Active Employee Decision Guide

for plan year 2014

Open Enrollment
October 21- November 8, 2013
mySHBPga.adp.com

Georgia Department
of Community Health

Revised - March 14, 2014

Resources/Contact Information
State Health Benefit Plan (SHBP)

Vendor	Member Services	Website
Medical - Blue Cross Blue Shield of Georgia Customer Service Hours: 8:00 a.m. – 8:00 p.m. ET; Monday – Friday	1-855-641-4862 (TTY 711)	www.bcbsga.com/shbp
Wellness - Healthways Customer Service* Hours: 8:00 a.m. – 8:00 p.m. ET; Monday – Friday **Customer Service Center not available until 12/16/2013*	1-888-616-6411	www.BeWellSHBP.com
Pharmacy - Express Scripts Customer Service Hours: 24 hours a day / 7 days a week	1-877-841-5227	www.express-scripts.com/GeorgiaSHBP
SHBP Call Center Hours: 8:30 a.m. – 5:00 p.m. ET; Monday – Friday	1-800-610-1863	www.mySHBPga.adp.com
Additional Information	**Member Services**	**Website**
Centers for Medicare & Medicaid (CMS) 24 hours a day / 7 days a week	1-800-633-4227 TTY 877-486-2048	www.medicare.gov
TRICARE Supplement	1-866-637-9911	www.asicorporation.com/ga_shbp
PeachCare for Kids®	1-877-427-3224	www.peachcare.org

Listed below are common health care acronyms that are used throughout this Decision Guide.

BCBSGa > Blue Cross Blue Shield of Georgia
CMS > Centers for Medicare & Medicaid Services
DCH > Georgia Department of Community Health
FSA > Flexible Spending Account
HRA > Health Reimbursement Arrangement
PCP > Primary Care Physician
OE > Open Enrollment
SHBP > State Health Benefit Plan
SPC > Specialist
SPD > Summary Plan Description

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Nathan Deal, Governor

Clyde L. Reese III, Esq., Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

October 2013

Dear State Health Benefit Plan Member:

Welcome to Open Enrollment for Active Employees for Calendar Year (CY) 2014. Open Enrollment elections can be made online at **www.mySHBPga.adp.com** from October 21 through November 8, 2013. Individuals hired after November 8, 2013, can also make their elections online at **www.mySHBPga.adp.com** within 31 days of their hire date.

Calendar Year 2014 brings some important changes to the State Health Benefit Plan (SHBP, or the Plan). After a lengthy and careful selection process, three companies were awarded contracts to administer the self-insured Plan options. BlueCross BlueShield of Georgia will provide medical claims administration and medical management services; Express Scripts, Inc. will administer pharmacy benefits; and Healthways Inc. will administer wellness programs and related initiatives.

Like other states, Georgia continues to face fiscal and regulatory challenges that have affected our State Health Benefit Plan. Our goals are focused and we remain committed to finding innovative solutions to address these challenges.

For CY 2014, we will offer clear choices to SHBP members. Plan options have been simplified, and are designed to enable members to choose the option that best suits their needs and to compare SHBP coverage to coverage available on the Health Insurance Exchange.

- All Non-MA Plan options are consumer-driven. Health Reimbursement Arrangement (HRA) plan options that offer medical benefits and pharmacy benefits.
- Prescription benefits are the same in each Plan option.
- All members get a starting balance in an HRA Account.
- Members can choose a Bronze, Silver or Gold option (see comparison chart at the end of this Guide).

Thank you for participating in ***your SHBP*** and know that DCH remains committed to ***A Healthy Georgia***.

Sincerely,

Clyde L. Reese III, Esq.

Health Information Technology | Healthcare Facility Regulation | Medical Assistance Plans | State Health Benefit Plan

Equal Opportunity Employer

Welcome to the Annual Open Enrollment (OE)

Welcome to the Georgia Department of Community Health (DCH), State Health Benefit Plan (SHBP) 2014 Annual Open Enrollment (OE).

During October 21 through November 8, 2013, over 680,000 eligible employees, retirees, and their families will have the opportunity to enroll and/or continue access to quality health insurance benefits offered through SHBP.

On behalf of Governor Nathan Deal, Commissioner Clyde Reese, the Board of Community Health and the entire SHBP team, I encourage you to explore the plan changes, including the Affordable Care Act (ACA) requirements, and plan options that are available to you for 2014.

Please take a moment to carefully review this Active Employee Decision Guide, as it has been created especially for you to help you make an informed decision during the Annual OE. After you carefully review the Active Employee Decision Guide, follow the enrollment instructions through our online enrollment web portal **www.mySHBPga.adp.com** and choose the coverage option that you believe offers the best choice for you and/or your family.

This Active Employee Decision Guide outlines specific benefit changes that will become effective January 2014 and continue in effect through December 31, 2014. In addition to this guide, you may visit **www.dch.georgia.gov/shbp** for other helpful tools, Summary Plan Description, premium costs, in-network provider information, qualifying event definitions and more.

Thank you for the opportunity to serve you by offering quality, cost-effective health care coverage which aligns with our mission to promote health and wellness for all of our SHBP members.

Warmest regards,

Lurline Craig-Burke
Chief, State Health Benefit Plan

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Open Enrollment (OE) and Your Responsibilities

October 21 – November 8, 2013 for January 1 – December 31, 2014
www.mySHBPga.adp.com

Your Responsibilities as a SHBP Member

- Make your elections online at **www.mySHBPga.adp.com** no later than **November 8, 2013 by 5:00 p.m. ET**
- Notify SHBP whenever you have a change in covered dependents (within 31 days of Qualifying Event)
- Read and make sure you understand the plan materials posted at **www.dch.georgia.gov/shbp**
- Check your payroll deduction to verify the correct deduction amount is made
- Notify your employer of any change in address
- Review all communications from the SHBP and your employer and take the required actions
- Notify SHBP when you or a covered spouse or dependent gain Medicare coverage within the time limits set by SHBP, including gaining coverage as a result of End Stage Renal Disease

During the Annual OE, You May:

- Change to any option for which you are eligible
- Enroll in a new plan option
- Drop covered dependents
- Discontinue SHBP coverage
- Enroll eligible dependents
- Decrease/increase coverage tier

IMPORTANT NOTE

- Dual coverage (more commonly referred to as State on State coverage) is when two members are eligible for coverage both as an employee and spouse under SHBP. For example: a member is eligible for SHBP coverage through his/her employment and his/her spouse is also eligible for SHBP coverage as an employee.
- If both members are eligible for coverage as employees, it may not be cost effective to cover each other as dependents. This is because regardless of the other coverage (SHBP or another group policy) you will still be responsible for deductibles and non-covered or ineligible charges.

Making Your Health Benefit Election for 2014

Before you finalize your selection, we urge you to review the plans described in this guide, discuss them with your family and choose a program that is best for you and your individual circumstance. Only you can decide which plan meets your needs.

How to Make Your 2014 Election

New Web Portal

www.mySHBPga.adp.com – Go online today!

- Annual OE: **October 21, 2013**, 12:01 a.m. ET to **November 8, 2013**, 5:00 p.m. ET
- You must first register using the registration code **SHBP-GA** and set up a password before making your 2014 election
- You must have a valid email address to access the web portal
- Once registered you should:
  - —Verify your address
  - —Verify your coverage tier (you only, you & spouse, you & child(ren) or you & family)
  - —Verify your dependents
  - —Answer the Tobacco Surcharge question
  - —Make sure your election is made and confirmed by clicking CONFIRM by 5:00 p.m. ET, November 8, 2013
  - —Make sure you print and save your confirmation code, write down the confirmation code, or save the code to your computer's hard drive

What if I Do Not Take Any Action?

If SHBP does not receive an election from you through the website, you have made a decision to take the default coverage below:

- **If you are enrolled in a UnitedHealthcare or Cigna HMO, HRA or HDHP option in 2013** – you will be defaulted to the Bronze HRA option for 2014 and will continue to pay any Tobacco Surcharge you were paying in 2013. This is the option with the lowest premium, but it also has the highest deductible, the highest co-insurance and the smallest base HRA dollars. You should expect to pay out-of-pocket expenses for all medical treatment (other than covered treatment properly coded as "preventive care") that costs more than $100.
- **If you are enrolled in the TRICARE Supplement in 2013**, you will be enrolled in the TRICARE Supplement for 2014.

Note: If you paid a Tobacco Surcharge in 2013, it will continue to apply. If you did not pay a Tobacco Surcharge in 2013, you will not pay one if you choose the default coverage election above. Remember, it is your obligation to notify the SHBP immediately if you no longer qualify for the Tobacco Surcharge waiver.

Making Your Health Benefit Election for 2014

IMPORTANT NOTE

- The election made during the 2014 Annual OE will be the coverage you have for the entire 2014 Plan Year unless you have a Qualifying Event that allows a change in coverage.
- Enrolling or discontinuing coverage from individual coverage such as coverage offered through the Health Insurance Marketplace is not a Qualifying Event. See Qualifying Events below for more information.

Making Changes During the Year

Consider your benefit needs carefully and make the appropriate selections. Your selection will remain in effect for the entire calendar year. You will not have an opportunity to change your selection until the next Annual OE unless you experience a Qualifying Event during the Plan Year. For a complete description of Qualifying Events, see your Summary Plan Description (SPD) available online at **www.dch.georgia.gov/shbp**. You may also contact the SHBP Call Center for assistance at **1-800-610-1863**.

Qualifying Events include, but are not limited to:

- Birth, or adoption of a child, or placement for adoption
- Death of a spouse or child, only if the dependent is currently enrolled
- Your spouse's or dependent's loss of eligibility for other group health coverage
- Marriage or divorce (once divorced, your ex-spouse is not eligible for coverage under SHBP)
- Medicare eligibility

Eligible Dependents

The SHBP covers dependents who meet SHBP guidelines. Eligibility documentation must be submitted before SHBP can send notification of a dependent's coverage to BCBSGa.

Eligible Dependents Include:

1. Spouse
2. Dependent Child
   - Natural child
   - Adopted child
   - Stepchild
   - Guardianship
   - Totally disabled child

For a complete description of eligibility, see your SPD available online at **www.dch.georgia.gov/shbp**.

IMPORTANT NOTE

- If you have single coverage and are having a baby, in order for the baby's charges to be covered, you must change tiers to include the baby at birth.
- Remember you only have 31 days before or after a Qualifying Event to add a dependent (90 days for a newborn).

New Hires

Coverage Effective Date for New Hires

SHBP uses a “calendar month” instead of the hire date for the effective date of coverage. The effective date of coverage is the first of the month following one full calendar month of employment, unless the hire date is concurrent with the first of the month. If the hire date is concurrent with the first of the month, then coverage is effective the first month following the hire date.

Examples:

- If hired on 10/15/2013, one full calendar month following October is 11/15/2013. Coverage would begin the first of the month following November and is effective 12/1/2013
- If hired on 11/1/2013, since the hire date is concurrent with the first of the month, coverage would begin the first of the month following the hire date: 12/1/2013
- If hired on 1/31/2014, one full calendar month following January is February, and coverage would begin the first month following February and is effective 3/1/2014

2014 Plan Changes

Members will experience a number of positive enhancements as a result of the new SHBP plan options. The 2014 plan options (listed below) are designed to provide members affordable premiums and their choice of plan options that best meet their needs.

Health Reimbursement Arrangement (HRA) Plan Options:
Gold HRA
Silver HRA
Bronze HRA

- All plan options are consumer-driven, HRA plan options that offer medical, wellness and pharmacy benefits.
- Prescription benefits are the same in each HRA plan option.
- All members get a starting balance of spending dollars in an HRA account.
- All HRA plan options are now wellness options.
- HMO and HDHP will no longer be available through SHBP.

The TRICARE Supplement will continue to be available for those members enrolled in TRICARE. PeachCare for Kids® will continue to be available for those members enrolled in PeachCare for Kids.® See page 17 for additional information.

Please read the Benefits Comparison table in this guide carefully and look at your medical and prescription expenses to make sure you understand the out-of-pocket costs under each option. In addition, you can find premium rates online at **www.dch.georgia.gov/shbp**.

Transition to 2014

The new plan administrators BCBSGa, Express Scripts, Inc. and Healthways, will administer the 2014 plan options. Effective January 1, 2014, Cigna and UnitedHealthcare will no longer administer the SHBP plan options.

2013 Claims

1. Medical and pharmacy claims for services rendered on or before December 31, 2013, need to be filed with UnitedHealthcare or Cigna no later than March 31, 2014.
2. Any request for appeals and claim adjustments for 2013 claims must be submitted by April 30, 2014.
3. UnitedHealthcare and Cigna will process all claims for services rendered on or before December 31, 2013.

BCBSGa Open Access POS Network

1. Be sure to check that your current provider is in-network with BCBSGa. SHBP is utilizing BCBSGa's Open Access POS network of providers for the HRA plan options.
2. If your current provider is not in-network with BCBSGa, you can search for a new provider online at **www.bcbsga.com/shbp** or by calling BCBSGa at **1-855-641-4862** and a customer service representative will assist you in locating an in-network provider.
3. You may also nominate a provider to join the network. Instructions are available at **www.bcbsga.com/shbp**.
4. If you are traveling outside of Georgia you can access the BlueCard National PPO Network. For network providers, call **1-855-641-4862** or go online at **www.bcbsga.com/shbp**.

Transition Assistance Program for Continuation of Care

1. Transition assistance is a process that allows for continued care for SHBP members when their treating provider is not a part of the BCBSGa Open Access POS participating provider program.
2. Continuation of care may be received if treatment is needed for certain conditions after December 31, 2013.
3. You may request Continuation of Care if:
    a. You are in an active course of treatment for an acute medical condition or serious chronic condition;
    b. You are in an active course of treatment for any behavioral health condition;
    c. You are pregnant, regardless of trimester;
    d. You have a terminal illness; Hospice care or
    e. You have a surgery or other procedure scheduled that has been authorized by the previous plan.
4. If you require ongoing care for any chronic condition and you are not in an active phase of your illness, you should select an in-network provider to meet your ongoing health care needs.

For more information regarding Continuation of Care, visit **www.bcbsga.com/shbp** or call BCBSGa Customer Service at **1-855-641-4862**.

Understanding Your Plan Options for 2014

SHBP members can select from one of the following HRA plan options for 2014:

- Gold HRA
- Silver HRA
- Bronze HRA

How the HRA plan options work for medical benefits

HRA

- Every year, SHBP contributes HRA dollars to your HRA account.
- These dollars are used to help pay certain covered medical expenses. It's important to note that when you go to the doctor, you may pay a co-payment depending on services rendered. HRA dollars cannot be used for medical co-payments. Co-payments will apply to your out-of pocket maximum. You can use the Blue Cross Blue Shield online tools to have a better idea of what those costs will be.
- If you don't use all of the HRA dollars in your HRA account, they will roll over from year to year, as long as you remain enrolled in the HRA plan.

Annual deductibles

- You are responsible for paying annual deductibles on certain medical services before the plan begins to pay a percentage of your covered expenses.
- The dollars in your HRA account are used to help meet your deductibles. And if you've been enrolled in the plan for more than one year, you may have enough saved to pay for your entire deductible.
- Co-payments do not apply to your deductible.

Co-insurance

- After you meet your annual deductible, you pay a percentage of the cost of your covered expenses, called co-insurance.
- If you still have HRA dollars in your HRA account after you've met your annual deductible, you can use these dollars to pay your share of co-insurance.
- Once you reach your annual out-of-pocket maximum, the plan pays 100 percent of any of your remaining covered expenses for the rest of the year.

The HRA plan options offer access to a quality provider network, and all plan options pay 100% of covered services provided by in-network providers that are properly coded as "preventive care" within the meaning of the Affordable Care Act (ACA).

Under the pharmacy benefits, the member pays no cost for certain types of drugs identified by the ACA as "preventive care" such as select oral contraceptives. A member actively complying with the requirements of the Disease Management (DM) Co-pay Waiver Program pays no cost for certain maintenance medications. There is no deductible and no out-of-pocket maximum for pharmacy benefits. Instead, the member pays a co-payment for a prescription. Pharmacy co-payments are paid with available HRA dollars.

IMPORTANT NOTE

- Any unused dollars in your HRA account under Cigna or UnitedHealthcare in 2013 will rollover to the 2014 Plan Year. HRA dollars remaining from 2013 will rollover by April 2014. This allows 2013 HRA dollars to be used to pay your out-of-pocket expenses for 2013 claims filed no later than January 31, 2014.
- Members and/or spouses (if covered) who met the 2013 Wellness Requirements (in either the 2013 Wellness or Standard options) will each have $240 credited to the member's HRA account on January 1, 2014.

Wellness in 2014

SHBP is excited to announce the addition of the new wellness partner, Healthways, to provide members with comprehensive well-being resources and incentive programs. Healthways will also administer the 2014 action-based HRA incentives that will allow SHBP members and covered spouses to earn additional dollars for their HRA account. To earn these HRA dollars, complete the following requirements any time between January 1 – December 31, 2014:

	What to DO	What you EARN
1	**Assess Your Health** Complete your Healthways Well-Being Assessment® (WBA), a confidential, online questionnaire that will take about 20 minutes.	Complete both and earn **$240** for your HRA account (WBA must be completed before HRA dollars can be earned)
2	**Know Your Numbers** Complete a biometric screening and submit results (body mass index, blood pressure, cholesterol, glucose). The biometric screening must be completed at an SHBP-sponsored screening event or by your physician and your results submitted appropriately.	
3	**Take Action** It's your choice! Complete the coaching pathway, online pathway or a combination of both. **Coaching Pathway** Create your Well-Being Plan. Actively engage in telephonic coaching. **Online Pathway** Create your Well-Being Plan. Record 5 online well-being activities using the same tracker within 4 consecutive weeks and earn $40 into your HRA account. You can earn these HRA dollars ($40) up to 6 times. Sample activities: track exercise five times, record daily steps five times, track food five times.	Earn up to **$240** for your HRA account (WBA must be completed before HRA dollars can be earned)

By completing the incentive actions, you are investing in your health and increasing the amount in your HRA account as outlined in the chart below. This will reduce the amount you will have to pay in deductibles and co-insurance.

Tier	Gold HRA Dollars	Gold HRA after completion of all 2014 incentive actions (initial HRA $ + earned HRA $)	Silver HRA Dollars	Silver HRA after completion of all 2014 incentive actions (initial HRA $ + earned HRA $)	Bronze HRA Dollars	Bronze HRA after completion of all 2014 incentive actions (initial HRA $ + earned HRA $)
You	$400	$880	$200	$680	$100	$580
You + Child(ren)	$600	$1,080	$300	$780	$150	$630
You + Spouse	$600	$1,560	$300	$1,260	$150	$1,110
You + Family	$800	$1,760	$400	$1,360	$200	$1,160

SHBP members will have access to a variety of Healthways' tools, activities and services. To learn more, visit **BeWellSHBP.com** beginning January 1, 2014.

HRA Plan Options

Benefits Comparison: Gold, Silver and Bronze HRA Plans

January 1, 2014 – December 31, 2014

	Gold HRA		Silver HRA		Bronze HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	*You Pay*		*You Pay*		*You Pay*	
Deductible						
• You	$1,500	$3,000	$2,000	$4,000	$2,500	$5,000
• You + Spouse	$2,250	$4,500	$3,000	$6,000	$3,750	$7,500
• You + Child(ren)	$2,250	$4,500	$3,000	$6,000	$3,750	$7,500
• You + Family	$3,000	$6,000	$4,000	$8,000	$5,000	$10,000
	HRA dollars will reduce this amount		*HRA dollars will reduce this amount*		*HRA dollars will reduce this amount*	
Out-of-Pocket Maximum						
• You	$4,000	$8,000	$5,000	$10,000	$6,000	$12,000
• You + Spouse	$6,000	$12,000	$7,500	$15,000	$9,000	$18,000
• You + Child(ren)	$6,000	$12,000	$7,500	$15,000	$9,000	$18,000
• You + Family	$8,000	$16,000	$10,000	$20,000	$12,000	$24,000
	HRA dollars will reduce this amount		*HRA dollars will reduce this amount*		*HRA dollars will reduce this amount*	
HRA	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
HRA Dollars (Base Amount)						
• You	$400		$200		$100	
• You + Spouse	$600		$300		$150	
• You + Child(ren)	$600		$300		$150	
• You + Family	$800		$400		$200	
	HRA dollars will not be applicable to medical co-payments		*HRA dollars will not be applicable to medical co-payments*		*HRA dollars will not be applicable to medical co-payments*	
Physicians' Services	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Primary Care Physician or Specialist Office Treatment of illness or injury	100% coverage after a $35 PCP or $45 SPC per office visit co-payment	60% coverage; subject to deductible	100% coverage after a $35 PCP or $45 SPC per office visit co-payment	60% coverage; subject to deductible	100% coverage after a $35 PCP or $45 SPC per office visit co-payment	60% coverage; subject to deductible
Maternity Care (prenatal, delivery and postpartum)	100% coverage after a $35 PCP initial office visit co-payment	60% coverage; subject to deductible	100% coverage after a $35 PCP initial office visit co-payment	60% coverage; subject to deductible	100% coverage after a $35 PCP initial office visit co-payment	60% coverage; subject to deductible
Physician Services Furnished in a Hospital • Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Primary Care Physician or Specialist Office or Clinic Visits for the Following: • Wellness care/preventive health care • Annual gynecological exams (these services are not subject to the deductible) • Prenatal care coded as preventative	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered

HRA Plan Options

Benefits Comparison: Gold, Silver and Bronze HRA Plans

January 1, 2014 – December 31, 2014

	Gold HRA		Silver HRA		Bronze HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physicians' Services	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Physician Services for Emergency Room Care	100% coverage		100% coverage		100% coverage	
Allergy Shots and Serum • Co-payment is applicable only to office visit	100% coverage for shot and serum after a $35 PCP or $45 SPC per office visit co-payment	60% coverage; subject to deductible	100% coverage for shot and serum after a $35 PCP or $45 SPC per office visit co-payment	60% coverage; subject to deductible	100% coverage for shot and serum after a $35 PCP or $45 SPC per office visit co-payment	60% coverage; subject to deductible
Outpatient Surgery/Services • When billed as office visit	100% coverage after a $35 PCP or $45 SPC per office visit co-payment	60% coverage; subject to deductible	100% coverage after a $35 PCP or $45 SPC per office visit co-payment	60% coverage; subject to deductible	100% coverage after a $35 PCP or $45 SPC per office visit co-payment	60% coverage; subject to deductible
Outpatient Surgery/Services • When billed as outpatient surgery at a facility	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Hospital Services	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Inpatient Services • Inpatient care, delivery and inpatient short-term acute rehabilitation services	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Inpatient Services • Well-newborn care	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery/Services • Hospital/facility	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Emergency Room Care—Hospital • Treatment of an emergency medical condition or injury	100% coverage after $150 per visit co-payment; if admitted co-payment is waived		100% coverage after $150 per visit co-payment; if admitted co-payment is waived		100% coverage after $150 per visit co-payment; if admitted co-payment is waived	
Outpatient Testing, Lab, etc.	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Non Routine Laboratory; X-Rays; Diagnostic Tests; Injections • Including medications covered under medical benefits—for the treatment of an illness or injury • When billed with an office visit 100% coverage after a co-payment is applied to the office visit.	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible

Benefits Comparison: Gold, Silver and Bronze HRA Plans

January 1, 2014 – December 31, 2014

	Gold HRA		Silver HRA		Bronze HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Behavioral Health	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Mental Health and Substance Abuse Inpatient Facility *NOTE: Prior approval required*	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Mental Health and Substance Abuse Outpatient Visits/ Partial Day Hospitalization—Institutional	100% coverage after $25 co-payment for group therapy	60% coverage; subject to deductible	100% coverage after $25 co-payment for group therapy	60% coverage; subject to deductible	100% coverage after $25 co-payment for group therapy	60% coverage; subject to deductible
Mental Health and Substance Abuse Outpatient Visits—Professional	100% coverage after $25 co-payment for group therapy or $45 co-payment for individual therapy	60% coverage; subject to deductible	100% coverage after $25 co-payment for group therapy or $45 co-payment for individual therapy	60% coverage; subject to deductible	100% coverage after $25 co-payment for group therapy or $45 co-payment for individual therapy	60% coverage; subject to deductible
Other Coverage	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Outpatient Acute Short-Term Rehabilitation Services • Physical Therapy • Speech Therapy • Occupational Therapy • Other short term rehabilitative services *Note: total of 40 visits in-network & out-of-network combined per therapy*	100% coverage after a $25 per visit co-payment	60% coverage; subject to deductible	100% coverage after a $25 per visit co-payment	60% coverage; subject to deductible	100% coverage after a $25 per visit co-payment	60% coverage; subject to deductible
Chiropractic Care Coverage up to a maximum of 20 visits, per Plan Year; Up to a maximum of 20 days, per Plan Year	100% coverage after a $45 SPC per visit co-payment	60% coverage; subject to deductible	100% coverage after a $45 SPC per visit co-payment	60% coverage; subject to deductible	100% coverage after a $45 SPC per visit co-payment	60% coverage; subject to deductible
Hearing Services for non-routine exam & fittings	100% coverage after a $35 PCP or $45 SPC per visit co-payment	60% coverage; subject to deductible	100% coverage after a $35 PCP or $45 SPC per visit co-payment	60% coverage; subject to deductible	100% coverage after a $35 PCP or $45 SPC per visit co-payment	60% coverage; subject to deductible
Hearing Aid	$1,500 hearing aid allowance every 5 years; not subject to the deductible or co-insurance		$1,500 hearing aid allowance every 5 years; not subject to the deductible or co-insurance		$1,500 hearing aid allowance every 5 years; not subject to the deductible or co-insurance	
Vision Exam (routine) *Note: one routine eye exam every 24 months*	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered
Urgent Care/Retail Health Clinic Services	100% coverage after $35 co-payment	60% coverage; subject to deductible	100% coverage after $35 co-payment	60% coverage; subject to deductible	100% coverage after $35 co-payment	60% coverage; subject to deductible

HRA Plan Options

Benefits Comparison: Gold, Silver and Bronze HRA Plans

January 1, 2014 – December 31, 2014

	Gold HRA		Silver HRA		Bronze HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Pharmacy - You Pay	*You Pay*		*You Pay*		*You Pay*	
Tier 1 Co-payment */** *Note: up to 31 day supply*	$20		$20		$20	
Tier 2 Co-payment Preferred Brand */** *Note: up to 31 day supply*	$50		$50		$50	
Tier 3 Co-payment Non-Preferred Brand */** *Note: up to 31 day supply*	$80		$80		$80	
90 Day Supply for maintenance drugs from mail order OR at participating 90-Day Retail Network Pharmacies*/**	Tier 1 - $50 Tier 2 - $125 Tier 3 - $200		Tier 1 - $50 Tier 2 - $125 Tier 3 - $200		Tier 1 - $50 Tier 2 - $125 Tier 3 - $200	
90 Day Supply for maintenance drugs from a Retail Network Pharmacy which is not part of the 90-day Retail Network Pharmacies */**	Tier 1 - $60 Tier 2 - $150 Tier 3 - $240		Tier 1 - $60 Tier 2 - $150 Tier 3 - $240		Tier 1 - $60 Tier 2 - $150 Tier 3 - $240	
Other Coverage	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Home Health Care Services *NOTE: Prior approval required*	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Skilled Nursing Facility Services *NOTE: Prior approval required*	85% coverage; up to 120 days per Plan Year; subject to deductible	Not covered	80% coverage; up to 120 days per Plan Year; subject to deductible	Not covered	75% coverage; up to 120 days per Plan Year; subject to deductible	Not covered
Hospice Care *NOTE: Prior approval required*	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Durable Medical Equipment (DME)—Rental or purchase *NOTE: Prior approval required for certain DME*	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Foot Care	100% Coverage after $35 PCP or $45 SPC co-payment per visit	60% coverage; subject to deductible	100% Coverage after $35 PCP or $45 SPC co-payment per visit	60% coverage; subject to deductible	100% Coverage after $35 PCP or $45 SPC co-payment per visit	60% coverage; subject to deductible
Transplant Services *NOTE: Prior approval required*	Members must use a Blue Distinction Center for Transplants (BDCT) or one of the Center of Medical Excellence (CME) Transplant Network facilities to receive benefits. Contact BCBSGa for more information.					

** HRA dollars will be applicable for pharmacy co-payment **Pharmacy co-payments are not subject to the out-of-pocket maximum*

Note: *If you request a Brand-name Prescription Drug Product in place of the chemically equivalent Prescription Drug Product (Generic equivalent), you will pay the applicable Generic co-payment in addition to the difference between the Brand and Generic Drug costs.*

The Plan pays a percent of the Maximum Allowed Amount for Covered Services performed by out-of-network providers; the Maximum Allowed Amount is usually 110% of the Medicare rate for the treatment. Deductibles and out-of-pocket maximums are based only on these eligible expenses, and do not include amounts you pay when out-of-network providers balance bill for the difference. You cannot use HRA dollars to pay for amounts balance billed.

Note: *For out-of-network providers, the plan does not accept assignment of benefits. You will receive a payment of benefits and it will be your responsibility to pay that to the provider.*

Flexible Benefits Program

If you are eligible to make benefit elections under the Flexible Benefits Program, administered by the Department of Administration Services (DOAS), please visit **www.GABreeze.ga.gov** or call **1-877-342-7339** to make your annual enrollment benefit elections.

Board of Education or Agencies Not Participating in the DOAS Flexible Benefits Program

If your employer does not participate in the Flexible Benefits Program, contact your personnel/payroll office to obtain information regarding flexible benefits sponsored by your employer.

Alternative Coverage

TRICARE Supplement for Eligible Military Members

The TRICARE Supplement Plan is an alternative to SHBP coverage that is offered to employees and dependents who are eligible for SHBP coverage and enrolled in TRICARE. The TRICARE Supplement Plan is not sponsored by the SHBP, the Department of Community Health or any employer. The TRICARE Supplement Plan is sponsored by the American Military Retirees Association (AMRA) and is administered by the Association & Society Insurance Corporation. In general, to be eligible, the employee and dependents must each be under age 65, ineligible for Medicare and registered in the Defense Enrollment Eligibility Reporting System (DEERS).

For complete information about eligibility and benefits, contact **1-866-637-9911** or visit **www.asicorporation.com/ga_shbp**. You may also find information at **www.dch.georgia.gov/shbp**

PEACHCARE FOR KIDS®

As state or public school employees, you could be eligible to enroll your children in PeachCare for Kids.

Visit **www.peachcare.org** or call **1-877-427-3224** for information.

Health Insurance Marketplace

You may also qualify for a lower cost health insurance plan through the Health Insurance Marketplace under the Affordable Care Act. To find out if you qualify, visit **www.healthcare.gov**. Open Enrollment for the Health Insurance Marketplace begins October 1, 2013, for coverage starting as early as January 1, 2014.

If You Are Retiring

Planning to retire soon? Here is what you need to know:

- In order to continue your SHBP plan as a retiree, you and any dependents you want covered must be enrolled in the plan at the time you retire. If you are not enrolled in the SHBP coverage and wish to carry coverage as a retiree, you will need to enroll in the plan during the Annual Open Enrollment the year prior to your retirement.
- If you are under 65, your options are the same as for active employees and the Tobacco Surcharge will apply.
- Once retired, you will have an annual Retiree Option Change Period (ROCP) that allows you to change your plan option only.
- You may add dependents only if you have a Qualifying Event.
- Please refer to the Retiree Decision Guide for additional information regarding your SHBP coverage and options as a retiree.
- If you have a balance of $100 or more in your HRA at the time you move to a BCBSGa Medicare Advantage (MA) PPO option, an individual HRA account will be set up by BCBSGa.
- After a six-month run-out period, to allow for prior year's claims, the funds will be available for use.

Legal Notices

About the Following Notice

The following important legal notices are posted on the SHBP website at **www.dch.georgia.gov/shbp** under Plan Documents:

- Women's Health and Cancer Rights Act Notice describes SHBP's compliance with federal law by covering reconstructive surgery after mastectomy
- Newborns' and Mothers' Health Protection Act Notice describes SHBP's compliance with federal law by covering hospital stays following childbirth
- Health Insurance Portability and Accountability Act SHBP Notice of Information Privacy Practices describes how medical information about you is used and protected in accordance with federal law
- Mental Health Parity and Addiction Equity Act Opt-Out Notice explains DCH's decision to opt out of certain coverage mandates, as permitted by federal law
- Centers for Medicaid & Medicare Services Medicare Part D Creditable Coverage Notice informs you that prescription drug coverage under all SHBP coverage options are considered Medicare Part D "creditable coverage"
- Summaries of Benefits and Coverage describe benefits under the Non-MA Plan Options in a standard form required by the Affordable Care Act
- Georgia Law Section 33-30-13 Notice describes the impact of the Affordable Care Act on premiums for SHBP options

Penalties for Misrepresentation

If an SHBP participant misrepresents eligibility information when applying for coverage, during change of coverage or when filing for benefits, the SHBP may take adverse action against the participants, including but not limited to terminating coverage (for the participant and his or her dependents) or imposing liability to the SHBP for fraud or indemnification (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law.

In order to avoid enforcement of the penalties, the participant must notify the SHBP immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

Terms and Conditions
for 2014

IMPORTANT: In order to make any elections or changes to SHBP coverage through the year-round web portal (either at www.mySHBPga.adp.com or by telephone), you must accept these terms and conditions. If your election is changed to default coverage without your affirmative action, you are deemed to have accepted these Terms and Conditions. Be sure to read these carefully before making your health elections or deciding to accept default coverage.

I understand that it is my responsibility to review the most recent Active Decision Guide. It is my responsibility to review any applicable Plan documents that are available and applicable to me (including Plan documents posted electronically at **http://dch.georgia.gov/shbp**) at the time of my decision, and to determine the SHBP option that best meets my or my family's health care needs.

I also understand that it is my responsibility to review the following bullets and understand which of the bullets apply to my situation:

- I understand that providers may join and discontinue participation in a vendor's network, and this is not a Qualifying Event that will allow me to change my election.
- I understand that the costs of prescription drugs may change during a Plan Year and that these changes are not a Qualifying Event that will allow me to change my election.
- I understand that once I have made an election and my election window closes I will not be able to change that election until the next Annual Open Enrollment or if I have a Qualifying Event.
- I understand that it is my responsibility to select the correct tier based upon the dependents I wish to cover.
- I understand that by electing coverage I am authorizing my employer to deduct from my monthly check the applicable premium for the plan option and coverage tier I have selected and any applicable Tobacco Surcharge.
- I understand that I will have to pay premiums for the plan option and tier I select, and that coverage for any newly added dependents will start only if I provide the required verification documentation for those dependents by the applicable deadline. Dependent coverage is retroactive to the date of the Qualifying Event if verified within the applicable deadline.
- I understand that it is my responsibility to verify that the correct deduction is taken and to immediately notify my employer if it is not correct.
- I understand that if I have chosen to add an eligible dependent(s), I will be contacted to provide dependent verification documentation and that this documentation must be provided for each pended dependent within 90 days of receiving such a request. I understand that failure to provide verification documentation of newly added dependents within this timeframe will result in the removal of the election of coverage for the dependent from the SHBP web portal and cancellation of the election request, and I will not be entitled to a refund of any deductions taken to pay for the dependent coverage.

Terms and Conditions

- I understand that if I experience a Qualifying Event I must elect to make the change to my plan option and tier by the deadline (in most cases, within 31 days of the Qualifying Event) in order for the corresponding monthly premium to apply for the remainder of the Plan Year. I understand that the rules governing these Qualifying Events and their deadlines are provided in the Plan documents.
- I understand as an active member that if I miss the deadline to add a dependent or submit verification documentation, I will not be able to add the dependent until the next Annual Open Enrollment, or until I experience a Qualifying Event that would enable me to make such a change.
- I understand that I must truthfully answer the Tobacco Surcharge question. It is my responsibility to immediately notify SHBP if my answer to the Tobacco Surcharge question changes. Intentional misrepresentations in my answer to the surcharge question or my failure to notify SHBP if my answer to the surcharge question changes will have significant consequences, including loss of SHBP coverage for 12 months from the date my incorrect answer or failure to notify SHBP is discovered.
- I understand that intentional misrepresentation or falsification of information (including verification documentation submitted when dependents are added) will subject me to penalties and possible legal action and, in the case of adding dependents, may result in termination of coverage retroactive to the dependent's effective date and recovery of payments made by SHBP for ineligible dependents.
- I understand that by making an election either through the year-round web portal or by taking no action during the Annual Open Enrollment (if choosing default coverage), I am attesting that the information I provide (or provided in the past for default coverage) is true and correct to the best of my knowledge and that I have read and understand how my decision affects coverage for myself and my dependents. I acknowledge that I may be subject to a fine of not more than $1,000 or imprisonment for not less than one, nor more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to DCH pursuant to O.C.G.A. Section 16-10-20.

Website for the Annual Open Enrollment Available

Oct. 21, at 12:01 a.m. ET – Nov. 8, 5:00 p.m ET

For Plan Coverage effective

January 1, 2014 – December 31, 2014

The material in this booklet is for information purposes only and is not a contract. It is intended only to highlight principal benefits of the SHBP plan options. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the plan documents, the plan documents govern. For all plan options other than Medicare Advantage option, the plan documents include the SHBP regulations, Summary Plan Descriptions and reimbursement guidelines of the vendors. The plan documents for Medicare Advantage are the insurance certificates. It is the responsibility of each member, active or retired, to read the plan documents in order to fully understand how that option pays benefits. Availability of SHBP options may change based on federal or state law changes or as approved by the Board of the Department of Community Health (DCH). Premiums for SHBP options are established by the DCH Board and may be changed at any time by the Board resolutions subject to advance notice.

Georgia Department
of Community Health