



Employee Contributions for Health Care Benefits

	Smart Choice Basic (PPO 70/30)		Smart Choice Standard (PPO 80/20)		Smart Choice Plus (PPO 90/10)	
	Monthly Rate	Biweekly Deduction	Monthly Rate	Biweekly Deduction	Monthly Rate	Biweekly Deduction
30 to 40 Hour Employees						
Employee only	\$0.00	\$0.00	\$ 0.00	\$0.00	\$43.98	\$21.99
Employee + Child/Children	\$150.66	\$75.33	\$200.36	\$100.18	\$269.78	\$134.89
Employee + Spouse	\$388.18	\$194.09	\$461.64	\$230.82	\$564.22	\$282.11
Family	\$413.46	\$206.73	\$489.44	\$244.72	\$595.52	\$297.76
20 to 29 Hour Employees						
Employee only	\$346.38	\$173.19	\$346.38	\$173.19	\$390.36	\$195.18
Employee + Child/Children	\$497.04	\$248.52	\$546.74	\$273.37	\$616.16	\$308.08
Employee + Spouse	\$734.56	\$367.28	\$808.02	\$404.01	\$910.60	\$455.30
Family	\$759.84	\$379.92	\$835.82	\$417.91	\$941.90	\$470.95

PPO Plan Customer Service: 1-888-234-2416

Additional information can be obtained on the Web at www.SHPNC.org or www.UNCHCSBenefits.com



North Carolina State Health Plan Choices for July 1, 2008- June 30, 2009

There are three PPO Options: NC *Smart* Choice Basic, NC *Smart* Choice Standard and NC *Smart* Choice Plus.

Plan Design Feature	NC <i>Smart</i> Choice Basic		NC <i>Smart</i> Choice Standard		NC <i>Smart</i> Choice Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible (Individual/Family)	\$600/\$1,800*	\$1,200/\$3,600*	\$300/\$900*	\$600/\$1800*	\$150/\$450*	\$300/\$900*
Plan Coinsurance	70%	50%	80%	60%	90%	70%
Coinsurance Maximum (Individual/Family)	\$2,500/\$7,500	\$5,000/\$15,000	\$1,750/\$5,250	\$3,500/\$10,500	\$1,000/\$3,000	\$2,000/\$6,000
Physician Office Visits						
Primary Care	\$25	Covered after ded. & coinsurance	\$20	Covered after ded. & coinsurance	\$15	Covered after ded. & coinsurance
Specialist	\$50	Covered after ded. & coinsurance	\$40	Covered after ded. & coinsurance	\$30	Covered after ded. & coinsurance
Urgent Care	\$75	\$75	\$50	\$50	\$50	\$50
Inpatient Copay	\$200, then ded. & coinsurance	\$200, then ded. & coinsurance	\$150, then ded. & coinsurance	\$150, then ded. & coinsurance	\$100, then ded. & coinsurance	\$100, then ded. & coinsurance
Outpatient Hospital & Ambulatory Surgical Center Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Copay	\$250, then ded. & coinsurance	\$250, then ded. & coinsurance	\$200, then ded. & coinsurance	\$200, then ded. & coinsurance	\$150, then ded. & coinsurance	\$150, then ded. & coinsurance
Preventive Care Benefits (annual)	(See Note 5)	Not Covered	(See Note 5)	Not Covered	(See Note 5)	Not Covered
Prescription Drug Benefits						
Generic Rx copay	\$10		\$10		\$10	
Preferred Rx copay (no generic equivalent)	\$30		\$30		\$30	
Preferred Rx copay (generic equivalent)	\$40		\$40		\$40	
Non-Preferred Rx copay	\$50		\$50		\$50	

*Notes:

1. PPO Options: There are no deductibles for physician office visits. Only the copayment applies.
2. PPO Options: For Wellness/Preventive Care coverage, please refer to the Summary of Benefits.
3. Also, NC Health *Smart*, the SHP healthy living initiative, is available at no additional cost to all eligible State Health Plan members.
4. The drug benefits do not change under any of the plans.
5. Some screening services are covered in- and out-of-network. Member responsibility is based on location and type of service.
6. Effective 07/01/2008 the Indemnity Plan will be canceled. See your benefits booklet for details.

