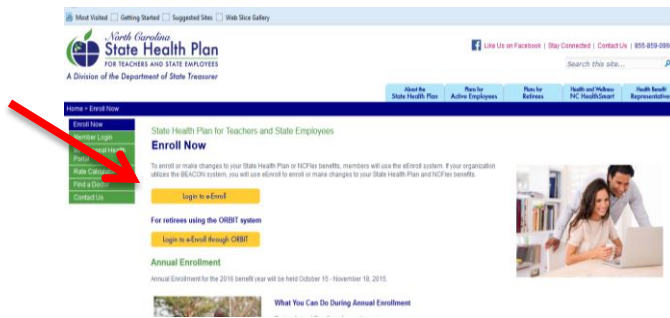


# Step-by-Step Annual Enrollment Instructions

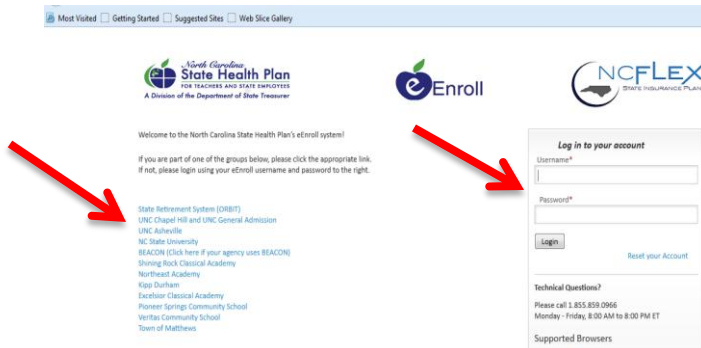
- Go to the State Health Plan's website at [www.shpnc.org](http://www.shpnc.org) and click **Enroll Now** located on the green bar.



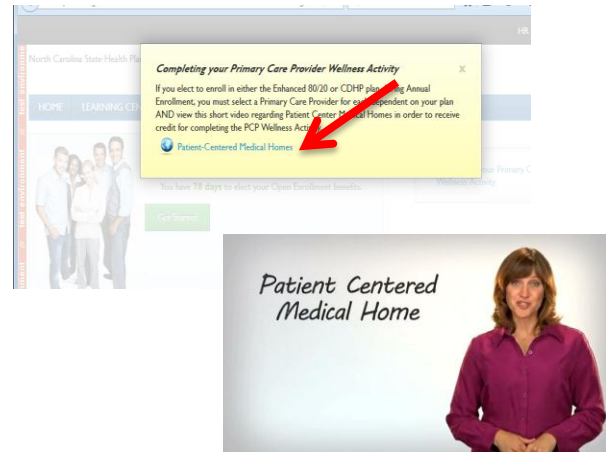
- Click **Login to eEnroll**.



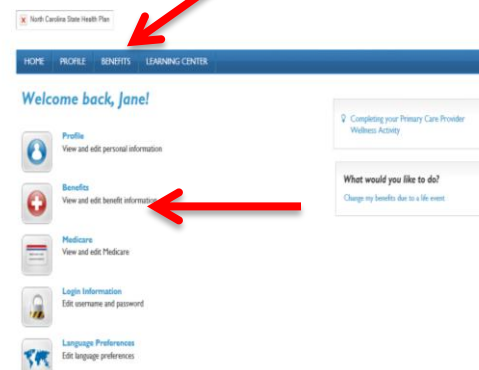
- If you are part of a group that appears on the left, you will need to click your group's link. Enter your **Username and Password** or **Register as a New User**.



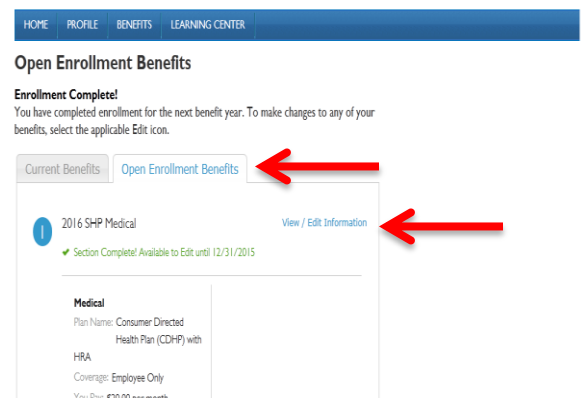
- Once you log in a yellow box will appear. Click on **Patient-Centered Medical Homes** to view the brief video and receive your Primary Care Provider wellness premium credit. The video will open in its own window.



- Click **Benefits**



- Click **Open Enrollment Benefits** tab, then click **View/Edit Information**.



# Step-by-Step Annual Enrollment Instructions

- Click **Edit** next to Plan name to change to your plan, or click **Edit** next to Premium Credits to complete your 2016 wellness premium credit activities, or click **Add dependent** to edit you dependents.

## 2016 SHP Medical

Your benefit summary is shown below. To make changes, click Edit.

Medical: Accepted [Edit](#)

Plan: Consumer Directed Health Plan (CDHP) with HRA [Edit](#)

Coverage Level: Employee Only

You Pay: \$20.00 per month

Cost Details	
Plan Cost	\$0.00
Primary Care Provider	(\$20.00)
Tobacco User Attestation	(\$40.00)
Health Assessment	
You Pay	

Premium credits [Edit](#)

Primary Care Provider: Jane Doe, Curtis B. Carlson [Edit](#)

Effective Date: 01/01/2016

Medicare [Edit](#) [Add](#)

None

Dependents [Add Dependent](#)

None

Click here to edit your plan option

Click here to edit to complete premium credit activities

Click here to add/remove dependents

- Choose a health plan option and click **Select Plan**.

Plans based on: Persons Covered Jane Doe

**\$0.00 Monthly Cost**

**Traditional 70/30 PPO Plan**

[Select Plan](#)

Benefit Year Deductible	\$933 Individual/\$2,799 Family
Emergency Room Copay	\$291 Copay, then 30% after deductible
Inpatient Hospital Copay	\$291 Copay, then 30% after deductible
Office Visit Copay	\$35 Copay
Preventive Care	\$35 Copay
Specialist Visit Copay	\$81 Copay

[Q](#) Plan details

**\$104.20 Monthly Cost**

**Enhanced 80/20 PPO Plan**

Rate does not reflect wellness premium credits

[Select Plan](#)

Benefit Year Deductible	\$700 Individual/\$2,100 Family
Emergency Room Copay	\$233 Copay after deductible or \$0 Copay when Blue Options Designated Hospital utilized
Inpatient Hospital Copay	\$233 Copay after deductible or \$0 Copay when Blue Options Designated Hospital utilized
Office Visit Copay	\$30; \$15 if you use PCP on ID card Copay reduced \$15 if you use PCP on ID card
Preventive Care	\$0 Copay
Specialist Visit Copay	\$70 Copay Copay reduced by \$10 when Blue Options Designated Specialist utilized

[Q](#) Plan details

- Select **Open Enrollment** as the reason for benefit change. Then click **Next**.

## Medical

Please select a reason for changing your benefit coverage.

You are making a change to benefit elections. Why are you making this change?

☒ Open Enrollment

☐ Life or family change (ex. Marriage, birth, death, loss of other coverage, etc.)

You must have a qualifying life or family change to change coverage.

**Note:** All changes to your benefits must be approved by your Health Benefits Representative before they become effective.

[Next](#)

[Previous](#)

[Cancel](#)

- Click **Edit** next to Premium Credits.

## 2016 SHP Medical

Your benefit summary is shown below. To make changes, click Edit.

Medical: Accepted [Edit](#)

Plan: Consumer Directed Health Plan (CDHP) with HRA [Edit](#)

Coverage Level: Employee Only

You Pay: \$20.00 per month

Cost Details	
Plan Cost	\$0.00
Primary Care Provider	(\$20.00)
Tobacco User Attestation	(\$40.00)
Health Assessment	(\$0.00)
You Pay	\$20.00

Premium credits [Edit](#)

Primary Care Provider: Jane Doe, Curtis B. Carlson [Edit](#)

Effective Date: 01/01/2016

Medicare [Edit](#) [Additional Insurance](#) [Edit](#)

None

Dependents [Add Dependent](#)

None

# Step-by-Step Annual Enrollment Instructions

11. Verify **Primary Care Provider (PCP)** or click **Search** to select a PCP. Then click **Next**.

Premium credits

Please complete the activities below to receive premium credits.

Primary Care Provider \$0.00 per month

You must select a Primary Care Provider for each dependent on your plan AND view a short video regarding Patient Center Medical Homes, located on your Home page. The "Please Note" section below does not apply to State Health Plan members.

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

PCP Name  
Jane Doe Search

Please Note:  
Under an HMO or Point-of-Service (POS) plan, a primary care provider is usually your first contact for health care. This is usually a general practitioner, family practitioner, internal medicine or pediatrician. The primary care provider makes referrals to specialists when medically necessary.

Next

Health Assessment \$0.00 per month

Tobacco User Attestation \$0.00 per month

12. Complete or update your **Health Assessment**. The Personal Health Portal will open in its own window. Log in to the Personal Health Portal or select **Retrieve User Name and Reset Password**. Then click **Next**. For detailed instructions on completing the Health Assessment click [here](#).

Premium credits

Please complete the activities below to receive premium credits.

Primary Care Provider \$20.00 per month

Health Assessment \$0.00 per month

Please click [here](#) to complete your health assessment, you will be asked to log in or register ([click here for instructions](#)). You may also call 800-817-7044 to complete your assessment over the phone.

Next

Tobacco User Attestation

Next Previous

NCHEALTHSmart

Log In  
Forgot Password?

Don't have an account yet? Registering is easy and takes just a few minutes.  
Create an Account

13. Click **Tobacco User Attestation**, then select **I Agree** or **I Disagree**.

Premium credits

Please complete the activities below to receive premium credits.

Primary Care Provider \$20.00 per month

Health Assessment \$0.00 per month

Tobacco User Attestation \$0.00 per month

You and your spouse (if applicable) are NOT tobacco users or you and your spouse (if applicable) ARE tobacco users and attest that you and your spouse (if applicable) will enroll in QuitLineNC multiple call program before the end of open enrollment or within 30 days of your date of hire. To enroll you must call 800-QUIT-NOW (800-784-8669).

I understand that making a false statement, representation or attestation to the Plan could result in my termination from the Plan and that by attesting to my tobacco status I am also agreeing to cooperate with the Plan in efforts to verify that status.

☒ I Agree  
☐ I Disagree

14. Review your elections and make any edits necessary. Then click **Save**. If you do not click **Save** your information will not be saved if you log out.

Medical

Medical: Accepted ✓ Edit

Plan: Consumer Directed Health Plan (CDHP) with HRA ✓ Edit

Coverage Level: Employee Only  
You Pay: \$20.00 per month

Cost Details	
Plan Cost	\$0.00
Primary Care Provider	(\$20.00)
Tobacco User Attestation	(\$40.00)
Health Assessment	(\$0.00)
You Pay	\$20.00

Premium credits: ✓ Edit

Primary Care Provider: Jane Doe, Curtis B Carlson ✓ Edit

Effective Date: 01/01/2016

Medicare: ✓ Edit  
None

Additional Insurance: ✓ Edit  
None

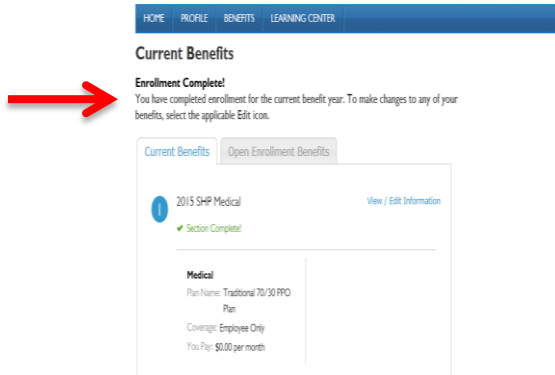
Dependents: Add Dependent

None

Save Cancel

# Step-by-Step Annual Enrollment Instructions

15. Once you click **Save**, you will see “Enrollment Complete!” noting that you have completed your enrollment.



16. Click **Home** and then click **Subscriber Detail Report** under **Important Documents**, to print your summary of benefits for your records.

