

Follow-Up Enrollment Question and Answers

1. Why is there a Follow-up Enrollment this year?

Health plan benefits for teachers and state employees are determined by the North Carolina General Assembly. House Bill 578 was signed into law by Governor Perdue and Senate Bill 323 became law May 26, making changes to premiums, copays, deductibles and coinsurance. These changes go into effect September 1, 2011, making it is necessary for the State Health Plan to conduct a Follow-up Enrollment to be held July 18-29, 2011. During this time, members will again have the opportunity to change their plan elections and add eligible dependents. No action is necessary if members wish to remain in the same plan they are enrolled on July 1, 2011.

2. What changes were made to my out-of-pocket costs?

For the first time, effective September 1, 2011, active and retired employees who wish to enroll in the 80/20 Standard plan will be required to pay a premium for subscriber only coverage. However, there will be a premium-free option for the 70/30 Basic plan for employees and retirees. In addition to these changes, there will be a 5.3 percent increase in dependent premiums for the 2011/2012 benefit plan year, beginning September 1, 2011 as well as changes to your copays, coinsurance and deductibles. All the changes are reflected in the rate sheets and plan comparisons above.

3. Why do we have to pay a premium for employee only coverage?

Health benefits for teachers and state employees are determined by the North Carolina General Assembly. House Bill 578 was signed into law by Governor Perdue and Senate Bill 323 became law, making changes to premiums, copays and deductibles. These changes will go into effect September 1, 2011.

4. Were there any changes to my benefits?

The Comprehensive Wellness Initiative (CWI) has been eliminated. Because of this change, effective September 1, 2011, the tobacco and weight management component will no longer determine the plan in which members may enroll.

5. Why are the benefits not changing until September 1, 2011?

House Bill 578 was signed into law by Governor Perdue and Senate Bill 323 became law May 26, making changes to premiums, copays and deductibles. The changes are not effective until September 1, 2011, therefore the plan election members made during Annual Enrollment ending June 8 will be effective for the months of July and August.

6. What happens if I have medical expenses prior to September 1 that apply to my deductible?

Member incurred medical expenses that are applicable to your deductible and coinsurance maximum for dates of service between July 1, 2011, and August 31, 2011, will be applied to the adjusted deductible and coinsurance maximum going forward under the new benefit package. These changes will also go into effect September 1, 2011.

7. Will I be notified again about the dates for the Follow-up Enrollment?

Plan members can expect to receive additional information regarding the Follow-up Enrollment via mail. Plan members can keep checking the State Health Plan website for additional information.

8. Where can I print an enrollment form?

Enrollment forms will be available on the State Health Plan website as of July 18, 2011. If you do not have computer access, you can call Customer Service at 1-888-234-2416 to request an enrollment form be sent to you.

9. Even though the Comprehensive Wellness Initiative was eliminated, are there still supports to help me quit tobacco or lose weight?

Yes, NC HealthSmart, a State Health Plan initiative, offers a variety of resources to address your concerns about tobacco use and weight management. In addition, you can call **QuitlineNC** and get **FREE patches** when you talk to a Quit Coach and enroll in the multi-call program. The number is 1-800-QUIT-NOW (1-800-784-8669) and *is available 8am-3am, seven days a week*. Prescription medications for tobacco cessation, including patches, are covered. One-on-one counseling for tobacco use is also covered.

For weight management concerns, the Plan covers four visits per year for an in-network dietitian for a primary care copay. Members with diabetes receive six free visits per year. In addition, FDA-approved weight management medications and certain medical procedures, including bariatric surgery, are covered. Restrictions do apply.

10. Will I get a new ID card?

Members can expect to receive a new identification card by July 1, 2011, that will reflect the plan election made during Annual Enrollment ending June 8, 2011. Members can also expect to receive new identification cards by September 1, 2011, which will reflect the new benefit changes.

11. Do I need to provide copies of documents proving my dependent's eligibility during Annual Enrollment?

Please remember that, when adding dependents to your benefit plan, you may be asked to provide documentation of your dependent's eligibility under the State Health Plan. An eligible dependent of a covered employee is:

- A legal spouse;
- A child under age 26, including natural, legally adopted, step- and foster children, and children for whom the employee is a court ordered guardian;
- 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 while the dependent was enrolled on the Plan.

12. What if I don't want to make any changes during the Follow-up Enrollment?

If you are satisfied with the plan in which you are enrolled as of July 1, 2011 and do not wish to make any changes to your coverage, then you do not need to do anything during this enrollment period.

13. Where can I get more information on the Follow-up Enrollment?

Members can call Customer Service at (888) 234-2416

