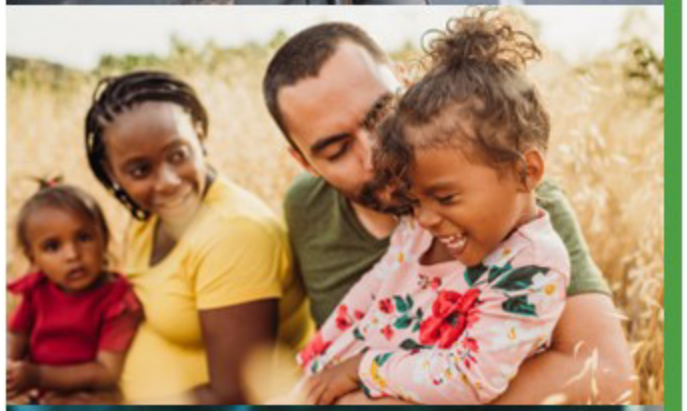






2026

Navigating Your State Health Plan Benefits and Medicare

Understanding Your Benefits at Retirement

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer







Presentation Overview

State Health Plan Options

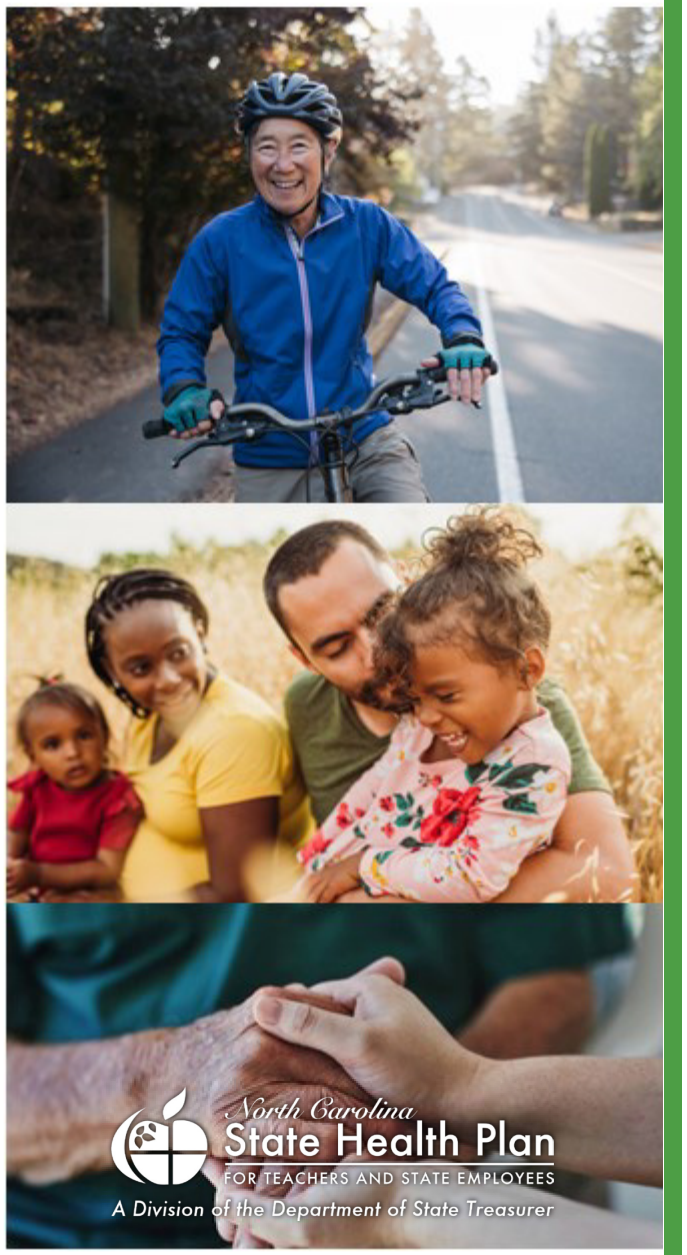
Understanding Medicare

Enrollment

Medicare Group Plans &
70/30 Plan Comparisons

Important Information





State Health Plan Options

Plan Options for Medicare Primary Members

Humana Medicare Advantage PPO & Prescription Drug Base Plan	Humana Medicare Advantage PPO & Prescription Drug Enhanced Plan	70/30 Plan Administered by Aetna
Premium free for Medicare Primary qualified retiree; monthly premium for Medicare-eligible spouse and/or dependents.	Monthly premium for Medicare Primary qualified retiree; and Medicare-eligible spouse and/or dependents.	Premium free for Medicare Primary qualified retiree; monthly premium for Medicare-eligible spouse and/or dependents.

NOTE: The Plus PPO Plan is not available to Medicare-eligible individuals under the State Retirement System

Enrollment Guidelines - Families

- Medicare Primary family members stay together.
- If spouse or dependents **ARE NOT** Medicare eligible:
  - They have the same options available to active employees / non-Medicare members. Administered by Aetna, these options are:
    - Plus PPO Plan (formerly the 80/20)
    - Standard PPO Plan (formerly the 70/30)
  - This is considered a “split family” situation where one or more members of the family unit are Medicare-eligible while others are not and have different coverage options.
- When adding spouse/dependents, the Plan will require Dependent Eligibility Verification documentation.



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MEDICARE PRIMARY PLANS
for Medicare Subscribers in Retirement Systems

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Monthly Premium Rates January 1, 2026 to December 31, 2026	MEDICARE ADVANTAGE		MEDICARE 70/30 PLAN
	BASE PLAN	ENHANCED PLAN	
MEDICARE PRIMARY SUBSCRIBERS & DEPENDENTS			
Subscriber Only	$0	$81	$0
Subscriber + Child(ren)	$68	$226	$185
Subscriber + Spouse	$68	$226	$575
Subscriber + Family	$136	$371	$575
NON-MEDICARE PRIMARY for DEPENDENT(S) on PLUS PPO PLAN			
Subscriber + Child(ren)	$259	$340	$259
Subscriber + Spouse	$724	$805	$724
Subscriber + Family	$724	$805	$724
NON-MEDICARE PRIMARY for DEPENDENT(S) on STANDARD PPO PLAN			
Subscriber + Child(ren)	$185	$266	$185
Subscriber + Spouse	$575	$656	$575
Subscriber + Family	$575	$656	$575

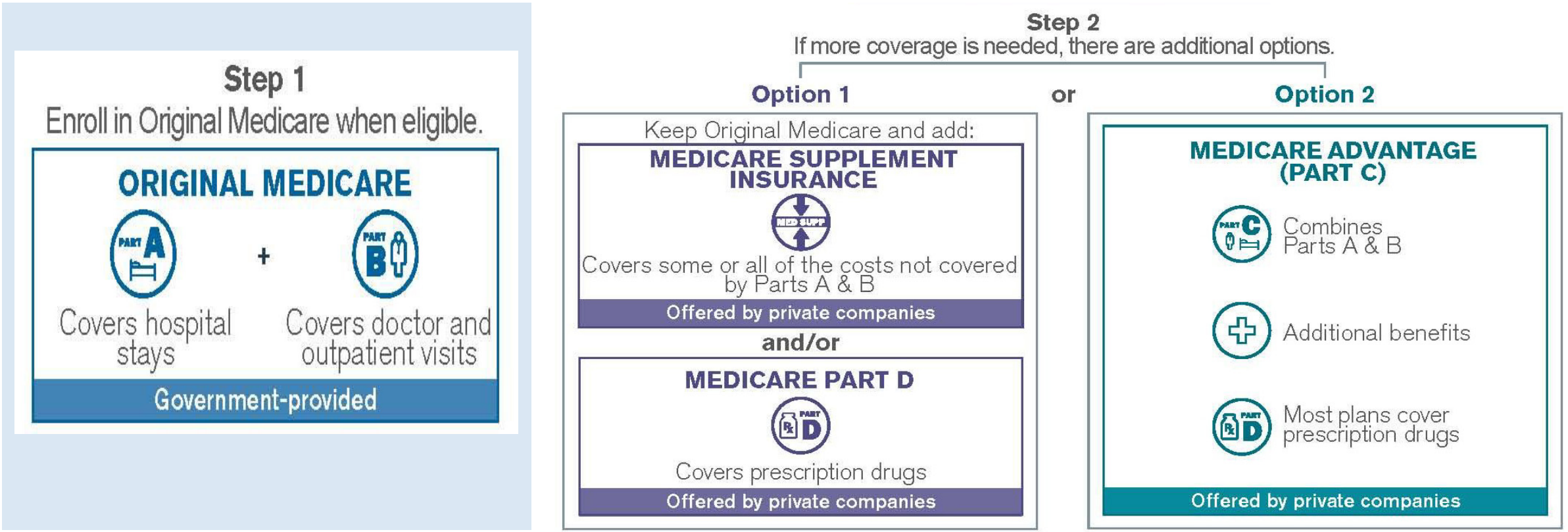
NOTES:

1. The Retirement System share for Retiree Subscribers in the Medicare Advantage plans is $300.
2. The Retirement System share for Retiree Subscribers in the Medicare 70/30 Plan is $300.
3. Subscribers in Retirement Systems with 50% or 100% contributions should see other rate sheets.



Understanding Medicare

Original Medicare vs. Medicare Advantage Plans



Medicare Parts A and B

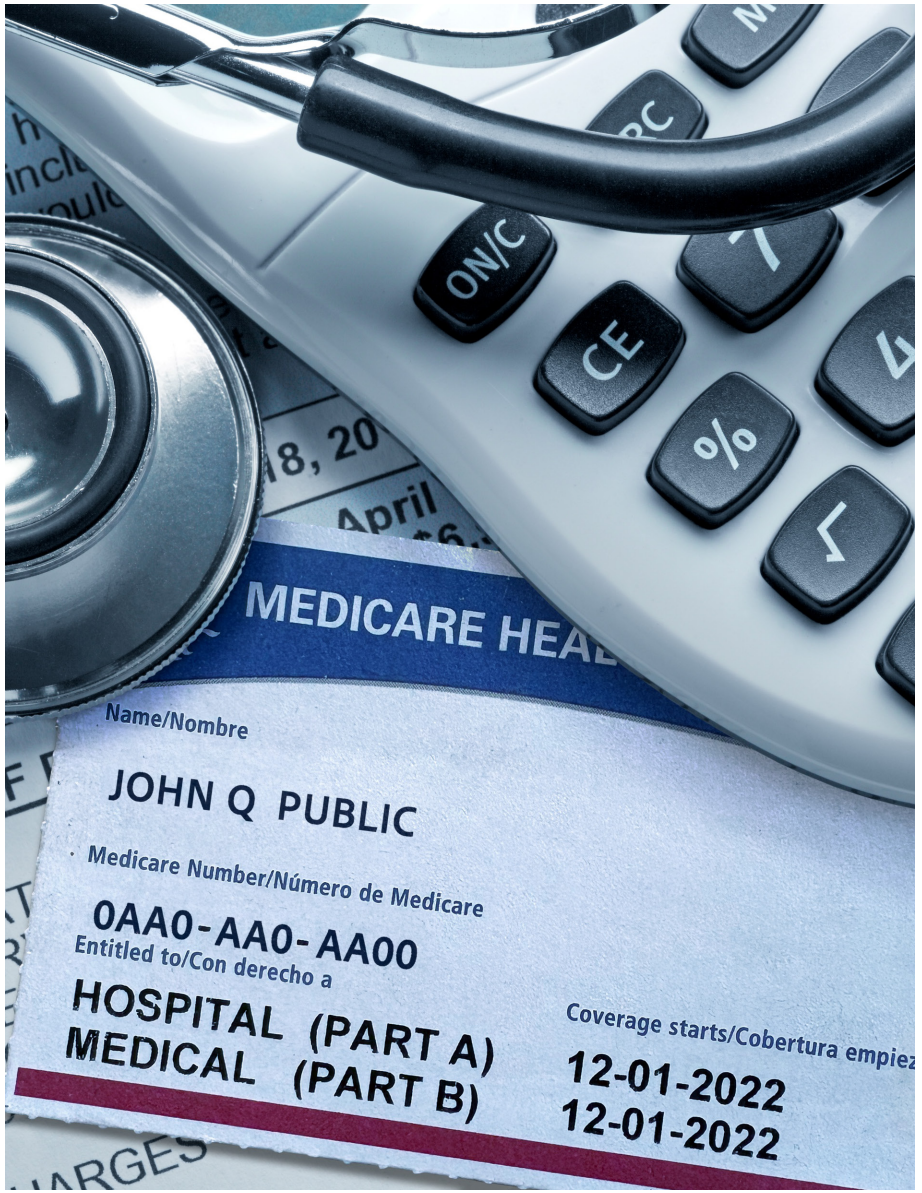
Medicare Part A and Part B **MUST BE IN EFFECT** to enroll into a Medicare Advantage Plan.

- Part A is typically premium-free.
- Part B's standard premium for 2026 is $202.90 per month for new enrollees. Depending on income, the premium may be as high as $689.90 per month.

- If a retiree has the 70/30 Plan and does not elect Part B, the State Health Plan will process claims as if the member has Part B, resulting in higher out-of-pocket costs.

- You become **Medicare Eligible** the first of the month you turn 65 (e.g., 65th birthday is 3/15, you become Medicare eligible 3/1). But if your birthday is the first day of a month, Medicare eligibility is the first day of the prior month (e.g., 65th birthday is 5/1, you become Medicare eligible 4/1).

- It is important to enroll in Medicare (Parts A and B) during the 3 months **BEFORE** your 65th birthday month. This will ensure your Medicare coverage becomes effective on the first day of your birthday month.



Enrolling in Medicare

- Your Medicare **Initial Enrollment Period (IEP)** is a 7-month period that includes the three (3) months before your birthday month, your birthday month, and the three (3) months after your birthday month.

- To have your Medicare in place for your Medicare eligibility date, you need to enroll during the three (3) months **BEFORE** your Medicare eligibility month.

  If you wait to enroll the month you become Medicare eligible or during the last three (3) months, your **Medicare Part B coverage will start the first day of the month after you enroll. Medicare Part A may be backdated to start as of your eligibility date.**

- If you are not actively working and elected to start receiving Social Security benefits prior to turning 65 (at least 4 months or more), you'll be automatically enrolled in Medicare. You should receive your Medicare card approximately 60-120 days before you turn 65.

- If **NOT** receiving Social Security benefits, **YOU MUST TAKE ACTION TO ENROLL IN MEDICARE**, here's how:
  - Visit any local Social Security office.
  - Call Social Security 800-772-1213 (7am-7pm)
  - Enroll online through the Social Security website: www.ssa.gov

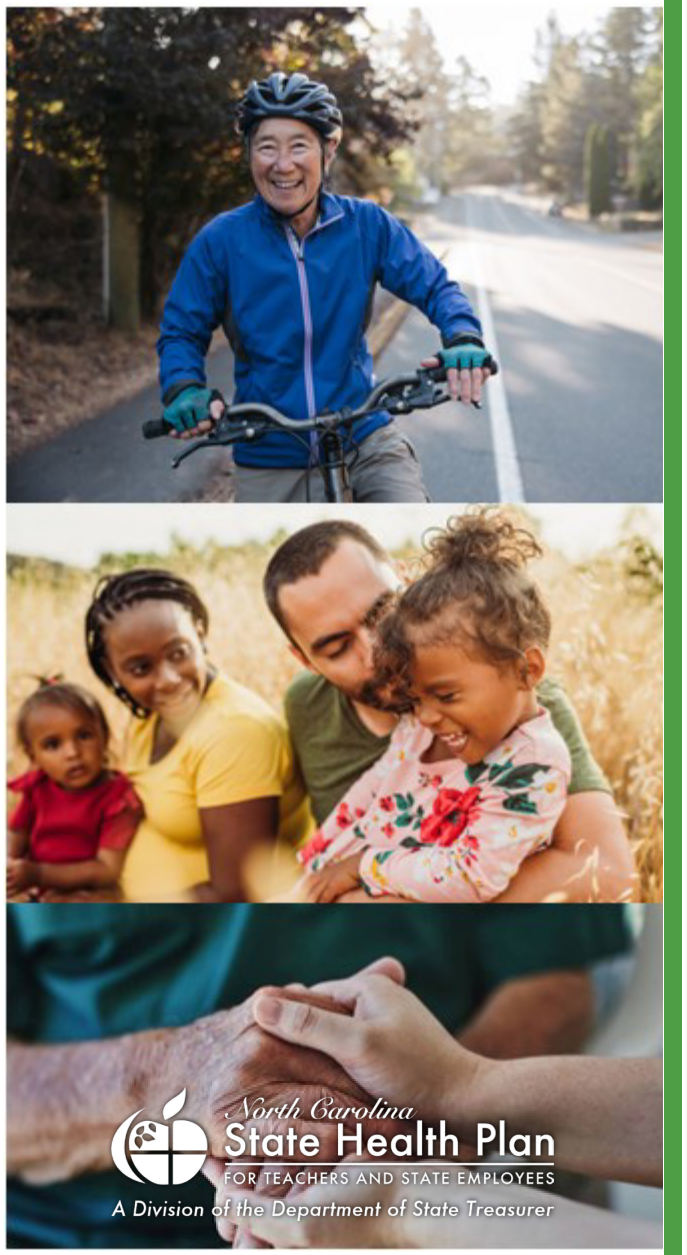
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Income-Related Monthly Adjustment Amount (IRMAA)

- Members with higher income levels are required to pay an adjusted Medicare Part B premium plus, an additional amount when enrolled in Medicare Part D prescription drug coverage. The additional amount is called Income-Related Monthly Adjustment Amount or IRMAA.
- Income level is based on modified adjusted gross income, which is the total of your adjusted gross income and tax-exempt interest income.
- IRMAA is mandated by federal law and is deducted from your monthly Social Security payments (or direct billed if delayed Social Security).
- IRMAA will apply if individual income **is over $109,000;** or if married (filing joint tax return) income **is over $218,000**.
- When enrolled in one of our Humana Group Medicare Advantage plans, higher income members may be subject to Part D IRMAA in addition to their already higher Medicare Part B premium.

IRMAA amounts for 2026 Medicare Part D may range from $14.50 to $91.00 per month.

IRMAA determination is based on IRS tax return from 2 years ago (2024).


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Enrollment

Contribution Status

Hired Before October 1, 2006

5 Years of service

Non-contributory Plan

You pay 0% premium

for the 70/30 Plan*

Hired On or After October 1, 2006***

5<10 Years of service
You pay 100% premium**

10<20 Years of service
You pay 50% premium**

20 Years of service
You pay 0% premium*

You will be auto-enrolled into a plan regardless of your contribution status. If you do not want coverage, it is necessary to opt-out during the retirement process online, or by calling 855-859-0966.

Depending on your situation at the time of retirement, you will need to take this into consideration regarding your State Health Plan coverage.

Check out our Resource Centers at www.shpnc.gov for Retirement Planning and our Fact Sheet on retirement.

* Partial contribution may be required for other plan options.
** Premium rate based on state contribution.
***** Individuals hired on or after January 1, 2021, are not eligible for retiree health benefits.**

State Health Plan and Optional Retirement Program (ORP)

TIAA serves as the Optional Retirement Program (ORP) provider, offering an alternative to the NC Teachers' and State Employees' Retirement System (TSERS) for eligible faculty and staff.

- Once you decide to retire, consult with your HBR to review the retirement process under the ORP.
- You may be eligible to enroll in the State Health Plan. Your cost will depend on your State employment start date and years of service, as reflected in the previous slide.
    - If you are required to pay a premium for your coverage (or your dependents' coverage), the State Health Plan's billing vendor, iTEDIUM, will bill you directly.
- If you withdraw, transfer, or roll over your entire ORP account, you will forfeit your right to State's retiree group health plan coverage.

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Retirement and Health Plan Benefit Effective Date

The retiree remains covered under their active agency for the first month of retirement.*

The **State Health Plan benefit** becomes effective on the first day of the month following the retirement date. *For example, if the retirement date is January 1, the State Health Plan benefit will be effective February 1*.

If eligible, Medicare will be the primary insurance starting the first month of retirement while you are still covered by the active agency. This also applies to any dependents you may have that are Medicare eligible. **It is Important to have both Medicare Part A and Part B in effect as of the retirement date.**

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* When you decide to retire, **enroll in Medicare Part B so that it becomes effective on your planned date of retirement**. Contact the Social Security Administration to enroll in Medicare Part B.

Under 65 and Retiring?



Member

- Talk to HR Department about retirement decision.
- Begin retirement process online through ORBIT or submit application to the State Retirement System.



State Retirement Systems

- Approves retirement information.
- Notifies Plan's Eligibility & Enrollment Support Center.



State Health Plan

- Auto-enrollment occurs after 5 years of service, regardless of whether the member was enrolled in Plan coverage as an active employee.
- If not enrolled as active employee, member will be auto-enrolled in the 70/30 Plan.
- Dependents will also be auto-enrolled in same plan as active employee.

To opt out of coverage, contact State Health Plan's Eligibility & Enrollment Support Center.

Approaching 65 and Plan to Continue Working?

- Many Plan members continue working after the age of 65.
- The Plan mails you a Medicare eligibility letter approximately 30-60 days prior to your 65th birthday. The letter asks to confirm eligibility for Medicare benefits.
  - Recommend enrolling in Medicare Part A.
  - Recommend delaying enrollment in Medicare Part B if you remain actively working for the State.*
- The Plan will be **primary coverage,** and Medicare will be secondary when still actively working for the State.



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* When you decide to retire, **enroll in Medicare Part B so that it becomes effective on your planned date of retirement.** Contact the Social Security Administration to enroll in Medicare Part B.

Planning to Retire and are 65 or Older?

- Begin the online retirement process through ORBIT or submit a retirement application to the State Retirement System 120 days before anticipated retirement date.
  - Retirement paperwork cannot be submitted any earlier than 120 days before the anticipated retirement date.
- REMEMBER: Medicare Part A and Part B should be in effect as of your anticipated retirement date.
- Any covered non-Medicare Primary dependents will be automatically enrolled into the health plan they were in as an active dependent.
- You may opt out of the State Health Plan coverage during the retirement process by calling the Plan's Eligibility and Enrollment Support Center, 855-859-0966 or through the Plan's eBenefits system.

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New Retire (65 or Older) Enrolling in Medicare?

If you worked beyond age 65 and delayed electing Medicare Part B, you'll have to **TAKE ACTION** to enroll into Medicare Part B before your retirement.

- As a result of the pandemic, Social Security has amended their policy/system to allow individuals in these situations to enroll in Part B online, www.ssa.gov.

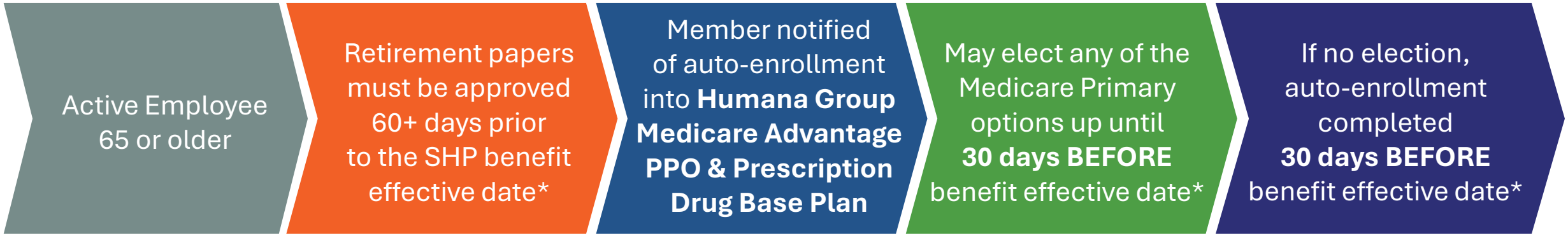
There are two options to submit enrollment requests for the Special Enrollment Period. Choose **ONE** of the following:

- Go to www.ssa.gov and select the "Medicare" category, then select to "Sign up for Medicare." If you already have Medicare Part A in place, select "Sign up for Part B only" and then select "Submit an application." You will need to complete CMS-40B* and CMS-L564. Upload your evidence of Group Health Plan or Large Group Health Plan.
- Fax or mail your CMS-40B*, CMS-L564 forms together and the secondary evidence to your local Social Security office. You can find your Social Security office through the following link: (https://secure.ssa.gov/ICON/main.jsp)

* When completing the CMS-40B, state "I want Part B coverage to begin (MM/YY) in the remarks section of this form or the online application. **Medicare Part B should be in effect as of your planned date of retirement.**

Medicare Primary: New Retirees

Retirement approved **AT LEAST 60 DAYS PRIOR**
to effective date of retiree health coverage.



* The State Health Plan benefit effective date is the first of the month following the retirement effective date.
For example: If the retirement date is January 1, the SHP retiree health coverage effective date is February 1.

Medicare Primary: New Retirees

Retirement approved **LESS THAN 60 DAYS PRIOR** to effective date of retiree health coverage.

ACTIVE EMPLOYEE 65 OR OLDER

Retirement papers processed and approved 59 days or less prior to retiree health coverage effective date.

MEDICARE ADVANTAGE OPTIONS NOT AVAILABLE

Will be auto-enrolled into the **70/30 Plan** 30 days before effective date.

MEDICARE ADVANTAGE OPTIONS

Although not auto-enrolled in our Group Medicare Advantage PPO & Prescription Drug Base Plan, you are able to elect one of the Group Medicare plans until the day before your benefit effective date.

AFTER Benefit Effective Date
Retirement Approval and/or Medicare Not Effective

- If the retiree (or covered spouse) is Medicare eligible when retiring and the **retirement request** is not approved by Retirement Systems until **AFTER** the Retiree Health Coverage effective date, the individual will be defaulted into the 70/30 Plan **retroactively** and unable to change plans until the next Open Enrollment.
- If the retiree (or covered spouse) is Medicare eligible when retiring and they fail to have **Medicare Part A and Medicare Part B** until **AFTER** the Retiree Health Coverage effective date, the individual will be defaulted into the 70/30 Plan.
- This could occur retroactively and can be costly if the retiree is responsible for a portion of or all their premium, or if it is a spouse who is being defaulted to the 70/30 Plan.

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Medicare Primary: Retirees/Dependents turning 65



90 DAYS PRIOR
to Medicare Primary Effective Date

Assigned to the Group Medicare Advantage PPO & Prescription Drug Base Plan.

Notified of assignment and provided with enrollment options.

90-31 DAYS PRIOR
to Medicare Primary Effective Date

May elect any of the Medicare Primary options.

30 DAYS PRIOR
to Medicare Primary Effective Date

Locked into assigned/elected plan.

Medicare Primary enrollment sent to appropriate vendor.

NOTE: Medicare primary effective date is first of the month you turn 65 **UNLESS** your 65th birthday is on the first of a month then Medicare primary effective date is first of the month preceding the 65th birthday month.



Medicare Advantage Plans & The 70/30 Plan Comparisons

What are Medicare Advantage Plans?

- A Medicare Advantage Plan, like the Humana Medicare Advantage plans offered by the State Health Plan, are considered a **Group Medicare Advantage Plan with a separate Group Medicare Prescription Drug Plan**. They are:
  - A Medicare health plan choice, which may be an individual or group product.
  - Private companies, like Humana, contract with Medicare to provide Medicare Part A and Part B benefits. Many may include Medicare Prescription Drug Coverage, Part D.

When Enrolled In a Medicare Advantage Plan:

- You are still considered to be in the Medicare program.
- You keep the same rights and protections as Original Medicare.
- Advantage Plans must cover all services Original Medicare covers.
- Members must have both Medicare Part A and Part B and continue to pay Medicare premiums to be eligible for Medicare Advantage Plans. ***Part B premiums are paid by members through Social Security benefits or directly to federal government.***

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Network of Providers

The Humana Medicare Advantage plans are National Preferred Provider Organization (PPO) plans, they offer:

- Access to providers nationwide.
- Access to additional benefits at a lower cost and include an open network.
- **Copays or coinsurance remain the same**, regardless of who you see in- or out-of-network.

Out-of-network providers must participate with Medicare and agree to accept and bill your insurance.



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Advantages with Group Medicare Advantage Plans

- **FLEXIBILITY.** The in-network and out-of-network benefits are structured the same.
  - As long as your provider participates in Medicare and will bill Humana, you will not have any extra cost even if they are out-of-network.
- **PREDICTABILITY.** Humana Medicare Advantage plans are **copayment driven,** meaning most covered services have an established copayment. This allows for you to know up front what your out-of-pocket costs will be in most situations.
- **EXTRA SERVICES.** Both Humana Group Medicare Advantage plans provide extra services not covered under Original Medicare.
  - Wellness programs/SilverSneakers®
  - In-Home Health & Wellbeing Assessment
  - Disease and Case Management
  - Routine eye & hearing exams
  - Hearing aids

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Humana Medicare Advantage Plans and Other Insurance

You may not be enrolled in a Medicare Health Plan and the Plan's Humana Group Medicare Advantage Plan at the same time.

Medicare Health Plan = Medicare Advantage Plan, or Medicare Prescription Drug Plan.

You cannot purchase a Medigap Plan if enrolled in a Medicare Advantage Plan.

Medigap Plans do not work with Medicare Advantage Plans, only with Original Medicare.

If enrolled in a Medicare Health Plan and then you choose to enroll in our Humana Group Medicare Advantage Plan, you will be disenrolled from the other plan.

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Humana Medicare Advantage Plans and Other Insurance

TRICARE® FOR LIFE (TFL) (TRICARE® + MEDICARE)

- TFL members may enroll in Medicare Advantage Plans.
- TFL will typically cover copays/coinsurance applicable for the Humana Group Medicare Advantage plans.
- Local retail pharmacies typically able to submit claims to both Humana and TFL for coordination.
- Cannot use Medicare or Medicare Advantage in Military treatment facilities, like a VA hospital.

OTHER INSURANCE

- Covered by multiple retiree health plans (yours or spouse) – check to ensure no disruption of coverage if enrolled in our Humana Group Medicare Advantage plan.
- Cannot be enrolled in multiple Medicare plans.
- Individual plans like cancer, hospital indemnity, dental, vision or long-term care will not affect eligibility or coverage under Medicare Advantage plan.
- It is important to review all Open Enrollment materials each year for changes.

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The 70/30 Plan

- Members have option to choose the **70/30 Plan.**
- Administered by Aetna® and supported by Aetna's network of providers.
- Traditional prescription drug coverage.
  - It is not Medicare Part D prescription drug coverage but is considered creditable.
- Original Medicare is primary, State Health Plan coverage is secondary.
- Member would use two ID cards when seeking medical services. The red, white, and blue Medicare ID card and Aetna's 70/30 Plan ID card.
- Copayments, coinsurance and deductible requirements under the 70/30 Plan must be met.
- Medical copayments **do not** apply to deductible, but do apply to the Maximum out-of-pocket limit.

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2026 Plan Comparison: Medical Benefits

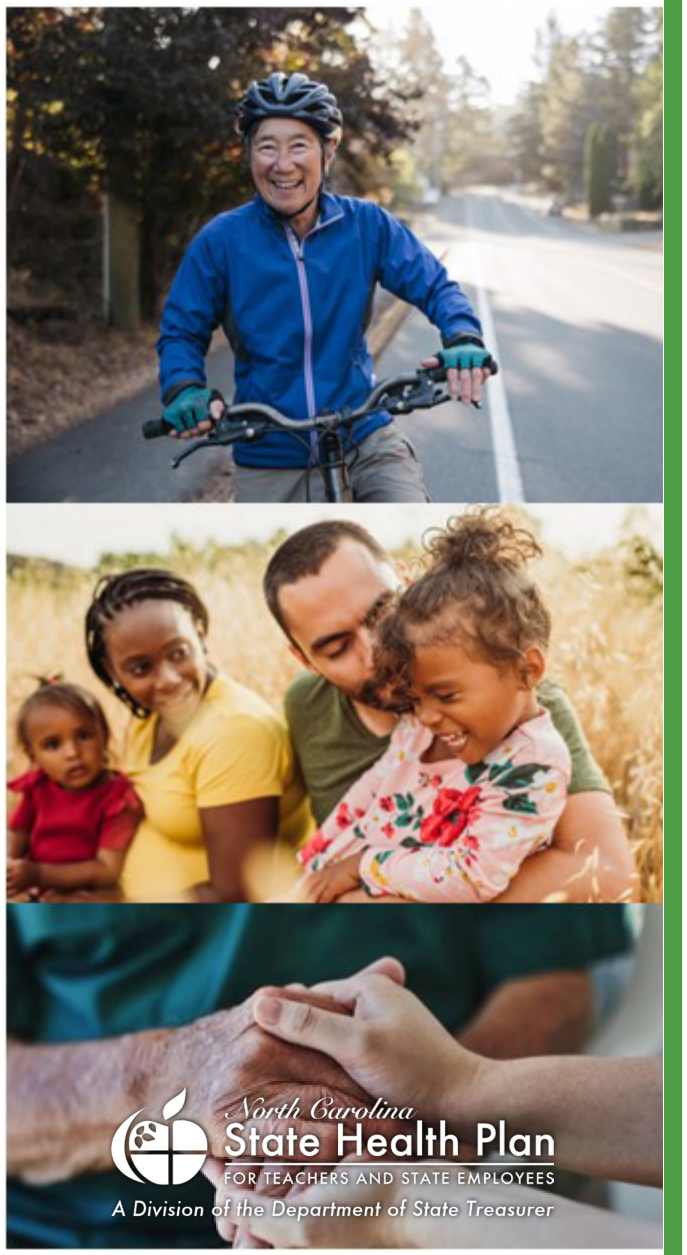
Benefit	Humana Base	Humana Enhanced	AETNA 70/30 PPO Plan*
Network Providers	You can use in- and out-of-network providers but must be accepted in Medicare and your insurance plan.		You pay less when you use Aetna provider network
Annual Medical Out-of-Pocket Maximum	$4,000 (In- and Out-of-Network)	$3,300 (In- and Out-of-Network)	$6,500 In-network (Individual) $16,300 In-network (Family) *(Combined Medical & Pharmacy)*
Annual Deductible	$0	$0	$3,000 In-network (Individual) $9,000 In-network (Family) *(Combined Medical & Pharmacy)*
Primary Care Provider (PCP) Office Visit	$20 copay	$10 copay	$15 for Preferred PCP on ID Card $40 for Other PCP on ID card $50 for any other PCP
Specialist Office Visit	$40 copay	$35 copay	$50 for Preferred Provider Specialist $94 for Other Provider Specialists
Urgent Care	$50 copay	$40 copay	$100 copay
Inpatient Hospitalization	Days 1-10: $160/Day Days 11+: $0/Day	Days 1-10: $125/Day Days 11+: $0/Day	In-network: $600 copay plus 30% coinsurance after deductible
Outpatient Surgery	$250 copay	$250 copay	Surgery performed at in-network hospital: $350, 30% coinsurance after deductible met

* When enrolled in the 70/30 Plan, cost-sharing amounts between you & the State Health Plan will vary.
Medicare pays benefits First and then the 70/30 Plan may help pay some of the costs that Medicare does not cover.

2026 Plan Comparison: Pharmacy Benefits

Benefit	Humana Base	Humana Enhanced	AETNA 70/30 PPO Plan
Pharmacy Maximum	$2,100 Individual	$2,100 Individual	$6,500 In-network (Individual) $16,300 In-network (Family) *(Combined Medical & Pharmacy)*
Deductible	$0	$0	$3,000 In-network (Individual) $9,000 In-network (Family) *(Combined Medical & Pharmacy)*
Retail Purchase from an In-Network Provider			
Tier 1	$10 copay per 30-day supply		$25 copay per 30-day supply
Tier 2	$40 copay per 30-day supply	$40 copay per 30-day supply	$75 copay per 30-day supply
Tier 3	$64 copay per 30-day supply	$50 copay per 30-day supply	Ded/Coinsurance
Tier 4	25% coinsurance up to $100 per 30-day supply		$200
Tier 5	N/A		$600
Tier 6	N/A		Ded/Coinsurance
Insulin	$35 copay – Preferred Brand (Novolog/Novolin) (30-day supply)		$0 (30-day supply) Preferred or Non-Preferred

NOTE: 90-day fills are available under all three plan options for many maintenance drugs – some specialty drugs may be limited to a 30-day supply.



Important Information

Disability

- If a member becomes eligible for Medicare due to disability, it is important for them to enroll in both Medicare Part A and Medicare Part B.
- Do not overlook accepting Medicare Part B. Many people fail to accept the offer to retroactively purchase Medicare Part B.
- **Read the Notice of Award letter carefully.**

- State Health Plan becomes **SECONDARY** to Medicare as of the Medicare eligibility date.
  - Claims will be reprocessed back to the Medicare eligibility date.
  - The State Health Plan will reduce claims by the amount that would have been paid under Medicare, paying the remaining claim amount under the terms of the health benefit plan.

If Medicare Part B is not taken, the member will be responsible for the amount that would have been paid by Medicare Part B.

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Re-Employment and State Health Plan

- The Affordable Care Act requires the offering of health coverage to non-permanent full-time employees.
- Should a retiree return to work, the Employing unit is responsible for determining eligibility to offer health coverage, including those non-permanent employees working at least 30 hours per week.
  - If re-employed retiree qualifies for the new category, employing units are required to cover as active employees.
    - May offer only the High-Deductible Health Plan (HDHP); **OR**,
    - May offer coverage under Active Employee options Standard PPO Plan or Plus PPO Plan
    - Re-employed retiree not required to enroll.
- Re-employed retiree will be terminated from Retiree Group Coverage under State Retirement Systems Division (SRS).
- Qualifying Life Event when state re-employment ceases
  - 30 days to enroll in State Health Plan under SRS.
  - If enrollment occurs before the effective date, would be able to enroll in a MAPDP.

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Other Enrollments

- **IMPORTANT.** You or a covered Medicare-eligible dependent **MAY NOT** be enrolled in multiple Medicare Health plans while enrolled in one of our Humana Group Medicare Advantage Plan options.
- When enrolled in a Humana Group plan, if you enroll in another Medicare Health Plan (Medicare Advantage or Medicare Prescription Drug coverage), you **WILL BE** disenrolled from Humana and **AUTOMATICALLY** placed on our 70/30 Plan.

May have a significant financial impact on you.

- Do not give out or confirm your personal information over the phone. May end up enrolled in a plan you do not want and lose Humana coverage.
- If enrolled in other retiree health coverage, you must read all Open Enrollment material. Coverage options may change from year to year.

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Important Address Information

If you currently have a P.O. Box address on record with the State Health Plan you will need to provide a physical address as well.

- Humana is unable to process an enrollment with *only* a P.O. Box address.
- Systems can store multiple addresses. The Plan can retain the P.O. Box address for mailing purposes and will store the physical address separately.

Please update through eBenefits or by calling the Eligibility and Enrollment Support Center at 855-859-0966.

It is important to also update any address change with the State Retirement System. You may contact them at 919-814-4590.



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Important Phone Numbers

State Health Plan's
Eligibility and Enrollment Support Center **855-859-0966**

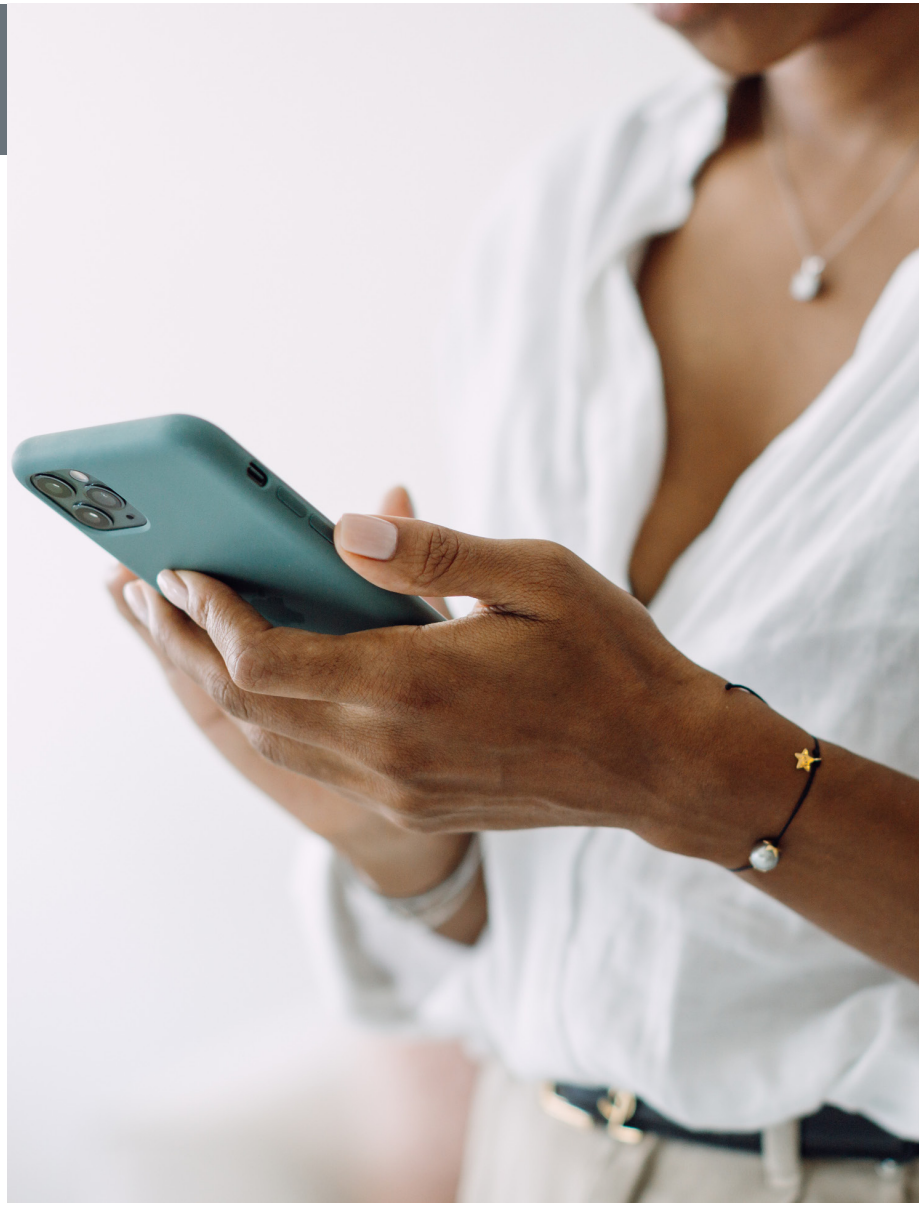
Humana Customer Service **888-700-2263**

Aetna Concierge Service **833-690-1037**

CVS Caremark
70/30 (Pharmacy Benefits) **888-321-3124**

State Retirement System **919-814-4590**

Pierce Insurance Agency
(Dental/Vision/Identity Theft Protection) **855-627-3847**



Keep Up-To-Date on State Health Plan News

VISIT US online at www.shpnc.gov

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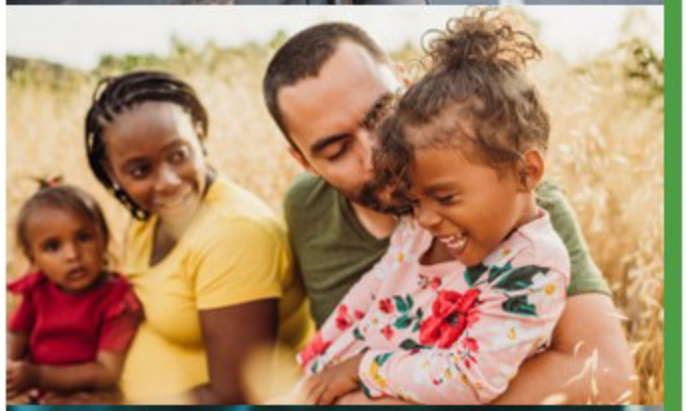
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Questions?

Thank You.

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