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STATE TREASURER OF NORTH CAROLINA DALE R. FOLWELL, CPA



#### **Step-by-Step Enrollment Instructions for New Employees**

#### State Health Plan Website

 Once your Health Benefits Representative has created a personal record for you in the eBenefits system, go to the State Health Plan's website at www.shpnc.org and click eBenefits located at the top center on the home screen.











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# Benefits is the Gateway to your Enrollment

- eBenefits is the Plan's online enrollment system and the gateway to all of your benefit information.
- Once you are logged into eBenefits, you will have access to several resources without having to remember various passwords:
  - Blue Connect: your portal for order new ID cards, reviewing your Explanation of Benefits, reviewing where you are in meeting your deductible and other benefit resources
  - CVS Caremark: your pharmacy portal, where you can review your prescription history and other benefits



# Logging into eBenefits

- If you are employed by any of the organizations in the gold boxes, click one to enroll. If not, click Access your Benefits via eBenefits (the first gold box).
- Enter your Username and Password. Login ID: Your first name, the first initial of your last name and the last 4 digits of your Social Security number. Initial Password: Your Social Security number without spaces or dashes.
- Example for employee John Doe with SSN 111-22-3333: Login ID is JohnD3333 and Password is 111223333. If you have transferred from another agency and already had an account in eBenefits, please check with your HBR to verify your login information.







# **Changing Your Password**

- You will be prompted to change your password as soon as you log in.
- After you select Save, you will also be asked to select your secret questions and answers.
- Select Save again and Next.

Your Account	
Change your username, password and secret questions.	
Username	
Current username	
OET3333	
Edn	
Password	
New password *	Your Password must contain 8-15 characters, at least 1 number, and at least 1
	upper case and 1 lower case letter. Your password cannot contain more than 2 of the same characters in a row or your Login ID.
Confirm new password *	The state of the s
Save	
Secret questions	
Edit	



### **Getting Started**

• When you have arrived at the Member Home Page at login, you will be able to get started on your enrollment. Just follow the prompts in this slide and the ones that follow.

<b>2</b> ≓		
Home	Important Messages for You	
Language Preferences	You have new benefits being offered to you:	
Manage Account	You have 30 days to elect your Current Enrollment benefits. Click	
Login Information	Get started > Get Started	
Select or Update Primary Care Provider	Do you need to update your PCP?	
My Docs	Click the "Select or Update Primary Care Provider" link under Manage Account.	
View Tax Documents		
© 2018 Benefitfocus.com Inc., All Right Ask a Question   Terms of Use   Privacy	ts Reserved y Statement	Questions? Please call 855-859-0966 Monday through Friday, 8:00 a.m. to 5:00 p.m. ET Low Vision? Enable high contrast mode





#### **Profile Review**

PF	ROFILE	SHOP FOR BENEFITS	CONFIRM & FINISH
Your pro	file the required information for y	our profile below.	
၄မ္နီ About you			
Here's what	we know about	you	
Some of your	information is managed in an	other system. To change it, contact your administrator.	
Your personal inf	ormation ⊘ Edit		
Name Gender Marital status	Female	Social security number Date of birth Race	
Your contact info	rmation ⊘ Edit		
Physical addresa Work email Personal email Home phone Gall phone Work phone Work phone		,	
Avernalis priorie			
Profile looks g	ood! Continue to next s	ep Cancel and return home	



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#### **Updating Profile Information**







#### Add Dependents, if applicable











# Plan Selection Page/Add Dependent(s)

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			न	
O PROFILE		SHOP FOR BENEFITS	CONFIRM & FINISH	
Choose your Medical plan. Prese review your options and choose the plan that best meets your reveds.				
Who do you want to cover on this plan?			Add Departant	
ACTION REQUIRED: Open Enrollment Oct 15-Oct 31, 2020	70/30 PPO Plan		\$85.00	ה
	Please dick Select plan to erroll. Benreft Vear Deckstelle Office Vear Depay Preventien Care Specialist Vear Capary Imparient Hospital Capary Imparient Hospital Capary	S1.000 Individual/S4.500 Family     S0 Dopuy for CPP Provider selected as PDP-S30 Dopuy for Nen CPP Provider S45 for any other PDP viol.     S0 Dopuy     S47 Dopuy Hen ND PP Specialist Provider/S94 for any other Specialist viol.     S337 Dopuy, then 30% after deductable     S337 Dopuy, then 30% after deductable	ikrany co	
	80/20 PPO Plan Pesse did Adres plan to errori. Bendi Yano Dekodike Otton Vano Dekodike Otton Vano Dekodike Seperater Norpiala Capay Pesse Margania Para deala	1.1260 Individual 3.1760 Family     S0 Capany for XPM Provider 505 for any other PCP-visit     S0 Capany for CPP Provider 500 for any other Specialist visit     S0 Capany into rCPP Specialist Provider 500 for any other Specialist visit     S00 Capany after deductible, then 20% offer deductible     S00 Capany	\$110.01 Abrony Con	



#### 2021 Tobacco Attestation

O PROFILE	SHOP FOR BENEFITS	CONFIRM & FINISH
remium credits		
> Tobacco Attestation (Worth \$60 Premium Credit)		\$0.00 per month
I attest that I am NOT a tobacco user (includes cigared any product containing nicotine). Or if I am a tobacco cessation counseling session by November 30, 2020. premium credit if you do not visit a Primary Care Prov counseling session as agreed by November 30, 2020. false statement, representation or attestation could re coverage. I also agree to cooperate with the Plan in a	ttes, cigars, pipes, chewing tobacco, snu o user, I agree to complete at least one to (Please note: You may lose your \$60 mo vider or a CVS MinuteClinic for a tobacco .) As part of this attestation, I understand esult in my termination from State Health ny efforts to verify my tobacco status.	iff, vaping or bacco inthly cessation that making a Plan
Select the appropriate response below:		
<ul> <li>I am NOT a tobacco user</li> <li>I AM a tobacco user, BUT I agree to complete at least one tobacco cessation counseling session by 11/3</li> <li>I AM a tobacco user</li> </ul>	/30/2020.	
Vext Previous Cancel		



#### **PCP Copay Reduction Reminder**





### **PCP Selection Page**

#### -Clicking "Search" will open the BCBSNC PCP Lookup Tool

State Headsh Plan State Headsh Plan A Dense of the Shareward direk Searce		
Ø PROFILE		SHOP FOR BENEFITS
Medical		
Search from the list of providers to enter your PCP (Primary C	Care Provider) information.	
		PCP Name
	Search	
PCP Copay Reduction Reminder		
Next Previous Cancel		



#### **PCP** Confirmation

Sub-Contraction Contraction Co		
		ار ایر
Ø PROFILE	SHOP FOR BENEFITS	CONFIRM & FINISH
Medical Provider Summary		
	PCP Name	PCP Copay Reduction Reminder
Next Previous Cancel		



#### **Medical Benefits Cost Summary**

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				F
	PROFILE	SHOP FOR BENEFITS	CONFIRM & FINISH	
	Medical 70/30 PPO Plan Differed By: Blue Cross and Blue Shield of North Carolina Effective Date: 01/01/2021 You Pay: S25.00 per month Persons Covered Premium credits & Edit Show details ~		Cost Summary This is a summary of your OE benefit electons. Benefit Elections (1 items) Monthly Elipible for Employer Contribution Medical You Pay Subtrail	Showhide all
I	Medicare No policy on record		Premium Wellness Credits 🕢 Monthly Total 🚱	-\$80.00 \$25.00
4	No medicare policy information on record  Additional Insurance  C Edit  No policy on record  No additional insurance policy information on record			
5	Primary Care Provider 🖋 Edit			
Save	Edit coverage Edit plan Pian details			



#### **Additional Insurance**

@ PROFILE	SHOP FOR BENEFITS	CONFIRM & FINISH
Additional Insurance		
Currently, do any of the persons covered for this benefit including yourself have other health insurance? O Yes O No		
Please Note: It is very important to enter your and/or your covered dependents' insurance policies. By providing this information, you will ensure that the claims for you and your covered dependents will be processed timely and accurately. Additional insurance information should NOT be supplied on non-medical policies such as Dental, Vision, Life, Cancer or Medicaid. You do not need to provide information on policies you have previously had with other State Health Plan agencies. Additional insurance information is used to coordinate benefits if you or your dependents have other medical coverage in addition to the State Health Plan, which will continue after you are enrolled in the State Health Plan.		
Next Previous Cancel		
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#### **Select Effective Date**

O PROFILE	SHOP FOR BENEFITS	CONFIRM & FINISH
Medical		
Employing Unit Premium Contribution - When would you like your be	enefits to become effective?	
Effective Date *  0 01/01/2021  0 02/01/2021		
Next Previous Cancel		
© 2020 Benefitioous.com Inc., All Rights Reserved Ask a Question   Terms of Use   Privacy Statement		Questions? Please call 855-850-0060 Monday through Friday, 8:00 a.m. to 5:00 p.m. EST Low Vision? <u>Enable high contrast mode</u>





#### Your Benefits Review

In Health Plan		2 <b>— — —</b> ~
ent Benefits Open Enrollment Benefits		
en Enrollment Benefits		
re and Non-Medicare members were moved to the 7 atulations" message PRINT your Confirmation State	0/30 Plan for the 2021 benefit year. If you want to enroll in the 80/20 Plan, YOU MUST TAKE ACTION . If you want to reduce your monthly premium by \$60 for either plan, YOU MUST TAKE ment.*This is Not Applicable to HDHP Members*	KE ACTION by October 31, 2020. REMEMBER to CLICK SAVE! After you see the green
ır benefits		
<ul> <li>Your Medical coverage Click "edit coverage" to complete</li> </ul>	e ∋ the Tobacco Attestation credit.	
70/30 PPO Plan		\$25.00
Offered By: Effective Date:	Blue Cross and Blue Shield of North Carolina 01/01/2021	per month
Persons Covered:		
Edit coverage Show Plan Details V		Desline
		Decime
		Denile



#### **Congratulations Banner**

Abele Cardine Net House and Hot Research A Desine of the Department of Biole Pressure A Desine of the Department of Biole Pressure		
25		
Home	Congratulations, You have successfully completed your enrollment process.  Please review and print your Confirmation Statement for your records.	
Benefits		
Profile     Profile     Benefits     Language Preferences	Congratulations, You have successfully completed your enrollment process.  Please review and print your Confirmation Statement for your records.	



#### **Questions?**

ELIGIBILITY AND ENROLLMENT (Support Center for Members) 855-859-0966

CVS CAREMARK (PHARMACY BENEFITS) 888-321-3124

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







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