



For Technical Support,
Please Contact Us:
866.822.8688
Monday through Friday
8:00 a.m. to 8:00 p.m. ET



Login ID

Password

LOGIN

By clicking Login, you agree to the [Terms of Service](#)

Login ID Format:

Employee: John Doe

SSN: 123456789

Login: JohnD6789

INITIAL Password: 123456789

For password resets, please call 866-822-8688

[Forgot your password?](#)

Welcome to HR InTouch!

Once you log in, you will find a powerful website with interactive tools and videos to help you learn more about the company, your benefits and other topics of interest. Using HR InTouch, we hope that you will find everything you need to make better healthcare and benefit decisions.

[Change Password](#) [Logout](#)

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[Home](#)

Quick Links

[eBenefitsNow Click Here to Enroll](#)

[State Health Plan Homepage](#)

Welcome to HR InTouch

This site is your online portal for your health benefit plan offered through the North Carolina State Health Plan for Teachers and State Employees. Here you can enroll, make changes to your health benefit plan, or your personal data, and access tools and information to help you to have a better understanding of your benefits. This site will grow and change over time, so check back regularly.

Medical and Pharmacy Benefits

The State Health Plan's mission is to partner with the North Carolina General Assembly, the Plan's Board of Trustees and other key stakeholders to provide quality health care products and services for the health and wellbeing of Plan members. More than 666,000 state employees, teachers, retirees, current and former lawmakers, state university and community college personnel, state hospital staff and their dependents are insured by the State Health Plan.

Welcome, MICHAEL TEST



[My Basic Information](#)
View and edit personal information.



[My Employee Detail Report](#)
View and print employee detail report



[My Benefits](#)
View and edit benefit information



[My Login Information](#)
Edit Password



Logout

My Benefits

To review a section summary or edit information, click the link.

My Current Benefits	Last Day to Edit
✓ 2009-2010 SHP Medical	
✓ Review Elections	

My Open Enrollment Benefits	Last Day to Edit
✓ 2010-2011 SHP Medical	04/09/2010
✓ Review Elections	

Logout

Scenario 1: Medicare Primary Member

There are most likely no Blue Ridge Community College employees that will sign up using Scenario 1.

Please scroll on to the following Scenarios for additional instructions.

Shop For Medical - SHP Wellness Initiative Summary

To make changes to your answers, press the BACK button.

To confirm your answers, press the NEXT button.

Is Medicare your primary insurance? Select "YES" if Medicare is your primary insurance. Select "NO" if the State Health Plan is your primary insurance. *HINT: if you have Medicare due to Age or Disability and are actively employed, Medicare is NOT your primary insurance.

Yes

Logout

Cancel
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2010-2011 SHP Medical - If you are finished making changes, please review your information and save.

Save 

Medical

Prequalifying Survey

Medical

Accepted

Plan

2010-2011 Blue Options PPO Basic (70/30 Plan)

Coverage Level

Employee Only

Your Cost: \$0.00 per month

Dependents

Medicare

None

Additional Insurance

None

Effective Date

07/01/2010

"Edit" button appears. This denotes that member is eligible for both the 70/30 and 80/20 Plans.

**Scenario 2:
Non-Medicare Primary Member
who wants 70/30 Plan**

SHP Wellness Initiative

Is Medicare your primary insurance? Select "YES" if Medicare is your primary insurance. Select "NO" if the State Health Plan is your primary insurance. *HINT: if you have Medicare due to Age or Disability and are actively employed, Medicare is NOT your primary insurance.

Effective July 1st, 2010 all subscribers that were enrolled in coverage for the 2009-2010 benefit year have been defaulted to the 70/30 Plan due to the State Health Plan's Comprehensive Wellness Initiative (CWI). According to the CWI, subscribers and their covered dependents who 1) use tobacco products and 2) are not enrolled in a tobacco cessation program must remain on the 70/30 Plan. Select "YES" if you would like to remain on the 70/30 plan by choice, or because you do not meet the 80/20 Plan's CWI requirements noted above. Select "NO" if you qualify and would like to enroll in the 80/20 plan.


[Logout](#)[Cancel](#)
Return to Menu[← Back](#)[Next →](#)

2010-2011 SHP Medical - If you are finished making changes, please review your information and save.

Save 

Medical	
Prequalifying Survey	<input type="button" value="Edit"/>
Medical	Accepted <input type="button" value="Edit"/>
Plan	2010-2011 Blue Options PPO Basic (70/30 Plan)
Coverage Level	Employee Only Your Cost: \$0.00 per month <input type="button" value="Edit"/>
Dependents	
Medicare	None <input type="button" value="Edit"/>
Additional Insurance	None <input type="button" value="Edit"/>
Effective Date	07/01/2010

No "Edit" button appears next to the plan. This denotes that the member is only eligible for 70/30



Scenario 3:

Non-Medicare Primary Member
who wants 80/20 Plan, is not
enrolled in a cessation program
and is a non-smoker

Shop For Medical - SHP Wellness Initiative Summary

To make changes to your answers, press the BACK button.

To confirm your answers, press the NEXT button.

Is Medicare your primary insurance? Select "YES" if Medicare is your primary insurance. Select "NO" if the State Health Plan is your primary insurance. *HINT: if you have Medicare due to Age or Disability and are actively employed, Medicare is NOT your primary insurance.

No

Effective July 1st, 2010 all subscribers that were enrolled in coverage for the 2009-2010 benefit year have been defaulted to the 70/30 Plan due to the State Health Plan's Comprehensive Wellness Initiative (CWI). According to the CWI, subscribers and their covered dependents who 1) use tobacco products and 2) are not enrolled in a tobacco cessation program must remain on the 70/30 Plan. Select "YES" if you would like to remain on the 70/30 plan by choice, or because you do not meet the 80/20 Plan's CWI requirements noted above. Select "NO" if you qualify and would like to enroll in the 80/20 plan.

No

Do you and/or your covered dependent(s) qualify for the 80/20 plan because you are participating in a tobacco cessation program? By selecting "YES" below you are confirming enrollment in a cessation program.

No

Do you and/or your covered dependent(s) use tobacco products?

No

I understand that I and, if applicable, my covered dependents may be subject to tobacco use testing. If I refuse testing or test positive for tobacco use, I may be subject to the following consequences: 1) My covered dependents and I will be moved from the 80/20 Plan to the 70/30 Plan for the remainder of the benefit year. 2) I will forfeit any coinsurance and deductibles already paid under the 80/20 Plan during the current benefit year. 3) For the following benefit year, I and my covered dependent(s) will only be eligible to enroll in the 70/30 Plan. Please see www.shpnc.org for information on appeal rights. By selecting "YES" below, you acknowledge that you understand these consequences. By selecting "NO" below, you will be restricted to enrollment in the 70/30 Plan only.

Yes

Logout

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2010-2011 SHP Medical - If you are finished making changes, please review your information and save.

Save 

Medical

Prequalifying Survey

Medical

Accepted

Plan

2010-2011 Blue Options PPO Basic (70/30 Plan)

Coverage Level

Employee Only

Your Cost: \$0.00 per month

Dependents

Medicare

None

Additional Insurance

None

Effective Date

07/01/2010

"Edit" button appears. This denotes that member is eligible for both the 70/30 and 80/20 Plans.

Scenario 4:

Non-Medicare Primary Member
who wants 80/20 Plan, is NOT in
a cessation program and IS a
smoker

Shop For Medical - SHP Wellness Initiative Summary

To make changes to your answers, press the BACK button.

To confirm your answers, press the NEXT button.

Is Medicare your primary insurance? Select "YES" if Medicare is your primary insurance. Select "NO" if the State Health Plan is your primary insurance. *HINT: if you have Medicare due to Age or Disability and are actively employed, Medicare is NOT your primary insurance.

No

Effective July 1st, 2010 all subscribers that were enrolled in coverage for the 2009-2010 benefit year have been defaulted to the 70/30 Plan due to the State Health Plan's Comprehensive Wellness Initiative (CWI). According to the CWI, subscribers and their covered dependents who 1) use tobacco products and 2) are not enrolled in a tobacco cessation program must remain on the 70/30 Plan. Select "YES" if you would like to remain on the 70/30 plan by choice, or because you do not meet the 80/20 Plan's CWI requirements noted above. Select "NO" if you qualify and would like to enroll in the 80/20 plan.

No

Do you and/or your covered dependent(s) qualify for the 80/20 plan because you are participating in a tobacco cessation program? By selecting "YES" below you are confirming enrollment in a cessation program.

No

Do you and/or your covered dependent(s) use tobacco products?

Yes

Logout

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2010-2011 SHP Medical - If you are finished making changes, please review your information and save.

Save 

Medical	
Prequalifying Survey	<input type="button" value="Edit"/>
Medical	Accepted <input type="button" value="Edit"/>
Plan	2010-2011 Blue Options PPO Basic (70/30 Plan)
Coverage Level	Employee Only Your Cost: \$0.00 per month <input type="button" value="Edit"/>
Dependents	
Medicare	None <input type="button" value="Edit"/>
Additional Insurance	None <input type="button" value="Edit"/>
Effective Date	07/01/2010

No "Edit" button appears next to the plan. This denotes that the member is only eligible for 70/30



Scenario 5:
Non-Medicare Primary Member
who wants 80/20 Plan and IS in a
cessation program

Shop For Medical - SHP Wellness Initiative Summary

To make changes to your answers, press the BACK button.

To confirm your answers, press the NEXT button.

Is Medicare your primary insurance? Select "YES" if Medicare is your primary insurance. Select "NO" if the State Health Plan is your primary insurance. *HINT: if you have Medicare due to Age or Disability and are actively employed, Medicare is NOT your primary insurance.

No

Effective July 1st, 2010 all subscribers that were enrolled in coverage for the 2009-2010 benefit year have been defaulted to the 70/30 Plan due to the State Health Plan's Comprehensive Wellness Initiative (CWI). According to the CWI, subscribers and their covered dependents who 1) use tobacco products and 2) are not enrolled in a tobacco cessation program must remain on the 70/30 Plan. Select "YES" if you would like to remain on the 70/30 plan by choice, or because you do not meet the 80/20 Plan's CWI requirements noted above. Select "NO" if you qualify and would like to enroll in the 80/20 plan.

No

Do you and/or your covered dependent(s) qualify for the 80/20 plan because you are participating in a tobacco cessation program? By selecting "YES" below you are confirming enrollment in a cessation program.

Yes

By selecting "YES" below, you understand that you may be asked to submit a Physician Certification Form(s) verifying that you and/or your covered dependent(s) are participating in a cessation program.

Yes

By selecting "YES" below, you understand that 1) You must download the Physician Certification Form from www.shpnc.org or ask your Health Benefits Representative for a copy and then fill out the "Member Section" on the form. A separate form is required for each member participating in a cessation program. 2) You must ask your physician, nurse practitioner, or physician assistant to complete, sign and date the Physician Certification Form(s) indicating the date the cessation program began. 3) You must keep the completed certification form(s) for your records in case the State Health Plan asks you to submit the form(s).

Yes

In addition, you understand that, upon request of the State Health Plan, you must submit the certification form(s) within 15 business days from the date of request. If you submit a completed form(s) on or before the deadline, you will remain in the 80/20 Plan. If you do not submit a completed form(s) by the deadline, you will be subject to consequences (please see www.shpnc.org for details). The cessation program start date on the Physician Certification Form must be prior to the date that the State Health Plan requests submission of the form. By selecting "NO" below, you acknowledge that you are only eligible for enrollment in the 70/30 Plan.

Yes

By selecting "YES" below you are acknowledging that your responses above have qualified you for enrollment in the 80/20 Plan. You understand that your responses above are legally binding and you attest that the information is accurate to the best of your knowledge. By selecting "NO" below, you understand that you will be restricted to enrollment in the 70/30 Plan only.

Yes

2010-2011 SHP Medical - If you are finished making changes, please review your information and save.

Save 

Medical

Prequalifying Survey

Medical

Accepted

Plan

2010-2011 Blue Options PPO Basic (70/30 Plan)

Coverage Level

Employee Only

Your Cost: \$0.00 per month

Dependents

Medicare

None

Additional Insurance

None

Effective Date

07/01/2010

"Edit" button appears. This denotes that member is eligible for both the 70/30 and 80/20 Plans.

Shop For Medical - Choose your plan.

Offered By Blue Cross and Blue Shield of North Carolina

2010-2011 Blue Options PPO Basic (70/30 Plan)

2010-2011 Blue Options PPO Standard (80/20 Plan)



[View costs for the plans listed above](#)



[Estimate your healthcare costs and choose the plan that is right for you](#)

I would like to decline coverage.

Logout

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2010-2011 SHP Medical - If you are finished making changes, please review your information and save.

Save →

Medical	
Medical	Accepted <input type="button" value="Edit"/>
Plan	2010-2011 Blue Options PPO Standard (80/20 Plan) <input type="button" value="Edit"/>
Coverage Level	Employee Only Your Cost: \$0.00 per month <input type="button" value="Edit"/>
Dependents	
Medicare	None <input type="button" value="Edit"/>
Additional Insurance	None <input type="button" value="Edit"/>
Effective Date	07/01/2010





Logout

Cancel
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Shop For Medical - Select your coverage level.

 [A Note from your HR Administrator](#)

201 **A Note from your HR Administrator** Close 

Range of Rates based on Medicare

You may see a range of possible premium deduction amounts on this screen. This range is present because your premium deduction amount may differ if you or your dependent(s) are enrolled in a Medicare policy. You will be asked about Medicare later in the enrollment process. Once you have answered all Medicare-related questions, your true premium can be calculated. You will see your true premium at the end of the enrollment process on the "Review Elections" screen and also on your Employee Detail Report.

Office
Coins
Per A
Dedu

Buy

Employee and Spouse

You pay \$204.36 - \$273.74 twice per month*

Employee and Children

You pay \$90.44 - \$118.81 twice per month*

Employee and Family

You pay \$220.85 - \$290.22 twice per month*


Logout

Cancel
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Shop For Medical - Select your coverage level.

 [A Note from your HR Administrator](#)

2010-2011 Blue Options PPO Standard (80/20 Plan)

Office Visit (Primary Specialist)	\$25 \$60
Coinsurance (In Network Out Of Network)	80% 60%
Per Admission Copay (In Network Out Of Network)	\$200 \$200
Deductible (In Network Out Of Network)	\$600 \$1200

Buy	Semi-Monthly Cost
<input type="checkbox"/> Employee Only	You pay \$0.00 twice per month
<input checked="" type="checkbox"/> Employee and Spouse	You pay \$204.36 - \$273.74 twice per month*
<input type="checkbox"/> Employee and Children	You pay \$90.44 - \$118.81 twice per month*
<input type="checkbox"/> Employee and Family	You pay \$220.85 - \$290.22 twice per month*

Logout

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Shop For Medical: Dependents - Enter Name.

First Name

Middle Name

Last Name

Suffix

- | | | | |
|-------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> DC | <input type="checkbox"/> DDS | <input type="checkbox"/> DO | <input type="checkbox"/> DPM |
| <input type="checkbox"/> DVM | <input type="checkbox"/> Ed.D. | <input type="checkbox"/> Fr. | <input type="checkbox"/> Jr. |
| <input type="checkbox"/> MD. | <input type="checkbox"/> OD | <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Rev. |
| <input type="checkbox"/> Sr. | <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III |
| <input type="checkbox"/> IV | <input type="checkbox"/> V | <input type="checkbox"/> VI | <input type="checkbox"/> VII |
| <input type="checkbox"/> VIII | <input type="checkbox"/> IX | <input type="checkbox"/> X | <input checked="" type="checkbox"/> None |

Logout

Cancel
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Shop For Medical: Dependents - Select Relationship.

Spouse Test

Spouse

Logout

Cancel
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Shop For Medical: Dependents - Select Gender.

Spouse Test

Female

Male

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Shop For Medical: Dependents - Enter Date of Birth and Social Security Number.

Spouse Test

Date of Birth (mm/dd/yyyy)

01/01/1970

Social Security Number

555-22-1111

Logout

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Shop For Medical: Dependents - Please select the dependents to be covered by this benefit.

Note: When replacing an existing dependent with a new one, first deselect the dependent, then add the new dependent.

Cover for Medical	Name	Relationship	Date of Birth	Gender		Current Coverage Level
<input checked="" type="checkbox"/>	Spouse Test	Spouse	01/01/1970	Female	Edit	Employee and Spouse Change Coverage Level

[Add Dependent](#)

Logout

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Shop For Medical: Medicare - Are you or any of your dependents covered by Medicare?

Yes No

Logout

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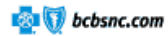
Next →

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Shop For Medical: Additional Insurance - Currently, do any of the persons covered for this benefit including yourself have other health insurance?

Do not include Blue Cross and Blue Shield of North Carolina Medical insurance that you or your dependents currently have through SHP-UNC Health Care.

Yes No

Please Note:

If you answer "No" above, you may be subject to a [pre-existing condition exclusion](#) or your insurance carrier may need to request this information at a later date in order to [coordinate payment of your claims](#) with another insurance carrier.

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2010-2011 SHP Medical - If you are finished making changes, please review your information and save.

Save →

Medical

Medical Accepted

Plan 2010-2011 Blue Options PPO Standard (80/20 Plan)

Coverage Level Employee and Spouse
Your Cost: \$273.74 per pay period

Dependents

Name	Relationship	Status
Spouse Test	Spouse	

To edit a person's Name or SSN, click the person's name.

Medicare None

Additional Insurance None

Effective Date 07/01/2010

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My Benefits

To review a section summary or edit information, click the link.

My Current Benefits	Last Day to Edit
✓ 2009-2010 SHP Medical	
✓ Review Elections	

My Open Enrollment Benefits	Last Day to Edit
✓ 2010-2011 SHP Medical	04/09/2010
✓ Review Elections	

Logout

Open Enrollment Elections Benefit Summary - Please review your *open enrollment* benefit elections before clicking Next.

Open Enrollment Elections Benefit Summary						
Benefit	Plan Name	Coverage	Employer Cost	Your Cost	Total Cost	Cost Frequency
Medical	2010-2011 Blue Options PPO Standard (80/20 Plan)	Employee and Spouse	\$205.40	\$273.74	\$479.14	twice per month

Note: All changes to your benefits must be approved by your HR Administrator before they become effective.

Logout

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