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SHBP

HEALTH BENEFITS AT YOUR FINGERTIPS

***WEB PORTAL USER GUIDE
OPEN ENROLLMENT - ADMINISTRATOR***

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OVERVIEW

The State Health Benefit Plan (SHBP) has developed the SHBP Web Portal for Administrators to give 'at your fingertips' access to your employee's health insurance coverage and health information.

Payroll Groups may use the SHBP Administrator's Web Portal to:

- Perform 'Year Round' functions
- Perform 'Open Enrollment' functions
- Perform 'Retiree Option Change Period' functions

SHBP Staff Members may use the SHBP Administrator's Web Portal to:

- Manage Payroll Groups
- Modify Members
- Manage User Roles
- Add Dependents
- Modify Accounts

This SHBP Administrator Web Portal User Guide will assist you in successfully completing the available functions.

**TECHNICAL CONSIDERATIONS
ACCESS AGREEMENT / USERNAME AND PASSWORD**

Technical Considerations:

Technical considerations for locations that are setting up common points for multiple users to participate in the SHBP Open Enrollment through the internet based system:

1. This is a secure system due to the sensitive nature of the data utilized by the application. As such this means that an SSL (Secure Socket Layer) connected will be required for the application to work.
2. Due to the secure nature of the application, a session time out of 20 minutes has been established, this means that if any user exceeds 1200 seconds of time without interacting with the application server, the server will terminate the session and the user will get an error and will be required to log on again and start the selection process over again. Registration would not be required again. When people are reading the Terms and Conditions page, they sometimes get delayed and this results in the session timing out. It is also very possible for people to get into the selections and then decide to go and review a provider website or the decision guides and while doing that, timeout from the application servers.
3. Caching needs to be turned off, at every level. For this system to work correctly and to be secure. This means that caching at the browser level needs to be turned off as well as any proxy server that is utilized and at the firewall. Some locations use a caching server and some have firewalls that reduce the connections to a single stream, in both cases this will result in spurious timeouts for the users and these configurations should be avoided.
4. Auto complete, a function of most modern browsers that allows the browser to remember the username and password of the user, should be turned off for any browser that is being used in a community environment to connect to the SHBP Open Enrollment system. The use of auto complete features of the browsers presents a serious security issue as well as providing for spurious timeouts, as some browsers will attempt to connect with previously used session data if it reconnects with saved login data.
5. The URL for this application is <https://www.myshbp.ga.gov/admin>. Some locations have internal portals and configure their own links to the web site, it has been noted that these internal links have numerous issues with the connections and maintaining session state and should be avoided if at all possible.

SHBP Web Portal Access Agreement:

Authorized employing entities may access various reports electronically for viewing, downloading, and/or printing from the SHBP Web Portal System by completing a SHBP Web Portal Access Agreement. This agreement gives access to the secure site where member health insurance coverage, health information and reports are housed; and grants access to only that specific employing entity as stated in the SHBP Web Portal Access Agreement.

SHBP Web Portal Access Agreement(s) are available for printing at the DCH website, www.dch.georgia.gov/shbp or by calling the SHBP Payroll Location/Employer Services Unit at 1-800-776-9045. Complete SHBP Web Portal Access Agreement(s) should be faxed to the attention of Deborah Sheppard at 1-866-545-3161.

SHBP Web Portal Usernames and Passwords:

Once the SHBP Web Portal Access Agreement has been received and verified by SHBP, Web Portal Usernames and Passwords are assigned according to the agreement. The SHBP Web Portal System Administrator is responsible for the following:

- the assignment of Web Portal Usernames
- the assignment of Web Portal Passwords
- the resetting of Web Portal Passwords

All SHBP Web Portal System Administrator requests should be made via e-mail to Deborah Sheppard at dsheppard@dch.ga.gov.

Each employing entity may be assigned Web Portal Usernames and Web Portal Passwords; and are assigned to specific individuals within the employing entity's location. Each individual must sign an agreement that they will not allow anyone access to their Web Portal Usernames and Passwords. The employing entity's location manager will also sign an agreement to immediately advise Deborah Sheppard via email at dsheppard@dch.ga.gov to terminate Web Portal Usernames and Passwords when assigned users are no longer eligible to access the Web Portal secure site. To access an electronic version of the SHBP Administrator Web Portal User Guide, please visit the DCH website at www.dch.georgia.gov/shbp.

LOGIN

Follow the below directions to Login the SHBP Administrator Web Portal:

- **Double click the Internet Explorer Icon** (*Figure 1*)



Figure 1 - Internet Explorer Icon

The **Internet Browser Home screen** will display.

- Enter <https://www.myshbp.ga.gov/admin> in the **address field** of the Internet Browser screen (*Figure 2*)
- Press the **Enter** key

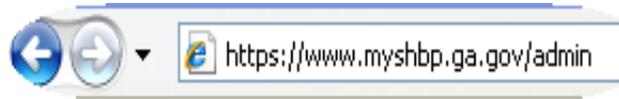


Figure 2 - Internet Browser Address Field

The **Enter Administrator Login Information** screen will display (Figure 3).

ABOUT US FAQ DECISION GUIDES ADD'L INFORMATION CONTACT US ONLINE HELP

SHBP
State Health Benefit Plan

Friday, September 30, 2011

Enter Administrator Login Information

*Username

*Password

LOGIN **FORGOT PASSWORD**

Instructions

All fields indicated with * are required. Username and Password are both case-sensitive.

1. Enter your Username and Password.
2. Click the LOGIN button.

If you don't remember your Password, click the FORGOT PASSWORD button.

Georgia.gov Privacy Important Notices Accessibility Contact Georgia.gov

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Figure 3 - Enter Administrator Login Information Screen

- **Enter your Username**
- **Enter your Password**
- **Click the LOGIN** button

Note:
All fields indicated with * are required.

The **SHBP Administration Home** screen will display (Figure 4).

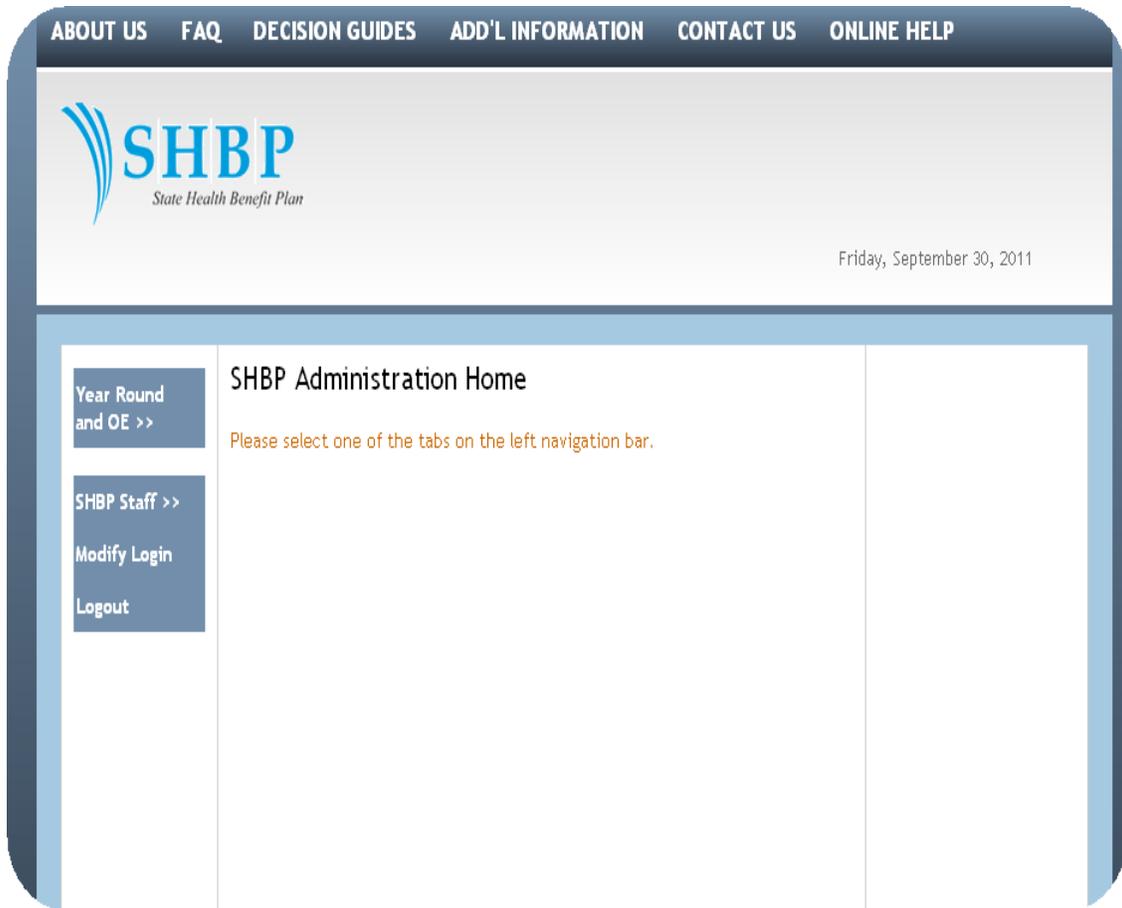


Figure 4 - SHBP Administration Home Page

Your Login is now complete and you may now select one of the tabs on the left navigation bar (Figure 4) to navigate through the Web Portal.

Note:

The Logout tab is located on the left navigation bar and may be used to logout of the Web Portal when it is displayed on various Web Portal screens.

FORGOT PASSWORD

After accessing the **Enter Administrator Login Information** screen and you **don't remember your Password**, follow the below directions to change your Password:

- Click the **FORGOT PASSWORD** button (*Figure 5*)

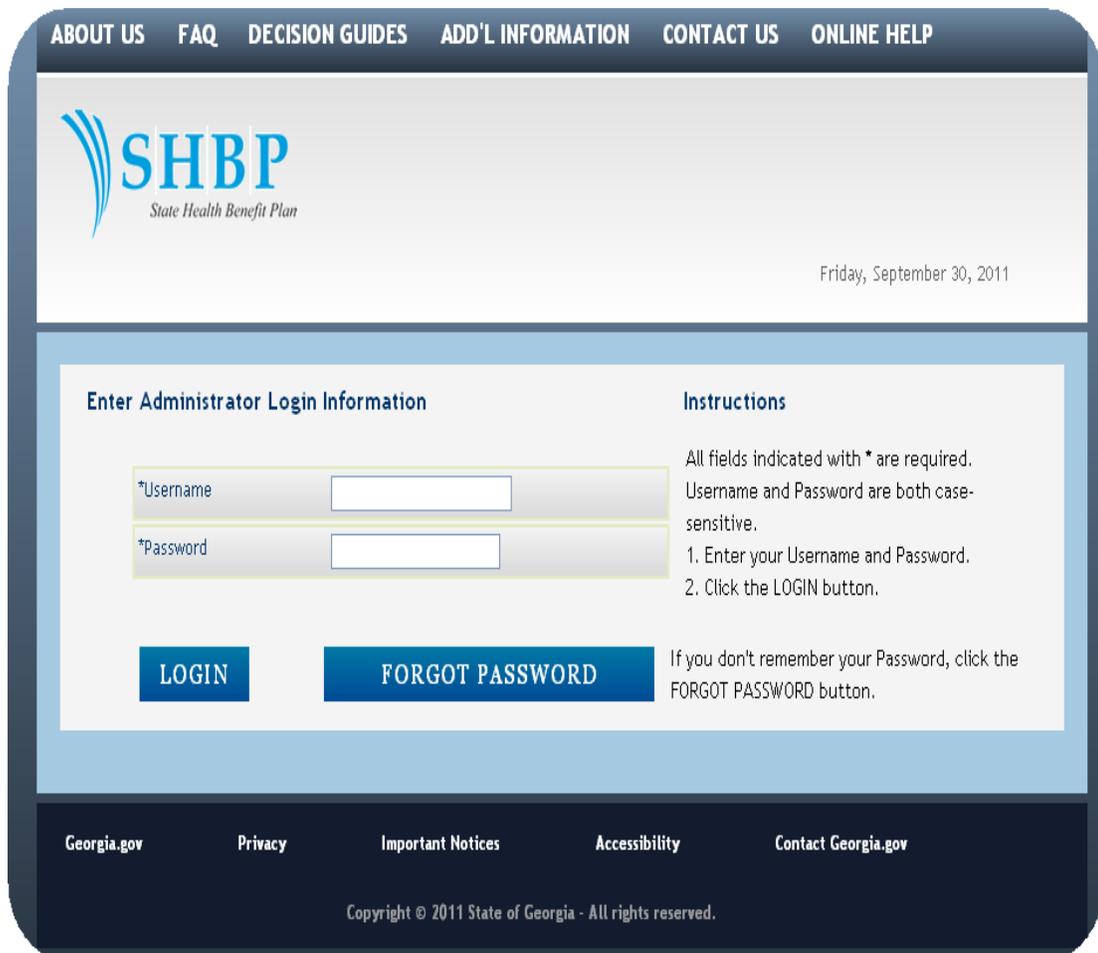


Figure 5 - Enter Administrator Login Information Screen

Note:
All fields indicated with * are required.

The **Forgot Password** screen will display (Figure 6).

- **Enter your Username**
- **Click the CONTINUE** button

ABOUT US FAQ DECISION GUIDES ADD'L INFORMATION CONTACT US ONLINE HELP

SHBP
State Health Benefit Plan

Friday, September 30, 2011

Forgot Password

Forgot Password

*Username

CONTINUE **CANCEL**

Instructions

All fields indicated with * are required. Username is case-sensitive.

1. Enter your Username.
2. Click the CONTINUE button to go to the next page; or click the CANCEL button to return to the Enter Administrator Login Information page with no change in password.

Figure 6 - Forgot Password Screen

Note:

All fields indicated with * are required. Click the CANCEL button to redisplay the Enter Administrator Login Information screen with no change in Password.

The **Enter Password Recovery Information** screen will display. Your previously entered Username and associated Security Question will pre-populate (*Figure 7*).

- Enter your **Security Answer** (not case sensitive)
- Click the **SUBMIT** button

ABOUT US FAQ DECISION GUIDES ADD'L INFORMATION CONTACT US ONLINE HELP

SHBP
State Health Benefit Plan

Thursday, September 15, 2011

Forgot Password

Enter Password Recovery Information

*Username *****

Security Question What is your pet's name?

*Security answer

SUBMIT **CANCEL**

Instructions:

All fields indicated with * are required. Security Question answer is not case-sensitive.

1. Review your pre-populated information to assure it is accurate.
2. Enter your answer to the Security Question (not case-sensitive).
3. Click the SUBMIT button to go to the next page; or click the CANCEL button to return to the Enter Administrator Login Information page with no recovery/change in password.

LINKS

Figure 7 - Enter Password Recovery Information Screen

Note:

All fields indicated with * are required. Clicking the CANCEL button will stop the Password Recovery Process and redisplay the Enter Administrator Login Information screen with no change in Password.

The **Enter New Password** screen will display (Figure 8).

ABOUT US FAQ DECISION GUIDES ADD'L INFORMATION CONTACT US ONLINE HELP

SHBP
State Health Benefit Plan

Friday, September 30, 2011

Your password has expired. Please enter a new password.

Change Password

Enter New Password

*New Password

*Confirm New Password

CHANGE PASSWORD **CANCEL**

Instructions:

All fields indicated with * are required. Passwords are case-sensitive.

1. Create and enter your New Password. New Password should be between 8 and 20 characters (case-sensitive) and have at least 3 of the following types of characters:

- Uppercase letter
- Lowercase letter
- Number

Figure 8 - Enter New Password Screen

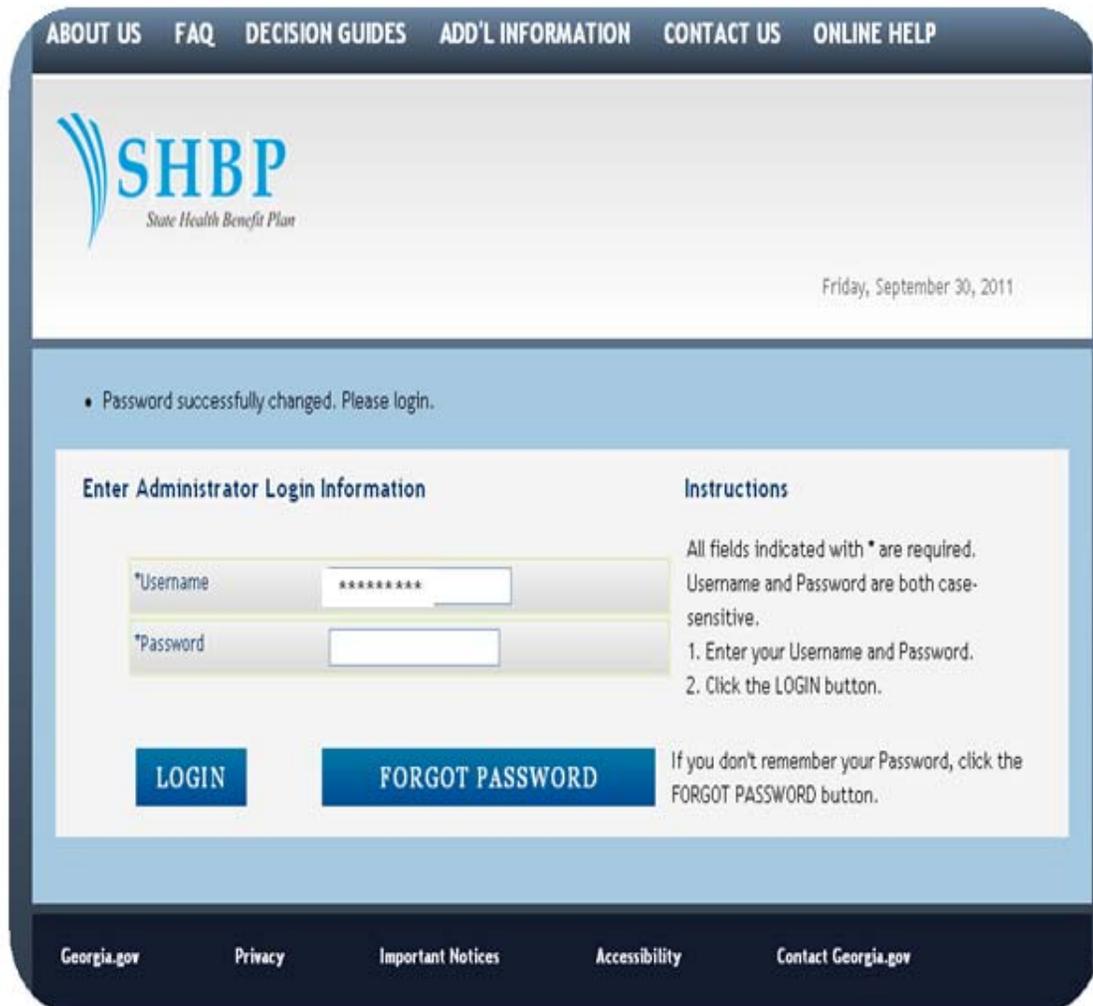
- **Create and enter your New Password. New Password should be between 8 and 20 characters (case-sensitive) and have at least 3 of the following types of characters:**
 - **Uppercase Letter**
 - **Lowercase Letter**
 - **Number**
 - **Special Character (!, @, #, etc.)**
- **Re-enter your newly created Password for confirmation**
- **Click the CHANGE PASSWORD button**

Notes:

All fields indicated with * are required. Clicking the CANCEL button will stop the Password Recovery Process and redisplay the Enter Administrator Login Information screen with no change in Password.

The Enter New Password screen will display when your Password has expired, indicated by a message in the message field (Figure 8).

The **Enter Administrator Login Information screen** will redisplay (Figure 9). A message will display in the message field stating, *'Password and security question successfully saved. Please login.'*



The screenshot shows the SHBP (State Health Benefit Plan) Administrator Login Information screen. At the top, there is a navigation bar with links: ABOUT US, FAQ, DECISION GUIDES, ADD'L INFORMATION, CONTACT US, and ONLINE HELP. Below this is the SHBP logo and the text "State Health Benefit Plan". The date "Friday, September 30, 2011" is displayed in the top right corner. A message field contains the text: "• Password successfully changed. Please login." The main content area is divided into two columns. The left column is titled "Enter Administrator Login Information" and contains two input fields: "*Username" (with a masked password "*****") and "*Password". Below these fields are two buttons: "LOGIN" and "FORGOT PASSWORD". The right column is titled "Instructions" and contains the following text: "All fields indicated with * are required. Username and Password are both case-sensitive. 1. Enter your Username and Password. 2. Click the LOGIN button." Below the instructions, there is a note: "If you don't remember your Password, click the FORGOT PASSWORD button." At the bottom of the screen, there is a footer with links: Georgia.gov, Privacy, Important Notices, Accessibility, and Contact Georgia.gov.

Figure 9 - Enter Administrator Login Information Screen (Password Changed)

Your Password Change is now complete. You may now use your newly created Password to Login through the Enter Administrator Login Screen.

SITE NAVIGATION

The **header bar** is located at the very top of the screen (*Figure 10*) and provides active links and information regarding SHBP (i.e. Decision Guides, User Guides, Contact Information, FAQ's, etc.).

The screenshot shows the top portion of the SHBP website. At the very top is a dark blue navigation bar with white text links: ABOUT US, FAQ, DECISION GUIDES, ADD'L INFORMATION, CONTACT US, and ONLINE HELP. Below this is a light gray header area containing the SHBP logo (State Health Benefit Plan) on the left and the date "Friday, September 30, 2011" on the right. The main content area is a light blue box with a white background, titled "Enter Administrator Login Information". It contains two input fields: "*Username" and "*Password", each with a white text box and a blue border. Below the fields are two blue buttons: "LOGIN" and "FORGOT PASSWORD". To the right of the fields is a section titled "Instructions" with the following text: "All fields indicated with * are required. Username and Password are both case-sensitive. 1. Enter your Username and Password. 2. Click the LOGIN button." Below the "FORGOT PASSWORD" button is a note: "If you don't remember your Password, click the FORGOT PASSWORD button." At the bottom of the page is a dark blue footer bar with white text links: Georgia.gov, Privacy, Important Notices, Accessibility, and Contact Georgia.gov. Below the footer bar is the copyright notice: "Copyright © 2011 State of Georgia - All rights reserved."

Figure 10 - Header Bar

The **left navigation bar** will display on each screen beginning with the SHBP Administration Home Page (*Figure 11*). The web site functions are selected from the left navigation bar (never use your browser's "BACK" button). The four tabs on the left navigation bar may be selected to:

- Complete administrative functions for **Year Round, Open Enrollment** and Retiree Option Change Period Elections
- Complete **SHBP Staff** administrative functions
- **Modify Login** (change employee/retiree Password and Security Question/Answer)
- **Logout** of web site.



Figure 11 - Left Navigation Bar

The 'Year Round and OE' and 'SHBP Staff' tabs include **sub-tabs** (sub-tabs indicated by arrows) on the left navigation bar (Figure 12). You may navigate between site functions by selecting the left navigation tabs and/or sub-tabs (never use your browser's "BACK" button).



Figure 12 - Left Navigation Bar

YEAR ROUND AND OE

After completing the Administrator Login function, the **SHBP Administration Home screen** will display (*Figure 13*).

- **Click the Year Round and OE** tab on the left navigation bar

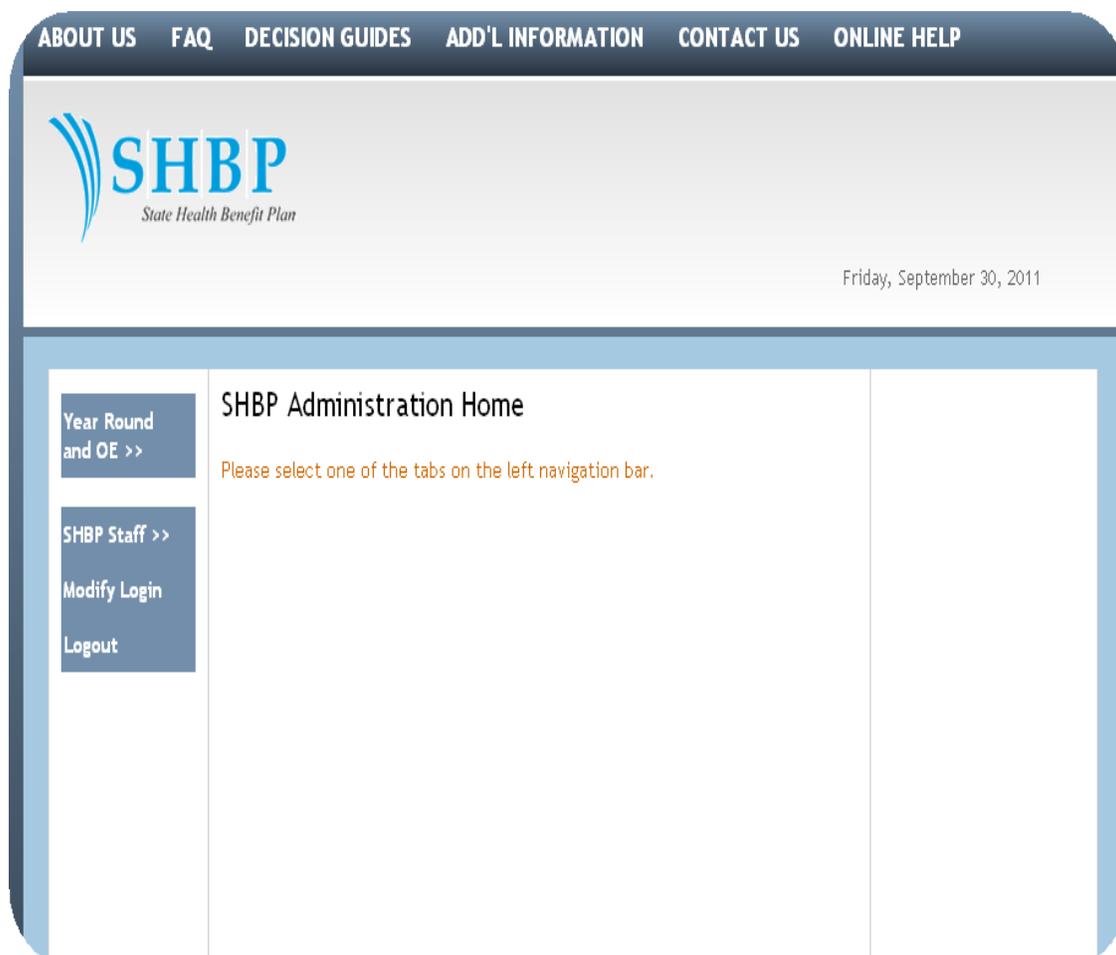


Figure 13 - SHBP Administration Home Screen

The **Year Round and OE sub-tabs** will display on the SHBP Administration Home screen (Figure 14).



Figure 14 - Year Round and OE Sub-tabs Screen

The **Year Round and OE sub-tabs** (Figure 14) and may be used to:

- Add a New Employee
- Modify a Newly Added Employee
- Direct Bill
- Modify Coverage
- View Login History
- Print Confirmations
- Access Employee Reports
- Unregister Users

Follow the upcoming directions to complete the sub-tab functions under the Year Round and OE left navigation tab.

Add New Employee

- Click the **Add New Employee** sub-tab (Figure 15)

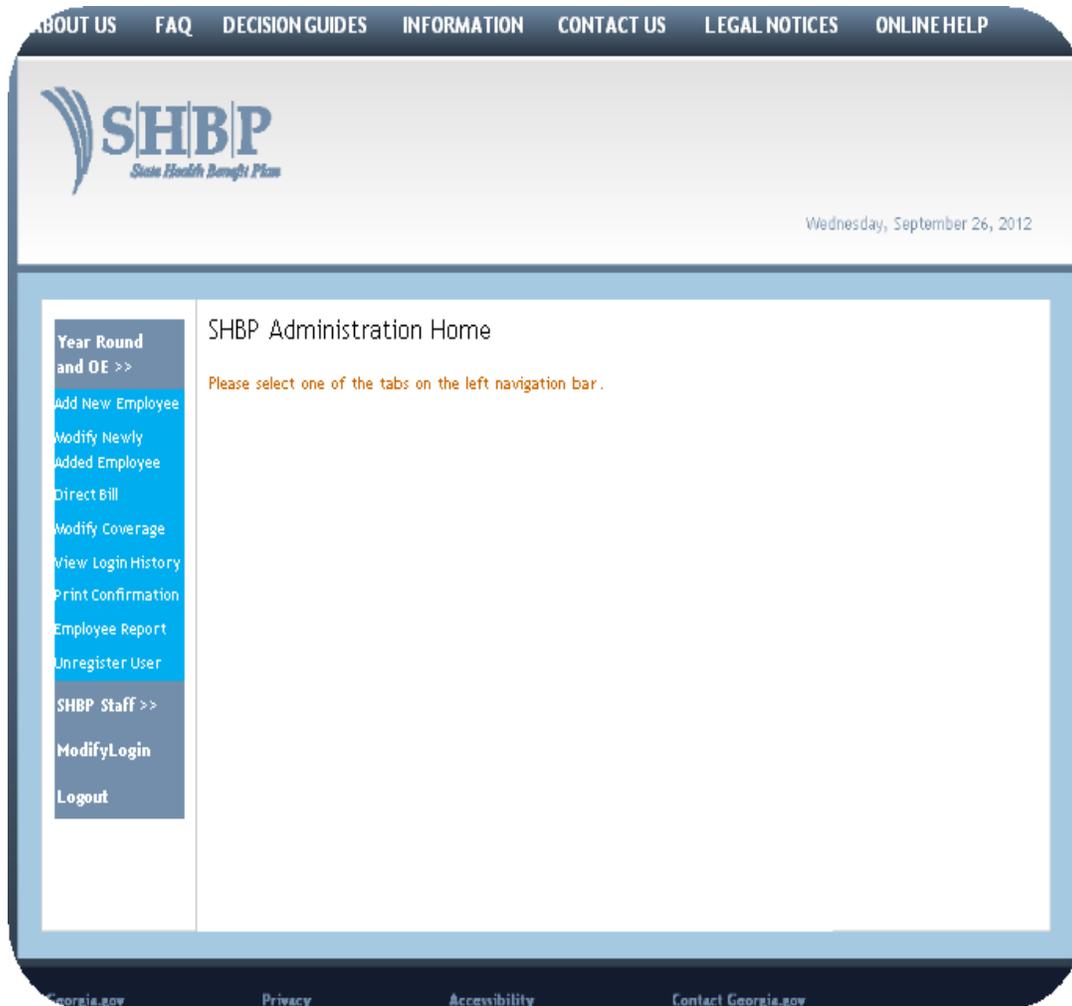


Figure 15 - SHBP Administration Home Screen

The Add New Employee screen will display (Figure 16).

Add New Employee

Prior to adding an employee, please refer to report, "SH523961-DE Web Access" on View Direct which lists all of your employees that have been given access to the Open Enrollment site as this function is not a replacement for correction if Employee has been added to website under wrong SSN.

This function should be used to add only new employees that were not given access to the Open Enrollment site due to their date of hire. Addition of an employee through this site will give them the capability of making their Open Enrollment elections for coverage effective January 1, 2012. A Membership Enrollment form must be completed for coverage that is to be effective prior to January 1, 2012.

Instructions

All fields indicated with * are required.

1. Enter the Employee Information. Policy Number (same as SSN without dashes), Last Name, First Name, Middle initial, and Suffix.
2. Select the Employee's Sex from the dropdown list.
3. Enter the Employee's Date of Birth (DOB) (mm/dd/yyyy)
4. Select the Employee's Payroll Location from the dropdown list.
5. Enter the Employee's Hire Date (mm/dd/yyyy)
6. Enter the Employee's Monthly Salary (nn.nn).
7. Enter the Employee's Hours Scheduled Per Week (HH).
8. Click the **SAVE MEMBER** button to complete the function; or click the **CANCEL** button to cancel the addition of the employee and return to the SHBP Administration Home page.

*Policy Number

*Last Name

*First Name

Middle Initial

Suffix

*Sex

Ethnicity

*DOB (mm/dd/yyyy)

Primary Language ENGLISH OTHER

If OTHER, Please Specify

*Payroll Location

*Hire Date (mm/dd/yyyy)

*Monthly Salary (nn.nn)

*Hours scheduled Per Week (hh.hh)

SAVE MEMBER **CANCEL**

Figure 16 - Contact Information Screen

- **Enter the Employee Information. Policy Number (same as SSN with no dashes), Last name, First Name, Middle Initial, and Suffix**
- **Select the Employee's Sex** from the dropdown list
- **Select the Employee's Ethnicity** from the dropdown list
- **Enter the Employee's Date of Birth (DOB) (mm/dd/yyyy)**
- **Select the Employee's Primary Language** by **clicking** on the **ENGLISH** or **OTHER** radial button
- If OTHER has been selected as the Primary Language, please **enter the name of the employee's primary language** in the "If OTHER, Please Specify" field

- **Select the Employee's Payroll Location** from the dropdown list
- **Enter the Employee's Hire Date** (mm/dd/yyyy)
- **Enter the Employee's Monthly Salary** (nn.nn)
- **Enter the Employee's Hours Scheduled Per Week** (hh.hh)
- **Enter your Address and City** of residency
- **Click the SAVE MEMBER** button to complete the function; or **click the CANCEL** button to cancel the addition of the employee and return to the SHBP Administration Home page

Note:

All fields indicated with * are required.

Modify Newly Added Employee

- **Click the Modify Newly Added Employee sub-tab** (Figure 17)

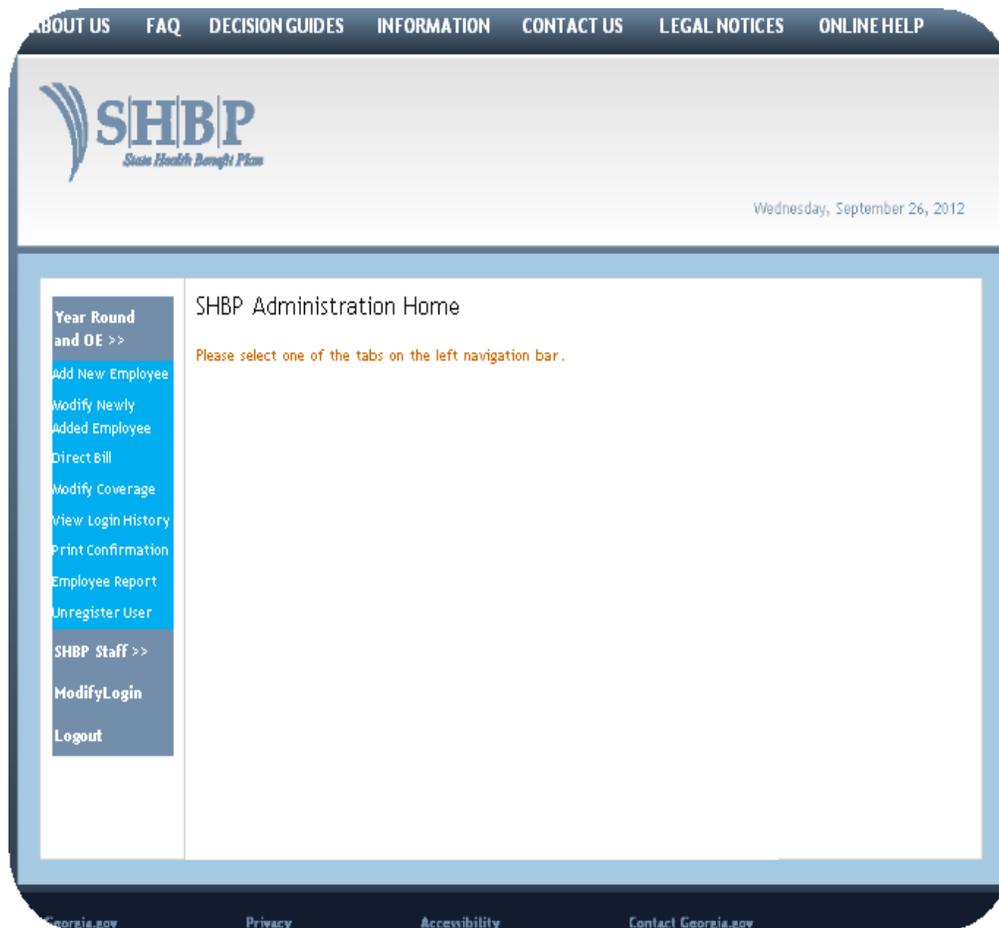


Figure 17 - SHBP Administration Home Screen

The **Modify Newly Added Employee** screen will display (Figure 18).

The Search for a Newly Added Employee may be done by **Payroll Location** or by **Policy Number and Date of Birth (DOB)** as follows:

1. Select the Newly Added Employee's Payroll Location from the dropdown list (for employees who have a hire date no further back than 45 days and have not confirmed their election choices).
2. Click the SEARCH button to go to the next page.

- or -

1. Enter the Newly Added Employee's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).
2. Click the MODIFY MEMBER button to go to the next page.

The screenshot displays the 'Modify Newly Added Employee' screen. On the left is a sidebar with links: 'Year Round and OE >>', 'SHBP Staff >>', 'Modify Login', and 'Logout'. The main content area is titled 'Modify Newly Added Employee' and contains two search methods. The first method, 'Search Newly Added Employee by Payroll Location', features a dropdown menu labeled 'Select Payroll Location' and a blue 'SEARCH' button. The second method, 'Search Newly Added Employee by Policy Number and DOB', includes two input fields: '*Policy Number' and '*Date of Birth (mm/dd/yyyy)', followed by a blue 'MODIFY MEMBER' button. A right-hand panel titled 'Instructions' provides details: 'All fields indicated with * are required. The Search for a Newly Added Employee may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows: 1. Select the Newly Added Employee's Payroll Location from the dropdown list. 2. Click the SEARCH button to go to the next page. or 3. Enter the Newly Added Employee's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).'

Figure 18 - SHBP Administration Home Screen

To 'Search for a Newly Added Employee' by **Payroll Location**:

- **Select the Payroll Location** of the employee from the dropdown list (*Figure 19*)
- **Click the SEARCH** button

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Modify Newly Added Employee

Searches will only return results for employees that have a hire date no further back than 45 days and that have not confirmed their choices.

Search Newly Added Employee by Payroll Location

14030 (SUPREME COURT) ▼

SEARCH

Search Newly Added Employee by Policy Number and DOB

*Policy Number

*Date of Birth (mm/dd/yyyy)

MODIFY MEMBER

Instructions

All fields indicated with * are required.

The Search for a Newly Added Employee may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows:

1. Select the Newly Added Employee's Payroll Location from the dropdown list.
2. Click the SEARCH button to go to the next page.
or
3. Enter the Newly Added Employee's Policy Number (same as SSN with no dashes) and Date of

Figure 19 - Modify Newly Added Employee Screen

The **Modify Newly Added Employee** screen will redisplay, including a list of newly added employee's (*employees who have a hire date no further back than 45 days and have not confirmed their election choices*) for the selected Payroll Location (*Figure 20*).

- Click the **EDIT** button next to the selected employee's name
- Click the **SEARCH** button

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Modify Newly Added Employee

Searches will only return results for employees that have a hire date no further back than 45 days and that have not confirmed their choices.

Search Newly Added Employee by Payroll Location

14030 (SUPREME COURT) ▼

SEARCH

Policy Number	DOB	Name	Edit
****7680	9/1/30	SCOTT, ALLEN	EDIT
****0260	4/21/65	JONES, JEFF	EDIT
****5555	3/19/83	EMPLOYEE, VALUED	EDIT

Search Newly Added Employee by Policy Number and DOB

*Policy Number

*Date of Birth (mm/dd/yyyy)

MODIFY MEMBER

Instructions

All fields indicated with * are required.

The Search for a Newly Added Employee may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows:

1. Select the Newly Added Employee's Payroll Location from the dropdown list.
2. Click the SEARCH button to go to the next page.
or
3. Enter the Newly Added Employee's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).
4. Click the MODIFY MEMBER button to go to the next page.
5. Click the EDIT button for the Employee you wish to edit.

Figure 20 - Modify Newly Added Employee Screen

The **Modify Newly Added Employee** screen will redisplay, including pre-populated information for the selected Newly Added Employee (*Figure 21*).

- Review the newly added employee's pre-populated information for accuracy
- **Make any necessary corrections**
- **Click the SAVE MEMBER button to accept the changes; or click the CANCEL button to return to the SHBP Administration Home page without making changes to the newly added employee.**

Monday, October 03, 2011

Year Round and OE >>

SHBP Staff >>

ModifyLogin

Logout

Modify Newly Added Employee

*Policy Number *****555

*Last Name EMPLOYEE

*First Name VALUED

Middle Initial

Suffix

*Sex Female

Ethnicity Asian

*DOB (mm/dd/yyyy) 03/19/1983

Primary Language ENGLISH OTHER

If OTHER, Please Specify

*Payroll Location 14030 (SUPREME COURT)

*Hire Date (mm/dd/yyyy) 09/15/2011

*Monthly Salary (per pay) 4500.00

*Hours scheduled Per Week (Std. Hrs) 40.00

SAVE MEMBER **CANCEL**

Instructions

All fields indicated with * are required.

1. Review the newly added employee's information.
2. Make any necessary corrections to the newly added employee's information.
3. Click the **SAVE MEMBER** button to accept the changes.
4. Click the **CANCEL** button to return to the SHBP Administration Home page without making changes to this newly added employee.

Figure 21 - Modify Newly Added Employee Screen

Note:
All fields indicated with * are required.

The **SHBP Administration Home screen** will redisplay including a message that the 'Eligible member updated successfully' (*Figure 22*).



Figure 22 - SHBP Administration Home Screen

To 'Search for a Newly Added Employee' by **Employee's Policy Number and Date of Birth**:

- Enter the employee's **Policy Number** (SSN with no dashes)
- Enter the employee's **DOB** (mm/dd/yyyy)
- Click the **MODIFY MEMBER** button (Figure 23)

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Modify Newly Added Employee

Searches will only return results for employees that have a hire date no further back than 45 days and that have not confirmed their choices.

Search Newly Added Employee by Payroll Location

Select Payroll Location

SEARCH

Search Newly Added Employee by Policy Number and DOB

*Policy Number 415445555

*Date of Birth (mm/dd/yyyy) 03/19/1983

MODIFY MEMBER

Instructions

All fields indicated with * are required.

The Search for a Newly Added Employee may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows:

1. Select the Newly Added Employee's Payroll Location from the dropdown list.
2. Click the SEARCH button to go to the next page.
or
3. Enter the Newly Added Employee's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).

Figure 23 - Modify Newly Added Employee Screen

Note:
All fields indicated with * are required.

The **Modify Newly Added Employee** screen will redisplay, including pre-populated information for the selected Newly Added Employee (*Figure 24*).

- Review the newly added employee's pre-populated information for accuracy
- **Make any necessary corrections**
- **Click the SAVE MEMBER button to accept the changes; or click the CANCEL button to return to the SHBP Administration Home page without making changes to the newly added employee.**

Monday, October 03, 2011

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Modify Newly Added Employee

*Policy Number	****5555
*Last Name	EMPLOYEE
*First Name	VALUED
Middle Initial	
Suffix	
*Sex	Female
Ethnicity	Asian
*DOB (mm/dd/yyyy)	03/19/1983
Primary Language	<input checked="" type="radio"/> ENGLISH <input type="radio"/> OTHER
If OTHER, Please Specify	
*Payroll Location	14030 (SUPREME COURT)
*Hire Date (mm/dd/yyyy)	09/15/2011
*Monthly Salary (per mo)	4500.00
*Hours scheduled Per Week (hrs./wk)	40.00

SAVE MEMBER **CANCEL**

Instructions

All fields indicated with * are required.

1. Review the newly added employee's information.
2. Make any necessary corrections to the newly added employee's information.
3. Click the **SAVE MEMBER** button to accept the changes.
4. Click the **CANCEL** button to return to the SHBP Administration Home page without making changes to this newly added employee.

Figure 24 - Modify Newly Added Employee Screen

Note:
All fields indicated with * are required.

The **SHBP Administration Home screen** will redisplay including a message that the 'Eligible member updated successfully' (*Figure 25*).

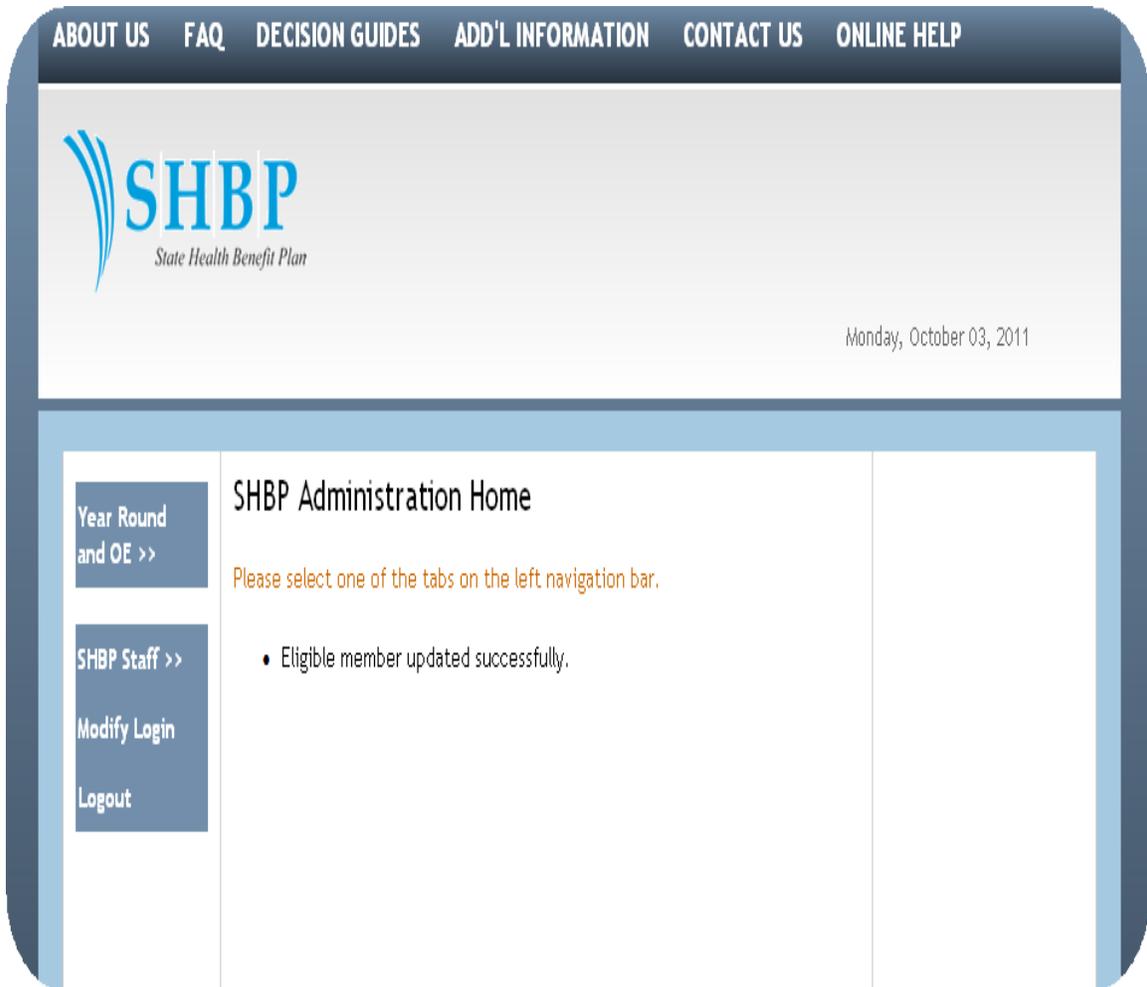


Figure 25 - SHBP Administration Home Screen

Direct Bill

- Click the **Direct Bill** sub-tab on the left navigation bar (Figure 26)

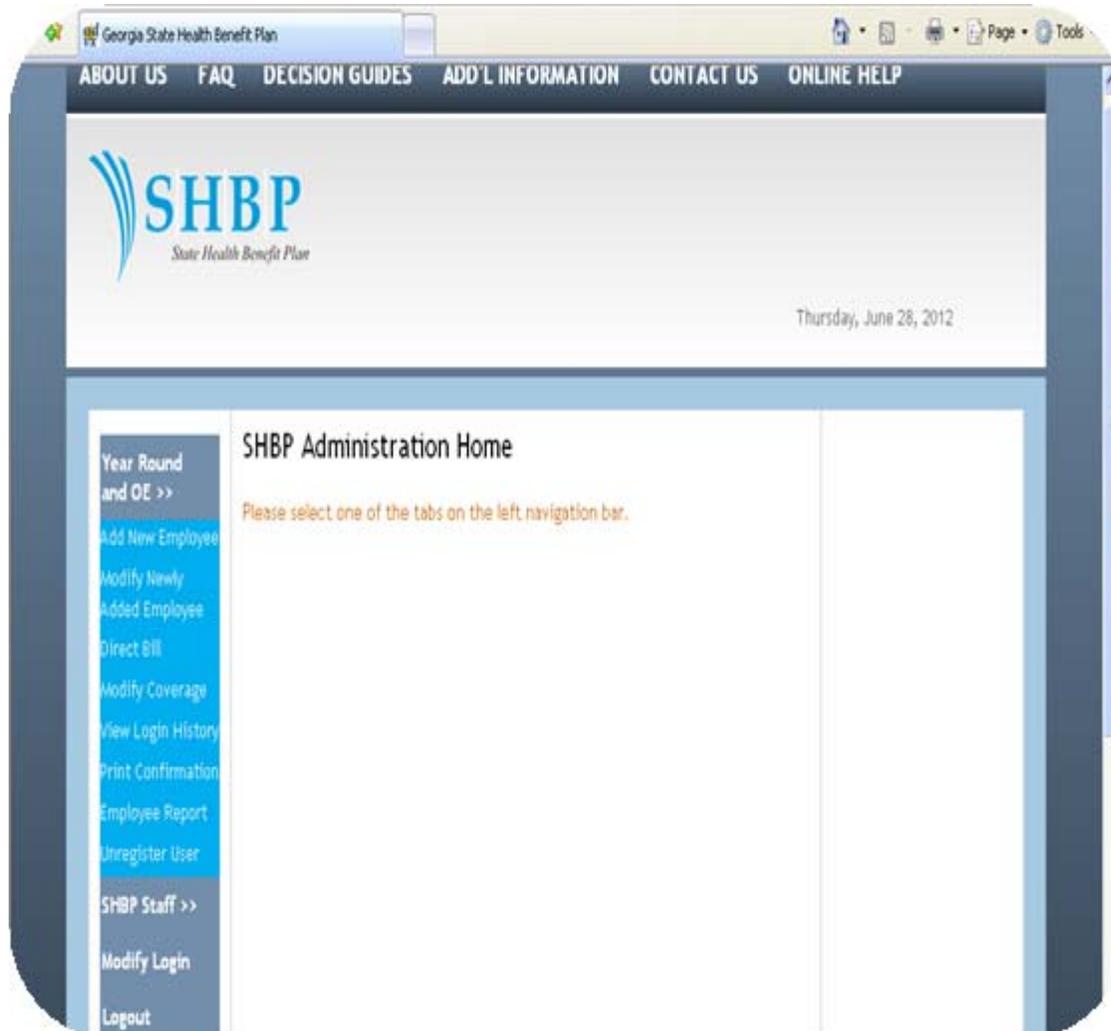


Figure 26 - SHBP Administration Home Screen

The **Search Direct Bill Location** screen will display (Figure 27).

- Select the Payroll Location from the **Select Payroll Location** dropdown list (Figure 18)

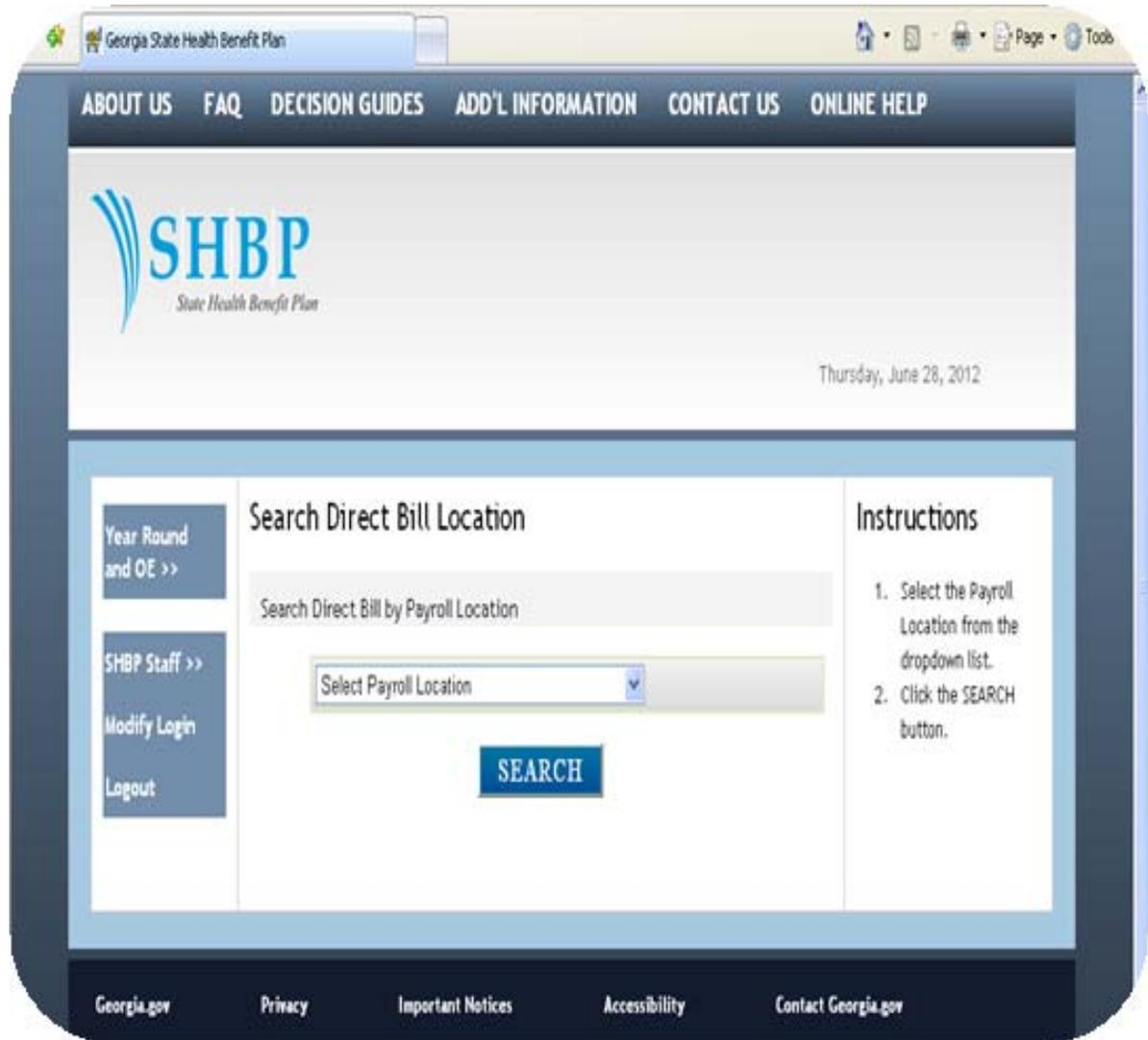


Figure 27 - Search Direct Bill Location Screen

You may enter the payroll location number you wish to select into the Select Payroll Location dropdown list to quickly display a specific range of payroll location numbers for selection (*Figure 28*).

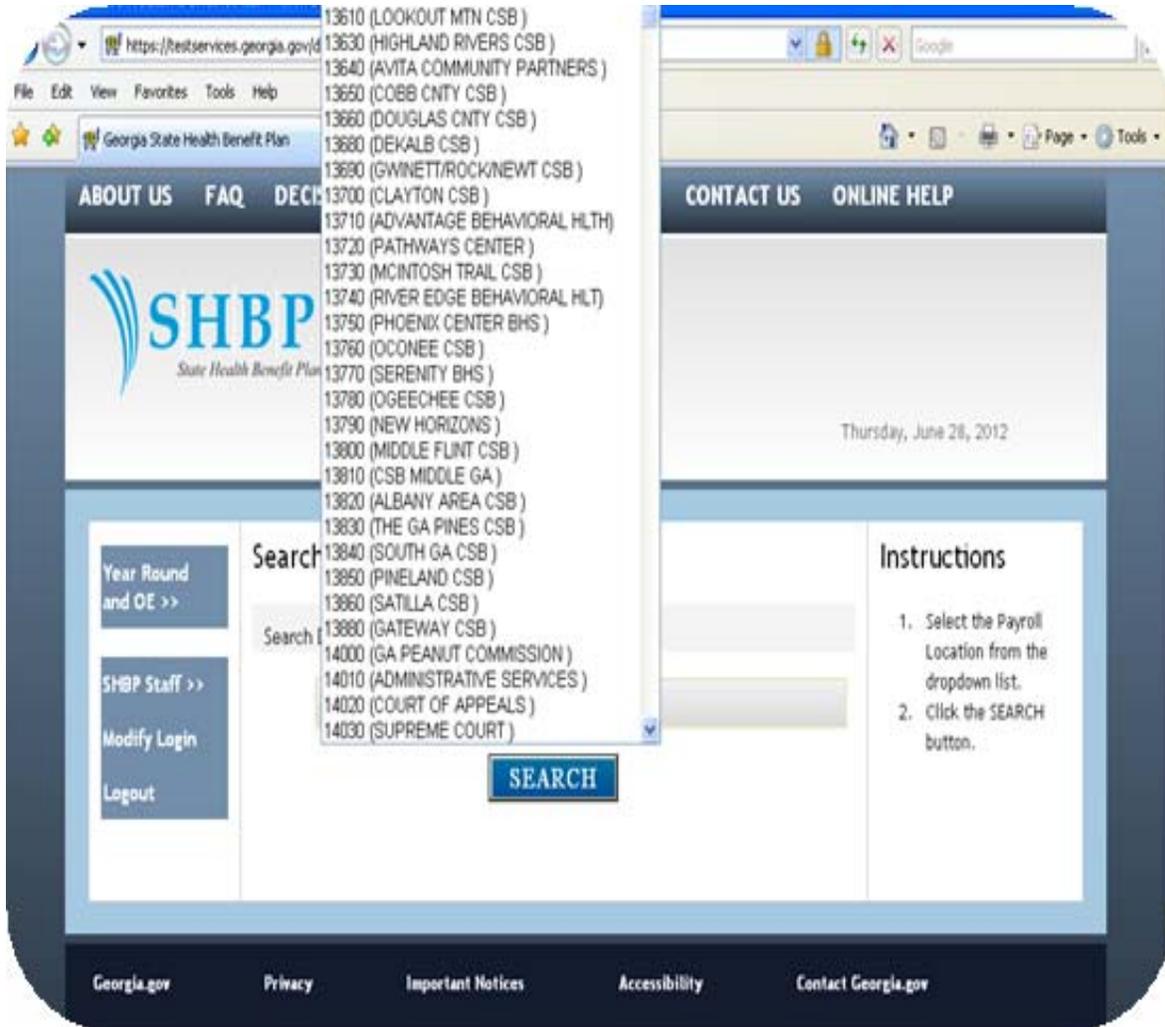


Figure 28 - Search Direct Bill Location Screen

The selected payroll location will display in the **Select Payroll Location field** (Figure 29).

- **Click the Search button** (Figure 29)

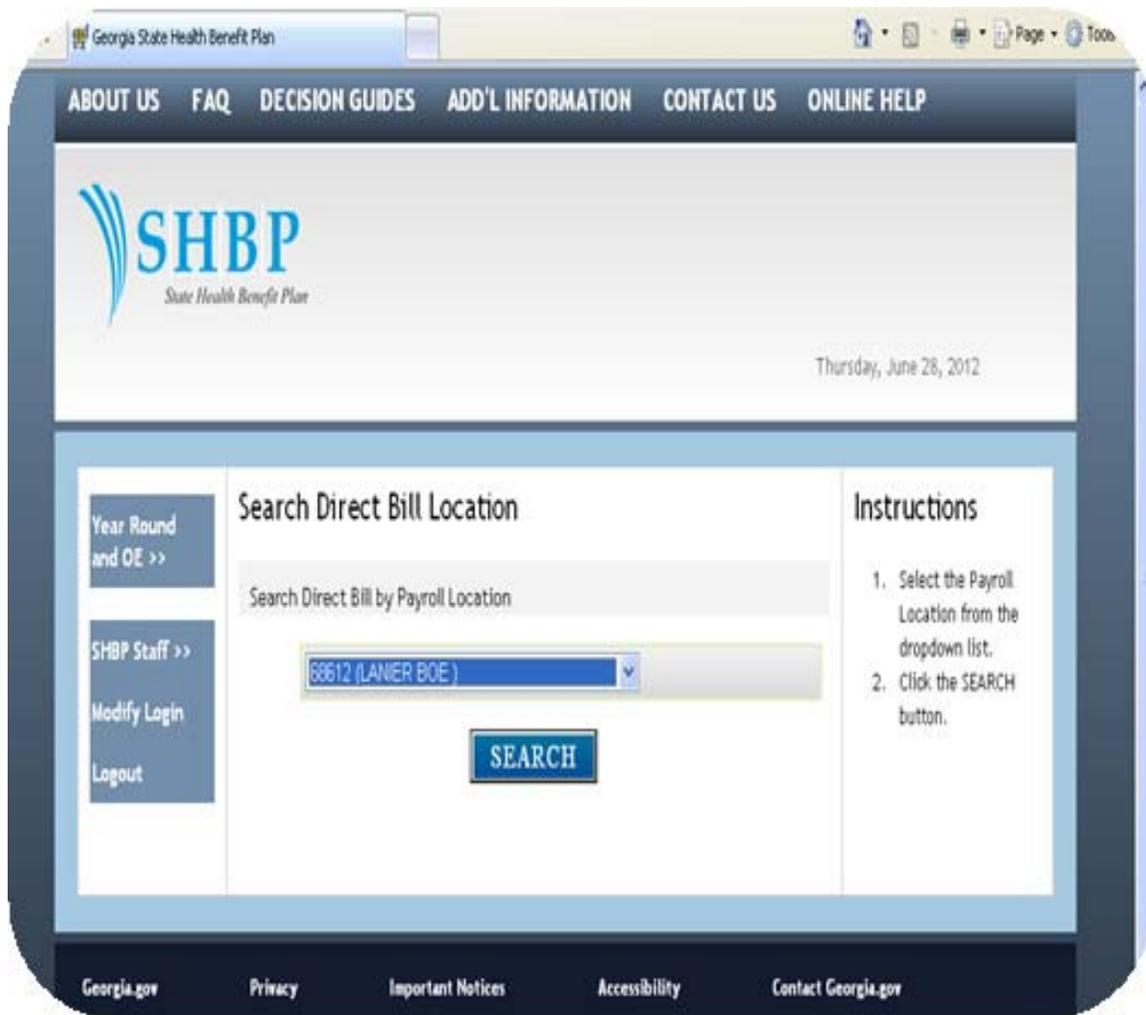


Figure 29 - Search Direct Bill Location Screen

When all premium remittance forms for a selected Payroll Location have been submitted or a Payroll Location has been selected that is not Direct Bill, the following message will display in the message field of the Search Direct Bill Location screen (Figure 30):

There are no outstanding premium remittance forms for the selected Direct Bill Payroll Location. Please contact the Direct Bill Team at directbill@dch.ga.gov for additional questions.

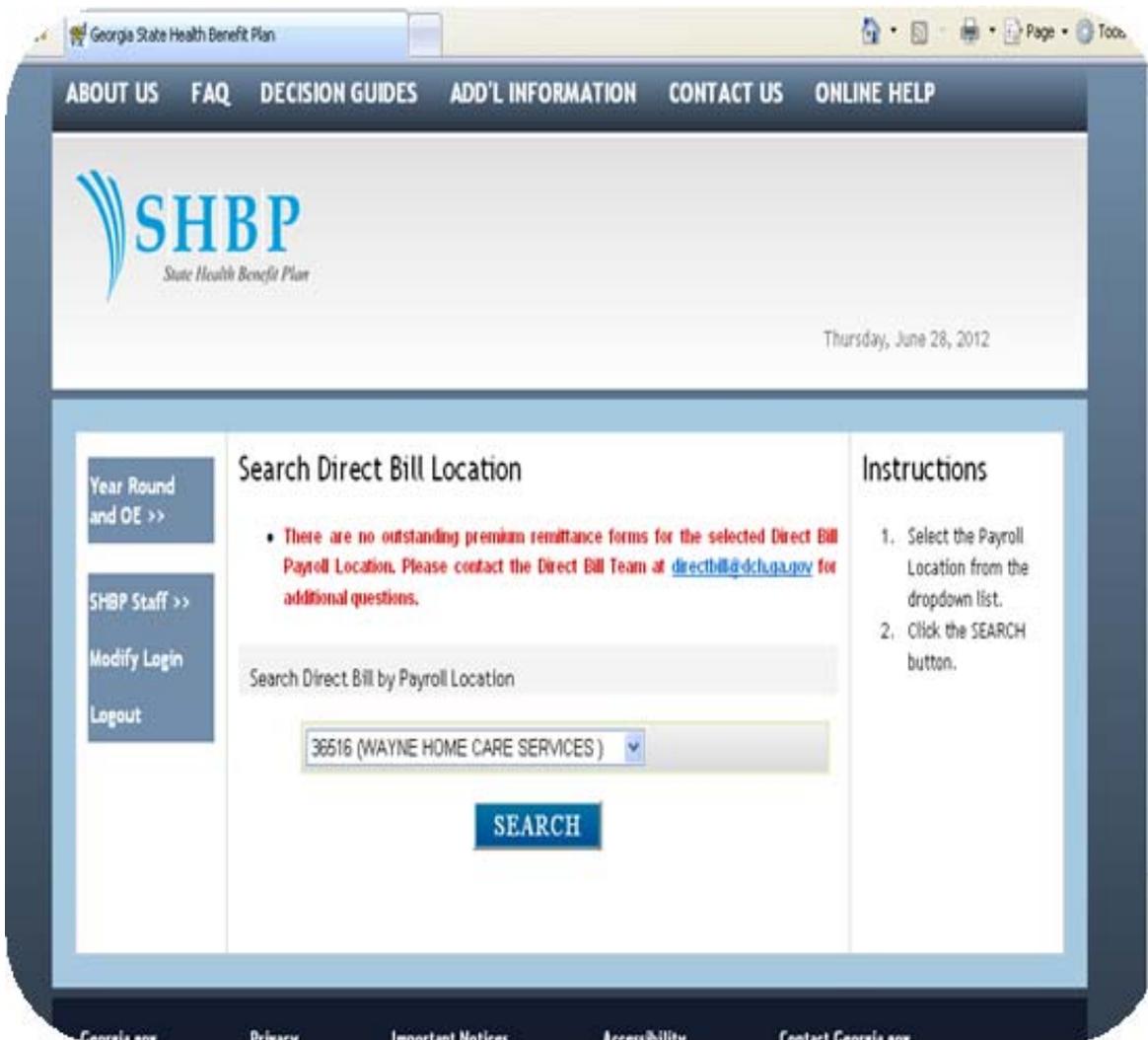


Figure 30 - Search Direct Bill Location Screen

When there are **unsubmitted premium remittance forms** for a selected Payroll Location, the **Search Direct Bill Location** results will display below the Search button (*Figure 31*).

The results will display the location records for the selected payroll location with unsubmitted direct bills, including the Location (payroll location number and name), Effective Date (direct bill date), Premium Amount (total premium amount due), and Statement (statement number). **If a payroll location has more than one unsubmitted premium remittance form, multiple location records will display with different effective dates** (*Figure 31*).

- **Click the Remit Form button** on the row displaying the desired **Effective Date (direct bill date)** for the location record (*Figure 31*)



Figure 31 - Search Direct Bill Location Results Screen

The **Premium Remittance Form** for your selected Location Record will display with pre-populated fields (Figure 32).

The **Total Premium Amount Due** and **Balance** fields are pre-populated protected fields with duplicate amounts. The **Balance** field will decrease with each payment entry into the Payment Section and **must reflect a zero balance before submission will be accepted** (Figure 32).

Premium Remittance Form

State Health Benefit Plan

Location: 60212 - ATKINSON BOE Effective: 07/01/2012
 Statement Number: 10003 Printed On: 05/03/2012
 Phone Number: 9124227373

Total Premium Amount Due: \$127027.90

Payment Section

Payment Type	Check/Trans.#	Amount of Payment
Check	<input type="text"/>	<input type="text"/>
Check	<input type="text"/>	<input type="text"/>
Check	<input type="text"/>	<input type="text"/>
Check	<input type="text"/>	<input type="text"/>
Check	<input type="text"/>	<input type="text"/>
Check	<input type="text"/>	<input type="text"/>
Check	<input type="text"/>	<input type="text"/>
Check	<input type="text"/>	<input type="text"/>
Check	<input type="text"/>	<input type="text"/>
Check	<input type="text"/>	<input type="text"/>

Subtotal: 0.00 **Balance: 127027.90**

Remittance Address: State Health Benefit Plan

Instructions

- Please enter each payment individually in the Payment Section. The amount (s) entered in the "Amount of Payment" field(s) should equal the "Total Premium Amount Due" before the submission will be accepted by clicking the "SUBMIT" button. Use the "RESET" button to clear all entries in the payment section. All check payments should be mailed to the Remittance Address displayed on the Premium Remittance Form. All EFT/ACH payments should be submitted on the same day as the Premium Remittance Form.

Figure 32 - Premium Remittance Form Screen

The **Subtotal** field is a protected field and **will increase with each payment entry** into the Payment Section. The Subtotal field must equal the amount displayed as the Total Premium Amount Due before submission will be accepted (Figure 32).

From the **Payment Section** of the Premium Remittance Form:

- **Select the Payment Type** from the drop down box; Check or Electronic Fund Transfer (EFT) / Automated Clearing House (ACH) (*Figure 33*)
- **Enter the Check number or Transaction (Trans) number** in the Check/Trans# field (alpha and numeric characters are accepted in this field)
- **Enter the amount of the check or transaction** in the Amount of Payment field

All Department of Education (DOE) Contributions (Prefund) made to the Payroll Location for the selected location record must be entered on the Premium Remittance Form as follows:

- Select **EFT/ACH** as the **Payment Type**
- Enter **DOE Prefund** in the **Check/Trans# field**
- Enter the **DOE Contribution (Prefund) amount** in the **Amount of Payment field**
- **Click the Submit button** (*Figure 33*)

Georgia State Health Benefit Plan

Location: 60212 - ATKINSON BOE Effective: 07/01/2012
Statement Number: 10003 Printed On: 06/25/2012
Phone Number: 9124227373

Total Premium Amount Due: \$127027.90

Payment Type	Check/Trans.#	Amount of Payment
CHECK	8766A1	20000.00
EFT/ACH	DOE PREFUND	50500.00
EFT/ACH	76G1390855CFF	56527.00
CHECK		

subtotal: 127027.90 balance: 0.00

Remittance Address: State Health Benefit Plan
P.O. BOX 935452
ATLANTA, GA 31193-5452

Notices: PAYMENT SCHEDULES ARE PROVIDED ON EBILL STATEMENT

RESET Preparer's Name: Rhonda Manning **SUBMIT**

In the Payment Section, the amount (\$) entered in the "Amount of Payment" field(s) should equal the "Total Premium Amount Due" before the submission will be accepted by clicking the "SUBMIT" button. Use the "RESET" button to clear all entries in the payment section. All check payments should be mailed to the Remittance Address displayed on the Premium Remittance Form. All EFT/ACH payments should be submitted on the same day as the Premium Remittance Form.

Figure 33 - Premium Remittance Form Screen

Note:

When one Check or EFT/ACH is being submitted for two or more Payroll Locations, the same Check/Trans # should be entered for the desired Amount of Payment for each individual Payroll Location.

When the **total entries submitted are less than the displayed Total Premium Amount Due**, the **submittal will not be accepted** and the following message will display in the message field (Figure 34):

Please review your entries in the Payment Section. At least one complete line (payment type, check/trans # and amount of payment) and the Balance should equal to zero before submission will be accepted. If the issue persists after review, please contact the Direct Bill Team at directbill@dch.ga.gov.

Georgia State Health Benefit Plan

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Premium Remittance Form

Instructions

- Please review your entries in the Payment Section. At least one complete line for (payment type, check/trans # and amount of payment) and the Balance should equal to zero before submission will be accepted. If the issue persists after review, please contact the Direct Bill Team at directbill@dch.ga.gov.
- Please enter each payment individually in the Payment Section. The amount (\$) entered in the "Amount of Payment" field(s) should equal the "Total Premium Amount Due" before the submission will be accepted by clicking the "SUBMIT" button. Use the "RESET" button to clear all entries in the payment section. All check payments should be mailed to the Remittance address displayed on the Premium Remittance Form. All EFT/ACH payments should be submitted on the same day as the Premium Remittance Form.

State Health Benefit Plan

Location: 60212 - ATKINSON BOE Effective: 07/01/2012
Statement Number: 10003 Printed On: 06/25/2012
Phone Number: 9124227373

Total Premium Amount Due: \$12702.90

Payment Type	Check/Trans.#	Amount of Payment
CHECK	8766A1	20000.00
EFT/ACH	DOE PREFUND	50500.90
EFT/ACH	766K398888CFF	5627.00
CHECK		

subtotal: 76127.90 balance: 50900.00

Figure 34 - Premium Remittance Form Screen

When the **total entries submitted are more than the displayed Total Premium Amount Due**, the **submittal will not be accepted** and the following message will display in a pop up box (Figure 36):

Please review your entries in the Payment Section. Submitted payment is more than the Total Premium Amount Due. The Balance should equal zero before submission will be accepted.

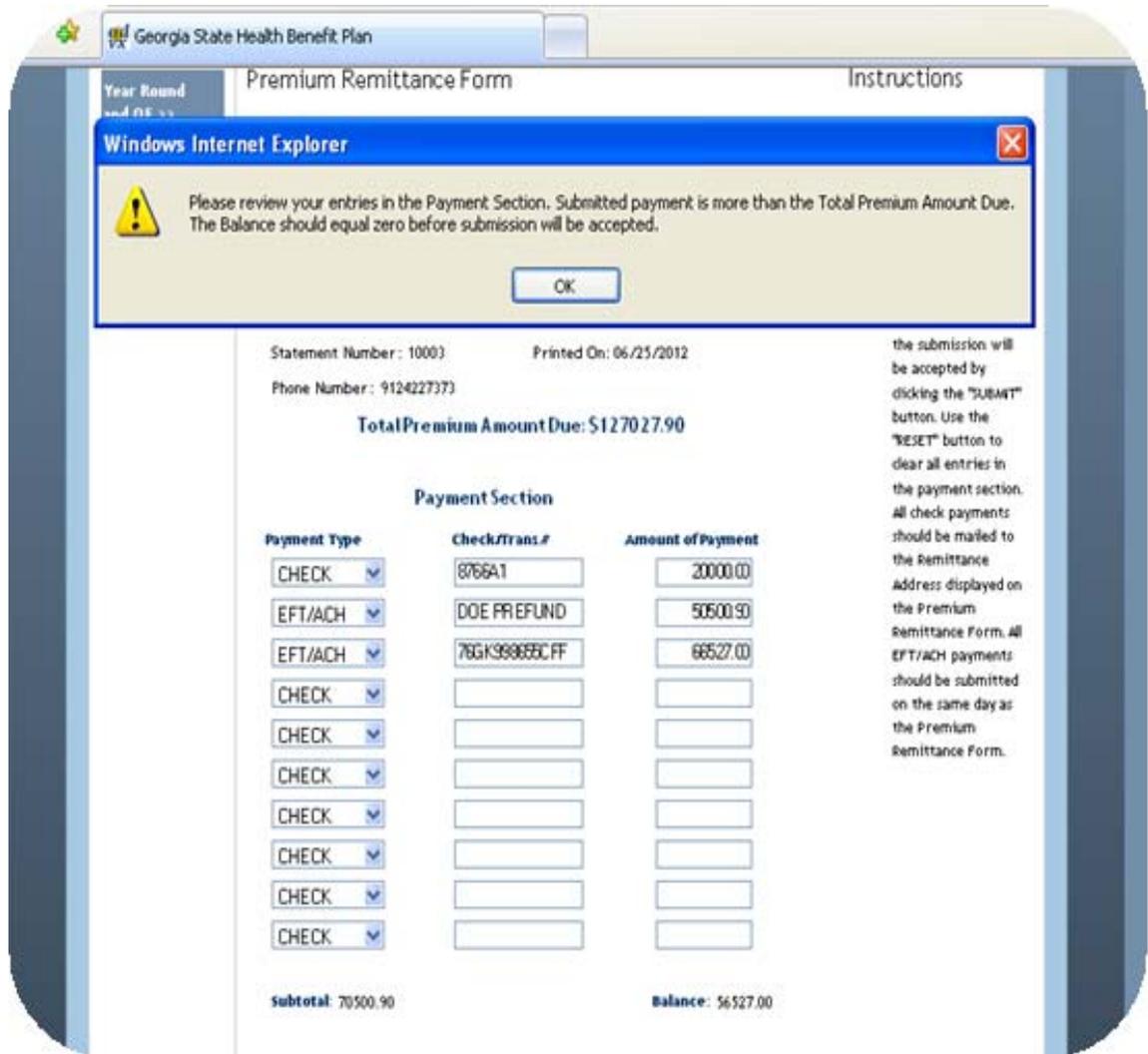


Figure 36 - Premium Remittance Form Screen

Once all entries have been made in the Payment Section, the **Subtotal** should equal the **Total Premium Amount Due** and the **Balance** should equal zero (*Figure 37*).

- Click the **Submit** button (*Figure 37*)

Edt View Favorites Tools Help

Georgia State Health Benefit Plan

SHBP Staff >>
 Modify Login
 Logout

Location: 60212 - ATKINSON BOE Effective: 07/01/2012
 Statement Number: 10003 Printed On: 06/25/2012
 Phone Number: 9124227373

Total Premium Amount Due: \$127027.90

Payment Section

Payment Type	Check/Trans.#	Amount of Payment
CHECK	8766A1	20000.00
EFT/ACH	DOE PREFUND	50500.90
EFT/ACH	76G199885CFF	56527.00
CHECK		

Subtotal: 127027.90 **Balance: 0.00**

Remittance Address: State Health Benefit Plan
 P.O. BOX 935452
 ATLANTA, GA 31193-5452

Notices: PAYMENT SCHEDULES ARE PROVIDED ON EBILL STATEMENT

RESET Preparer's Name: Rhonda Manning SUBMIT

in the Payment Section. The amount (s) entered in the "Amount of Payment" field(s) should equal the "Total Premium Amount Due" before the submission will be accepted by clicking the "SUBMIT" button. Use the "RESET" button to clear all entries in the payment section. All check payments should be mailed to the Remittance address displayed on the Premium Remittance Form. All EFT/ACH payments should be submitted on the same day as the Premium Remittance Form.

Figure 37 - Premium Remittance Form Screen

The Direct Bill Location Success screen will display. **“Submission Successful”** will appear in the message field (Figure 38).

- **EFT/ACH** payments should be submitted on the same day as the Premium Remittance Form
- Mail payment by **Check** to:

**State Health Benefit Plan
P.O. Box 935452
Atlanta, GA 31193-5452**

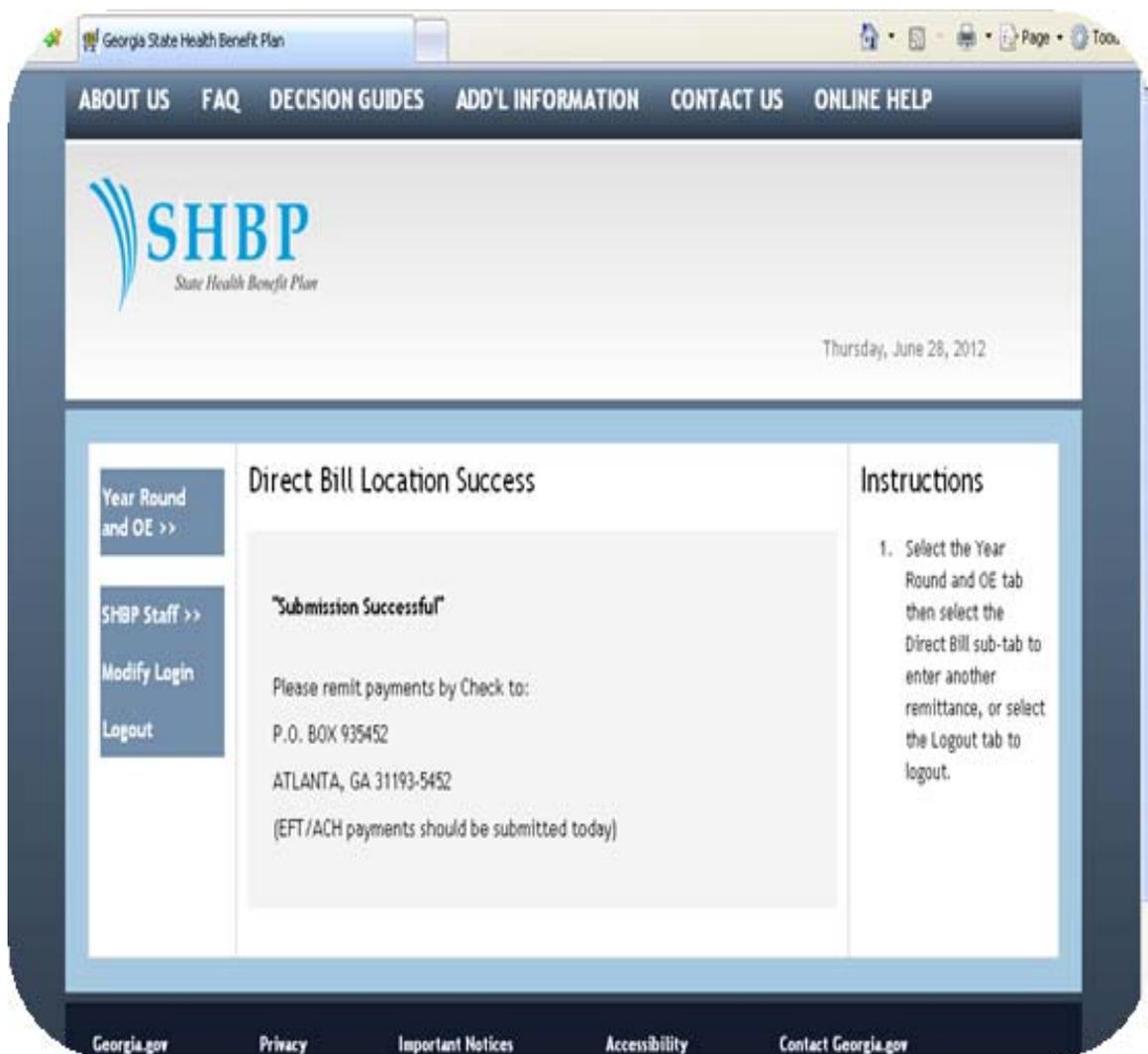


Figure 38 - Direct Bill Location Success Screen

To enter another Premium Remittance Form:

- **Click the Year Round and OE tab** on the Left Navigation Bar (*Figure 39*)

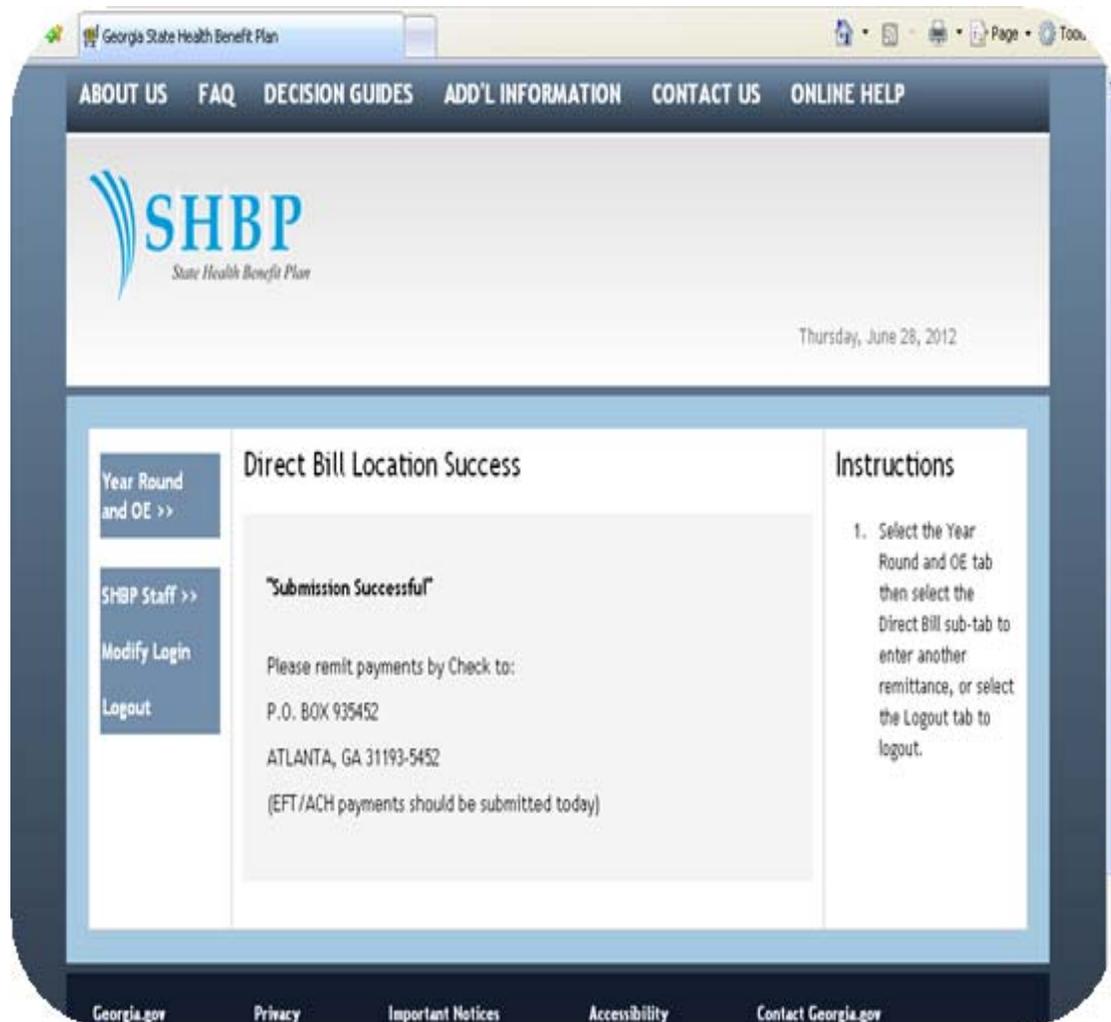


Figure 39 - Direct Bill Location Success Screen

The **Year Round and OE sub-tabs** will display (Figure 40).

- **Click the Direct Bill sub-tab** on the left navigation bar (Figure 40)

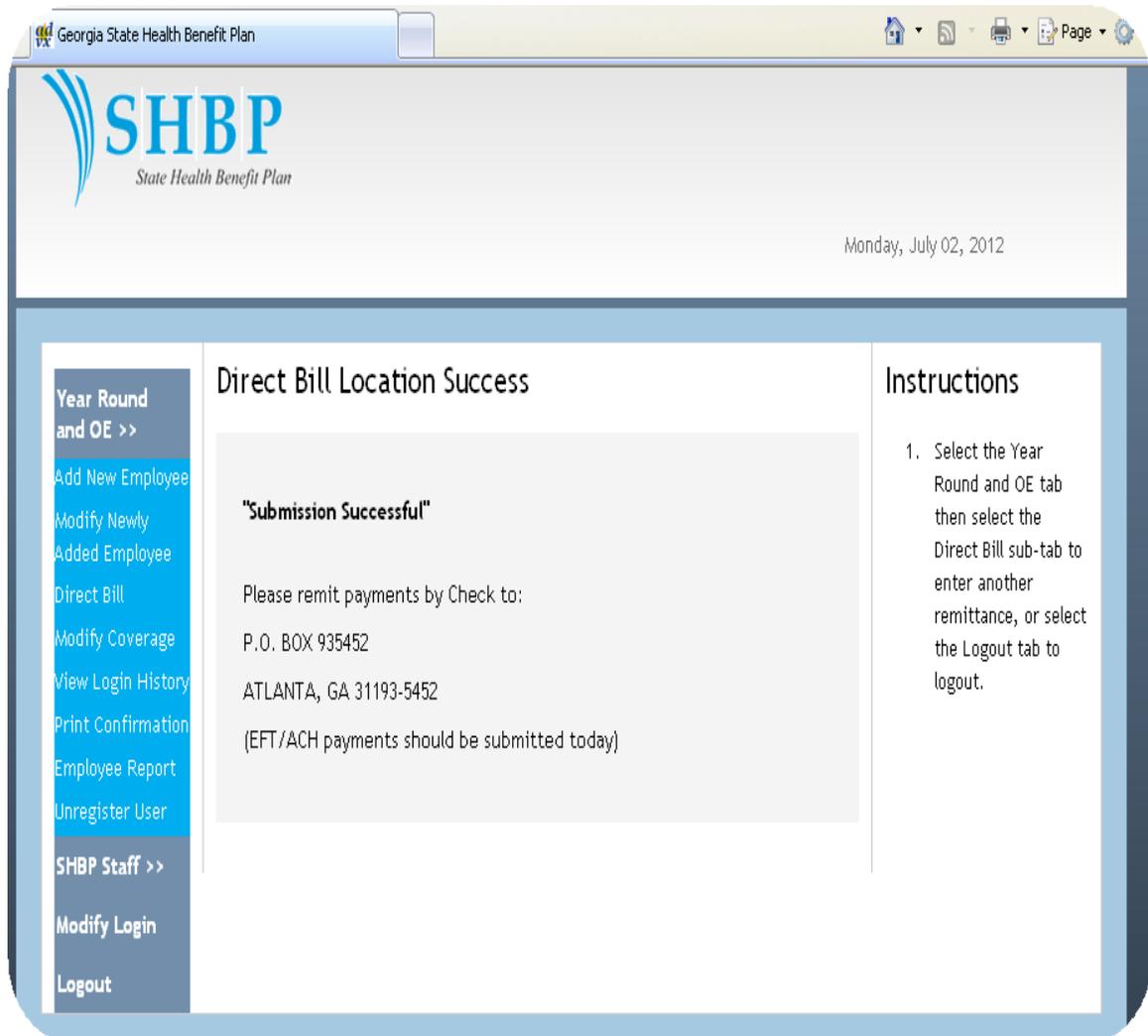


Figure 40 - Direct Bill Location Success Screen

The Search Direct Bill Location screen will redisplay for selection of a Direct Bill Payroll Location from the dropdown list for entry of another Premium Remittance Form (Figure 41).



Figure 41 - Search Direct Bill Location Screen

Modify Coverage

- Click the **Modify Coverage** sub-tab (Figure 42)

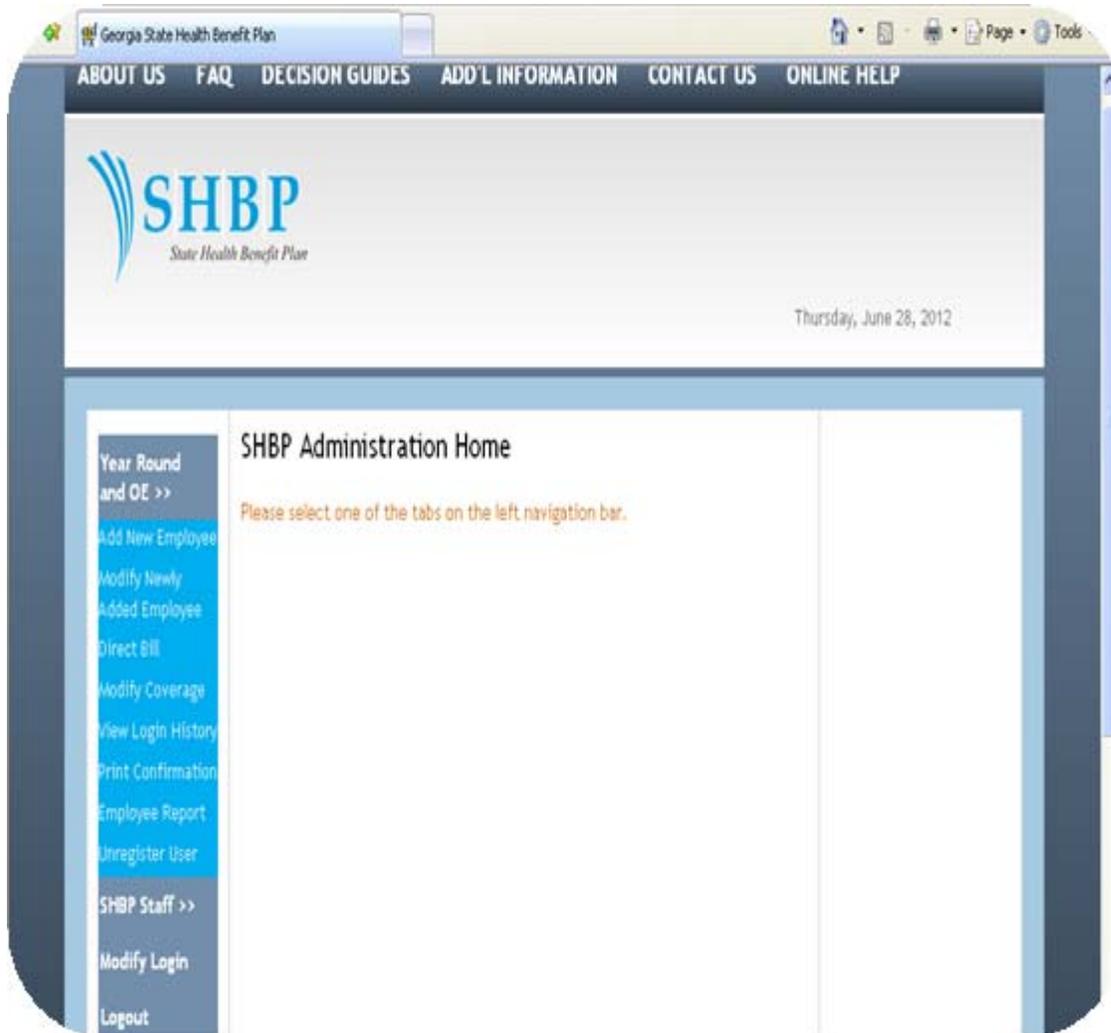


Figure 42 - SHBP Administration Home Screen

The **Modify Coverage screen** will display (Figure 43).

The Search Member may be done by **Payroll Location** or by **Policy Number and Date of Birth (DOB)** as follows:

1. Select the Employee's Payroll Location from the dropdown list.
2. Click the SEARCH button to go to the next page.

- or -

1. Enter the Employee's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).
2. Click the MODIFY OE COVERAGE button to go to the next page.

Both search methods will direct you to the initial Contact Information screen of the Modify Coverage function.

State Health Benefit Plan

Monday, October 03, 2011

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Modify Coverage

Search Member by Payroll Location

13610 (LOOKOUT MTN CSB)

SEARCH

Search Member by Policy Number and DOB

*Policy Number

*Date of Birth (mm/dd/yyyy)

MODIFY OE COVERAGE

Instructions

All fields indicated with * are required.

Search member may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows.

1. Select the Member's Payroll Location from the dropdown list.
2. Click the SEARCH button to go to the next page.
- or
3. Enter the Member's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy)

Figure 43 - Modify Coverage Screen

Note:
All fields indicated with * are required.

To 'Search Member' by **Payroll Location**:

- **Select the Payroll Location** of the employee from the dropdown list
- **Click the SEARCH** button (*Figure 44*)

The screenshot shows a web interface titled "Modify Coverage". On the left is a navigation menu with links: "Year Round and OE >>", "SHBP Staff >>", "Modify Login", and "Logout". The main content area is divided into two sections. The top section, "Search Member by Payroll Location", features a dropdown menu currently displaying "14030 (SUPREME COURT)" and a blue "SEARCH" button. The bottom section, "Search Member by Policy Number and DOB", contains two input fields: "*Policy Number" and "*Date of Birth (mm/dd/yyyy)", both with empty text boxes. A large blue button labeled "MODIFY OE COVERAGE" is positioned below these fields. To the right of the main content is an "Instructions" panel. It states: "All fields indicated with * are required. Search member may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows." It then lists three steps: 1. Select the Member's Payroll Location from the dropdown list. 2. Click the SEARCH button to go to the next page. or 3. Enter the Member's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).

Figure 44 - Modify Coverage Screen

Note:
All fields indicated with * are required.

The **Modify Coverage screen** will redisplay, including a list of employee's from the selected Payroll Location (*Figure 45*).

- Click the **EDIT** button next to the selected employee's name
- Click the **MODIFY OE COVERAGE** button to display the next screen (Contact Information screen)

Monday, October 03, 2011

Year Round and OE >>

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Modify Coverage

Search Member by Payroll Location

14030 (SUPREME COURT) ▼

SEARCH

Policy Number	DOB	Name	Edit
****7680	9/1/30	SCOTT, ALLEN	<input type="button" value="Modify OE Coverage"/>
****0250	9/1/11	MARTIN, MARLAN	<input type="button" value="Modify OE Coverage"/>
****4444	3/19/83	EMPLOYEE, VALUED	<input type="button" value="Modify OE Coverage"/>
****0260	4/21/65	JONES, JEFF	<input type="button" value="Modify OE Coverage"/>
****5285	4/21/65	SMITH, SAM	<input type="button" value="Modify OE Coverage"/>
****5555	3/19/83	EMPLOYEE, VALUED	<input type="button" value="Modify OE Coverage"/>
****4444	11/5/55	RETIREE, VALUED	<input type="button" value="Modify OE Coverage"/>

*Policy Number

*Date of Birth (mm/dd/yyyy)

MODIFY OE COVERAGE

Instructions

All fields indicated with * are required.

Search member may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows.

1. Locate the member on the displayed member list.
2. Click the **MODIFY OE COVERAGE** button on the same row of the selected member's policy number, DOB and name to go to the next page.
or
3. Enter the Member's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).
4. Click the **MODIFY OE COVERAGE** button to go to the next page.

Figure 45 - Modify Coverage Screen

Or, To 'Search Member' by **Policy Number and DOB**:

- **Enter** the member's **Policy Number** (SSN with no dashes) (*Figure 50*)
- **Enter** the member's **DOB** (mm/dd/yyyy)
- **Click** the **Modify OE Coverage** button to display the next screen (Contact Information screen)

Figure 50 - Modify Coverage Screen

Note:
All fields indicated with * are required.

The **Contact Information screen** will display (Figure 51) after successfully using either 'Search Member by Payroll Location' or 'Search Member by Policy Number and DOB'.

Once you have displayed the **Contact Information screen** by using either of the member searches, complete the **Modify Coverage sub-tab** as follows:

- Review the pre-populated information to assure it is accurate (Figure 51)
- Make any necessary changes to the contact information

The screenshot shows the 'Contact Information' screen. On the left is a sidebar with links: 'Year Round and OE >>', 'SHBP Staff >>', 'Modify Login', and 'Logout'. The main content area has a 'CONTACT INFORMATION' header and a 'Contact Information' section. It contains a warning about address accuracy, a notice about race/ethnicity data collection, and a form with the following pre-populated fields: Name: VALUED EMPLOYEE, Payroll Location: 14030 (SUPREME COURT), Policy Number: *****5555, and Coverage Effective Date: 01/01/2012. The form fields are: *Address (820 STATE STREET), Address (P.O. Box, Apt, etc), *City (ATLANTA), *State (GEORGIA), and *Zip Code (30303). On the right, an 'Instructions' sidebar lists four steps: 1. Review pre-populated information, 2. Make necessary corrections, 3. Select a check box to verify the address, and 4. Click the CONTINUE button.

Figure 51 - Contact Information Screen

Note:
All fields indicated with * are required.

- **Select the Check Box** to verify the above address is accurate and complete
- **Click the CONTINUE button** (Figure 52)

Modify Login

Logout

Please verify that the address shown below is accurate and complete as all correspondence including your health ID card will be mailed to this address.

State Health Benefit Plan is now requesting information on race/ethnicity for members and covered spouses. This information will be used for treatment, health promotion, and other health care operations and is protected health information. This information will not be used for any other purpose

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: *****5555

Coverage Effective Date: 01/01/2012

*Address	820 STATE STREET
Address (P.O. Box, Apt, etc)	
*City	ATLANTA
*State	GEORGIA
*Zip Code	30303
Phone Number (10 digits only)	5556784444

If you would prefer to receive SHBP communications via email instead of paper, please provide your email address in the space below.

Email Address	
*Primary Language	<input checked="" type="radio"/> ENGLISH <input type="radio"/> OTHER
If OTHER, Please Specify	
Ethnicity	Asian

I have verified that the above address is accurate and complete.

CONTINUE

1. Review the pre-populated information to assure it is accurate.
2. Make any necessary corrections to the Member's Contact Information.
3. Select the Check Box to verify the above address is accurate and complete.
4. Click the CONTINUE button to go to the next page.

Figure 52 - Contact Information Screen

Note:
All fields indicated with * are required.

The **Tier Selection** screen will display (Figure 53).

- Review the pre-populated information to assure it is accurate
- If necessary, correct the Tier Selection by selecting the appropriate Tier from the list according to the dependent(s) the member will cover for the upcoming plan year
- Click the **CONTINUE** button

Please do not use your browser's "BACK" button.

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

CONTACT INFORMATION

TIER SELECTION

Tier Selection

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: *****5555

Coverage Effective Date: 01/01/2012

For the Plan Year **01/01/2011**, your current tier is **No Coverage**

Tier Election 2012

Please select appropriate tier below based upon the dependents you plan to cover for 01/01/2012

- You Only
- You + Spouse
- You + Child(ren)
- You + Family
- No Coverage

CONTINUE

Instructions:

1. Select the appropriate tier based upon the dependents you plan to cover.
2. Click the 'CONTINUE' button to go to the next page.

Figure 53 - Tier Selection Screen

The **Dependents** screen will display (Figure 54).

- Review the pre-populated information to assure it is accurate
- **YES** has been pre-populated to cover all displayed Existing Dependents for the upcoming plan year, review each existing dependent's information for accuracy
- **Select NO** for each Existing Dependent that the member **DOES NOT wish to cover for the upcoming plan year**

Year Round and OE >>

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CONTACT INFORMATION **TIER SELECTION** **DEPENDENTS**

DEPENDENTS

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: *****5555

Coverage Tier: You + Family

Coverage Effective Date: 01/01/2012

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS					
NEW DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	JON EMPLOYEE	Spouse	Male	07/22/1970	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	JASON EMPLOYEE	Natural Child	Male	10/15/2009	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

CONTINUE **ADD DEPENDENT**

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT" button to modify

Figure 54 - Dependents Screen

To Add a Dependent:

- Click the **ADD DEPENDENT** button (*Figure 55*)

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

DEPENDENTS

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: *****5555

Coverage Tier: You + Family

Coverage Effective Date: 01/01/2012

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS					
NEW DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	JON EMPLOYEE	Spouse	Male	07/22/1970	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	JASON EMPLOYEE	Natural Child	Male	10/15/2009	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

CONTINUE **ADD DEPENDENT**

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT" button to modify...

Figure 55 - Dependents Screen

The **Add Dependent** screen will display (Figure 56).

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

CONTRACT INFORMATION **TEAM SELECTION** **DEPENDENTS**

Add New Dependent

*Medicare Secondary Payer reporting laws which were effective January 1, 2009, require that insurance carriers collect Social Security Numbers for all covered members and their dependents. The requested SSN's are required to comply with this law.

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: ***5555**

Coverage Effective Date: 1/1/12

*Dependent Last Name

*Dependent First Name

Dependent Mid Initial

Dependent Suffix

*Dependent Relation

*Dependent Sex

Dependent Ethnicity

*Dependent DOB (mm/dd/yyyy)

Dependent SSN (SSN with no dashes)

UPDATE **CANCEL**

Instructions:

All fields indicated with * are required. Enter all information for new dependents; change only the incorrect information when editing an existing dependent.

1. Enter the Dependent Information (dependent last name, dependent first name, and dependent middle initial, dependent suffix).
2. Select the Dependent Relation from the dropdown list (dependent verification documentation will be required).
3. Select the Dependent Sex from the dropdown list.
4. Enter the Dependent Date of Birth (mm/dd/yyyy).
5. Enter the Dependent SSN (SSN with no dashes).
6. Click the "UPDATE" button to add the dependent to your coverage; you will return to the "DEPENDENTS" page.

Figure 56 – Add New Dependent Screen

- **Enter the Dependent Information (dependent last name, dependent first name, and dependent middle initial, dependent suffix)**
- **Select the Dependent Relation to the member from the dropdown list (Figure 56)**

- The Natural or Adopted Child pop-up window will display (Natural or Adopted Child used in this example; related verification documentation requirements will display per selection) explaining the required dependent verification documentation (*Figure 56a*). Review the information displayed in the pop-up window explaining the required dependent verification documentation; **Click the OK button** (*Figure 56a*)

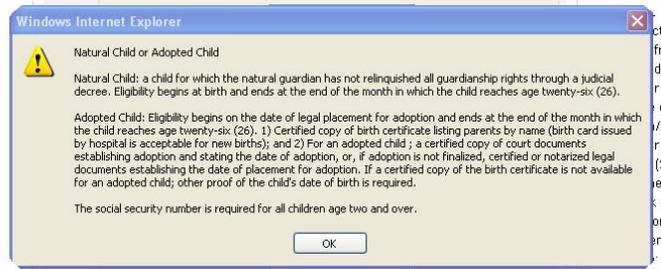


Figure 56a – Natural Child or Adopted Child Pop-up Window

- **Select the Dependent Sex** from the dropdown list (*Figure 57*)
- **Select the Dependent Ethnicity** from the dropdown list
- **Enter the Dependent Date of Birth** (mm/dd/yyyy)
- **Enter the Dependent SSN** (SSN with no dashes)
- **Click the UPDATE button** to add the dependent to the member's coverage effective for the upcoming plan year (*Figure 57*)

The screenshot displays the 'Add New Dependent' form. On the left is a navigation sidebar with 'Year Round and OE >>', 'SHBP Staff >>', 'ModifyLogin', and 'Logout'. The main content area has a header with 'Add New Dependent' and a note about Medicare Secondary Payer reporting laws. Below this is a summary of the dependent's information: Name: VALUED EMPLOYEE, Payroll Location: 14030 (SUPREME COURT), Policy Number: *****5555, Coverage Effective Date: 1/1/12. The form fields include: *Dependent Last Name (EMPLOYEE), *Dependent First Name (JADE), Dependent MID Initial, Dependent Suffix, *Dependent Relation (Natural Child), *Dependent Sex (Female), Dependent Ethnicity (Black/African American), *Dependent DOB (mm/dd/yyyy) (08/19/2010), and Dependent SSN (SSN with no dashes) (415885544). At the bottom are 'UPDATE' and 'CANCEL' buttons. On the right is an 'Instructions' sidebar with six numbered steps: 1. Enter the Dependent Information (dependent last name, dependent first name, and dependent middle initial, dependent suffix); 2. Select the Dependent Relation from the dropdown list (dependent verification documentation will be required); 3. Select the Dependent Sex from the dropdown list; 4. Enter the Dependent Date of Birth (mm/dd/yyyy); 5. Enter the Dependent SSN (SSN with no dashes); 6. Click the 'UPDATE' button to add the dependent to your coverage; you will return to the 'DEPENDENTS' page.

Figure 57 – Add New Dependent Screen

Note:
All fields indicated with * are required.

- The PeachCare for Kids pop-up window will display when the added dependent may be eligible for PeachCare for Kids; review the information displayed in the pop-up window; **Click the OK button (Figure 57a)**



Figure 57a - PeachCare for Kids Pop-up Window

- OR -

- Click the CANCEL button** if the dependent is not to be added to the member's coverage (Figure 57b) and return to the DEPENDENTS screen without changes

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ADD NEW DEPENDENT

Add New Dependent

*Medicare Secondary Payer reporting laws which were effective January 1, 2009, require that insurance carriers collect Social Security Numbers for all covered members and their dependents. The requested SSNs are required to comply with this law.

Name: VALUED EMPLOYEE
Payroll Location: 14030 (SUPREME COURT)
Policy Number: ***5555**
Coverage Effective Date: 1/1/12

*Dependent Last Name	EMPLOYEE
*Dependent First Name	JADE
Dependent Mid Initial	
Dependent Suffix	
*Dependent Relation	Natural Child
*Dependent Sex	Female
Dependent Ethnicity	Black/African American
*Dependent DOB (mm/dd/yyyy)	08/19/2010
Dependent SSN (SSN with no dashes)	415885544

UPDATE **CANCEL**

Instructions:

All fields indicated with * are required. Enter all information for new dependents; change only the incorrect information when editing an existing dependent.

1. Enter the Dependent Information (dependent last name, dependent first name, and dependent middle initial, dependent suffix).
2. Select the Dependent Relation from the dropdown list (dependent verification documentation will be required).
3. Select the Dependent Sex from the dropdown list.
4. Enter the Dependent Date of Birth (mm/dd/yyyy).
5. Enter the Dependent SSN (SSN with no dashes).
6. Click the "UPDATE" button to add the dependent to your coverage; you will return to the "DEPENDENTS" page.

Figure 57b - Dependents Screen

The **Dependents** screen will redisplay (Figure 58), including the newly added dependent.

Please do not use your browser's "BACK" button.

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ModifyLogin

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CONTACT INFORMATION **TIER SELECTION** **DEPENDENTS**

DEPENDENTS

Name: VALUED EMPLOYEE

PayrollLocation: 14030 (SUPREME COURT)

PolicyNumber: ***5555**

Coverage Tier: You + Family

Coverage Effective Date: 01/01/2012

Cover	Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS						
NEW DEPENDENTS						
<input checked="" type="radio"/> Yes <input type="radio"/> No	JON	EMPLOYEE	Spouse	Male	07/22/1970	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	JASON	EMPLOYEE	Natural Child	Male	10/15/2009	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	JADE	EMPLOYEE	Natural Child	Female	08/19/2010	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT" button to modify Dependent information.
7. Click the "DELETE" button to delete a

Figure 58 - Dependents Screen

To Edit Dependent:

- Click the **EDIT** button next to the *New Dependent* information you wish to edit (Figure 59)

You may only Edit the Dependent Ethnicity on Existing Dependents. To edit any other Existing Dependent information, click the DELETE button for that Existing Dependent; then click the ADD DEPENDENT button and re- enter the Existing Dependent as a new dependent with correct dependent information.

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Modify Login

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CONTACT INFORMATION **TIER SELECTION** **DEPENDENTS**

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT" button to modify Dependent information.
7. Click the "DELETE" button to delete a New Dependent.
8. Click "CONTINUE" button to go to the next page.

DEPENDENTS

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: *****5555

Coverage Tier: You + Family

Coverage Effective Date: 01/01/2012

Cover	Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS						
NEW DEPENDENTS						
<input checked="" type="radio"/> Yes <input type="radio"/> No		JON EMPLOYEE	Spouse	Male	07/22/1970	EDIT DELETE
<input checked="" type="radio"/> Yes <input type="radio"/> No		JASON EMPLOYEE	Natural Child	Male	10/15/2009	EDIT DELETE
<input checked="" type="radio"/> Yes <input type="radio"/> No		JADE EMPLOYEE	Natural Child	Female	08/20/2010	EDIT DELETE

CONTINUE **ADD DEPENDENT**

Figure 59 - Dependents Screen

Note:

You may only Delete a New Dependent (removing dependent from coverage for the upcoming plan year). To remove an Existing Dependent from coverage for the upcoming plan year, select NO for that Existing Dependent (Figure 59).

The **Edit Dependent Information** screen will display (Figure 60).

- Review the pre-populated information to assure it is accurate
- Make any necessary corrections to the dependent information
- **Click the UPDATE** button to accept the updated information; or **click CANCEL** to return to the Dependents screen without updating dependent information

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CONTACT INFORMATION TEAM SELECTION DEPENDENTS

Edit Dependent Information

*Medicare Secondary Payer reporting laws which were effective January 1, 2009, require that insurance carriers collect Social Security Numbers for all covered members and their dependents. The requested SSN's are required to comply with this law.

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: ***5555**

Coverage Effective Date: 1/1/12

*Dependent Last Name EMPLOYEE

*Dependent First Name JADE

Dependent Mid Initial

Dependent Suffix

*Dependent Relation Natural Child

*Dependent Sex Female

Dependent Ethnicity Black/African American

*Dependent DOB (mm/dd/yyyy) 08/19/2010

Dependent SSN (SSN with no dashes) 415885544

UPDATE CANCEL

Instructions:

All fields indicated with * are required. Enter all information for new dependents; change only the incorrect information when editing an existing dependent.

1. Review the dependent information.
2. Make any necessary corrections to the dependent information.
3. Click the "UPDATE" button to accept changes; you will return to the "DEPENDENTS" page.
4. Click the "CANCEL" button to return to the "DEPENDENTS" page without making changes to the dependent information.

Figure 60 - Edit Dependent Information Screen

Note:
All fields indicated with * are required.

The **Dependents** screen will redisplay (Figure 61).

- Click the **CONTINUE** button to move to the next screen

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CONTACT INFORMATION **TIER SELECTION** **DEPENDENTS**

DEPENDENTS

Name: VALUED EMPLOYEE
Payroll Location: 14030 (SUPREME COURT)
Policy Number: *****5555
Coverage Tier: You + Family
Coverage Effective Date: 01/01/2012

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS					
NEW DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	JON EMPLOYEE	Spouse	Male	07/22/1970	EDIT DELETE
<input checked="" type="radio"/> Yes <input type="radio"/> No	JASON EMPLOYEE	Natural Child	Male	10/15/2009	EDIT DELETE
<input checked="" type="radio"/> Yes <input type="radio"/> No	JADE EMPLOYEE	Natural Child	Female	08/20/2010	EDIT DELETE

CONTINUE **ADD DEPENDENT**

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT" button to modify Dependent information.
7. Click the "DELETE" button to delete a New Dependent.
8. Click "CONTINUE" button to go to the next page.

Figure 61 - Dependents Screen

The Tobacco Surcharge screen will display (Figure 62).

- Select the appropriate answer to the Tobacco Surcharge question
- Click the **CONTINUE** button (Figure 62)

Found
End Of >>

SHBP Staff >>
Modify Login
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INSTRUCTIONS

1. Select the appropriate answer to the Tobacco Surcharge Question (s).

2. Click the "CONTINUE" button to go to the next page.

Tobacco Surcharge

The tobacco surcharge does not apply when the TRICARE Supplement option is selected for members eligible for TRICARE. The tobacco surcharge question must be answered to continue to the Option Selection page. However, no tobacco surcharge will be applied to the premium for TRICARE Supplement members.

Name: VALUED EMPLOYEE
Payroll Location: 14030 (SUPREME COURT)
Policy Number: *****5555
Coverage Tier: You + Family
Coverage Effective Date: 01/01/2012

Please note that your answer to the tobacco surcharge question is subject to audit. Please refer to the information at the bottom of this page for consequences of providing a false or fraudulent answer.

1. Have you or any of your covered dependents used tobacco products in the last 60 days? Yes No

You are required to pay the tobacco surcharge for all months in which you or any of your enrolled family members use tobacco. Therefore, it is your responsibility to notify SHBP immediately if your answer to the tobacco surcharge question changes during the year. If you received a waiver of the tobacco surcharge based on your answer and you fail to notify the SHBP that you or a member of your enrolled family members begins using tobacco, this may be viewed as an intentional misrepresentation. **Intentional misrepresentation in response to the surcharge question or failure to notify SHBP of changes to your response to the surcharge question will have significant consequences. Active employees will lose State Health Benefit Plan coverage for 12 months beginning on the date that your false response or failure to notify is discovered. Retirees who intentionally misrepresent the response to the surcharge question or fail to notify SHBP of changes to their response will permanently lose their SHBP health insurance.**

CONTINUE

Figure 62 - Tobacco Surcharge Screen

A message will display below the Tobacco Surcharge question, indicating if a Tobacco Surcharge will be added to the member's premium (Figure 62a).

- Click the **CONTINUE** button to move to the next screen

The screenshot shows a web portal interface. At the top left, there are links for 'Family Login' and 'Logout'. The main content area has a light blue background. At the top, a message states: 'The tobacco surcharge does not apply when the TRICARE Supplement option is selected for members eligible for TRICARE. The tobacco surcharge question must be answered to continue to the Option Selection page. However, no tobacco surcharge will be applied to the premium for TRICARE Supplement members.' Below this, member information is listed: 'Name: VALUED EMPLOYEE', 'Payroll Location: 14030 (SUPREME COURT)', 'Policy Number: *****5555', 'Coverage Tier: You - Family', and 'Coverage Effective Date: 01/01/2012'. A green message reads: 'Please note that your answer to the tobacco surcharge question is subject to audit. Please refer to the information at the bottom of this page for consequences of providing a false or fraudulent answer.' A question follows: '1. Have you or any of your covered dependents used tobacco products in the last 60 days?' with radio buttons for 'Yes' and 'No'. Below the question, a green message states: 'A Tobacco Surcharge will NOT be added to your monthly premium.' A large block of text explains the consequences of misrepresentation: 'You are required to pay the tobacco surcharge for all months in which you or any of your enrolled family members use tobacco. Therefore, it is your responsibility to notify SHBP immediately if your answer to the tobacco surcharge question changes during the year. If you received a waiver of the tobacco surcharge based on your answer and you fail to notify the SHBP that you or a member of your enrolled family members begins using tobacco, this may be viewed as an intentional misrepresentation. **Intentional misrepresentation in response to the surcharge question or failure to notify SHBP of changes to your response to the surcharge question will have significant consequences. Active employees will lose State Health Benefit Plan coverage for 12 months beginning on the date that your false response or failure to notify is discovered. Retirees who intentionally misrepresent the response to the surcharge question or fail to notify SHBP of changes to their response will permanently lose their SHBP health insurance.**' At the bottom center, there is a blue button labeled 'CONTINUE'. To the right of the main content area, there is a vertical sidebar with a blue background, containing the text '(5). 2. Click the "CONTINUE" button to go to the next page.'

Figure 62a - Tobacco Surcharge Screen

The **Option Selection** screen will display with associated cost for each option, including surcharge if applicable (*Figure 63*). The displayed *Monthly Premiums* are not current cost.

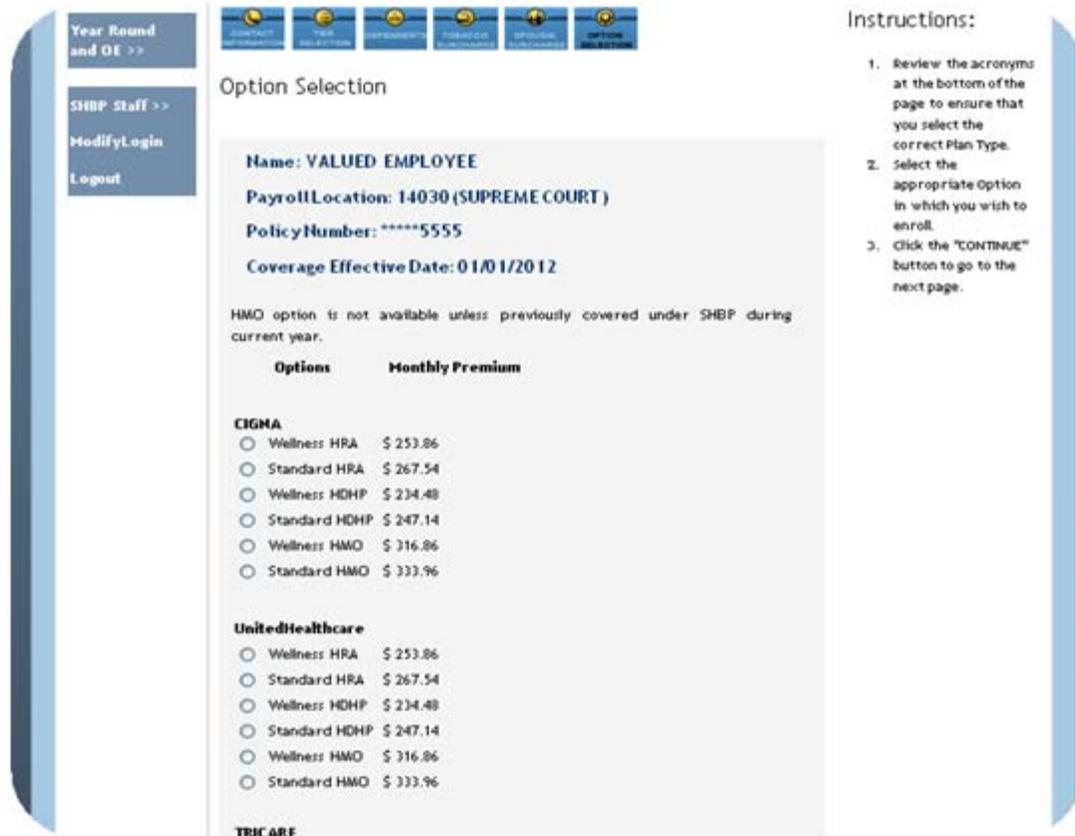


Figure 63 - Option Selection Screen

- Review the Acronyms at the bottom of the screen to ensure selection of the correct Plan Type (*Figure 63a*)

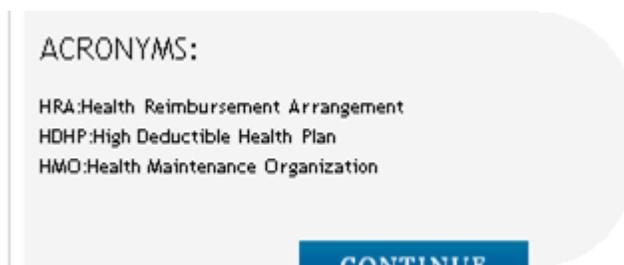


Figure 63a - Option Selection Screen

- **Select** the appropriate **Option** in which the member wishes to enroll (*Figure 64*)

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Option Selection

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: **5555**

Coverage Effective Date: 01/01/2012

HMO option is not available unless previously covered under SHBP during current year.

Options	Monthly Premium
CIGNA	
<input checked="" type="radio"/> Wellness HRA	\$ 253.86
<input type="radio"/> Standard HRA	\$ 267.54
<input type="radio"/> Wellness HDHP	\$ 234.48
<input type="radio"/> Standard HDHP	\$ 247.14
<input type="radio"/> Wellness HMO	\$ 316.86
<input type="radio"/> Standard HMO	\$ 333.96
UnitedHealthcare	
<input type="radio"/> Wellness HRA	\$ 253.86
<input type="radio"/> Standard HRA	\$ 267.54
<input type="radio"/> Wellness HDHP	\$ 234.48
<input type="radio"/> Standard HDHP	\$ 247.14
<input type="radio"/> Wellness HMO	\$ 316.86
<input type="radio"/> Standard HMO	\$ 333.96
TRICARE	

Instructions:

1. Review the acronyms at the bottom of the page to ensure that you select the correct Plan Type.
2. Select the appropriate Option in which you wish to enroll.
3. Click the "CONTINUE" button to go to the next page.

Figure 64 - Option Selection Screen

- **Click** the **CONTINUE** button (*Figure 64a*)

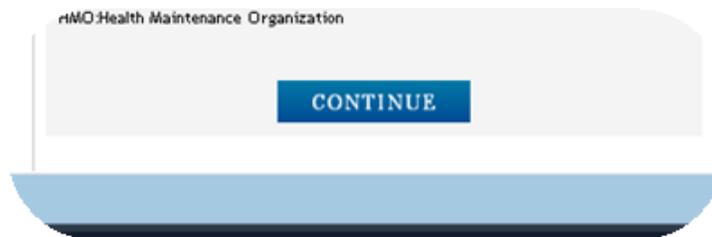


Figure 64a - Option Selection Screen

Note:
If a Wellness Plan Option was selected for the prior plan year and the Wellness Promise was not honored, Wellness Plan Options will not be offered as an Option.

- If Wellness Options are selected for HRA, HMO or HDHP, the HRA, HMO or HDHP Wellness Promise pop-up window will display (*Figure 65*); review and **Click** the **OK** button

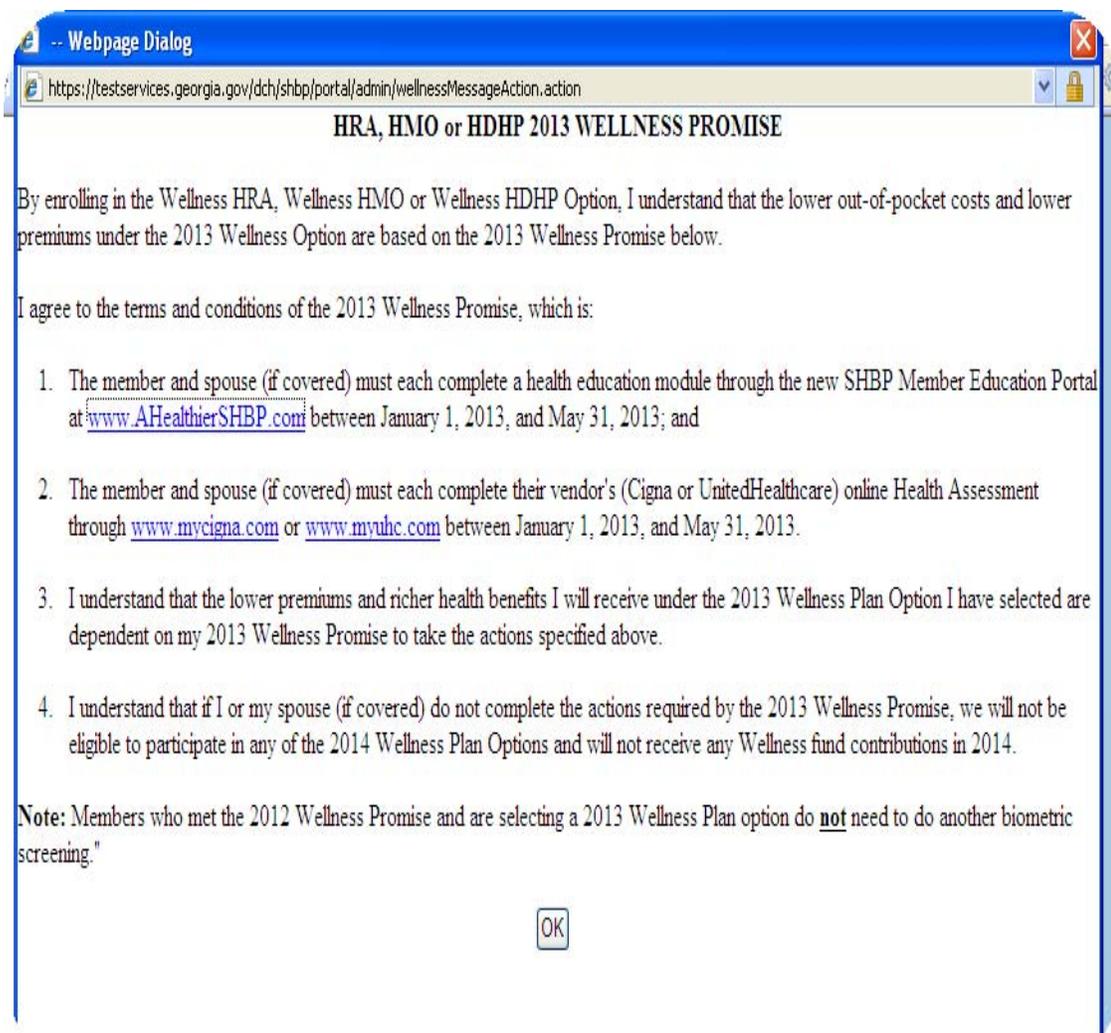


Figure 65 - HRA, HMO or HDHP Wellness Promise Screen

- After you have verified your selections, **click** the **CONFIRM** button (located at the bottom of the screen) (*Figure 66a*)

should be submitted to: SHBP, PO Box 1990, Atlanta, GA 30301-1990. Please include Employee's Name and Social Security Number on each piece of documentation.

Tobacco Surcharge

Have you or any of your covered dependents used tobacco products in the last 60 days?

Yes

CONFIRM

Figure 66a - Verify Selections Screen

The **Confirmation screen** will display (Figure 67).

The screenshot displays a web portal interface for SHBP. On the left is a navigation bar with links: 'Year Round and OE >>', 'SHBP Staff >>', 'ModifyLogin', and 'Logout'. The main content area is titled 'Confirmation' and contains a table of enrollment details. A note above the table states: 'Below are your SHBP coverage selections effective Jan 1, 2012 .'. The table lists fields such as Policy Number, Name, Payroll Location, Coverage Effective Date, Coverage Tier, Coverage Option, Surcharges, Monthly Premium, Confirmation Number, Wellness Pledge, Address, City, State, Zip Code, Phone Number, Email, Date of Birth, Sex, Ethnicity, and Dependents. On the right side, under the heading 'Instructions', there are three numbered steps: 1. The Confirmation Page is your enrollment verification document. Your confirmation number is located in the Confirmation Number field on this page. 2. Please print this Confirmation page (using your browser's printer button) and save it for your records; or you may open a printer friendly Confirmation page by clicking the 'PRINTER FRIENDLY' button to go to the next page. 3. To logout of this session, select the 'Logout' tab on the left navigation bar.

Confirmation	
Below are your SHBP coverage selections effective Jan 1, 2012 .	
Policy Number:	*****5555
Name:	VALUED EMPLOYEE
Payroll Location:	14030 (SUPREME COURT)
Coverage Effective Date:	1/1/12
Coverage Tier:	You + Family
Coverage Option:	CIGNA Wellness HRA
Surcharges:	
Monthly Premium:	\$253.86 The rate quoted is the rate charged to your employer for your portion of the health benefit coverage (and any applicable surcharge(s)). If your employer subsidizes this premium, the amount deducted from your pay may be different.
Confirmation Number:	20111003115534058
Wellness Pledge:	Yes
Address:	820 STATE STREET
City:	ATLANTA
State:	GA
Zip Code:	30303
Phone Number:	5556784444
Email:	N/A
Date of Birth:	3/19/83
Sex:	Female
Ethnicity:	Asian
Dependents:	

Figure 67 - Confirmation Screen

Note:
The Confirmation Page located on this screen is the enrollment verification document. The confirmation number is located in the Confirmation Number field on this page and must be received to finalize information and health coverage selections.

Please print this Confirmation Page (using your browser's printer button) and save it for your records; or you may open a **Printer Friendly Confirmation** page.

- **Click the PRINTER FRIENDLY button** (*Figure 67a*) located at the bottom of the Confirmation Page

should be submitted to: SHBP, PO Box 1990, Atlanta, GA 30301-1990. Please include Employee's Name and Social Security Number on each piece of documentation.

Tobacco Surcharge

Have you or any of your covered dependents used tobacco products in the last 60 days?

Yes

You have completed your SHBP election for 01/01/2013. Click the Printer Friendly button to print and save your Confirmation page in a PDF format. Click the Logout tab on the left navigation bar to exit.

PRINTER FRIENDLY

Figure 67a - Confirmation Screen

The **Print Confirmation** screen will display (Figure 67b).

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Please do not use your browser's "BACK" button.

Print Confirmation

Name: VALUED EMPLOYEE
Payroll Location: 14030 (SUPREME COURT)
Policy Number: *****5555
Coverage Effective Date: 1/1/12

Confirmation Date	Confirmation Number	
10/03/2011	20111003115534058	Open PDF
10/03/2011	20111003101101579	Open PDF

Instructions

Your confirmed selections are listed on this page. Your most recent confirmation is on the top line and is the coverage you will have for the plan year. Please print this printer friendly Print Confirmation page and save it for your records.

1. Review your pre-populated

Figure 52 - Print Confirmation Screen

The confirmed selections are listed on this page. **The most recent confirmation is on the top line and is the coverage the member will have for the plan year.**

- Review the pre-populated information to assure it is accurate
- **Click the OPEN PDF link on the Confirmation File Line you want to open in a PDF Format (Figure 67b)**

The selected **Confirmation in a PDF Format** will display (Figure 67c).

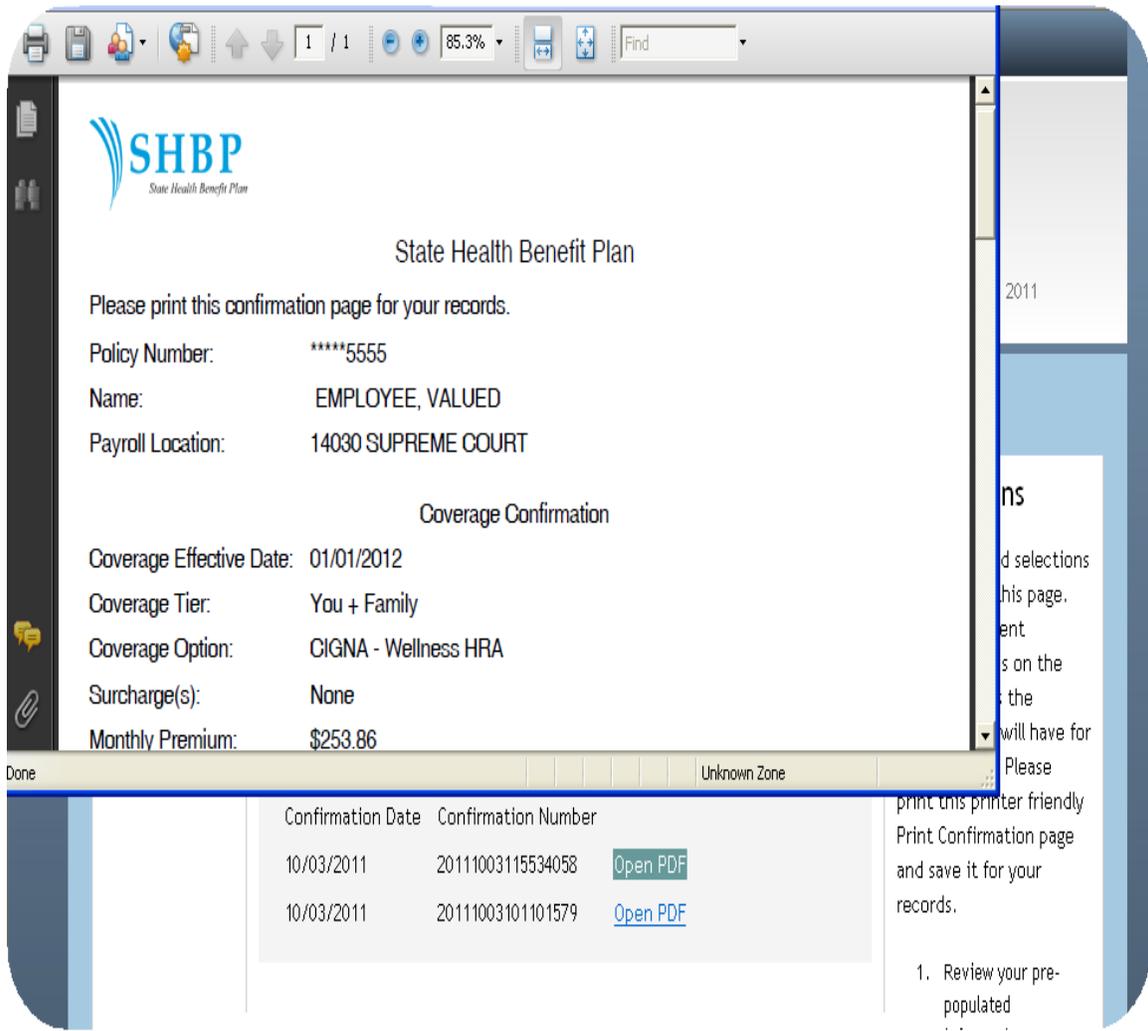


Figure 67c - PDF Formatted Confirmation Screen

- **Save and Print the Confirmation** in a PDF Format. All information shown on the Confirmation Page is included in the PDF file
- **Close the Open PDF** link

The **Print Confirmation** screen will redisplay (Figure 67d).

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SHBP
State Health Benefit Plan

Monday, October 03, 2011

Please do not use your browser's "BACK" button.

Print Confirmation

Name: VALUED EMPLOYEE
Payroll Location: 14030 (SUPREME COURT)
Policy Number: *****5555
Coverage Effective Date: 1/1/12

Confirmation Date	Confirmation Number	
10/03/2011	20111003115534058	Open PDF
10/03/2011	20111003101101579	Open PDF

Instructions

Your confirmed selections are listed on this page. Your most recent confirmation is on the top line and is the coverage you will have for the plan year. Please print this printer friendly Print Confirmation page and save it for your records.

1. Review your pre-populated

Figure 67d - Print Confirmation Screen

The Modify Coverage sub-tab of the Year Round and OE Tab is complete. You may logout of this session on the left navigation bar or select another tab or sub-tab.

View Login History

- Click the **View Login History** sub-tab on the left navigation bar (Figure 68)

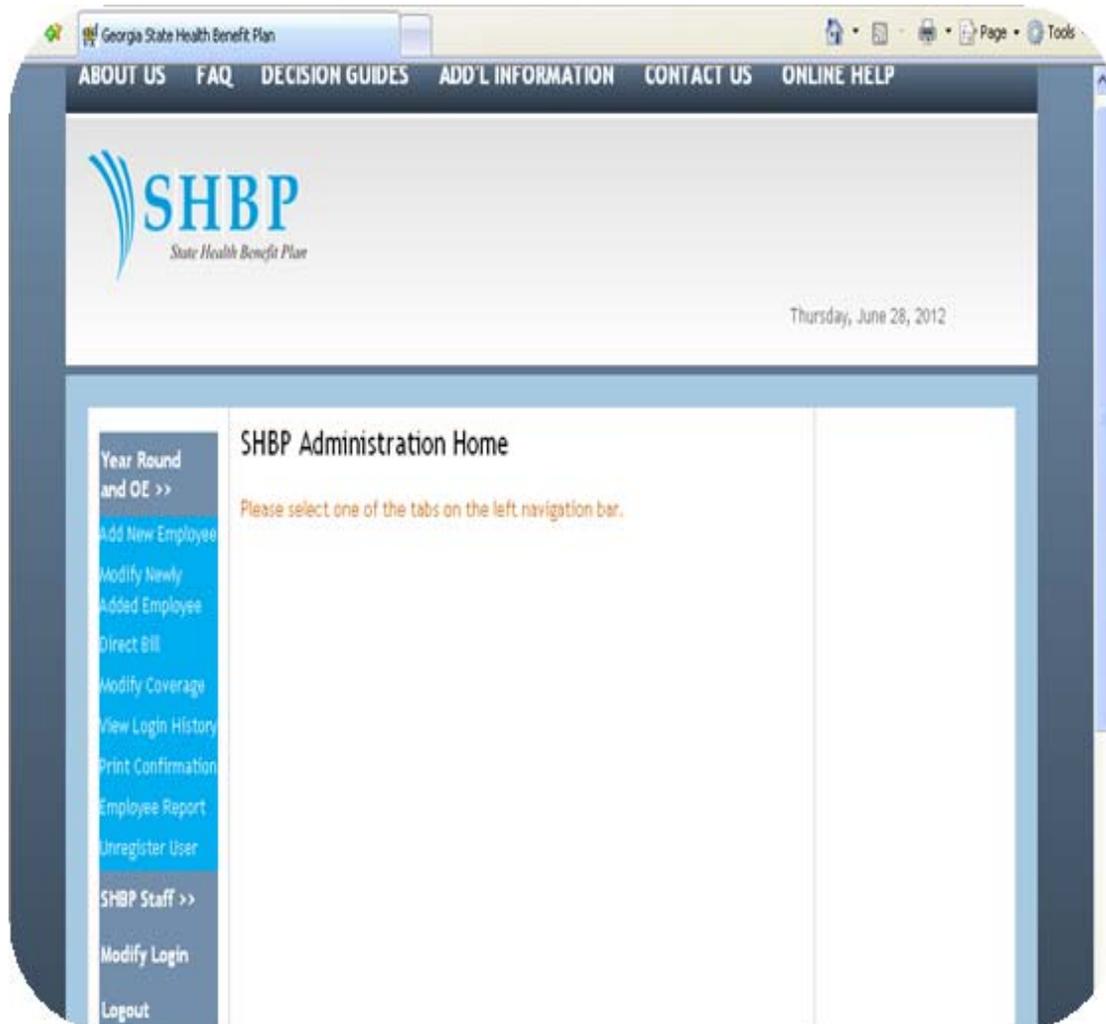


Figure 68 - SHBP Administration Home Screen

The **Login History** screen will display (Figure 69).

- Enter the member's **Policy Number** (SSN with no dashes)
- Click the **SUBMIT** button (Figure 69)

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Modify Login

Logout

Login History

Enter Employee Policy Number

*Policy Number 415445555

SUBMIT

Instructions

1. Enter the member's Policy Number (SSN with no dashes).
2. Click the SUBMIT button to go to the next page.

Figure 69 - Login History Screen

Note:
All fields indicated with * are required.

The **Login History** screen will display (Figure 70) including the member's login time, logout time, coverage selected, premium and confirmation number for each member interaction (coverage selection, premium, and/or confirmation may not display if the member did not complete those functions).

- **Click the HOME** button (Figure 70) to return to the SHBP Administration Home Page; or select another tab-sub-tab from the left navigation bar

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Login History

Policy Number: *****5555 Name: VALUED EMPLOYEE

Login Time	Logout Time	Coverage Select	Premium	Confirmation
10/03/2011 10:05 AM	10/03/2011 10:11 AM	CIGNA Wellness HRA	253.86	20111003101101579
10/04/2011 13:56 PM	10/04/2011 13:59 PM	UnitedHealthcare We	253.86	20111004135855590

HOME

Instructions

1. Click the HOME button to return to the SHBP Administration Home page.

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Figure 70 - Login History Screen

Print Confirmation

- Click the **Print Confirmation** sub-tab on the left navigation bar (Figure 71)

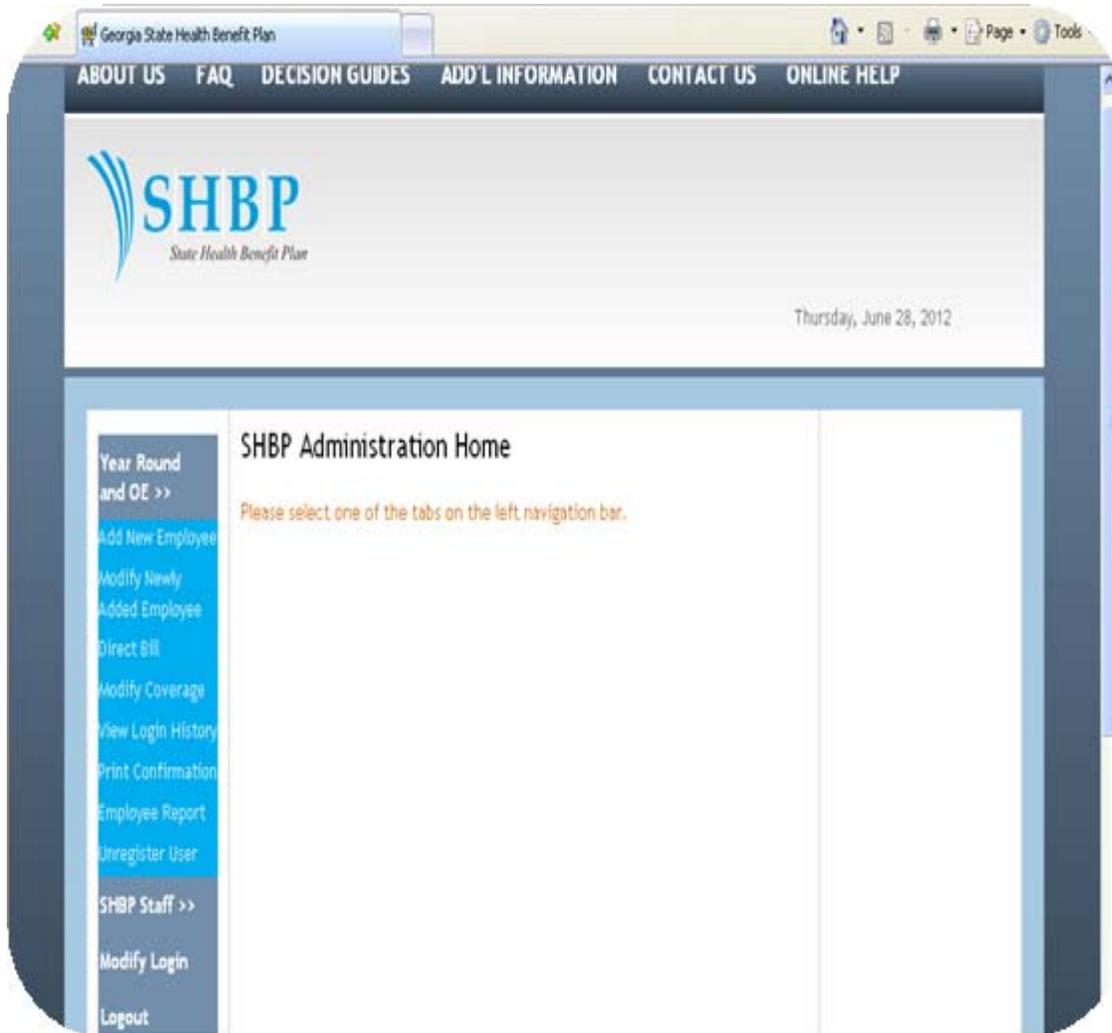


Figure 71 - SHBP Administration Home Screen

The **Print Member** screen will display (Figure 72).

- Enter the member's **Policy Number** (SSN with no dashes)
- Click the **SEARCH MEMBER** button (Figure 72)

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Modify Login

Logout

Print Member

Search Member by Policy Number

*Policy Number

SEARCH MEMBER

Instructions:

All fields indicated with * are required.

1. Enter the member's Policy Number (SSN with no dashes).
2. Click the SUBMIT button to go to the next page.

Figure 72 - Print Member Screen

Note:
All fields indicated with * are required.

The next **Print Member screen** will display (*Figure 72a*) including all of the member's confirmations.

- **Click** on the appropriate **Confirmation Number** (*Figure 72a*) to open the confirmation link in a PDF Format (link) you want to open in a PDF Format (multiple confirmation numbers may be listed)

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Print Member

Policy Number	DOB	Name	Open PDF
			20111003101101579
*****5555	3/19/83	EMPLOYEE, VALUED	20111003115534058
			20111004135855590

Search Member by Policy Number

*Policy Number

SEARCH MEMBER

Instructions:

All fields indicated with * are required.

1. Click the appropriate CONFIRMATION NUMBER to open the confirmation link in PDF Format (multiple confirmation numbers may be listed).
2. Once the PDF File is open, use your browser print the file in PDF Format. All

Figure 72a - Print Member Screen

The selected **Confirmation in a PDF Format** will display (*Figure 72b*).

- **Save and Print** the **Confirmation** in a PDF Format. All information shown on the Confirmation Page is included in the PDF file
- **Close** the **OPEN PDF** link (*Figure 72b*)

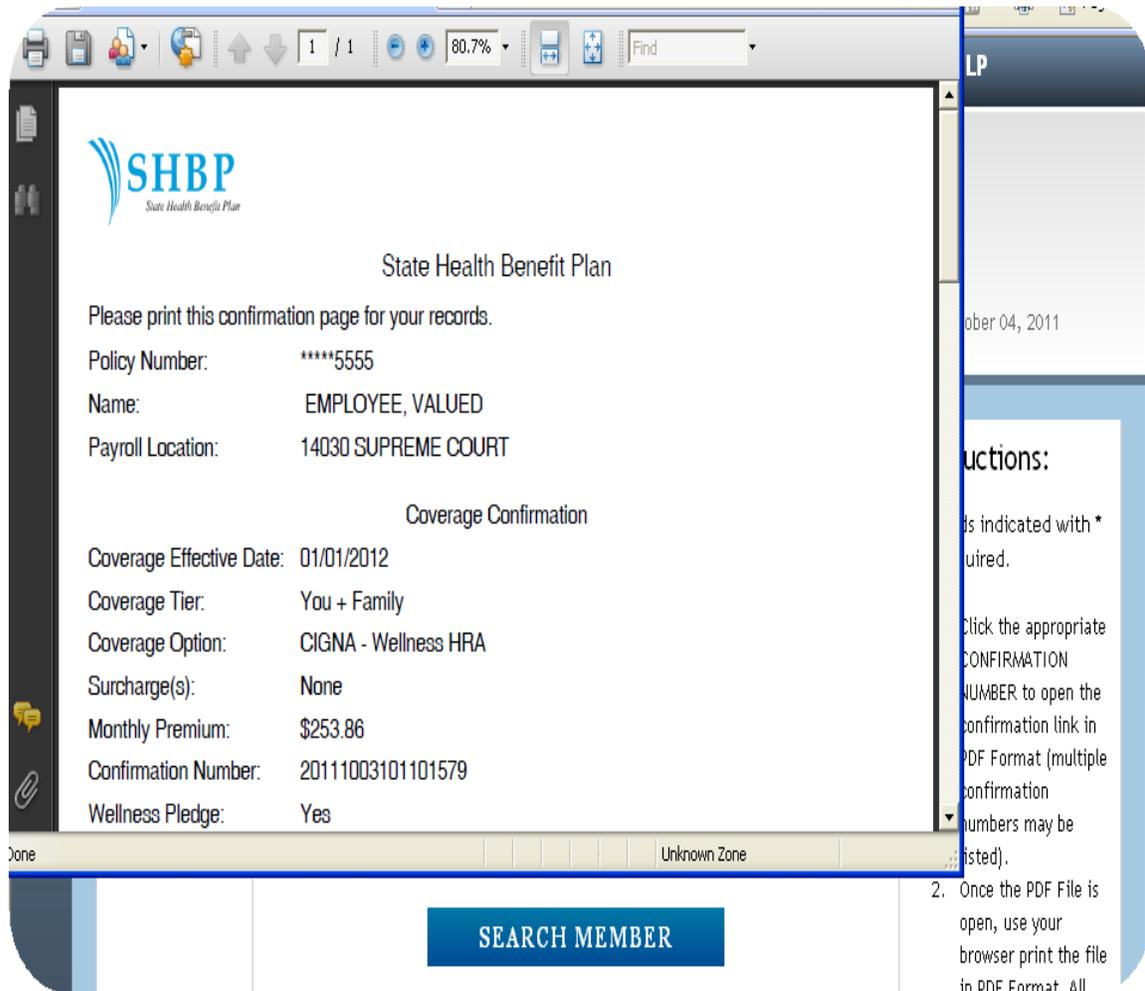


Figure 72b - Print Member Screen

The **Print Member** screen will redisplay (*Figure 73*). You may search another member or select another tab/sub-tab from the left navigation bar.

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Modify Login

Logout

Print Member

Policy Number	DOB	Name	Open PDF
			20111003101101579
*****5555	3/19/83	EMPLOYEE, VALUED	20111003115534058
			20111004135855590

Search Member by Policy Number

*Policy Number

SEARCH MEMBER

Instructions:

All fields indicated with * are required.

1. Click the appropriate CONFIRMATION NUMBER to open the confirmation link in PDF Format (multiple confirmation numbers may be listed).
2. Once the PDF File is open, use your browser print the file in PDF Format. All

Figure 73 - Print Member Screen

Note:
All fields indicated with * are required.

Employee Report

- Click the **Employee Report** sub-tab on the left navigation bar (Figure 74)

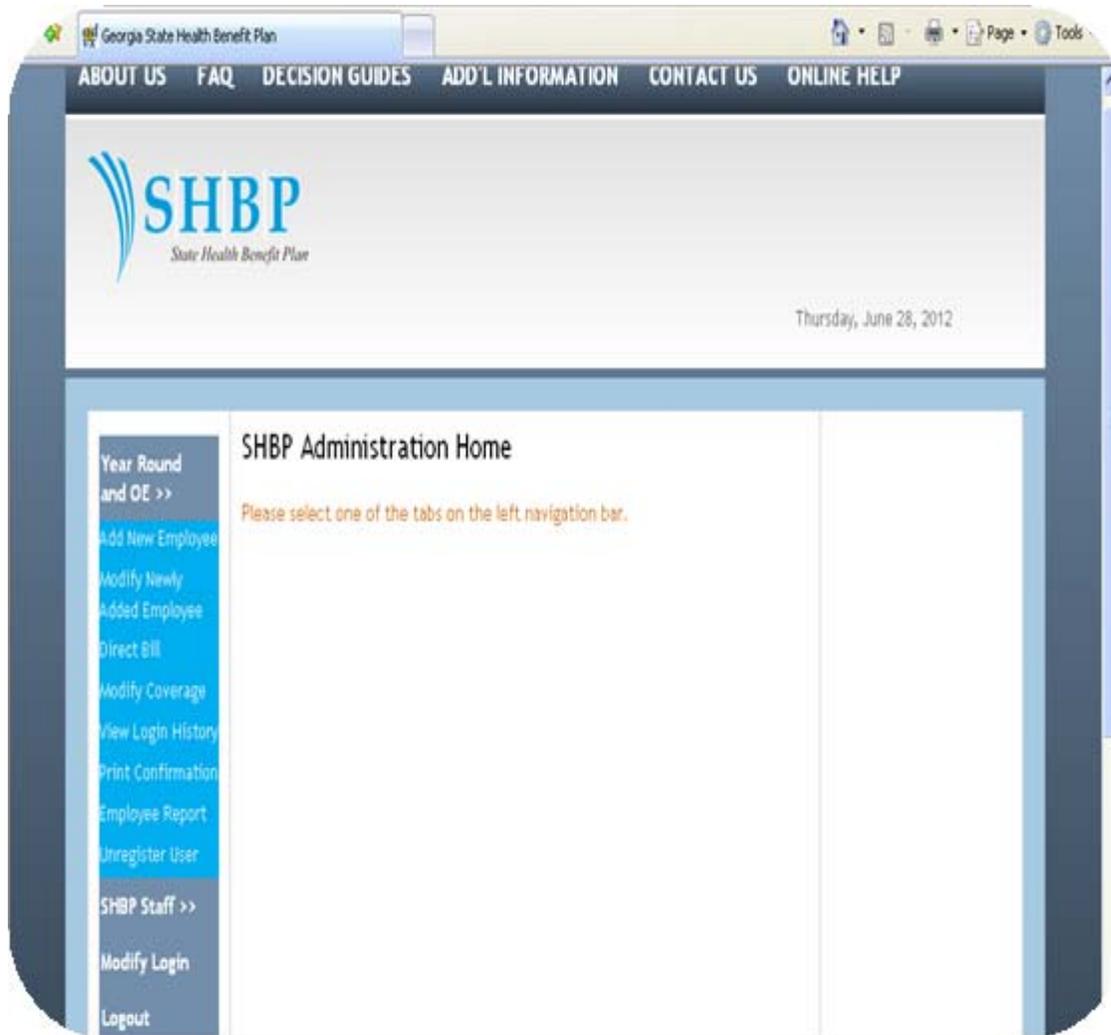


Figure 74 - SHBP Administration Home Screen

The **Search Newly Added Employee** screen will display (Figure 75).

- **Select** the member's **Payroll Location** from the dropdown list
- **Enter** the member's **Hire Date** (mm/dd/yyyy)
- **Select** either **Employee Added** or **Employee Confirmed** from the dropdown list (Figure 75)
- **Click** the **SEARCH** button

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Search Newly Added Employee

Search Newly Added Employee by Payroll Location

*Payroll Location
14030 (SUPREME COURT)

*Hire Date (mm/dd/yyyy) 09/01/2011

Employees Added/Confirmed Employee Confirmed

SEARCH

Instructions:

All fields indicated with * are required.

1. Select a Payroll Location from the dropdown list.
2. Enter the member's hire date (mm/dd/yyyy).
3. Select Employee Added or Employee Confirmed from the dropdown list.
4. Click the SEARCH button.

Figure 75 - Search Newly Added Employee Screen

Note:
All fields indicated with * are required.

The second **Search Newly Added Employee** screen will display (*Figure 76*). The policy numbers and related member's names for your selection will display; including the total number of employees for the displayed selection.

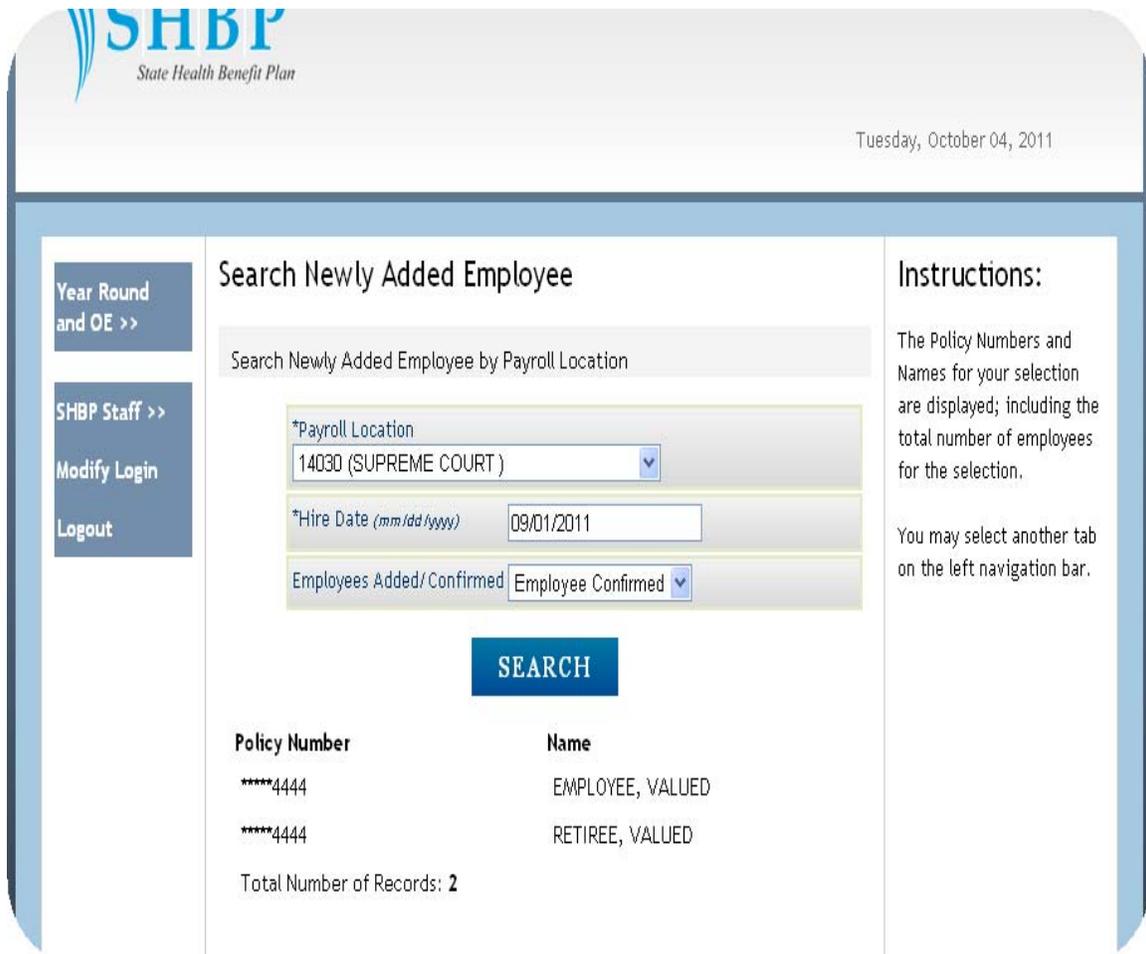


Figure 76 - Search Newly Added Employee Screen

You may perform another search or select another tab/sub-tab from the left navigation bar.

Unregister User

- Click the **Unregister User** sub-tab on the left navigation bar (Figure 77)

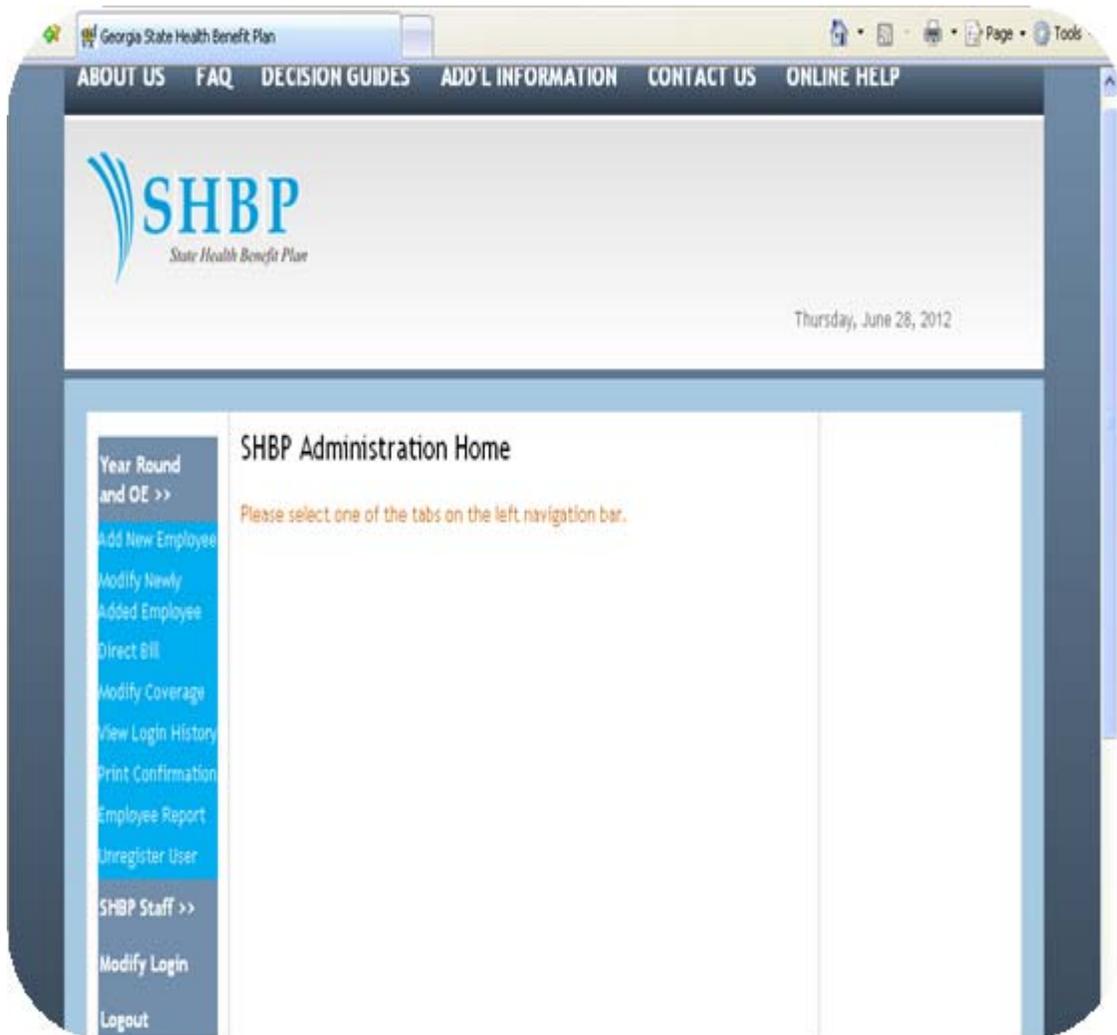


Figure 77 - SHBP Administration Home Screen

The **Unregister User** screen will display (Figure 78).

- Enter the member's **Policy Number** (SSN with no dashes)
- Enter the member's **Date of Birth** (mm/dd/yyyy)
- Click the **UNREGISTER** button

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Unregister User

*Policy Number (SSN with no dashes) 255554444

*Date of Birth (mm/dd/yyyy) 03/19/1983

UNREGISTER

Instructions:

All fields indicated with * are required.

1. Enter the member's Policy Number (SSN with no dashes).
2. Enter the member's Date of Birth (mm/dd/yyyy).
3. Click the UNREGISTER button.

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Figure 78 - Unregister User Screen

Note:
All fields indicated with * are required.

The **SHBP Administration Home screen** will redisplay (*Figure 79*) including a message stating 'Unregistered user successfully'.



Figure 79 - SHBP Administration Home Screen

You may logout of this session or select another tab/sub-tab from the left navigation bar.

SHBP STAFF

After completing the Administrator Login function, the **SHBP Administration Home screen** will display (*Figure 80*).

- Click the **SHBP Staff tab** on the left navigation bar



Figure 80 - SHBP Administration Home Screen

The **SHBP Staff sub-tabs** will display on the SHBP Administration Home screen (Figure 80).

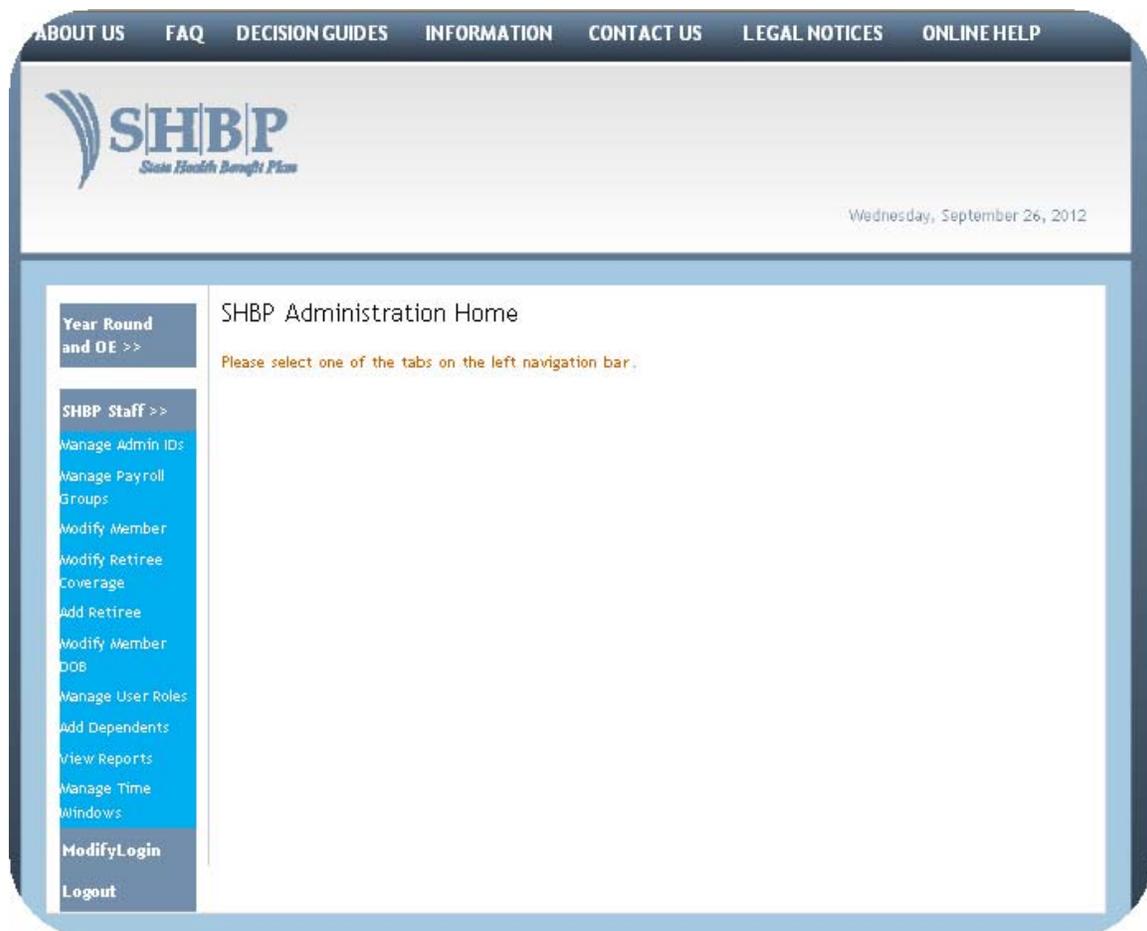


Figure 80 - SHBP Administration Home Screen

The **SHBP Staff sub-tabs** (Figure 70) and may be used to:

- Manage Admin ID's
- Manage Payroll Groups
- Modify Member
- Modify Retiree Coverage
- Add Retiree
- Modify Member DOB
- Manage User Roles
- Add Dependents
- View Reports
- Manage Marquee Windows

Access to SHBP Staff sub-tabs are restricted by user role. Follow the upcoming directions to complete the sub-tab functions under the SHBP Staff left navigation tab.

Manage Admin ID's

- Click the **Manage Admin IDs** sub-tab on the left navigation bar (Figure 81)

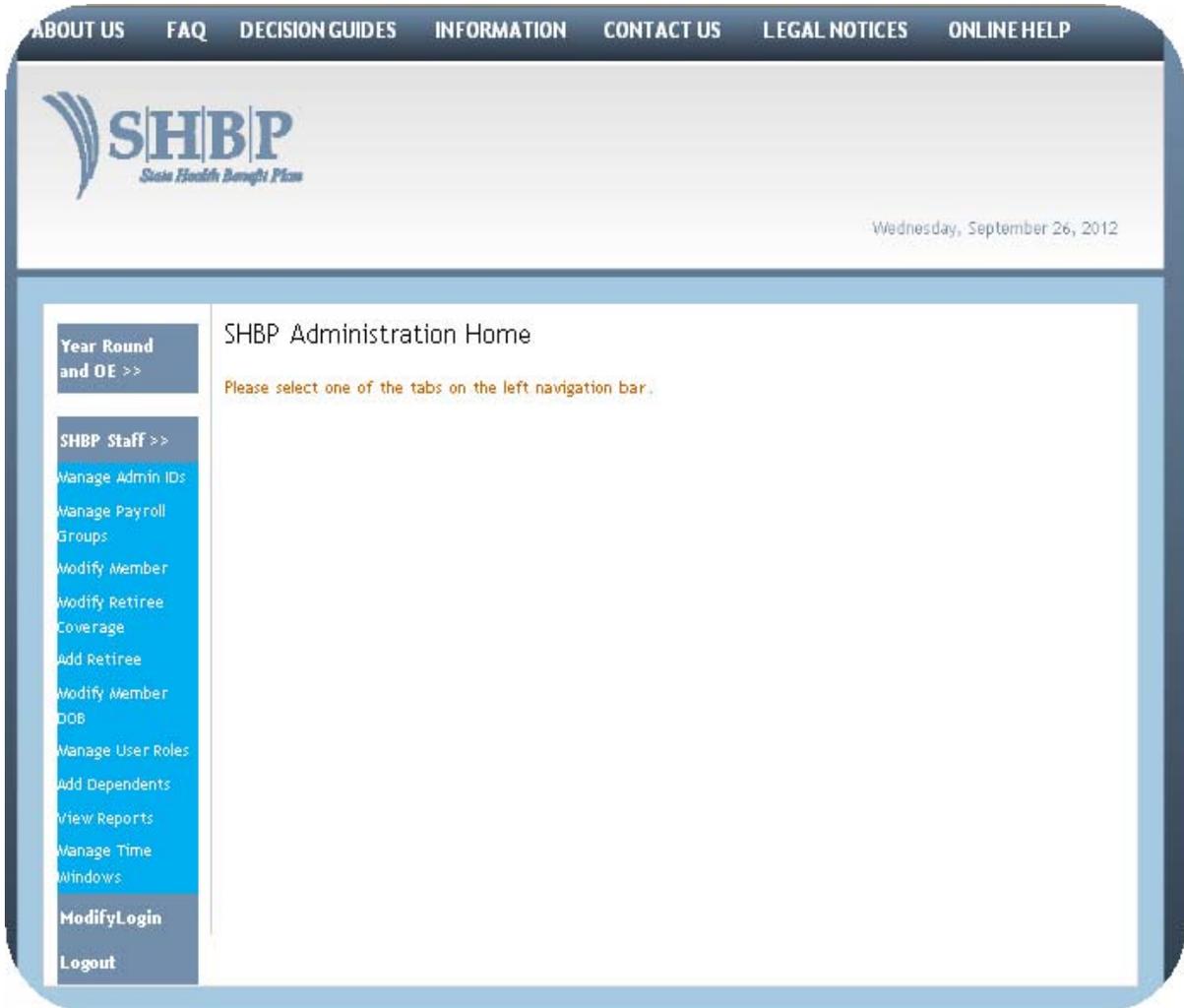


Figure 81 - SHBP Administration Home Screen

The **Manage Administrators screen** will display (Figure 82); including the payroll group, ID, name, role, last login information, and status of the administrators.

The screenshot shows the 'Manage Administrators' interface. At the top left is the SHBP logo and 'State Health Benefit Plan'. The date 'Tuesday, October 04, 2011' is at the top right. On the left sidebar, there are buttons for 'Year Round and OE >>', 'SHBP Staff >>', 'Modify Login', and 'Logout'. The main content area has a title 'Manage Administrators' and two buttons: 'ADD NEW ADMIN' and 'CANCEL'. Below these is a table of administrators:

Payroll Group	ID	Name	Role	Last Login	Status	Edit
13000	*****	Great Employee	P4		Active	Edit
13000	*****	Georgia Peach	P5	2011-09-29 02:01:37	Active	Edit
13000	*****	Green Atlanta	P4	2011-10-01 02:19:56	Active	Edit
13000	*****	Doris May	P1	2011-10-01 02:19:56	Active	Edit
13000	*****	Mark Stately	P1	2011-09-26 03:54:09	Active	Edit

On the right, there are 'Instructions:'

1. To ADD a New Administrator, click the ADD NEW ADMIN button to go to the next page.
2. To EDIT a displayed Administrator, locate the Administrator on the displayed list and click the EDIT button on that row to go to the next page.
3. Click the CANCEL button to cancel the request and return to the SHBP Administration Home page without any

Figure 82 - Manage Administrators Screen

To Modify/Edit Administrator:

- **Click the EDIT button** next to the Administrator information you wish to edit (Figure 83)

The Modify **Administrators** screen will display (Figure 83).

- Review the displayed Username to assure it is accurate
- Review the pre-populated **Status, Role Assigned, and Payroll Group** fields for accuracy. If necessary, **make appropriate selections from each dropdown list**
- Review the pre-populated **First Name and Last Name** fields for accuracy. **Enter any necessary corrections** in each field
- **Enter the New Password** (case-sensitive)
- **Re-enter the New Password** (case-sensitive) as confirmation
- **Click the SUBMIT** button; or **click the CANCEL** button to return to the SHBP Administration Home page without modification

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Modify Administrator

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Logout

Username: *****

Status: Active

Role Assigned: S5 (SHBP IT SUPER USER)

Payroll Group: 99999 (ALL LOCATIONS)

First Name: GREAT

Last Name: EMPLOYEE

New Password: *****

Confirm New Password: *****

SUBMIT **CANCEL**

Instructions:

All fields indicated with * are required.

1. Review the pre-populated Username to assure it is accurate.
2. Select a Status from the dropdown list.
3. Select a Role Assigned from the dropdown list.
4. Select a Payroll Group from the dropdown list.
5. Enter the First and Last Name.

Figure 83 - Modify Administrator Screen

The **SHBP Administration Home screen** will redisplay (*Figure 84*) including a message stating *'Admin successfully modified'*.

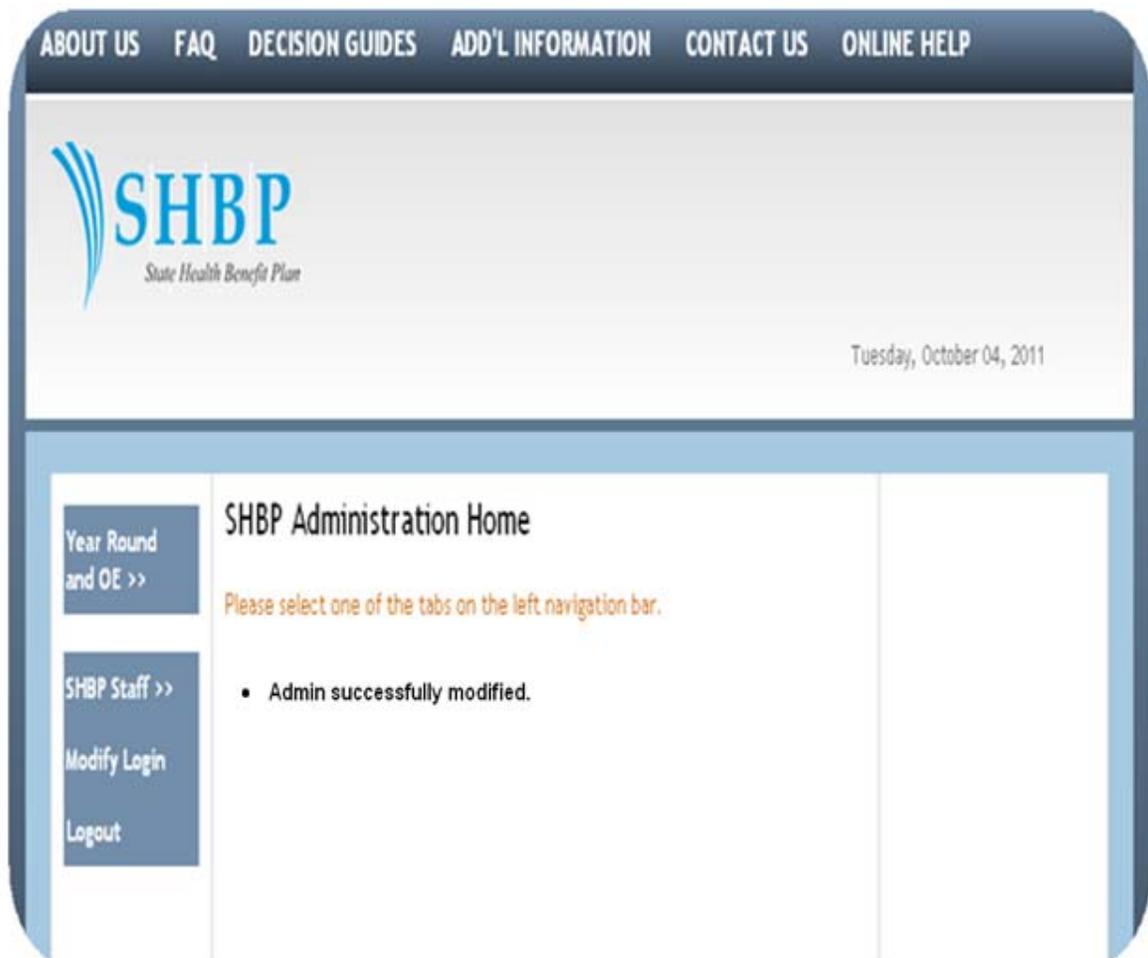


Figure 84 - SHBP Administration Home Screen

You may logout of this session or select another tab/sub-tab from the left navigation bar.

To Add New Administrator:

- Click the **ADD NEW ADMIN** button (*Figure 85*)

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SHBP Staff >>

Modify Login

Logout

Manage Administrators

ADD NEW ADMIN **CANCEL**

Payroll Group	ID	Name	Role	Last Login	Status	Edit
13000	*****	Georgia Worker	P4		Active	Edit
13000	*****	Georgia Peach	P5	2011-09-29 02:01:37	Active	Edit
13000	*****	Green Atlanta	P4	2011-10-01 02:19:56	Active	Edit
13000	*****	Doris May	P1	2011-10-01 02:19:56	Active	Edit
13000	*****	Mark Stately	P1	2011-09-26 03:54:09	Active	Edit

Instructions:

1. To ADD a New Administrator, click the ADD NEW ADMIN button to go to the next page.
2. To EDIT a displayed Administrator, locate the Administrator on the displayed list and click the EDIT button on that row to go to the next page.
3. Click the CANCEL button to cancel the request and return to the SHBP Administration Home page without any

Figure 75 - Manage Administrators Screen

Note:

The **ADD NEW ADMIN** and **CANCEL** buttons are located at the top and bottom of this screen (*Figure 85*).

The **Add New Administrator** screen will display (Figure 86).

- **Enter the Username** (case-sensitive)
- **Select a Status** from the dropdown list
- **Select the Role Assigned** from the dropdown list
- **Select a Payroll Location** from the dropdown list
- **Enter the First and Last Name**
- **Enter the Initial Password** (case-sensitive)
- **Re-enter the Initial Password** for confirmation (case-sensitive)
- **Click the SUBMIT** button, or **click the CANCEL** button to return to the SHBP Administration Home screen without any additions.

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Add New Administrator

Username: *****

Status: Active

Role Assigned: P2 (OPEN ENROLLMENT ONLY)

Payroll Group: 14030 (SUPREME COURT)

First Name: GREAT

Last Name: EMPLOYEE

Initial Password: *****

Confirm Initial Password: *****

SUBMIT **CANCEL**

Instructions:

All fields indicated with * are required.

1. Enter the Username (case-sensitive).
2. Select a Status from the dropdown list.
3. Select a Role Assigned from the dropdown list.
4. Select a Payroll Group from the dropdown list.
5. Enter the First and Last Name.
6. Enter the Initial Password (case-sensitive).

Figure 86 - Add New Administrator Screen

The **SHBP Administration Home screen** will redisplay (Figure 87) including a message stating 'Admin successfully added'.



Figure 87 - SHBP Administration Home Screen

You may logout of this session or select another tab/sub-tab from the left navigation bar.

Manage Payroll Groups

- Click the **Manage Payroll Groups** sub-tab on the left navigation bar (Figure 88)

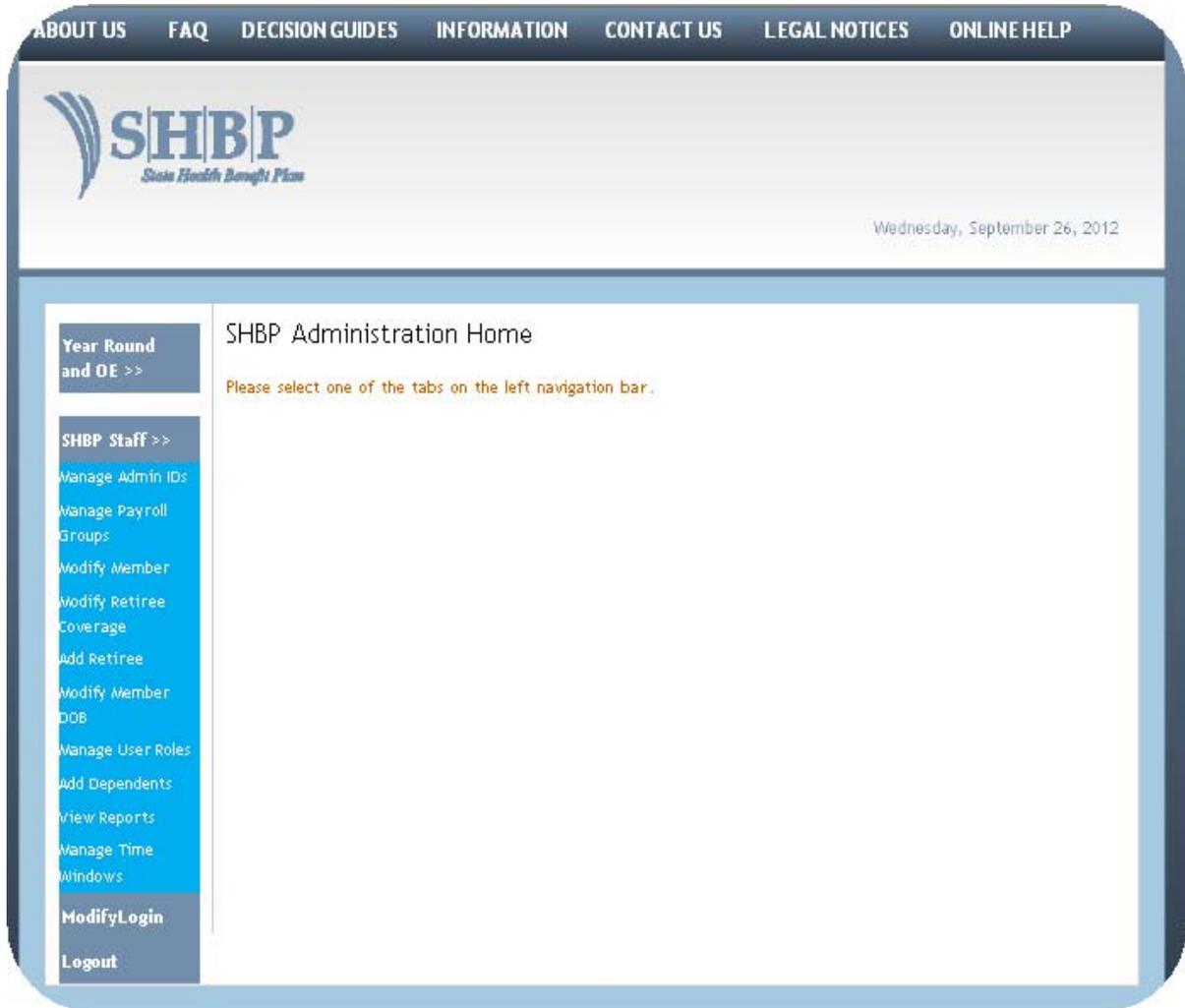


Figure 88 - SHBP Administration Home Screen

The **Manage Payroll Groups** screen will display (Figure 89). This sub-tab will allow you to modify a Payroll Group or Payroll Location; you may also add a new Payroll Group or Payroll Location.

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Manage Payroll Groups

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Modify Payroll Group

Select Payroll Group **MODIFY**

ADD NEW GROUP

Modify Payroll Location

Select Payroll Location **MODIFY**

ADD NEW LOCATION

CANCEL

Instructions:

1. To add a new Payroll Group, select the Add New Group button.
2. To edit a Payroll Group, select the group from the drop-down, and click the Modify button.
3. To add a new Payroll Location, select the Add New Payroll Location button.
4. To edit a Payroll Location, select the location from the drop-down and click the Modify button.

Figure 89 - Manage Payroll Groups Screen

To Modify Payroll Group:

- **Select a Payroll Group** from the dropdown list in the Modify Payroll Group field (*Figure 90*)
- **Click the MODIFY** button

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Modify Login

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Manage Payroll Groups

Modify Payroll Group

14540 (G WORLD CONGRESS CENTER)

Modify Payroll Location

Select Payroll Location

Instructions:

1. To add a new Payroll Group, select the Add New Group button.
2. To edit a Payroll Group, select the group from the drop-down, and click the Modify button.
3. To add a new Payroll Location, select the Add New Payroll Location button.
4. To edit a Payroll Location, select the location from the drop-down, and click the Modify button.

Figure 90 - Manage Payroll Groups Screen

The second **Modify Payroll Group** screen will display (Figure 91).

- Review the displayed Payroll Group ID for accuracy
- Review the pre-populated **Short Description** and **make any necessary changes**
- **Click** the **SUBMIT** button; or **click CANCEL** and return to the manage Payroll Groups screen without any changes

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Modify Payroll Group

Modify Payroll Group

Payroll Group ID 14540

Short Description G WORLD CONGRESS CENTI

SUBMIT **CANCEL**

Instructions:

1. Enter the Payroll Group ID.
2. Enter the Short Description.
3. Click the SUBMIT button.

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Figure 91 - Modify Payroll Group Screen

The **Manage Payroll Groups** screen will redisplay (Figure 92) including a message stating 'Payroll group saved'.

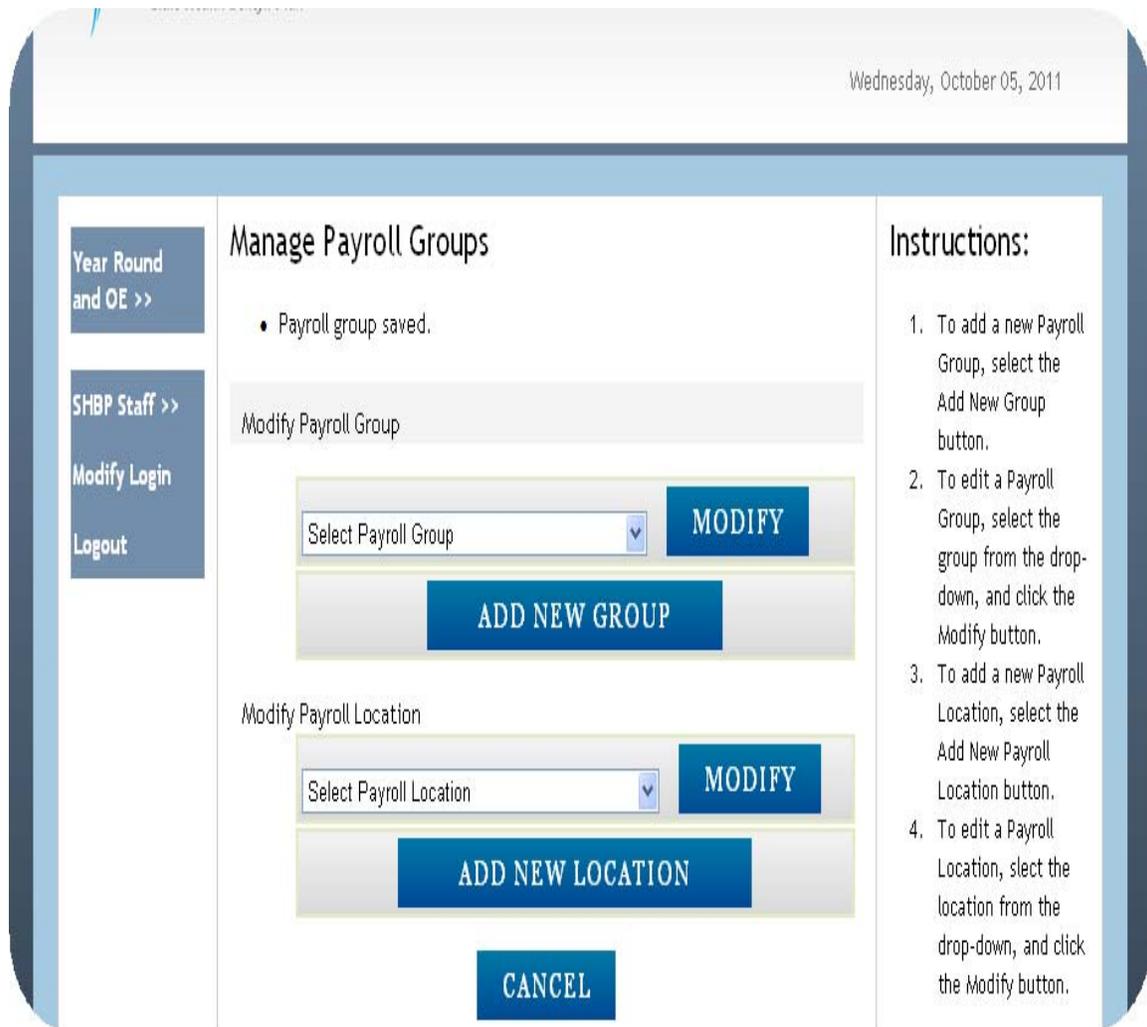


Figure 92 - Manage Payroll Groups Screen

To Add Payroll Group:

- Click the **ADD NEW GROUP** button in the Modify Payroll Group field (Figure 93)

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Manage Payroll Groups

Modify Payroll Group

Select Payroll Group

Modify Payroll Location

Select Payroll Location

Instructions:

1. To add a new Payroll Group, select the Add New Group button.
2. To edit a Payroll Group, select the group from the drop-down, and click the Modify button.
3. To add a new Payroll Location, select the Add New Payroll Location button.
4. To edit a Payroll Location, select the location from the drop-down and click

Figure 93 - Manage Payroll Groups Screen

The second **Modify Payroll Group** screen will display (Figure 94).

- **Enter the Payroll Group ID**
- **Enter a Short Description**
- **Click the SUBMIT button; or click CANCEL** and return to the manage Payroll Groups screen without any additions

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Modify Payroll Group

Add Payroll Group

Payroll Group ID

Short Description

SUBMIT **CANCEL**

Instructions:

1. Enter the Payroll Group ID.
2. Enter the Short Description.
3. Click the SUBMIT button.

Figure 94 - Modify Payroll Group Screen

The **Manage Payroll Groups** screen will redisplay (Figure 95) including a message stating 'Payroll group saved'.

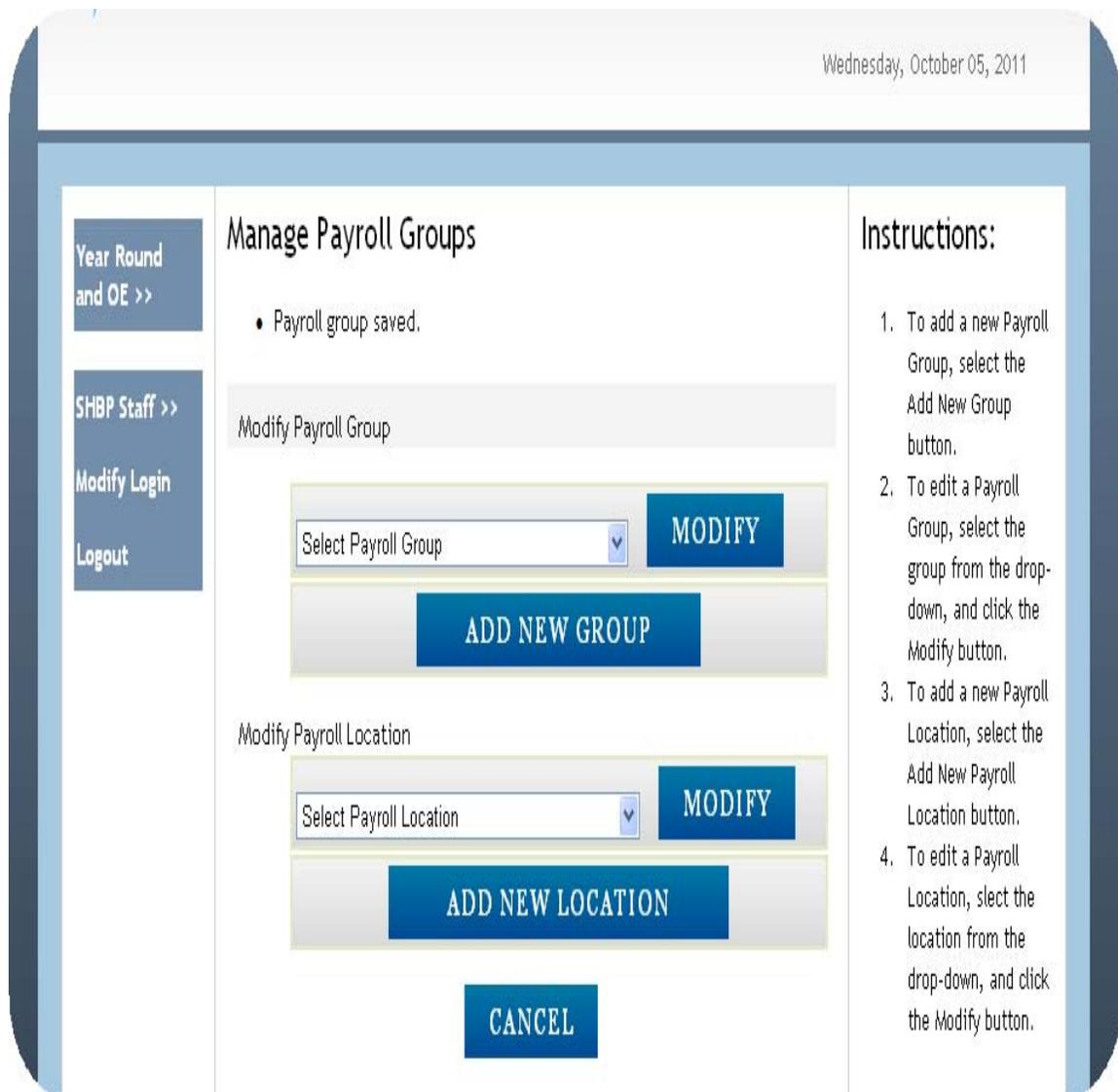


Figure 95 - Manage Payroll Groups Screen

To Modify Payroll Location:

- **Select a Payroll Location** from the dropdown list in the Modify Payroll Location field (*Figure 96*)
- **Click the MODIFY** button

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Manage Payroll Groups

Modify Payroll Group

Select Payroll Group

Modify Payroll Location

14030 (SUPREME COURT)

Instructions:

1. To add a new Payroll Group, select the Add New Group button.
2. To edit a Payroll Group, select the group from the drop-down, and click the Modify button.
3. To add a new Payroll Location, select the Add New Payroll Location button.
4. To edit a Payroll Location, select the location from the drop-down and click

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Figure 96 - Manage Payroll Groups Screen

The second **Modify Payroll Location** screen will display (Figure 97).

- Review the displayed Payroll Location ID and Payroll Group for accuracy
- Review the pre-populated Location Name, Location Type, Effective Begin Date (mm/dd/yyyy), Effective End Date (mm/dd/yyyy), Salary Message Code (A or B) and Rate Type and **make any necessary changes**
- **Click** the **SUBMIT** button; or **click** the **CANCEL** button to return to the Modify Payroll Groups screen without making and changes

Modify Payroll Location

Modify Payroll Location

Payroll Location ID	14030
Payroll Group	14030
Location Name	<input type="text" value="SUPREME COURT"/>
Location Type	<input type="text" value="1"/>
Effective Begin Date	<input type="text" value="01/01/1979"/>
Effective End Date	<input type="text" value="12/31/9999"/>
Salary Message Code	<input type="text" value="A"/>
Rate Type	<input type="text" value="1"/>

SUBMIT **CANCEL**

Instructions:

1. Enter the PayrollLocation ID, select the Payroll Group, enter Location Name, Effective Begin Date, Effective End Date, Salary Message Code (A or B), and Rate Type.
2. Click the SUBMIT button.

Figure 97 - Modify Payroll Location Screen

The **Manage Payroll Groups** screen will redisplay (Figure 98) including a message stating 'Payroll location saved'.

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The screenshot shows the 'Manage Payroll Groups' interface. On the left is a navigation menu with 'Year Round and OE >>', 'SHBP Staff >>', 'Modify Login', and 'Logout'. The main content area is titled 'Manage Payroll Groups' and displays a message: '• Payroll location saved.' Below this are two sections: 'Modify Payroll Group' and 'Modify Payroll Location'. Each section contains a dropdown menu labeled 'Select Payroll Group' and 'Select Payroll Location' respectively, followed by a 'MODIFY' button. Below the 'Modify Payroll Group' section is an 'ADD NEW GROUP' button, and below the 'Modify Payroll Location' section is an 'ADD NEW LOCATION' button. At the bottom center is a 'CANCEL' button. On the right side, under the heading 'Instructions:', there is a numbered list of four steps: 1. To add a new Payroll Group, select the Add New Group button. 2. To edit a Payroll Group, select the group from the drop-down, and click the Modify button. 3. To add a new Payroll Location, select the Add New Payroll Location button. 4. To edit a Payroll Location, select the location from the drop-down, and click the Modify button.

Figure 98 - Manage Payroll Group Screen

To Add New Location:

- Click the **ADD NEW LOCATION** button in the Modify Payroll Location field (*Figure 99*)

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Manage Payroll Groups

Modify Payroll Group

Select Payroll Group

Modify Payroll Location

Select Payroll Location

Instructions:

1. To add a new Payroll Group, select the Add New Group button.
2. To edit a Payroll Group, select the group from the drop-down, and click the Modify button.
3. To add a new Payroll Location, select the Add New Payroll Location button.
4. To edit a Payroll Location, select the location from the drop-down and click

Figure 99 - Manage Payroll Groups Screen

The **Add Payroll Location** screen will display (Figure 100).

- **Enter the Payroll Location ID**
- **Select the Payroll Group** from the dropdown list
- **Enter the Location Name, Location Type, Effective Begin Date (mm/dd/yyyy), Effective End Date (mm/dd/yyyy), Salary Message Code (A or B), and Rate Type**
- **Click the SUBMIT** button; or **click the CANCEL** button to redisplay the manage Payroll Groups screen with no additions

Wednesday, October 05, 2011

Modify Payroll Location

Add Payroll Location

Payroll Location ID	<input type="text" value="99999"/>
Payroll Group	<input type="text" value="14000 (GA PEANUT COMMISSION)"/>
Location Name	<input type="text" value="Test Add Payroll Location"/>
Location Type	<input type="text" value="1"/>
Effective Begin Date	<input type="text" value="01/01/2011"/>
Effective End Date	<input type="text" value="12/31/9999"/>
Salary Message Code	<input type="text" value="A"/>
Rate Type	<input type="text" value="1"/>

Instructions:

1. Enter the PayrollLocation ID, select the Payroll Group, enter Location Name, Effective Begin Date, Effective End Date, Salary Message Code (A or B), and Rate Type.
2. Click the SUBMIT button.

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Figure 100 - Modify Payroll Location Screen

The **Manage Payroll Groups** screen will redisplay (Figure 101) including a message stating 'Payroll location saved'.

The screenshot displays the 'Manage Payroll Groups' interface. On the left is a navigation sidebar with links for 'Year Round and OE >>', 'SHBP Staff >>', 'Modify Login', and 'Logout'. The main content area is titled 'Manage Payroll Groups' and features a success message: 'Payroll location saved.' Below this are two sections: 'Modify Payroll Group' and 'Modify Payroll Location'. Each section contains a dropdown menu labeled 'Select Payroll Group' and 'Select Payroll Location' respectively, followed by a 'MODIFY' button. Below the 'Modify Payroll Group' section is an 'ADD NEW GROUP' button, and below the 'Modify Payroll Location' section is an 'ADD NEW LOCATION' button. At the bottom center is a 'CANCEL' button. On the right side, an 'Instructions:' panel lists four steps: 1. To add a new Payroll Group, select the Add New Group button. 2. To edit a Payroll Group, select the group from the drop-down, and click the Modify button. 3. To add a new Payroll Location, select the Add New Payroll Location button. 4. To edit a Payroll Location, select the location from the drop-down, and click the Modify button.

Figure 101 - Manage Payroll Groups Screen

Modify Member

- Click the **Modify Member** sub-tab on the left navigation bar (Figure 102)

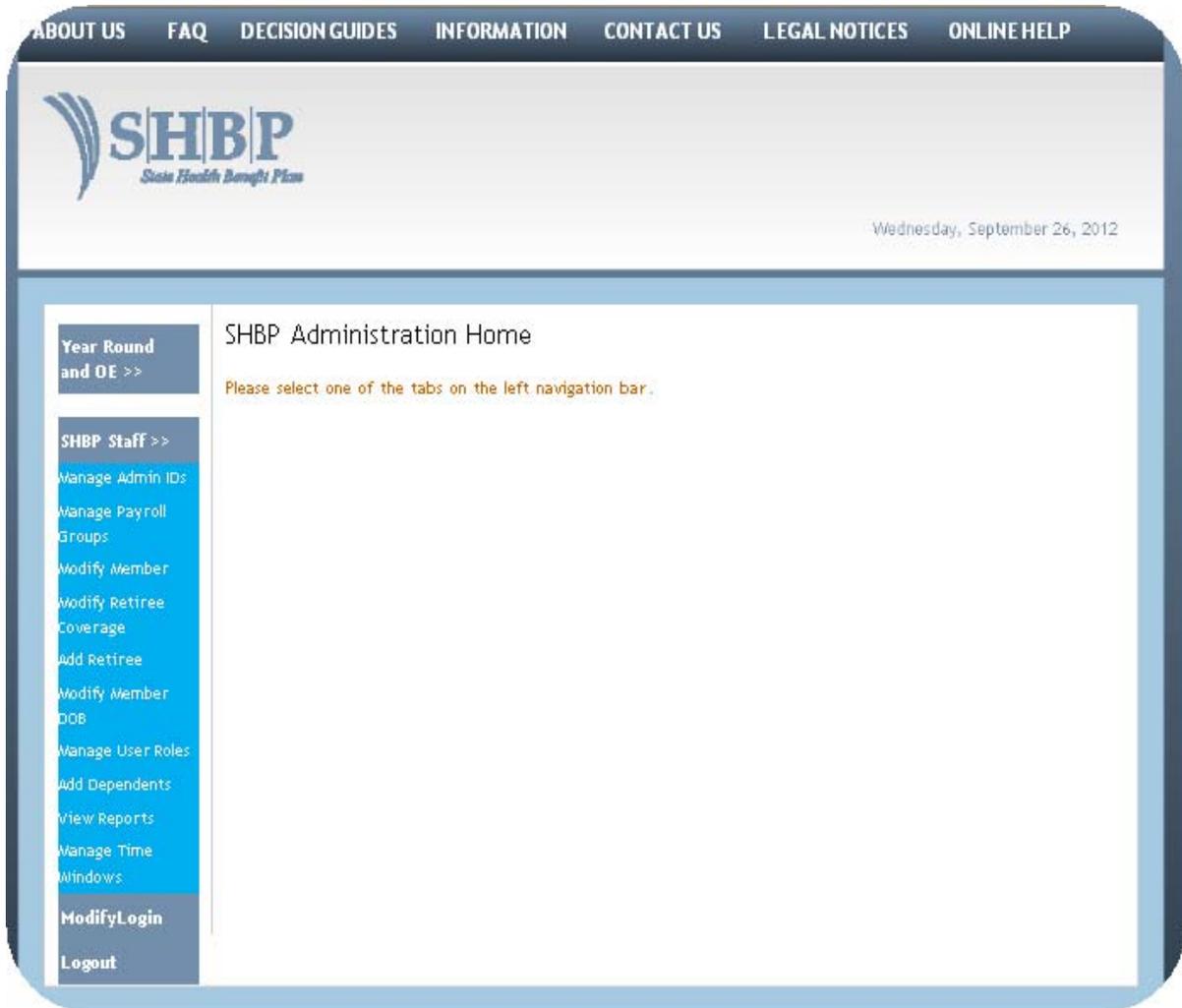


Figure 102 - SHBP Administration Home Screen

The **Modify Member** screen will display (Figure 103).

The Search Member for Modification may be done by **Payroll Location** or by **Policy Number and Date of Birth (DOB)** as follows:

1. Select the member's Payroll Location from the dropdown list
2. Click the SEARCH button to go to the next page.

- or -

3. Enter the member's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).
4. Click the MODIFY MEMBER button to go to the next page.

The screenshot shows a web interface titled "Modify Member" with a date of "Wednesday, October 05, 2011". On the left is a navigation menu with "Year Round and OE >>", "SHBP Staff >>", "Modify Login", and "Logout". The main content area has two search sections. The first, "Search Member by Payroll Location", features a dropdown menu labeled "Select Payroll Location" and a blue "SEARCH" button. The second, "Search Member by Policy Number and DOB", has two input fields: "*Policy Number" and "*Date of Birth (mm/dd/yyyy)", followed by a blue "MODIFY MEMBER" button. On the right, an "Instructions" box states that fields with an asterisk are required and provides the same search steps as the text above.

Figure 103 - Modify member Screen

Note:
All fields indicated with * are required.

To Search Member by Payroll Location:

- **Select** the member's **Payroll Location** from the dropdown list in the Search Member by Payroll Location field (Figure 104)

The screenshot shows a web interface titled "Modify Member" with a date of "Wednesday, October 03, 2011" in the top right corner. On the left side, there is a vertical menu with the following items: "Year Round and OE >>", "SHBP Staff >>", "Modify Login", and "Logout". The main content area is divided into two sections. The top section is titled "Search Member by Payroll Location" and features a dropdown menu currently displaying "14030 (SUPREME COURT)" and a blue "SEARCH" button. The bottom section is titled "Search Member by Policy Number and DOB" and contains two input fields: "*Policy Number" and "*Date of Birth (mm/dd/yyyy)", each followed by a text box. Below these fields is a blue "MODIFY MEMBER" button. To the right of the main content area, there is an "Instructions" section. It states: "All fields indicated with * are required. The Search for a Employee may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows:" followed by a numbered list: "1. Select the Employee's Payroll Location from the dropdown list.", "2. Click the SEARCH button to go to the next page.", and "3. Enter the Employee's Policy Number (same as SSN with no" (the text is cut off).

Figure 104 - Modify Member Screen

Note:
All fields indicated with * are required. Successful completion of either Member Search will display the Modify Member screen to complete member modification.

The **Modify Member screen** will display (*Figure 105*); including the last four digits of the Policy Number, DOB, and Name.

- Click the **EDIT** button next to the Member information you wish to edit (*Figure 105*)

The screenshot shows the 'Modify Member' screen. On the left is a navigation menu with 'Year Round and OE >>', 'SHBP Staff >>', 'ModifyLogin', and 'Logout'. The main content area has a search section titled 'Search Member by Payroll Location' with a dropdown menu showing '14030 (SUPREME COURT)' and a 'SEARCH' button. Below this is a table with columns 'Policy Number', 'DOB', 'Name', and 'Edit'. The table lists eight members, each with an 'EDIT' button. At the bottom, there is a search section titled 'Search Member by Policy Number and DOB' with two input fields: '*Policy Number' and '*Date of Birth (mm/dd/yyyy)'. A 'MODIFY MEMBER' button is at the bottom center. On the right, an 'Instructions' section explains that fields with an asterisk are required and provides a five-step process for searching and editing a member.

Policy Number	DOB	Name	Edit
****7680	9/1/30	SCOTT, ALLEN	EDIT
****0250	9/1/11	MARTIN, MARLAN	EDIT
****4444	3/19/83	EMPLOYEE, VALUED	EDIT
****0260	4/21/65	JONES, JEFF	EDIT
****5285	4/21/65	SMITH, SAM	EDIT
****0849	3/3/73	DICKENS, REGRESS	EDIT
****5555	3/19/83	EMPLOYEE, VALUED	EDIT
****4444	11/5/55	RETIREE, VALUED	EDIT

Instructions

All fields indicated with * are required.
The Search for a Employee may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows:

1. Select the Employee's Payroll Location from the dropdown list.
2. Click the SEARCH button to go to the next page.
or
3. Enter the Employee's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).
4. Click the MODIFY MEMBER button to go to the next page.
5. Click the EDIT button for the Employee you wish to edit.

Search for a Employee utilizing the SSN and DOB is Best Practice!

Figure 105 - Modify Member Screen

Note:
All fields indicated with * are required.

The second **Modify Member** screen will display (Figure 106).

- Review the member's pre-populated information
- Make any necessary corrections to the member's information
- **Click the SAVE MEMBER button** to accept the changes; or **click the CANCEL button** to return to the SHBP Administration Home screen with no changes

Modify Member

*Policy Number	****4444
*Last Name	EMPLOYEE
*First Name	VALUED
Middle Initial	
Suffix	
*Sex	Female
Ethnicity	Asian
*DOB (mm/dd/yyyy)	03/19/1983
Primary Language	<input checked="" type="radio"/> ENGLISH <input type="radio"/> OTHER
If OTHER, Please Specify	
*Payroll Location	14030 (SUPREME COURT)
*Hire Date (mm/dd/yyyy)	09/01/2011
*Monthly Salary (nn.nn)	4500.00
*Hours scheduled Per Week (hh.hh)	40.00

SAVE MEMBER **CANCEL**

Instructions

All fields indicated with * are required.

1. Review the employee's information.
2. Make any necessary corrections to the employee's information.
3. Click the SAVE MEMBER button to accept the changes.
4. Click the CANCEL button to return to the SHBP Administration Home page without making changes to this employee.

Figure 106 - Modify Member Screen

Note:
All fields indicated with * are required.

The **SHBP Administration Home screen** will redisplay (Figure 107) including a message stating 'Eligible member updated successfully'.

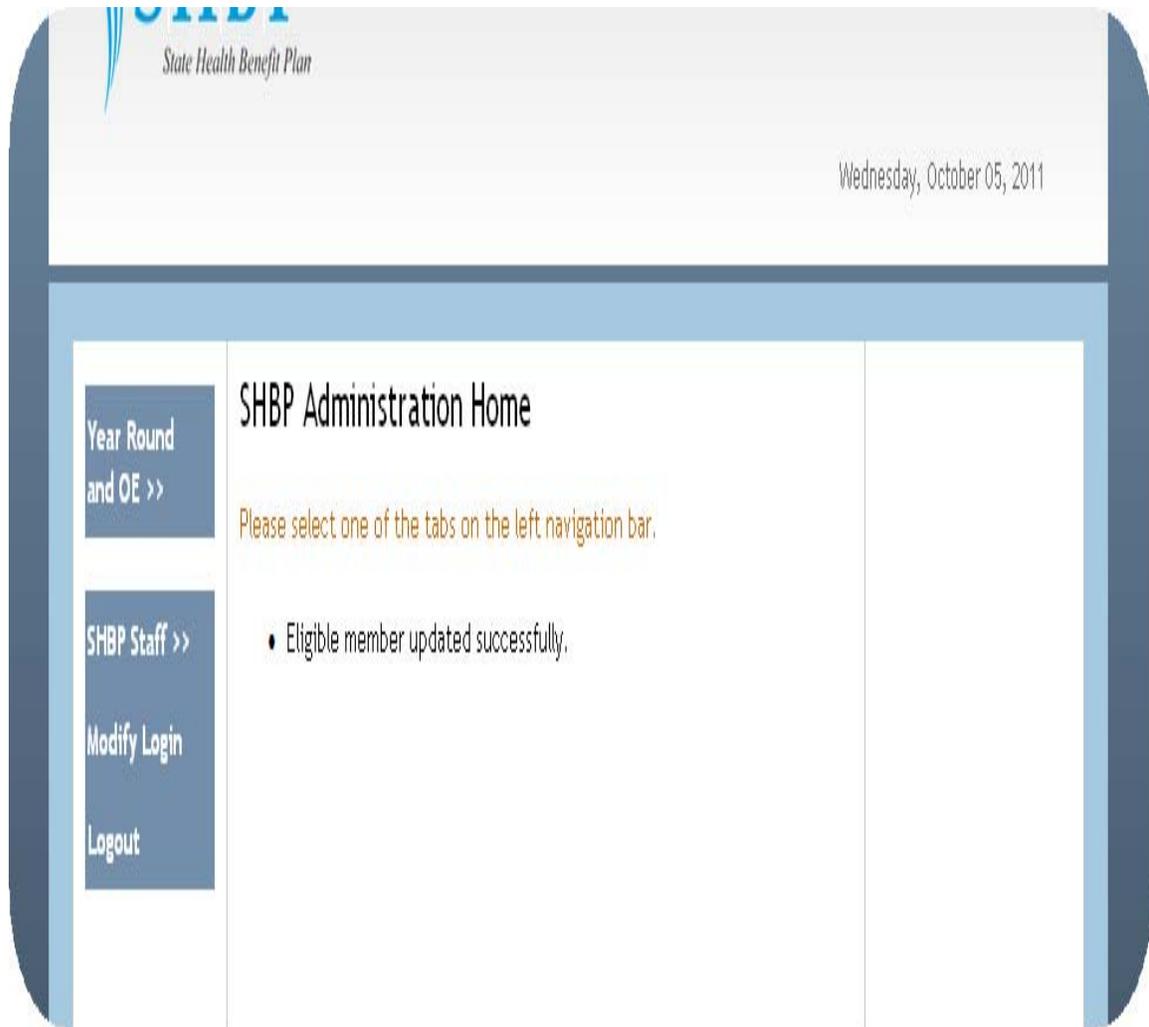


Figure 107 - SHBP Administration Home Screen

To Search Member by Policy Number and DOB:

- Enter the member's **Policy Number** (SSN with no dashes)
- Enter the member's **Date of Birth** (mm/dd/yyyy) (Figure 108)

Wednesday, October 05, 2011

Modify Member

Search Member by Payroll Location

Select Payroll Location

SEARCH

Search Member by Policy Number and DOB

*Policy Number 255554444

*Date of Birth (mm/dd/yyyy) 03/19/1983

MODIFY MEMBER

Instructions

All fields indicated with * are required.

The Search for a Employee may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows:

1. Select the Employee's Payroll Location from the dropdown list.
2. Click the SEARCH button to go to the next page.
- or
3. Enter the Employee's Policy Number (camp

Figure 108 - Modify Member Screen

Note:
All fields indicated with * are required.

The second **Modify Member** screen will display (Figure 109).

- Review the member's pre-populated information
- **Make any necessary corrections to the member's information**
- **Click the SAVE MEMBER button to accept the changes; or click the CANCEL button to return to the SHBP Administration Home screen with no changes**

Modify Member

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Instructions

All fields indicated with * are required.

1. Review the employee's information.
2. Make any necessary corrections to the employee's information.
3. Click the SAVE MEMBER button to accept the changes.
4. Click the CANCEL button to return to the SHBP Administration Home page without making changes to this employee.

*Policy Number	*****4444
*Last Name	EMPLOYEE
*First Name	VALUED
Middle Initial	
Suffix	
*Sex	Female
Ethnicity	Asian
*DOB (mm/dd/yyyy)	03/19/1983
Primary Language	<input checked="" type="radio"/> ENGLISH <input type="radio"/> OTHER
If OTHER, Please Specify	
*Payroll Location	14030 (SUPREME COURT)
*Hire Date (mm/dd/yyyy)	09/01/2011
*Monthly Salary (nn.nn)	4500.00
*Hours scheduled Per Week (hh.hh)	40.00

SAVE MEMBER **CANCEL**

Figure 109 - Modify Member Screen

Note:
All fields indicated with * are required.

The **SHBP Administration Home screen** will redisplay (Figure 110) including a message stating 'Eligible member updated successfully'.



Figure 110 - SHBP Administration Home Screen

Modify Retiree Coverage

- Click the **Modify Retiree Coverage** sub-tab on the left navigation bar (Figure 111)

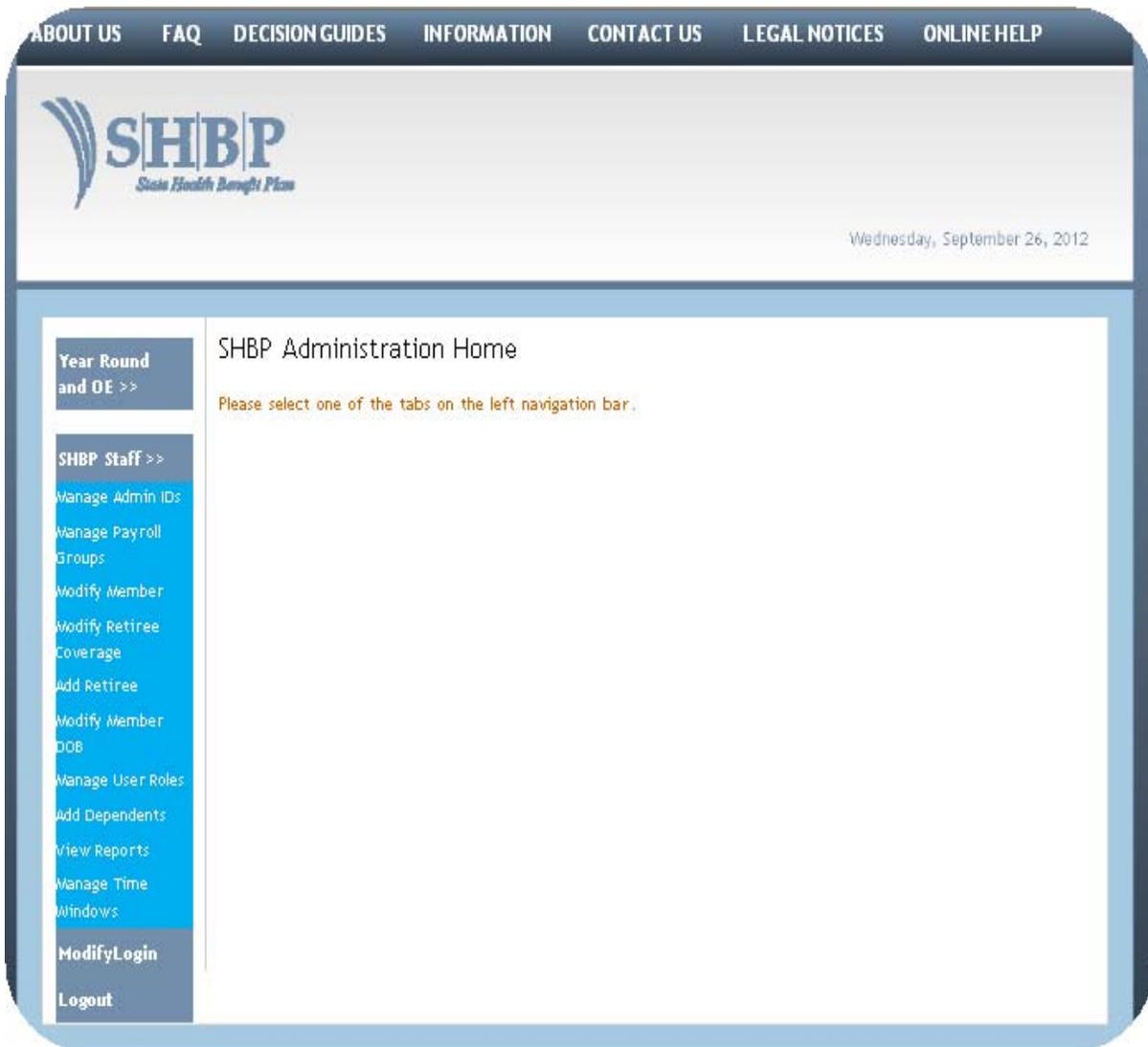


Figure 111 - SHBP Administration Home Screen

The **Modify Retiree Coverage** screen will display (Figure 112).

The Search Member for Modification may be done by **Payroll Location** or by **Policy Number and Date of Birth (DOB)** as follows:

1. Select the member's Payroll Location from the dropdown list
2. Click the SEARCH button to go to the next page.

- or -

1. Enter the member's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).
2. Click the MODIFY ROCP COVERAGE button to go to the next page.

Figure 112 - Modify Retiree Coverage Screen

Note:
All fields indicated with * are required. Successful completion of either Member Search will display the Contact Information screen as the initial screen for coverage modification.

To Search Member by Payroll Location:

- **Select** the member's **Payroll Location** from the dropdown list in the Search Member by Payroll Location field
(Figure 113)

SHBP
State Health Benefit Plan

Friday, October 07, 2011

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Modify Retiree Coverage

Search Member by Payroll Location

14990 (EMPLOYEES RETIREMENT SYS) ▾

SEARCH

Search Member by Policy Number and DOB

*Policy Number

*Date of Birth (mm/dd/yyyy)

MODIFY ROCP COVERAGE

Instructions

All fields indicated with * are required.

Search member may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows.

1. Select the Member's Payroll Location from the dropdown list.
2. Click the SEARCH button to go to the next page.
or
3. Enter the Member's Policy Number (same as SSN with no dashes) and Date of

Figure 113 - Modify Retiree Coverage Screen

The **Modify Retiree Coverage** screen will display (Figure 114); including the last four digits of the Policy Number, DOB, and Name.

- Click the **MODIFY ROCP CPVERAGE** button next to the Member information you wish to modify (Figure 114)

Modify Retiree Coverage

Search Member by Payroll Location

14990 (EMPLOYEES RETIREMENT SYS) ▾

SEARCH

Policy Number	DOB	Name	Edit
*****6567	2/13/48	DICKENS, RETIRED	Modify ROCP Coverage
*****7804	2/13/45	ME, GOOGLE	Modify ROCP Coverage
*****7890	1/2/50	REDDIN, OTIS	Modify ROCP Coverage
*****9121	12/1/40	SHEPPARD, SHELBY	Modify ROCP Coverage
*****4444	11/5/55	RETIREE, VALUED	Modify ROCP Coverage

*Policy Number

*Date of Birth (mm/dd/yyyy)

Instructions

All fields indicated with * are required.

Search member may be done by Payroll Location or by Policy Number and Date of Birth (DOB) as follows.

1. Locate the member on the displayed member list.
2. Click the MODIFY OE COVERAGE button on the same row of the selected member's policy number, DOB and name to go to the next page.
or
3. Enter the Member's Policy Number (same as SSN with no dashes) and Date of Birth (mm/dd/yyyy).
4. Click the MODIFY OE COVERAGE button to go to the next page.

Figure 114 - Modify Retiree Coverage Screen

Note:
All fields indicated with * are required.

To Search Member by Policy Number and DOB:

- Enter the member's **Policy Number** (SSN with no dashes)
- Enter the member's **Date of Birth** (mm/dd/yyyy) (Figure 115)

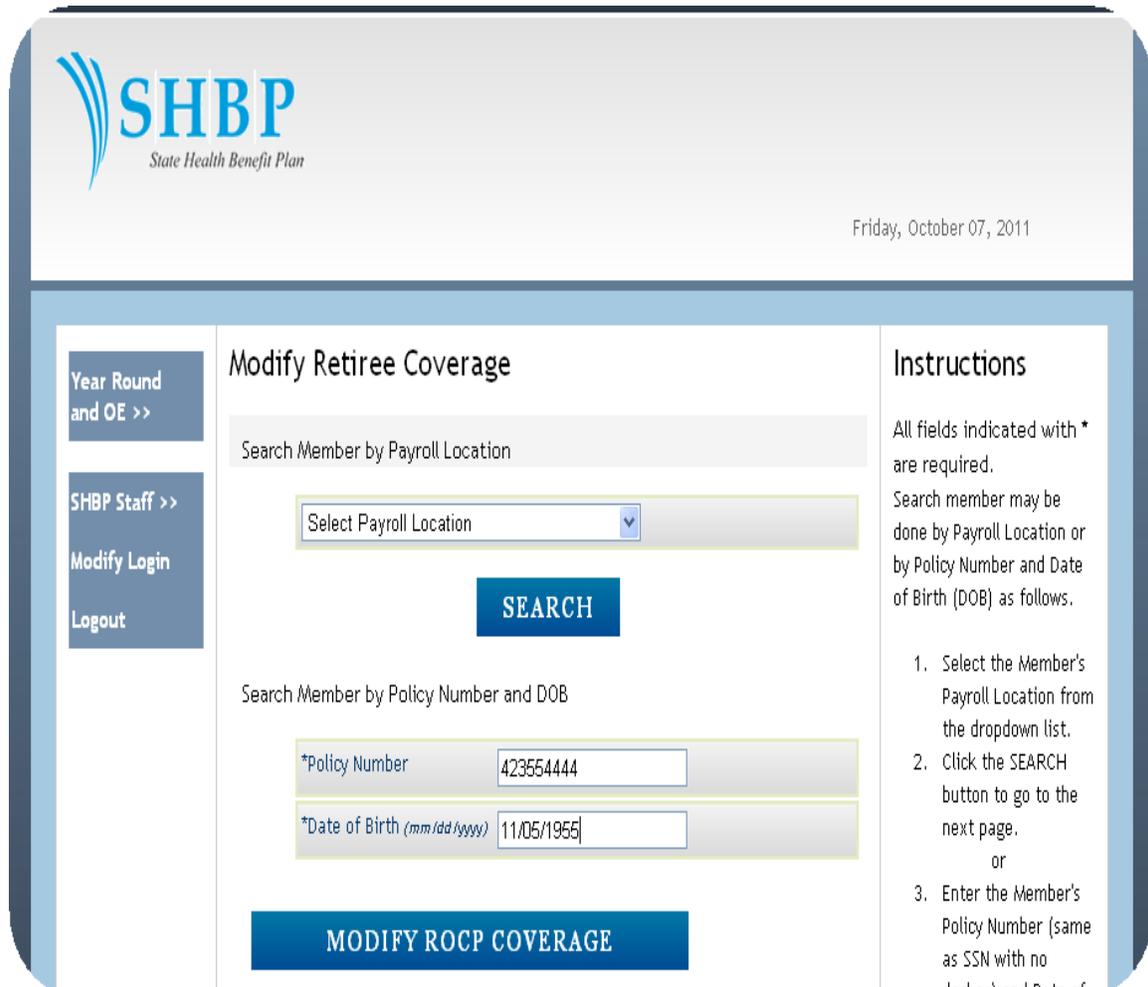


Figure 115 - Modify Retiree Coverage Screen

Note:
All fields indicated with * are required.

The **Contact Information screen** will display (Figure 116). The top navigation bar (above the screen name) will display the current action button and complete action buttons under the selected left navigation bar tab. The top navigation bar may be used to return to selected action for review and/or corrections.

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Contact Information

Please verify that the address shown below is accurate and complete as all correspondence including your health ID card will be mailed to this address.

State Health Benefit Plan is now requiring information on race/ethnicity for members and covered spouses. This information will be used for treatment, health promotion, and other health care operations and is protected health information. This information will not be used for any other purpose

Name: VALUED RETIREE

Payroll Location: 14990 (EMPLOYEES RETIREMENT SYS)

Policy Number: *****4444

Coverage Effective Date: 01/01/2012

*Address: 820 STATE STREET

Address (P.O. Box, Apt, etc):

*City: ATLANTA

*State: GEORGIA

*Zip Code: 30303

Instructions:

All fields indicated with * are required.

1. Review the pre-populated information to assure it is accurate.
2. Make any necessary corrections to the Member's Contact Information.
3. Select the Check Box to verify the above address is accurate and complete.
4. Click the CONTINUE button to go to the next page.

Figure 116 - Contact Information Screen

- Review your pre-populated Contact Information to assure it is accurate
- **Enter** the member's **Address and City** of residency
- **Select** the member's **State** of residency from the dropdown list
- **Enter** the member's **Zip Code**

- Enter the member's Daytime **Phone Number** (10 digits only)
- Enter the member's **Email Address** (Figure 117)
- Select a **Primary Language** by clicking on the ENGLISH or OTHER radial button
- If **OTHER** has been selected as the Primary Language, please enter the name of the **Primary Language**
- Select the member's **Ethnicity** from the dropdown list
- Select the **Check Box** to verify the above address is accurate and complete
- Click the **CONTINUE** button (Figure 117)

The screenshot displays a contact information form with the following fields and values:

- State: GEORGIA
- *Zip Code: 30303
- Phone Number (10 digits only): 6785551234
- Text: If you would prefer to receive SHBP communications via email instead of paper, please provide your email address in the space below.
- Email Address: employee@yahoo.com
- *Primary Language: ENGLISH (selected), OTHER
- If OTHER, Please Specify: (empty field)
- Ethnicity: Asian
- Check Box: I have verified that the above address is accurate and complete.
- CONTINUE button

At the bottom of the page, there is a "LINKS" section with the following links: Georgia.gov, Privacy, Important Notices, Accessibility, and Contact Georgia.gov. The footer contains the text: Copyright © 2011 State of Georgia - All rights reserved.

Figure 117 - Contact Information Screen

Note:
All fields indicated with * are required.

The **Tier Selection** screen will display (Figure 118).

The screenshot displays the 'Tier Selection' screen. On the left, there is a navigation menu with links: 'Year Round and OE >>', 'SHBP Staff >>', 'Modify Login', and 'Logout'. The main content area is titled 'Tier Selection' and contains the following information: 'Name: VALUED RETIREE', 'Payroll Location: 14990 (EMPLOYEES RETIREMENT SYS)', 'Policy Number: *****4444', and 'Coverage Effective Date: 01/01/2012'. Below this, it states 'For the Plan Year , your current tier is No Coverage' and 'Tier Election 2012'. A prompt asks the user to 'Please select appropriate tier below based upon the dependents you plan to cover for 01/01/2012'. There are five radio button options: 'You Only', 'You + Spouse', 'You + Child(ren)', 'You + Family' (which is selected), and 'No Coverage'. At the bottom center is a blue 'CONTINUE' button. On the right side, under 'Instructions:', there are two numbered steps: '1. Select the appropriate tier based upon the dependents you plan to cover.' and '2. Click the "CONTINUE" button to go to the next page.'

Figure 118 - Tier Selection Screen

- Review your pre-populated information to assure it is accurate
- **Select** the appropriate **Tier** from the list according to the dependent(s) the member plan to cover
- **Click** the **CONTINUE** button

Note:

If you need to change Tiers due to deletion of a dependent but the appropriate Tier is not displayed, please contact SHBP at 1-800-610-1863. If the member elects not to continue coverage for their dependent(s) for the upcoming plan year, the dependent(s) will not be eligible for Continuation of Coverage through COBRA and will not be eligible to re-enroll unless a qualifying event occurs.

If dependent coverage was selected, the **Dependents** screen will display (Figure 119) with pre-populated information.

Please do not use your browser's "BACK" button.

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

DEPENDENTS

Name: VALUED RETIREE

Payroll Location: 14990 (EMPLOYEES RETIREMENT SYS)

Policy Number: *****4444

Coverage Effective Date: 01/01/2012

Cover Dependent	Name	Relation	Sex	DOB	Edit
EXISTING DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	JAMES RETIREE	Spouse	Male	05/09/1955	<input type="button" value="Edit"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	JONATHAN RETIREE	Natural Child	Male	07/09/1986	

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.

Figure 119 - Dependents Screen

- Review the member's pre-populated information to assure it is accurate (including Coverage Tier for the upcoming plan year)
- **YES** has been pre-populated to **cover all displayed existing dependents** for the upcoming plan year, review each Existing Dependent's information for accuracy
- **Select NO** for each Existing Dependent that the member **DOES NOT wish to cover** for the upcoming plan year

Note:

If you have received a message stating your Tier Selection is incorrect due to the deletion of discontinuation of coverage for a dependent but the Tier was not available on the Tier Selection screen, please contact SHBP at

1-800-610-1863. If the member elects not to continue coverage for their dependent(s) for the upcoming plan year, the dependent(s) will not be eligible for Continuation of Coverage through COBRA and will not be eligible to re-enroll unless a qualifying event occurs.

To Edit Dependent Information:

The Edit button is displayed only for the spouse (if applicable). Only the Dependent Ethnicity may be modified as follows:

- Click the **Edit** button (Figure 120) on the row of the dependent spouse information you wish to edit

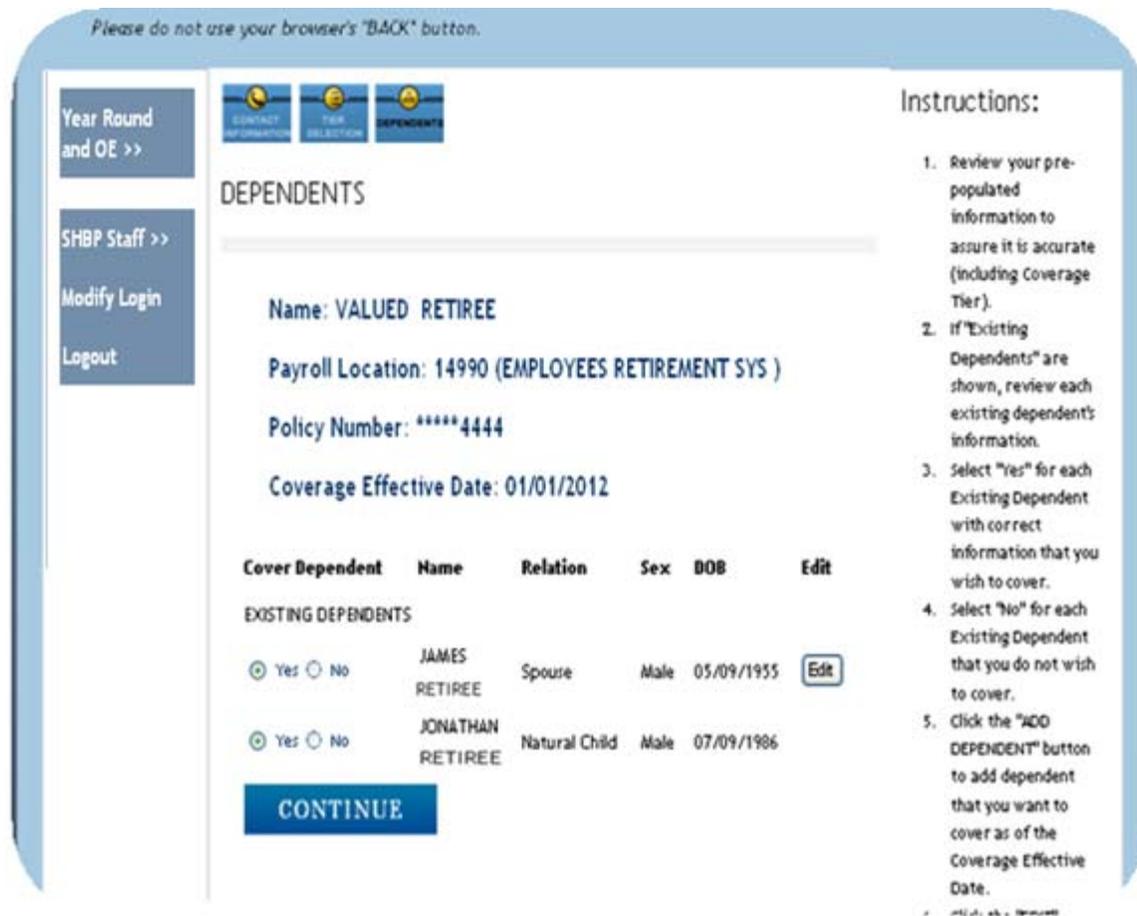


Figure 120 - Dependents Screen

The **Edit Dependent Information** screen will display (Figure 121) with pre-populated dependent information fields.

Instructions:

All fields indicated with * are required. Enter all information for new dependents; change only the incorrect information when editing an existing dependent.

1. Review the dependent information.
2. Make any necessary corrections to the dependent information.
3. Click the "UPDATE" button to accept changes; you will return to the "DEPENDENTS" page.
4. Click the "CANCEL" button to return to the "DEPENDENTS" page without making changes to the dependent information.

Figure 121 - Edit Dependent Information Screen

- Review the pre-populated information
- **Select the Dependent Ethnicity** from the dropdown
- **Click the UPDATE** button to accept changes

Note:

All fields indicated with * are required. Click the CANCEL button to return to the DEPENDENTS page without making changes to the dependent information.

The edits will be saved and the **Dependents** screen will redisplay (Figure 122).

Please do not use your browser's "BACK" button.

Year Round and OE >>

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Modify Login

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EMPLOYEE INFORMATIONTEAM SELECTIONDEPENDENTS

DEPENDENTS

Name: VALUED RETIREE

Payroll Location: 14990 (EMPLOYEES RETIREMENT SYS)

Policy Number: *****4444

Coverage Effective Date: 01/01/2012

Cover Dependent	Name	Relation	Sex	DOB	Edit
EXISTING DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	JAMES RETIREE	Spouse	Male	05/09/1955	<input type="button" value="Edit"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	JONATHAN RETIREE	Natural Child	Male	07/09/1986	

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.

Figure 122 - Dependents Screen

- Click the **CONTINUE** button to move to the next screen

The Tobacco Surcharge screen will display (Figure 123).

The Tobacco Surcharge screen *will not display* for retirees who have a combination of the following Plan Types:

- Health Reimbursement Arrangement (HRA) and Medicare Advantage (MA)
 - High Deductible Health Plan (HDHP) and MA
 - Health Maintenance Organization (HMO) and MA
 - All have MA
- Select the appropriate answer to the Tobacco Surcharge question (Figure 123); a message will display under the tobacco surcharge question, indicating if a Tobacco Surcharge will be added to the member's premium

SHBP Staff >>
Modify Login
Logout

Tobacco Surcharge

The tobacco surcharge does not apply when the TRICARE Supplement option is selected for members eligible for TRICARE. The tobacco surcharge question must be answered to continue to the Option Selection page. However, no tobacco surcharge will be applied to the premium for TRICARE Supplement members.

Name: VALUED RETIREE
Payroll Location: 1490 (EMPLOYEES RETIREMENT SYS)
Policy Number: *****4444
Coverage Effective Date: 01/01/2012

Please note that your answer to the tobacco surcharge question is subject to audit. Please refer to the information at the bottom of this page for consequences of providing a false or fraudulent answer.

1. Have you or any of your covered dependents used tobacco products in the last 60 days? Yes No

A Tobacco Surcharge will NOT be added to your monthly premium.

You are required to pay the tobacco surcharge for all months in which you or any of your enrolled family members use tobacco. Therefore, it is your responsibility to notify SHBP immediately if your answer to the tobacco surcharge question changes during the year. If you received a waiver of the tobacco surcharge based on your answer and you fail to notify the SHBP that you or a member of your enrolled family members begin using tobacco, this may be viewed as an intentional misrepresentation. **Intentional misrepresentation in response to the surcharge question or failure to notify SHBP of changes to your response to the surcharge question will have significant consequences. Active employees will lose State Health Benefit Plan coverage for 12 months beginning on the date that your false response or failure to notify is discovered. Retirees who intentionally misrepresent the response to the surcharge question or fail to notify SHBP of changes to their response will permanently lose their SHBP health insurance.**

appropriate answer to the Tobacco Surcharge Question (1).
2. Click the "CONTINUE" button to go to the next page.

Figure 123 - Tobacco Surcharge Screen

- Click the **CONTINUE** button (Figure 123a)

HMO Health Maintenance Organization

CONTINUE

Figure 123a - Tobacco Surcharge Screen

The **Option Selection** screen will display with associated cost for each option, including all surcharges if applicable (Figure 124). The displayed Monthly Premiums are not current cost.

The screenshot shows the 'Option Selection' screen. On the left is a navigation menu with 'Year Round and OE >>', 'SHBP Staff >>', 'Modify Login', and 'Logout'. At the top, there are several icons for different plan types. The main content area displays the following information:

- Name:** VALUED RETIREE
- Payroll Location:** 14990 (EMPLOYEES RETIREMENT SYS)
- Policy Number:** *****4444
- Coverage Effective Date:** 01/01/2012

Below this information is a note: 'HMO option is not available unless previously covered under SHBP during current year.' This is followed by a table of options and their monthly premiums:

Options	Monthly Premium
CIGNA	
<input checked="" type="radio"/> Wellness HRA	\$ 253.86
<input type="radio"/> Standard HRA	\$ 267.54
<input type="radio"/> Wellness HDHP	\$ 234.48
<input type="radio"/> Standard HDHP	\$ 247.14
<input type="radio"/> Wellness HMO	\$ 316.86
<input type="radio"/> Standard HMO	\$ 333.96
UnitedHealthcare	
<input type="radio"/> Wellness HRA	\$ 253.86
<input type="radio"/> Standard HRA	\$ 267.54
<input type="radio"/> Wellness HDHP	\$ 234.48
<input type="radio"/> Standard HDHP	\$ 247.14
<input type="radio"/> Wellness HMO	\$ 316.86
<input type="radio"/> Standard HMO	\$ 333.96
TRICARE	

On the right side, under 'Instructions:', there are three numbered steps:

1. Review the acronyms at the bottom of the page to ensure that you select the correct Plan Type.
2. Select the appropriate Option in which you wish to enroll.
3. Click the "CONTINUE" button to go to the next page.

Figure 124 - Option Selection Screen

Note:
If a Wellness Plan Option was selected for the prior plan year and the Wellness Promise was not honored, Wellness Plan Options will not be offered as a Option.

- Review the acronyms at the bottom of the page to ensure selection the correct Plan Type (*Figure 124a*)
- **Select** the appropriate **Option** in which the member wishes to enroll (*Figure 119*); *Wellness Options will not display for retirees who selected a Wellness Option for the previous plan year but did not keep the Wellness Promise*

The screenshot displays a selection screen for health plans. At the top, there is a radio button for "Standard HMO" with a price of \$ 333.96. Below this, the "UnitedHealthcare" section lists several options: "Wellness HRA" (\$ 253.86), "Standard HRA" (\$ 267.54), "Wellness HDHP" (\$ 234.48), "Standard HDHP" (\$ 247.14), "Wellness HMO" (\$ 316.86), and "Standard HMO" (\$ 333.96). The "TRICARE" section includes a "Supplement" option for \$ 160.00. Under "No Coverage", there is a "No Coverage" option for \$ 0.00. Below the options, the "ACRONYMS:" section defines HRA as Health Reimbursement Arrangement, HDHP as High Deductible Health Plan, and HMO as Health Maintenance Organization. A blue "CONTINUE" button is positioned at the bottom of the selection area. The footer of the page contains links for "Georgia.gov", "Privacy", "Important Notices", "Accessibility", and "Contact Georgia.gov", along with the copyright notice "Copyright © 2011 State of Georgia - All rights reserved."

Figure 124a - Option Selection Screen

- **Click** the **CONTINUE** button (*Figure 124a*)

- If Wellness Options are selected for HRA, HMO or HDHP, the HRA, HMO or HDHP Wellness Promise pop-up window will display (*Figure 124b*); review and **Click** the **OK** button

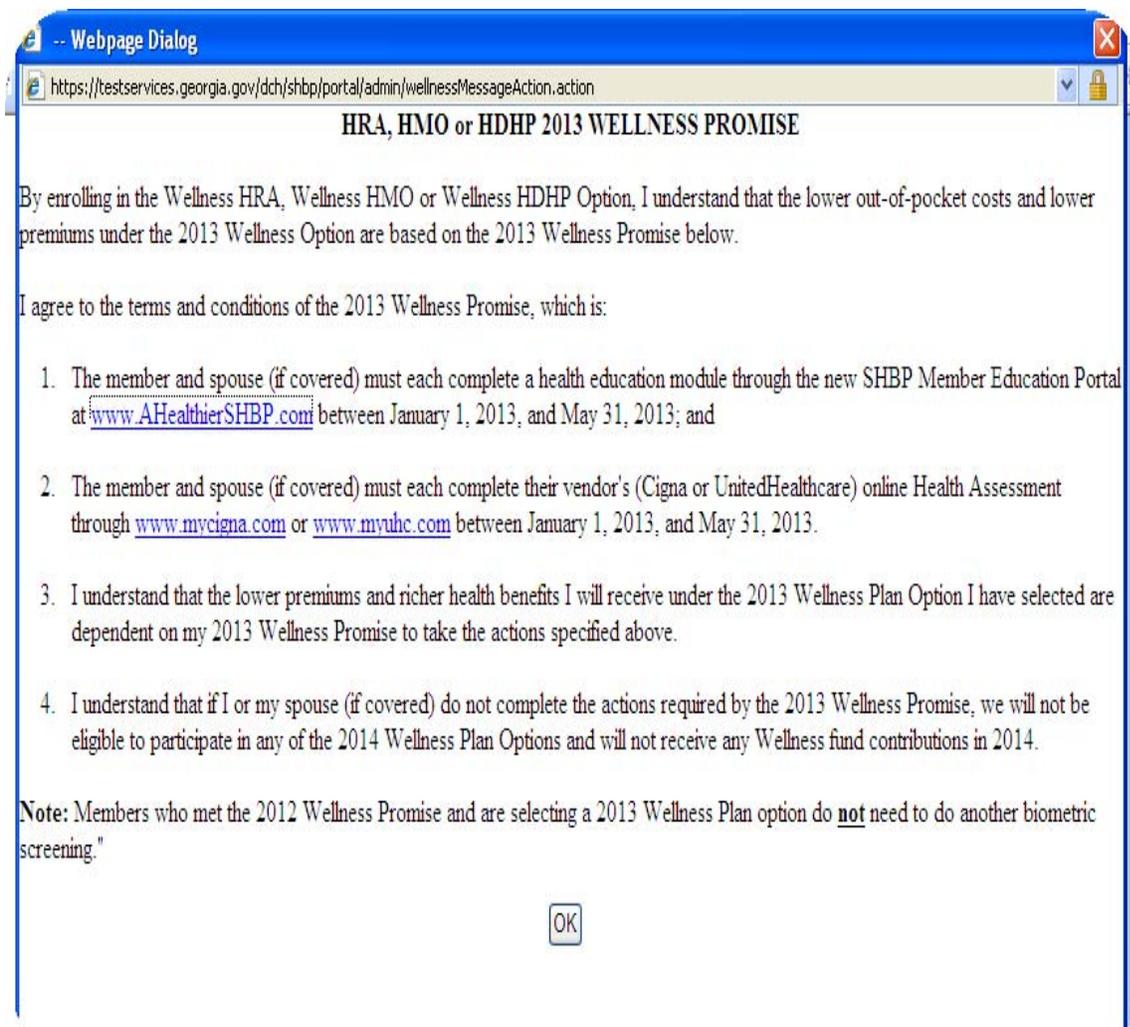


Figure 124b – HRA, HMO or Wellness Promise Pop-up Window

The **Verify Selections** screen will display (Figure 125).

- Review all of the member's information and health coverage selections
- To edit the member's information and/or health selection(s), **select the appropriate tab on the top navigation bar**
- Make any necessary changes to the selected health or coverage information; **then navigate back to the Verify Selections screen**

Please do not use your browser's "BACK" button.

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Verify Selections

Policy Number: ****4444

Name: VALUED RETIREE

Payroll Location: 1490 (EMPLOYEES RETIREMENT SYS)

Coverage Effective Date: 01/01/2012

Coverage Tier: You + Family

Coverage Option: OIGNA Wellness HRA

Surcharges:

Monthly Premiums: \$253.86

Biometrics Pledge: Yes

Address: 820 STATE STREET

City: ATLANTA

State: GA

Zip Code: 30303

Phone Number: 6785551234

Email: N/A

Date of Birth: 11/05/1955

Sex: Female

Instructions:

1. Review all of your information and health coverage selections.
2. To edit your information and health selection(s), select the appropriate tab on the top of the page.
3. Make any necessary changes; then navigate to the Verify Selections page.
4. After you have verified your selections, click the "CONFIRM" button to receive your Confirmation Number. You must receive this number to finalize your information and health coverage selections.

Figure 125 - Verify Selections Screen

- After verification of selections, **click** the **CONFIRM** button (located at the bottom of the screen) (*Figure 125a*)

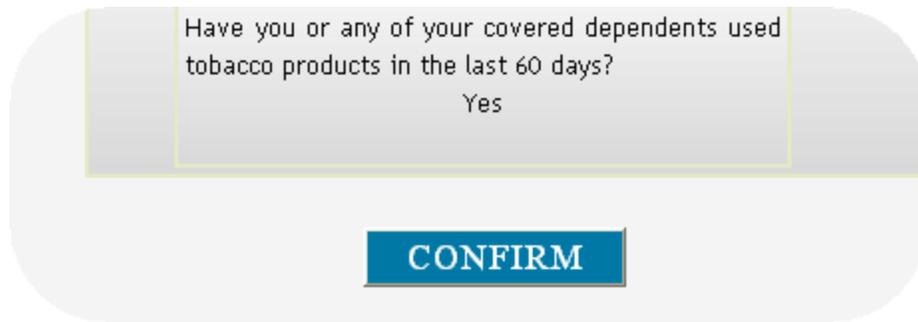


Figure 125a - Verify Selections Screen/ Confirm Button

The **Confirmation** screen will display (Figure 126).

The screenshot displays the SHBP (State Health Benefit Plan) Confirmation screen. At the top, there is a navigation bar with links for FAQ, Decision Guides, Add Information, Contact Us, and Create Help. The SHBP logo is on the left, and the date 'Thursday, September 29, 2011' is on the right. A warning message states: 'Please do not use your browser's "BACK" button.' The main content is divided into three sections: a left sidebar with navigation links, a central 'Confirmation' section, and a right 'Instructions' section.

Confirmation

Below are your SHBP coverage selections effective Jan 1, 2012 .

Policy Number:	****4444
Name:	VALLED RETIREE
Payroll Location:	14990 (EMPLOYEES RETIREMENT SYS)
Coverage Effective Date:	01/01/2012
Coverage Tier:	You + Family
Coverage Option:	CIGNA Wellness HRA
Surcharges:	
Monthly Premium:	\$253.86
Confirmation Number:	20110129154047201
Biometrics Pledge:	Yes
Address:	820 STATE STREET
City:	ATLANTA

Instructions

1. The Confirmation Page is your enrollment verification document. Your confirmation number is located in the Confirmation Number field on this page.
2. Please print this Confirmation page (using your browser's printer button) and save it for your records; or you may open a printer friendly Confirmation page by clicking the "PRINT FRIENDLY" button to go to the next page.
3. To logout of this session, select the "Logout" tab on the

Figure 126 - Confirmation Screen

Note:

The Confirmation Page located on this screen is the member's enrollment verification document. The confirmation number is located in the Confirmation Number field on this page. The Confirmation Number must be received to finalize the information and health coverage selections.

Please print this Confirmation Page (using your browser's printer button) and save it for your records; or you may open a **Printer Friendly Confirmation** page.

- **Click the PRINTER FRIENDLY button** (Figure 126a) located at the bottom of the Confirmation Page

The screenshot displays a confirmation page with a light blue header and a dark blue footer. The main content area is white. At the top, there is a grey box containing the text: "certification and the notarized Tobacco Cessation Affidavit for all tobacco users covered under your health coverage to your Human Resources Department?" with "N/A" below it. Below this is another grey box titled "Spousal Surcharge" containing three questions: "Is your spouse eligible for health benefit coverage through his / her employment?" (Yes), "Is your spouse enrolled in health benefit coverage through his / her employment?" (No), and "Is your spouse eligible for SHBP coverage through his / her employment?" (Yes). A bold message states: "You have completed your SHBP election for 01/01/2012. Click the Printer Friendly button to print and save your Confirmation page in a PDF format. Click the Logout tab on the left navigation bar to exit." A prominent blue button labeled "PRINTER FRIENDLY" is centered below the message. The footer contains links for "Georgia.gov", "Privacy", "Important Notices", "Accessibility", and "Contact Georgia.gov", along with the copyright notice "Copyright © 2011 State of Georgia - All rights reserved."

Figure 126a - Confirmation Screen

The **Print Confirmation (Printer Friendly)** screen will display (Figure 126b).

ABOUT US FAQ DECISION GUIDES ADD'L INFORMATION CONTACT US ONLINE HELP

SHBP
State Health Benefit Plan

Tuesday, September 27, 2011

Please do not use your browser's "BACK" button.

Print Confirmation

Name: VALUED RETIREE
Payroll Location: 14990 (EMPLOYEES RETIREMENT SYS)
Policy Number: *****4444
Coverage Effective Date: 01/01/2012

Confirmation Date	Confirmation Number	
09/27/2011	20110927124742679	Open PDF
09/27/2011	20110927122311810	Open PDF

Instructions

Your confirmed selections are listed on this page. Your most recent confirmation is on the top line and is the coverage you will have for the plan year. Please print this printer friendly Print Confirmation page and save it for your records.

1. Review your pre-populated

Figure 126b - Print Confirmation Screen

The confirmed selections are listed on this page. **The most recent confirmation is on the top line and is the coverage the member will have for the plan year.**

- Review the member's pre-populated information to assure it is accurate
- **Click the OPEN PDF link on the Confirmation File Line you want to open in a PDF Format (Figure 126b)**

The selected **Confirmation in a PDF Format** will display (Figure 127).

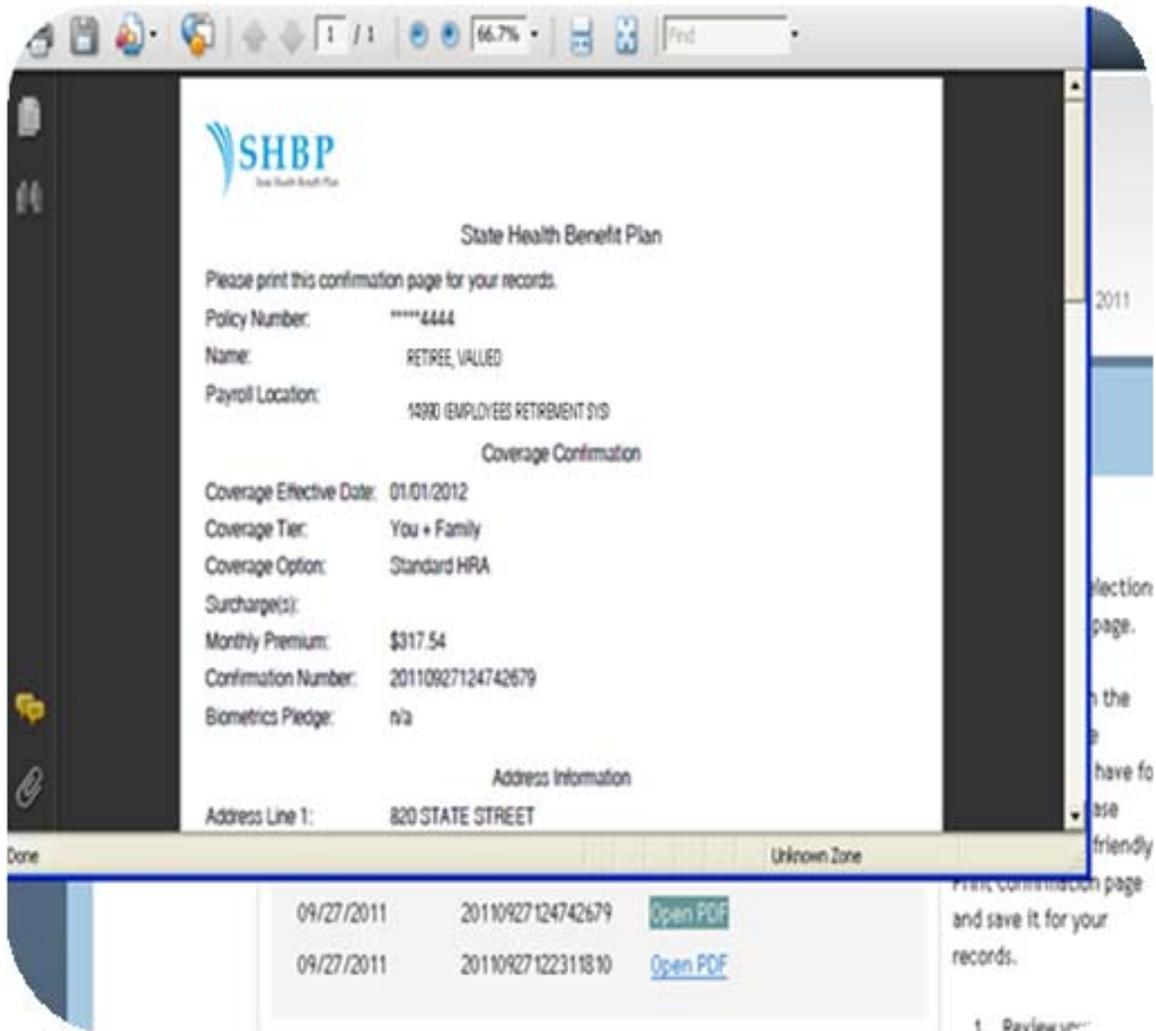


Figure 127 - PDF Formatted Confirmation Screen

- **Save and Print the Confirmation** in a PDF Format. All information shown on the Confirmation Page is included in the PDF file
- **Close the OPEN PDF** link

The **Print Confirmation** screen will redisplay (Figure 128).

SHBP
State Health Benefit Plan

Thursday, September 29, 2011

Please do not use your browser's "BACK" button.

Print Confirmation

Name: VALUED RETIREE
Payroll Location: 14990 (EMPLOYEES RETIREMENT SYS)
Policy Number: *****4444
Coverage Effective Date: 01/01/2012

Confirmation Date	Confirmation Number	
09/29/2011	20110929113824686	Open PDF
09/26/2011	20110926172017100	Open PDF

Instructions

Your confirmed selections are listed on this page. Your most recent confirmation is on the top line and is the coverage you will have for the plan year. Please print this printer friendly Print Confirmation page and save it for your records.

1. Review your pre-populated

Year Round and OE >>
SHBP Staff >>
Modify Login
Logout

Figure 128 - Print Confirmation Screen

Add Retiree

- Click the **Add Retiree** sub-tab on the left navigation bar (Figure 129)

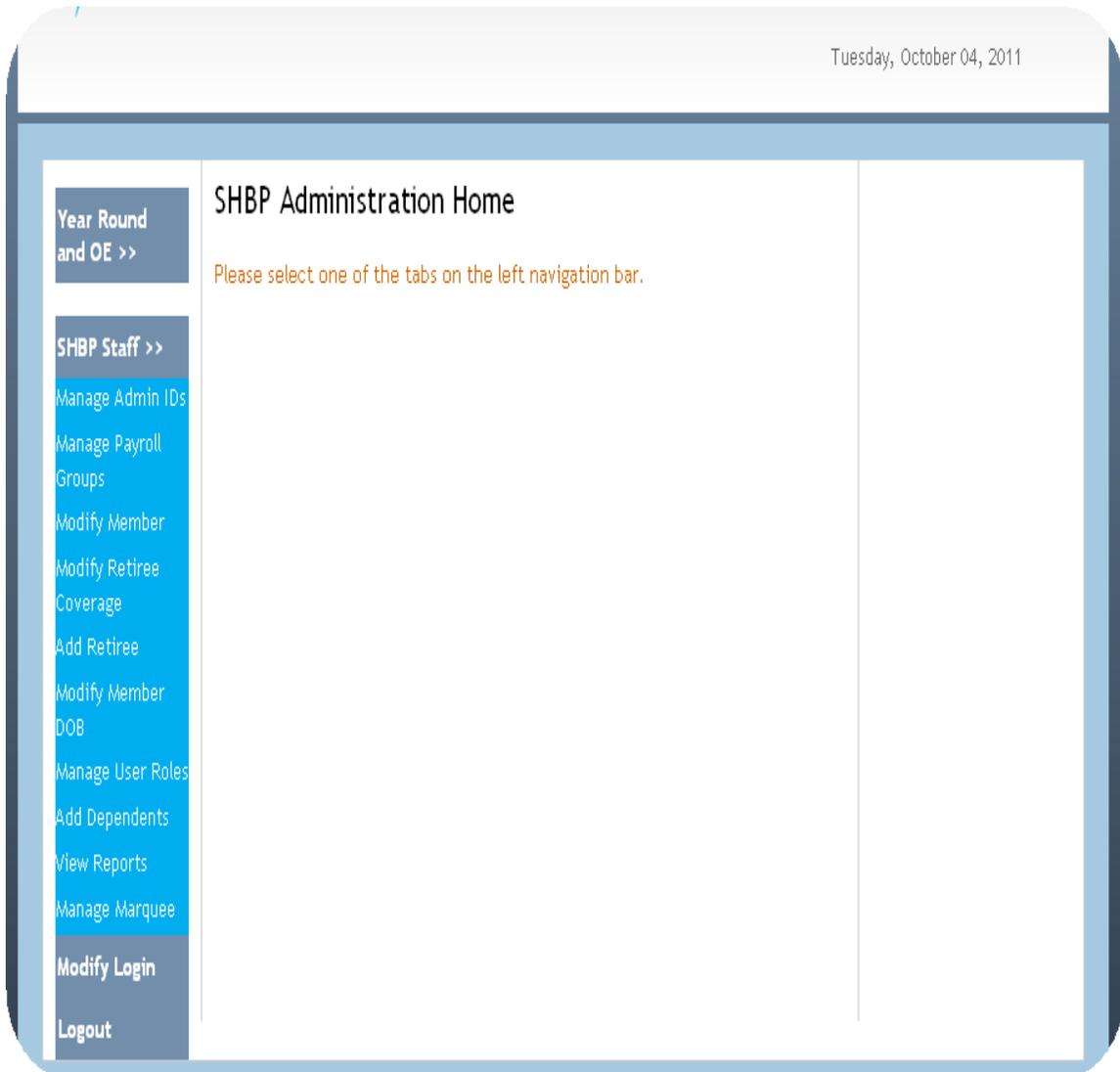


Figure 129 - SHBP Administration Home Screen

The **Add Retiree** screen will display (Figure 130).

- **Enter the Retiree Information.** Policy Number (same as SSN with no dashes)
- **Select** the Retiree's **Sex** from the dropdown list
- **Select** the Retiree's **Ethnicity** from the dropdown list
- **Enter** the Retiree's **DOB** (mm/dd/yyyy)
- **Select** the **Rate Key** from the dropdown list
- **Select** the Retiree's **Payroll Location** from the dropdown list
- **Select** the Retiree's **Plan Year Option (2011 used in the example)** from the dropdown list
- **Select** the Retiree's **Plan Year Tier (2011 used in the example)** from the dropdown list
- **Click** the **SAVE RETIREE** button to add the Retiree; or **click** the **CANCEL** button to return to the SHBP Administration Home page with no additions

The screenshot shows the 'Add Retiree' screen with the following form fields and values:

*Policy Number	423889999
*Last Name	RETIREE
*First Name	GRACIE
Middle Initial	
Suffix	
*Sex	Female
Ethnicity	Hispanic/Latino
*DOB (mm/dd/yyyy)	07/22/1954
Rate Key	10: You Only
*Payroll Location	89929 (RETIRED SCHOOL SVC TRS)
*2011 Option	35: CIGNA HRA
*2011 Tier	10: You Only

Buttons: **SAVE RETIREE** and **CANCEL**

Instructions: All fields indicated with * are required.

1. Enter the Retiree Information. Policy Number (same as SSN without dashes), Last Name, First Name, Middle Initial, and Suffix.
2. Select the Retiree's Sex from the dropdown list.
3. Enter the Retiree's Date of Birth (DOB) (mm/dd/yyyy).
4. Select the Retiree's Payroll Location from the dropdown list.
5. Click the SAVE RETIREE button to complete the function; or click the CANCEL button to cancel the addition of the retiree.

Figure 130 - Add Retiree Screen

Note:
All fields indicated with * are required.

The **SHBP Administration Home** screen will redisplay (Figure 131) including a message stating 'Eligible member added successfully'.



Figure 131 - SHBP Administration Home Screen

Modify Member Date of Birth

- Click the **Modify Member DOB** sub-tab on the left navigation bar (Figure 132)

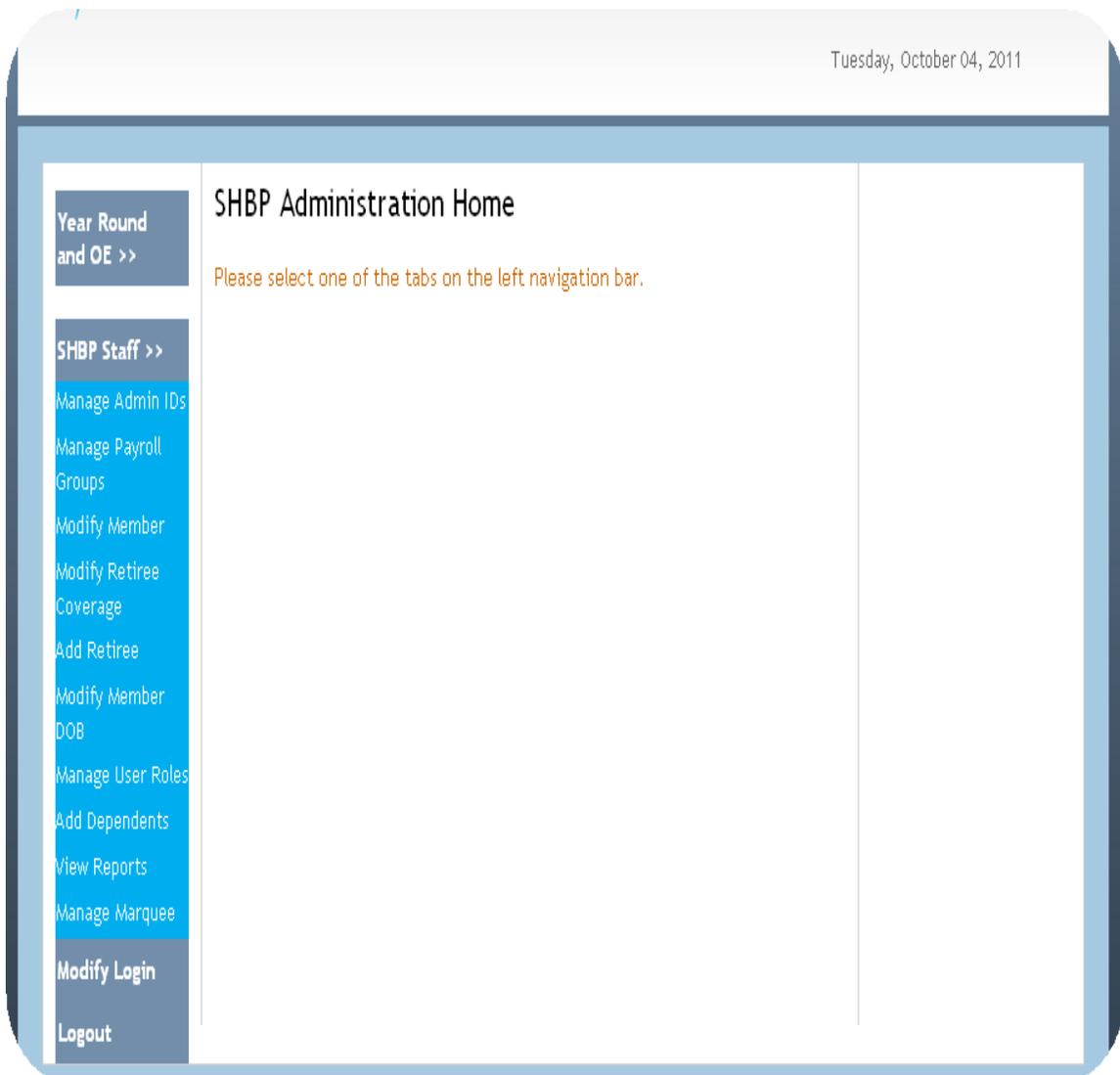


Figure 132 - SHBP Administration Home Screen

The **Modify Member Date of Birth** screen will display (Figure 133).

- Enter the member's **Policy Number** (same as SSN with no dashes)
- Enter the member's **Date of Birth** (mm\dd\yyyy)
- Click the **SUMBIT** button

ABOUT US FAQ DECISION GUIDES ADD'L INFORMATION CONTACT US ONLINE HELP

SHBP
State Health Benefit Plan

Wednesday, October 05, 2011

Modify Member Date of Birth

Enter Employee Policy Number

*Policy Number

*Date of Birth (mm/dd/yyyy)

SUBMIT

Instructions

1. Enter the member's Policy Number/SSN and Date of Birth.
2. Click the SUBMIT button to search for the member.

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Figure 133 - Modify Member Date of Birth Screen

Note:
All fields indicated with * are required.

The second **Modify Member Date of Birth** screen will display (Figure 134).

- Review the pre-populated last four digits of the member's Policy Number (same as SSN with no dashes) for accuracy
- **Enter** the member's modified **Date of Birth** (mm\dd\yyyy)
- **Click** the **SUBMIT** button; or **click** the **CANCEL** button to return to the SHBP Administration Home screen without modifications

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SHBP
State Health Benefit Plan

Wednesday, October 05, 2011

Modify Member Date of Birth

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

*Policy Number ****4444

*Date of Birth (mm/dd/yyyy) 03/19/1982

UPDATE **CANCEL**

Instructions

1. Enter the member's Date of Birth.
2. Click the UPDATE button to update member's Date of Birth.
3. Click the CANCEL button to cancel the request.

Figure134 - Modify Member Date of Birth Screen

Note:
All fields indicated with * are required.

The **SHBP Administration Home** screen will redisplay (Figure 135) including a message stating 'Member DOB updated successfully'.

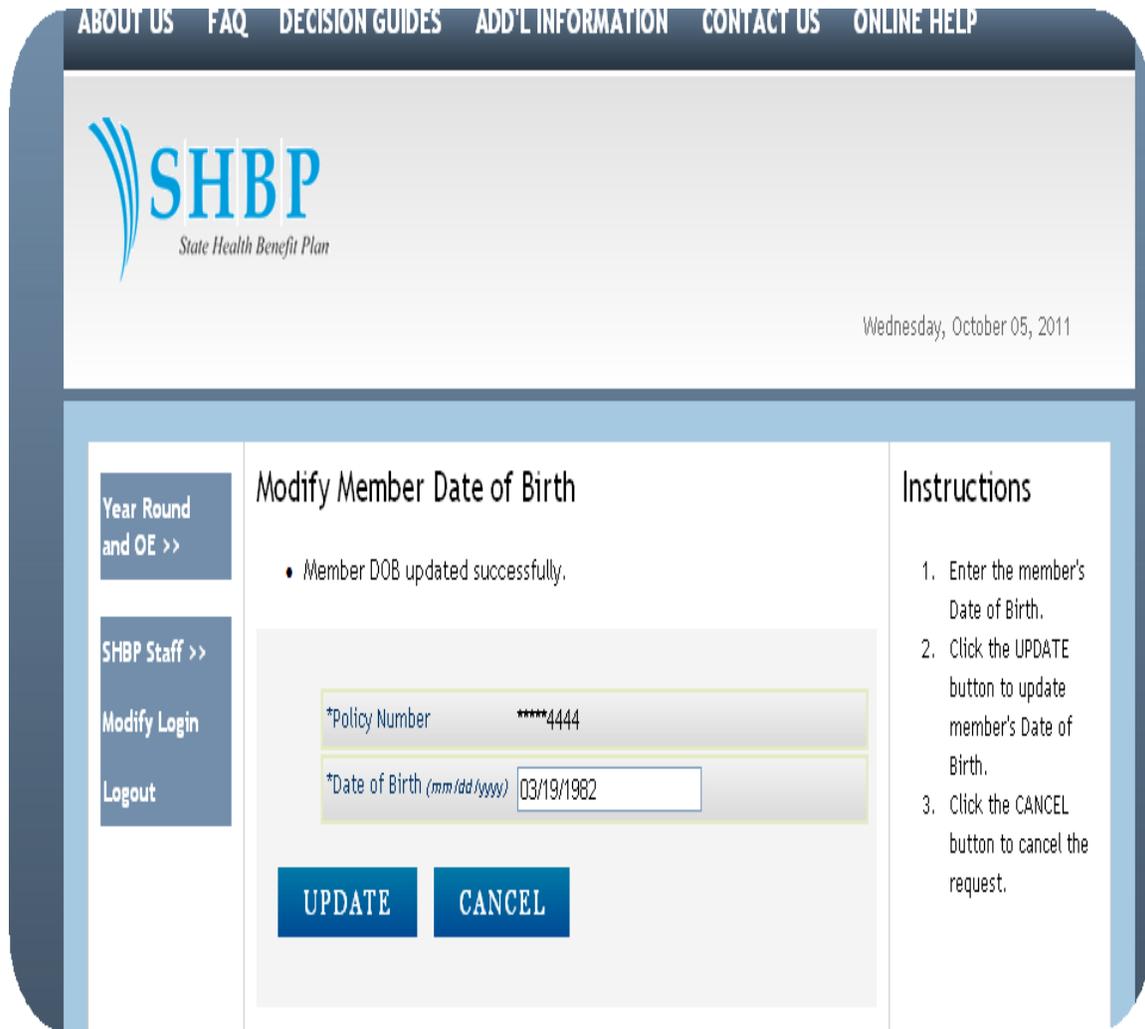


Figure 135 -Modify Member Date of Birth Screen

Manage User Roles

- Click the **Manage User Roles** sub-tab on the left navigation bar (Figure 136)

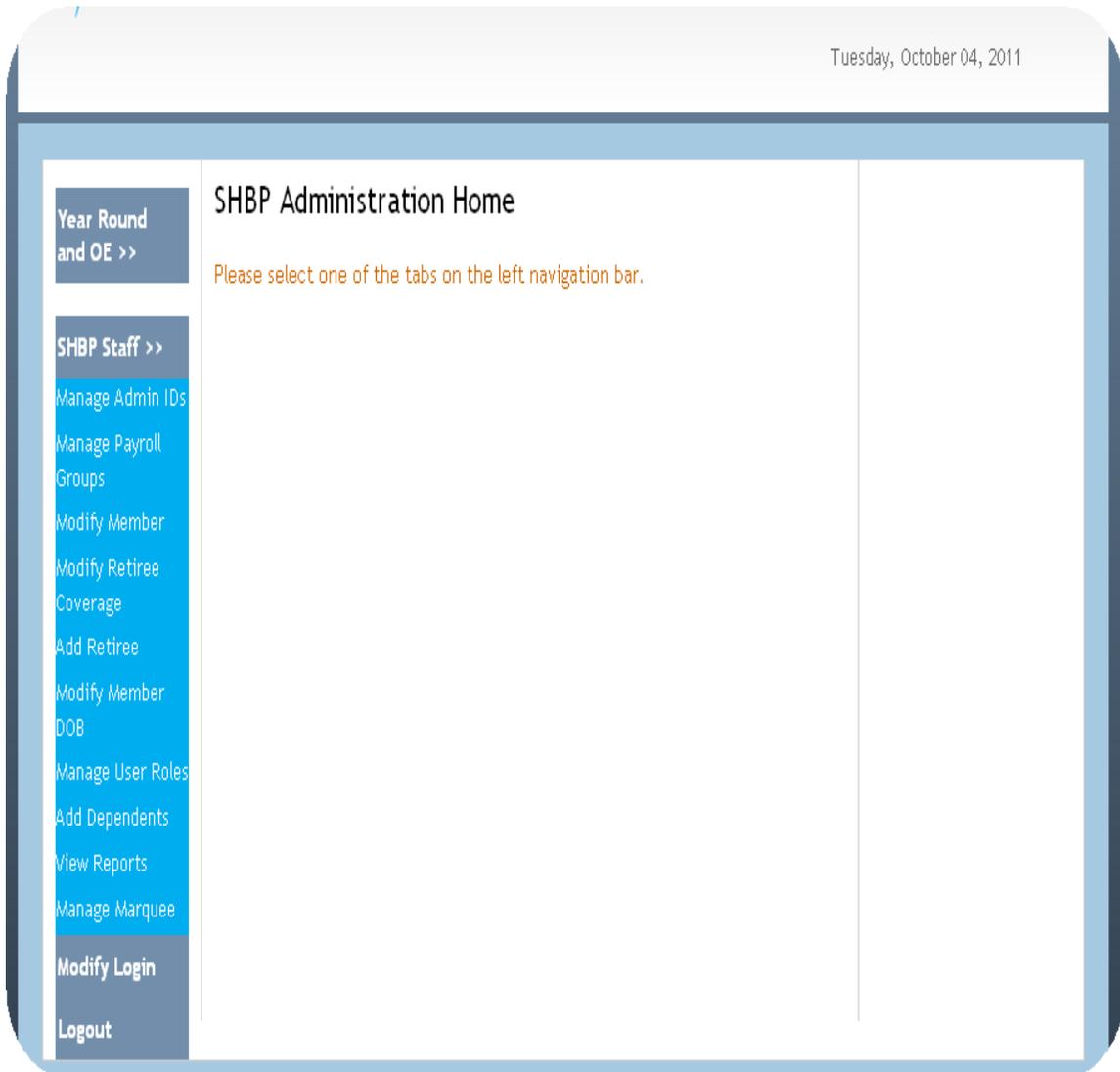


Figure 136 - SHBP Administration Home Screen

The **Manage Roles** screen will display (Figure 137). You may Edit or Add a Role using this sub-tab as follows:

To Edit a Role:

- Click the **EDIT** button next to the Role you wish to edit (Figure 137)

SHBP
State Health Benefit Plan

Wednesday, October 05, 2011

Year Round and OE >>

SHBP Staff >>

ModifyLogin

Logout

Manage Roles

Role ID	Role Name	Edit
P1	FILE UPLOAD ONLY	EDIT
P2	OPEN ENROLLMENT ONLY	EDIT
P3	FILE UPLOAD & OPEN ENROLLMENT	EDIT
P4	OPEN ENROLLMENT & YEAR AROUND	EDIT
P5	FILE UPLOAD OPEN ENROLLMENT YEAR AROUND	EDIT
S1	OE TEMPS	EDIT
S2	CALL CENTER	EDIT
S3	MEMBER SERVICES / EMPLOYER SERVICES	EDIT
S4	SUPERVISORS / MANAGEMENT SHBP IT	EDIT
S5	SHBP IT SUPER USER	EDIT

ADD ROLE

Instructions

1. Click the Role you wish to edit.
2. Click the Add Role button to add a new role.

Figure 137 -Manage Roles Screen

The **Modify Role** screen will display (Figure 138).

- **Click the box(es) under the Access column** for the privilege you wish to add to the displayed Role

The screenshot shows the 'Modify Role' interface. On the left is a navigation menu with 'Year Round and OE >>', 'SHBP Staff >>', 'ModifyLogin', and 'Logout'. The main area displays 'Role: FILE UPLOAD ONLY' and a table of privileges. The 'Access' column contains checkboxes, with the first five checked. On the right, 'Instructions' list three steps: clicking the access box, clicking 'SAVE ROLE', and clicking 'CANCEL'.

Privilege	Access
SHBP_MANAGE_MARQUEE	<input type="checkbox"/>
SHBP_MOD_COVERAGE_ROCP	<input type="checkbox"/>
SHBP_UPLD_PLEE_AUF_FU	<input checked="" type="checkbox"/>
SHBP_PROC_PLEE_AUF_FU	<input checked="" type="checkbox"/>
SHBP_REV_ERR_REPORT_FU	<input checked="" type="checkbox"/>
SHBP_UPLD_PUF_FU	<input checked="" type="checkbox"/>
SHBP_RETR_UPLD_FILES_FU	<input type="checkbox"/>
SHBP_ADD_NEW_EMP	<input type="checkbox"/>
SHBP_TERMINATE	<input type="checkbox"/>
SHBP_MOD_COVERAGE_NEW_ENROLLEE	<input type="checkbox"/>
SHBP_MOD_COVERAGE_OPEN_ENROLLMENT	<input type="checkbox"/>
SHBP_MOD_NEW_ADD_EMP	<input type="checkbox"/>
SHBP_MOD_MEMBER	<input type="checkbox"/>
SHBP_VIEW_LOG_IN_HIST	<input type="checkbox"/>
SHBP_PRINT_CONFIRMATION	<input type="checkbox"/>
SHBP_UNREG_USER	<input type="checkbox"/>
SHBP_ADD_RETIREE	<input type="checkbox"/>
SHBP_ADD_DEP	<input type="checkbox"/>
SHBP_MOD_MEMBER_OE	<input type="checkbox"/>
SHBP_VIEW_REPORT	<input type="checkbox"/>
SHBP_MOD_MEM_DOB	<input type="checkbox"/>
SHBP_MANAGE_ADMIN_ID	<input type="checkbox"/>
SHBP_MANAGE_PAY_GROUPS	<input type="checkbox"/>

Figure 138 -Modify Role Screen

- Click the **SAVE ROLE** button update the modifications; or click the **CANCEL** button to return to the Manage Roles screen with no change in Roles (*Figure 139*)

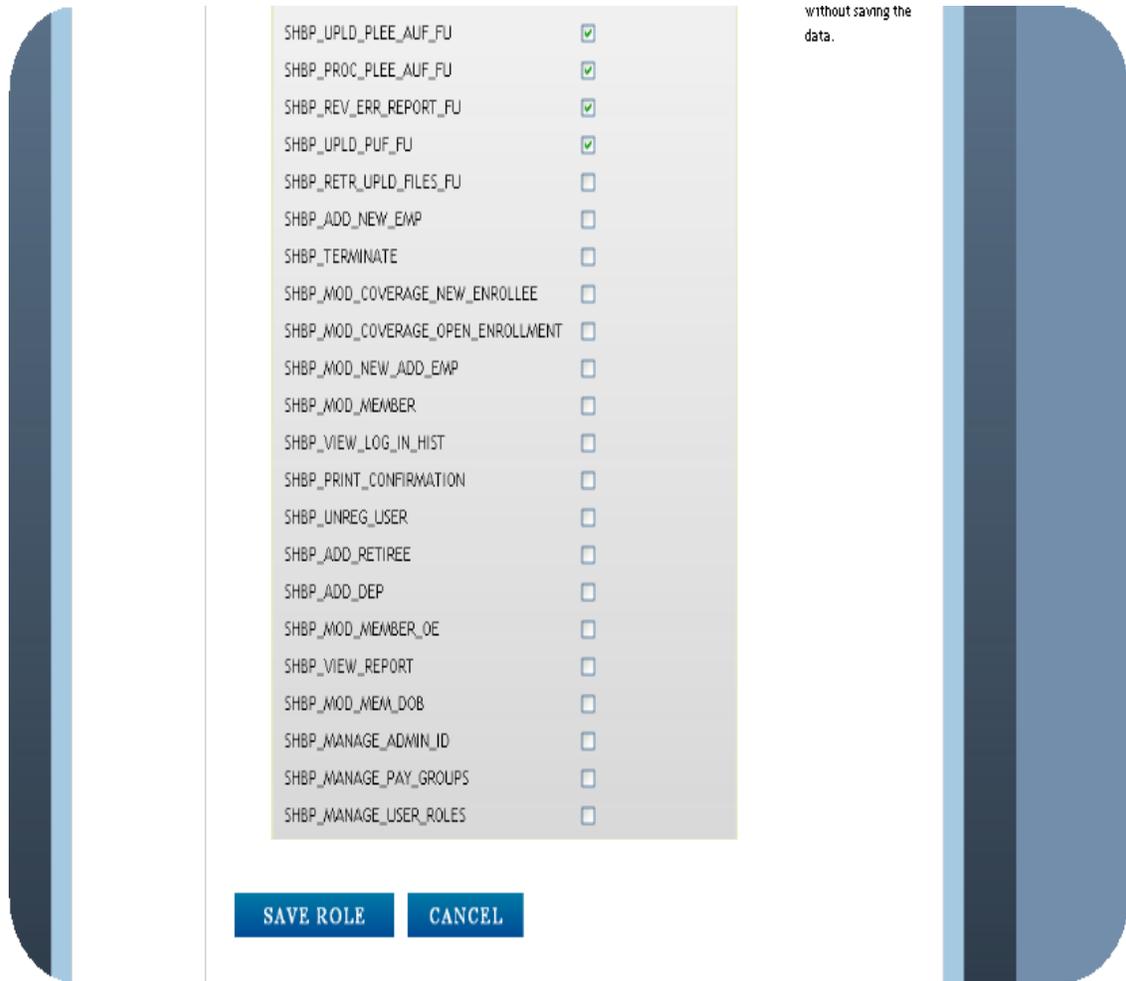


Figure 139 -Modify Role Screen

The **Manage Roles** screen will redisplay (Figure 140) including a message stating 'Role successfully saved'.

The screenshot shows the SHBP (State Health Benefit Plan) interface. At the top left is the SHBP logo with the text 'State Health Benefit Plan'. At the top right, the date 'Wednesday, October 05, 2011' is displayed. The main content area is titled 'Manage Roles' and features a message: '• Role successfully saved.' Below this is a table with two columns: 'Role ID' and 'Role Name'. The table contains two rows: one with 'P1' and 'FILE UPLOAD ONLY', and another with 'P2' and 'OPEN ENROLLMENT ONLY'. Each row has an 'EDIT' button to its right. On the left side of the screen, there is a vertical menu with options: 'Year Round and OE >>', 'SHBP Staff >>', 'Modify Login', and 'Logout'. On the right side, there is an 'Instructions' section with two numbered steps: '1. Click the Role you wish to edit.' and '2. Click the Add Role button to add a new role.'

Role ID	Role Name	Edit
P1	FILE UPLOAD ONLY	EDIT
P2	OPEN ENROLLMENT ONLY	EDIT

Figure140 -Manage Roles Screen

To Add a Role:

- Click the ADD ROLE button (*Figure 141*)

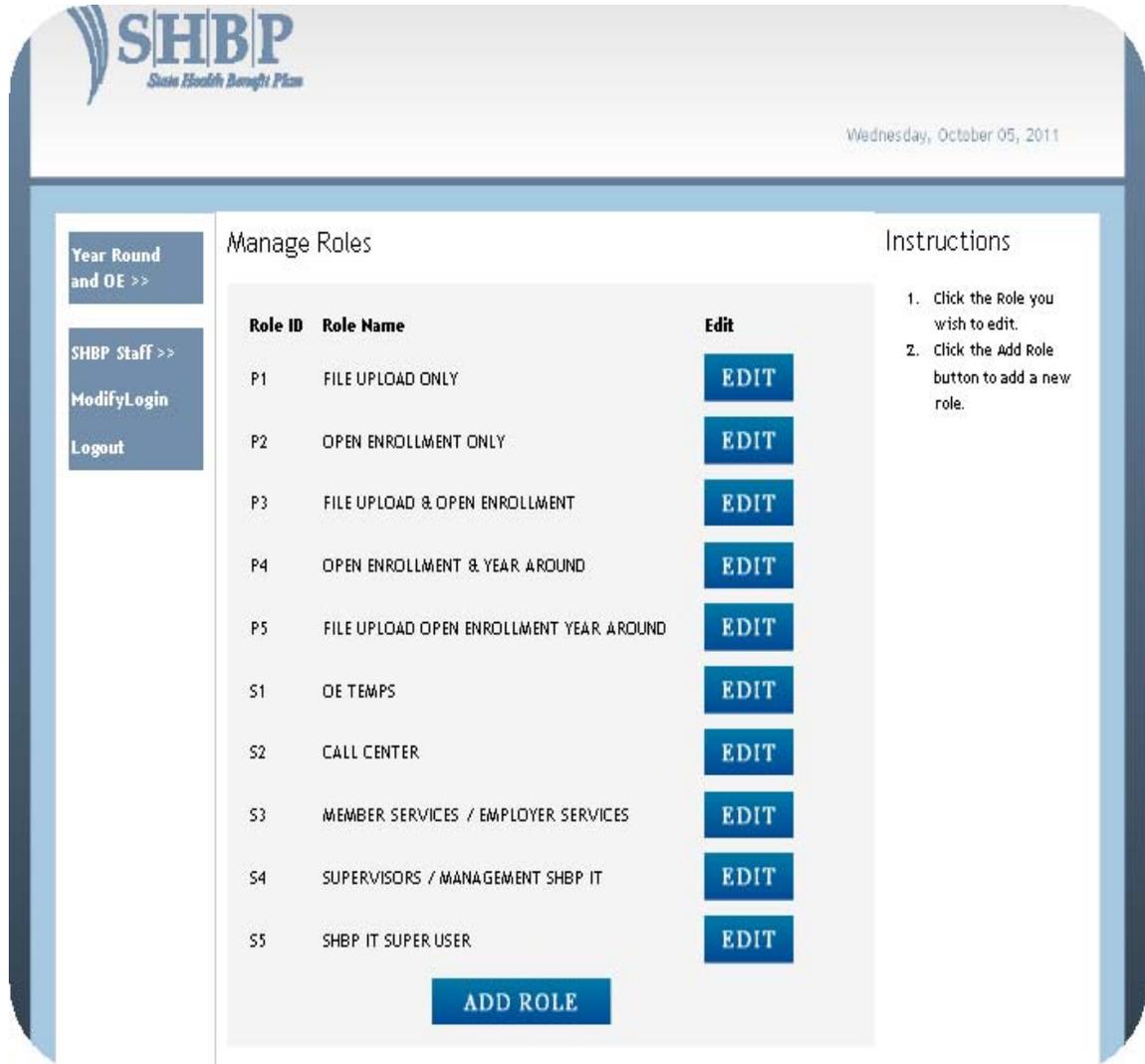


Figure 141 -Manage Roles Screen

The **Add Role** screen will display (Figure 142).

- **Enter the Role Key**
- **Enter the Role Description**
- **Click the box(es) under the Access column** for each privilege you wish to add to the displayed Role

Thursday, October 06, 2011

Year Round and OE >>

SHBP Staff >>

ModifyLogin

Logout

Add Role

Role Key:

Role Description:

Privilege	Access
SHBP_MANAGE_MARQUEE	<input checked="" type="checkbox"/>
SHBP_MOD_COVERAGE_ROCP	<input checked="" type="checkbox"/>
SHBP_UPLD_PLEE_AUF_FU	<input type="checkbox"/>
SHBP_PROC_PLEE_AUF_FU	<input type="checkbox"/>
SHBP_REV_ERR_REPORT_FU	<input type="checkbox"/>
SHBP_UPLD_PUF_FU	<input type="checkbox"/>
SHBP_RETR_UPLD_FILES_FU	<input type="checkbox"/>
SHBP_ADD_NEW_EMP	<input checked="" type="checkbox"/>
SHBP_TERMINATE	<input checked="" type="checkbox"/>
SHBP_MOD_COVERAGE_NEW_ENROLLEE	<input checked="" type="checkbox"/>
SHBP_MOD_COVERAGE_OPEN_ENROLLMENT	<input checked="" type="checkbox"/>
SHBP_MOD_NEW_ADD_EMP	<input checked="" type="checkbox"/>
SHBP_MOD_MEMBER	<input checked="" type="checkbox"/>
SHBP_VIEW_LOG_IN_HIST	<input checked="" type="checkbox"/>
SHBP_PRINT_CONFIRMATION	<input checked="" type="checkbox"/>
SHBP_UNREG_USER	<input checked="" type="checkbox"/>
SHBP_ADD_RETIREE	<input checked="" type="checkbox"/>

Instructions

1. Click the box under the Access column for each privilege you wish to add.
2. Click **SAVE ROLE** to save the role data.
3. Click **CANCEL** to cancel the request without saving the data.

Figure 142 -Add Role Screen

- Click the **SAVE ROLE** button to save the addition; or click the **CANCEL** button to return to the Manage Roles screen with no additions (Figure 143)

The screenshot displays a list of roles with checkboxes for selection. The roles listed are:

SHBP_RETR_UPLD_FILES_FU	<input type="checkbox"/>
SHBP_ADD_NEW_EMP	<input checked="" type="checkbox"/>
SHBP_TERMINATE	<input checked="" type="checkbox"/>
SHBP_MOD_COVERAGE_NEW_ENROLLEE	<input checked="" type="checkbox"/>
SHBP_MOD_COVERAGE_OPEN_ENROLLMENT	<input checked="" type="checkbox"/>
SHBP_MOD_NEW_ADD_EMP	<input checked="" type="checkbox"/>
SHBP_MOD_MEMBER	<input checked="" type="checkbox"/>
SHBP_VIEW_LOG_IN_HIST	<input checked="" type="checkbox"/>
SHBP_PRINT_CONFIRMATION	<input checked="" type="checkbox"/>
SHBP_UNREG_USER	<input checked="" type="checkbox"/>
SHBP_ADD_RETIREE	<input checked="" type="checkbox"/>
SHBP_ADD_DEP	<input checked="" type="checkbox"/>
SHBP_MOD_MEMBER_OE	<input checked="" type="checkbox"/>
SHBP_VIEW_REPORT	<input checked="" type="checkbox"/>
SHBP_MOD_MEM_DOB	<input checked="" type="checkbox"/>
SHBP_MANAGE_ADMIN_ID	<input checked="" type="checkbox"/>
SHBP_MANAGE_PAY_GROUPS	<input checked="" type="checkbox"/>
SHBP_MANAGE_USER_ROLES	<input checked="" type="checkbox"/>

At the bottom of the screen, there are two buttons: **SAVE ROLE** and **CANCEL**.

Figure 143 -Add Role Screen

The **Manage Roles** screen will redisplay (Figure 144) including a message stating 'Role successfully added'.

The screenshot shows the SHBP (State Health Benefit Plan) Manage Roles screen. At the top left is the SHBP logo with the text 'State Health Benefit Plan'. At the top right, the date 'Wednesday, October 05, 2011' is displayed. The main content area is divided into three sections: a left sidebar with navigation links, a central 'Manage Roles' section, and a right 'Instructions' section.

Manage Roles

* Role successfully added.

Role ID	Role Name	Edit
P1	FILE UPLOAD ONLY	EDIT
P2	OPEN ENROLLMENT ONLY	EDIT

Instructions

1. Click the Role you wish to edit.
2. Click the Add Role button to add a new role.

Left Sidebar: Year Round and OE >>, SHBP Staff >>, Modify Login, Logout

Figure 144 -Manage Roles Screen

Add Dependents

- Click the **Add Dependents** sub-tab on the left navigation bar (Figure 145)

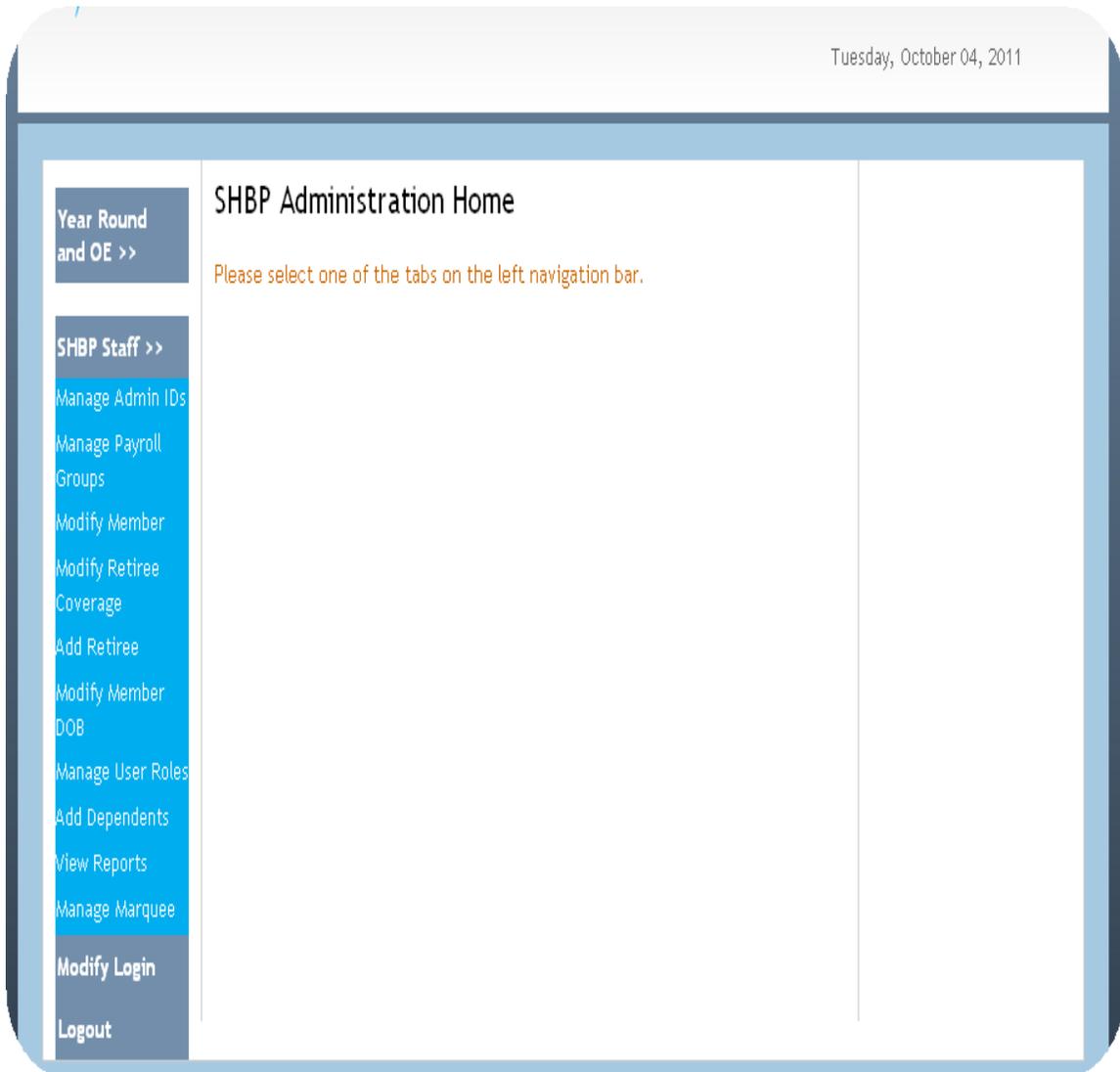


Figure 145 -SHBP Administration Home Screen

The **Add Dependents** screen will display (Figure 146).

- Enter the member's **Policy Number** (same as SSN with no dashes)
- Enter the member's **Date of Birth** (mm\dd\yyyy)
- Click the **ADD DEPENDENTS** button

ABOUT US FAQ DECISION GUIDES ADD'L INFORMATION CONTACT US ONLINE HELP

SHBP
State Health Benefit Plan

Wednesday, October 05, 2011

Add Dependents

Search Member by Policy Number and DOB

*Policy Number

*Date of Birth (mm/dd/yyyy)

ADD DEPENDENTS

Instructions

All fields indicated with * are required.

1. To search for a member by Policy Number and Date of Birth, enter data for these fields then click the Add Dependent button.

Figure 146 - Add Dependents Screen

The **Dependents** screen will display (Figure 147).

To Add Dependent(s):

- Click the **ADD DEPENDENT** button

Please do not use your browser's "BACK" button.

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

CONTACT INFORMATION

TIER SELECTION

DEPENDENTS

Name: VALUED EMPLOYEE
Payroll Location: 14030 (SUPREME COURT)
Policy Number: *****5555
Coverage Tier:
Coverage Effective Date: 11/01/2011

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS					
NEW DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	JON EMPLOYEE	Spouse	Male	07/22/1970	EDIT DELETE
<input checked="" type="radio"/> Yes <input type="radio"/> No	JASON EMPLOYEE	Natural Child	Male	10/15/2009	EDIT DELETE

SAVE **ADD DEPENDENT**

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT" button to modify Dependent information.
7. Click the "DELETE" button to delete a

Figure 147 - Dependents Screen

Note:

If Existing Dependents are shown, "Yes" has been pre-populated to cover those dependents for the upcoming plan year; "No" may be selected if the member does not to cover that Existing Dependent for the upcoming plan year.

The Add New Dependent screen will display (Figure 148).

Year Round and OE >>

SHBP Staff >>

ModifyLogin

Logout

CONTRACT INFORMATION

TEAM SELECTION

Add New Dependent

Medicare Secondary Payer reporting laws which were effective January 1, 2009, require that insurance carriers collect Social Security Numbers for all covered members and their dependents. The requested SSN's are required to comply with this law.

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: ***5555**

Coverage Effective Date: 11/1/11

*Dependent Last Name: EMPLOYEE

*Dependent First Name: HELPFUL

Dependent Mid Initial:

Dependent Suffix:

*Dependent Relation: Natural Child

*Dependent Sex: Male

Dependent Ethnicity: Asian

*Dependent DOB (mm/dd/yyyy): 09/22/2001

Dependent SSN (SSN with no dashes): 423895667

UPDATE **CANCEL**

Instructions:

All fields indicated with * are required. Enter all information for new dependents; change only the incorrect information when editing an existing dependent.

1. Enter the Dependent Information (dependent last name, dependent first name, and dependent middle initial, dependent suffix).
2. Select the Dependent Relation from the dropdown list (dependent verification documentation will be required).
3. Select the Dependent Sex from the dropdown list.
4. Enter the Dependent Date of Birth (mm/dd/yyyy).
5. Enter the Dependent SSN (SSN with no dashes).
6. Click the "UPDATE" button to add the dependent to your coverage; you will return to the "DEPENDENTS" page.

Figure 148 - Add New Dependent Screen

- Review your pre-populated information to assure it is accurate
- **Enter the Dependent Information (dependent last name, dependent first name, dependent middle initial, and dependent suffix)**
- **Select the Dependent Relation** from the dropdown list (dependent verification documentation will be required)
- **Select the Dependent Sex** from the dropdown list
- **Select the Dependent Ethnicity** from the dropdown list
- **Enter the Dependent Date of Birth** (mm/dd/yyyy)
- **Enter the Dependent SSN** (SSN with no dashes)
- **Click the UPDATE** button to add the dependent to your coverage

Note:

All fields indicated with * are required. Click the CANCEL button if the dependent is not to be added to your coverage and the DEPENDENTS page will redisplay.

The **Dependents** screen will redisplay with the newly added dependent information and all previously added dependents listed, indicating “Yes” in the Cover Dependent field (*Figure 149*).

Year Round and OE >>

SHBP Staff >>

ModifyLogin

Logout

DEPENDENTS

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: *****5555

Coverage Tier:

Coverage Effective Date: 11/01/2011

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS					
NEW DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	JON EMPLOYEE	Spouse	Male	07/22/1970	EDIT DELETE
<input checked="" type="radio"/> Yes <input type="radio"/> No	JASON EMPLOYEE	Natural Child	Male	10/15/2009	EDIT DELETE
<input checked="" type="radio"/> Yes <input type="radio"/> No	HELPFUL EMPLOYEE	Natural Child	Male	09/22/2001	EDIT DELETE

SAVE **ADD DEPENDENT**

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT" button to modify Dependent information.
7. Click the "DELETE" button to delete a New Dependent.
8. Click "CONTINUE" button to go to the next page.

Figure 149 - Dependents Screen

To Edit Dependent Information:

The Edit button is displayed only for the spouse (if applicable) or newly added dependents. To edit spouse or new dependent information:

- Click the **Edit** button (Figure 150) on the row of the dependent information you wish to edit

Year Round and OE >>

SHBP Staff >>
ModifyLogin
Logout

CONTACT INFORMATION **TIER SELECTION** **DEPENDENTS**

DEPENDENTS

Name: VALUED EMPLOYEE
Payroll Location: 14030 (SUPREME COURT)
Policy Number: *****4444

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	Edit
<input checked="" type="radio"/> Yes <input type="radio"/> No	LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011	
NEW DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	Edit Delete
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHANE EMPLOYEE	Natural Child	Male	10/01/1999	Edit Delete

SAVE **ADD DEPENDENT**

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT"

Figure 150 - Dependents Screen

The **Edit Dependent Information** screen will display (Figure 151) with pre-populated dependent information fields.

Year Round and OE >>

SHBP Staff >>

ModifyLogin

Logout

CONTACT INFORMATION **TEAM SELECTION** **DEPENDENTS**

Edit Dependent Information

Medicare Secondary Payer reporting laws which were effective January 1, 2009, require that insurance carriers collect Social Security Numbers for all covered members and their dependents. The requested SSN's are required to comply with this law.

Name: VALUED EMPLOYEE

PayrollLocation: 14030 (SUPREME COURT)

PolicyNumber: **4444**

Coverage Effective Date: 1/1/12

*Dependent Last Name

*Dependent First Name

Dependent AID Initial

Dependent Suffix

*Dependent Relation

*Dependent Sex

Dependent Ethnicity

*Dependent DOB (mm/dd/yyyy)

Dependent SSN (SSN with no dashes)

UPDATE **CANCEL**

Instructions:

All fields indicated with * are required. Enter all information for new dependents; change only the incorrect information when editing an existing dependent.

1. Review the dependent information.
2. Make any necessary corrections to the dependent information.
3. Click the "UPDATE" button to accept changes; you will return to the "DEPENDENTS" page.
4. Click the "CANCEL" button to return to the "DEPENDENTS" page without making changes to the dependent information.

Figure 151 - Edit Dependent Information Screen

- Review the dependent information
- Make any necessary corrections to the dependent information
- **Click the UPDATE button to accept changes**

Note:

All fields indicated with * are required. Click the CANCEL button to return to the DEPENDENTS page without making changes to the dependent information.

The edits will be saved and the **Dependents** screen will redisplay (Figure 152).

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT"

Cover	Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS						
<input checked="" type="radio"/> Yes <input type="radio"/> No		MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	<input type="button" value="Edit"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No		LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011	
NEW DEPENDENTS						
<input checked="" type="radio"/> Yes <input type="radio"/> No		SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No		SHANE EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Figure 152 - Dependents Screen

Note:

You may only edit the Dependent Ethnicity on Existing Dependents. To edit existing dependent information (other than Dependent Ethnicity):

- Click the **NO** button for that existing dependent (removing that existing dependent from coverage)
- Click the **ADD DEPENDENT** button and re-enter the existing dependent as a new dependent with correct dependent information.

To Delete Dependent(s) Information:

- Click the **Delete** button (Figure 153) on the row of the dependent information you wish to delete

The screenshot displays the 'DEPENDENTS' screen for a 'VALUED EMPLOYEE'. It includes a sidebar with navigation options like 'Year Round and OE >>', 'SHBP Staff >>', 'ModifyLogin', and 'Logout'. The main content area shows the employee's name, payroll location, and policy number. Below this is a table of dependents, categorized into 'EXISTING DEPENDENTS' and 'NEW DEPENDENTS'. Each row in the table includes columns for 'Cover Dependent', 'Name', 'Relation', 'Sex', 'DOB', and 'Edit/Delete'. The 'Edit/Delete' column contains 'Edit' and 'Delete' buttons. At the bottom of the screen are 'SAVE' and 'ADD DEPENDENT' buttons. On the right side, there is an 'Instructions:' section with a numbered list of six steps.

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	<input type="button" value="Edit"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011	
NEW DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHANE EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT"

Figure 153 - Dependents Screen

The **Dependents** screen will redisplay and the previously selected dependent for deletion will no longer be listed (*Figure 154*).

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

DEPENDENTS

Name: VALUED EMPLOYEE

Payroll Location: 14030 (SUPREME COURT)

Policy Number: *****4444

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	<input type="button" value="Edit"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011	
NEW DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.

Figure 154 - Dependents Screen

View Reports

- Click the **View Reports** sub-tab on the left navigation bar (Figure 155)

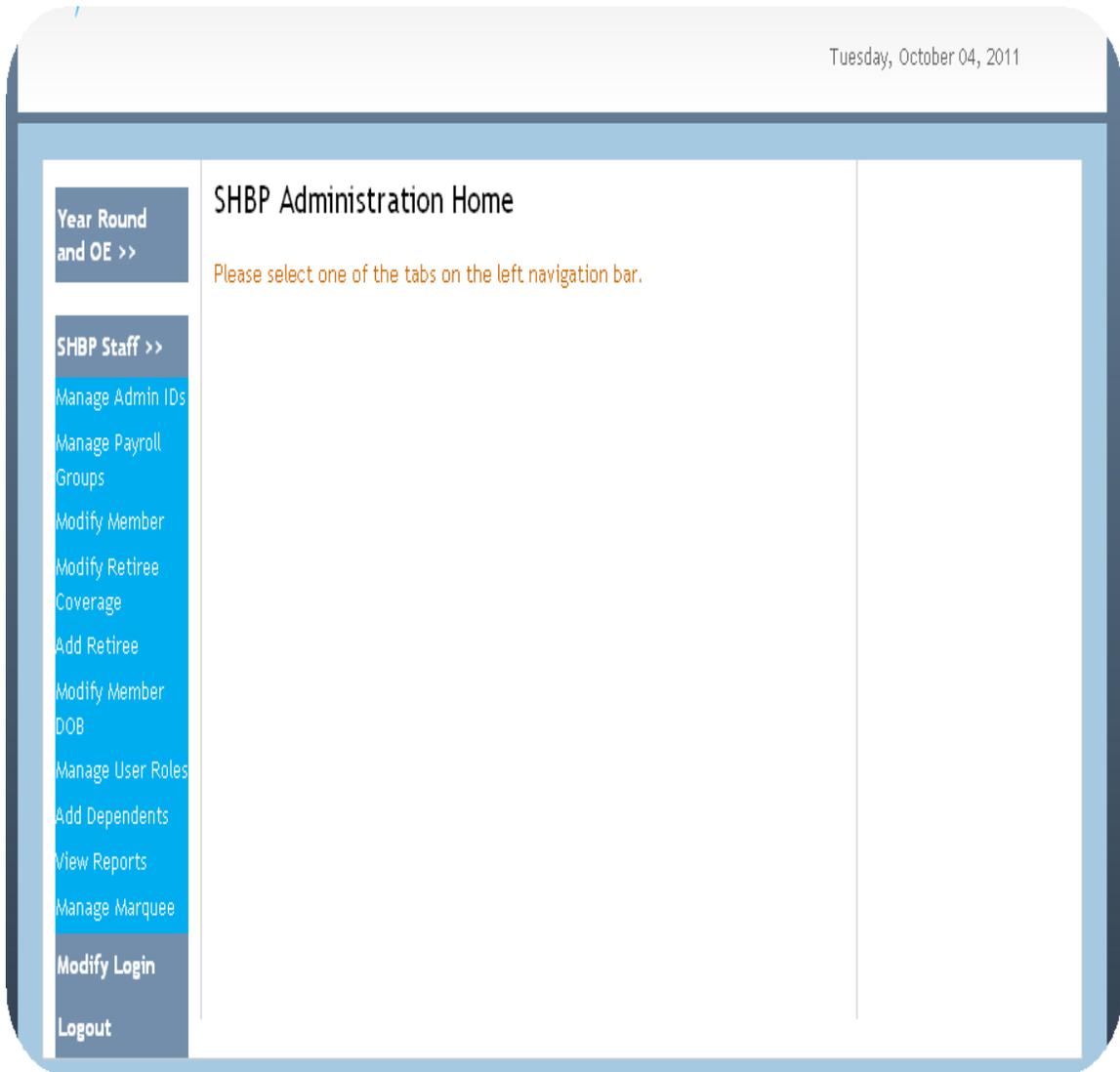


Figure 155 - SHBP Administration Home Screen

The **View Reports screen** will display (Figure 156). This is a view only informational screen.

The screenshot shows a web interface with a left sidebar and a main content area. The sidebar contains four buttons: 'Year Round and OE >>', 'SHBP Staff >>', 'Modify Login', and 'Logout'. The main content area is titled 'View Reports' and contains a text box with the following information:

These are the totals found in the "Report for SHBP Open Enrollment for Fall 2011":

Active Employees:	
Total active registered:	451
Number of self modified benefits:	333
Number of Admin modified benefits:	14
Total Active Employees with modified benefits:	347
Retired Employees:	
Total retired registered:	280
Number of self modified benefits:	152
Number of Admin modified benefits:	19
Total Retirees with modified benefits:	171

Total Active Employees and Retirees with modified benefits:	518
Total Number of Employees Registered:	731

Figure 156 - View Reports Screen

Manage Marquee

- Click the **Manage Marquee** sub-tab on the left navigation bar (Figure 157)

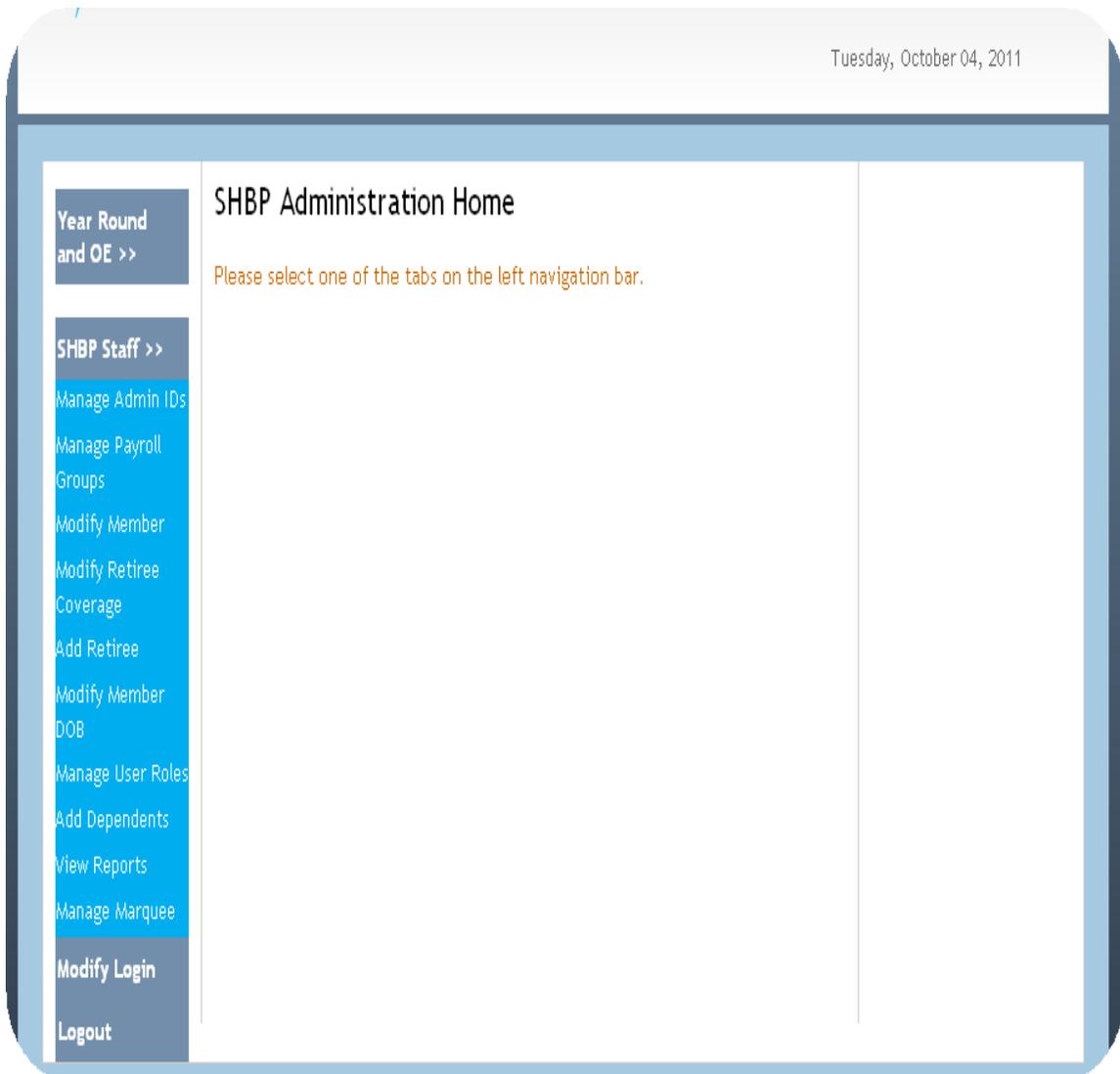


Figure 157 - SHBP Administration Home Screen

The **Edit Marquee** screen will display (Figure 158).

The screenshot shows the 'Edit Marquee' screen with a left sidebar, a main content area, and an 'Instructions' panel on the right.

Left Sidebar:

- Year Round and OE >>
- SHBP Staff >>
- Modify Login
- Logout

Main Content Area:

Edit Marquee

*Marquee Message: *** Welcome to SHBP!!!
Open Enrollment will start on Oct 11, 2011 at 4:00 am ***

*Marquee Unavailable Start Date: 09/19/2011 Time: 8 : 15

*Marquee Unavailable End Date: 09/20/2011 Time: 8 : 15

Buttons: SAVE, CANCEL

Instructions Panel:

1. Update the marquee message you want to display on the home page.
2. Enter the dates for the span of time when the marquee message will be unavailable.

Figure 158 - Edit Marquee Screen

Note:
*All fields indicated with * are required.*

- **Enter the message you want displayed** on the mySHBP Web Portal Welcome Page in the Marquee Message field (*Figure 159*)
- **Enter the Marquee Unavailable Start Date (mm/dd/yyyy) and Time (hh.mm)**
- **Enter the Marquee Unavailable End Date (mm/dd/yyyy) and Time (hh.mm)**
- **Click the SAVE button; click the CANCEL button to return to the SHBP Administration Home page without changes**

The screenshot shows the 'Edit Marquee' screen. On the left sidebar, there are links for 'Year Round and OE >>', 'SHBP Staff >>', 'Modify Login', and 'Logout'. The main content area is titled 'Edit Marquee' and contains a form with the following elements:

- A text area labeled '*Marquee Message' containing the text:


```
*** Welcome to SHBP!!!

Open Enrollment Begins
Today***
```
- Two rows of date and time input fields:
 - *Marquee Unavailable Start Date: 10/12/2011, Time: 8:15
 - *Marquee Unavailable End Date: 10/13/2011, Time: 8:15
- Two buttons: 'SAVE' and 'CANCEL'.

On the right sidebar, under the heading 'Instructions', there are two numbered steps:

1. Update the marquee message you want to display on the home page.
2. Enter the dates for the span of time when the marquee message will be *unavailable*.

Figure 159 - Edit Marquee Screen

Note:
All fields indicated with * are required.

The **SHBP Administration Home screen** will redisplay (Figure 160) including a message stating *'Marquee message updated successfully'*.



Figure 160 - SHBP Administration Home Screen

MODIFY LOGIN

- **Click** the Modify Login tab on the left navigation bar (*Figure 161*)

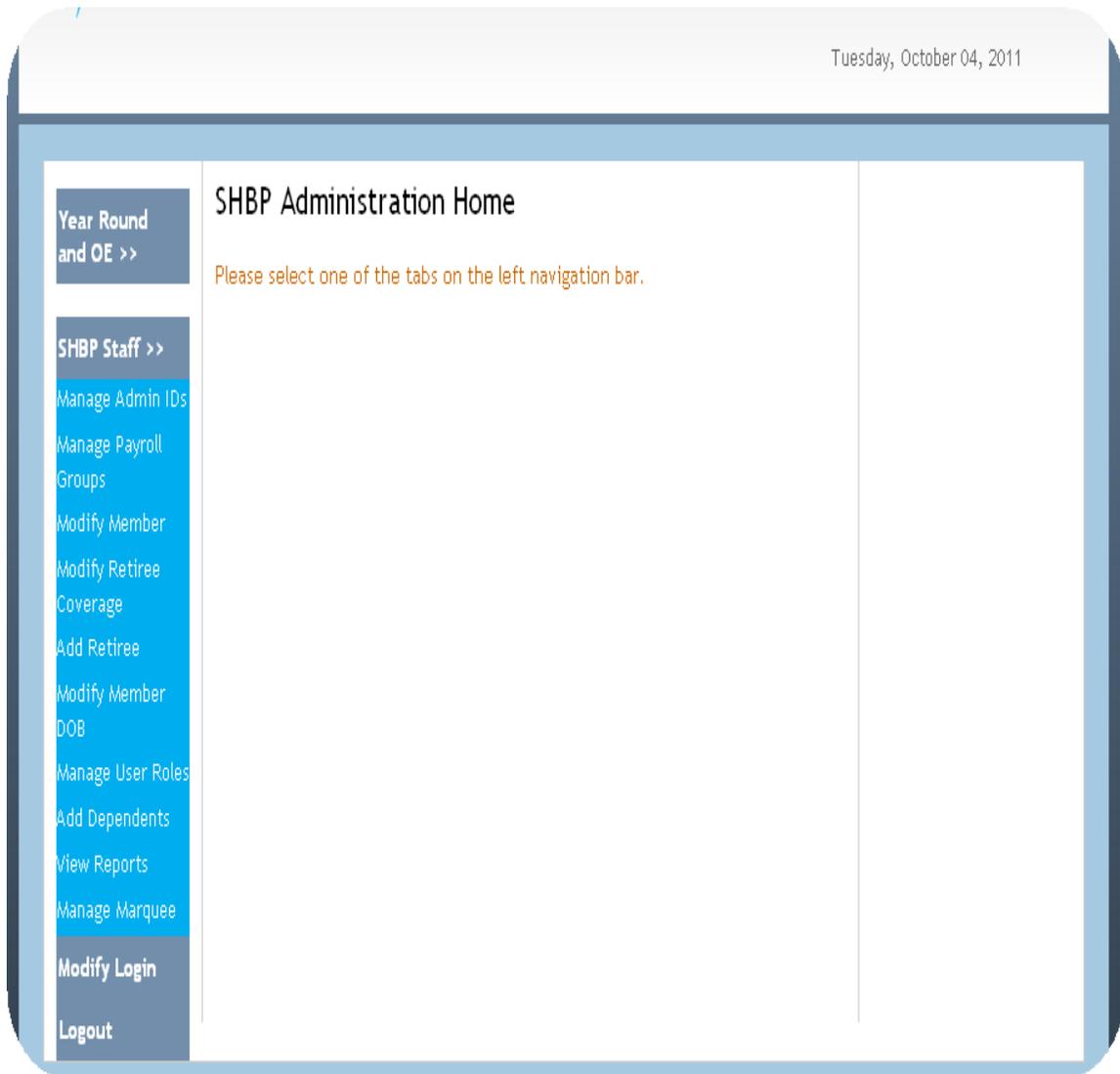


Figure 161 - SHBP Administration Home Screen

The **Modify Admin Login** screen will display (Figure 162).

- Enter the Current Password (case-sensitive)
- Enter the New Password (case-sensitive)
- Re-type the New Password for confirmation (case-sensitive)
- Your previously selected Security Question is pre-populated in the Security Question dropdown field. You may utilize the pre-populated Security Question or **select a new Security Question** from the **dropdown list**
- Your answer to the previously selected Security Question is pre-populated in the Your Answer field. If you did not change your pre-populated Security Question, you may utilize the pre-populated answer. If you selected a new Security Question from the dropdown list, **enter your new answer** to the Security Question in the Your Answer field (not case-sensitive)
- **Click the UPDATE** button; or **click** the CANCEL button to return to the SHBP Administration Home page with no changes

SHBP
State Health Benefit Plan

Thursday, October 06, 2011

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Modify Admin Login Information

*Current Password

*New Password

*Re-type Password

*Security Question

*Your answer

UPDATE **CANCEL**

Instructions:

All fields indicated with * are required.

1. Review the pre-populated information to assure it is accurate.
2. Enter your Current Password.
3. Create and enter your New Password. New Password should be between 8 and 20 characters and have at least 3 of the

Figure 162 - Modify Admin Login Information Screen

Note:
All fields indicated with * are required.

The **SHBP Administration Home screen** will redisplay (*Figure 163*) including a message stating *'Account successfully modified'*.



Figure 163 - SHBP Administration Home Screen

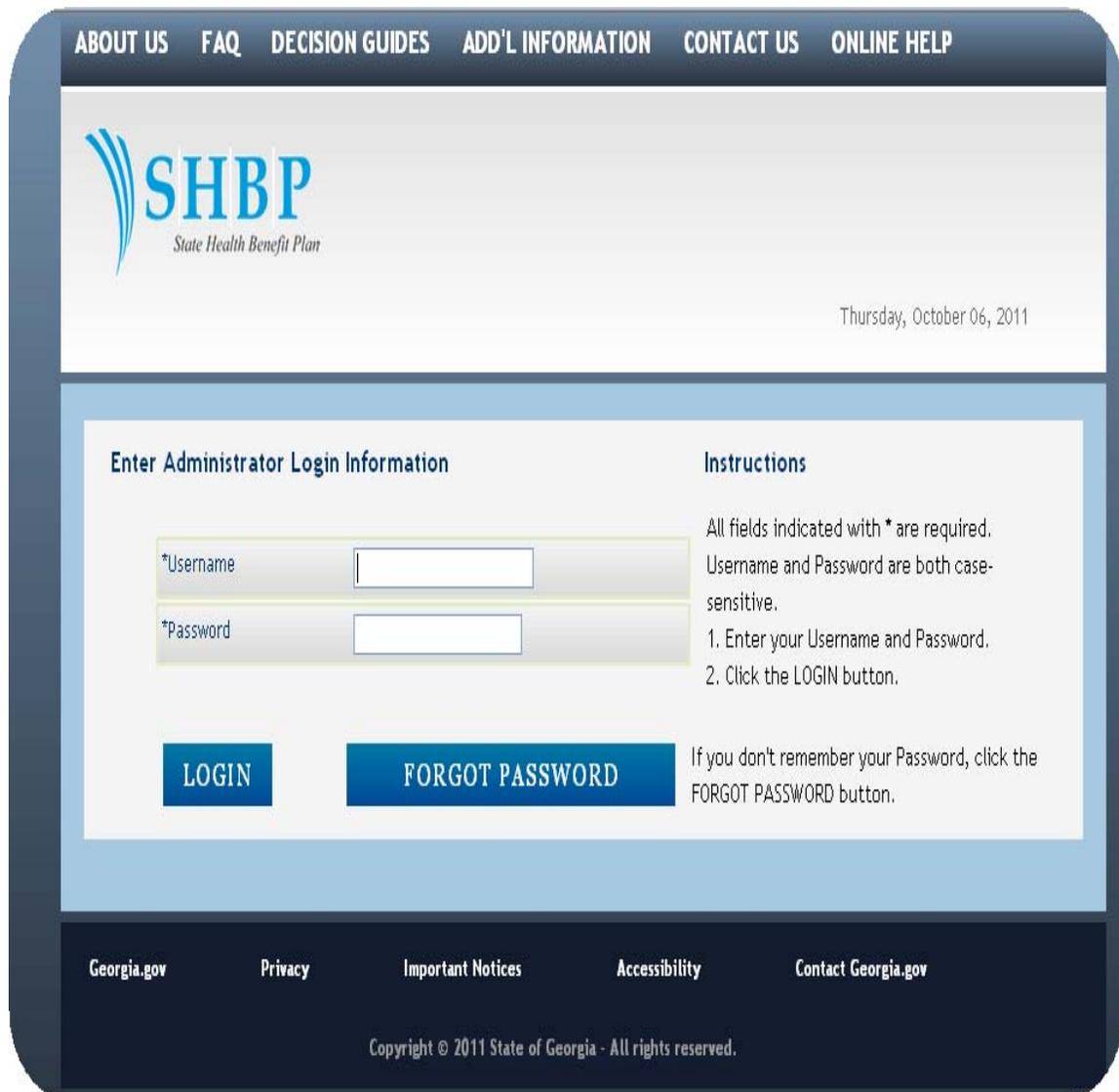
LOGOUT

- **Click** the Logout tab on the left navigation bar
(*Figure 164*)



Figure 164 - SHBP Administration Home Screen

The **Enter Administration Login Information** screen will redisplay (Figure 165). You may now close your browser.



ABOUT US FAQ DECISION GUIDES ADD'L INFORMATION CONTACT US ONLINE HELP

SHBP
State Health Benefit Plan

Thursday, October 06, 2011

Enter Administrator Login Information

*Username

*Password

LOGIN **FORGOT PASSWORD**

Instructions

All fields indicated with * are required. Username and Password are both case-sensitive.

1. Enter your Username and Password.
2. Click the LOGIN button.

If you don't remember your Password, click the FORGOT PASSWORD button.

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Figure 165 - Enter Administrator Login Information Screen