accessing the eEnroll link. New retirees receive the HM Online Form when they retire that explains the auto-enrollment and how they can change their health plan. Please refer to the Retirement System website Orbit Application Forms section to view the form

They may also call the Eligibility and Enrollment Support Center at 855-859-0966 to make any changes.
For more information on retirees and their health coverage, please review the Understanding Your State Health Plan Benefits at Retirement presentation.

Rehired Retirees

NC General Statute 135-48.41(j) requires employers to provide health coverage to retirees that work in a position that makes them eligible for the employer paid contribution for the State Health Plan (works 30 hours or more). While the rehired retiree is not required to enroll in a plan under the employer, the retiree is no longer eligible for the State Health Plan retiree group coverage under the Retirement Systems. They are eligible to enroll under the active group, the first of the month following their hire date.

Permanent Full-time Rehired Retirees: They are eligible to enroll in the 80/20, 70/30 or CDHP.
Per the Retirement Systems rule, if a retiree is re-employed in a permanent TSERS position, their retirement payment has to be stopped. The Retirement Systems terms their health coverage using the "return to work" life event. Once they are no longer employed, they have to complete paperwork in order to re-retire and be eligible for health coverage.

Non-permanent Full-time Rehired Retirees: Effective January 1, 2016, groups had to make the decision to offer the High Deductible Health Plan (HDHP) or the benefits traditionally offered to active employees (Traditional 70/30 Plan, Enhanced 80/20 Plan, and the Consumer-Directed Health Plan).

These individuals are still receiving a retirement benefit and therefore are still retired. HBRs should follow the process as outlined under the Non-permanent Full-time Retiree Process under the Health Benefits Representatives tab, Health Care Reform page to request their coverage termed under the Retirement Systems.

Once they are no longer employed with the active group, the loss of coverage is a qualifying life event that allows the retiree to re-enroll under the Retirement Systems. The retiree can enroll online by using the "loss of other coverage" qualifying life event or by calling the Eligibility and Enrollment Support Line for assistance within 30 days the event. In order to enroll in the Medicare Advantage plan, if eligible, they must process the re-enrollment before the effective date of health care under the Retirement System. The Plan cannot send retroactive enrollments for a Medicare Advantage plan.

Please note that part-time rehired retirees are eligible to remain on health coverage under the Retirement Systems.

Invoice and Payment

The Invoice

BCBSNC is the State Health Plan's Billing vendor for the traditional plans. You will receive your invoice through the eBilling System. The eBilling Guide and the eBilling HBR Training is available under the Health Benefits Representatives tab, Payroll and Billing. Your monthly invoice is mailed in advance of the due date and is made up of several components that break down the total monthly charges for your group. To change the date that your invoice is sent or if you have questions about your invoice, contact the BCBSNC Billing Department at 800-245-7319 or stateppoinvoice@bcbsnc.com.

Paying Your Monthly Invoice
Pay as billed. Your "billed" amount is firm. Deviating from the total amount will result in a balance forward on your next statement and may result in claims suspension and group delinquency.

Premium Delinquency
The Plan operates on a pre-pay basis. All premiums are due by the first of every effective month. Claims for services incurred for a group after the current effective month may not be paid until the past due payment has been received.

Third Party Recovery (Subrogation)

The State Health Plan has the right of subrogation upon its injured members' right to recover from liable third parties. The Plan's objective is to recover medical expenditures incurred by the Plan where a third party is liable for the care.

Members should contact Health Management Systems, Inc. (HMS), which has been contracted by the Plan to perform subrogation services, at 800-294-2757 to determine whether the Plan is claiming a right to recovery.

For more information, please see the Important Forms section on the Plan's website. Subrogation – Third Party Recovery is located at the bottom of the page. You may also find additional information in the Right of Recovery/Subrogation Provision section in each of the benefits booklets available on the Plan's website www.shpnc.org.

High Deductible Health Plan (HDHP) for Non-Permanent Employees

The North Carolina General Assembly approved legislation to create a health benefit to comply with the federal Affordable Care Act (ACA). The High Deductible Health Plan (HDHP) benefit option is available only to employees eligible for coverage under G.S. §135 48.40(e).

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. Groups are responsible for determining whether or not an employee is a full-time employee. This includes all non-permanent employees. The State Health Plan is not able to provide guidance to groups regarding eligibility for employees.

Employees can elect to enroll in coverage the first of the month that they become eligible. The same termination and qualifying life event rules apply to employees that enroll in the HDHP.

iTEDIUM manages the online enrollment and billing for the HDHP. The HBR Support Line for the Enrollment and Portal is 855-552-6272 or hbrsupport@itedium.com. The Third Party Claims Administrator is MedCost and the Pharmacy Benefit Manager is CVS Caremark.

Additional information is posted under the Health Benefits Representatives tab. Click Health Care Reform and under Plans for Active Employees.

NC Health*Smart*

The Plan offers a wealth of information on our website at www.shpnc.org under the Health and Wellness NC Health*Smart* tab. HBRs should take time to review the programs available and learn how to create a health-friendly workplace using the resources included in the NC HealthSmart Worksite Wellness section. NC Health*Smart* is not offered to members in the High Deductible Health Plan (HDHP).

Members can:

- Use NC Health*Smart*'s Personal Health Portal to take a Health Assessment and receive a Personal Health Report, explore condition centers like back pain or diabetes, and learn about lifestyle programs, such as ways to improve your nutrition.
- Learn about quitting tobacco, losing weight, eating healthier, managing stress or starting an exercise program. Members can get help with these or any health issue by visiting our Improve Your Health page.
- Discover ways to manage chronic diseases, like diabetes, asthma, high blood pressure or chronic kidney disease. Learn about a special nurse coaching program for women who are pregnant. Members can find help if they are experiencing multiple hospitalizations or a sudden catastrophic event. To learn strategies designed to help better manage conditions, and to seek case management assistance, members can visit the Disease and Case Management section.
- For pregnancy support, members can visit Maternity Wellness.
- Visit Choosing the Care That's Right for You to learn more about how to get the care needed.
- Call the nurse line to get answers to questions concerning member or dependent health. The nurse line, 800-817-7044, is available at no added cost, 24 hours a day, 7 days a week.

Note: Members eligible for NC HealthSmart services are members whose primary health coverage is through the State Health Plan. Federal law prohibits the Plan from using your personal health information to discriminate against you in any way or from giving this information to your employing agency/school or other unauthorized third party, unless required by law.