

DEPARTMENT OF COMMUNITY HEALTH 2012 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, it will begin the first working day of the month after completion of one full calendar month of employment. Payroll deductions for selected benefits begin the month prior to the beginning of coverage. However, employees may be covered up to one month following the last day of employment. Most benefit deductions are pre-taxed.

STATE HEALTH BENEFIT PLAN (SHBP)

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 (404) 656-6322 or visit them online at www.dch.georgia.gov/shbp for more details.

CONSUMER DRIVEN HEALTH PLAN HEALTH REIMBURSEMENT ACCOUNT (CDHP/HRA)

The CDHP/HRA is a consumer driven health care option whose plan design offers you a different approach for managing your health care needs. This plan has in-network and out-of-network benefits, a large national network and healthcare dollars to spend your way!

Plan Features:

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

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

A High Deductible Health Plan (HDHP) is a consumer driven health plan option that provides a national network of providers. The consumer must satisfy a higher deductible which applies to all health care expenses except for preventative care.

Plan Features:

- Lower monthly premium
- Unlimited wellness benefits when seeing in-network providers only *(based on national age and gender guidelines)*
- Unlimited provider choice
- Set aside tax-free dollars to pay for eligible expenses with a personal Health Savings Account* *(*Contact your personal banking institution for more information.)*

TRICARE SUPPLEMENT FOR ELIGIBLE MILITARY MEMBERS

The TRICARE Supplement Plan is offered to SHBP eligible employees and their dependents. The TRICARE Supplement Plan helps to pay 100% of members' TRICARE outpatient deductibles, co-payments etc. In order to be eligible the employee and their dependents must be under the age of 65, ineligible for Medicare and registered in the Defense Enrollment Eligibility Reporting System (DEERS). For more information regarding eligibility and benefits, contact 866-637-9911 or visit www.asicorportaion.com or www.myshbp.ga.gov.

PEACHCARE FOR KIDS

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

Spousal Surcharge

A **\$50** spousal surcharge will be added to your monthly premium if you elect to cover your spouse and your spouse is eligible for coverage through his/her employment but chose not to elect that coverage.

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.

WELLNESS HEALTH COVERAGE OPTIONS

CIGNA WELLNESS OPTIONS	UNITED HEALTHCARE WELLNESS OPTIONS
CIGNA WELLNESS HRA	UHC WELLNESS HRA
CIGNA WELLNESS HDHP	UHC WELLNESS HDHP

By choosing a **Wellness Plan Option** you make a commitment to take steps toward better health. As a Wellness Plan member you must participate in the **Wellness Plan Promise** in which you and your spouse (if covered) must complete the following steps:

1. Each must complete an online health assessment (*Visit CIGNA or UHC websites for more details.*)
2. Each must complete a Biometric Screening by June 30, 2012* (** Body Mass Index, Blood Pressure, Blood Glucose, and Cholesterol*)
3. Biometric screening results MUST be submitted to your health care vendor (CIGNA or UHC) by June 30, 2012

REWARDS FOR WELLNESS!

- Lower monthly premiums
- Lower out-of-pocket expenses through coinsurance, deductibles and out-of-pocket maximums
- Preventive incentives for the HRA option only (\$125 credit)
- Disease State Management (DSM) pharmacy co-pay waiver for HRA (*Contact CIGNA or UHC for details.*)

IMPORTANT WELLNESS INFORMATION

- Enrollment into the Wellness Plan is strictly voluntary
- Wellness Promise only applies to you and your spouse (*if covered*)
- Screenings are considered preventive and covered at 100%
- Screenings may be obtained at your in-network physician's office
- Your physician must complete the Physician Screening Form (*Form available on CIGNA or UHC websites*)
- Your physician must securely fax the Physician Screening Form to your health care vendor

ALARMING GEORGIA STATISTICS

- Adults with high blood pressure has increased from 21% in 1997 to 30% in 2007
- Cardiovascular Disease (CVD) accounted for one third (32%) of CVD deaths (21,389) in 2007
- Adults reported having diabetes increased from 6% in 1998 to 10% in 2008
- The majority of adults (75%) did not consume the recommended five or more servings of fruits and vegetables per day in 2007

WELLNESS BENEFITS COMPARISONS

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

WELLNESS OPTIONS CIGNA / UNITED HEALTHCARE	HRA OPTION		HDHP OPTION	
DEDUCTIBLES	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> ▪ You ▪ You + Spouse ▪ You + Child(ren) ▪ You + Family 	\$1,300*	\$2,250*	\$1,500	\$3,000
	\$2,250*	\$2,250*	\$3,000	\$6,000
	\$2,250*	\$3,000	\$3,000	\$6,000
	\$3,250*	\$3,250*	\$3,000	\$6,000
	<i>*HRA credits will reduce this amount</i>			
OUT-OF-POCKET MAXIMUM	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> ▪ You ▪ You + Spouse ▪ You + Child(ren) ▪ You + Family 	\$3,000*	\$5,000*	\$2,400	\$5,300
	\$5,000*	\$5,000*	\$4,100	\$9,800
	\$5,000*	\$5,000*	\$4,100	\$9,800
	\$7,000*	\$7,000*	\$4,100	\$9,800
	<i>*HRA credits will reduce this amount</i>			
HRA CREDITS	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> ▪ You ▪ You + Spouse ▪ You + Child(ren) ▪ You + Family 	\$500	\$1,000	NONE	
	\$1,000	\$1,000		
	\$1,000	\$1,500		
	\$1,500	\$1,500		
PHARMACY	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1 Co-Payment	15% (\$20 min/\$50 max) <i>Not subject to deductible</i>	40% coverage; <i>Not subject to deductible</i>	20% coverage; <i>Subject to deductible</i> \$10 min/\$100 max	Not Covered
Tier 2 Co-Payment Preferred Brand	25% (\$50 min/\$80 max) <i>Not subject to deductible</i>	40% coverage; <i>Not subject to deductible</i>	20% coverage; <i>Subject to deductible</i> \$10 min/\$100 max	Not Covered
Tier 3 Co-Payment Non-Preferred Brand	25% (\$80 min/\$125 max) <i>Not subject to deductible</i>	40% coverage; <i>Not subject to deductible</i>	20% coverage; <i>Subject to deductible</i> \$10 min/\$100 max	Not Covered
90-Day Voluntary Mail Order	Tier 1-15% (\$50 min/\$125 max)* Tier 2-25% (\$125 min/\$200 max)* Tier 3-25% (\$200 min/\$312.50 max)* <i>*Does not apply to deductible or out-of-pocket maximum</i>		20% (\$25 min/\$250 max) <i>No non-network coverage</i>	

STANDARD HEALTH COVERAGE OPTIONS & BENEFITS COMPARISONS

CIGNA STANDARD OPTIONS	UNITED HEALTHCARE STANDARD OPTIONS
CIGNA STANDARD HRA	UHC STANDARD HRA
CIGNA STANDARD HDHP	UHC STANDARD HDHP

By choosing a **Standard Plan Option** you will not have to make a promise or take steps to improve your health. The same services will be covered under these plans as with the wellness plan option however you will have:

- Higher monthly premiums
- Higher deductibles
- Higher co-insurance
- Higher out-of-pocket expenses
- No preventive incentives for HRA option
- No Disease State Management Waiver benefits

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

STANDARD OPTIONS CIGNA / UNITED HEALTHCARE	HRA OPTION		HDHP OPTION	
DEDUCTIBLES	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> ▪ You ▪ You + Spouse ▪ You + Child(ren) ▪ You + Family 	\$1,300*	\$2,250*	\$1,750	\$3,500
	\$2,250*	\$2,250*	\$3,500	\$7,000
	\$3,250*	\$3,500	\$3,500	\$7,000
	<i>*HRA credits will reduce this amount</i>			
OUT-OF-POCKET MAXIMUM	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> ▪ You ▪ You + Spouse ▪ You + Child(ren) ▪ You + Family 	\$3,000*	\$5,000*	\$2,650	\$5,800
	\$5,000*	\$5,000*	\$4,600	\$10,800
	\$7,000*	\$4,600	\$4,600	\$10,800
	<i>*HRA credits will reduce this amount</i>			
HRA CREDITS	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> ▪ You ▪ You + Spouse ▪ You + Child(ren) ▪ You + Family 	\$375	\$650	NONE	
	\$650	\$650		
	\$1,000			
PHARMACY	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1 Co-Payment	15% (\$20 min/\$50 max) <i>Not subject to deductible</i>	40% coverage; <i>Not subject to deductible</i>	20% coverage; <i>Subject to deductible</i> \$10 min/\$100 max	Not Covered
Tier 2 Co-Payment Preferred Brand	25% (\$50 min/\$80 max) <i>Not subject to deductible</i>	40% coverage; <i>Not subject to deductible</i>	20% coverage; <i>Subject to deductible</i> \$10 min/\$100 max	Not Covered
Tier 3 Co-Payment Non-Preferred Brand	25% (\$80 min/\$125 max) <i>Not subject to deductible</i>	40% coverage; <i>Not subject to deductible</i>	20% coverage; <i>Subject to deductible</i> \$10 min/\$100 max	Not Covered
90-Day Voluntary Mail Order	Tier 1-15% (\$50 min/\$125 max)* Tier 2-25% (\$125 min/\$200 max)* Tier 3-25% (\$200 min/\$312.50 max)* <i>*Does not apply to deductible or out-of-pocket max</i>		20% (\$25 min/\$250 max) <i>No non-network coverage</i>	

IMPORTANT CONTACT INFORMATION

CIGNA CONTACT INFORMATION

WEB: www.mycigna.com
PHONE: 800-633-8519

UNITED HEALTHCARE CONTACT INFORMATION

WEB: www.myuhc.com
PHONE: 800-396-6515 (HRA)
877-246-4189 (HDHP)

SHBP CONTACT INFORMATION

WEB: www.myshbp.com
PHONE: 800-610-1863
E-MAIL: shbpnoreply@dch.ga.gov

FLEXIBLE BENEFIT OPTIONS

**Please reference the 2012 Flexible Benefits Decision Guide for full details and comparisons.*

DENTAL



PLAN OPTIONS	REGULAR	PPO
YOU	\$34.49	\$26.49
YOU+ SPOUSE	\$68.07	\$52.06
YOU + CHILDREN	\$71.42	\$54.62
YOU + FAMILY	\$100.44	\$70.19

A \$.90 administrative fee is reflected in the premium.

Regular Option:

- 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*
- *Only applies to Type II (Basic) and Type III (Major) Services*

Maximum Benefit:

- \$1,000/per person per plan year
- \$1,500 lifetime benefit for orthodontia (ages 19 and under)

Waiting Period:

- *All new hires and newly enrolled dependents are subject to a Six (6) month waiting period for major and Orthodontia services*
- *Late entrant limitation for basic (12 months), major and orthodontia (24 months)*

PPO Option:

- Must use services from designated PPO dentist to receive highest benefit
- Benefits are paid on schedule charge

Annual Deductible

- \$50 for single coverage*
 - \$150 for family coverage*
- *Only applies to Type II (Basic) and Type III (Major) Services*

Maximum Benefit:

- \$1,000/per person per plan year
- \$1,500 lifetime benefit for orthodontia (ages 19 and under)

Waiting Period:

- *All new hires and newly enrolled dependents are subject to a Six (6) month waiting period for major and Orthodontia services*
- *Late entrant limitation for basic (12 months), major and orthodontia (24 months)*



DHMO Dental Plan

PLAN OPTION	CIGNA DHMO
YOU	\$21.94
YOU + SPOUSE	\$39.79
YOU + CHILDREN	\$49.29
YOU + FAMILY	\$58.75

A \$.90 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 claims to file
- **No late entrant limitations**

VISION



PLAN OPTIONS	SELECT PLAN	SELECT PLUS PLAN
YOU	\$6.20	\$6.89
YOU + SPOUSE	\$13.70	\$14.65
YOU + CHILDREN	\$13.63	\$15.30
YOU + FAMILY	\$18.39	\$20.66

A \$.90 administrative fee is reflected in the premium.

- Over **30,000** private and retail eye care providers 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
- Certain standard contact lenses, including daily wear, and up to 4 boxes of standard single vision disposable contacts are covered in full after co-payment.
- Eligible for routine eye exams, lenses and contact lenses every 12 months and eyeglass frames every 24 months

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 or lenses	Standard contacts or lenses
Maximum for contact lenses: \$105	Higher maximum for contact lenses \$125
Additional cosmetic materials at 20% - 40% off retail price	Basic Progressives, Tints, UV and Polycarbonate lenses included!

NOTE: Always verify coverage by identifying yourself as an **OptumHealth** 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.

EMPLOYEE, SPOUSE, CHILD, AD&D

MINNESOTA LIFE

A Securian Company

A \$.90 administrative fee is reflected in the premium.

Employee Life

- Available coverage at 1x, 2x, 3x, 4x, 5x, 6x, 7x, 8x, 9x 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 children under the age of 19 or unmarried, full-time students under the age of 26
- Underwriting may be required

Accidental Death & Dismemberment

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

SHORT & LONG-TERM DISABILITY



A \$.90 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
- 30 calendar day elimination period
- 12 month waiting period after coverage effective date for pre-existing conditions
- 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 elimination 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 65
- Benefit payout begins after six months (180 days) of disability
- Underwriting may be required

LEGAL INSURANCE



PLAN OPTIONS	SELECT PLAN	SELECT PLUS PLAN
YOU	\$6.57	\$8.20
YOU + FAMILY	\$7.79	\$10.50

A \$.90 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
- Maximum Contingent Fee 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 PLAN	SELECT PLUS PLAN!
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



A \$.90 administrative fee is reflected in the premium.

General Purpose Health Care Spending:

- Monthly contribution from \$10 to \$420 (\$5,040 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>Co-pays*</i>
<i>Contact lenses</i>	<i>Glasses</i>
<i>Lasik Surgery</i>	<i>Prescription & OTC drugs</i>
<i>Mental health services</i>	<i>Physical therapy</i>
<i>Procedures</i>	<i>Specialized equipment</i>
<i>Preventative screenings</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



A \$.90 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)

A \$.90 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
- Employee **must** be enrolled before spouse/dependents can enroll
- 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 at \$10,000 benefit amount
- Dependent coverage available at 25% employee benefit amount

OTHER 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 \$15,500 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)

EMPLOYEE LEAVE PROGRAM

Employees accrue five hours of annual leave and five hours of sick leave per pay period (10 hrs/month). Maximum accrual amount for annual leave is 360 hours and 720 hours for sick leave.

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 subsidizes monthly (payroll deducted) transportation cards for **MARTA**, **Xpress Transit**, **Gwinnett County Transit** 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:

Human Services Employee Credit Union (HSECU): www.hsecu.org

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.

FLEXIBLE BENEFITS VENDOR CONTACT INFORMATION

VENDOR	PHONE NUMBER	WEBSITE
GaBreeze	877-342-7339	www.gabreeze.ga.gov
United Concordia	866-215-2356	www.unitedconcordia.com
Cigna	800-642-5810	www.cigna.com
Optum Health	800-638-3120	www.myoptumhealthvision.com
Minnesota Life	404-522-1660 or 800-660-2519	n/a
The Standard	888-641-7186	n/a
Continental American Insurance (CAIC)	866-849-2958	n/a
Unum	888-764-3539	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	800-893-0763	www.shps.net

