

New 2027 tiered provider network

The State Health Plan will offer new benefit plans for 2027 featuring three in-network tiers: Preferred, Access and Non-Preferred. There will continue to be an out-of-network tier.

The member cost share will depend on the provider's network tier. Members will pay the least when they see a Preferred provider.

The State Health Plan determines the tiers. Check the [State Health Plan's provider site](#) for more information on participating in their Preferred Provider program.

What's the same

- The Plan will offer a Standard PPO Plan and a Plus PPO Plan in 2027.
- The primary care provider (PCP) copay won't change. If the member visits the PCP on their card, there's a lower copay for Preferred PCPs; Access and Non-Preferred PCPs have the same higher copay

These benefits are the same for all three in-network tiers:

- Emergency room
- Urgent care
- Preventive care
- Behavioral health professional office visits
- Speech therapy, occupational therapy, chiropractic, physical therapy

What's different

Annual out-of-pocket maximums, deductibles and some cost-share amounts are different for each tier.

Transition of care (TOC)

We understand the importance of continuing care without disruption and want to support members during this transition.

For certain types of care, members may be able to continue services with a Non-Preferred provider at the Access benefit level for an approved period of time. TOC coverage is available for members who:

- Are pregnant
- Have a newborn in the neonatal intensive care unit (NICU)
- Are undergoing cancer treatment
- Are scheduled for a transplant
- Have surgery planned during the last three months of 2026

Review our provider FAQ on the [NCSHP network info page](#) for additional TOC information.

See the 2027 plan comparison grid at the end for additional benefit plan information.

What's your network tier?

You can check your network tier on [Aetna.com](https://www.aetna.com).

Preferred and Access providers will display the appropriate badge. Non-Preferred providers won't have a badge.



Preferred
Provider



Access
Provider



Member ID cards

All members will receive a new ID card for 2027. The 2027 member ID card contains member cost share information for the in-network tiers on the front and back of the card.

Check current member benefits and eligibility on our [provider portal on Availity](#).^{*} See our [Availity page](#) for more information.

Aetna® is still the State Health Plan's third party administrator (TPA)

We'll continue serving as the State Health Plan's TPA through December 31, 2027.

Stay informed with these online resources

- View [State Health Plan updates](#).
- Visit the [Aetna provider site for the NC State Health Plan](#).
- [Subscribe](#) for emails.

Questions?

- Call our Provider Service Center: **1-888-632-3862 (TTY: 711)**
- [Send us an email](#).

North Carolina State Health Plan FOR THE STATE OF NORTH CAROLINA A Division of the Department of State Treasurer	
Standard PPO Plan Choice POS II	
John Q Sample ID: NABCEFGHIJ2	
DEPARTMENT OF INFORMATION TECHNOLOGY	
Group No: 0192681	
Effective Date: 01/01/2027	
SELF INSURED	
RXBIN: 004336	RXPCN: ADV
RXGRP: 004336	RX0274
Paid for by YOU and other NC Taxpayers	
Copay/Coinsurance	
Provider Type	Pref Access Non Pref
Selected PCP	\$15 \$40 \$40
Other PCP	\$50 \$50 \$50
Spec (+Ded)	\$40 \$65 *30%
Urgent Care	\$100 \$100 \$100
ER (+Ded+30%)	\$600 \$600 \$600
Hosp(+Ded+30%)	\$750 *\$600 *\$1500
Primary Care Provider (PCP) Maria V Delbono	
North Carolina	
Preferred +	

Third Party Administrator		Pharmacy Benefits Administrator	
aetna		CVS caremark	
INDIVIDUAL	Preferred \$1500	Access \$3000	Non Pref \$5000
INN DED	\$4000	\$6500	\$12000
INN OOP MAX	\$15000		
OON DED	\$36000		
OON OOP MAX			
Benefits & Claims Number		1-833-690-1037	
Eligibility & Enrollment		1-855-859-0966	
Provider Relations/Precert		1-888-632-3862	
Pharmacy Help Desk		1-800-364-6331	
CVS Caremark		1-888-321-3124	
Lantern \$0 Surgery		1-833-916-3826	
Aetna Life Insurance Company		Payer No: 60054 0155	
Submit Claims To: PO Box 14079		www.SHPNC.gov	
Lexington, KY 40512-4079			
Aetna provides administrative services only for the self-funded plan and assumes no financial risk for claims. See plan documents for plan requirements, including precertification. This card does not guarantee coverage.			

2027 STATE HEALTH PLAN COMPARISON

ACTIVE and NON-MEDICARE subscribers

	STANDARD PPO Plan				PLUS PPO Plan			
	Preferred	Access	Non-Preferred	Out-of-Network	Preferred	Access	Non-Preferred	Out-of-Network
Annual Deductible	\$1,500 Ind \$4,500 Fam	\$3,000 Ind \$9,000 Fam	\$5,000 Ind \$15,000 Fam	\$15,000 Ind \$45,000 Fam	\$1,000 Ind \$3,000 Fam	\$1,500 Ind \$4,500 Fam	\$4,000 Ind \$12,000 Fam	\$12,000 Ind \$36,000 Fam
Out-of-Pocket Maximum (combined medical & pharmacy)	\$4,000 Ind \$12,000 Fam	\$6,500 Ind \$16,300 Fam	\$12,000 Ind ACA LIMIT \$24,000 Fam ACA LIMIT	\$36,000 Ind \$72,000 Fam	\$3,000 Ind \$9,000 Fam	\$5,000 Ind \$15,000 Fam	\$10,000 Ind \$20,000 Fam	\$30,000 Ind \$60,000 Fam
	In-Network (deductible & OOP max cross-accumulates)				In-Network (deductible & OOP max cross-accumulates)			
MEDICAL BENEFITS								
Preventive	\$0 Preventive Services				\$0 Preventive Services			
Primary Care Provider (PCP)	\$15 Preferred PCP listed on ID card \$40 other PCP listed on ID card \$50 other PCP			50% after deductible	\$10 PCP Preferred PCP listed on ID card \$30 other PCP listed on ID card \$40 other PCP			40% after deductible
Walk-In Clinic	\$40 other PCP on ID card \$50 other PCP			50% after deductible	\$30 other PCP on ID card \$40 other PCP			40% after deductible
Specialist	\$40	\$65	30% after deductible	50% after deductible	\$25	\$50	20% after deductible	40% after deductible
Behavioral Health	\$15			50% after deductible	\$10			40% after deductible

	STANDARD PPO Plan				PLUS PPO Plan			
	Preferred	Access	Non-Preferred	Out-of-Network	Preferred	Access	Non-Preferred	Out-of-Network
Speech, Occupational, Chiropractic, Physical Therapy	\$62			50% after deductible	\$42			40% after deductible
High-Cost Imaging	\$400	30% after deductible	\$1,000, then 30% after deductible	50% after deductible	\$250	20% after deductible	\$500, then 20% after deductible	40% after deductible
Urgent Care	\$100				\$70			
Emergency Room	\$600, then 30% after deductible (copay waived with admission)				\$500, then 20% after deductible (copay waived with admission)			
Inpatient Hospital	\$750**	\$600, then 30% after deductible	\$1,500, then 30% after deductible	50% after deductible	\$500**	\$500, then 20% after deductible	\$1,000, then 20% after deductible	40% after deductible
Outpatient Surgery	\$600**	\$350, then 30% after deductible	\$1,000, then 30% after deductible	50% after deductible	\$300**	\$300, then 20% after deductible	\$500, then 20% after deductible	40% after deductible
Ambulatory Surgical Center	\$400**	30% after deductible	\$1,000, then 30% after deductible	50% after deductible	\$250**	20% after deductible	\$500, then 20% after deductible	40% after deductible
Lantern	Lantern Surgical Benefit \$0 Member Cost				Lantern Surgical Benefit \$0 Member Cost			

**Facility copay only. Additional cost-share may apply.

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