



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

State Health Benefit Plan



Presentation to: The Board of Community Health

Presented by: Jeff Rickman

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Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

We are dedicated to A Healthy Georgia.

Overview

- Goals for 2017
- Proposed 2017 Plan Designs
- Approval of Member Rates for CY 2017

Goals for 2017

- Plan Year 2016 focused on stability and continuity.
- Plan Year 2017 will build on that stability and position the Plan well for the future.
- Retain our focus on wellness and improving member health.

Plan Designs for 2017

	Gold Plan		Silver Plan		Bronze Plan		BCBS/UHC HMO		HDHP		Kaiser HMO
	In	Out	In	Out	In	Out	In	In	Out	In	
Deductible											
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$3,500	\$7,000	None	
You + Child(ren)/Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$7,000	\$14,000	None	
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$7,000	\$14,000	None	
Medical OOPM											
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$6,450	\$12,900	\$6,350	
You + Child(ren)/Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$12,900	\$25,800	\$12,700	
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$12,900	\$25,800	\$12,700	
Deductible/OOPM Type											
	Embedded		Embedded		Embedded		Embedded		Embedded		Embedded
Coinsurance (Plan Pays)											
	85%	60%	80%	60%	75%	60%	80%	70%	50%	100%	
HRA											
You	\$400		\$200		\$100		N/A		N/A		N/A
You + Child(ren)/Spouse	\$600		\$300		\$150		N/A		N/A		N/A
You + Family	\$800		\$400		\$200		N/A		N/A		N/A
Medical											
ER	coins after ded		coins after ded		coins after ded		\$150 copay		coins after ded		\$150 copay
Urgent Care	coins after ded		coins after ded		coins after ded		\$35 copay		coins after ded		\$35 copay
PCP Visit	coins after ded		coins after ded		coins after ded		\$35 copay		coins after ded		\$35 copay
Specialist Visit	coins after ded		coins after ded		coins after ded		\$45 copay		coins after ded		\$45 copay
Preventive Care	100%	No coverage	100%	No coverage	100%	No coverage	100%	100%	No coverage	100%	
Retail Rx											
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay		coins after ded		\$20 copay
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay		coins after ded		\$50 copay
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay		coins after ded		\$80 copay
Mail Order Rx											
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay		coins after ded		\$50 copay
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay		coins after ded		\$125 copay
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay		coins after ded		\$200 copay
Rx OOPM											
	Combined with Medical		Combined with Medical		Combined with Medical		Combined with Medical		Combined with Medical		Combined with Medical



Additional Benefits

Additional Benefits:

- Hearing Aids for Children (increased from \$3,000 for 5 years to \$6,000)
- Telemedicine
- Second MA Vendor
- No changes to TRICARE Supplement offering

More information will be provided for Open Enrollment which will run from October 17th to November 4th

Medicare Advantage

- We are able to offer a second MA vendor for 2017.
- In addition to UHC, BCBS will also offer Medicare Advantage Plan options to our members.
- These options will also be the Standard and Premium Plan Options.

Member Rates

Commercial (Non-MA) rates will see an average increase of 2.5%:

- The amount of the actual increase/decrease will depend on the plan option/tier.

MA premiums vary depending on carrier and option.

- The lowest priced MA Standard Option will be \$25.38.
- The lowest priced MA Premium Option will be \$108.22.

Member Rates (cont'd)

The following is an overview of the basic MA Standard and Premium Rates:

Plan	Vendor	Contributions	Change from Current
MA Standard	UHC	\$25.38	\$0.00
MA Premium	UHC	\$108.22	\$20.00
MA Standard	BCBS	\$47.51	\$22.13
MA Premium	BCBS	\$135.24	\$47.02