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STATE TREASURER OF NORTH CAROLINA
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2020 Open Enrollment Medicare Outreach Event

**Open Enrollment
November 2-19, 2019**

A Division of the Department of State Treasurer

What We Will Cover Today

- Clear Pricing Project
- 2020 Open Enrollment
 - Options
 - Open Enrollment Strategy
- Medicare Advantage Refresher
- Blue Cross Blue Shield of NC
- UnitedHealthcare (UHC)
- Changes for 2020
- Plan Comparisons
- 2020 Rates
- Income Related Monthly Adjustment Amount (IRMAA)
- Making Changes for 2020



Clear Pricing Project

Only Applicable to the 70/30 Plan

- The goal of the Clear Pricing Project was to ensure that members have this valuable benefit for years to come, while bringing transparency to health care costs and addressing the rising health costs that the Plan and members face.
- This effort resulted in more than 25,000 providers partnering with the Plan for transparent and affordable health care.
- However, no major hospitals were willing to partner with the Plan.
- To ensure access to a broad, statewide network, the decision was made that members will continue to have access to the **SAME** network available as today – the Blue Options network administered by Blue Cross NC – in addition to those providers that committed to transparent pricing.

Here is what members need to know:

- ✓ For 2020, members will have access to the **SAME** broad, statewide network that they do today, which is the Blue Options network administered by Blue Cross NC!
- ✓ Because of the success of the Clear Pricing Project, this network will now include even more providers that are supportive of transparent and lower pricing.
- ✓ As a reminder, this does not affect members on the UnitedHealthcare Medicare Advantage plans.

2020 Plan Options for Medicare Primary Members

UnitedHealthcare Group Medicare Advantage (PPO) Base Plan

Premium free for Medicare Primary qualified member; monthly premium for Medicare eligible spouse and/or dependents.

UnitedHealthcare Group Medicare Advantage (PPO) Enhanced Plan

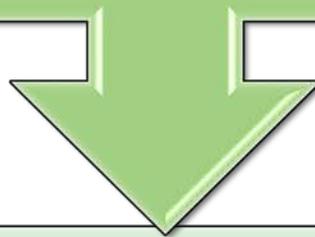
Monthly premium for Medicare Primary qualified member and Medicare eligible spouse and/or dependents

70/30 PPO Plan Administered by Blue Cross NC

Premium free for Medicare Primary qualified member; monthly premium for Medicare eligible spouses and/or dependents.

70/30 PPO State Health Plan Option

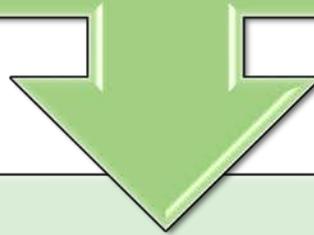
The Plan utilizes a third-party administrator or TPA that is responsible for the provider network and processing your medical claims. Our current TPA is Blue Cross and Blue Shield of NC. Remember, your medical claims are paid by the state, not Blue Cross.



The Plan also utilizes a pharmacy benefit manager or PBM that is responsible for providing a pharmacy network and processing your pharmacy claims. Our current PBM is CVS Caremark. Remember, your pharmacy claims are paid by the state, not CVS.

State Health Plan Options for Medicare Primary Members

UnitedHealthcare is a Medicare Advantage Organization that contracts with the Centers for Medicare and Medicaid Services (CMS) to administer Medicare benefits on their behalf.



The Plan contracts with UnitedHealthcare to provide Group Medicare Advantage plan options to our Medicare Primary members which includes payment of claims.

2020 Open Enrollment Action



- All Medicare Primary members will remain in the plan in which they are currently enrolled.
 - **You do not need to take any action during Open Enrollment unless you want to change plans or add/drop dependents to be effective January 1, 2020.**
- All **non-Medicare primary members**, including non-Medicare primary spouse/dependents, will be moved to the 70/30 Plan effective January 1, 2020.
- If spouse/dependents **are not** Medicare eligible:
 - They have same options available to active employees/non-Medicare members (80/20 PPO and 70/30 PPO Plan)
 - They will be moved to the 70/30 PPO Plan for the 2020 benefit year, so you will need to take action if you want them enrolled in the 80/20 Plan and to reduce premiums in the 80/20 (premium reduction applies to non-Medicare subscriber only)
 - Failure to take action will result in dependent remaining on the 70/30 Plan for 2020.

Open Enrollment Period

**Open Enrollment
November 2-19, 2019**

- Each year Open Enrollment provides the opportunity to make changes:
 - Change plans
 - Opt in/out of the State Health Plan
 - Add dependents
 - Remove dependents
- If you opt out of the State Health Plan during Open Enrollment, you may opt back into the State Health Plan during any following Open Enrollment period or as a result of a Qualifying Life Event.
 - Should you opt out of the State Health Plan, we encourage you to sign up for our electronic newsletter, *Member Focus*, as you will not receive mailings from the Plan.



What are Medicare Advantage Plans?

- A Medicare Advantage Plan, like the UHC Medicare Advantage plans offered by the State Health Plan, are considered a **Group Medicare Advantage Prescription Drug Plan (MAPDP)**. They are:
 - A Medicare health plan choice, which may be an individual or group product.
 - Private companies, like UHC, contract with Medicare to provide your Medicare Part A and Medicare Part B benefits. Most include Medicare Prescription Drug Coverage, Part D.
- **With a Medicare Advantage Plan:**
 - You are still considered to be in the Medicare program.
 - You keep same rights and protections as Original Medicare.
 - They must cover all services Original Medicare covers.
 - Members must have both Medicare Part A and Medicare Part B and continue to pay Medicare premiums to be eligible for Medicare Advantage Plans. **Part B premiums are paid by member from Social Security benefits or directly to federal government.**

Network of Providers

- The UHC Medicare Advantage plans are considered National Preferred Provider Organization (PPO) plans. They offer:
 - Access to providers nationwide.
 - Access to additional benefits at a lower cost and include an open network.
 - **Copays or coinsurance remain the same**, regardless of who you see in- or out-of-network.
- Out-of-network providers must participate with Medicare and agree to accept and file claims on member's behalf.

Medicare Advantage Plan Perks

- **Simplicity** - The UHC Medicare Advantage Plans provide one ID card for medical services and prescription drugs.
 - **Remember**: You are still considered to be in the Medicare program.
 - You use your UnitedHealthcare ID card – **not** your red, white and blue Medicare card
- **Predictability** – The UHC Medicare Advantage Plans are **copayment driven** meaning the majority of covered services have an established copayment. This allows for you to know what your out-of-pocket costs will be up front in most situations.
- The UHC Medicare Advantage Plans also provide extra services not covered under Original Medicare.
 - Wellness programs/SilverSneakers®
 - Disease and Case Management
 - Nurse help line 24/7
 - Routine eye & hearing exams
 - Hearing aids

UHC Medicare Advantage Plans & Other Insurance

- With the UHC Medicare Advantage Plans there is no need for additional coverage.
 - Additional Medicare health plan coverage can cause you to be disenrolled from your State Health Plan UHC Medicare Advantage Plan.
 - If already enrolled in another Medicare Advantage or Part D prescription drug plan, your coverage with those plans will terminate unless you elect not to enroll in one of the UHC Medicare Advantage Plans.
 - If enrolled in a MAPDP, you cannot purchase a Medicare Supplement or Medigap plan without you terminating your MAPDP.

UHC Medicare Advantage Plans & Other Insurance

- TRICARE® for Life (TFL) (TRICARE® + Medicare)
 - TFL beneficiaries can enroll in Medicare Advantage plans and TFL will typically reimburse your copayments for services covered by TFL.
 - You cannot use Medicare or Medicare Advantage in a Military Treatment Facility, like a VA Hospital.
- Other Insurance
 - If covered by a Federal Employee Health Benefit Plan or another former employer's retiree group health plan, it is important to check with them to ensure enrollment into one of these Medicare Advantage plans will not disrupt coverage with them.
 - Individual cancer, hospital indemnity, dental, vision, long-term care insurance products will not have an effect on eligibility or coverage under a Medicare Advantage plan.



State Health Plan Members

70/30 PPO Plan Benefit Option

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**BlueCross BlueShield
of North Carolina**

70/30 PPO Plan Option



2020 Medical Benefits

	2019	2020
Annual Deductible (2020 - Medical & RX combined)	\$1,080 Individual \$3,240 Family	\$1,500 Individual \$4,500 Family
Out-of-Pocket Maximum (2020 - Medical & RX combined)	\$4,388 Individual \$13,164 Family	\$5,900 Individual \$16,300 Family
Preventive Care	\$40 PCP \$94 Specialist	\$0 PCP \$0 Specialist
PCP Visit	\$40	\$45
PCP Visit (PCP or Practice on ID Card)	\$40	\$30
Specialist Visit	\$94	\$94
Urgent Care	\$100	\$100
Chiro/PT/OT	\$72	\$72
Emergency Care	\$337 then 30% after deductible	\$337 then 30% after deductible
Inpatient Hospital	\$337 then 30% after deductible	\$337 then 30% after deductible

70/30 PPO Plan Option



2020 Pharmacy Benefits

	2019	2020
Tier 1 Generic	\$16	\$16
Tier 2 Preferred Brand and High Cost Generic	\$47	\$47
Tier 3 Non preferred brand	\$74	Ded/Coinsurance
Tier 4 Low Cost / Generic Specialty	10% up to \$100	\$200
Tier 5 Preferred Specialty	25% up to \$103	\$350
Tier 6 Non Preferred Specialty	25% up to \$133	Ded/Coinsurance
Preferred Diabetic Supplies	\$10	\$10
Annual Deductible (2020 – Medical and RX combined)	\$0	\$1,500 Individual \$4,500 Family
Out-of-Pocket Maximum (2020 – Medical and RX combined)	\$3,360 Rx Only	\$5,900 Individual \$16,300 Family

The Pharmacy Benefit Manager (PBM) for the State Health Plan is CVS/Caremark.

For questions regarding your Traditional Pharmacy Benefits, please call:

CVS/Caremark Customer Service at **888-321-3124**

70/30 PPO Plan Option



Plan Design

- Effective 1/1/2020, the 70/30 plan is now considered a true out-of-pocket, ACA (Affordable Care Act) compliant plan.
- You must meet the yearly \$1,500 deductible for those medical services and medications that are subject to the deductible.
- Once you've met the \$1,500 deductible, you will pay 30% of all remaining covered charges (after Medicare has paid - medical) up to the \$5,900 out-of-pocket maximum.
- Once the out-of-pocket maximum is met, **medical and pharmacy benefits will be paid at 100%.**

Note: Your out-of-pocket maximum includes copays, coinsurance and deductible.

70/30 PPO Plan is Secondary to Medicare

70/30 Deductible / Maximum Out of Pocket



Service	Applied to Individual Deductible \$1,500	Out-of-Pocket Maximum (Combined Medical & Pharmacy) \$5,900
All Medical copays Includes office visits, urgent care, ER, Inpatient/Outpatient Hospital		X
Deductible & 30% Coinsurance <ul style="list-style-type: none"> • Facility based services • Tiers 3 & 6 Rx's • Non-Preferred Diabetic Testing Supplies 	X X X	X X X
Pharmacy Copays <ul style="list-style-type: none"> • Tiers 1, 2, 4 & 5 • Preferred Diabetic Testing Supplies 		X X

- Amounts applied to the individual deductible are also applied to the out-of-pocket maximum.
- After the individual deductible has been met, you will pay a 30% coinsurance until the total out-of-pocket maximum has been met.
- ACA preventive services & preventive RX's covered at 100% are not subject to deductible or out-of-pocket maximum.

State Health Plan Network

- The 70/30 Plan is supported by the State Health Plan Network of providers which includes over 96% of doctors practicing in North Carolina and 99% of all hospital facilities.



- With the 70/30 Plan, you can seek care from providers in the State Health Plan Network or go out-of-network. When you use in-network providers, you'll have wide access to high quality providers, and pay less out-of-pocket.

70/30 PPO Plan Option



BlueConnect™ Online tools for answers anytime, anywhere

Blue ConnectSM employee portal and mobile app make it easy to:

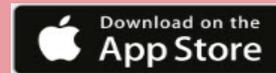
- Order new ID cards
- View EOBs
- Request suppression of paper EOBs
- Review recent claims
- Send and receive secure messages
- Access wellness resources
- Find a doctor



For More Information on Blue Connect:

Visit www.shpnc.org and click eBenefits to find the Blue Connect link.

For More Information on Blue Connect Mobile:



www.bcbsnc.com/mobile

70/30 PPO Plan Option



Your online destination for healthy deals

- + Apparel & Footwear
- + Fitness
- + Hearing & Vision
- + Home & Family
- + Personal Care
- + Nutrition
- + Travel



Register for Blue365

- + To access Blue Connect, visit the State Health Plan's website at shpnc.org and click eBenefits at the top of the page. Log into eBenefits then look for Blue Connect on the left-hand menu.
- + Once you're logged into Blue Connect, click the Blue365 tile or navigate to the Member Discounts section under Benefits.
- + Members must opt in to use Blue365 services.
- + You can also find more information in your benefit booklet and by calling 855-511-2583, 8a.m. – 6p.m., Monday – Friday.

70/30 PPO Plan Option



Blue Cross Blue Shield Coverage

State Health Plan members are covered in all 50 States as well as outside of the country for emergency and non-emergency services.



Blue Cross Blue Shield Global Core (formally BlueCard Worldwide)

- Single point of contact for medical assistance (inpatient, outpatient and professional):
 - www.bcbsglobalcore.com
 - Global Core Service Center: 1-800-810-2583 or Collect: 1-804-673-1177, 24 hours a day, seven days a week.
- Outpatient/Doctor Care: Payment usually required upfront. Claim forms are located on the Global Core website or www.shpnc.org.
- Inpatient Care: Contact the Global Core Service Center to arrange direct billing. Most cases you should not have to pay upfront for inpatient care except for any out-of-pocket expenses (i.e. deductible, copayment, etc.).
- Contact Blue Cross of NC for preauthorization.

Coordination of Benefits

Medicare

- If you elect the 70/30 plan option, Medicare will be your primary insurance
- With the 70/30 plan, charges left unpaid by Medicare are paid by the SHP after your yearly deductible, coinsurance and copays are applied
- If you don't have Medicare Part B, you will be responsible for what Medicare Part B would have paid

Medigap (Medicare Supplement) plan

- A Medigap plan is generally not needed when you have secondary coverage to Medicare
- Medigap plans **ONLY** work with Original Medicare. They will not work with Medicare Advantage plans

Blue Cross NC at 1-888-234-2416

or

CVS/CAREMARK at 1-888-321-3124

Thank You

A plan designed to work for you.
Take advantage of it.



**Go ahead,
take advantage.**

**2020 Benefit Plan Options
North Carolina State Health Plan**

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Plan Benefits, Programs and Features

Group Medicare Advantage PPO Plan Options

Your plan overview Group Medicare Advantage (PPO) Plan Option

- Two Group Medicare Advantage PPO plan options: Base and Enhanced
 - Works the same as your 2019 Plan
 - There are no increases in benefit copays, coinsurance, out-of-pocket maximums for 2020
- Both plan options include:
 - No deductible
 - Coverage for medical services from doctors, clinics and hospitals in one plan
 - Medicare Part D Prescription drug Coverage
 - No referral needed to see a specialist
 - The ability to see doctors outside the network for the same copay or coinsurance as in-network providers as long as the provider accepts Medicare and the plan
 - Additional benefits and features beyond Original Medicare

Your doctors

- Both the Base and the Enhanced are Preferred Provider Organization (PPO) plans that allow you the flexibility to use doctors, specialists and hospitals both inside UnitedHealthcare's large national network as well as outside UnitedHealthcare's network anywhere in the U.S.
- If you use doctors outside of UnitedHealthcare's network, they must participate in Medicare and accept this plan. This type of plan is sometimes called a "passive" PPO plan.
- Doctors outside of UnitedHealthcare's network are paid according to Medicare's rules and fee schedule. Doctors inside UnitedHealthcare's network are paid according to their contract with UnitedHealthcare.

Your doctors



- If your doctor is outside UnitedHealthcare's network and participates in Medicare but does not accept Medicare's fee schedule, your doctor can charge up to the Medicare limit but the excess charges (or balance billing) will be paid by UnitedHealthcare NOT you.
- These plans work like traditional PPO plans. If your doctor is in the network, he or she must accept this plan as part of their contract and continue to see you if you are a current patient. If your doctor is not in our network, your doctor has a choice as to whether or not to continue to see you under this plan.
- Members may be responsible for multiple copays if other services are provided and billed during a visit.
- If you need help finding a doctor, we're here to help. Just give us a call at 1-866-747-1014, TTY 711 8 a.m. – 8 p.m. local time, 7 days a week.

UnitedHealthcare Plan Options

Benefit Coverage	Base Plan In and Out of Network	Enhanced Plan In and Out of Network
Annual Medical Out-of-Pocket Maximum	\$4,000 Combined	\$3,300 Combined
Deductible	\$0	\$0
Primary care provider (PCP) office visit	\$20 copay	\$15 copay
Specialist office visit	\$40 copay	\$35 copay
Virtual Visit	\$0	\$0
Urgent care	\$50 copay	\$40 copay
Inpatient hospitalization	\$160 copay per day, days 1-10 \$0 copay per day thereafter	\$150 copay per day, days 1-10 \$0 copay per day thereafter
Outpatient surgery	\$250 copay	\$250 copay

UnitedHealthcare Plan Options

Benefit Coverage	Base Plan In and Out of Network	Enhanced Plan In and Out of Network
Emergency room	\$65 copay (worldwide)	\$65 copay (worldwide)
Ambulance	\$75 copay	\$75 copay
Diagnostic radiology services (such as MRIs, CT Scans)	\$100 copay	\$100 copay
Lab services	\$40 copay	\$20 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$40 copay	\$10 copay

UnitedHealthcare Plan Options

Preventive Services

Benefit Coverage	Base Plan In and Out of Network	Enhanced Plan In and Out of Network
Annual physical	\$0 copay	\$0 copay
Annual wellness visit	\$0 copay	\$0 copay
Immunizations	\$0 copay	\$0 copay
Breast cancer screening	\$0 copay	\$0 copay
Colon cancer screening	\$0 copay	\$0 copay

Your Prescription Drug Coverage

- Both Base and Enhanced Plans have an annual out-of-pocket maximum of \$2,500 for prescription drugs.
- UnitedHealthcare® has over 67,000 national, regional, local chains and independent neighborhood pharmacies in its network.
- Thousands of covered brand name and generic prescription drugs.
- Bonus drug coverage in addition to Medicare Part D drug coverage
- Certain higher cost generic drugs will be covered at the Tier 3 or Tier 4 copay in 2020. You may want to talk to your doctor about whether a Tier 1 generic drug is right for you. Tier 4 drugs are not eligible for a tier exception request to lower the payment.



Check your plan's drug list online at www.UHCRetiree.com/ncshp or call Customer Service to see if your prescription drugs are covered.

Your Prescription Drug Benefits

Tier	Prescription Drug Type	Your Costs Retail (31-day supply)	
		Base Plan	Enhanced Plan
Tier 1	Preferred Generic	\$10 copay	\$10 copay
Tier 2	Preferred Brand	\$40 copay	\$35 copay
Tier 3	Non-preferred Drug	\$64 copay	\$50 copay
Tier 4	Specialty Tier	25% coinsurance or a \$100 copay maximum	25% coinsurance or a \$100 copay maximum

Your Prescription Drug Benefits

Tier	Prescription Drug Type	Your Costs	
		Retail and Mail Order (90-day supply)	
		Base Plan	Enhanced Plan
Tier 1	Generic	\$24 copay	\$20 copay
Tier 2	Preferred Brand	\$80 copay	\$70 copay
Tier 3	Non-preferred Brands	\$128 copay	\$100 copay
Tier 4	Specialty Tier	25% coinsurance or a \$300 copay maximum	25% coinsurance or a \$200 copay maximum

Diabetes testing and monitoring supplies



Your plan provides coverage for many of the OneTouch® and ACCU-CHEK® blood glucose testing strips and meters

- OneTouch Verio® Flex with OneTouch Verio® test strips
- ACCU-CHEK® Guide with ACCU-CHEK® Guide Test Strips
- ACCU-CHEK® Aviva Plus with ACCU-CHEK® Aviva Plus test strips
- ACCU-CHEK® Nano SmartView with ACCU-CHEK® SmartView test strips
- ACCU-CHEK® Compact Plus
- Onetouch Ultra Test strips

When you use one of the approved meters and corresponding strips, your cost-share for diabetes testing and monitoring supplies is a **\$0 copay**.

These supplies also include any brand of lancets, lancing device, glucose control solution (to test the accuracy of your meter), and replacement batteries for your meter.

To switch to one of the preferred brands, you may be required to get a new prescription from your doctor. A temporary supply of your current brand can be requested.

Diabetic Blood Glucometers Changes



In 2020, the manufacturers of Accu-Chek and OneTouch will discontinue the following blood glucometers and will no longer be covered under the UnitedHealthcare plans.

- Accu-Chek® Aviva
- Accu-Chek® Nano Smartview
- OneTouch Verio® IQ
- OneTouch Verio®

The UnitedHealthcare plan will cover

- Accu-Chek® Aviva Plus
- Accu-Chek® Guide
- Accu-Chek® Guide Me
- OneTouch Verio® Flex

More ways you can save



Review your medications

Discuss all your prescription drugs with your doctor at least once a year



Use your UnitedHealthcare® Member ID card

Show your member ID card at the pharmacy to get the plan's discounted rates



Use participating network pharmacies

You may save on the medication you take regularly



Ask your doctor about trial supplies

Fill a prescription for less than 30 days to make sure the medication works for you before getting a full month's supply



[Consider using OptumRx® Home Delivery Pharmacy

You could save time and trips to the pharmacy

UnitedHealthcare® HouseCalls



Enjoy a preventive care visit in the privacy of your own home*

With the UnitedHealthcare® HouseCalls program, you get an annual in-home preventive care visit from one of our health care practitioners at no extra cost. What to expect from a HouseCalls visit:

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education
- You can talk about health concerns and ask questions that you haven't had time to ask before
- HouseCalls will send a summary of your visit to you and your primary care provider
- You may even be eligible for a reward when you complete a HouseCalls visit

*HouseCalls may not be available in all areas.

Take an active role in your health with Renew.

Renew by UnitedHealthcare* helps you unlock your unique potential and live your best life — with access to a wide range of resources, such as Renew magazine, brain games, recipes, learning courses, fitness activities, videos and more. Plus, you may be eligible to earn gift card rewards by completing certain health care activities such as your annual physical or wellness visit.**

Renew can help you take a more active role in your health and wellness through:

-  Renew Magazine
-  Interactive quizzes and tools
-  Renew Rewards
-  Health news, articles and videos
-  Brain games
-  Health topic library
-  Recipe library
-  Photo gallery
-  Streaming music
-  Learning courses



* Renew by UnitedHealthcare is not available in all plans. Resources may vary.

** Reward offerings will vary by member and Renew Rewards is not available in all plans with Renew by UnitedHealthcare.

Annual physical and wellness visit



Take charge of your health

Schedule your annual physical and wellness visit — both are covered by your health plan for a \$0 copay.*+

- Save time by combining your wellness visit and physical into a single office visit
- Schedule your appointment early in the year to get any preventive care you may need
- Make sure you follow through with your provider's recommendations for screenings, exams and other care

You can get your annual wellness visit any time during the calendar year no matter when you had your last visit the previous year.

¹Members will be responsible for a copay for bloodwork/lab test performed and any additional services during their annual physical.

Gym membership



SilverSneakers[®] is a fitness program that includes:

- Access to exercise equipment
- Group classes and more at 16,000+ fitness locations*
- Classes designed for all fitness levels and abilities
- Signature classes led by certified instructors trained specifically in adult fitness
- On-demand workout videos plus health and nutrition tips
- Classes, equipment, facilities and services may vary by location.

SilverSneakers is available at no additional cost to members enrolled on both the Base and Enhanced Plans.

*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

Virtual Visits



With Virtual Visits, you're able to live video chat with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.

Virtual Doctor Visits

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection.

Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety



You can find a list of participating Virtual Visit providers by logging into your member website.

NurseLine



You are never alone with NurseLine

NurseLine provides you 24/7 access to a registered nurse who can help you with sudden health concerns as well as:

- Questions about a medication
- Finding a doctor, specialist urgent care center and other health resources
- Understanding an ongoing health condition or new diagnosis

Solutions for Caregivers



Make caring for a loved one easier

At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning

- Get helpful advice and assistance finding services and programs from a professional care manager
- Receive a personalized care plan with recommendations and resources
- You will have access to the Solutions for Caregivers website to explore our library of articles and caregiver-related products and services
- Have a registered nurse perform an in-person assessment of your situation, if needed

What to Expect Next

What to expect after enrollment



You will receive your new UnitedHealthcare® Member ID card and you can start using it as soon as your plan is effective



You will receive a Quick Start Guide that gives you more information on how your benefits work and how to get the most out of your plan



After you receive your member ID card, you can register online at www.UHCRetiree.com/ncshp to get access to your plan information



Soon after your effective date, we will contact you to complete a short health survey so we can understand your unique health needs. Remember to use your member ID card.

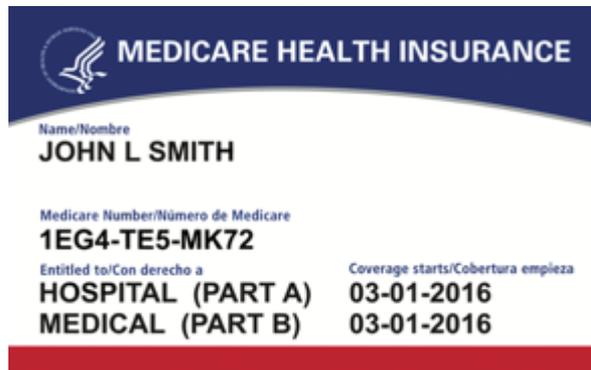


How to use your new plan after January 1, 2020

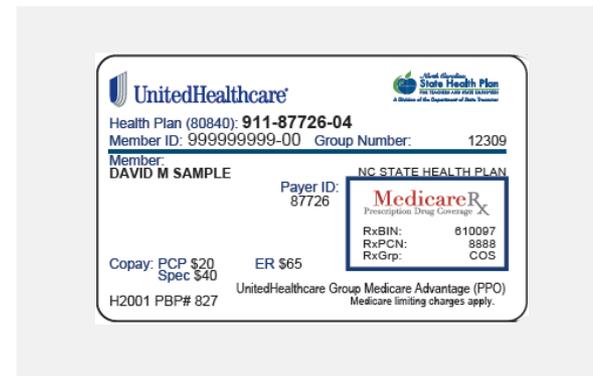
It's easy!

- Beginning January 1, 2020 please use your UnitedHealthcare® Member ID card each time you go to the doctor or hospital or get a prescription filled at the pharmacy
- The back of your member ID card lists important phone numbers you may need throughout the year
- Don't discard your red, white and blue Medicare card

Store this card in a safe place



Use this card January 1, 2020

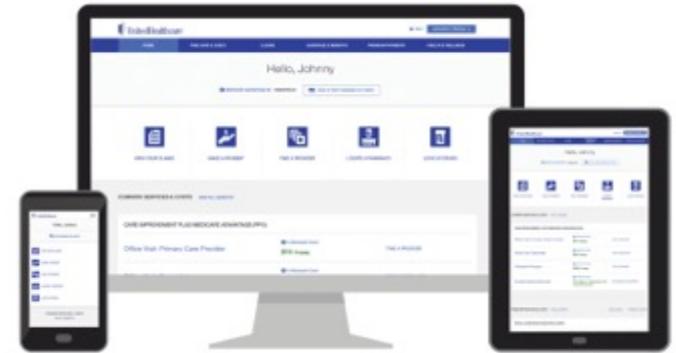


UHCRetiree.com/ncshp

After you get your UnitedHealthcare® Member ID card, sign up for your secure online personal account at UHCRetiree.com/ncshp.

After you sign up, you can:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary UnitedHealthcare® Member ID card and request a new one
- Search for drugs and see how much they cost under your plan
- Search for network doctors
- Explore Renew by UnitedHealthcare, our member-only Health & Wellness experience
- Get your Explanation of Benefits online



Follow these easy steps to sign up for your online account:

1. Visit the website and click on the “New user? Register Now” button and then click “Register Now”.
2. Enter your information (first and last name, date of birth, ZIP code, UnitedHealthcare Member ID number) and click “Continue”.
3. Create your username and password, enter your email address, and click “Create my ID”.
4. For security purposes, you will need to verify your account by email, call or text.

We're here to help



If you have questions or concerns, just give us a call.

- Located in Greensboro, NC
- Dedicated to North Carolina State Health Plan Retirees
- Specially trained on your health plans

Toll-free number: 1-866-747-1014, TTY 711

**Hours of Operation: 8 a.m. - 8 p.m. local time,
7 days a week**

Are you relocating or moving?

- Make sure to notify both UnitedHealthcare as well as the North Carolina State Health Plan so that your coverage is not interrupted.

Thank You

We look forward to welcoming you to our Medicare family.

Additional information

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

• **Online:** UHC_Civil_Rights@uhc.com

• **Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

• **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

• **Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

• **Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue. SW Room 509F, HHH Building, Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCION: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다.

귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika.

Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

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Additional information

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском** (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيهه: إذا كنت تتحدث العربية (Arabic) فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف، المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte

المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項: 日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجهه: اگر زبانی شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایجی که روی کارت شناسایی شما قید شده تماس بگیرید.

!यान द": य"द आप !हंद% (Hindi) बोलते है, आपको भाषा सहायता सेवाएं, !न:शु#क उपल\$ध ह"। कृपया अपने पहचान प" पर सूचीब& टोल

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2020 Plan Changes, Plan Comparison & Premium Rate Information

Changes for 2020



- **70/30 PPO Plan Changes:**

- Affordable Care Act (ACA) Preventive Services will be covered at 100% when performed by an in-network provider—this means no charge to members.
- Wellness incentive/reduced copay for visiting Primary Care Provider (PCP) on your ID card.
 - It will be important to select a PCP during Open Enrollment.
- Deductible, copays, and maximum out-of-pocket limits for the 70/30 PPO plan **will be changing for 2020.**
- There have been changes in the formulary (drug list) on **ALL** plans.

Benefits, copays and maximum out-of-pocket limits under the UnitedHealthcare Group Medicare Advantage Plans will remain the same for 2020.

2020 Benefit Changes – 70/30 PPO Plan

Plan Design Features	2019 70/30 Plan	2020 70/30 Plan
Deductible*	\$1,080 Individual \$3,240 Family	\$1,500 Individual \$4,500 Family
Medical/Rx Out-of-Pocket* (OOP)	\$4,388 Individual Coinsurance Max \$3,360 Individual Rx OOP Max \$13,164 Family Coinsurance Max \$10,080 Family Rx OOP Max	\$5,900 Individual \$16,300 Family
Preventive	\$40	\$0
PCP	\$40	\$45/\$30
Specialist Copay	\$94	\$94
Mid Tier Copays	\$72	\$72
Hospital & ER Copays	\$337 + Ded/Coins.	\$337 + Ded/Coins.
Rx- Tier1	\$16	\$16
Rx -Tier 2	\$47	\$47
Rx -Tier 3	\$74	Ded/Coinsurance
Rx – Tier 4	10% up to \$100	\$200
Rx – Tier 5	25% up to \$103	\$350
Rx – Tier 6	25% up to \$133	Ded/Coinsurance
Preferred Diabetic Supplies* (e.g. Test Strips, Lancets, Syringes, Needles) Preferred Diabetic Supply brand is OneTouch	\$10	\$10

**Non-preferred Diabetic Supplies will be priced at Tier 3*

2020 Plans Comparison – Medical Benefits

Benefit	UHC Base	UHC Enhanced	BCBSNC 70/30*
Network Providers	You can use in and out-of-network providers but must accept in Medicare and your insurance plan.		You pay less when you use BCBSNC provider network
Annual Medical Out-of-Pocket Maximum	\$4,000 (In and Out-of-Network)	\$3,300 (In and Out-of-Network)	\$5,900 In-network (Individual) \$16,300 Out-of-network (Family) (Combined Medical and Pharmacy)
Annual Deductible	\$0	\$0	\$1,500 In-network (Individual) \$4,500 In-network (Family)
Primary Care Provider (PCP) – Office Visit	\$20 copay	\$15 copay	\$45/\$30 (In-network)
Specialist Office Visit	\$40 copay	\$35 copay	\$94 (In-network)
Urgent Care	\$50 copay	\$40 copay	\$100 copay
Inpatient Hospitalization	Days 1-10: \$160/Day Days 11+: \$0/Day	Days 1-10: \$150/Day Days 11+: \$0/Day	In-network: \$337 copay plus 30% coinsurance after deductible
Outpatient Surgery	\$250 copay	\$250 copay	In-network: 30% coinsurance after deductible
Ambulance	\$75 copay	\$75 copay	30% coinsurance after deductible

**When enrolled in the 70/30 Plan, cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the 70/30 Plan may help pay some of the costs that Medicare does not cover.*

2020 Plans Comparison – Medical Benefits, cont'd.

Benefit	UHC Base	UHC Enhanced	BCBSNC 70/30*
Emergency Room	\$65 copay (Worldwide)	\$65 copay (Worldwide)	Individual: \$337 copay plus 30% coinsurance after deductible
Lab Services	\$40 copay	\$20 copay	If performed during PCP or Specialist office visit, no additional fee if in-network lab used.
Diagnostic radiology services (such as MRIs, CT Scans)	\$100 copay	\$100 copay	In-network: 30% coinsurance after deductible
Therapeutic Radiology Services (such as radiation treatment for cancer)	\$40 copay	\$10 copay	In-network: 30% coinsurance after deductible
Durable Medical Equipment (such as oxygen)	20% coinsurance	20% coinsurance	In-network: 30% coinsurance after deductible

**When enrolled in the 70/30 Plan, cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the 70/30 Plan may help pay some of the costs that Medicare does not cover.*

2020 Plans Comparison – Pharmacy Benefits

Benefit	UHC Base	UHC Enhanced	BCBSNC 70/30*
Pharmacy Maximum	\$2,500 Individual	\$2,500 Individual	\$5,900 In-network (Individual) \$16,300 Out-of-network (Family) (Combined Medical and Pharmacy)
Deductible	\$0	\$0	\$1,500 In-network (Individual) \$4,500 In-network (Family)
Retail Purchase from an In-Network Provider			
Tier 1	\$10 copay per 31-day supply		\$16 copay per 30-day supply
Tier 2	\$40 copay per 31 day supply	\$35 copay per 31 day supply	\$47 copay per 30-day supply
Tier 3	\$64 copay per 31 day supply	\$50 copay per 31 day supply	Ded/Coinsurance
Tier 4	25% coinsurance up to \$100 per 31-day supply		\$200
Tier 5	N/A		\$350
Tier 6	N/A		Ded/Coinsurance

Health Insurance Provider Fee

- Federally mandated tax on fully insured Medicare Advantage products.
- There was a moratorium of this fee for 2019.
- The Treasurer has been an advocate for 2 years to keep the moratorium in place.
- It has been re-instituted for 2020; therefore, dependent rates for the Medicare Advantage plans have slightly increased for 2020.

UnitedHealthcare Medicare Advantage (PPO) Plan Premiums

Monthly Premium Rates	2019 Rates	2020 Rates
UHC Medicare Advantage (PPO) Base Plan		
Retiree Only	\$0	\$0
Retiree + Child(ren)	\$89	\$112
Retiree + Spouse	\$89	\$112
Retiree + Family	\$178	\$224
UHC Medicare Advantage (PPO) Enhanced Plan		
Retiree Only	\$63	\$74
Retiree + Child(ren)	\$215	\$256
Retiree + Spouse	\$215	\$256
Retiree + Family	\$367	\$438

70/30 PPO Plan Premiums

2020 rates will remain at 2019 rates.

Monthly Premium Rates	2020 Rates
70/30 PPO Plan	
Retiree Only	\$0
Retiree + Child(ren)	\$155
Retiree + Spouse	\$425
Retiree + Family	\$444

Income-Related Monthly Adjustment Amount (IRMAA)

- Members with higher income levels are required to pay an adjusted Medicare Part B premium plus an additional amount when enrolled in Medicare Part D prescription drug coverage. The additional amount is called Income-Related Monthly Adjustment Amount or IRMAA.
- Income level based on modified adjusted gross income, which is the total of your adjusted gross income and tax-exempt interest income.
- IRMAA is mandated by Federal law and each amount is deducted from your monthly Social Security payments.
- IRMAA will apply if individual income is over \$85,000 or if married (filing joint tax return) income is over \$170,000.
- If enrolled in the Group Medicare Advantage plans with UnitedHealthcare, higher income members may be subject to IRMAA.

Disability

- If member becomes eligible for Medicare due to disability, it is very important for them to enroll in both Medicare Part A and Medicare Part B.
- Do not overlook accepting Medicare Part B. Many people fail to accept the offer to retroactively purchase Medicare Part B.
 - Read the AWARD Notice carefully.
- State Health Plan becomes SECONDARY to Medicare as of the Medicare eligibility date.
 - Claims will be reprocessed back to Medicare eligibility date.
 - The State Health Plan will reduce their claims by the amount that would have been paid under Medicare, paying the remaining claim amount under the terms of the health benefit plan.
- **As a result, if Medicare Part B is not taken, member will be responsible for the amount that would have been paid by Medicare Part B.**

How to Make a Change for Open Enrollment

Enroll Online

- Visit the State Health Plan website and click eBenefits in the blue box
- Then click the gold box for ORBIT
- Once you're logged into ORBIT
- Click State Health Plan Benefits

Enroll by Phone

- During Open Enrollment, the Plan's Eligibility and Enrollment Support Center will offer extended hours.
 - M-F: 8 a.m. – 10 p.m.
 - Sat.: 8 a.m. – 5 p.m.
 - Sun.: 12 p.m. – 5 p.m.
- Call 855-859-0966



eBenefits for Enrollment

Click here to log into eBenefits, where you can enroll or make changes to your State Health Plan benefits and access Blue Connect, where you can find your EOBs, request new Plan ID cards and other benefit details.



Retirees Using the ORBIT System

Login to eBenefits through ORBIT



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.



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer



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