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

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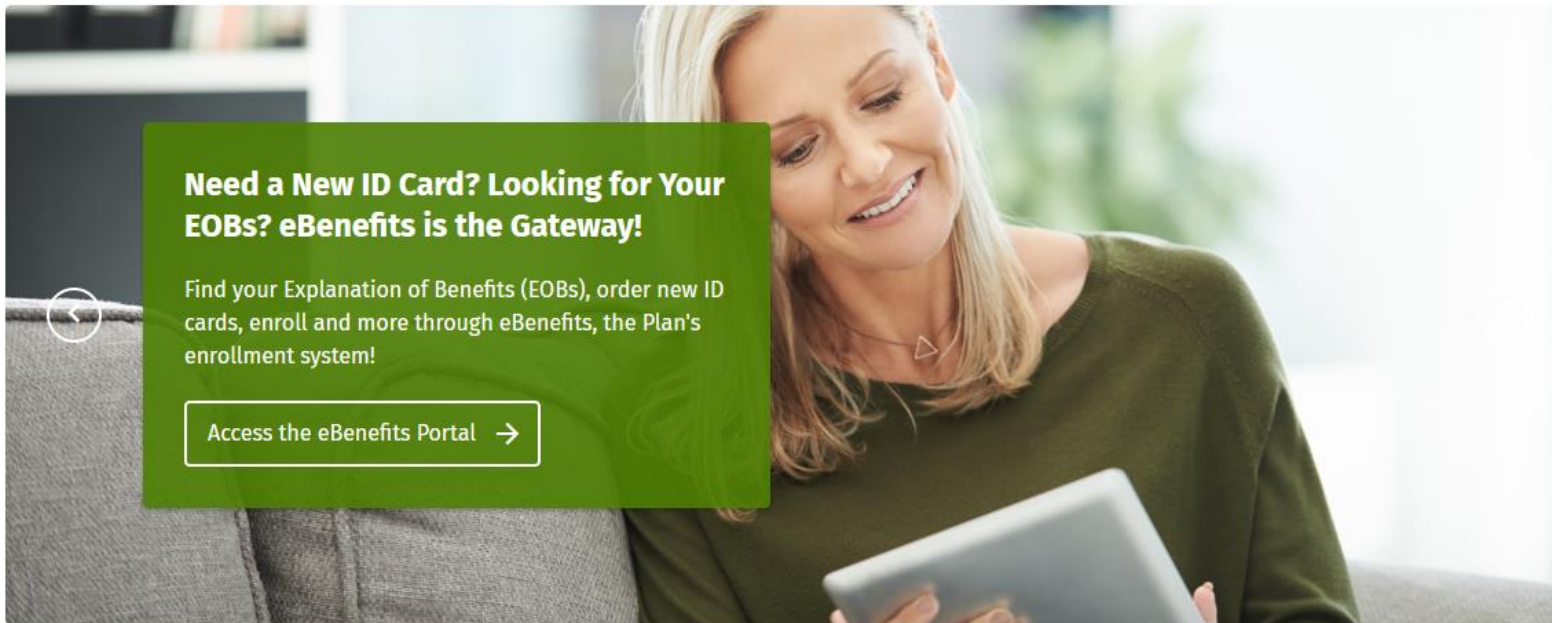
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# State Health Plan Website

- 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](http://www.shpnc.org) and click eBenefits located at the top center on the home screen.



[Home](#) [Employee Benefits](#) [Retiree Benefits](#) [Health & Wellness](#) [HBRs](#) [eBenefits](#) [About Us](#) [Find a Doctor](#) [New Employees](#) [Contact Us](#)



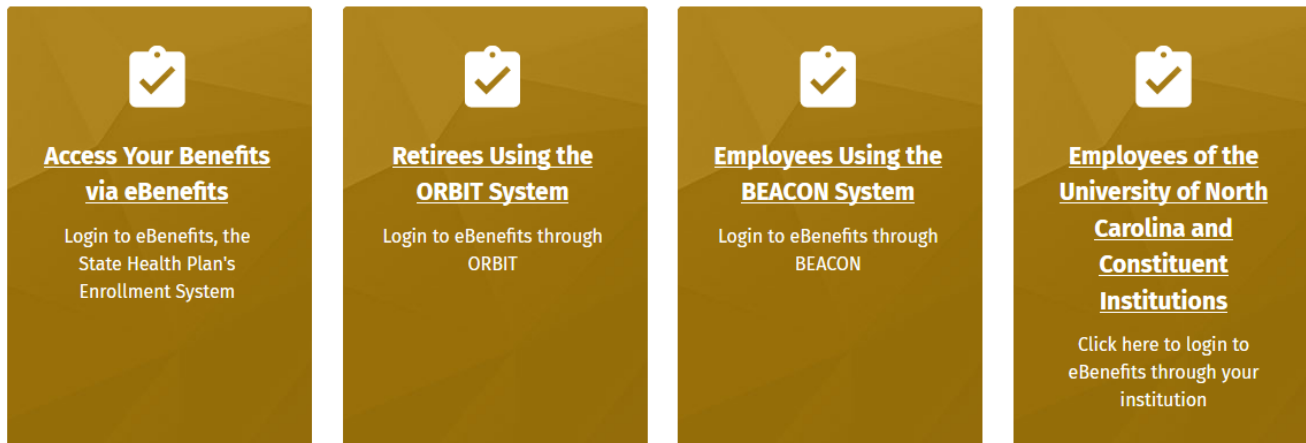
# **eBenefits** is the Gateway to your Enrollment

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- 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.



**Access Your Benefits via eBenefits**  
Login to eBenefits, the State Health Plan's Enrollment System

**Retirees Using the ORBIT System**  
Login to eBenefits through ORBIT

**Employees Using the BEACON System**  
Login to eBenefits through BEACON

**Employees of the University of North Carolina and Constituent Institutions**  
Click here to login to eBenefits through your institution

# 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

OCT3333

Edit

### Password

New password \*

Confirm new password \*

Save

Cancel



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.

### 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.

The screenshot displays the Member Home Page interface. On the left is a navigation sidebar with links for Home, Dependents, Language Preferences, Manage Account (Login Information, Medicare, Select or Update Primary Care Provider), and My Docs (View Tax Documents, Document Center). The main content area features a dark blue header with a user icon. Below it, a section titled 'Important Messages for You' contains a warning icon and the text: 'You have new benefits being offered to you: You have 30 days to elect your Current Enrollment benefits.' A yellow 'Get started >' button is highlighted with a green callout box that says 'Click Get Started'. Below this, a white box asks 'Do you need to update your PCP?' and instructs the user to click the 'Select or Update Primary Care Provider' link. The footer is green and contains copyright information, a 'Questions?' link with a phone number, and accessibility options like 'Low Vision? Enable high contrast mode'.

# Adding Dependents

- You will be asked if you want to list any dependents. Either select **ADD DEPENDENT** and follow the instructions on the screen to add a dependent or **Next** if no dependent.

Profile Shop for benefits Confirm & Finish

## Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next Previous

**Click Next**

# Begin Enrollment

Profile Shop for benefits Confirm & Finish

### Current Benefits

You have incomplete benefits. Please check the steps below to make sure you have completed all the steps in the enrollment process.

### Your benefits

**1. Choose your Medical coverage**

[Begin enrollment](#) [Decline coverage](#)

**Click  
Begin  
Enrollment**



# Select Your Plan

Profile Shop for benefits Confirm & Finish

Choose your Medical plan.  
Please review your options and choose the plan that best meets your needs.

Who do you want to cover on this plan? Add Dependent

**70/30 PPO Plan** \$85.00 Monthly Cost

Please click Select plan to enroll.

Benefit Year Deductible	\$1,080 Individual/\$3,240 Family
Office Visit Copay	\$40 Copay
Preventive Care	\$40 Copay
Specialist Visit Copay	\$94 Copay

Select plan Plan details

**80/20 PPO Plan** \$110.00 Monthly Cost

Please click Select plan to enroll.

Benefit Year Deductible	\$1,250 Individual/\$3,750 Family
Office Visit Copay	\$25, \$10 if you use PCP on ID card
Preventive Care	\$0 Copay
Specialist Visit Copay	\$90 Copay

Select plan Plan details

Decline Coverage I would like to decline Medical coverage.

Previous Cancel

Select desired plan.

# Tobacco Attestation Premium Credit

Click **Tobacco User Attestation** and select the appropriate answer. Then click **Next**.

Profile

Shop for benefits

Confirm & Finish

## Premium credits

### > Tobacco Attestation (Worth \$60 Premium Credit)

I attest that I am **NOT** a tobacco user, or if I am a tobacco user, I agree to visit a **CVS Minute Clinic** for at least one tobacco cessation counseling session. (Please note: You may lose your individual \$60 monthly premium credit if you do not visit a **CVS Minute Clinic** within 60 days of your initial enrollment date.) As part of this attestation, I understand that making a false statement, representation or attestation could result in my termination from **State Health Plan** coverage. I also agree to cooperate with the Plan in any efforts to verify my tobacco status.

Select the appropriate response below:

- I am NOT a tobacco user
- I AM a tobacco user, BUT I agree to visit a CVS Minute Clinic for at least one tobacco cessation counseling session within 60 days from my initial enrollment date
- I AM a tobacco user

Next

Previous

Cancel

Make selection  
and Click  
**Next**

# PCP Selection

Profile Shop for benefits Confirm & Finish

### Medical

Search from the list of providers to enter your PCP (Primary Care Provider) information.

		PCP Name
<input type="text"/>	<input type="button" value="Search"/>	<input type="text"/>

**Select PCP if desired and click Next.**

# Additional Insurance

Profile Shop for benefits

## Additional Insurance

Currently, do any of the persons covered for this benefit including yourself have other health insurance?

Yes

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

Select **Yes** and enter other insurance if applicable and click **Next**.

# Select Start Date

Start date example. Your individual start date will be different.

The screenshot shows a three-step process bar at the top: 'Profile' (completed, green), 'Shop for benefits' (current step, blue), and 'Confirm & Finish' (grey). Below the bar, the heading 'Medical' is followed by the question 'Employing Unit Premium Contribution - When would you like your benefits to become effective?'. Underneath, the label 'Effective Date \*' is followed by two radio button options: '01/01/2019' (selected) and '02/01/2019'. At the bottom of the form are three buttons: 'Next' (highlighted in yellow), 'Previous', and 'Cancel'.

**Select desired date  
and click Next.**

# Medical Summary Page

The screenshot shows the '2020 SHP Medical Summary' page. At the top, there are navigation links for 'Profile', 'Shop for benefits', and 'Confirm & Finish'. The main heading is '2020 SHP Medical Summary' with a sub-note: 'Your 2020 SHP Medical benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.'

The 'Medical' section includes:

- 70/30 PPO Plan**: Offered By: Blue Cross and Blue Shield of North Carolina, Effective Date: 01/01/2020, You Pay: \$215.00 per month, Persons Covered: Christen C. Smith, Elysa Christen Smith, V.
- Premium credits**: Includes an 'Edit' link.
- Medicare**: No policy on record.
- Additional Insurance**: Includes an 'Edit' link.
- Primary Care Provider**: Includes an 'Edit' link.

At the bottom of the medical section are buttons for 'Edit coverage', 'Edit plan', and 'Edit date'. A 'Save' button is located at the bottom left of the page.

Callout boxes provide instructions:

- 'Click **Edit** to modify tobacco survey answer if you need to.' (points to the 'Edit' link for Premium credits)
- 'Click **Edit** to update additional insurance if you need to.' (points to the 'Edit' link for Additional Insurance)
- 'Click **Edit** to add a Primary Care Provider if you need to.' (points to the 'Edit' link for Primary Care Provider)
- 'Click **Save**' (points to the 'Save' button)

The 'Cost Summary' section on the right includes:

- Cost Summary**: This is a summary of your DC benefit elections.
- Benefit Elections (1 items)**: Shows 'Medical' with a value of 270.00.
- You Pay**: Shows a total of \$270.00, including 'Premium/Welfare Credits' of -\$90.00 and a 'Monthly Total' of \$216.00.

*Other options to edit Premium Credit, Additional Insurance and Primary Care Provider (PCP) will follow. Remember, if you enroll in the 80/20 or 70/30 Plan and visit your PCP, you can receive a copay reduction.*

# Review Elections and Select Save!

## Your benefits



### 1. Your Medical coverage

Visit the Plan's website at [www.shpnc.org](http://www.shpnc.org) for more information about your plan options!

#### 80/20 PPO Plan

\$50.00  
per month

Offered By: Blue Cross and Blue Shield of North Carolina  
Effective Date: 01/01/2019  
Persons Covered:

[Edit coverage](#) [Show Plan Details](#) ▾

[Decline](#)

[Complete Enrollment](#) [Cancel](#)

Click "Complete Enrollment" to complete enrollment process



The choices you pick  
Will NOT stick  
Unless you SAVE them  
With a CLICK!

# Confirmation Page

Home

Profile

Benefits

Dependents

Language Preferences

Manage Account

Login Information

Medicare

Select or Update Primary Care Provider

My Docs

✓ **Congratulations, [redacted]!** You have successfully completed your enrollment process.  
Your confirmation number is: [redacted]. Please review and print your Confirmation Statement for your records.

Welcome,

[Get Started >](#)

**Benefits Snapshot**

**Medical** **\$50.00**  
Monthly  
80/20 PPO Plan | Employee Only | Effective as of 01/01/2019

**Do you need to update your PCP?**  
Click the "Select or Update Primary Care Provider" link under Manage Account.

**Click to view and print Confirmation Statement**

Confirmation statement example.

Date Printed: 07/13/2018

**Confirmation Statement**

Employing Unit Assigned ID: NC, USA 28304

Home Phone: [redacted]

Relationship: Subscriber | Date of Birth: [redacted]

✓ **80/20 PPO Plan** Employee Only Effective: 01/01/2019  
Monthly Cost **\$50.00** \*

**Open Enrollment Elections** Monthly Subscriber Costs: \$50.00



## 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



*North Carolina*  
**State Health Plan**  
FOR TEACHERS AND STATE EMPLOYEES

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[www.shpnc.org](http://www.shpnc.org)

[www.nctreasurer.com](http://www.nctreasurer.com)