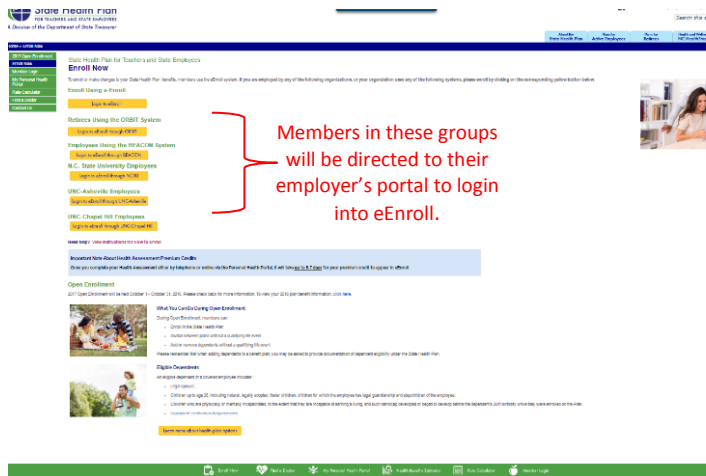


Step-by-Step Open Enrollment Instructions

1. Go to the State Health Plan's website at www.shpnc.org and click **Enroll Now** located on the green bar.

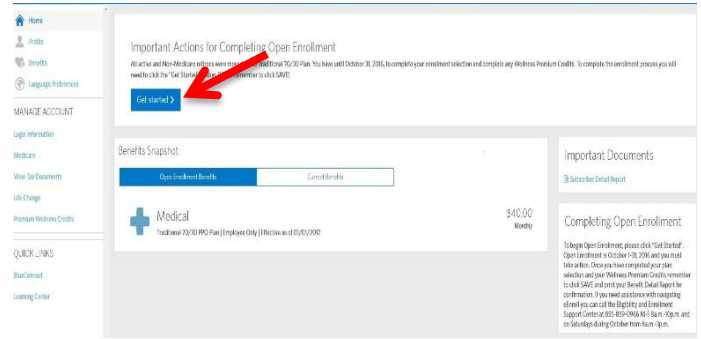


2. If you are employed by any of the organizations in the yellow buttons, click one to enroll, if not, click **Login to eEnroll**.

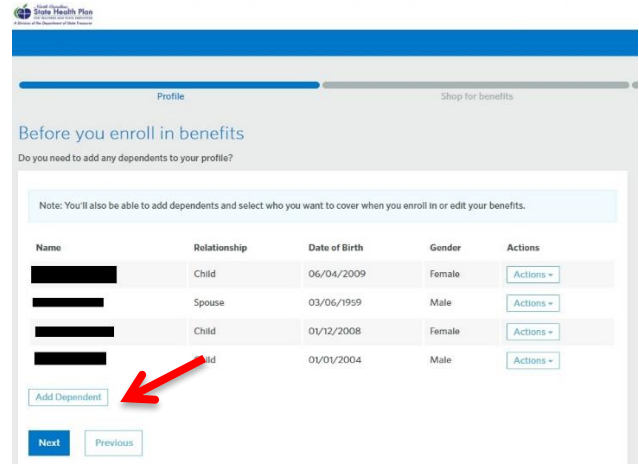


Enter your Username and Password. Login ID: Your first name, the first initial of your last name and the last 4 digits of your Social Security number. Initial Password: Your Social Security number without spaces or dashes. Example for employee John Doe with SSN 111-22-3333: Login ID is JohnD3333 and Password is 111223333. If you have transferred from another agency and already had an account in eEnroll, please check with your HBR to verify your login information.

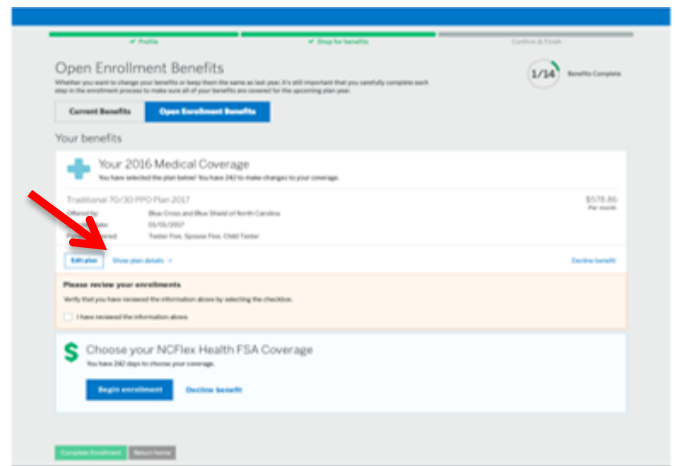
3. Click **Get Started**



4. Add Dependents (if applicable) then click **Next**.

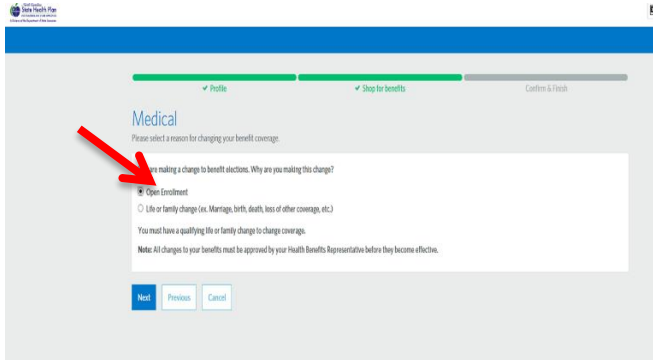


5. Click **Edit Plan**



Step-by-Step Open Enrollment Instructions

6. Select Open Enrollment



Medical
Please select a reason for changing your benefit coverage.

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

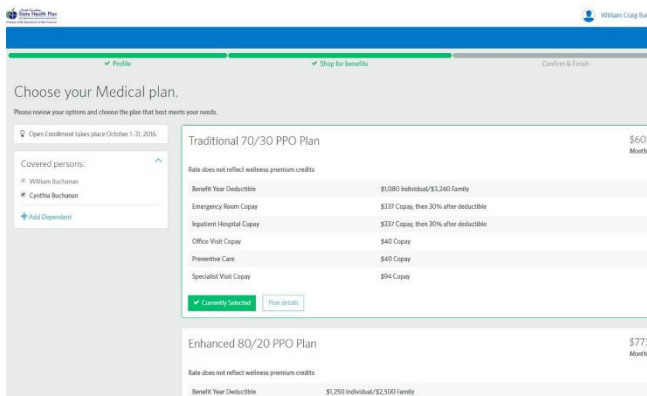
- Open Enrollment
- Life or family change (ex. Marriage, birth, death, loss of other coverage, etc.)

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

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



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

Open Enrollment takes place October 1-31, 2016.

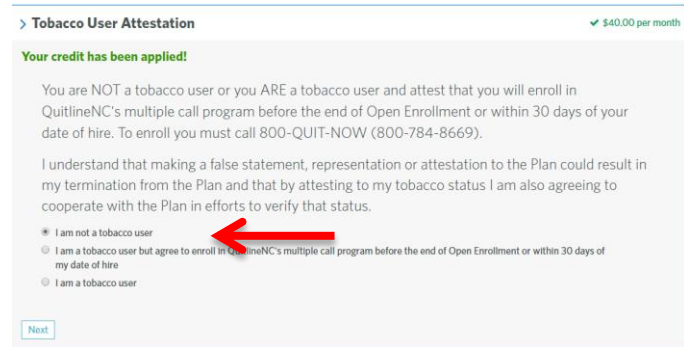
Covered persons:
William Bachman
Cynthia Bachman
+ Add Dependent

Traditional 70/30 PPO Plan	\$600 Months
Rate does not reflect wellness premium credits	
Benefit Year Deductible	\$1,000 Individual/\$3,200 Family
Emergency Room Copay	\$337 Copay, then 30% after deductible
Inpatient Hospital Copay	\$337 Copay, then 30% after deductible
Office Visit Copay	\$40 Copay
Preventive Care	\$40 Copay
Specialist Visit Copay	\$94 Copay
<input checked="" type="button"/> Currently Selected	<input type="button"/> Plan details

Enhanced 80/20 PPO Plan	\$773 Months
Rate does not reflect wellness premium credits	
Benefit Year Deductible	\$1,250 Individual/\$2,500 Family

Please note: If you select the 80/20 Plan or CDHP, the next screen will display three premium wellness activities to complete. If you select the 70/30 plan, only the Tobacco Attestation will display.

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



Tobacco User Attestation \$40.00 per month

Your credit has been applied!

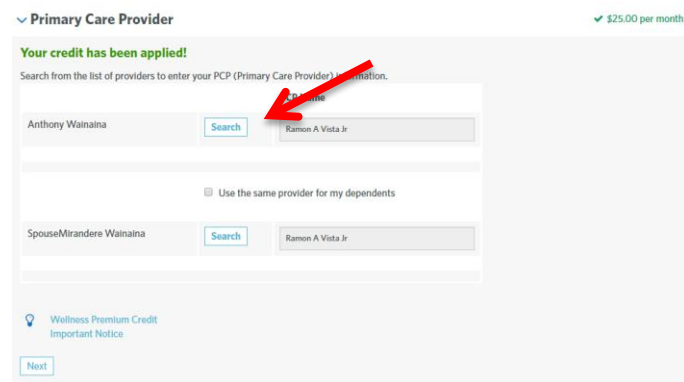
You are NOT a tobacco user or you ARE a tobacco user and attest that you will enroll in QuitlineNC's multiple call program before the end of Open Enrollment or within 30 days of your date of hire. To enroll you must call 800-QUIT-NOW (800-784-8669).

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 am not a tobacco user
- I am a tobacco user but agree to enroll in QuitlineNC's multiple call program before the end of Open Enrollment or within 30 days of my date of hire
- I am a tobacco user

Next

9. Click **Search** to select a PCP and follow the instructions to add your PCP. Then click **Next**.



Primary Care Provider \$25.00 per month

Your credit has been applied!

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

Anthony Wainaina Search

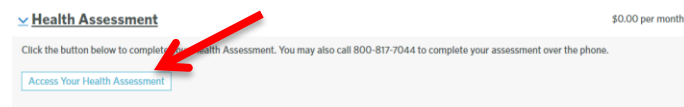
Use the same provider for my dependents

SpouseMirandere Wainaina Search

Wellness Premium Credit Important Notice

Next

10. Complete your **Health Assessment**. The Personal Health Portal will open in its own window.



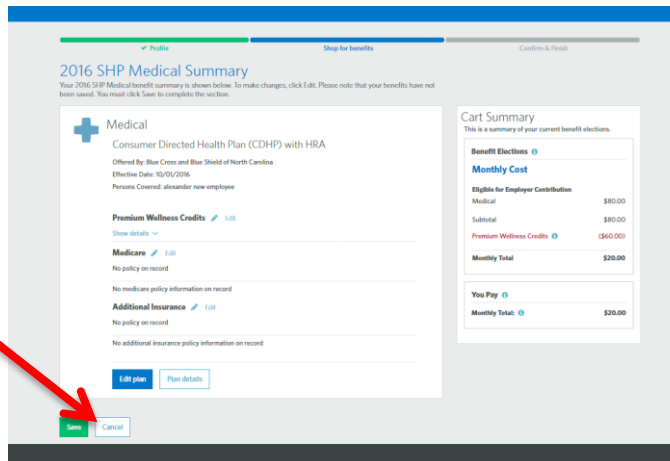
Health Assessment \$0.00 per month

Click the button below to complete your Health Assessment. You may also call 800-817-7044 to complete your assessment over the phone.

Access Your Health Assessment

Step-by-Step Open Enrollment Instructions

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



2016 SHP Medical Summary
Your 2016 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 action.

Medical
Consumer Directed Health Plan (CDHP) with HRA
Offered By: Blue Cross and Blue Shield of North Carolina
Effective Date: 10/01/2016
Persons Covered: alexander new employee

Premium Wellness Credits [Edit](#)
[Show details](#)

Medicare [Edit](#)
No policy on record
No medicare policy information on record

Additional Insurance [Edit](#)
No policy on record
No additional insurance policy information on record

[Edit plan](#) [Plan details](#)

[Save](#) [Cancel](#)

Cart Summary
This is a summary of your current benefit elections.

Benefit Elections

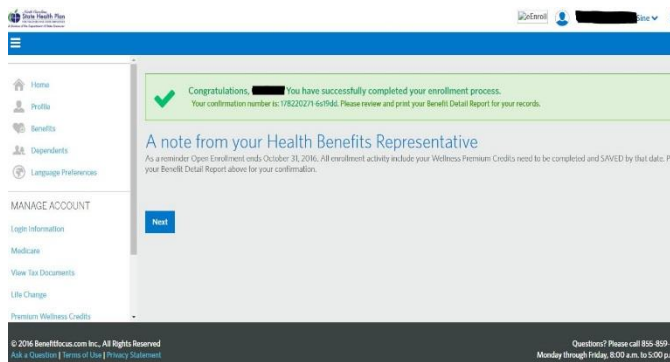
Monthly Cost

Eligible for Employer Contribution	
Medical	\$80.00
Subtotal	\$80.00
Premium Wellness Credits	(\$60.00)
Monthly Total	\$20.00

You Pay

Monthly Total	\$20.00
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- Click **print your enrollment details**, to print your Benefit Detailed Report for your records.



Home
Profile
Benefits
Dependents
Language Preferences

MANAGE ACCOUNT
Login Information
Medicare
View Tax Documents
Life Change
Premium Wellness Credits

Next

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Questions? Please call 855-859-0966
Monday through Friday, 8:00 a.m. to 2:00 p.m.

Unable to login?

Select the Reset Your Account link to reset your password or retrieve your login ID or call the number listed below.

Need Assistance?

Please call the Eligibility and Enrollment Support Center 855-859-0966. During Open Enrollment the Support Center is offering extended hours: Monday-Friday 8a.m.-10p.m. and Saturdays 8a.m.-3p.m.