
Non-Flex

2005
Open Enrollment Guide

April 18 - May 17, 2005



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Table of Contents

<u>Sections</u>	<u>Page Start</u>
Introduction.....	2
Communication Materials.....	3
Open Enrollment Processing.....	5
Normal and New Hire Processing.....	12
Dependent Eligibility Verification Process.....	12
Retiring Employees.....	13

Note: Information on the Internet-based Open Enrollment process can be found throughout the sections listed above.

Introduction

We appreciate your support in facilitating the numerous tasks required during the Open Enrollment period. Holding employee meetings, answering questions, providing necessary forms to employees, assuring Web enrollment or form completion by deadlines, keeping up with the paperwork and entering employee payroll changes for coverage elections are just a few of the responsibilities of the Benefit Coordinator. The following are guidelines for Open Enrollment processing of active employees.

The various sections in this guide will provide you with pertinent information to ensure an overall successful Open Enrollment Period for you, your staff, and employees. Please take the time to go to www.dch.state.ga.us to view the Train-The-Trainer Web Cast, which will clarify the Open Enrollment information. If you need further explanation before Open Enrollment, you may call Support Services. We hope that you will be referring to this guide and the Web Cast frequently.

There is also information regarding "New Hire Open Enrollment Processing" that you will want to review. Form processing for the State Health Benefit Plan (SHBP) during Open Enrollment and outside the Open Enrollment period is complex. The information in this guide is intended to clarify the processing issues.

Again, thank you for all the hard work you do during the year and during the annual Open Enrollment Period.

Communication Materials

This year's Open Enrollment communication materials are outlined below. You should provide each employee covered by SHBP with a Health Plan Decision Guide, the rates for the various coverage options and tiers, as well as their individualized MCW. The package may also include PPO and/or HMO directories.

- ❑ **Train-The-Trainer Guides** will be available for download at www.dch.state.ga.us only. We are introducing a new method of training, "Web Cast." This allows you to review the information at will.
- ❑ **Health Plan Decision Guides** for July 1, 2005, through December 31, 2005, should be distributed to all SHBP Plan members and employees interested in enrolling in any Health Plan option. **We do not print enough Decision Guides for you to distribute to every eligible employee. Employees should be encouraged to carefully read the Guide or review the information at www.dch.state.ga.us before making an election for 2005 coverage.** The Guide provides valuable information, including a detailed summary of benefits for each option in a number of benefit categories, a list of counties where the HMO Options are available, information regarding enrollment deadlines and when coverage changes are permitted. **The Guide also includes a section on benefit changes effective July 1, 2005.** You should receive a supply equal to 125% of your location's Plan membership and the Guides should be received no later than the start of Open Enrollment.
- ❑ **UPDATERS** will be available on the DCH website, www.dch.state.ga.us, or via paper prior to July 1, 2005. Employees should be made aware that the Updater is the official notification of Plan changes and should be used with the Summary Plan Description booklet to have the most current and complete information. The Updater to be published this spring will be the third since the SPD was published April 1, 2003.
- ❑ **PPO Provider Directories** will be drop-shipped to your payroll location prior to Open Enrollment. Since the Plan Year will only be for six months, the supply of directories you receive will be 20% less than the amount you requested. As the printed version of the PPO directory becomes out-of-date soon after publication, encourage members to visit the Internet at www.healthygeorgia.com to view 1st Medical Network and Beech Street providers.
- ❑ **HMO Provider Directories** will be drop-shipped to your payroll location prior to Open Enrollment (provided that your location is within the HMO's service area). Your supply of directories, if in the HMO's service area, will equal the amount you requested. If your location is in the service area of multiple HMO's, you will receive a shipment from each HMO serving your area.

- ❑ **SHBP Forms** A small supply of SHBP forms that are changing for the 2005 Plan Year will be shipped for Open Enrollment. Please destroy the forms dated July 2004 or earlier that you might have on hand. All current SHBP forms will be available on the Web at www.dch.state.ga.us. Since all employees must make their selections on www.shbp.org, you will need considerably fewer SHBP forms. However, in the event that you need to submit paper forms, use the new form or download forms from the Web. There are significant changes on the membership enrollment form; therefore, employees must complete the new election form. Any old forms submitted will be returned to payroll locations for completion of the proper form.
- ❑ **SHBP Employee Deduction/Reduction Rates** will not be included in this Guide. Rates approved by the Board of Community Health will be e-mailed to all payroll locations prior to Open Enrollment. All employees should be notified of the employee deduction rates at the beginning of Open Enrollment.
- ❑ **TRICARE Supplement Information** (offered to certain active military, retired military, some reserve and some National Guard) will be drop-shipped to your payroll location prior to Open Enrollment. This information should be given only to employees who come to Human Resources to request this information since the majority of your staff are not eligible for this Option.

IMPORTANT NOTE: The PPO Premier, PPO Choice (CCO) Premier and Indemnity Premier options will not be offered this year. The PPO Basic, PPO Choice Basic and Indemnity Basic Options will be renamed the PPO, PPO CCO and Indemnity. Employees who have these options and DO NOT make another selection during the spring Open Enrollment will default to the PPO, PPO CCO or Indemnity Option.

Members must answer the surcharge questions, even if they want to continue their current coverage option. Members who fail to answer these questions, online or via paper, will automatically be charged the tobacco and/or spousal surcharge. The surcharge(s) will apply until the next Open Enrollment, unless the spouse enrolls in his/her employer's health plan during the Plan Year.

It is imperative that you notify employees that they must go the website and answer the surcharge questions even if they do not wish to change their SHBP option.

Open Enrollment Processing

For the 2005 Open Enrollment Period, the Web site will be available at www.shbp.org beginning at 12:01 a.m. April 18 through midnight May 17. The Web site will include the SHBP Terms, Conditions and Instructions, a page for making the Open Enrollment selection, and an authorization page. A confirmation page is generated after entry of the member's selection. Members **MUST** go online this year to answer the surcharge questions, even if they want to continue their current coverage option. Employees will automatically be charged the tobacco and spousal surcharges if they fail to answer the applicable surcharge questions. The premium plus surcharge(s) will apply until the next Plan Year except under limited circumstances. You will receive a personalized Membership Change Worksheet (MCW) for each covered member as of April 1, 2005. If SHBP received a file from you by March 11, 2005, there will be a worksheet for each of your eligibles included in this file. The format of the MCW is identical to the selection page on the Web site. Each MCW includes the member's policy number and a PIN number to allow access to their coverage record on the Web. **Since SHBP is requiring that all selections be made on the website this year, it is important that employees receive this information.** After the Open Enrollment period, changes made during Open Enrollment will be updated in SHBP coverage records. You may access this information on View Direct to make the appropriate payroll deduction changes.

Prior to Open Enrollment, a report of all PIN numbers for your location will be posted in View Direct. If an employee needs his/her PIN number, you must give it to him/her or enter the form for him/her using the PIN number.

For more information regarding the "electronic" change process, see the section, State Health Benefit Plan Processing, on page 9. The mandatory Web-based process assures that all Open Enrollment changes will be processed correctly prior to a July 1, 2005, effective date.

NOTE: The electronic process is not available for employees who are not covered by SHBP as of April 1, 2005, or who were not included in the eligibility file you submitted prior to March 11, 2005. These employees must complete and submit the proper form(s) for manual processing no later than May 17, 2005.

Remember: In order for online Open Enrollment Health Plan changes to be valid, the employee must make his/her entry of the health benefit selection on the Web site between April 18 at 12:01 a.m. and May 17, 2005, midnight. Since all employees other than new hires must make their selections on the Web, you should have few paper forms. Employees who do not make their election via the Web, must return the completed 2005 MCW along with the appropriate paper work to you so that you can enter the information no later than 5 p.m. May 20, 2005. You should retain a confirmation number for each form you enter. Surcharge questions must be answered or the surcharge will be charged monthly in addition to the premium. The member will not be able to change until the next Open Enrollment.

Employees with SHBP coverage on or before April 1, 2005 (If the full file was provided, all eligibles will be included.)

- ❑ Remind all employees to carefully read the Health Plan Decision Guide or review this information online for important information about the significant SHBP changes.
- ❑ You will receive a MCW for all employees listed on the full file and these employees must make their Open Enrollment changes in coverage and/or type online or you must make the election online for them. Employees should follow the instructions on the Web site at www.shbp.org. The employee MCW includes instructions for using the Web site during Open Enrollment. The employee must have a confirmation number or copy of the confirmation sheet for proof of Web entry. **Before the Web site closes employees must verify that the coverage he/she wants and the dependents he/she wants to cover are reflected on the confirmation sheet as no changes will be allowed.**
- ❑ Distribute each individualized MCW that you receive. You should only receive MCWs for eligible employees. Please complete a “Forms Transmittal” for all terminated employees who should not have SHBP coverage. Note: If worksheets are being mailed to the employees’ home addresses, please make sure that you insert your payroll location’s address as the return address.
- ❑ Employees who did not receive an individualized MCW and new employees ineligible to make their selection on the website should complete the revised 2005 SHBP Membership Form to indicate their choice of Health Plan coverage for the upcoming 2005 Plan Year. The form must be sent to SHBP and postmarked by May 17.
- ❑ If you outsource your Open Enrollment communications to a 3rd party vendor, please note that any incorrect information provided by that vendor will not be grounds for an administrative error and no change in coverage will be allowed.
- ❑ The final confirmation acknowledges an employee’s benefit election for 2005. No changes will be allowed until the next Open Enrollment Period unless the employee experiences a qualifying event. The employee must correct any inaccurate information on the Web before the close of Open Enrollment.
- ❑ Remind employees currently covered under an HMO option that they must live or work in the HMO service area to be eligible to participate in that plan. Deductibles and co-insurance limits are being added to the HMO options and employees should be encouraged to review these changes before making their 2005 election.
- ❑ **Even if an employee does not want to make a coverage change, he/she must go online to answer the surcharge questions. Failure to answer these questions will**

result in default to the surcharge(s). He/she will not be able to make a change until the next Plan Year unless he/she experiences a qualifying event.

- ❑ Remind employees that coverage selections are a binding salary agreement for health coverage from July 1, 2005, through December 31, 2005, and that coverage can be dropped or changed only with a qualifying event.

If the Web site is NOT used because no MCW was received:

DEADLINE MAY 17, 2005

IF THE EMPLOYEE IS...	THEY MUST COMPLETE A...
Enrolling or changing coverage option and/or type within the PPO, PPO CCO or Indemnity Option	Membership Form
Enrolling in a Health Maintenance Organization (HMO) or changing coverage option and/or type within the HMO Options	Membership Form
Discontinuing all State Health Benefit Plan coverage	Discontinuation of Health Benefit Coverage Form

NOTE: Forms available on the Web at www.dch.state.ga.us

NOTE: If Membership Forms are used for enrollment or change of option or type of coverage, they must be dated and postmarked no later than May 17, 2005. Employees enrolling in the SHBP coverage for the first time should be aware that the PPO and Indemnity options contain a Pre-existing Conditions limit. You should tell these employees they can reduce or eliminate the Pre-existing Condition waiting period under the Plan by providing a Certificate of Creditable Coverage. The certificate should be sent with the Social Security number of the employee listed on the form to: State Health Benefit Plan, P.O. Box 38342, Atlanta, GA 30334-0340. This form can be requested from his/her previous insurance carrier or carriers. Do NOT hold enrollment forms for this information. Have him/her mail the certificate directly to the SHBP when he/she receives it.

Even if an employee enrolls online, he/she would submit the letter of Creditable Coverage to SHBP.

Employers' Responsibility Once Completed Forms Are Received

- As employees turn in their forms, verify that the correct form is signed, dated, correctly completed with all surcharge questions answered, signed and returned by the deadline. If an employee who received a MCW turns in a paper form, you must return it to the member for entry on the Web or you must enter it for him/her by the close of Open Enrollment.

The Web site for employer entry will close at 5:00 p.m. May 20, 2005.

- Advise employees electing an HMO they must select a Primary Care Physician (PCP) for themselves and any eligible dependents, if applicable. Employees should contact the Customer Service Department of the respective HMO once the employee receives his/her HMO notification letter from SHBP to make their PCP election. Note: United Healthcare does not require selection of a PCP. Identification (ID) cards can be delayed if employees do not select a PCP.
- Ask all employees, regardless of the method of making their selection, to verify that the Health Plan ID cards or HMO notifications reflect their selection made during Open Enrollment. ***Failure to confirm that the selection is exactly what the member meant to select is not qualifying event and will not allow a change in coverage until the next Plan Year.***
- Carefully review your July SHBP billing statement transaction list to verify that your members' selections have been entered correctly and that you have entered payroll deductions correctly. After employees make their selection online make sure they print their confirmation number. This confirmation number is their documentation that an online transaction occurred. The final confirmation acknowledges their benefit selection for the 2005 Plan Year. No changes will be allowed until the next Open Enrollment Period unless they experience a qualifying event. They should also check their member identification card and payroll deductions to verify that their selections have been processed correctly.

Payroll Processing

A paper report and an electronic file will be created for your employees who make their selections on the Web site. These reports contain the employee's name, social security number, coverage option and tier and the premium amount for the coverage selected. Use this information to update your payroll deductions. This report and file will be generated and posted on View Direct by June 3, 2005. For information on View Direct, contact your Support Services representative.

Note: The Data Files Request form was attached to an e-mail sent February 11, 2005. You must return this form before an electronic file can be generated. Contact your Information Systems staff regarding the possibility of direct updates to your payroll system. Your returned files will be password protected. Your password is your certified payroll location number.

Submitting Health Benefit Plan Forms

Note: Paper forms should only be submitted for new hires. Do NOT submit paper forms for members who make their Open Enrollment selections on the Web site.

- ❑ Batch Health Benefit Plan forms (Membership Form, revised 2005) that are required to complete the health coverage transactions chosen by employees.
- ❑ Each batch should be attached to a completed Forms Transmittal Sheet checked "OPEN ENROLLMENT".
- ❑ Send batched forms directly to the Health Benefit Services Division at P. O. Box 38342, Atlanta, GA 30334, weekly, during the Open Enrollment Period. Forms must be received by May 20, 2005, prior to bills running. Please, DO NOT FAX FORMS.
- ❑ Forms will be processed in the order they are received. Forms received after the deadline may not be processed prior to the July billing date and ID cards may not be received prior to the member's effective date of coverage.

Important Open Enrollment Dates

Monday, April 18, 2005	Open Enrollment begins. Web site opens 12:01 a.m.
Tuesday, May 17, 2005	Open Enrollment ends at midnight. Deadline for forms or selection of coverage on the Web site to be completed by employees.
Friday, May 20, 2005	Final date for SHBP to receive Membership Forms with a Forms Transmittal Sheet from payroll locations. Mail to: State Health Benefit Plan Eligibility Section, P.O. Box 38342, Atlanta, GA 30334 Web site for employers closes at 5:00 p.m.
Monday, June 27, 2005	Payroll location billing statements will be Available on View Direct.
Friday June 10, 2005	New ID cards will be produced for all PPO and Indemnity members. These cards will be mailed to the payroll location for distribution. You should receive a supply of Updaters the week of June 13.

New Hire Open Enrollment Processing

New employees hired after February 1 through May offer a challenge in assuring that they are properly processed for their new-hire enrollment period and for their upcoming Open Enrollment Period. As a new hire, an eligible employee must be provided an opportunity to enroll in the SHBP for Plan Year ending June 30, 2005. The following will assist you in properly processing a new hire.

- ❑ All employees who just became eligible for the SHBP and who begin work on or before the first work day of May 2005 are eligible to enroll for coverage for the Plan Year ending June 30, 2005, coverage and also make an Open Enrollment selection for the July 1 to Dec. 31, 2005, Plan Year. Be sure to give these newly eligible employees the July 1, 2004, to June 30, 2005, and July 1 to Dec. 31, 2005, Health Plan Decision Guides and a Membership/Dependent Miscellaneous Update form to enroll as a new hire.
- ❑ Employees who begin work after the first workday of May 2005 are not eligible for coverage until July 1, so it is not necessary to distribute 2004-2005 Open Enrollment

materials to them. They should be given a revised 2005 Membership Form for the 2005 Plan Year and informational materials for new hires, such as the 2005 Health Plan Decision Guide.

- **Remember**, a new employee is not necessarily a new hire for SHBP purposes. If the employee was eligible to participate in the SHBP during the current Plan Year with a previous employer (for example, transferring teachers), then SHBP regulations require that the employee maintain the same SHBP coverage option for the remainder of the Plan Year (as with the previous employer) unless a qualifying event allows for a change.

If you have any questions regarding the Open Enrollment processing of Health Plan coverage, please contact the Health Benefit Support Services Unit at 404-651-6131 or 1-800-776-9045.

***Normal Health Benefit Forms Processing
(outside the Open Enrollment Period)***

- ❑ During the April-May-June period you may have enrollments, changes or terminations of Health Plan coverage that are not related to Open Enrollment (for example, new or terminated employees). Use normal forms processing and reporting procedures for these actions.
- ❑ Forms used for routine transactions not related to Open Enrollment should be batched separately and attached to a completed Forms Transmittal Sheet checked "OUTSIDE OPEN ENROLLMENT."
- ❑ Following the Open Enrollment period, you will return to normal forms-processing procedures for all Health Plan coverage updates.
- ❑ Revised 2005 forms must be used for coverage effective July 1, 2005.

Dependent Eligibility Verification Processing

Reminder:

Employees are required to submit official documentation to verify dependent eligibility. Official documentation includes copies of certified marriage licenses, or signed joint tax return for spouses and copies of certified birth certificates, court orders or adoption papers for children or stepchildren.

If the required documentation cannot be provided, the dependent's coverage will be terminated retroactively to his or her coverage effective date. The Plan will make every effort allowable under the law to recover any and all payments made by the Plan on behalf of ineligible dependents. Employees should refer to the SPD and UPDATERS to review the definition of eligible dependents.

Retiring or Retired Employees

Surcharges DO NOT apply to retirees.

State Health Benefit Plan (SHBP) regulations provide that members who are retiring and who will immediately begin drawing a monthly retirement benefit at the time of retirement from the Teachers' Retirement System (TRS) or the Public School Employees' Retirement System (PSERS) are eligible to continue coverage at the time of retirement.

- ❑ Retirees have always been allowed to change coverage tier from family to single at any time by notifying the SHBP office and completing the appropriate forms.
- ❑ Retirees will not be able to change coverage tier from single to family during the Retiree Option Change Period. They must have a qualifying event to change to family coverage. Retirees should call the Eligibility Section of the SHBP immediately if they have a qualifying event and need to change from single to family coverage. Remind retirees that requested coverage changes due to qualifying events must be received at the Health Plan within 31 days of the event in order to be approved and processed for the requested coverage change.
- ❑ Retired members of the SHBP will receive a Retiree Option Change Period package through the mail, which will include communication materials, such as a Retiree Health Plan Decision Guide, a change form and information they will need to change their coverage option if they choose to do so.
- ❑ Employee must retire after July 1, even if receiving summer pay, for an Open Enrollment change to become effective.
- ❑ Retiring employees must complete the revised 2005 Retirement/Surviving Spouse forms NO earlier than 60 days prior to retirement. You should review for completeness and submit within the 60 days. If the employee used the old form, it will be returned for completion of the new form. Old forms filled out by retirees will be returned to the retiree. They will be responsible for correctly filling it out and re-submitting it.
- ❑ Retirees who return to work in a benefits eligible position must discontinue health coverage through their retirement system and enroll as an active employee. They may pick up retiree coverage again when they leave employment as long as they had continuous coverage and make their request within 31 days of termination.
- ❑ **Retirees who do not continue coverage into retirement cannot enroll for coverage during the Retiree Option Change Period. Coverage must be in effect at retirement to**

continue coverage or make changes. If a retiree discontinues coverage, he/she may not re-enroll later.

Open Enrollment Forms Processing for Retiring Employees

- ❑ Each SHBP Retirement/Surviving Spouse form must be reviewed and approved by the SHBP, then forwarded to the appropriate retirement system for processing to assure that Health Plan premiums are deducted from the monthly retirement check. SHBP Retiree/Surviving Spouse forms from PSERS retirees should be sent directly to PSERS.
- ❑ **Do not forward the Forms Transmittal Sheets** containing the "RETR" (retirement) information for employees who will be retiring at the end of the school year until all Open Enrollment processing has been completed. These forms should be forwarded to the Eligibility Section of SHBP after June 10 but before July 8, 2005.

NOTE: Employees who will be retiring prior to the end of the school year (those not drawing summer pay) should be reported on a Forms Transmittal Sheet as soon as the last payroll deduction has been made. They cannot change from single to family coverage during Open Enrollment because they will retire prior to the July 1 effective date.

Health Benefit Deductions for Retiring Employees

- ❑ The **Public School Employees' Retirement System (PSERS)** begins deducting Health Plan premiums for new retirees in the month of **July for coverage effective in August**.

NOTE: PSERS makes benefit deductions the month prior to coverage, in the same manner as the Boards of Education.

- ❑ The last health insurance premium for your school service personnel (non-certificated employees) who are retiring with the **PSERS** at the end of the school year should be made in June. This premium will cover your employee through the month of July.
- ❑ The **Teachers' Retirement System (TRS)** begins deducting health benefit coverage premiums for new retirees in the month of **October for coverage effective in October**.
- ❑ The last health insurance premium for your **certificated employees** and for **non-certificated employees** who are retiring with the TRS should be deducted in August for September coverage. NOTE: **TRS** makes benefit deductions the first of the month for coverage in that month. To avoid a double member payment for October coverage, be sure to cease the Health Plan premium deduction after the August deduction is taken.