



DEPARTMENT OF COMMUNITY HEALTH 2014 BENEFITS SUMMARY



The Department of Community Health is pleased to provide the following benefits to its employees based on their employment status. If coverage is selected, the wait period for new hires is the first of the month following 'one full calendar month' of employment, unless the hire date is concurrent with the first working day of the month. Payroll deductions for selected benefits begin the month prior to the beginning of coverage; employees may be covered up to one month following the last day of employment. Most benefit deductions are pre-taxed.



HEALTHCARE REFORM ACT

The **Patient Protection and Affordable Care Act of 2010** will allow the State Health Benefit Plan (SHBP) to cover a member's child up to the age of 26, regardless of the child's marital, employment or student status, and regardless of whether the child lives with the member or is financially dependent on the member. In addition, the SHBP has eliminated all pre-existing condition requirements. Please contact SHBP Eligibility at 800-610-1863 or visit them online at www.mySHBPga.adp.com for more details.

CONSUMER DRIVEN HEALTH PLAN HEALTH REIMBURSEMENT ARRANGEMENT ACCOUNT (HRA)

The HRA Gold, Silver, and Bronze plan is a consumer driven health care option whose plan design offers you a different approach for managing your health care needs.



HRA GOLD, SILVER AND BRONZE OPTIONS

The HRA plan options offer access to a quality provider network and healthcare credits to spend your way! All plan options pay 100% of covered services provided by network providers that are properly coded as "preventive care" within the meaning of the Affordable Care Act (ACA).

Plan Features:

- Low monthly premiums
- Unlimited wellness benefits when seeing in-network providers only *(based on national age and gender guidelines)*
- Exclusive healthcare credits to spend your way
- Unused credits roll over year to year
- 100 percent coverage of preventative care
- Unlimited provider choice
- No Primary Care Physician designation
- No specialist referrals required

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 **866-637-9911** or visit www.asicorporation.com/ga_shbp.

You may also find information at www.dch.georgia.gov/shbp.



Employees eligible for SHBP coverage may enroll their children in the PeachCare for Kids Program if they meet PeachCare requirements. Please refer to the SHBP New Employee Decision Guide and www.peachcare.org for more information.

SHBP SURCHARGE POLICY

Tobacco Surcharge

A **\$80** tobacco surcharge will be added to your monthly premium if you or any of your covered dependents have used tobacco products in the previous twelve months.

GOLD, SILVER AND BRONZE HEALTH COVERAGE OPTIONS & BENEFITS COMPARISONS

January 1, 2014 – December 31, 2014

Gold HRA Option		Silver HRA Option		Bronze HRA Option	
In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network

*Please reference the SHBP New Employee Decision Guide for full details and comparisons.

Covered Services	You Pay		You Pay		You Pay	
Deductible						
<ul style="list-style-type: none"> • You • You+Spouse • You+Child • You+Family 	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
<ul style="list-style-type: none"> • You+Spouse • You+Child • You+Family 	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
<ul style="list-style-type: none"> • You+Child • You+Family 	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
<ul style="list-style-type: none"> • You+Family 	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
Out-of-Pocket Maximum						
<ul style="list-style-type: none"> • You • You+Spouse • You+Child • You+Family 	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
<ul style="list-style-type: none"> • You+Spouse • You+Child • You+Family 	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
<ul style="list-style-type: none"> • You+Child • You+Family 	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
<ul style="list-style-type: none"> • You+Family 	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000
*HRA credits will reduce the amount			*HRA credits will reduce the amount			
HRA	The Plan Pays		The Plan Pays		The Plan Pays	
HRA Credits						
<ul style="list-style-type: none"> • You • You+Spouse • You+Child • You+Family 		\$400		\$200		\$100
<ul style="list-style-type: none"> • You+Spouse • You+Child • You+Family 		\$600		\$300		\$150
<ul style="list-style-type: none"> • You+Child • You+Family 		\$600		\$300		\$150
<ul style="list-style-type: none"> • You+Family 		\$800		\$400		\$200
Pharmacy You Pay	You Pay		You Pay		You Pay	
Tier 1 Co-Insurance		15%		15%		15%
		(\$20 min/\$50 max)		(\$20 min/\$50 max)		(\$20 min/\$50 max)
		Not subject to deductible		Not subject to deductible		Not subject to deductible
Tier 2 Co-Insurance		25%		25%		25%
		(\$50 min/\$80 max)		(\$50 min/\$80 max)		(\$50 min/\$80 max)
		Not subject to deductible		Not subject to deductible		Not subject to deductible
Tier 3 Co-Insurance		25%		25%		25%
		(\$80 min/\$125 max)		(\$80 min/\$125 max)		(\$80 min/\$125 max)
		Not subject to deductible		Not subject to deductible		Not subject to deductible
90-Day Voluntary Mail Order or Retail 90-Day Network		Tier 1-15% (\$50 min/\$125 max)*		Tier 1-15% (\$50 min/\$125 max)*		Tier 1-15% (\$50 min/\$125 max)*
		Tier 2-25% (\$125 min/\$200 max)*		Tier 2-25% (\$125 min/\$200 max)*		Tier 2-25% (\$125 min/\$200 max)*
		Tier 3-25% (\$200 min/\$312.50 max)*		Tier 3-25% (\$200 min/\$312.50 max)*		Tier 3-25% (\$200 min/\$312.50 max)*
		*Does not apply to deductible or out-of-Pocket max.		*Does not apply to deductible or out-of-Pocket max.		*Does not apply to deductible or out-of-Pocket max.

2014 ACTIVE EMPLOYEES MONTHLY RATES

Active Employee Monthly Rates	GOLD	SILVER	BRONZE
YOU	\$166.08	\$108.64	\$66.28
YOU+SPOUSE	\$405.52	\$284.90	\$195.96
YOU+CHILD	\$300.38	\$202.74	\$130.74
YOU+FAMILY	\$539.84	\$379.00	\$260.40

IMPORTANT CONTACT INFORMATION

BLUE CROSS BLUE SHIELD OF GEORGIA
Plan Administrator

Web: www.bcbsga.com/shbp
Phone: 855-641-4862
Customer Service: Monday – Friday, 8:00am – 8:00pm ET

HEALTHWAYS
Wellness Vendor

Web: www.BeWellSHBP.com
Phone: 888-616-6411
Customer Service: Monday – Friday, 8:00am – 8:00pm ET

EXPRESS SCRIPTS
Pharmacy Benefit Manager

Web: www.express-scripts.com/GeorgiaSHBP
Phone: 877-841-5227
Customer Service: 24 Hours a day/ 7 days a week

FLEXIBLE BENEFIT OPTIONS

**Please reference the 2014 Flexible Benefits Decision Guide for full details and comparisons.*

DENTAL



PLAN OPTIONS	SELECT	SELECT PLUS
YOU	\$23.88	\$38.25
YOU+ SPOUSE	\$46.45	\$74.81
YOU + CHILDREN	\$48.69	\$78.46
YOU + FAMILY	\$68.20	\$110.07

An administrative fee is reflected in the premium.

Dental Select Option:

- Must use services from designated PPO dentist to receive highest benefit
- Benefits are paid on schedule charge
- **NO** coverage for orthodontia – Select Plus Plan Option only

Annual Deductible

- **\$50** for single coverage
- **\$150** for family coverage

Maximum Benefit:

Select:

- **\$500** per person per plan year

Waiting Period:

- *All new hires are subject to a Six (6) month waiting period for Type III (major) Services*
- *Late entrant limitations may apply**

Dental Select Plus Plan:

- Choose **any** dentist
- Benefits paid by usual, customary and reasonable (UCR) rates; member pays difference of benefit and UCR charge

Annual Deductible:

- **\$50** for single coverage
- **\$150** for family coverage

Maximum Benefit:

Select Plus

- **\$2,000** per person per plan year
- **\$2,000** lifetime benefit for orthodontia

Waiting Period:

- *All new hires are subject to a Six (6) month waiting period for Type III (major) and Orthodontia services*
- *Late entrant limitations may apply**



DHMO Dental Plan

PLAN OPTION	CIGNA DHMO
YOU	\$21.74
YOU + SPOUSE	\$39.59
YOU + CHILDREN	\$49.09
YOU + FAMILY	\$58.55

An administrative fee is reflected in the premium.

DHMO Dental Option:

- Must use a **Participating Cigna Dental Care Provider**
- *Special reduced rates are listed in the **Patient Charge Schedule***
Any service not listed on the **Patient Charge Schedule will not be covered*
- Many services are provided at **no charge**
- No deductibles
- No annual maximum benefits
- No waiting periods for coverage
- No ID cards required to receive care
- No age limit on sealants
- No claims forms to file
- **No late entrant limitations**

VISION



PLAN OPTIONS	SELECT	SELECT PLUS
YOU	\$4.54	\$7.73
YOU + SPOUSE	\$9.49	\$16.80
YOU + CHILDREN	\$9.92	\$17.57
YOU + FAMILY	\$13.37	\$23.90

An administrative fee is reflected in the premium.

- Access to over 18,000 providers at 10,000 locations nationwide
- Benefits available for in and out-of network services (subject to reimbursement)
- In Network Benefits Covered in Full after applicable co-pays
- Single Vision, Bifocal, Trifocal or Lenticular lenses are available

NOTE: Always verify coverage by identifying yourself as a **BCBSGA** member under the State of Georgia plan when making your appointment. Give the provider the employee's social security number, patient's name and the patient's date of birth.

SELECT PLAN	SELECT PLUS PLAN
Benefits paid at 100% after co-payment	Benefits paid at 100% after co-payment
\$10 co-pay for comprehensive eye exam	\$10 co-pay for comprehensive eye exam
\$20 co-pay for materials	\$25 co-pay for materials
Standard contacts (up to 4 boxes) or lenses every calendar year	Standard contacts (up to 8 boxes) or lenses every calendar year
Annual \$130 allowance on frames or \$105 allowance for Elective Contact Lenses	Annual \$150 allowance on frames or \$200 allowance for Elective Contact Lenses
Additional cosmetic materials at 20% - 40% off retail price	Basic & Deluxe Progressives, Tints, UV and Polycarbonate lenses, Anti-Reflective coating, included!

EMPLOYEE, SPOUSE, CHILD, AD&D



An administrative fee is reflected in the premium.

Employee Life

- Available coverage at 1x, 2x, 3x, 4x, 5x, 6x, 7x, 8x, 9x and 10x annual gross salary
- Pre-taxed premiums
- Employee must be enrolled before spouse and dependents can enroll
- Underwriting may be required

Spouse Life

- Coverage amounts offered:

\$6,000	\$100,000
\$12,000	\$150,000
\$30,000	\$200,000
\$60,000	\$250,000

- Premium rates based on employee's age and on the level of coverage chosen
- Underwriting may be required

Child Life

- Coverage amounts offered:

\$3,000	\$15,000
\$6,000	\$20,000
\$10,000	

- Flat rate structure for each level
- Covers child/ren under the age of 26
- Underwriting may be required

Accidental Death & Dismemberment

- Provides financial benefits to families when an unexpected (covered) accidental death of the employee occurs
- Benefits the employee for dismemberment or permanent total disability
- Available coverage at 1x, 2x, 3x, 4x, 5x, 6x, 7x, 8x, 9x or 10x gross salary
- Pre-taxed premiums
- No underwriting required

SHORT & LONG-TERM DISABILITY



An administrative fee is reflected in the premium.

Short-term disability-30-day wait

- Income replacement of up to 60% of salary for a maximum of five months of disability
- 12 month waiting period after coverage effective date for pre-existing conditions
- 30 calendar day waiting period
- No underwriting required

Short-term disability – 7-day wait

- Income replacement of up to 60% of salary for a maximum of six months of disability
- 7 calendar day waiting period
- Higher premium rates
- No pre-existing condition waiting period
- No underwriting required

Long-term disability

- Income replacement of up to 60% of salary for as long as disability lasts or until age 67
- Benefit payout begins after six months (180 days) of disability
- Underwriting may be required

LEGAL INSURANCE



PLAN OPTIONS	SELECT	SELECT PLUS
YOU	\$6.37	\$8.00
YOU + FAMILY	\$7.59	\$10.20

An administrative fee is reflected in the premium.

- Use in or out-of-network attorney
- **UNLIMITED** telephone advice from an attorney
- In-network Fee Schedule Benefit
- Personal Law Center (online resource)
- Plan reimbursement for using an out-of-network attorney is at \$70 per hour up to maximum benefit amount (* maximum benefit varies based on type of legal service)

SELECT	SELECT PLUS
4 hrs of attorney office work per plan year, per family	ALL Legal services included
Provides <i>limited</i> legal assistance	8 hrs of attorney office work per plan year, per family
Document Preparation	Matrimonial Matters
Home Equity Loan Assistance	Child Custody/Child Support
Traffic Charges	Civil Litigation Defense
Elder Law Matters	Eviction Defense

SPENDING ACCOUNTS



An administrative fee is reflected in the premium.

General Purpose Health Care Spending:

- Monthly contribution from \$10 to \$210 (\$2,460 max per year)
- Pre-taxed contributions for individual or family health expenses
- Visa Debit card or member must submit eligible expenses to be reimbursed with pre-taxed dollars

HCSA helps you pay for health-related expenses such as:

<i>Deductibles*</i> <i>Contact lenses</i> <i>Lasik Surgery</i> <i>Mental health services</i> <i>Procedures</i> <i>Preventative screenings</i>	<i>Co-pays*</i> <i>Glasses</i> <i>Prescription & OTC drugs</i> <i>Physical therapy</i> <i>Specialized equipment</i> <i>...and so much more</i>
--	---

Dependent Care Spending:

- Monthly contribution from \$10 to \$416 (\$4,992 max per year)
- Pre-taxed contributions for the cost of day care for children under age 13 or other eligible dependents
- Member must submit eligible expenses to be reimbursed with pre-taxed dollars

LONG TERM CARE INSURANCE



Better benefits at work.

An administrative fee is reflected in the premium.

- Long Term Care benefits provides assistance if you or your loved one could not perform basic daily living activities independently: *including bathing, dressing, using the toilet, transferring from one location to another, continence, eating or suffering from cognitive impairment such as Alzheimer's Disease*
- Benefits are available for employee, spouse, parents or parents-in-law.
- 100% benefit for nursing home facility (of your elected daily benefits amount)
- 60% benefit for assisted living facility, at home services, or assistance by friends and relatives (of your elected daily benefits amount)
- All plans include a home health option which pays for an aide to come to your home
- May choose one of three daily benefits
- 90-day waiting period
- Underwriting may be required

SPECIFIED CRITICAL ILLNESS



Continental American Insurance Company (CAIC)

An administrative fee is reflected in the premium.

Specified Critical Illness helps the employee and their family to cope with and recover from the financial stress of surviving a critical illness or condition.

Covered Critical Illnesses	
Cancer	Alzheimer's
Renal Failure	Paralysis
Heart Attack	Severe Burns
Major Organ Transplants: Heart, Lung, Kidney, Pancreas, Liver	Loss of the following: Sight, Hearing, Speech
Stroke	Coma

- Lump sum benefits paid following the diagnosis of each covered specified critical illness *after you are hospitalized for the illness and charged room and board*
- Covers Employees ages 18-69/ no medical underwriting on employee only coverage under \$30,000*
- Employee must be enrolled before spouse/dependents can enroll /Accident Coverage available (*Select Plus Plan only*)
- Coverage amount offered:

\$5,000	\$30,000
\$10,000	\$40,000*
\$20,000	\$50,000*

- Maximum of \$100 towards the cost of any one covered screening test per year including: Pap Smear, Mammogram, Breast Ultra-sound, Colonoscopy, Stress Test on bike or treadmill, fasting blood glucose test, Bone Marrow test, PSA (blood test for prostate cancer)
- Spouse coverage available up to \$10,000 with no medical underwriting
- Dependent coverage available at 50% employee benefit amount

FLEXIBLE BENEFITS VENDOR CONTACT INFORMATION

VENDOR	PHONE NUMBER	WEBSITE
GaBreeze	877-342-7339	www.gabreeze.ga.gov
Delta Dental	866-496-2384	www.deltadentalins.com
Cigna	800-642-5810	www.cigna.com
BCBSGA	855-556-4844	www.bcbsga.com
MetLife	877-255-5862	n/a
The Standard	888-641-7186	n/a
Continental American Insurance (CAIC)	800-433-3036	n/a
Unum	888-227-4165	n/a
Hyatt Legal Plans	800-821-6400	www.legalplans.com Passwords: Select Plan Employee only: 7600001 Select Plan Employee + Family: 7610001 Select Plus Employee only: 7620001 Select Plus Employee + Family: 7630001
SHPS/ADP	800-893-0763	https://myspendingaccount.shps.com

ADDITIONAL BENEFITS

PEACH STATE RESERVES – GEORGIA RETIREMENT INVESTMENT PLAN

Administered by AonHewitt, offers two plans: *401k and 457*. You may contribute to both plans simultaneously with a minimum contribution of \$30 per month, not to exceed \$17,500 annually. You may choose to invest in one of three model portfolios or choose from several investment funds. You can access your PSR benefits online at www.gabreeze.ga.gov or by calling the GaBreeze Benefits Center at 1-877-3GBreez (1-877-342-7339)

EMPLOYEES' RETIREMENT SYSTEM (ERS)

As a condition of employment, new full-time employees, are required to become members of the ERS in which 1.25% of your gross pay will be contributed into the retirement fund per pay period. In addition, new full-time employees will automatically be enrolled in the 401(k) plan at a contribution rate of 1% of your compensation, with a corresponding 1% match from the Department of Community Health. New employees may choose to decline participation in the 401(k) plan by completing the Georgia State Employees' Pension and Savings Plan (GSEPS) 401(k) Opt Out form located online at www.ers.ga.gov or in the Human Resources Office.

PUBLIC TRANSPORTATION DISCOUNTS

Mass transportation is an excellent alternative mode of transportation to and from work. Currently the State of Georgia offers via monthly (Payroll deduction) transportation cards for **MARTA**, **Xpress Transit**, **Gwinnett County Transit (GCT)** and **Cobb County Transit (CCT)**.

Check these websites for route

information: MARTA: www.itsmarta.com

Xpress: www.xpressga.com

DIRECT DEPOSIT

To facilitate the transfer of salary checks, DCH offers their employees the opportunity to have net pay automatically deposited directly into either a checking account or a savings account.

CREDIT UNION MEMBERSHIP

DCH employees have the opportunity to join either or both credit

unions: Atlanta Postal Credit Union (APCU): www.apcu.com

Georgia United Credit Union: www.gfcuonline.org

TEAM GEORGIA CONNECTION – EMPLOYEE SELF SERVICE

Features of the Employee Self Service

Payroll

- View payroll check data
- View of current direct deposit bank information
- View of currently enrolled general deductions

Taxes

- View of current W-4 Federal tax filing status
- Request reissue of 1999 through last year issued W-2

Compensation

- Review annual salary and compensation per pay frequency
- Compensation History—view only of basic historical job information related to changes in pay

Leave Balances

- View annual, sick and personal leave balances

Personal Information

- View personal information including name, address, phone numbers, emergency contacts, marital status, gender, and service date
- Ability to edit home and mailing addresses, phone numbers, e-mail address and emergency contact information.

BLANK PAGE