The North Carolina State Health Plan for Teachers and State Employees

Annual Enrollment Information 2009-2010 Benefit Year

www.shpnc.org

North Carolina HEALTH Smart

North Carolina
State Health Plan
for Teachers and State Employees
www.shpnc.org

May 2009

Dear Member,

Annual enrollment for the State Health Plan for Teachers and State Employees for the 2009/2010 benefit year is now underway. This enrollment kit details the State Health Plan options available to you and any benefit changes. Please take time to carefully review the material and select the best plan and coverage for you and your family.

Annual Enrollment

Any plan changes you make during annual enrollment will become effective **July 1, 2009**. Annual Enrollment Forms are due to your Health Benefit Representative no later than **May 29, 2009**. During annual enrollment, you can enroll in the State Health Plan, switch between plans, and add or remove dependents without a qualifying life event. Dependents that are eligible for coverage include the following:

- Legal spouse;
- Unmarried children under age 19, including natural, legally adopted, or foster children of the employee or employee's spouse, as long as the employee is legally responsible for such child's maintenance and support;
- Unmarried stepchildren of the employee when the employee is married to the stepchildren's natural parent and the stepchildren's primary residence is with the employee;
- Unmarried children, from age 19 to 26, who are full-time students at a school or college accredited by the state of jurisdiction; and
- Unmarried children who are physically or mentally incapacitated, to the extent that they are incapable of earning a living, and such handicap developed or began to develop before the dependent's 19th birthday (or 26th birthday, if a full-time student).

Please Note: Pre-existing condition waiting periods will apply to any dependents added during annual enrollment, **if** they have not been continuously covered for 12 months -- without a break in coverage of more than 63 days, prior to the effective date.

Once you choose your benefit option, you may not switch plans until the next enrollment period. Also, the coverage type you select, for example, employee only, will remain in effect until the next annual enrollment period, unless you experience a qualifying life event. Qualifying life events include changes such as marriage, birth, death and retirement. Ask your Health Benefits Representative (HBR) for a complete list of qualifying events, if needed.

Contents:

Included in the enrollment kit are:

1) Benefit Changes Chart
2) Comparison of Monthly Contributions Rates
3) Annual Enrollment Form
4) Information on New Wellness Initiatives
5) IRS Section 125 Form

Benefit Changes

The following is a summary of the benefit changes that will go into effect July 1, 2009. **Please refer to the Benefit Changes Chart for a detailed listing of the changes:**

- **The 90/10 Plus plan will no longer be offered.** If you are currently enrolled in the 90/10 Plus plan, you will automatically be moved to the 80/20 Standard plan, along with any currently covered dependents. Once you are moved to the 80/20 plan, you will no longer have to pay for employee only coverage. **Members currently enrolled in the 90/10 Plus plan should only complete an annual enrollment form if they want to add or remove dependents, or switch to the 70/30 Basic plan.**
- Deductibles, copays and coinsurance maximums will increase, effective July 1, 2009. Please refer to the Benefit Changes Chart for details.
- **As of January 1, 2010,** routine vision exams will no longer be covered. For members wishing to continue vision coverage, be sure to check with your HBR about your supplemental flexible benefit options.
- **Prescription Drugs**
  - The prescription drug number of days supply for one copayment will change to **30** days from 34 days on July 1, 2009.
  - The copay for generic drugs will remain $10.
  - The copay for diabetic supplies will remain $10 for preferred brand and $25 for non-preferred brand.
  - Prescription drug copays for preferred brand (without a generic available), and non-preferred brand will each increase by $5, effective July 1, 2009.
  - Beginning July 1, 2009, a 25% coinsurance will be charged for specialty prescription drugs up to $100 for each 30-day supply. If you are currently taking a specialty medication, you will receive additional information in the mail.
  - The preferred brand copay tier (with generic available) will be eliminated effective July 1, 2009.

Please Note: Beginning July 1, 2009, if a generic equivalent is available and you choose to have the brand name drug, or your doctor prescribes "Dispense as Written" (DAW), you will be required to pay the difference between the actual cost of the brand name drug and the amount the Plan would have paid for the generic equivalent, in addition to the generic copayment.

Rates

Effective July 1, 2009, the rate increase for dependent coverage for the 2009/2010 benefit year is 8.9%. There will be an additional rate increase of 8.9% on July 1, 2010. **Please see the enclosed rate table for the new 2009/2010 monthly premiums for 12 month employees and retirees.** If you are less than a 12 month employee, please see your HBR for your monthly premium.

How Do I Make Changes to My Coverage?

To make changes to your coverage you will need to complete the enclosed Annual Enrollment Form and return it to your Health Benefit Representative no later than **May 29, 2009**. If you are adding dependents, a pre-existing condition waiting period may apply. See the note under the Annual Enrollment section of this letter or your Benefit Booklet for additional information.

North Carolina
State Health Plan
for Teachers and State Employees
www.shpnc.org

- **You do NOT need to complete an annual enrollment form if:**
  1. You are enrolled in the **Standard** or **Basic** plan, and you do not wish to make any changes. You will remain on your current plan, along with any currently covered dependents.
  2. You are on the **Plus** plan, and want to move to the 80/20 Standard plan, and are not adding or removing dependents. You will automatically be moved to the **Standard** plan, along with any currently covered dependents.

Active Employees

Please submit your Annual Enrollment Form to your Health Benefits Representative no later than **May 29, 2009**.

Retirees

Mail your Annual Enrollment Form no later than **May 29, 2009** to:

Department of State Treasurer
State Retirement Services
325 North Salisbury Street
Raleigh, North Carolina 27603-1385

Identification Cards ("ID cards")

Annual enrollment is being conducted later than normal because the legislation was just signed into law on April 23, 2009. The Plan will issue new ID cards as quickly as possible; however, some members may not receive their new ID card by July 1, 2009. Please continue using your current ID card until your new ID card is received.

Wellness Initiatives

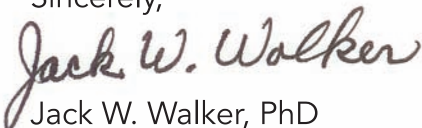
As health care costs continue to rise nationally, the prevalence of chronic disease in North Carolina is also increasing. The State Health Plan encourages members to make healthy lifestyle choices to reduce chronic disease and associated costs, and to improve wellness. **The Plan focuses on the key areas of tobacco cessation, healthy eating, maintaining a healthy weight and engaging in regular physical activity.** Enclosed are frequently asked questions to help you begin thinking about these new healthy living programs. Visit **www.shpnc.org** for information on resources. Look for a future mailing for more information about important new member wellness initiatives.

Do You Have Additional Questions?

For information on your benefits, please visit the State Health Plan Web site at **www.shpnc.org**. If you have benefit questions, please call Customer Services at **1-888-234-2416**.

Thank you for your participation in the North Carolina State Health Plan for Teachers and State Employees.

Sincerely,



Jack W. Walker, PhD
Executive Administrator

North Carolina State Health Plan – Benefit Changes for 2009-2010[1]

Plan Design Feature		BASIC PLAN 70/30				STANDARD PLAN 80/20			
		2007-2009		2009-2010		2007-2009		2009-2010	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual	$600	$1,200	$800	$1,600	$300	$600	$600	$1,200
	Family	$1,800	$3,600	$2,400	$4,800	$900	$1,800	$1,800	$3,600
Coinsurance Maximum	Individual	$2,500	$5,000	$3,250	$6,500	$1,750	$3,500	$2,750	$5,500
	Family	$7,500	$15,000	$9,750	$19,500	$5,250	$10,500	$8,250	$16,500
Urgent Care Copay		$75		$75		$50		$75	
Primary Copay		$25	**50%** coinsurance after deductible	$30	**50%** coinsurance after deductible	$20	**40%** coinsurance after deductible	$25	**40%** coinsurance after deductible
Specialist Copay		$50	**50%** coinsurance after deductible	$70	**50%** coinsurance after deductible	$40	**40%** coinsurance after deductible	$60	**40%** coinsurance after deductible
Physical Therapy/ Occupational/Speech		$25 primary $50 specialist	**50%** coinsurance after deductible	$55	**50%** coinsurance after deductible	$20 primary $40 specialist	**40%** coinsurance after deductible	$45	**40%** coinsurance after deductible
Chiropractic		$50 specialist	**50%** coinsurance after deductible	$55	**50%** coinsurance after deductible	$40 specialist	**40%** coinsurance after deductible	$45	**40%** coinsurance after deductible
Mental Health/ Chemical Dependency Office Services		$50 specialist	**50%** coinsurance	$55	**50%** coinsurance	$40 specialist	**40%** coinsurance	$45	**40%** coinsurance
Routine Eye Exam[2]		$25	Not Covered	$30	Not Covered	$20	Not Covered	$25	Not Covered
Inpatient Copay		$200	$200	$250	$250	$150	$150	$200	$200
Generic Rx Copay		$10		$10		$10		$10	
Brand Rx Copay (no generic equivalent)		$30		$35		$30		$35	
Non-Preferred Brand Rx Copay		$50		$55		$50		$55	
Brand Rx Copay (generic equivalent available)		$40		This copay tier has been eliminated. Member will be required to pay the difference between the Plan's actual cost of the brand name drug and the amount the Plan would have paid for the generic equivalent in addition to the generic copay.		$40		This copay tier has been eliminated. Member will be required to pay the difference between the Plan's actual cost of the brand name drug and the amount the Plan would have paid for the generic equivalent in addition to the generic copay.	
Specialty Rx[3]		Various		25% coinsurance up to $100 for each 30 day supply		Various		25% coinsurance up to $100 for each 30 day supply	
Diabetic Supplies		$10 for preferred brand $25 for non-preferred brand		$10 for preferred brand $25 for non-preferred brand		$10 for preferred brand $25 for non-preferred brand		$10 for preferred brand $25 for non-preferred brand	
Pharmacy Benefit Days Supply		34		30		34		30	

1) All benefits are subject to medical necessity; amounts shown reflect what the member pays
2) Routine eye exams as of January 1, 2010 will no longer be covered. Check with your HBR about your benefit options for vision.
3) All non-acute specialty drugs, excluding cancer medications must be obtained through the Accredo specialty pharmacy.

North Carolina
State Health Plan
for Teachers and State Employees
www.shpnc.org

Monthly Contribution Rates for Twelve-Month Employees/Retirees for Benefit Year 2009-2010

Effective July 1, 2009

Coverage Types	EMPLOYEE / RETIREE MONTHLY CONTRIBUTION RATES		
	Basic Plan 70/30	Standard Plan 80/20	State Monthly Contribution
Non-Medicare Active Employee / Retiree			
Employee / Retiree	$ –	$ –	$ 377.22
Employee / Retiree + Child(ren)	$ 164.08	$ 218.20	$ 377.22
Employee / Retiree + Spouse	$ 422.74	$ 502.74	$ 377.22
Employee / Retiree + Family	$ 450.26	$ 533.00	$ 377.22
Medicare Primary for Only Employee / Retiree			
Employee / Retiree	$ –	$ –	$ 287.20
Employee / Retiree + Child(ren)	$ 172.26	$ 218.20	$ 287.20
Employee / Retiree + Spouse	$ 430.92	$ 502.74	$ 287.20
Employee / Retiree + Family	$ 458.46	$ 533.00	$ 287.20
Medicare Primary for Only Dependent(s)			
Employee / Retiree	$ –	$ –	$ 377.22
Employee / Retiree + Child(ren)	$ 116.72	$ 166.10	$ 377.22
Employee / Retiree + Spouse	$ 306.92	$ 375.32	$ 377.22
Employee / Retiree + Family	$ 334.44	$ 405.60	$ 377.22
Medicare Primary for Both Employee / Retiree and Dependent(s)			
Employee / Retiree	$ –	$ –	$ 287.20
Employee / Retiree + Child(ren)	$ 124.92	$ 166.10	$ 287.20
Employee / Retiree + Spouse	$ 315.10	$ 375.32	$ 287.20
Employee / Retiree + Family	$ 342.62	$ 405.60	$ 287.20

Notes:

1) If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.
2) If you are actively employed and you or your dependent(s) are Medicare eligible, the State Health Plan is the primary insurer and the Non-Medicare rates apply. An exception to this would be if you or your dependent(s) are Medicare eligible due to end stage renal disease (ESRD).

CAREFULLY REMOVE THIS PAGE BEFORE COMPLETING AND SUBMITTING THE FORM.

If you want to cancel State Health Plan coverage, complete line 1, write CANCEL across the form, sign in the employee authorization section and return the application to your Health Benefits Representative or the State Retirement System.

INSTRUCTIONS TO COMPLETE THE ANNUAL ENROLLMENT FORM

→ **Line 1** — **This line is required.** Fill in your member ID number or social security number and name.

Line 2 — Fill in your correct home address.

Line 3 — Fill in your gender and home and work phone numbers.

Line 4 — Fill in your birth date and marital status.

→ **Line 5** — **This line is required.** Select the Plan you are choosing.

→ **Line 6** — **This line is required.** Select the coverage you are choosing.

Line 7 — If your spouse is currently covered and you want to continue coverage, check "continue" and provide your spouse's first name, middle initial, last name, birth date and sex. Check "yes" or "no" to indicate whether your spouse is eligible for Medicare. If "yes" is checked, complete line 12 or 13.

If you want to enroll your spouse, check "add" and provide his/her first name, middle initial, last name, birth date and sex. Check "yes" or "no" to indicate whether your spouse is eligible for Medicare. If "yes" is checked, complete line 12 or 13.

If you are removing your spouse from coverage, check "remove" and fill in your spouse's name.

Your Health Benefits Representative will complete the waiting period information.

Lines 8 through 10 — If your child or children are currently covered and you want to continue coverage, check "continue" and provide each eligible dependent child's first name, middle initial and last name. Enter your child's birth date, sex and relationship to you. Complete a Certification of Dependent Eligibility Form for each foster child *(available from your Health Benefits Representative)*. Attach it to this application.

If you want to enroll your child or children, check "add" and provide each eligible dependent child's first name, middle initial and last name. Enter your child's birth date, sex and relationship to you. Complete a Certification of Dependent Eligibility Form for each foster child (*available from your Health Benefits Representative)*. Attach it to this application.

If you have more than 3 dependent children to be covered, please use an additional form.

If you are removing a child or children from coverage, check "remove" and fill in the child or children's names to be removed.

If you have a child over 19 who is a full-time student, check "student" and list the child's name and the name of the accredited institution the child is attending on line 11. If you have a child over 19 who is mentally or physically incapacitated, check "handicapped" and complete a Coverage Request for Mentally or Physically Incapacitated Children *(available from your Health Benefits Representative)*. Attach it to this application.

Check "yes" or "no" to indicate whether your child is eligible for Medicare. If "yes" is checked, complete line 12 or 13.

Your Health Benefits Representative will complete the waiting period information.

Line 11 — If you checked "student" for any dependent child to be enrolled on lines 8 through 10, give the dependent's name and the name of the accredited institution that the dependent is attending.

→ **Lines 12 and 13** — If you or any of your dependents currently enrolled or to be enrolled are eligible for Medicare, give the name, Medicare claim number, reason for Medicare eligibility, and the dates enrolled in Part A and Part B for each person who is eligible for Medicare.

Line 14 — If any participant listed to be covered has other group health coverage, in addition to the State Health Plan, that will remain in effect after July 1, 2009, complete the Prior Coverage/Other Coverage Information form (available from your Health Benefits Representative). Attach it to this application.

Employee Authorization — Read this statement, sign and date the form. Employees return the form to your Health Benefits Representative. Retirees return the form to the State Retirement System. If you have questions about this form, contact your Health Benefits Representative or Customer Service at **1-888-234-2416**.

Your Health Benefits Representative will complete the remaining information.

North Carolina
State Health Plan
for Teachers and State Employees
www.shpnc.org

Annual Enrollment Form

PLEASE TYPE OR PRINT CLEARLY ONLY IN BLUE OR BLACK INK. • DO NOT WRITE IN SHADED AREAS.

1. SUBSCRIBER/MEMBER ID NO.	SOCIAL SECURITY NUMBER	LAST NAME	FIRST	INITIAL

2. STREET - ROUTE NO./BOX NO.	CITY	STATE	ZIP	COUNTY

3. SEX ☐ Male ☐ Female	HOME PHONE NUMBER	WORK PHONE NUMBER

4. **BIRTH DATE** Month / Date / Year — **MARITAL STATUS** ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

5. **THIS LINE MUST BE COMPLETED:** **NEW PLAN ELECTION** ☐ PPO Basic 70/30 ☐ PPO Standard 80/20

6. **COVERAGE SELECTION** ☐ Employee Only ☐ Employee-Child/ren ☐ Employee-Spouse ☐ Employee-Family

DEPENDENT INFORMATION → List currently covered dependents and those to be added or removed. If adding dependents, a preexisting waiting period may apply. Complete a Certification of Dependent Eligibility Form for foster children being added.

	Name (First, Middle Initial, Last)	Birth Date	Sex	Child is My:	Complete Only if Child is Over 19	Medicare Eligible	Does Waiting Period Apply?
7. ☐ Continue ☐ Remove ☐ Add	Spouse	Month Day Year ____/____/____	☐ Male ☐ Female			☐ Yes (see lines 12 & 13) ☐ No	☐ Yes ☐ No
8. ☐ Continue ☐ Remove ☐ Add	Child 1	Month Day Year ____/____/____	☐ Male ☐ Female	☐ Natural ☐ Foster ☐ Adopted ☐ Step	☐ Student (see line 11) ☐ Handicapped	☐ Yes (see lines 12 & 13) ☐ No	☐ Yes ☐ No
9. ☐ Continue ☐ Remove ☐ Add	Child 2	Month Day Year ____/____/____	☐ Male ☐ Female	☐ Natural ☐ Foster ☐ Adopted ☐ Step	☐ Student (see line 11) ☐ Handicapped	☐ Yes (see lines 12 & 13) ☐ No	☐ Yes ☐ No
10. ☐ Continue ☐ Remove ☐ Add	Child 3	Month Day Year ____/____/____	☐ Male ☐ Female	☐ Natural ☐ Foster ☐ Adopted ☐ Step	☐ Student (see line 11) ☐ Handicapped	☐ Yes (see lines 12 & 13) ☐ No	☐ Yes ☐ No

11. IF FULL-TIME STUDENT, LIST DEPENDENT'S NAME AND ACCREDITED INSTITUTION.

MEDICARE INFORMATION Medicare Information must be completed if you or any person to be covered has Part A and/or Part B of Medicare.

Name	Medicare Claim Number	Entitled Due To	Effective Date Enrolled	
12.		☐ Age ☐ Disability ☐ Renal Disease	Part A (MM/DD/YY): ____/____/____	Part B (MM/DD/YY): ____/____/____
13.		☐ Age ☐ Disability ☐ Renal Disease	Part A (MM/DD/YY): ____/____/____	Part B (MM/DD/YY): ____/____/____

14. **OTHER GROUP HEALTH COVERAGE** COMPLETE THE PRIOR COVERAGE/OTHER COVERAGE INFORMATION FORM IF YOU OR YOUR DEPENDENTS HAVE OTHER GROUP HEALTH COVERAGE IN ADDITION TO THE STATE HEALTH PLAN THAT WILL REMAIN IN EFFECT AFTER JULY 1, 2009 OR IF YOU OR YOUR DEPENDENTS HAD OTHER COVERAGE WITHIN THE PAST 63 DAYS.

EMPLOYEE AUTHORIZATION

I hereby apply for the changes, adjustments and/or additions to my enrollment listed on the form above and I agree that all information provided is correct. I further agree that we shall abide by the provisions of the Agreement for the selected plan option.

I hereby authorize my employer to deduct from my earnings any deduction for the coverage elected above.

Employee's Signature ______________________ Date Signed ______________

EMPLOYING UNIT MUST COMPLETE

EMPLOYING UNIT NAME	GROUP NO.

PAYROLL NO.	DEPARTMENT NO.

Does Medicare Reduced Rate Apply? ☐ No ☐ Yes	Effective Date: 07-01-09
EMPLOYEE DEDUCTION $	EMPLOYER CONTRIBUTION $

Blue Cross and Blue Shield of North Carolina, the North Carolina State Health Plan and North Carolina HealthSmart are not affiliated.
Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

 PINK COPY should be retained by the employee and used as a temporary ID card   WHITE and YELLOW submit to employing unit

North Carolina
State Health Plan
for Teachers and State Employees
www.shpnc.org

More Information About the New Wellness Initiatives

The State Health Plan for Teachers and State Employees ("Plan") will implement comprehensive wellness initiatives to support healthy lifestyles, as outlined in Senate Bill 287.

Some Commonly Asked Questions:

1.) ***Why has the Plan focused on tobacco use and weight management when there are many other health conditions that are also serious and costly?***

Tobacco use and unhealthy diet/physical inactivity are the two leading causes of preventable deaths in North Carolina. The Plan's NC Health*Smart* programs currently provide services and supports that will allow members to take appropriate action to improve their health. Health Coaches are available now to assist eligible* members with managing chronic diseases and healthy lifestyle support. You may call a Health Coach at **1-800-817-7044**, 24 hours a day, 7 days a week. In addition, the NC Quitline is available for tobacco cessation assistance. Pharmacy benefits offer tobacco cessation and weight management medications. Speak to your doctor for counseling and information regarding medication options.

2.) ***Has the State Health Plan explored some ways to offer incentives to members who engage in healthy lifestyles?***

The Plan is looking at cost-effective incentive options to support healthy lifestyle behaviors. Tools and resources have been developed by the Plan and other partners to highlight the benefits of healthy lifestyles, including healthy eating, physical activity, tobacco use cessation, and stress management. NC Health*Smart* materials and information are available on the State Health Plan Web site at **www.shpnc.org**.

Many state worksites offer wellness programs. Contact your HBR to find out more about your worksite wellness programs.

3.) ***How will the Plan implement these new programs?***

The legislation includes a provision for the Plan to ask members to self-report tobacco use and weight status during annual enrollment. The Plan is currently assessing procedures and rules around the tobacco and weight management programs, and will make these available for public comment prior to program implementation. Privacy and respect will be important values in all aspects of the member wellness initiatives.

The legislation requires the Plan to inform members about the specifics of the initiatives no later than October 1, 2009.

4.) ***Who's eligible for the member wellness initiatives?***

Members eligible for program participation include active employees, retirees who are not on Medicare, and dependents. Members on COBRA are also eligible for these programs.

The State Health Plan will provide regular updates on these initiatives at www.shpnc.org.

*Eligible members are those with the State Health Plan as their primary insurance.

-MEMORANDUM-

TO: All Active Employees

FROM: The North Carolina State Health Plan

SUBJECT: Enrollment for Flexible Benefit Plan (IRS Section 125)
for the North Carolina State Health Plan

If you are an **active** employee, you are eligible for participation in the Flexible Benefit Plan to have your health insurance premium payments deducted on a pre-tax basis. **Retirees** and members with **COBRA** continuation coverage are **not eligible** for participation since they must have current earnings from which the premium payments can be deducted.

The Flexible Benefit Plan allows any premiums you pay for health benefit coverage to be deducted from your paycheck before Federal, State and FICA taxes are withheld. By participating, you will be able to lower your taxable income and lower your tax liability, thereby in effect, lowering the net cost of your health plan coverage.

The Flexible Benefit Plan is designed so that your participation will be automatic unless you decline. If you wish to **decline participation** and have your contributions paid on an "after tax" basis, you must complete the **attached Rejection Form** and return it to your Health Benefits Representative. You will have the opportunity to change your participation election during each annual enrollment period.

The Flexible Benefit Plan administered by the North Carolina State Health Plan is for the payment of health insurance premiums on a before tax basis only and is separate and distinct from NC Flex, which is administered by the Office of State Personnel.

If you elect to have your premiums paid on a before tax basis, your health benefit coverage can only be changed (dependents added or dropped) during the annual enrollment period or when one of the following events occurs:

- You change your legal marital status, which includes marriage, death of spouse, divorce, legal separation, or annulment.
- Your dependents change due to birth, adoption, placement for adoption, or death of the dependent.
- You, your spouse, or your dependents terminate or commence employment.
- You, your spouse, or your dependents reduce or increase their hours of employment.
- Your dependents cease or commence to satisfy the requirements for coverage due to attainment of age or student status.
- You, your spouse, or your dependents are entitled to coverage under Part A or Part B of Medicare, or Medicaid.
- You, your spouse, or your dependents commence or return from an unpaid leave of absence such as Family and Medical Leave or military leave.
- You receive a court order to provide coverage for your child(ren).
- There is a substantial change (at least $50 per month) in the premiums and/or benefits in the plan covering dependents. **Example:** Spouse covers dependent child(ren) and the cost of spouse's coverage increases at least $50 per month, dependents can be added to the State Health Plan.
- The employee stops the withholding of premiums from their pay.

When one of these events occurs, you must complete a Change Form and forward it to your Health Benefits Representative within 30 days of the event. If however, you do not inform your Health Benefits Representative within 30 days, you must wait until the next annual enrollment to make the coverage change. Whenever you report a change due to a qualifying event, your premium deduction will be on a pre-tax basis.

Employees who stop the withholding of premiums and terminate coverage on their dependents may **only** re-enroll their dependents if one of the above status changes occur **or** at the next annual enrollment.

North Carolina
State Health Plan
for Teachers and State Employees
www.shpnc.org

Flexible Benefit Plan

REJECTION FORM

For Active Employees Only

Employing Unit: ____

Name: ____
Last First Middle

Social Security Number: ____

Address: ____
Street

____
City State Zip Code

Election for current benefit year:

Effective Date: ______________________

I do **not** want the health insurance premiums I am currently paying to the North Carolina State Health Plan withheld from my earnings on a "before tax" basis.

______________________________ ______________
Employee's Signature Date

Please return this form to your Health Benefits Representative.

North Carolina HEALTH Smart