North Carolina
Retirement Systems

Form HM Online
Instructions for Changing Retiree Health Coverage through the State Health Plan Online

1. Attention: Your Health Coverage is Changing.

When you retire, your health coverage will no longer be under your active group. If you are eligible for retiree group coverage, the State Health Plan will automatically enroll you into a health plan once you have submitted, and the Retirement System has processed, your Form 6E (Choosing Your Retirement Payment Option).

See Guide A for details about eligibility, cost and auto-enrollment. To change your coverage, follow the instructions below.

2. Log in to your ORBIT account.

Log in to ORBIT at myNCRetirement.gov and click eBenefits in the left navigation. Agree to the Terms and Conditions to continue. You will then see the welcome screen and begin the enrollment process.

If you wish to enroll by phone, you may call the Plan's Eligibility and Enrollment Support Center at 855-859-0966.

3. Making your Health Plan Elections.

Non-Medicare Eligible Retirees:
Follow the next few steps to change your enrollment selections for your State Health Plan coverage:

a. Click "Continue" on the Ready to Enroll Screen.

b. Verify your personal information, including physical address, and check the box indicating you have reviewed the information. Click "Save and Continue."

Note: If you need to make changes to your personal contact information, such as name, address, phone or mobile phone number, click "Maintain Personal Information" in the left navigation.

Note: You will also need to update eBenefits. Your changes in ORBIT will not automatically transfer over.

Identification card(s) and plan documents will be sent to the address listed for you in eBenefits - please make sure it is correct and includes your apartment number or P.O. Box, if applicable. If you have a P.O. Box as a mailing address, you will need to include a physical mailing address (the location of where you live) to ensure your enrollment is processed without delay.

c. Enter all applicable information until you arrive at the Enrollment Completion screen.

4. Review and Print your Benefit Summary.

Once saved, you will receive a completion message. Select Print a Confirmation Statement to save a copy of your elections.

5. Log out of ALL sites.

Click the Logout button on each site (eBenefits and ORBIT).

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
NC.Retirement@nctreasurer.com • (919) 814-4590

North Carolina Retirement Systems

Form HM Online Guides
Retiree State Health Plan Coverage

Guide A. Important Information.

Am I eligible for coverage?
If you are a member of the Teachers' and State Employees' Retirement System, the Consolidated Judicial Retirement System, the Legislative Retirement System, or the Optional Retirement Program, and have five or more years of retirement membership service credit, you are eligible for retiree group coverage, with the cost determined according to the date of your first employment with the state and the coverage option you select, if:

- **You are a retiree.** Coverage is effective the first day of the next month following your effective retirement date. For example, if your effective date of retirement is July 1, 2023, your retired group health coverage will be effective August 1, 2023. If you are an active employee at the time you enter retirement, your employer provides coverage through your first month of retirement. However, if you are Medicare eligible when you enter retirement, Medicare would be primary to employer-provided coverage.
- **You are a member of the Local Governmental Employees' Retirement System.** Check with your employer about the availability of health coverage.
- **You are receiving extended short-term or long-term disability benefits** through the Disability Income Plan of North Carolina (DIPNC) and have met the retirement membership requirement of having five or more years of service. If you have not met the retirement membership requirement or are receiving DIPNC benefits under transitional clauses, you are eligible for coverage, but the cost of the coverage is entirely your responsibility. Your coverage is effective the first of the following month if your disability benefit period begins between the 1st and the 14th of the month. If your benefit period begins between the 15th and the 31st of the month your first coverage is effective the first of the month following a full month of benefits. Please consult with your employer about the date your prior health insurance coverage will end.

  NOTE: Retroactive coverage for employees who are approved for disability at a later date is not permitted.
- **You are a long-term disability benefit recipient converting to a service retirement and eligible for health coverage.** You will not need to re-enroll. The Retirement System will provide continuous coverage throughout this process.
- **You are retired under the Optional Retirement Program (ORP).** Provided you meet the requirement of having five years of employment with your ORP employer, you are eligible for coverage.

What is the cost?
Under current law, if you were first hired prior to October 1, 2006, and retire with five or more years of membership service, the state will pay for your individual retiree group coverage in the Base PPO Plan (70/30) Plan or a Medicare Advantage Base Plan (if eligible).

Based on the conditions described above, if you were **first hired on or after October 1, 2006**, in order to receive coverage in PPO Plan (70/30) Plan or a Medicare Advantage Plan at no cost, you must retire with 20 years of retirement service credit; if you have 10 but less than 20 years of retirement service credit, you will have to pay 50% of the cost of your coverage, and with five but less than 10 years, you will have to pay the full cost of your coverage.

In all cases, the full cost of dependent coverage, if elected, must be paid by you.

Non-Medicare retirees have the option of enrolling in the 80/20 Plan. Eligible Medicare retirees have the option of enrolling in an Enhanced Medicare Advantage Plan for a premium contribution.

More information on these plans can be found on the Plan's website at shpnc.gov.

Is my family eligible for coverage?
If you are eligible for health insurance coverage, then your legal spouse and dependents under age 26 are also eligible for coverage. Eligible dependents include a child who is:

- Natural
- Legally adopted
- Foster
- Stepchild of the retiree when the retiree is married to the stepchild's natural parent.
- Physically or mentally incapacitated to the extent that the dependent is incapable of earning a living and such disability developed or began to develop before the dependent's 26th birthday if the dependent was covered by the State Health Plan.

NOTE: There is no "age-out" for an adult child who is disabled. If the dependent child is physically or mentally incapacitated, you should request the form, "Certification of Handicapped Dependent Coverage," from the State Health Plan. This form can be found on shpnc.gov under important forms.

How does auto-enrollment work?
If you are eligible for State Health Plan retiree group coverage, you will be automatically enrolled into a health plan after you have submitted and the Retirement System has processed your Form 6E (Choosing Your Retirement Payment Option). Retiree group coverage begins on the first day of the month following your effective date of retirement.

- **If under 65** (and not Medicare-eligible), you will be automatically enrolled in the health plan you were enrolled in as an active employee along with any covered dependents.
- If you did not have coverage in the State Health Plan as an active employee, you will be automatically enrolled in the Base PPO Plan (70/30) Plan retiree- only coverage. You can change or opt out of health coverage up to 30 days after your coverage effective date.
- **If Medicare-eligible and your retirement process is completed 60 days or more prior to your coverage effective date**, you will be automatically enrolled into a Medicare Advantage Base Plan with Humana. You will have up to 30 days prior to your coverage effective date to change plans.
- **If Medicare-eligible and your retirement process is completed less than 60 days prior to your coverage effective date**, you will be automatically enrolled in the Base PPO Plan (70/30) Plan, but you will have up to the day before your coverage effective date to elect a Medicare Advantage Plan.

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Guide A. Important Information. (Continued)

NOTE: If you do not take action within the specified time period to change or opt out of coverage, you (and your covered dependents) will remain in the assigned auto-enrolled retiree group health plan and pay the applicable premiums until the next State Health Plan Open Enrollment or qualifying event.

NOTE: The retiree may drop or opt out of coverage for dependents at any time outside of Open Enrollment and without a qualifying life event.

What happens to my dependents' coverage at my death?
If you were providing your spouse and/or eligible dependents with health insurance at the time of your death, then they are eligible for continued coverage (child coverage would continue based on the conditions above) after your death. At that time, they would be responsible for the cost of the coverage. Please inform your spouse and eligible dependents to immediately report your death to the Retirement Systems Division with a death certificate. If they choose to continue coverage, they must contact State Health Plan Customer Service (855-859-0966) for enrollment information.

Guide B. Impact of Medicare on coverage and health plan options.

What impact does Medicare have on the cost of coverage?
If you are receiving disability benefits, or if you are a retiree under the age of 65, the cost of coverage begins at a certain rate. Under current provisions, the rate decreases when you become eligible for Medicare. You will only notice this decrease if you choose a level of coverage in which you pay part of the cost.

You must apply for Medicare coverage, both Parts A (hospital coverage) and B (medical coverage) through the Social Security Administration as soon as you are eligible.

It is best to apply for Medicare at least 90 days prior to becoming Medicare-eligible to ensure everything is in place when you become eligible. Part A of Medicare is typically free, but Part B is not. To learn Medicare, visit socialsecurity.gov or call 1-800-MEDICARE.

Under current provisions, the rates also decrease when your spouse or dependents become eligible for Medicare.

Make sure they apply for Medicare as soon as they are eligible. As your spouse or dependents become eligible for Medicare, you may update your health coverage information online.

For assistance navigating online enrollment or to enroll by phone, please contact State Health Plan Customer Service at 855-859-0966.

What are my health plan options?

If you are a non-Medicare retiree, you have two health plan options: the Enhanced PPO Plan 80/20 and the Base PPO Plan 70/30.

If you are a Medicare Primary retiree, you may have three health plan options to choose from including two Group Medicare Advantage PPO Plans with Humana or the Base PPO Plan 70/30.

Handbooks for each plan are located on the State Health Plan website at shpnc.gov.

Guide C. How will I pay for additional premiums not paid by the State?

Premiums for health coverage are paid one month in advance. For example, a deduction from the January benefit is for coverage effective for the month of February. If you are receiving a disability benefit or receiving a retirement benefit from the NC Retirement Systems, your premiums are automatically deducted from your benefit check.

If the premiums for which you are responsible exceed the amount of your benefit, you will receive a bill from iTEDIUM, the State Health Plan's direct billing administrator, for the premiums you owe.

Guide D. Whom can I contact with questions?

To review your State Health Plan retiree coverage, log into ORBIT. If you have questions about your coverage, please contact State Health Plan Customer Service at 855-859-0966.

Important State Health Plan contact information:

- Customer Service (Eligibility and Enrollment)
  855-859-0966
- Aetna Health Concierge
  888-234-2416
- CVS/Caremark Customer Service
  888-321-3124
- iTEDIUM (Direct Billing questions)
  877-679-6272
- Medicare Advantage Plans - Humana
  888-700-2263

For more information regarding the State Health Plan and plan comparisons, visit shpnc.gov.

These guides are subject to and governed by the General Statutes of the State of North Carolina.