North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

2016 State Health Plan Annual Enrollment
Linda Forsberg, Program Manager

A Division of the Department of State Treasurer
Agenda

• Overview of the 2016 changes
• Wellness Premium Credits
• High Deductible Health Plan
• 6055 / 6056 Reporting
• Medicare Retirees

2016 ANNUAL ENROLLMENT
OCT. 1-31, 2015

Annual Enrollment will be conducted in October
2016 Plan Changes
(Actives & Non-Medicare Retirees)
## 2016 Benefit Changes *(Actives & Non-Medicare Retirees)*

<table>
<thead>
<tr>
<th>Consumer-Directed Health Plan (CDHP) with HRA</th>
<th>Enhanced 80/20 Plan</th>
<th>Traditional 70/30 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase premium approximately $40 with the opportunity to earn it down to $0</td>
<td>• Increase premium approximately $40 with the opportunity to earn it down to approximately $15</td>
<td><strong>Active Employees Only</strong></td>
</tr>
<tr>
<td>• Modify healthy activities to earn premium credits</td>
<td>• Modify healthy activities to earn premium credits</td>
<td>• Establish a $40 premium with the opportunity to earn it down to $0</td>
</tr>
<tr>
<td>• Increase HRA contribution by $100 to help offset member cost share</td>
<td>• Increase Tier 5 (non-preferred specialty medications) pharmacy coinsurance maximum</td>
<td>• Establish healthy activity to earn premium credit:</td>
</tr>
<tr>
<td>• Increase out-of-pocket max by $500</td>
<td></td>
<td>• Tobacco attestation</td>
</tr>
<tr>
<td>• Establish Health Engagement Program to earn additional contributions to HRA:</td>
<td></td>
<td><strong>Active Employees and Retirees</strong></td>
</tr>
<tr>
<td>• Increase credits for PCP visits and use of Blue Options Designated Providers</td>
<td></td>
<td>• Increase member cost share</td>
</tr>
<tr>
<td>• Engage members with chronic conditions</td>
<td></td>
<td>• copays, deductible, coinsurance max, and pharmacy out-of-pocket max</td>
</tr>
<tr>
<td>• Healthy lifestyle program for all members</td>
<td></td>
<td><strong>Premium amounts referenced on this slide are estimates and require legislation and Board approval</strong></td>
</tr>
<tr>
<td></td>
<td>Current CDHP</td>
<td>2016 CDHP</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>**Annual Contribution to Health</td>
<td>$500 Individual $1,500 Family</td>
<td>$600 Individual $1,800 Family</td>
</tr>
<tr>
<td>Reimbursement Account (HRA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$1,500 Individual $4,500 Family</td>
<td>$1,500 Individual $4,500 Family</td>
</tr>
<tr>
<td><strong>Coinsurance Maximum</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Out-of-Pocket (OOP) Maximum</strong></td>
<td>$3,000 Individual $9,000 Family</td>
<td>$3,500 Individual $10,500 Family</td>
</tr>
<tr>
<td><strong>Pharmacy Out-of-Pocket Maximum</strong></td>
<td>Included in OOP</td>
<td>Included in OOP</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>$0 ACA Services</td>
<td>$0 ACA Services</td>
</tr>
<tr>
<td><strong>PCP Visit</strong></td>
<td>15% after deductible; $15 added to HRA if you use PCP on ID</td>
<td>15% after deductible; $25 added to HRA if you use PCP on ID</td>
</tr>
<tr>
<td><strong>Specialist Visit</strong></td>
<td>15% after deductible; $10 added to HRA if you use Blue Options Designated specialist</td>
<td>15% after deductible; $20 added to HRA if you use Blue Options Designated specialist</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>15% after deductible</td>
<td>15% after deductible</td>
</tr>
<tr>
<td><strong>Chiro/PT/OT</strong></td>
<td>15% after deductible</td>
<td>15% after deductible</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>15% after deductible</td>
<td>15% after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>15% after deductible; $50 added to HRA if you use Blue Options Designated hospital</td>
<td>15% after deductible; $200 added to HRA if you use Blue Options Designated hospital</td>
</tr>
</tbody>
</table>
## 2016 Plan Design Pharmacy Changes

<table>
<thead>
<tr>
<th>Pharmacy Benefit</th>
<th>Current CDHP</th>
<th>2016 CDHP</th>
<th>Current 80/20</th>
<th>2016 80/20</th>
<th>Current 70/30</th>
<th>2016 70/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>15% after deductible for in network benefits, 35% after deductible out of network</td>
<td>15% after deductible for in network benefits, 35% after deductible out of network</td>
<td>$12</td>
<td>$12</td>
<td>$12</td>
<td>$15</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
<td>$46</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$64</td>
<td>$64</td>
<td>$64</td>
<td>$64</td>
<td>$64</td>
<td>$72</td>
</tr>
<tr>
<td>Tier 4</td>
<td>25% up to $100</td>
<td>25% up to $100</td>
<td>25% up to $100</td>
<td>25% up to $100</td>
<td>25% up to $100</td>
<td>25% up to $100</td>
</tr>
<tr>
<td>Tier 5</td>
<td>25% up to $125</td>
<td>25% up to $125</td>
<td>25% up to $125</td>
<td>25% up to $125</td>
<td>25% up to $125</td>
<td>25% up to $125</td>
</tr>
<tr>
<td>OOP</td>
<td>Integrated with Medical</td>
<td>Integrated with Medical</td>
<td>$2,500 Rx Only</td>
<td>$2,500 Rx Only</td>
<td>$2,500 Rx Only</td>
<td>$3,294 Rx Only</td>
</tr>
<tr>
<td>ACA Preventive Medications</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>CDHP Preventive Medications</td>
<td>Waive deductible, 15% coinsurance only</td>
<td>Waive deductible, 15% coinsurance only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## Wellness Premium Credits

<table>
<thead>
<tr>
<th>Action</th>
<th>CDHP</th>
<th>80/20 PLAN</th>
<th>70/30 PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attest to being tobacco-free or enroll in QuitlineNC</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td>Choose a Primary Care Provider (PCP) and watch a video to learn more about Patient-Centered Medical Homes</td>
<td>$20</td>
<td>$25</td>
<td>N/A</td>
</tr>
<tr>
<td>Take the Health Assessment</td>
<td>$20</td>
<td>$25</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL CREDITS AVAILABLE FOR 2016</strong></td>
<td><strong>$80</strong></td>
<td><strong>$90</strong></td>
<td><strong>$40</strong></td>
</tr>
</tbody>
</table>
## Wellness Premium Credits

<table>
<thead>
<tr>
<th>Wellness Activity</th>
<th>How to Complete It</th>
<th>When Members Can Take It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber attests to being a non-tobacco user or commits to enroll in QuitlineNC’s multi-call program and attests for spouse if applicable</td>
<td>Log into eEnroll, the attestation question will be included in the enrollment flow.</td>
<td>During Annual Enrollment, Oct. 1-31, 2015. Even if members attested during last year’s Annual Enrollment, they will need to re-attest.</td>
</tr>
<tr>
<td>Subscriber updates or completes a confidential Health Assessment (HA)</td>
<td>Through the State Health Plan website (<a href="http://www.shpnc.org">www.shpnc.org</a>), click on Personal Health Portal. Health Assessments can also be completed by telephone at 800-817-7044.</td>
<td>If Subscribers have taken or updated their Health Assessment between Nov. 1, 2014, and Oct. 31, 2015, through the Personal Health Portal or by phone, it will count toward your premium credit, so encourage people to take it now!</td>
</tr>
<tr>
<td></td>
<td><em>Make sure all biometric numbers are included to receive a complete view of your health status.</em></td>
<td></td>
</tr>
<tr>
<td>Subscriber selects a Primary Care Provider (PCP) and for each dependent covered on the State Health Plan.</td>
<td>Log into eEnroll system to select a PCP and watch the video. If members have trouble locating a provider, they can contact 888-234-2416.</td>
<td>If members selected a PCP during the last Annual Enrollment or at some other time throughout this year, they will receive the premium credit.</td>
</tr>
<tr>
<td>-AND- Subscriber watches a brief video on Patient Centered Medical Homes</td>
<td></td>
<td>Video will be available beginning Oct. 1, 2015 in eEnroll as part of the enrollment flow.</td>
</tr>
</tbody>
</table>
2016 Plan Changes
Consumer-Directed Health Plan
(Actives & Non-Medicare Retirees)
Consumer-Directed Health Plan (CDHP): Medical Benefits

As a reminder, instead of copays, members will have to meet a deductible. After meeting the deductible members pay a 15% coinsurance on all in-network medical and pharmacy benefits except for ACA preventive services and ACA preventative medications, which are covered at 100%.

- The deductible and coinsurance are included in the out-of-pocket maximum.
- Medical and pharmacy expenses both apply to the out-of-pocket maximum.
- The CDHP is paired with a Health Reimbursement Account (HRA) to assist members with out-of-pocket expenses (deductible and coinsurance)
  - The type of coverage (employee-only) determines the amount placed in the member’s HRA account.

<table>
<thead>
<tr>
<th>COVERAGE LEVEL</th>
<th>2016 STATE HEALTH PLAN-PROVIDED HRA CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$600</td>
</tr>
<tr>
<td>Employee +1</td>
<td>$1,200</td>
</tr>
<tr>
<td>Employee +2 or more</td>
<td>$1,800</td>
</tr>
</tbody>
</table>

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer
Consumer-Directed Health Plan (CDHP): Pharmacy Benefits

For Prescription Drugs:
- You will pay **in full** for prescription drugs if your deductible has not been met.
  - *Pay in full means, you will pay the allowed amount for the drug*
- Once your deductible has been met, you will pay a 15% coinsurance for prescriptions until your out-of-pocket maximum has been met.
- Once your out-of-pocket maximum has been met, your prescription will be covered at 100%.
- **NEW in 2016:** Rx Debit Card for CDHP members

ACA and CDHP Preventive Medications
- ACA Medications covered at 100%
- Preventive Medications on the CDHP Preventive Medication list are subject to a 15% coinsurance with no deductible. Examples of medications include those used to treat heart disease, stroke, asthma, and diabetes.
- A list of these medications is available on the Plan’s website at: [www.shpnc.org](http://www.shpnc.org)

When HRA funds are available, this card will work like a debit card and take funds out of your HRA.
Health Engagement for All CDHP Members

- NC HealthSmart already offers multiple programs and resources for members to make lifestyle changes and participate in healthy activities
- Programs such as Active Life Coaching are underutilized and others, like Eat Smart, Move More, Weigh Less are intended to offer one-time or periodic, rather than ongoing engagement, and are already “rewarded”
- This program provides an opportunity to reward members who are already participating in healthy activities or wish to do so

The Health Engagement Program will focus on:
1. Enrolling
2. Setting goals
3. Tracking success over a predefined time period
4. Establishing new goals for the next time period
## Health Engagement for All CDHP Members

- Establishing an incentive path for members needing more one-on-one encouragement and interaction as well as a path for those who can self-motivate
- Also an opportunity to go down both paths

<table>
<thead>
<tr>
<th>Step</th>
<th>Health Coach Engagement</th>
<th>Self-Tracked Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td>Enroll by calling an NC HealthSmart Health Coach and completing an initial assessment</td>
<td>Enroll online</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td>Work with the NC HealthSmart Health Coach and establish goals for the 13-week period</td>
<td>Establish physical activity and/or nutrition goals online for the 13-week period</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td>Track Goals, Progress &amp; Earn Incentives</td>
<td>Track Progress and Success: Using devices such as</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fitbit, Jawbone, Withings, iHealth,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MapMyFitness, Myfitnesspal, etc.</td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
<td>Establish New Goals &amp; Begin Again</td>
<td>Establish New Goals &amp; Begin Again</td>
</tr>
</tbody>
</table>

Members engaged with a Health Coach may also earn incentives through self-tracking
Health Engagement for Members with Chronic Condition

To participate, members must have one or more of the following chronic conditions:

- Diabetes
- Hyperlipidemia
- Asthma
- Coronary Heart Disease
- Hypertension
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Disease

To enroll, the member must complete a Health Assessment and engage with a health coach

To earn HRA incentive funds, the enrolled member must complete certain activities that may include:

- Completing 2 Health Coach calls (initial call and follow up at or after 6 months)
- Seeing their Primary Care Provider annually and follow up at or after 6 months
- Completing the clinically recommended lab work for their condition(s)
- Completing recommended treatments and education for their condition(s)
## CDHP – 80/20 – 70/30 Premium Rates

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Employee/Retiree Monthly Premium</th>
<th>Dependent Monthly Premium</th>
<th>Total Monthly Premium</th>
<th>Monthly Wellness Premium Credit</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee/Retiree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee/Retiree + Child(ren)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee/Retiree + Spouse</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Employee/Retiree + Family</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Assumes completion of all three wellness activities.*
High Deductible Health Plan
HDHP

- We do not anticipate any plan design/benefit changes with this plan.
- Rates are impacted by the state budget.
- We will inform HBRs and current members accordingly.
ACA “Employer Mandate”

To avoid tax penalties under section 4980H of the Internal Revenue Code (the Code) large employers must offer coverage that is affordable, and is at least “minimal value” to all full-time employees:

• Employees are considered full-time, and thus required to be offered employer-sponsored health care, if they are reasonably expected to have 30 or more hours of service each week during a month. 130 hours of service in a month is considered full-time.

• Minimum value is achieved when the plan’s share of the total allowed costs of benefits provided under the plan is more than 60% of such cost. HRA and HSA contributions may be taken into account in determining minimum value.

• Coverage is considered affordable if the cost for employee-only coverage does not exceed 9.5% of the employee’s household income. 3 safe harbors since an employer is unlikely to know an employee’s “household income.” The HDHP employee contribution amount is based on one of the safe harbors, i.e., the premium co-share is not greater than 9.5% of the federal poverty level for a single individual.
Pending Legislation - 2015

Senate Bill 6 was filed on January 28, 2015. This bill is sponsored by Senators Tillman and Barefoot. If passed the legislation will:

• Make rehired retirees currently eligible for only the HDHP, eligible for the coverage offered to permanent full-time employees, i.e., partially contributory coverage

• Require the Department of State Treasurer to reimburse the employing unit for the cost of coverage. Reimbursement would have to be made at least once per plan year and would be paid from the Retiree Health Benefit Fund.
Employee Eligibility

Before ACA “Employer Mandate”

- Partially contributory coverage was available to all permanent full time employees including those employed in permanent job positions on a recurring basis and who work 30 or more hours a week for none or more months per calendar year. See 135-48.40 (b).
- Fully contributory coverage was available to all permanent part-time employees, employees on official leave of absence, and employees on leave without pay due to illness or injury.

After ACA “Employer Mandate”

- Permanent employees still have partially contributory and fully contributory coverage available to them.
- Other contributory coverage is available to fulltime employees that do not qualify for coverage under subdivision (1), (5), (6), (7), (8), (9), or (10) of G.S. 135-48.40(b).
6055 & 6056 Reporting
In March of 2014, the IRS released two sets of final regulations addressing information reporting required by the Patient Protection and Affordable Care Act (“PPACA”).

Section 6055 reporting – applies to all entities providing minimum essential coverage (“MEC”). It requires them to report healthcare coverage information to the IRS and provide a statement to all covered individuals.

Section 6056 reporting – applies to applicable large employers, which are employers with 50 or more full-time equivalent employees. These applicable large employers (“ALEs”) must report health care coverage information to the IRS and provide each full-time employee with a statement containing the same information.

Function as key elements in administering PPACA’s individual and employer mandates. Section 6055 reporting is needed for the individual mandate; Section 6056 for the employer mandate.
Information Required to be Reported

The following information must be reported to IRS on Form 1095-B or 1095-C

- Name, address, EIN of reporting entity
- Name, address, TIN of employee/subscriber
- Name, TIN of each individual/dependent covered under the policy
- For covered individuals, the months for which the individual was enrolled in coverage and entitled to receive benefits.

Must make reasonable effort to collect TINs from dependents.
Forms to be Submitted under 6055

- Self-insured applicable large employers are required to file form 1095-C, which will include information necessary to comply with both Section 6055 and Section 6056, along with transmittal Form 1094-C.

- A government employer that maintains a self-insured group health plan may enter into a written agreement with another governmental unit and designate that unit as the entity required to file Section 6055 and furnish statements to employee.
Forms to be Submitted under 6056

- Each applicable large employer is required to provide for every full-time employee an informational return, with a transmittal accompanying returns using Form 1095-C. The transmittal form is Form 1094-C.
- Must be filed no later than Feb. 28th
SHP MEC Reporting Proposal

• SHP will act as DGE on behalf of the employer units for the purposes of 6055 reporting. This will satisfy the 6055 requirements for both SHP and the employer units.

• This eliminates the need to include this information on Part III of the 1095-C forms for EUs. It also eliminates the need for SHP to supply data to the EUs for actively enrolled employees (both BCBSNC & MedCost).

• EU’s will still need to complete a 1094-C and 1095-C, sections 1 & 2 for all employees (even employees who retired or were only covered for a portion of the year) including employees who waived SHP coverage.

• SHP will supply COBRA coverage information to the employer units for purposes of their 6056 reporting on Form 1095-C.

• Lines 14, 15 & 16 will be different for full-time, newly eligible and COBRA members.

• EU’s should not check box that indicates self-insured on the 1095-C.
Medicare Primary Retirees

2016 Annual Enrollment
Medicare Primary Member Plan Options

- The State Health Plan will make important changes to the Medicare Advantage Plans and the Traditional 70/30 Plan offered to Medicare Retirees.
- There will be a premium increase to the Enhanced Medicare Advantage plans. Due to this change in premium, any subscribers and dependents enrolled in the Enhanced plans will be moved to the Base Medicare Advantage plans with the same carrier. Any Medicare eligible retiree who wishes to remain enrolled in an Enhanced Medicare Advantage plan will need to reselect that plan during Annual Enrollment.
- Please inform your former employees to watch their mail and review the information about their 2016 options carefully when it arrives.
- The State Health Plan will host outreach meetings again this year for Medicare Retirees. Retirees will receive a mailer in August with those dates and locations.
- 2016 Plan options will remain the same, but the plans will be different.
  - Humana Group Medicare Advantage BASE Plan
  - Humana Group Medicare Advantage ENHANCED Plan
  - UnitedHealthcare Group Medicare Advantage BASE Plan
  - UnitedHealthcare Group Medicare Advantage ENHANCED Plan
  - Traditional 70/30, administered by Blue Cross and Blue Shield of NC

All plans include Prescription Drug Coverage
Online Resources

- Videos
- Podcasts
- Rate Calculator
- Health Benefits Est. Tool
- Rate Sheets
- Plan Comparisons

Please share these resources with your employees!
Direct Mail

- The Plan will be sending several direct mail pieces regarding Annual Enrollment. All will promote the resources available online at www.shpnc.org.
Telephone Town Hall Meetings

- This method of engaging with members offers the Plan the opportunity to reach a large portion of the population with a single phone call.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 15</td>
<td>7pm</td>
<td>Non-Medicare Retirees</td>
</tr>
<tr>
<td>September 16</td>
<td>7pm</td>
<td>Medicare Retirees</td>
</tr>
<tr>
<td>September 17</td>
<td>7pm</td>
<td>Non-Medicare Retirees</td>
</tr>
<tr>
<td>September 22</td>
<td>7pm</td>
<td>Actives</td>
</tr>
<tr>
<td>September 24</td>
<td>7pm</td>
<td>Actives</td>
</tr>
<tr>
<td>October 7</td>
<td>2pm</td>
<td>Medicare Retirees</td>
</tr>
</tbody>
</table>
Notable Changes

• As of June 1, 2015, employees no longer have the option to add a newborn the first of the month following the birth. Employees must now add their newborn to coverage on the first day of the month in which the baby is born. Employees will have to pay the additional premium for the month in which the child is born. Because most members wait to add their newborn until after they are born, this results in premiums for two months being deducted from one paycheck.

• Terminations with effective dates on or after July 1, 2015, must be processed no later than 30 days after the effective date. When termination processing is delayed, not only does it impact the members’ ability to enroll in a timely manner, but it often creates a financial hardship when multiple months of premium are due up front to initiate coverage. Therefore, it is imperative that terminations be processed in a timely manner.

• Employees have the option to provide the required dependent documentation to their HBR or upload the scanned documentation to the system. Once the dependent is added to the health plan, their eligibility information is sent to the carrier. If the HBR does not approve the dependent by the end of the 30-day verification period, the dependent will be retroactively terminated from coverage and the employee will be responsible for any claims paid.
Transition to Aon Hewitt
Aon Hewitt Implementation Status

Important Transition Items:

- Aon Hewitt has not been able to put any of the daily enrollment file processes into production. The State Health Plan continues to work with them to ensure members have coverage, but until all file processes are automated, manual updates will continue to be handled on an as-needed basis for urgent access to care needs.

Summary of Outstanding Issues for Active Members:

- **Enrollment files to BCBSNC** – Aon Hewitt is currently targeting the end of July to deploy daily files to Blue Cross and Blue Shield of North Carolina (BCBSNC) into production. They do hope to send a couple of interim files over before this date.

- **COBRA** – Aon Hewitt has been unable to send any qualifying event files to COBRAGuard; therefore, no qualifying event notices have been sent to qualifying members since May 31. If you have a terminated member who needs to elect COBRA, please send an e-mail to HBRInquiries@nctreasurer.com and the Plan will notify COBRAGuard to send the notice.

- **Payroll Files** – Aon Hewitt continues to work through any outstanding issues and hopes to normalize the schedule soon.

- **Wellness credits** – While the vast majority of members appear to be accurate, we continue to find some members who did not have the appropriate wellness credits assigned. These issues appear to be related to the data conversion. If upon review, you determine that any of your members’ credits are not correct, please notify your Aon Hewitt Account Management team and copy HBRInquiries@nctreasurer.com

- **Last month of active coverage for Retirees** – There continue to be some outstanding issues related to the last month of coverage for retirees. In some instances the wellness credits have been updated incorrectly and in other instances the incorrect rate has been applied. If upon review you determine there is an issue with any of your recent retirees’ last month of coverage, please notify your Aon Hewitt Account Management team and copy HBRInquiries@NCTreasurer.com

- **Transfers** – The system is set up not to allow duplicate active records. When a member is transferring between groups, there is a transfer logic that should automatically transfer the member into the new group; however, this logic isn't functioning correctly. For now, the HBRs will

- **HBR approvals are not required in order for the enrollment to be sent to the vendors.** The enrollments will automatically be sent to BCBSNC upon completion by the members. If an HBR determines the enrollment or termination is invalid, a change will be sent to BCBSNC. The specific steps of this process are outlined in the HBR Reference Guide.
HBR Resources

- **ELIGIBILITY AND ENROLLMENT Support Center**
  855-859-0966

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

- **COBRAGUARD (PREMIUM BILLING, Directbill/Cobra)**
  877-679-6272

- **EXPRESS SCRIPTS**
  (PHARMACY QUESTIONS for Active/Non-Medicare Retirees)
  800-336-5933
Aon Hewitt Contacts for HBRs

**Management Escalations**
Crystal Bohr
Khang M. Tran

**Region 1 & Community Colleges**
Turkessa Hadley
Tammie Dixon
Bobby James
Julie Peters

**Region 2**
Bryan Sims
Lori Hannah

**Region 3**
Jessica Gabel
Stephanie Williams

**Region 4**
Ciana Gallos
Julian Edwards

**Region 5**
Tiffany Bullins
Linda McCorkindale

**Region 6**
Nicole Foltz
Steven Skidmore

**Universities**
Maria G Corral
Gretel Strenk

**Beacon**

*NOTE: Primary Account Manager for each Region is listed first.*

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<tr>
<th>Region</th>
<th>Shared Email Address</th>
<th>Shared Toll Free Number</th>
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</thead>
<tbody>
<tr>
<td>Region 1 &amp; Community Colleges</td>
<td><a href="mailto:EESC_Regon1@aonhewitt.com">EESC_Regon1@aonhewitt.com</a></td>
<td>844-HBR-2354</td>
</tr>
<tr>
<td>Region 2</td>
<td><a href="mailto:EESC_Regon2@aonhewitt.com">EESC_Regon2@aonhewitt.com</a></td>
<td>844-HBR-2356</td>
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<tr>
<td>Region 3</td>
<td><a href="mailto:EESC_Regon3@aonhewitt.com">EESC_Regon3@aonhewitt.com</a></td>
<td>844-HBR-2360</td>
</tr>
<tr>
<td>Region 4</td>
<td><a href="mailto:EESC_Regon4@aonhewitt.com">EESC_Regon4@aonhewitt.com</a></td>
<td>844-HBR-2367</td>
</tr>
<tr>
<td>Region 5</td>
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<td>844-HBR-2358</td>
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<tr>
<td>Region 6</td>
<td><a href="mailto:EESC_Regon6@aonhewitt.com">EESC_Regon6@aonhewitt.com</a></td>
<td>844-HBR-2360</td>
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<tr>
<td>Universities</td>
<td><a href="mailto:EESC_Universitys@aonhewitt.com">EESC_Universitys@aonhewitt.com</a></td>
<td>844-HBR-2361</td>
</tr>
<tr>
<td>Beacon</td>
<td><a href="mailto:EESC_Beacon@aonhewitt.com">EESC_Beacon@aonhewitt.com</a></td>
<td>844-HBR-2362</td>
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Thank you!