A RESOLUTION

State Health Benefit Plan Calendar Year 2011 State Extended Coverage and Non-Annuitant Surviving Dependent Rates

WHEREAS, the State Health Benefit Plan is comprised of three health insurance plans, each supported by its own fund: 1) a plan for State employees (O.C.G.A. § 45-18-2), 2) a plan for teachers (O.C.G.A. § 20-2-891) and 3) a plan for non-certificated public school employees (O.C.G.A. § 20-2-911); and

WHEREAS, the statutes establishing each of the three plans that comprise the State Health Benefit Plan permit former employees who are not entitled to State Health Benefit Plan coverage as annuitants to continue coverage in some circumstances ("State Extended Coverage"); and

WHEREAS, the statute establishing the plan for State employees permits the Surviving covered dependents of a State employee killed in the scope of his or her employment, or who dies as a result of injuries sustained in the scope of his or her employment, to continue coverage; and

WHEREAS, SHBP regulations provide that the surviving spouse of a retired employee may continue coverage in some circumstances; and

WHEREAS, SHBP regulations establish the required premium payments for continued coverage as a former employee or as a surviving beneficiary as being either 1) the total cost of coverage plus an administrative fee, 2) the same premium that applies to active employees and annuitants, plus an administrative fee or 3) the premium set by the Board; and

WHEREAS, SHBP Regulations Section 111-4-1-.04(1)(c) provides that member premiums for coverage are to be set by Board resolution; and

WHEREAS, on August 26, 2010, the Board adopted rates for the 2011 Calendar Year by resolution that did not include the rates for State Extended Coverage and surviving dependent continuation coverage; and

WHEREAS, the Board desires to amend the 2011 Calendar Year rate schedule to include such rates:

NOW, THEREFORE, BE IT ORDERED by the Board that the rates set forth in the Supplement to Attachment A are approved for an effective date of coverage of January 1, 2011; and

NOW, THEREFORE, BE IT FURTHER ORDERED by the Board that the Commissioner shall execute and amend agreements and take all necessary and appropriate actions to implement these rates; and

NOW, THEREFORE, BE IT FURTHER ORDERED by the Board that the Commissioner shall establish such additional rates as may be administratively necessary for the operation of the Plan.

Resolved this 10th day of February 2011, in public session.

ROSS MASON
Chairman

ARCHER ROSE
Secretary to Board

State Health Benefit Plan Calendar Year 2011 Member Rates for Continuation of Coverage under State Law – Supplement to Attachment A

For Calendar Year 2011: the following individuals may continue coverage in accordance with the cited SHBP Regulations by paying the rates set forth on Exhibit 1, as long as all requirements of the cited regulations are satisfied. The rates on Exhibit 1 represent the total cost for Coverage, which is the Employee's share and the Employer's cost for benefits and administration, plus processing and administrative fees:

State Employee who has completed eight (8) or more years of service as an Employee, exclusive of Approved Leaves of Absence Without Pay, ((SHBP Regulation Section 111-4-1-.07(1)(a)(1))

Teacher defined in Section 111-4-1-.04(1)(b) who has eight (8) or more years of creditable service in a teachers retirement system in Georgia (111-4-1-.07(1)(c), (e))

Public School Employee as defined in Section 111-4-1-.04(1)(c) who has eight (8) or more years of creditable service in a retirement system in Georgia (111-4-1-.07(1)(d), (e))

Eligible Covered Dependents of an Active State Employee (defined in 111-4-1-.04(1)(A)) who is killed, or receives injury that results in death, while acting in the scope of his or her employment (111-4-1-.04(12)(f)) (For Active State Employees acting in the scope of employment as a peace officer or firefighter, see Exhibit 2)

For Calendar Year 2011: the following individuals may continue coverage in accordance with cited regulations by paying the rates set forth on Exhibit 2, as long as all requirements of the cited regulations are satisfied. These rates represent the same rates required of active employees and annuitants, plus a processing fee.

State Employee defined in SHBP Regulation Section 111-4-1-.04(1)(a) who is discharged and who was eligible for Coverage under the SHBP for a period of ten (10) years, and is appealing the discharge to the State Personnel Board (111-4-1-.07(1)(a)(2))

Members of the General Assembly who cease to hold office after July 1, 1981, who are eligible to retire at the time of leaving office, except for the attainment of retirement age, pursuant to a public retirement system to which the General Assembly appropriates Funds, and who do not withdraw Employee contributions from public retirement systems (111-4-1-.07(1)(b))

Correctional officer injured by inmate violence while on duty who demonstrates that he or she was injured within a time period of five (5) years or less from becoming eligible for Medicare. (111-4-1-.07(1)(d)(1))

An Enrolled Member who has made application for disability or service retirement and who may be eligible for retirement, and there is a reasonable expectation that the Enrolled Member is eligible for retirement except for completion of the administrative processing to begin the annuity payments. (111-4-1-.07(2))

An annuitant whose annuity payments are not sufficient to pay the entire premium required for coverage as an annuitant shall pay the same premium as is required for coverage as an annuitant plus a processing fee. (111-4-1-.07 (3))

Surviving Spouse of a Retired Employee who is included in Coverage at the time of death of the enrolled Retiree and <u>will not receive a monthly annuity</u> payment from one of the state supported retirement systems, who had been married to the Retired Employee at least one full year prior to the death of the Retired Employee (111-4-1-.04(12)(e))

Eligible Covered Dependents of an Active State Employee (defined in 111-4-1-.04(1)(A)) who is killed or receives injury that results in death while acting in the scope of his or her employment

- If the death or injury resulting in death occurred while the Active State Employee was acting in the scope of employment as a "peace officer" as defined by O.C.G.A. Section 35-8-2.
- If the death or injury resulting in death occurred while the Active State Employee was acting in the scope of employment as a "firefighter" as defined by O.C.G.A. Section 25-4-2.

(111-4-1-.04(12)(f))

State Health Benefit Plan Monthly Premium Rates				Exhibit 1
Plan Year 2011 - January 1, 2011 through December 31, 2011				
Total Cost of Coverage + Administrative Fee	**You**	**You + Child**	**You + Spouse**	**You + Family****
United HMO	$434.16	$824.92	$998.58	$1,302.50
United HMO with Tobacco Surcharge	$514.16	$904.92	$1,078.58	$1,382.50
United HMO with Spousal Surcharge	NA	NA	$1,048.58	$1,352.50
United HMO Tobacco & Spousal Surcharges	NA	NA	$1,128.58	$1,432.50
United HRA	$404.88	$769.28	$931.22	$1,214.64
United HRA with Tobacco Surcharge	$484.88	$849.28	$1,011.22	$1,294.64
United HRA with Spousal Surcharge	NA	NA	$981.22	$1,264.64
United HRA with Tobacco & Spousal Surcharge	NA	NA	$1,061.22	$1,344.64
United HDHP	$358.82	$681.76	$825.30	$1,076.48
United HDHP with Tobacco Surcharge	$438.82	$761.76	$905.30	$1,156.48
United HDHP with Spousal Surcharge	NA	NA	$875.30	$1,126.48
United HDHP with Tobacco & Spousal Surcharge	NA	NA	$955.30	$1,206.48
Cigna HMO	$395.10	$750.68	$908.72	$1,185.30
Cigna HMO with Tobacco Surcharge	$475.10	$830.68	$988.72	$1,265.30
Cigna HMO with Spousal Surcharge	NA	NA	$958.72	$1,235.30
Cigna HMO with Tobacco & Spousal Surcharge	NA	NA	$1,038.72	$1,315.30
Cigna HRA	$404.88	$769.28	$931.22	$1,214.64
Cigna HRA with Tobacco Surcharge	$484.88	$849.28	$1,011.22	$1,294.64
Cigna HRA with Spousal Surcharge	NA	NA	$981.22	$1,264.64
Cigna HRA with Tobacco & Spousal Surcharge	NA	NA	$1,061.22	$1,344.64
Cigna HDHP	$358.82	$681.76	$825.30	$1,076.48
Cigna HDHP with Tobacco Surcharge	$438.82	$761.76	$905.30	$1,156.48
Cigna HDHP with Spousal Surcharge	NA	NA	$875.30	$1,126.48
Cigna HDHP with Tobacco & Spousal Surcharge	NA	NA	$955.30	$1,206.48

*Early Retiree - Retiree under age 65 without Medicare
**Family Coverage = You + Spouse + Child(ren)

State Health Benefit Plan Monthly Premiums				Exhibit 2
Plan Year 2011 - January 1, 2011 through December 31, 2011				
Active Employee and *Early Retiree Annuitant Rate + Administrative Fee	**You**	**You + Child**	**You + Spouse**	**You + Family****
United Healthcare HMO	$115.22	$269.26	$265.14	$289.94
United Healthcare HMO with Tobacco Surcharge	$195.22	$349.26	$345.14	$369.94
United Healthcare HMO with Spousal Surcharge	NA	NA	$315.14	$339.94
United Healthcare HMO with Tobacco & Spousal Surcharge	NA	NA	$395.14	$419.94
United Healthcare HRA	$73.74	$220.16	$215.10	$233.28
United Healthcare HRA with Tobacco Surcharge	$153.74	$300.16	$295.10	$313.28
United Healthcare HRA with Spousal Surcharge	NA	NA	$265.10	$283.28
United Healthcare HRA with Tobacco & Spousal Surcharge	NA	NA	$345.10	$363.28
United Healthcare HDHP	$64.84	$199.02	$199.14	$215.86
United Healthcare HDHP with Tobacco Surcharge	$144.84	$284.02	$279.14	$295.86
United Healthcare HDHP with Spousal Surcharge	NA	NA	$249.14	$265.86
United Healthcare HDHP with Tobacco & Spousal Surcharge	NA	NA	$329.14	$345.86
Cigna HMO	$115.22	$269.26	$265.14	$289.94
Cigna HMO with Tobacco Surcharge	$195.22	$349.26	$345.14	$369.94
Cigna HMO with Spousal Surcharge	NA	NA	$315.14	$339.94
Cigna HMO with Tobacco & Spousal Surcharge	NA	NA	$395.14	$419.94
Cigna HRA	$73.74	$220.16	$215.10	$233.28
Cigna HRA with Tobacco Surcharge	$153.74	$300.16	$295.10	$313.28
Cigna HRA with Spousal Surcharge	NA	NA	$265.10	$283.28
Cigna HRA with Tobacco & Spousal Surcharge	NA	NA	$345.10	$363.28
Cigna HDHP	$64.84	$204.02	$199.14	$215.86
Cigna HDHP with Tobacco Surcharge	$144.84	$284.02	$279.14	$295.86
Cigna HDHP with Spousal Surcharge	NA	NA	$249.14	$265.86
Cigna HDHP with Tobacco & Spousal Surcharge	NA	NA	$329.14	$345.86

*Early Retiree - Retiree under age 65 without Medicare
**Family Coverage = You + Spouse + Child(ren)