



Senate Bill 287 (State Health Plan / Good Health Initiatives) was signed into law by Governor Perdue on April 23, 2009. This bill includes the State Health Plan **benefit changes** and **rate increases** for the 2009/2010 and 2010/2011 benefit years.

## Enrollment Dates

**Paper Enrollments**—The annual enrollment period for agencies that process paper applications will begin as soon as the employees receive their enrollment kits. Annual enrollment kits will be mailed beginning on May 6, 2009. Annual enrollment forms will be due to HBRs no later than **May 29, 2009**.

**Electronic Enrollments**—The annual enrollment period for agencies that use electronic enrollment systems (BEACON / BenefitFocus) will be from **May 11, 2009 through May 29, 2009**.

All **enrollment changes, benefit changes** and **rate changes** will become effective July 1, 2009 with the exception of the routine vision benefit. Routine vision benefits will no longer be covered beginning January 1, 2010.

## Benefit Changes

The **90/10 Plus plan will no longer be offered**. Employees currently enrolled in the 90/10 Plus plan should **only complete a change form if they wish to move to the 70/30 plan**. Otherwise, the employee will **automatically** be moved to the 80/20 Standard Plan, along with any dependents they currently have covered on their plan. If an employee does not submit a completed form or enroll electronically, they will remain on their current plan or will be automatically moved to the 80/20 plan if they are currently enrolled on the 90/10 Plus plan. Employees who are moved to the 80/20 plan will no longer have to pay for employee only coverage.

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.

### Prescription Drugs:

- The prescription drug number of days supply for one copayment will change from 34 days to 30 days, effective 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. Members currently taking a specialty medication 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 a member chooses to have the brand name drug, or their doctor prescribes "Dispense as Written" (DAW), they 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.

## IMPORTANT

Because the legislation was just signed into law on April 23, 2009, this annual enrollment is being conducted later than normal for a July 1st effective date and within a very short timeframe. Due to the shortened timeframe for annual enrollment this year:

- It is likely that not all members will receive their ID card by July 1, 2009. However, the ID number does not change, so providers and pharmacies will accept members' current ID cards. Therefore, members should continue to use their current ID cards until they receive their new ID card.
- Monthly bills for July 2009 premiums will be issued late.

## Rates

- On July 1, 2009 there will be an 8.9% increase on all coverage tiers.
- On July 1, 2010 there will be another 8.9% increase on all coverage tiers.

## Have Any Questions?

- Visit State Health Plan Web site at [www.shpnc.org](http://www.shpnc.org),
- Call Customer Services for **plan questions** at 1-888-234-2416, or
- Medco Customer Services for **pharmacy questions** at 1-800-336-5933.