



*my***SHBP**.ga.gov

# SHBP

***HEALTH BENEFITS AT YOUR FINGERTIPS***

***WEB PORTAL USER GUIDE  
RETIREE OPTION CHANGE PERIOD***

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## OVERVIEW

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

Using the SHBP Web Portal you may:

- Make your health election during the Retiree Option Change Period
- Learn about each Plan Option
- Locate a doctor and price a prescription drug using the active links for CIGNA and UnitedHealthcare (UHC)
- Access on-line coaching using the active links for CIGNA and UHC

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

## REGISTER

All first time users of the SHBP Web Portal are required to Register. Follow the below directions to Register on the SHBP Web Portal:

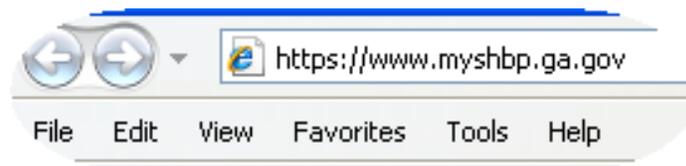
- **Double click the Internet Explorer Icon** (*Figure 1*)



*Figure 1 - Internet Explorer Icon*

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

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



*Figure 2 - Internet Browser Address Field*

The **mySHBP Web Portal Welcome Page** will display (Figure 3).



Figure 3 - mySHBP Web Portal Welcome Page

- Click the **REGISTER** button next to 'First time users click here' (Figure 4)

**First time users click here: REGISTER**  
**Returning Users click here: LOGIN**

Figure 4 - First Time Users Register Button

The **Enter Registration Information** screen will display (Figure 5).

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**SHBP**  
Sarasota Health Benefit Plan

Tuesday, October 02, 2012

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

Open Enrollment will start on October 9, 2012.

WELCOME   LOGIN   REGISTER

**Enter Registration Information**

\*Policy Number (SSN with no dashes)

\*Date of Birth (mm/dd/yyyy)

\*Password

\*Confirm Password

\*Security Question

\*Security answer

**Instructions**

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

1. Enter your Policy Number (same as SSN with no dashes).
2. Enter your Date of Birth (mm/dd/yyyy).
3. Create and enter your Password. New Password should be between 8 and 20 characters and have at least 3 of the following types of characters:
  - Uppercase Letter
  - Lowercase Letter
  - Number
  - Special Character (!, @, #, etc.)

Figure 5 - Enter Registration Information Screen

- **Enter your Policy Number** (same as SSN with no dashes)
- **Enter your Date of Birth** (mm/dd/yyyy)
- **Create and enter your Password** (case-sensitive). Password should be between 8 and 20 characters 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** (case-sensitive) for confirmation
- **Select a Security Question** from the dropdown list
- **Enter your answer to the Security Question** (not case-sensitive)
- **Click the REGISTER** button

**Note:**

**All fields indicated with \* are required.**

When a policy number has already been registered, a message will display above the top navigation bar stating, 'The policy number you entered is already registered. Please click the login tab to continue' (Figure 5a).

- **Click the LOGIN** button to complete the login process and continue to the next page

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

- The policy number you entered is already registered. Please click the LOGIN tab to continue.

Open Enrollment will start on October 9, 2012.

WELCOME LOGIN REGISTER

### Enter Registration Information

\*Policy Number (SSN with no dashes)

\*Date of Birth (mm/dd/yyyy)

\*Password

\*Confirm Password

\*Security Question

\*Security answer

**REGISTER**

### Instructions

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

1. Enter your Policy Number (same as SSN with no dashes).
2. Enter your Date of Birth (mm/dd/yyyy).
3. Create and enter your Password. New Password should be between 8 and 20 characters and have at least 3 of the following types of characters:
  - Uppercase Letter

Figure 5a - Enter Registration Information Screen

The **Public Home Page** will display (*Figure 6*).



*Figure 6 - Public Home Page*

Your Registration is now complete and information has been saved. You may now select one of the tabs on the left navigation bar (*Figure 6*).

**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.**

## LOGIN

After accessing the **mySHBP Web Portal Welcome Page**, follow the below directions to Login as a **Returning User** on the SHBP Web Portal:

- Click the **LOGIN** button next to 'Returning Users click here' (Figure 7)



Figure 7 - mySHBP Web Portal Welcome Page

The **Enter Login Information** screen will display (Figure 8).

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

Open Enrollment will start on October 9, 2012.

WELCOME LOGIN REGISTER

**Enter Login Information**

\*Policy Number (SSN with no dashes)

\*Password

**Instructions**

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

1. Enter your Policy Number (same as SSN with no dashes).
2. Enter your Password.
3. Click the \*LOGIN\* button.

**LOGIN** **FORGOT PASSWORD**

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

Figure 8 - Enter Login Information Screen

- Enter your **Policy Number** (same as SSN with no dashes)
- Enter your **Password**
- Click the **LOGIN** button

**Note:**

**All fields indicated with \* are required.**

The **Public Home Page** will display (Figure 9). **Your Login is now complete.** You may now select one of the tabs on the left navigation bar (Figure 9).



Figure 9 - Public Home Page

## FORGOT PASSWORD

After accessing the **Enter Login Information** screen from the mySHBP Web Portal Welcome Page and you **don't remember your Password**, follow the below directions to change your Password:

- Click the **FORGOT PASSWORD** button (*Figure 10*)

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

Open Enrollment will start on October 9, 2012.

WELCOME LOGIN REGISTER

**Enter Login Information**

\*Policy Number (SSN with no dashes)

\*Password

**Instructions**

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

1. Enter your Policy Number (same as SSN with no dashes).
2. Enter your Password.
3. Click the \*LOGIN\* button.

LOGIN FORGOT PASSWORD

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

Figure 10 - Enter Login Information Screen

The **Forgot Password** screen will display (Figure 11).

- Enter your **Policy Number** (same as SSN with no dashes)
- Click the **CONTINUE** button

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**SHBP**  
State Health Benefit Plan

Tuesday, September 27, 2011

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

**Forgot Password**

\*Policy Number

**CONTINUE**   **CANCEL**

**Instructions**

All fields indicated with \* are required.

1. Enter your Policy Number. Policy number is your SSN without the dashes
2. Click "CONTINUE" button to proceed; or click the "CANCEL" button to return to Login page with no change in password.

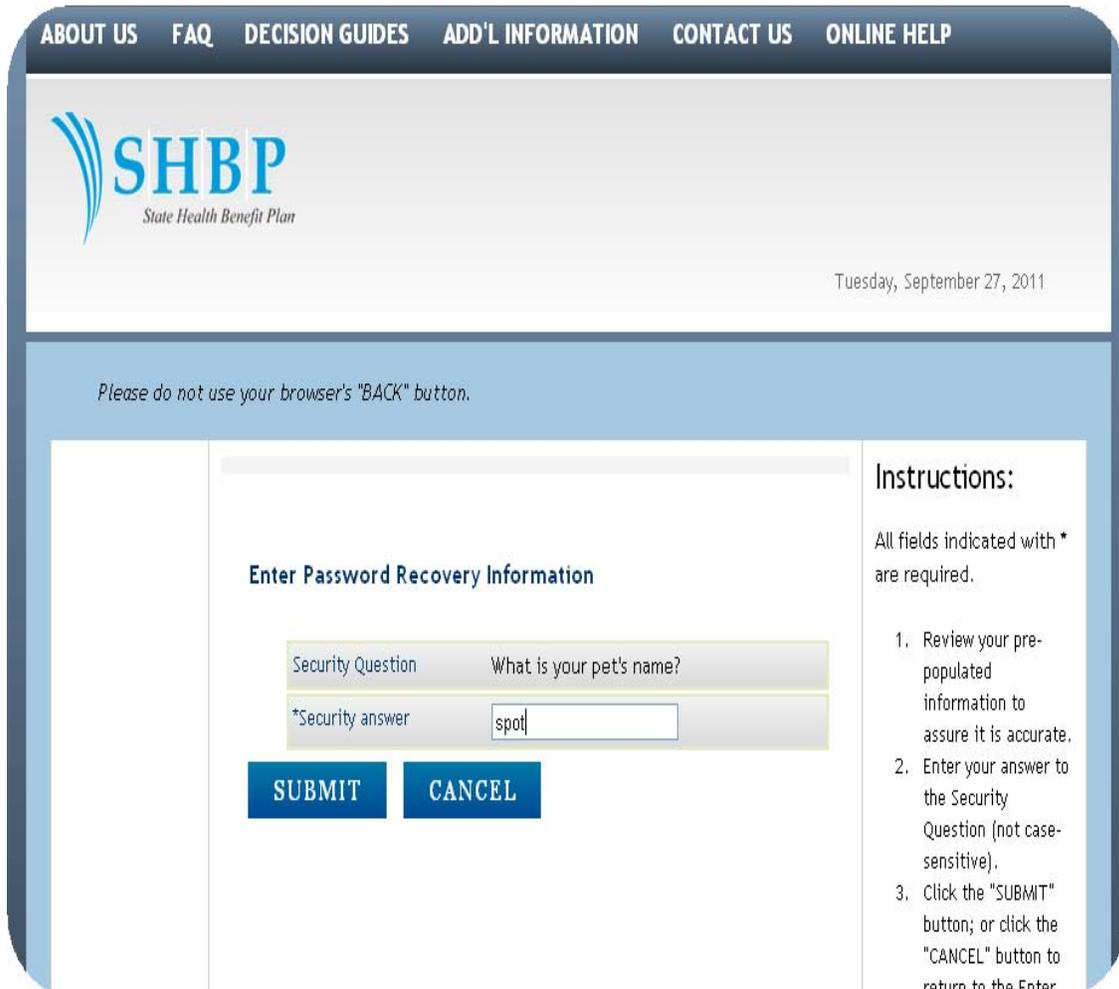
Figure 11 - Forgot Password Screen

**Note:**

**Click the CANCEL button will redisplay the Enter Login Information screen with no change in Password.**

The **Enter Password Recovery Information** screen will display. Your previously selected Security Question will pre-populate (*Figure 12*).

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



*Figure 12 - Enter Password Recovery Information Screen*

**Note:**

**Clicking the CANCEL button will stop the Password Recovery Process and redisplay the Enter Login Information screen with no change in Password.**

The **Enter New Password** screen will display (Figure 13).

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**SHBP**  
State Health Benefit Plan

Tuesday, September 27, 2011

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

**Enter New Password**

Enter a new Password.

\*New Password

\*Confirm New Password

**CHANGE PASSWORD**    **CANCEL**

**Instructions:**

All fields indicated with \* are required.

1. Create and enter your New Password. New Password should be between 8 and 20 characters and have at least 3 of the following types of characters:  
Uppercase letter  
Lowercase letter  
Number  
Special Character

Figure 13 - Enter Password Screen

- **Create and enter your New Password** (case-sensitive). New Password should be between 8 and 20 characters 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** (case-sensitive) for confirmation
- **Click the CHANGE PASSWORD** button

**Note:**

**All fields indicated with \* are required.**

The **mySHBP Web Portal Welcome Page** will redisplay (Figure 14). A message will display above the top navigation bar stating, 'Password successfully changed. Please log in.'



Figure 14 - mySHBP Web Portal Welcome Page (Password Message)

Your Password Change is now complete. You may now use your newly created Password to Login through the mySHBP Web Portal Welcome Page.

## Site Navigation

The **header bar** is located at the very top of the screen (*Figure 15*) and provides active links and information regarding SHBP (i.e. Decision Guides, User Guides, Contact Information, FAQ's, etc.).

The **left navigation bar** will display on each screen beginning with the Public Home Page (*Figure 15*). The four tabs on the left navigation bar may be selected to:

- Complete **Retiree Option Change Period** Elections
- **Modify Login** (change your Password and Security Question/Answer)
- **Print the Confirmation** for your Open Enrollment Elections
- **Logout** of the Web Site.



*Figure 15 - Header Bar and Left Navigation Bar*

The **top navigation bar** (above the screen name) will display just above the screen name during and after each Open Enrollment action (*Figure 15a*). Your current Open Enrollment action will display as the last tab on the bar with black lettering; all complete Open Enrollment actions will display with white lettered tabs, in order of completion.

**You may go back to a Complete Open Enrollment Action for correction by clicking on the tab for that action. Never use your browser’s “BACK” button.**



Figure 15a - Top Navigation Bar

## RETIREE OPTION CHANGE PERIOD

After completing the Login or Registration function, the **Public Home Page** screen will display (*Figure 16*).



Figure 16 - Public Home Page Screen

The Retiree Option Change Period tab is located on the left navigation bar of the **Public Home Page** screen (Figure 17).

- **Click the Retiree Option Change Period** tab on the left navigation bar

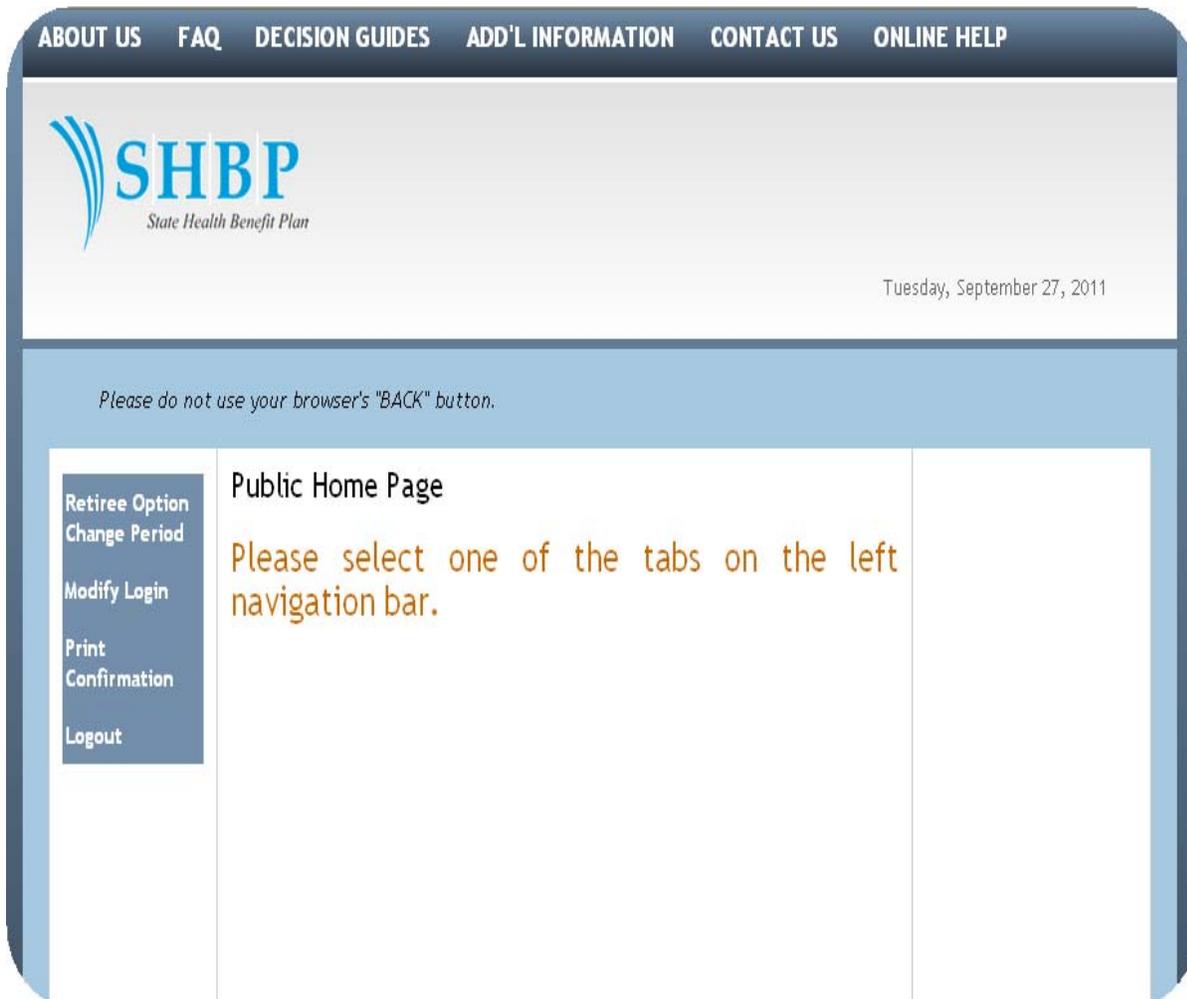


Figure 17 - Navigation Bar /Public Home Page Screen

## Terms and Conditions

The **Terms and Conditions** screen will display (Figure 18).

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**SHBP**  
State Health Benefit Plan

Thursday, September 29, 2011

### Terms & Conditions

#### GENERAL INFORMATION

**Help the SHBP save money by making your election online. If you make your election online, please do NOT complete and mail the Personalized Change Form.**

**If you cannot make your election online, or choose not to, you should complete and mail the Personalized Change Form (PCF) to SHBP. The PCF can be found in the Retiree Option Change Period (ROCP) package.** Instructions on how to make your election on the PCF form will be in your ROCP package.

#### TERMS & CONDITIONS and RETIREE RESPONSIBILITIES

- Read the 2012 Retiree Decision Guide and all materials included in your ROCP package.
  - You must read this information in order to understand all options offered and benefit changes.
  - This information will tell you what automatic enrollments and surcharges will apply if you do not complete an enrollment form (either online or via paper).
  - This information is also available on the Georgia Department of Community Health (DCH) website. [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp) and at

#### Instructions

1. Read the Employee Responsibilities completely.
2. If you agree with the Employee Responsibilities, click the "ACCEPT" button to continue.
3. Click the "DENY" button to return to the "SHBP WELCOME" page (Registration information will be saved).

Figure 18 - Terms and Conditions Screen

- Read the Retiree Responsibilities completely. If you agree with the Retiree Responsibilities, **click the ACCEPT** button located at the bottom of the screen (*Figure 18a*) to continue enrollment

I understand that if I complete my Wellness Promise but my covered spouse does not then I will be eligible to elect any Wellness Option offered in 2013 ONLY if my spouse is no longer covered under my plan.

I understand that if no member of my family is enrolled in a Medicare Advantage option, I will be required to answer Tobacco Surcharge questions. If I am married, I will be required to answer Spousal Surcharge questions. I understand that I must answer these questions accurately and truthfully. I understand that if I do not answer these questions, I will have to pay the applicable surcharges. If I answer these questions untruthfully, my coverage will be cancelled and I will not be permitted to re-enroll in the SHBP.

I understand that enrollment in all Medicare Advantage plans require approval by CMS and continuous Medicare Part B coverage. If CMS does not approve my enrollment, (for example, because I failed to pay Medicare Part B premiums, or failed to provide a required street address to SHBP or CMS information does not match SHBP records) I will be enrolled in the option I had before MA, if offered, and will pay 100 percent of the cost of coverage. If the option is not offered, I will be placed in the standard HMO until required information is provided and CMS approves enrollment.

I understand that unless I experience a qualifying event and file a change request by the deadline (in most cases, within 31 days of the event), my health benefit coverage election and monthly premium will continue for the 2012 Plan year.

I do hereby attest that the information I provide is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to a fine of not more than \$1,000 or imprisonment for not less than one and not more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to the Department of Community Health pursuant to O.C.G.A. Section 16-10-20.

**ACCEPT**      **DENY**

*Figure 18a - Terms and Conditions Screen*

**Note:**

***If you do not agree with the Retiree Responsibilities, click the DENY button to return to the mySHBP Web Portal Welcome Page (Registration Information will be saved).***

## Contact Information

The **Contact Information screen** will display (*Figure 19*). The top navigation bar (above the screen name) will display your 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.

**Retiree Option Change Period**  
Modify Login  
Print Confirmation  
Logout

**CONTACT INFORMATION**

### 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 19 - Contact Information Screen

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

- Enter your Daytime Phone Number (10 digits only)
- Enter your Email Address (Figure 19a)
- 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 your Ethnicity from the dropdown list
- Select the Check Box to verify the above address is accurate and complete
- Click the CONTINUE button (Figure 19a)

The screenshot shows 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.

A blue CONTINUE button is located below the form. At the bottom of the page, there is a 'LINKS' section with links for Georgia.gov, Privacy, Important Notices, Accessibility, and Contact Georgia.gov. The footer contains the text: Copyright © 2011 State of Georgia - All rights reserved.

Figure 19a - Contact Information Screen

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

## Tier Selection

The **Tier Selection** screen will display (Figure 20).

The screenshot displays the 'Tier Selection' web interface. On the left is a vertical navigation menu with options: 'Open Enrollment', 'Modify Login', 'Print Confirmation', 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'. Five radio button options are listed: '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 the heading 'Instructions:', two numbered steps are provided: '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 20 - 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) that you 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 you elect not to continue coverage for your 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.

## Dependents

If dependent coverage was selected, the **Dependents screen** will display (Figure 21) with pre-populated information.

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

Retiree Option  
Change Period

Modify Login

Print  
Confirmation

Logout

CONTACT INFORMATIONTIER 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 21 - Dependents Screen

- Review your 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 you **DO 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 you elect not to continue coverage for you 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 22) on the row of the dependent spouse information you wish to edit

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

Retiree Option Change Period  
Modify Login  
Print Confirmation  
Logout

CONTACT INFORMATION TIER SELECTION DEPENDENTS

### 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 22 - Dependents Screen

The **Edit Dependent Information** screen will display (Figure 23) with pre-populated dependent information fields.

**Retiree Option Change Period**  
Modify Login  
Print Confirmation  
Logout

**EDIT DEPENDENT INFORMATION**  
**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 SSNs are required to comply with this law.

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

*Dependent Last Name	RETIREE
*Dependent First Name	JAMES
Dependent Mid initial	R
Dependent Suffix	
*Dependent Relation	Spouse
*Dependent Sex	Male
Dependent Ethnicity	--Select One--
*Dependent DOB (MM/DD/YYYY)	05/09/1955
Dependent SSN (DO NOT enter dashes)	423667788

**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 23 - 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 24).

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

Retiree Option  
Change Period

Modify Login

Print  
Confirmation

Logout

CONTACT INFORMATIONTIER 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 24 - Dependents Screen

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

## Tobacco Surcharge

The Tobacco Surcharge screen will display (Figure 25).

- Select the appropriate answer to the Tobacco Surcharge question
- Click the **CONTINUE** button (Figure 25)

A message will display below the Tobacco Surcharge question, indicating if a Tobacco Surcharge will be added to the member's premium (Figure 25).

The screenshot shows the 'Tobacco Surcharge' screen. On the left is a navigation menu with 'SHBP Staff >>', 'Modify Login', and 'Logout'. The main content area has a title 'Tobacco Surcharge' and a message: '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 is a member information box: 'Name: VALUED RETIREE', 'Payroll Location: 14990 (EMPLOYEES RETIREMENT SYS)', 'Policy Number: \*\*\*\*\*4444', and 'Coverage Effective Date: 01/01/2012'. A green note states: '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.' The question is: '1. Have you or any of your covered dependents used tobacco products in the last 60 days?' with radio buttons for 'Yes' and 'No'. At the bottom is a blue 'CONTINUE' button. On the right, 'INSTRUCTIONS' are listed: '1. Select the appropriate answer to the Tobacco Surcharge Question (1)'. '2. Click the "CONTINUE" button to go to the next page.'

Figure 25 - Tobacco Surcharge Screen

### Note:

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

- Click the **CONTINUE** button to move to the next screen (*Figure 26*)

**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 26 - Tobacco Surcharge Screen*

## Option Selection

The **Option Selection screen** will display with associated cost for each option, including all surcharges if applicable (*Figure 27*). *The displayed Monthly Premiums are not current cost.*

The screenshot displays the 'Option Selection' screen. At the top, there is a navigation bar with icons for 'CONTACT INFORMATION', 'PAYROLL LOCATION', 'EMPLOYEE ID', 'TODAY'S SURCHARGES', 'APPLICABLE', and 'OPTION SELECTION'. Below this, the screen title is 'Option Selection'. A sidebar on the left contains links: 'Retiree Option Change Period', 'Modify Login', 'Print Confirmation', and 'Logout'. The main content area shows the following information:

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

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

Options	Monthly Premium
<b>CIGNA</b>	
<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
<b>UnitedHealthcare</b>	
<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
<b>TRUCARE</b>	

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 27 - Option Selection Screen

- Review the acronyms at the bottom of the page to ensure that you select the correct Plan Type (*Figure 28*)
- **Select** the appropriate **Option** in which you wish to enroll (*Figure 28*)

Standard HMO \$ 333.96

**UnitedHealthcare**

Wellness HRA \$ 253.86  
 Standard HRA \$ 267.54  
 Wellness HDHP \$ 234.48  
 Standard HDHP \$ 247.14  
 Wellness HMO \$ 316.86  
 Standard HMO \$ 333.96

**TRICARE**

Supplement \$ 160.00

**No Coverage**

No Coverage \$0.00

ACRONYMS:

HRA:Health Reimbursement Arrangement  
 HDHP:High Deductible Health Plan  
 HMO:Health Maintenance Organization

**CONTINUE**

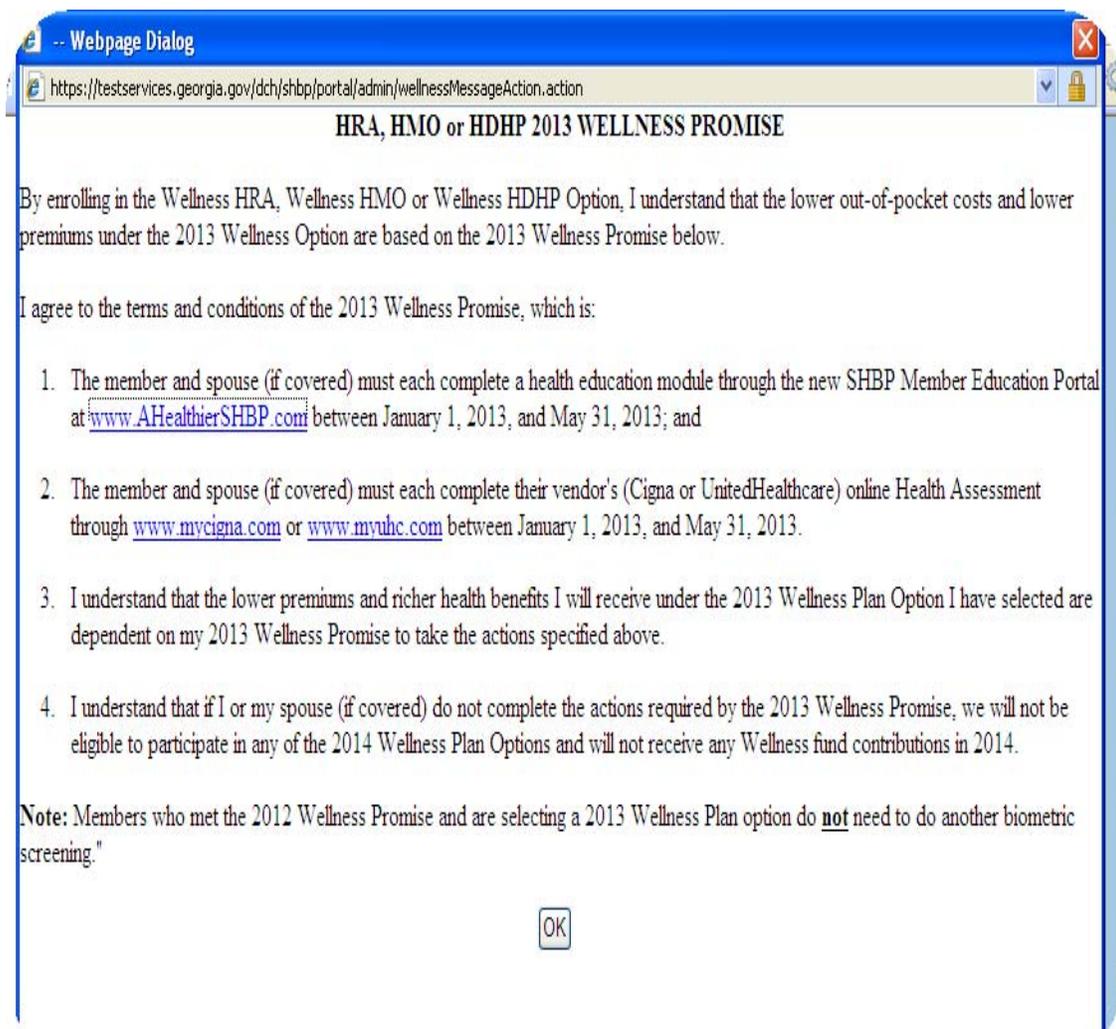
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*Figure 28 - Option Selection Screen*

**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.***

- **Click** the **CONTINUE** button (*Figure 29*)
- If Wellness Options are selected for HRA, HMO or HDHP, the HRA, HMO or HDHP Wellness Promise pop-up window will display (*Figure 29*); review and **Click** the **OK** button



*Figure 29 - HRA, HMO or HDHP Wellness Promise Screen*

## Considerations Before Confirming My Selections

The **Considerations Before Confirming My Selections** screen will display (Figure 30).

- Review the Considerations

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

Retiree Option Change Period  
Modify Login  
Print Confirmation  
Logout

CONTACT INFORMATION TIER SELECTION DEPENDENTS TOBACCO SURCHARGE SPOUSAL SURCHARGE OPTION SELECTION MEDICAL CONFIRMATION

### CONSIDERATIONS BEFORE CONFIRMING MY SELECTIONS

I understand that it is my responsibility to check the following before completing my elections:

- I have verified that my address and contact information is correct.
- When I or my covered dependent become eligible for Medicare, I must provide SHBP with a copy of the Medicare card as soon as it is received.
- If I will soon be eligible for enrollment in a Medicare Advantage Plan I understand that I must provide a physical street address. CMS will not approve enrollment in a MA plan without a physical street address.
- I have selected the correct tier based upon the dependents I wish to cover.
- I have accurately answered the surcharge questions.
- I have reviewed each Plan Option and have selected the option that best meets my healthcare needs. My review includes the following:
  - My current provider(s) are participating in the network of the option under the healthcare vendor I have selected. If they are not, I have confirmed the distance I will have to travel to see a participating provider.
  - What my cost will be for the prescription drugs I am currently taking under the Option selected.
  - The office visit co-pays (if applicable), the deductibles and out-of-pocket maximums for the Option selected.
- I understand that providers may join and drop participation in a network. A providers decision to no longer participate in a particular network is not a qualifying event that will allow me to change my election.
- I understand that the costs of prescription drugs may change during a plan year.
- I have reviewed my confirmation, printed a copy to keep for my

Instructions:

1. Review the Considerations.
2. Click the "CONTINUE" button to go to the next page.

Figure 30 - Considerations Before Confirming My Selections Screen

- Click the **CONTINUE** button (Figure 30a).

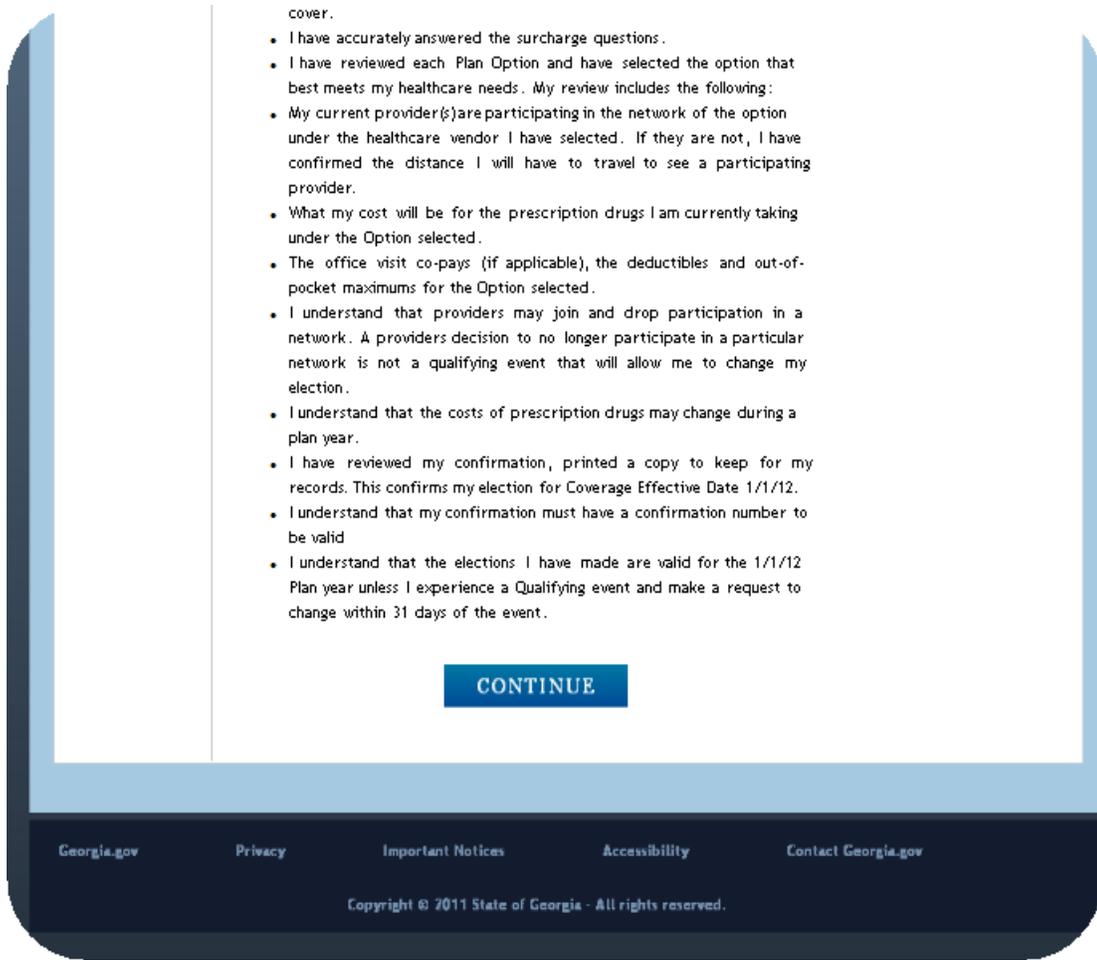


Figure 30a - Considerations Before Confirming My Selections Screen

## Verify Selections

The **Verify Selections** screen will display (Figure 31).

- Review all of your information and health coverage selections
- To edit your 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.

**Retiree Option Change Period**  
Modify Login  
Print Confirmation  
Logout

**Verify Selections**

Policy Number:	****4444
Name:	VALUED RETIREE
Payroll Location:	14990 (EMPLOYEES RETIREMENT SYS )
Coverage Effective Date:	01/01/2012
Coverage Tier:	You + Family
Coverage Option:	OGNA Wellness HRA
Surcharges:	
Monthly Premium:	\$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 31 - Verify Selections Screen

- After you have verified your selections, **click** the **CONFIRM** button (located at the bottom of the screen) (*Figure 31a*)

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 31a - Verify Selections Screen/ Confirm Button*

## Confirmation

The **Confirmation** screen will display (Figure 32).

The screenshot displays the SHBP (State Health Benefit Plan) Confirmation screen. At the top left is the SHBP logo with the tagline "State Health Benefit Plan". The date "Thursday, September 29, 2011" is shown at the top right. A warning message reads: "Please do not use your browser's 'BACK' button." The main content is divided into three sections: a left sidebar, a central "Confirmation" section, and a right "Instructions" section.

**Left Sidebar:**

- Retiree Option
- Change Period
- Modify Login
- Print Confirmation
- Logout

**Confirmation Section:**

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

Policy Number:	****4444
Name:	VALUED RETIREE
Payroll Location:	14990 (EMPLOYEES RETIREMENT SYS )
Coverage Effective Date:	01/01/2012
Coverage Tier:	You + Family
Coverage Option:	ORIGI Wellness HRA
Surcharges:	
Monthly Premium:	\$253.86
Confirmation Number:	20110929154047201
Biometrics Pledge:	Yes
Address:	820 STATE STREET
City:	ATLANTA

**Instructions Section:**

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

Figure 32 - Confirmation Screen

**Note:**

**The Confirmation Page located on this screen is your enrollment verification document. Your confirmation number is located in the Confirmation Number field on this page. You must receive this Confirmation Number to finalize your 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 32a*) 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 32a - Confirmation Screen*

The **Print Confirmation (Printer Friendly)** screen will display (Figure 33).

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**SHBP**  
State Health Benefit Plan

Tuesday, September 27, 2011

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

Retiree Option Change Period  
Modify Login  
**Print Confirmation**  
Logout

### 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	<a href="#">Open PDF</a>
09/27/2011	20110927122311810	<a href="#">Open PDF</a>

### 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 33 - Print Confirmation Screen

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.**

- Review your 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 33)**

The selected **Confirmation in a PDF Format** will display (Figure 34).

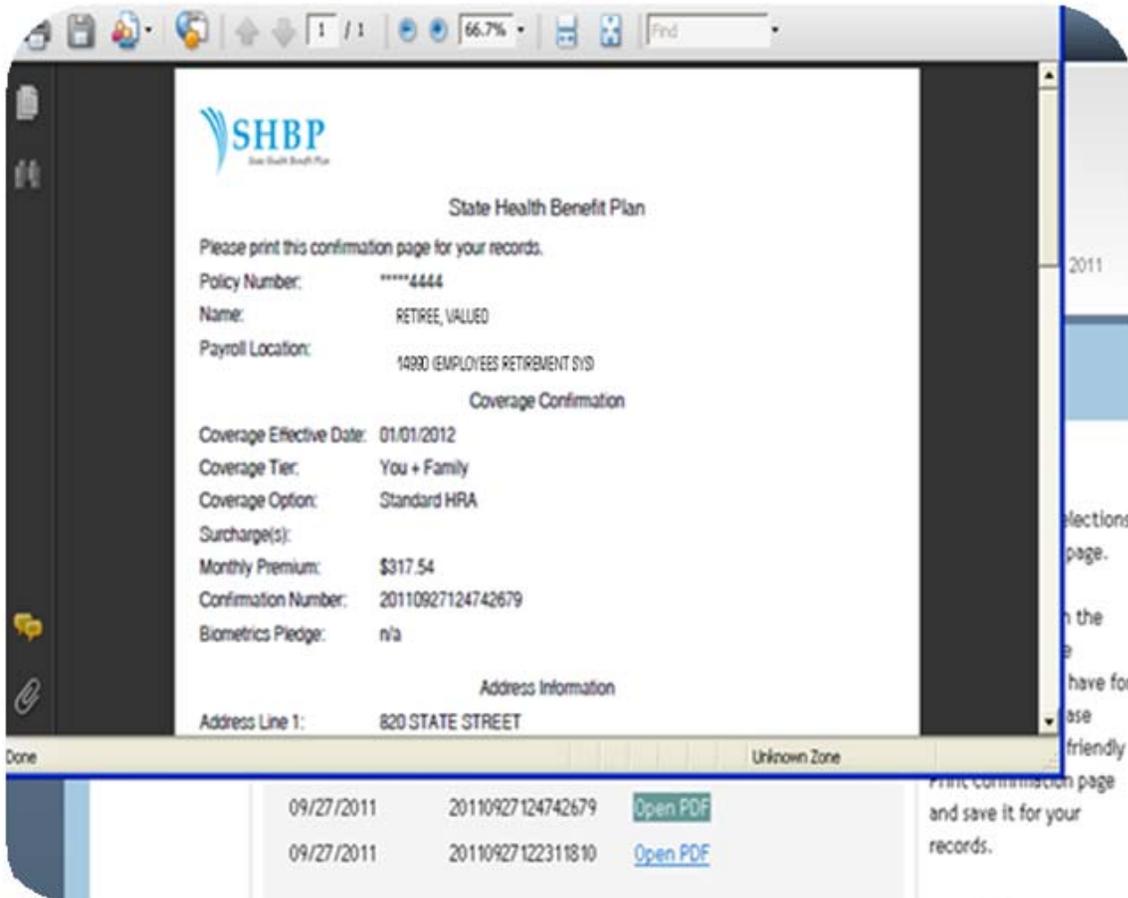


Figure 34 - PDF Formatted Confirmation Screen

- **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 35).

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**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	<a href="#">Open PDF</a>
09/26/2011	20110926172017100	<a href="#">Open PDF</a>

**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

You have completed your mySHBP Web Portal Open Enrollment. You may select another Open PDF link or another tab from the left navigation bar. You may also logout of the session by selecting the Logout Tab on the left navigation bar, the mySHBP Web Portal Welcome Page will redisplay.

## MODIFY LOGIN

The **Modify Login tab** is located on the left navigation bar of the **Public Home Page screen** (Figure 38) and may be used to change password and security question/answer. Follow the below directions to complete the Modify Login function:

- **Click the Modify Login tab** on the left navigation bar (Figure 36)



Figure 36 - Modify Login Tab

The **Modify Login Information** screen will display (Figure 37).

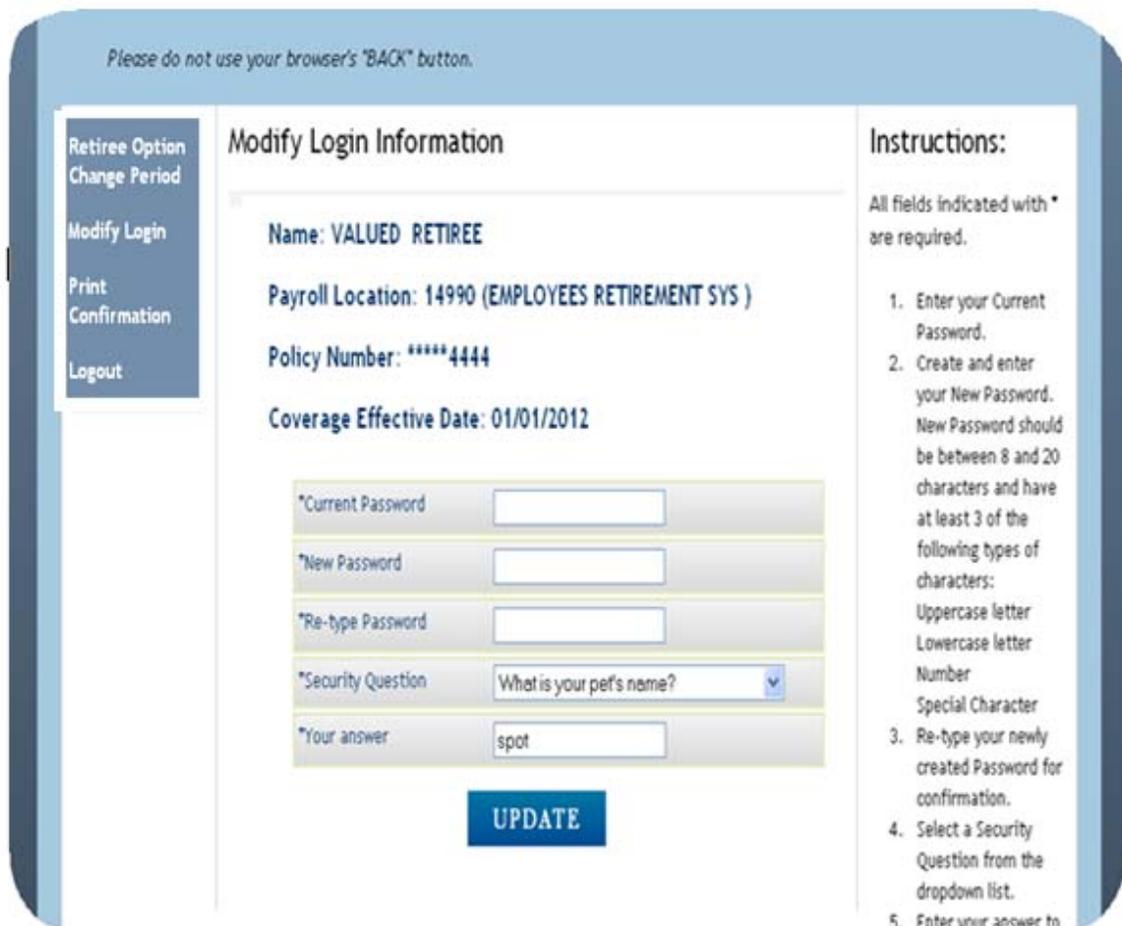


Figure 37 - Modify Login Information Screen

- Review your pre-populated information to assure it is accurate
- **Enter your Current Password** (case-sensitive) (Figure 37)
- **Create and enter your New Password** (case-sensitive). New Password should be between 8 and 20 characters and have at least 3 of the following types of characters:
  - a. Uppercase Letter
  - b. Lowercase Letter
  - c. Number
  - d. Special Character (!, @, #, etc.)
- **Re-enter your newly created Password** (case-sensitive) for confirmation (Figure 37)

Your previously selected Security Question is pre-populated in the Security Question dropdown field (Figure 38). You may utilize the pre-populated Security Question or select a new Security Question from the dropdown list, as follows:

- **Select a Security Question** from the dropdown list

Your answer to the previously selected Security Question is pre-populated in the Your Answer field (Figure 38). If you did not change your pre-populated Security Question, you may utilize the pre-populated answer. If you selected a new Security Question, select a new answer as follows:

- **Enter your answer to the Security Question** (not case-sensitive).

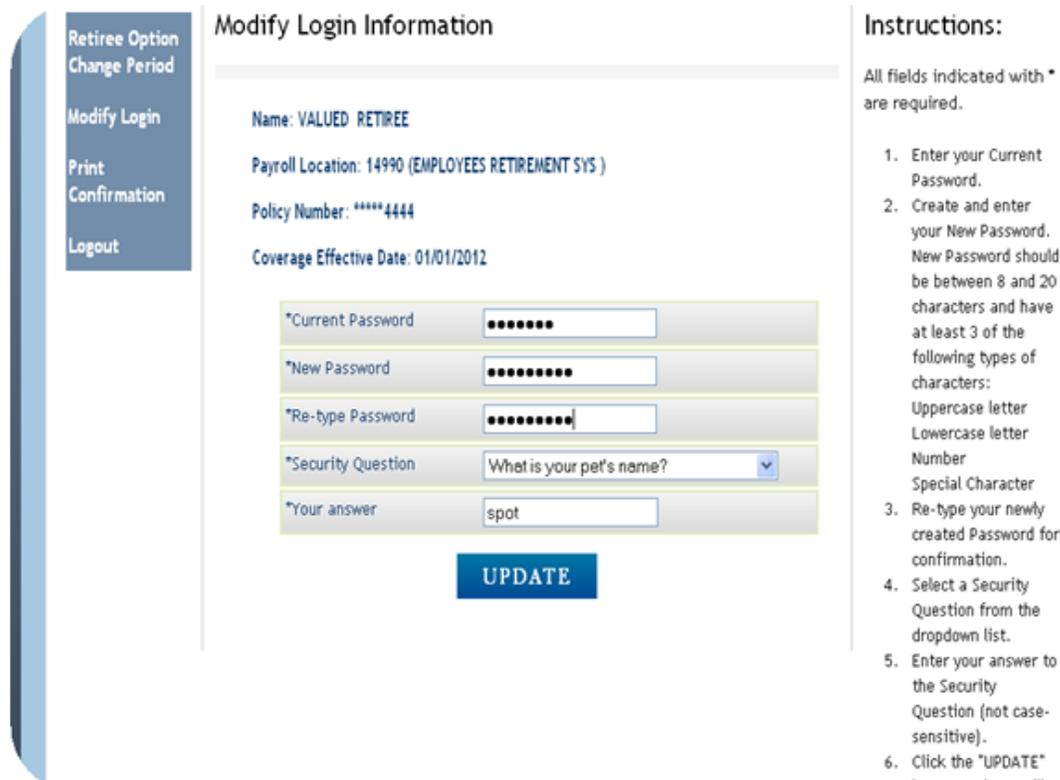


Figure 38 - Modify Login Information Screen

- **Click the UPDATE** button

The Public Home Page will redisplay (Figure 39) with a message indicating, 'Account successfully modified.'



Figure 39 - Public Home Page Screen

You may now select Logout on the left navigation bar and return to the SHBP Welcome Page to LOGIN with your new password.

## PRINT CONFIRMATION

The **Print Confirmation tab** is located on the left navigation bar of the **Public Home Page screen** (*Figure 40*) and may be used to print and save your Confirmation for your records. Follow the below directions to complete the Print Confirmation function:

- **Click the Print Confirmation tab** on the left navigation bar (*Figure 40*)



*Figure 40 - Public Home Page Screen*

The **Print Confirmation (Printer Friendly)** screen will display (Figure 41).

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** (Figure 41).

- Review your 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**

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State Health Benefit Plan

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

Retiree Option Change Period  
Modify Login  
**Print Confirmation**  
Logout

### 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	<a href="#">Open PDF</a>
09/27/2011	20110927122311810	<a href="#">Open PDF</a>

### 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 41 - Print Confirmation Screen

The selected **Confirmation in PDF Format** will display (Figure 42).

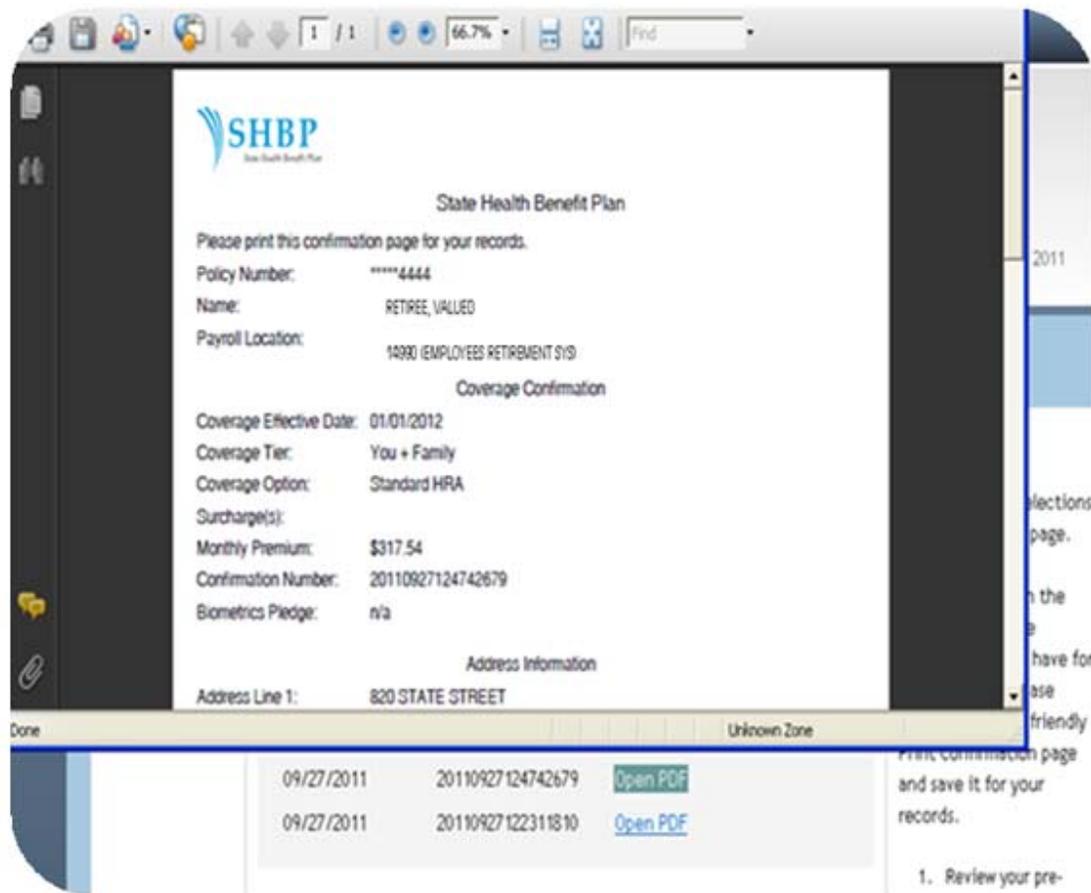


Figure 42 - PDF Formatted Confirmation Screen

- **Save and Print the Confirmation** in a PDF Format (using your browser buttons). 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 43).

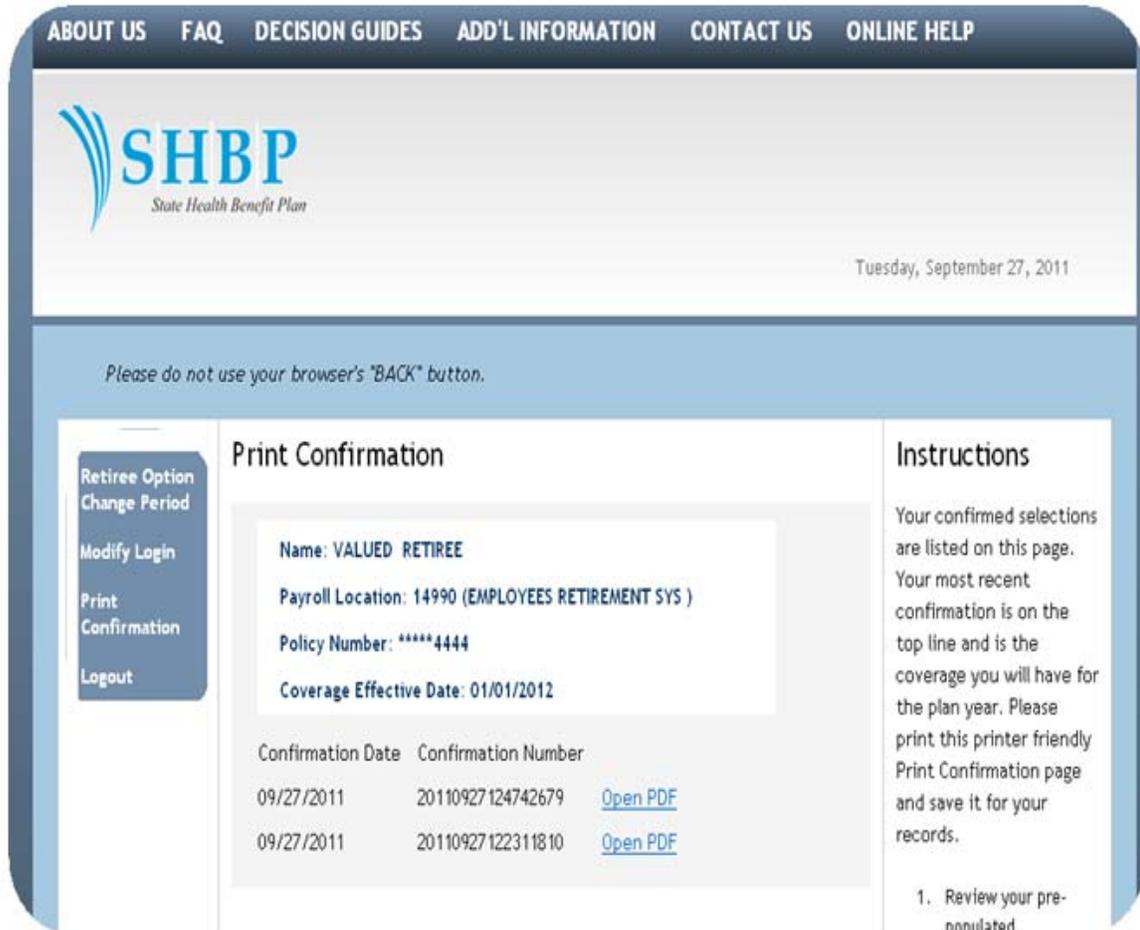


Figure 43 - Print Confirmation Screen

You may select another Open PDF link or another tab from the left navigation bar. You may also logout of the session by selecting the Logout Tab on the left navigation bar, the mySHBP Web Portal Welcome Page will redisplay.

## LOGOUT

The **Logout tab** is located on the left navigation bar and may be accessed from various screens throughout the Web Portal. Follow the below directions to complete the Logout function:

- Click the **Logout tab** on the left navigation bar (*Figure 44*)

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**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	<a href="#">Open PDF</a>
09/27/2011	20110927122311810	<a href="#">Open PDF</a>

**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

Left Navigation Bar:  
Retiree Option Change Period  
Modify Login  
Print Confirmation  
Logout

Figure 44 - Left Navigation Bar

The **mySHBP Web Portal Welcome Page** will redisplay (Figure 45).



Figure 45 - mySHBP Web Portal Welcome Page

**The Logout is now complete.**