

North Carolina State Health Plan

Benefit Changes for 2009-2010¹

This Benefit Summary is only intended to highlight your North Carolina State Health Plan benefit plan options. A complete list of benefits and what is not covered are in the benefit booklets. You may review the benefit booklets at www.shpnc.org or request a benefit booklet from your Health Benefit Representative.

Plan Design Feature	BASIC PLAN 70/30			
	2007-2009		2009-2010	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$600	\$1,200	\$800	\$1,600
Family	\$1,800	\$3,600	\$2,400	\$4,800
Coinsurance Maximum				
Individual	\$2,500	\$5,000	\$3,250	\$6,500
Family	\$7,500	\$15,000	\$9,750	\$19,500
Urgent Care Copay	\$75		\$75	
Primary Copay	\$25	50% coinsurance after deductible	\$30	50% coinsurance after deductible
Specialist Copay	\$50	50% coinsurance after deductible	\$70	50% coinsurance after deductible
Physical Therapy/ Occupational/Speech	\$25 primary \$50 specialist	50% coinsurance after deductible	\$55	50% coinsurance after deductible
Chiropractic	\$50 specialist	50% coinsurance after deductible	\$55	50% coinsurance after deductible
Mental Health/ Chemical Dependency Office Services	\$50 specialist	50% coinsurance	\$55	50% coinsurance
Routine Eye Exam²	\$25	Not Covered	\$30	Not Covered
Inpatient Copay	\$200	\$200	\$250	\$250
Generic Rx Copay	\$10		\$10	
Brand Rx Copay (no generic equivalent)	\$30		\$35	
Non-Preferred Brand Rx Copay	\$50		\$55	
Brand Rx Copay (generic equivalent available)	\$40		This copay tier has been eliminated. Member will be required to pay the difference between the Plan's actual cost of the brand name drug and the amount the Plan would have paid for the generic equivalent in addition to the generic copay	
Specialty Rx³	Various		25% coinsurance up to \$100 for each 30 day supply	
Diabetic Supplies	\$10 for preferred brand \$25 for non-preferred brand		\$10 for preferred brand \$25 for non-preferred brand	
Pharmacy Benefit Days Supply	34		30	

1) All benefits are subject to medical necessity; amounts shown reflect what the member pays

2) Routine eye exams as of January 1, 2010 will no longer be covered. Check with your HBR about your benefit options for vision.

3) All non-acute specialty drugs, excluding cancer medications must be obtained through the Accredo specialty pharmacy

	STANDARD PLAN 80/20			
Plan Design Feature	2007-2009		2009-2010	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$300	\$600	\$600	\$1,200
Family	\$900	\$1,800	\$1,800	\$3,600
Coinsurance Maximum				
Individual	\$1,750	\$3,500	\$2,750	\$5,500
Family	\$5,250	\$10,500	\$8,250	\$16,500
Urgent Care Copay	\$50		\$75	
Primary Copay	\$20	40% coinsurance after deductible	\$25	40% coinsurance after deductible
Specialist Copay	\$40	40% coinsurance after deductible	\$60	40% coinsurance after deductible
Physical Therapy/ Occupational/Speech	\$20 primary \$40 specialist	40% coinsurance after deductible	\$45	40% coinsurance after deductible
Chiropractic	\$40 specialist	40% coinsurance after deductible	\$45	40% coinsurance after deductible
Mental Health/ Chemical Dependency Office Services	\$40 specialist	40% coinsurance	\$45	40% coinsurance
Routine Eye Exam²	\$20	Not Covered	\$25	Not Covered
Inpatient Copay	\$150	\$150	\$200	\$200
Generic Rx Copay	\$10		\$10	
Brand Rx Copay (no generic equivalent)	\$30		\$35	
Non-Preferred Brand Rx Copay	\$50		\$55	
Brand Rx Copay (generic equivalent available)	\$40		This copay tier has been eliminated. Member will be required to pay the difference between the Plan's actual cost of the brand name drug and the amount the Plan would have paid for the generic equivalent in addition to the generic copay	
Specialty Rx³	Various		25% coinsurance up to \$100 for each 30 day supply	
Diabetic Supplies	\$10 for preferred brand \$25 for non-preferred brand		\$10 for preferred brand \$25 for non-preferred brand	
Pharmacy Benefit Days Supply	34		30	

4) All benefits are subject to medical necessity; amounts shown reflect what the member pays

5) Routine eye exams as of January 1, 2010 will no longer be covered. Check with your HBR about your benefit options for vision.

6) All non-acute specialty drugs, excluding cancer medications must be obtained through the Accredo specialty pharmacy

Please visit the State Health Plan website at <http://shpnc.org> or contact:
Customer Service at 1-888-234-2416 for a plan booklet