



STATE HEALTH BENEFIT PLAN

Employers Administrative Guide 2013

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NOTE: The purpose of these procedures is to provide a manual for administering the operational aspect of the State Health Benefit Plan (SHBP) consistent with the Board of Community Health regulations and policies. If an interpretative conflict between statements in these procedures and the Regulations occurs, the Regulations shall prevail.

OVERVIEW

The Georgia Department of Community Health (DCH) administers the State Health Benefit Plan (SHBP). The SHBP provides health coverage to more than 690,000 state employees, teachers, retirees and dependents. SHBP's eligibility rules are governed by United States (US) Code; Title 26, 125 (Section 125 of the Internal Revenue Code). This specific US Code speaks directly to cafeteria plans and their administration under Section 125. The SHBP is governed by the Regulations of the Department of Community Health Board, Chapter 111-4-1 Health Benefit Plan.

The purpose of this document is to serve as a user guide for each payroll location to assist with administering the operational aspect of the SHBP while remaining consistent with Section 125 of the Internal Revenue Code (Section 125), and DCH Regulations and policies. The SHBP reserves the right to modify the eligibility and/or participation requirements at any time, subject only to reasonable notification to members. When such change is made, it will apply as of the modification's effective date and after, unless otherwise specified by DCH. If an interpretative conflict between statements outlined in this document and the DCH Regulations occurs, the Regulations shall prevail.

SHBP FORMS

Introduction

The administration of the SHBP requires the use of a variety of forms. Forms are necessary for enrolling employees, changing coverage and various other updates to the Plan. All the SHBP forms have been designed to gather the appropriate information for the type of action being requested by the employee.

Employing Entity Responsibility

More than 800 employing entities are responsible for assisting their employees with completing the appropriate forms and submitting those forms to the SHBP on a timely basis. In order to assist the employees, the employing entities should be familiar with all the SHBP forms and maintain an adequate supply of all forms to meet the anticipated needs of their employees.

Online SHBP Forms Access

SHBP has placed some forms online for easy access. These forms are available for printing at the website, www.dch.georgia.gov/shbp. All SHBP forms contain an attestation statement.

SHBP Job Aid: SHBP Forms

Form Eligibility Function	Form Name and Form #	Additional Details
Appeals	Administrative Review Form (RS-101) and Formal Appeal Review Form (RS-100)	<p>The Administrative Review form should be used after contacting Member Services and requesting a telephone review within 90 days of the eligibility denial. This form is used as the second level of appeal under the plan and must be filed within 90 days of the denied action concerning eligibility.</p> <p>The Formal Appeal Form is used if the Administrative Review is denied by SHBP</p>
Tobacco Surcharge	Non-Tobacco Users Affidavit Form Active Employees NTOB 1.1.2011	Use this form to remove a tobacco surcharge. If you and all covered dependents are non-tobacco users. This form must be returned to your Payroll Location Benefit Coordinator/Human Resource Representative.
Tobacco Surcharge	Tobacco Users Cessation Affidavit Form (TC-2) Active Employers	This form must be returned to your Payroll Location Benefit Coordinator/Human Resource Representative.
Decline Health Coverage	Declination of Health Benefit Coverage (66-004)	Use this form when an employee declines coverage upon employment or is ineligible for coverage due to employment status. (E.g. part-time employee). This form must be returned to your Payroll Location Benefit Coordinator/Human Resource Representative.
Discontinue Health Coverage	Discontinuation of Health Benefit Coverage (66-089)	This form must be returned to your Payroll Location Benefit Coordinator/Human Resource Representative.

SHBP Job Aid: SHBP Forms

Form Eligibility Function	Form Name and Form #	Additional Details
Retiree Decline or Discontinue Coverage	Retiree Discontinuation Form (66-088)	Please contact the SHBP Call Center at 404-656-6322 or 1-800-610-1863 for further information. NOTE: If you discontinue you will NOT be eligible to re-enroll for any coverage under the State Health Benefit Plan.
New Hire	New EE Transfer Form (SHBP 66-091)	This form is to be used only for New employees hired or transferees. This form must be returned to the Payroll Location Benefit Coordinator/Human Resource Representative.
Miscellaneous Update	Change and Miscellaneous Update Form (66-090)	Must be completed by each eligible employee who wishes to enroll or change coverage option or type in any option offered by the SHBP. The form must be returned to your Payroll Location Benefit Coordinator/Human Resource Representative.
Retiree/Surviving Spouse	Retiring/Surviving Spouse Form (66-092)	This form should be used when a retiring member elects to continue coverage through retirement or to change option or type of coverage after retirement.
Employer Use Only	Forms Transmittal Sheet (66-010)	This form is used as a control document that should be placed on top of any forms submitted and for submitting any coverage terminations to the SHBP.
Leave Without Pay	Notification of Return from Leave Without Pay (66-093)	Use this form to notify the SHBP when a member returns to work after being on an approved leave without pay.
Direct Pay Enrollment Form		Used to continue coverage when employment ends
Social Security Waiver Form		Used when member refuses to share Social Security Number
Release of information to Personal Representative		Use this form to release personal health information to someone other than the patient.

Claim Forms

Claim forms for filing medical and prescription drug expenses are available for printing of Community, www.dch.georgia.gov/shbp.

The claim forms listed below are associated with filing medical and prescription claims for benefits consideration.

Claims Forms should be mailed directly to the address specified on each form.

Claim Form Name	Claim Form Use
CIGNA Choice Fund HRA	Members Use this form for filing claims for CIGNA Choice Fund HRA.
CIGNA HMO, HDHP	Members Use this form for filing claims for the CIGNA Choice Fund HRA
UHC Health Claim Transmittal Form	
UHC Pharmacy Claim Form	

Enrolling New Employees

Introduction

The SHBP is authorized by Georgia Code 45-18-1, Georgia Code 20-2-880, and Georgia Code 20-2-910. These codes establish the basis for membership eligibility and authorize the Board of Community Health to adopt regulations for the administration of the Plan. The Board has approved, for inclusion in the Plan, Health Maintenance Organization (HMO) Wellness and HMO Standard, High Deductible Health Plan (HDHP) Wellness and HDHP Standard, Health Reimbursement Account (HRA) Wellness and HRA Standard, and Tricare Supplement.

Full-time employees and annuitants as defined by Georgia Code who meet the eligibility requirements established by the Board shall be offered an opportunity to enroll in the State Health Benefit Plan (SHBP). The Board is delegated the responsibility for defining the administrative policies and procedures through which eligible employees and annuitants may enroll for health benefit coverage.

New employees may participate in the SHBP provided they meet the eligibility requirements and enroll within the time outlined in the Regulations. Regulations covering eligibility for coverage require uniformity in application among the options. New employees choosing not to participate upon employment cannot enroll until the next Open Enrollment Period, except under limited conditions as stated in Procedure 60-U110 and Chapter 111-4-1-.06 of the Regulations of the Board.

Defining a New Employee

A new employee is any person who was hired during the Plan Year who was not previously employed by a participating Employing Entity, within 31 days prior to the current employment date. This also includes any person whose employment changes to meet eligibility requirements. The following are not considered new employees: Employees transferring from one Employing Entity to another or re-employed by an Employing Entity during a Plan Year with less than a 31 day break in employment, and employees returning from a period of suspension or leave without pay.

Employing Entity Responsibility

Each Employing Entity authorized by law to participate in the SHBP has the responsibility to offer enrollment in the Plan to each eligible employee. Failure to offer and explain the health coverage options to eligible employees may subject the employee or family to financial hardship and cause the employer additional administrative processing.

Each Employing Entity is responsible for providing all eligible employees with the appropriate information and enrollment materials upon employment, so that the employee may enroll in or decline coverage in the Plan. The employer should make available a copy of the Health Plan

Decision Guide. The employer should also explain the benefit options and refer employees to the SHBP Call Center at 404-656-6322 or 1-800-610-1863, when necessary.

Health benefit coverage Options offered to New Enrollees are limited to one of the Plan's Consumer Driven Health Plan (CDHP) Options.

The available CDHP Options are:

- CIGNA
(HRA) Standard
- CIGNA
HDHP Standard
- United Healthcare
(HRA) Standard
- United Healthcare
HDHP Standard

Members will be allowed to change Options during the following Open Enrollment Period or within 31 days of meeting a Qualifying Event as defined by IRS Section 125.

Procedure

SHBP has developed two new forms to replace the single Membership Enrollment/Miscellaneous form. The two new forms are:

1. New Enrollment/Transfer form that will list the four Options from which the New Enrollees can elect a coverage Option; and
2. Change and Miscellaneous Update form to be used for changes in coverage Option and/or Tier due to Qualifying Events; other miscellaneous changes; and addition of newly eligible dependents for existing covered SHBP members.

SHBP Members are not allowed to change coverage Option except during the annual Open Enrollment Period or within 31 days of experiencing a Qualifying Event (90 days for a newborn). SHBP Members that Transfer between Payroll Locations must maintain the coverage Option and Tier in which originally enrolled. Space will be provided on the New Hire form for transferring employees to designate their transfer status. Therefore, the new hire limitation to CDHP options does not apply to transfers, and transferring employees will be enrolled in the original coverage Option and Tier.

There are additional policy exceptions based upon Federal and State Legislation and administrative requirements that govern the eligibility for changes in SHBP coverage Option. Most exceptions include continuous coverage as part of the requirement.

SCENARIO (Exception)	CONTINUOUS COVERAGE	OPTION AVAILABILITY
Covered dependent becomes eligible as an employee	Yes	New member may continue with Option previously enrolled in as a dependent
Covered dependent becomes eligible as an employee	No	New member must enroll in one of the CHDP Options
Break in coverage during the Plan Year	No	Must enroll with same Option and Tier *
Return from Leave of Absence Without Pay	Yes	Must enroll with the same Option and Tier
Return from Leave of Absence Without Pay during same Plan Year	No	Must enroll with the same Option and Tier
Return from Leave of Absence Without Pay spanning Plan Years	No	Must enroll in one of the CDHP Options
Enrollment in COBRA coverage	Yes	Must enroll with the same Option if eligible
Member changes residency outside of current Option's network of providers	Yes	May enroll in any Option with network of providers that service the new residence
Qualified Medical Child Support Order (QMCSO)	Yes	May change to EE+CH or EE + SP + CH Tier and/or change Option if child would not be covered by the network of providers of the member's current Option
Qualified Medical Child Support Order (QMCSO)	No	Must enroll in CDHP Option provided the child will be able to receive benefits
Addition of Dependents		Can change to any option
Qualifying Event allowing change in Option	Yes	May change to any Option
Enrollment of Surviving Spouse	Yes	Must enroll in same Option as deceased spouse

* If a member experiences a Qualifying Event during a break in coverage in the same Plan Year, the member may file for a change in coverage within 31 days of re-employment. (90 days newborn)

Employee Eligibility Requirement

(1) **Active Employees.** Employees who are actively at work or on approved leave of absence and have not terminated their employment may participate in the SHBP if classified as the following:

(a) **Full-Time.**

1. State Employees who work a minimum of thirty (30) hours per weeks are considered full-time.

2. A regular full-time Employee who receives a salary or wage payment from a state department, board, agency, commission, the general assembly, a community service board, or a local government or other organization with which the Board of Community Health is authorized to contract; except contingent workers of the Labor Department, specially classified Employees of the Jekyll Island State Park Authority, Employees working as an independent contractor or on a temporary, seasonal, or intermittent basis and Employees whose duties are expected to require less than nine (9) months of service.

3. A regular full-time Employee who receives a salary or wage payment from a state authority that participates in the Employees' Retirement System;

4. Part-time Employees of the General Assembly who had coverage prior to January 1981, and Administrative and clerical personnel of the General Assembly;

5. A full-time district attorney, assistant district attorney who was appointed pursuant to O.C.G.A. § 15-18-14, or district attorneys' investigators appointed pursuant to O.C.G.A. § 15-18-14.1 of the superior courts of this state;

6. A full-time Employee who receives a salary or wage payment from a county board of health or a county board of family and children services that receives financial assistance from the Department of Human Resources; except for sheltered workshop Employees;

7. Full-time secretaries and law clerks who are employed by district attorneys and judges and are employed under O.C.G.A. §§ 15-6-25 through 15-6-28 and O.C.G.A. §§15-18-17 through 15-18-19.

(b) Teachers who are employed not less than half time, which must be at least seventeen and a half (17½) hours per week, in the public school systems of Georgia are eligible to participate under these regulations. An eligible teacher shall not include any independent contractor, emergency or temporary person and is further defined as:

(c) Public School Employees who are employed by a local school system that have elected to participate in the Plan, and are not considered independent contractors, are eligible to enroll under the conditions of these regulations.

(d) **Local Boards of Education** that elect to provide group medical insurance for

members of the local board of education, their spouses, and dependents in accordance with O.C.G.A. § 45-18-5 are eligible to enroll under the conditions of these regulations. Collection and remittance of Enrolled Member premium and employer contribution amounts shall be in accordance with O.C.G.A. § 20-2-55 and these regulations.

1. A person employed in a professionally Certificated Capacity or Position in the public school systems of Georgia;
2. A person employed by a regional or county library of Georgia;
3. A person employed in a professionally Certificated Capacity or Position in the public vocational and technical schools operated by a local school system;
4. A person employed in a professionally Certificated Capacity or Position in the Regional Educational Service Agency of Georgia;
5. A person employed in a professionally Certificated Capacity or Position in the high school program of the Georgia Military College.

a. An Employee who is eligible to participate in the Public School Employees Retirement System as defined by Paragraph (20) of O.C.G.A. § 47-4-2 may enroll, provided the Employee works the greater of at least 60 percent of the time required to carry out the duties of such position or a minimum of fifteen (15) hours per week and is not employed on an emergency or temporary basis.

b. An Employee who holds a non-certificated public school position and who is eligible to participate in the Teachers Retirement System (or other independent local school retirement system), provided the Employee is not employed on an emergency or temporary basis and the Employee works at least 60 percent of the time required to carry out the duties of such position or a minimum of twenty (20) hours per week, whichever is greater may enroll.

6. Retired Employees. Any Employee who was eligible to participate under 111-4-1-.04(1)(a), 111-4-1-.04(1)(b), or 111-4-1-.04(1)(c) and who was enrolled in the Plan at the time of retirement shall be eligible to continue coverage if:

(a) The Retired Employee is eligible to immediately receive an annuity from the Employees' Retirement System, Georgia Legislative Retirement System, Judicial Retirement System, Superior Court Judges or District Attorneys' Retirement System, Teachers Retirement System, Public School Employees Retirement System, any local school system teachers retirement system, or other retirement system with which the Board is authorized to contract; or

(b) The Retired Employee as an Employee of a county department of family and children services or a county department of health is eligible to receive an annuity from the Fulton County Retirement System.

Dependent Eligibility Requirement

(7) **Spouse.** An Active Employee shall be entitled to enroll the Employee's Spouse upon employment, during Open Enrollment, or under conditions specified in Section 111-4-1-.06 of these regulations. A Retiree shall be entitled to continue Coverage for the Spouse upon retirement or may enroll the Spouse in accordance with Section 111-4-1-.06 (5) Or 111-4-1-.06 (6). Your spouse is your legally married spouse as defined by Georgia law. The Administrator shall require appropriate documentation from an Enrolled Member in order to verify a Spouse's eligibility for Coverage.

(8) **Dependent Child.** An Active Employee shall be entitled to enroll eligible Dependent children upon employment, during Open Enrollment, or under conditions specified in Section 111-4-1-.06 of these regulations. A Retiree shall be entitled to continue Coverage for eligible Dependent children upon retirement or may enroll eligible Dependent children in accordance with Section 111-4-1-.06 (5). The Administrator shall require appropriate documentation from an Enrolled Member in order to verify a Dependent child's eligibility for Coverage.

(a) A natural child: Eligibility begins at birth and ends the month in which the child reaches age twenty six (26);

(b) An adopted child; Eligibility begins with legal placement for adoption and ends at the end of the month in which the child reaches age twenty six (26);.Coverage may be granted from the date of legal physical custody and placement in the home. Coverage ends at the end of the month in which the child reaches age twenty six (26);

(c) A stepchild: Eligibility begins on the date of marriage to the natural parent and at the end of the month in which the child turns twenty six (26), or at the end of the month in which he or she loses status as a step child of the Enrolled Member, whichever date is earlier.

(d) Legal Guardianship; Eligibility begins on the date legal guardianship is established and ends of the month in which the child reaches age twenty six (26) or at the end of the month the legal guardianship terminates; Certification of legal dependency is required such as a judicial decree from a court of competent jurisdiction. Other legal papers may be accepted by the Administrator as proof of dependency.

(9) **Failure to Document Eligibility for Coverage.** For subsections 111-4-1-.04(7) through 111-4-1-.04(8) a failure to fully document eligibility of a Dependent shall result in loss of the Dependent's eligibility for Coverage until such documentation is received by SHBP.

(10) **Totally Disabled Child.** An Enrolled Member shall be entitled to apply for Coverage of a natural child, legally adopted child or stepchild after age twenty six (26) if the child is physically or mentally disabled, lives with the Enrolled Member or is institutionalized and depends primarily on the Enrolled Member for support and maintenance.

(a) **Documentation and Approval.** The Administrator shall require documentation as necessary to provide certification that the child is physically or mentally incapable of sustaining, self-supporting employment because of the physical or mental disability and that the child lives at the Enrolled Member's home, unless institutionalized. The documentation may include but is not limited to certification from a qualified medical

practitioner that outlines the physical and psychological history, diagnosis, and provides an estimate of length of time for disability, and an estimate of the child's earning capacity. If the documentation is satisfactory to substantiate the physical or mental disability as required in these regulations, the Administrator may approve the continuation for the period of incapacitation. The Administrator may require periodic recertification of the disabling condition and circumstances, provided the recertification is not more frequent than each twelve (12) calendar months or at the end of the projected disability period if that date is less than twelve (12) calendar months.

(11) **Surviving Beneficiary.** An Enrolled Member's Surviving Spouse and eligible Dependent children, who were included in the Coverage by the Enrolled Member may continue Coverage provided an application for continuing Coverage is received by the Administrator within ninety (90) calendar days following Coverage termination as a result of the death of the Enrolled Member and one or more of the following conditions are met:

(a) The Surviving Spouse of an Active Employee may continue Coverage provided the Spouse is eligible to immediately receive a monthly benefit payment from a state supported retirement system in an amount sufficient to pay the Premium. The Spouse must elect Coverage or as an Employee as a result of the Spouse's own employment, and cannot elect double or dual Coverage under separate provisions of the SHBP. The Surviving Spouse may elect to continue Coverage for surviving eligible Dependent children. Eligibility of Dependent children shall terminate in accordance with provisions for Dependent children of these regulations. An election to take a lump sum distribution rather than the monthly Annuity negates eligibility to continue Coverage as a Surviving Spouse. Surviving Spouses of Active Employees are also eligible for Coverage under the Extended Beneficiary provisions of Section 111-4-1-.08 of these regulations.

(b) The Surviving Spouse of an Annuitant may continue Coverage provided the Spouse is eligible to immediately receive a monthly benefit payment from a state supported retirement system in amount sufficient to pay the Premium. The Spouse must elect Coverage or as an Employee as a result of the Spouse's own employment, and cannot elect double or dual Coverage under separate provisions of the SHBP. The Surviving Spouse may elect to continue Coverage for surviving eligible Dependent children. Eligibility to continue Dependent children shall terminate in accordance with provisions for Dependent children.

(c) Upon the death of an Active Employee, an eligible Dependent child who is the principal Beneficiary under one of the state supported retirement systems may continue Coverage, provided the Dependent child is not covered as a Dependent child under another contract under the SHBP, and provided the monthly benefit payment from a state supported retirement system is in an amount sufficient to pay the Premium. Eligibility to continue Coverage shall terminate in accordance with Dependent child regulations unless continued as an Extended Beneficiary. Surviving Covered Dependents of Active Employees are also eligible for Coverage under Extended Beneficiary provisions in Section 111-4-1-.08 of these regulations.

(d) Upon the death of a Retired Employee, an eligible Dependent child who is the principal beneficiary under one of the state supported retirement systems may continue coverage, provided the dependent child is not covered as a dependent child under another

contract under the SHBP, and provided the monthly benefit payment from a state supported retirement system is in an amount sufficient to pay the premium. Eligibility to continue coverage shall terminate in accordance with provisions for Dependent children.

(e) The Surviving Spouse of Retired Employee who is included in Coverage at the time of death of the enrolled Retiree and who will not receive a monthly annuity payment from one of the state supported retirement systems shall be eligible to enroll oneself and any of the Retiree's Dependent children at the time of the Retiree's death under the following conditions:

1. The Surviving Spouse must make written application no later than ninety (90) calendar days following Coverage termination as a result of the death of the Retired Employee; and
2. The parties must have been married at least one full year prior to the death of the Retired Employee; and
3. The Surviving Spouse agrees to pay the monthly premium payment established by the Board in accordance with the established requirements; and
4. Coverage under this provision shall terminate for the Surviving Spouse and any enrolled Dependent children in the event the Surviving Spouse remarries.

(f) The eligible Covered Dependents of an Active State Employee who is killed or receives injury that results in death while acting in the scope of his or her employment may continue Coverage provided the deceased Enrolled Member's Coverage was continuous during the period between injury and death. The eligible Covered Dependents may elect Coverage as a surviving Dependent or as an Employee as a result of the person's own employment, but cannot elect double or dual Coverage under separate provisions of the SHBP. A surviving Covered Dependents must agree to pay the monthly Premium payment established by the Board in accordance with the established requirements. The Surviving Spouse may elect to continue Coverage for eligible Dependent children. Eligibility of Dependent children shall terminate in accordance with provisions for Dependent children.

(g) If any employee of this state is killed while acting within the scope of his or her employment or receives bodily injury while acting within the scope of his or her employment that directly results in death thereafter, eligible dependents may continue coverage, provided that:

- The deceased employee was the primary or principal beneficiary of any contract or contracts for health insurance established under this part;
- At the time of death, the employee included his or her eligible dependents under such Contract or contracts for health insurance;
- At the time of death, the employee maintained continuous coverage during the period between injury and death;
- The eligible dependents agree to pay the contributions to the cost of such coverage; and

- The eligible dependents pay such contributions in accordance with the rules and regulations promulgated and adopted by the board governing the continuance, discontinuance, and resumption of coverage by such eligible dependents; provided, however, that on and after the effective date of this clause, any eligible dependents of a deceased employee of this state killed in the line of duty who are receiving continued coverage or who elect to continue coverage pursuant to this subsection shall be entitled to continue such coverage under the health insurance plan established pursuant to this part upon agreeing to pay contributions at the same rate as required for state employees and in compliance with the rules and regulations governing such coverage. “the cost of such coverage;”

(h) The Surviving Spouse shall be required to list all eligible Dependents with the Administrator at the time of such election to continue Coverage and shall not be allowed to add another Spouse or other Dependent children acquired in future marriage(s).

(12) **Dependent Eligibility Unverified.** The Administrator shall define the supporting documentation requirements for verifying Dependent eligibility. Coverage for Dependents whose eligibility is unverified will be pended awaiting receipt and review of the documentation. When the Administrator has verified eligibility of the Dependent, the Coverage will be activated in accordance with the provisions of this Section. If the Administrator cannot verify Dependent eligibility within the allotted time, the Dependent will be ineligible for Coverage. The next opportunity to enroll the Dependent and verify the Dependent’s eligibility will be the annual Open Enrollment period or subsequent Qualifying Event. Changes to a different coverage tier will not be allowed based on unverified dependent eligibility.

WHO IS NOT ELIGIBLE FOR COVERAGE

Who	Description	Who Determines Eligibility
Ineligible Dependent	<ul style="list-style-type: none"> ▪ SHBP dependent coverage DOES NOT include: ▪ Former spouse ▪ Fiancé ▪ Parents ▪ Children age 26 or older who do not qualify as a disabled dependents ▪ Children in military service ▪ Grandchildren who cannot be considered eligible dependents ▪ Anyone living in employee’s home that is not related by marriage or birth, unless otherwise noted. 	SHBP Determines Eligibility

Eligibility Time Limits

The Employing Entities must offer new employees who meet the eligibility requirements the opportunity to enroll in the SHBP before or on the first day of employment. Completed Forms must be signed by the employee within 31 days of employment.

NOTE: EMPLOYEES WHO DO NOT COMPLETE THE NECESSARY ENROLLMENT FORMS WITHIN THE 31 DAY TIME FRAME ALLOWED WILL NOT BE ELIGIBLE TO PARTICIPATE UNTIL THE NEXT OPEN ENROLLMENT PERIOD UNLESS THEY EXPERIENCE A QUALIFYING EVENT.

When Coverage Begins

New employees selecting coverage under the SHBP will be covered on the first day of the month following one (1) full calendar month of employment provided the employee is at work, on paid leave, or performing their normal duties at a place other than the customary place of employment on the effective date of coverage. A full calendar month of employment means that the new employee's hire date was on or before the first calendar day of the month preceding the effective date of coverage and the new employee was in full pay status not less than 75 percent of the month. The first calendar day of the month excludes Saturday, Sunday or official State holiday, unless the employee is normally required to perform their routine duties on these days. Documentation of full pay status may be required to establish eligibility for coverage.

Salary deductions/reductions for health coverage must be withheld from the employee's paycheck the month that immediately precedes the effective date of coverage.

NOTE: EMPLOYEES WHO DO NOT ENROLL DURING THIS TIME FRAME WILL NOT BE ELIGIBLE TO PARTICIPATE UNTIL THE FOLLOWING OPEN ENROLLMENT PERIOD UNLESS THEY EXPERIENCE A QUALIFYING EVENT.

WHEN COVERAGE BEGINS

For Employee	If Employee Enrolls	Coverage Begins
	During an Open Enrollment period	On January 1 of the new Plan Year
	As a new employee	On the first day of the month following one full calendar month of employment
	When employee is reinstated or returns to work from unpaid leave of absence that occurred during the Open Enrollment period	On the first day of the month following the return or, if a judicial reinstatement, on the day specified in the settlement agreement
	When you have a qualifying event	On the first day of the month following the request
Transferring Employee	Transfer Between Participating Employers	
	<ul style="list-style-type: none"> ▪ Contact the previous employer to coordinate continuous coverage ▪ Employees must continue the same coverage, unless they had a Qualifying Event that made them ineligible to continue the coverage 	There is no coverage lapse when the employment break is less than one calendar month and the new employer deducts the premium from employees first pay check

WHEN COVERAGE BEGINS

For Employee's Dependent	Add this Dependent	Coverage Takes Effect
Within 31 days prior to or after the Qualifying Event, (90 days newborn)	<p>A baby Copy of certified birth certificate, or A certification letter of birth required Receipt of documentation can occur anytime during the plan year</p>	On the first day of the month following the request; or on the day the child is born, if the family premium is paid for the birth month
	<p>An Adopted Child Copy of certified adoption certificate Listing by name (birth card issued to hospital is acceptable for new births) and for an adopted child; a certified copy of court documents establishing adoption and stating the date of adoption, or, if adoption is not finalized, certified or notarized legal documents establishing the date of placement for adoption. If a certified copy of the birth certificate is not available for an adopted child; other proof of the child's date of birth is required.</p> <p>The social security number is required for all children age two and over.</p>	<p>When Employee already has family coverage:</p> <ul style="list-style-type: none"> ▪ On the date of legal placement and physical custody <p>When Employee changes to family coverage within 31 days of the event</p> <ul style="list-style-type: none"> ▪ On the date of legal placement and physical custody, if the family premium is paid for the time of placement and custody (90 days if newborn)
	<p>A New Spouse Copy of marriage certificate required. Receipt of documentation can occur anytime during the plan year. Copy of previous year tax return with financial information blocked out.</p>	<p>When Employee already has family coverage:</p> <ul style="list-style-type: none"> ▪ On the day of marriage <p>When Employee has single coverage:</p> <ul style="list-style-type: none"> ▪ On the first day of the month following the request or date of marriage whichever is later
	<p>Stepchild(ren) Copy of certified birth certificate showing the spouse as the natural parent; and a copy of the certified marriage license showing the natural parent is the spouse.</p>	<p>When Employee has single coverage:</p> <ul style="list-style-type: none"> ▪ On the first day of the month following the request <p>When Employee already has family coverage:</p> <ul style="list-style-type: none"> ▪ On the first day of the month following the request (90 days if newborn)
<p>Note: When a dependent is added, SHBP requests dependent verification documentation, the documentation must be submitted in order to cover the dependent. Receipt of documentation can occur anytime during the plan year.</p>		

DCH Surcharge Policies

A tobacco surcharge will be added to member's monthly premium if the employee or any of the employee's covered dependents have used tobacco products in the previous 12 months. The tobacco surcharge may be removed by completing the tobacco cessation requirements. Details can be found on www.dch.georgia.gov/shbp_plans.

STATE HEALTH BENEFIT PLAN (SHBP) 2013 ACTIVE EMPLOYEE TOBACCO USERS CESSATION POLICY

Tobacco users who elect to quit smoking can have the tobacco surcharge removed if they complete all of the surcharge removal requirements through their health plan vendor (Cigna or UnitedHealthcare) as listed below. Both Cigna and UnitedHealthcare offer online health assessments and telephonic tobacco cessation health coaching programs. For complete details or to sign-up for the coaching, call the Customer Service number on the back of your healthcare ID card.

Surcharge Removal Requirements

If you or a covered member of your family is not able to achieve tobacco-free status due to a medical condition, you do not have to complete a telephonic tobacco cessation health coaching program. However, you must:

Submit a letter from the treating physician stating the medical reason you are not able to achieve tobacco-free status

Complete an **online health assessment**

Complete a **telephonic wellness program**

Obtain a **Certificate of Completion** from the wellness program

Complete an **SHBP Affidavit Form** certifying compliance. The form is located on the SHBP website www.dch.georgia.gov/shbp, under Additional Health Plan Information or by calling SHBP at 800-610-1863

Submit the signed SHBP Affidavit Form, your Certificate of Completion or inability to achieve tobacco-free status letter from the treating physician to SHBP, P.O. Box 1990, Atlanta, GA 30301-1990

If you are smoke free for less than 60 days you must:

Complete an **online Health Assessment**

Complete a **telephonic tobacco cessation health coaching program** Obtain a **Certificate of Completion** from the tobacco cessation program

Complete an **SHBP Affidavit Form** certifying compliance. The form is located on the SHBP website www.dch.georgia.gov/shbp, under Additional Health Plan Information

Submit the signed SHBP Affidavit Form, along with your Certificate of Completion to your payroll location benefit coordinator to have the required deduction information completed.

If you are smoke free for 60 days or more you are not required to complete a tobacco cessation program; however, you must:

Complete an **online Health Assessment**

Complete either an **online or telephonic wellness program**

Obtain a **Certificate of Completion** from the wellness program

Complete an **SHBP Affidavit Form** certifying compliance. The form is located on the SHBP website www.dch.georgia.gov/shbp, under Additional Health Plan Information or by calling 800-610-1853

Submit the signed SHBP Affidavit Form, along with your Certificate of Completion to your payroll location benefit coordinator to have the required deduction information completed.

**STATE HEALTH BENEFIT PLAN (SHBP)
2013 ACTIVE EMPLOYEE TOBACCO USERS CESSATION AFFIDAVIT FORM**

Policyholder/Plan Member Name _____

Social Security Number _____

Health Plan Option: (Circle One) Cigna Standard HDHP, Cigna Wellness HDHP, Cigna Standard HMO, Cigna Wellness HMO, Cigna Standard HRA, Cigna Wellness HRA, UHC Standard HDHP, UHC Wellness HDHP, UHC Standard HMO, UHC Wellness HMO, UHC Standard HRA, UHC Wellness HRA

Check one of the following:

I hereby certify that all covered members have not used any tobacco products within the last 60 days. In addition, I have attached a certificate of completion affirming that all covered members that previously used tobacco have completed the telephonic tobacco cessation health coaching program with the above health plan.

OR

I hereby certify that a covered member of my family is unable to achieve tobacco-free status due to a medical condition and that all other covered members have not used tobacco products within the last 60 days. In addition, I have attached a certificate of completion (from my healthcare vendor) for the telephonic wellness program and I have attached a letter from the treating physician stating the medical reason why the covered member is unable to achieve a tobacco-free status.

Check all of the following:

I hereby certify that all applicable covered members have completed a health assessment during this plan year

I understand that as a SHBP member I have the responsibility to read the current Decision Guide and the Summary Plan Description (SPD) of my chosen health benefit option

I understand it is my responsibility to access the Open Enrollment website each year to make elections and answer the surcharge questions to prevent default surcharges

I also understand that this document must be completed, all boxes checked and returned to my payroll location benefit coordinator in order to remove the tobacco surcharge currently being applied to my health coverage premium. In addition, if I or any covered dependents resume using any tobacco products after completing the telephonic tobacco cessation health coaching program, I will notify SHBP in writing. No refund in premiums will be made for any previous deductions that included the surcharge amounts. Section 125 of the Internal Revenue Service (IRS) rules for Cafeteria Plans requires that changes in premium be prospective.

I do hereby attest that the above information 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 no more than five years, or both, and I may lose health coverage for one year, if I knowingly and willfully make a false or fraudulent statement or representation to the Georgia Department of Community Health (DCH) regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

Signature _____ **Date** _____

Note: Once you have read and signed this affidavit you must submit it to your payroll location benefit coordinator to have the required deduction information completed. If this form is received without a signature, all boxes checked and the certificate of completion, it will be returned to your payroll location and will delay processing.

Department/School System Use Only		
Payroll Location #	Date of first deduction	Deduction Amount

STATE HEALTH BENEFIT PLAN (SHBP) 2013 ACTIVE EMPLOYEE NON-TOBACCO USERS SURCHARGE POLICY

This policy applies to non-tobacco users who failed to answer the tobacco surcharge questions during Open Enrollment.

All non-tobacco users have the opportunity to have their tobacco surcharge removed by completing the wellness requirements through their health plan vendor (Cigna or United Healthcare) as outlined below.

Members who are non-tobacco users as specified above and complete the below requirements will have the tobacco surcharge removed from future premium payments for the Plan Year.

Removal of the tobacco surcharge is on a prospective basis only and SHBP will NOT make refunds for previous health premiums as Section 125 of the Internal Revenue Service (IRS) rules for Cafeteria Plans require that all changes in premiums be prospective.

If you are a non-tobacco user who failed to answer the tobacco surcharge questions during open enrollment you must:

Complete an **online Health Assessment**

Complete either an **online or telephonic wellness program**

Obtain a **Certificate of Completion** from the wellness program

Complete an **SHBP Affidavit Form** certifying compliance. The form is located on the SHBP website www.dch.georgia.gov/shbp, under Additional Health Plan Information or by calling 800-610-1853

Submit the signed SHBP Affidavit Form, along with your Certificate of Completion to SHBP, P.O. Box 1990, Atlanta, GA 30301-1990

**STATE HEALTH BENEFIT PLAN (SHBP)
2013 ACTIVE EMPLOYEE NON-TOBACCO USERS AFFIDAVIT FORM**

Policyholder/Plan Member Name: _____

Social Security Number: _____

Health Plan Option: (Circle One) Cigna Standard HDHP, Cigna Wellness HDHP, Cigna Standard HMO, Cigna Wellness HMO, Cigna Standard HRA, Cigna Wellness HRA, UHC Standard HDHP, UHC Wellness HDHP, UHC Standard HMO, UHC Wellness HMO, UHC Standard HRA, UHC Wellness HRA

Check all of the following:

- I hereby certify that all covered members have not used any tobacco products within the past 60 days
- I hereby certify that all applicable covered members have completed a health assessment during this plan year
- I hereby certify that all applicable covered members have completed an online or telephonic wellness program with the above health plan
- I understand that as a State Health Benefit Plan member I have the responsibility to read the current Decision Guide and the Summary Plan Description of my chosen health plan option
- I understand it is my responsibility to access the Open Enrollment website each year to make elections and answer the surcharge questions to prevent default surcharges
- I also understand that this document must be completed, all boxes checked and returned to my payroll location benefit coordinator in order to have the tobacco surcharge removed. The effective date of the change will depend upon the payroll schedule for my employer. No refund in premium(s) will be made for any previous deductions that included the surcharge amounts. Sections 125 of the Internal Revenue Service (IRS) rules for Cafeteria Plans require that all changes in premiums be prospective.

I do hereby attest that the above information 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 \$1000 or imprisonment for not less than one and no more than five years, or both and I may lose health coverage for one year, if I knowingly and willfully make a false or fraudulent statement or representation to the Georgia Department of Community Health regarding information reported on this form or other information or other information pursuant to O.C.G.A. Section 16-10-20. I also understand that I will not be eligible to re-enroll unless I return to work in a benefit eligible position in which SHBP coverage is offered.

Signature _____ **Date** _____

Note: Once you have read and signed this affidavit you must submit it to your payroll location benefit coordinator to have the required deduction information completed. If this form is received without a signature and all boxes checked, it will be returned to you for completion and will delay processing.

Department/School System Use Only

Payroll Location #	Date of first deduction	Deduction Amount
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**STATE HEALTH BENEFIT PLAN (SHBP)
2013 RETIREE TOBACCO USERS CESSATION POLICY**

Tobacco users who elect to quit smoking can have the tobacco surcharge removed if they complete all of the surcharge removal requirements through their health plan vendor (Cigna or United Healthcare) as listed below. Both Cigna and United Healthcare offer online health assessments and telephonic tobacco cessation health coaching programs. For complete details or to sign-up for the coaching, call the Customer Service number on the back of your healthcare ID card.

Tobacco Surcharge Removal Requirements

If you or a covered member of your family is not able to achieve tobacco-free status due to a medical condition, you do not have to complete a telephonic tobacco cessation health coaching program. However, you must:

Submit a letter from the treating physician stating the medical reason you are not able to achieve tobacco-free status

Complete an **online health assessment**

Complete a **telephonic wellness program**

Obtain a **Certificate of Completion** from the wellness program

Complete an **SHBP Affidavit Form** certifying compliance. The form is located on the SHBP website www.dch.georgia.gov/shbp, under Additional Health Plan Information or by calling SHBP at 800-610-1863

Submit the signed SHBP Affidavit Form, your Certificate of Completion or inability to achieve tobacco-free status letter from the treating physician to SHBP, P.O. Box 1990, Atlanta, GA 30301-1990

If you are smoke free for less than 60 days you must:

Complete an **online health assessment**

Complete a **telephonic tobacco cessation health coaching program** and obtain a **Certificate of Completion** from the tobacco cessation program

Complete the **SHBP Affidavit Form** certifying compliance. The form is located on the SHBP website www.dch.georgia.gov/shbp, under Additional Health Plan Information or by calling SHBP at 800-610-1863

Submit the signed SHBP Affidavit Form, along with your Certificate of Completion to SHBP, P.O. Box 1990, Atlanta, GA 30301-1990

**STATE HEALTH BENEFIT PLAN (SHBP)
2013 RETIREE TOBACCO USERS CESSATION AFFIDAVIT FORM**

Policyholder/Plan Member Name _____

Social Security Number _____

Health Plan Option: (Circle One) Cigna Standard HDHP, Cigna Wellness HDHP, Cigna Standard HMO, Cigna Wellness HMO, Cigna Standard HRA, Cigna Wellness HRA, UHC Standard HDHP, UHC Wellness HDHP, UHC Standard HMO, UHC Wellness HMO, UHC Standard HRA, UHC Wellness HRA

Check the following:

I hereby certify that all covered members have not used any tobacco products within the last 60 days. In addition, I have attached a certificate of completion affirming that all covered members that previously used tobacco have completed the telephonic tobacco cessation health coaching program with my healthcare vendor.

OR

I hereby certify that a covered member of my family is unable to achieve tobacco-free status due to a medical condition and that all other covered members have not used tobacco products within the last 60 days. In addition, I have attached a certificate of completion (from my healthcare vendor) for the telephonic wellness program and I have attached a letter from the treating physician stating the medical reason why the covered member is unable to achieve a tobacco-free status.

Check all of the following:

I understand that as a SHBP member I have the responsibility to read the current Decision Guide and the Summary Plan Description (SPD) of my chosen health benefit option.

I understand it is my responsibility to access the website **OR** complete a personalized change form each year during the Retiree Option Change Period (ROCP) to make elections and answer the surcharge questions to prevent default surcharges.

I also understand that this document must be completed, all boxes checked and returned to SHBP, P.O. Box 1990, Atlanta, GA 30301-1990 in order to remove the tobacco surcharge currently being applied to my health coverage premium. In addition, if I or any covered dependents resume using any tobacco product after completing the telephonic tobacco cessation health coaching program, I will notify SHBP in writing. No refund in premiums will be made for any previous deductions that included the surcharge amounts.

I do hereby attest that the above information is true and correct to the best of my knowledge. I further understand that I will permanently lose my SHBP coverage if I knowingly and willfully make a false or fraudulent statement or representation to the Georgia Department of Community

Health (DCH) regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

Signature _____ **Date** _____

STATE HEALTH BENEFIT PLAN (SHBP) 2013 RETIREE NON-TOBACCO USERS SURCHARGE POLICY

This policy applies to members who are not tobacco users and are paying the tobacco surcharge.

Members who are not tobacco users may have their tobacco surcharge removed by completing the applicable requirements through their health plan vendor (Cigna or UnitedHealthcare) as outlined below.

Removal of the tobacco surcharge is on a prospective basis only and SHBP will NOT refund any previously paid surcharges.

Surcharge Removal Requirements

If you are not a tobacco user and are paying the tobacco surcharge, you must:

Complete the online Health Assessment in 2013 through your health plan vendor at mycigna.com for Cigna members or myuhc.com for UnitedHealthcare members

Print confirmation of completion of the online health assessment

Complete either an online or telephonic wellness coaching program through your health plan vendor, Cigna or UnitedHealthcare (UHC) in 2013

Obtain a Certificate of Completion from the online or telephonic wellness coaching program

Complete the SHBP 2013 Retiree Non-Tobacco Users Affidavit Form. The form is located on the SHBP website www.dch.georgia.gov/shbp, under "Additional Benefits and Surcharges" or by calling 800-610-1853

Submit the signed SHBP Affidavit Form, along with your Certificate of Completion of the online or telephonic health coaching program and confirmation of completion of the online health assessment to SHBP, PO Box 1990 Atlanta, GA 30301-1990.

**STATE HEALTH BENEFIT PLAN (SHBP)
2013 RETIREES NON-TOBACCO USERS AFFIDAVIT FORM**

Policyholder/Plan Member Name: _____

Social Security Number: _____

Health Plan Option: (Circle One) Standard Cigna HDHP, Wellness Cigna HDHP, Standard Cigna HMO, Wellness Cigna HMO, Standard Cigna HRA, Wellness Cigna HRA, Standard UHC HDHP, Wellness UHC HDHP, Standard UHC HMO, Wellness UHC HMO, Standard UHC HRA, Wellness UHC HRA

Check all of the following:

- I hereby certify that all covered members have not used any tobacco products within the past 60 days
- I hereby certify that all applicable covered members have completed a health assessment during this plan year
- I hereby certify that all applicable covered members have completed an online or telephonic wellness program with the above health plan
- I understand that as a State Health Benefit Plan member I have the responsibility to read the current Decision Guide and the Summary Plan Description of my chosen health plan option
- I understand it is my responsibility to access the website **OR** complete a personalized change form each year during the Retiree Option Change Period (ROCP) to make elections and answer the surcharge questions to prevent default surcharges
- I also understand that this document must be completed, all boxes checked and returned to SHBP, P.O. Box 1990, Atlanta, GA. 30301-1990. The effective date of the change will be dependent upon the date SHBP receives this form. No refund in premium(s) will be made for any previous deductions that included the surcharge amounts.

I do hereby attest that the above information is true and correct to the best of my knowledge. I further understand that I will permanently lose my SHBP coverage if I knowingly and willfully make a false or fraudulent statement or representation to the Georgia Department of Community Health (DCH) regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20. I also understand that I will not be eligible to re-enroll unless I return to work in a benefits eligible position in which SHBP coverage is offered.

Signature _____ **Date** _____

Note: Once you have read and signed this affidavit you must submit it to SHBP. If this form is received without a signature and all boxes checked, it will be returned to you for completion and will delay processing.

STATE HEALTH BENEFIT PLAN (SHBP)

Accessing the Health Assessment or telephonic wellness programs are outlined below

INSTRUCTIONS FOR ACCESSING THE HEALTH ASSESSMENT AND WELLNESS PROGRAMS:

CIGNA Healthcare

1. Log onto **www.myCIGNA.com** and log in using your User ID and Password, and then select "Go." If you are not yet registered for myCIGNA.com, you will need to do that first: a. On the www.myCIGNA.com log in screen, in the bottom-left menu, select "Register." b. Follow the registration instructions and enter the required information. When finished, you will be asked to log in using your new User ID and Password.
2. Once logged in, on the right side of the first page, you'll see a box labeled "I want to...." Select the link that says "Take *my health assessment.*" If you can't find this link, select the tab near the top-left of the page called "My Plans," and then select the sub-tab labeled "Medical." Now, again look on the right side of the page for a box labeled "I want to...." Select the link that says "Take *my health assessment.*"
3. On the next page, select your name. A new window will open to the **my health & wellness center** log-in page.
4. On the log-in page, under "New Users," select "Register for **my health & wellness center.**"
5. Follow the registration instructions and complete all required fields.
6. When registration is complete, the next page will be the **my health & wellness center** home page. From here, you can take your health assessment or join an Online Health Coaching Program.

UnitedHealthcare

1. Click on www.myuhc.com.
2. Click on "Site Login" and enter Username and Password or "Need a user name and password" if a first time user.
3. Click on the "Health Assessment" button located in the right hand column
4. On the Health & Wellness homepage, click on "Spanish or English Health Assessment"
5. Read the privacy information and then click on "Launch University of Michigan Health Assessment" in the middle of the page.
6. Answer the questions and hit "Submit to the University of Michigan for Analysis" at the bottom of the questionnaire.
7. Review your personal results profile. You may also print for your records. Your completed health assessment will personalize your online health & wellness experience.
8. In addition to completion of the Health Assessment, you must complete an online or telephonic wellness program.

Eligibility Appeals

SHBP will handle all Eligibility Administrative Reviews. Eligibility Appeal forms are available through the employing entity or the DCH website, www.dch.georgia.gov/shbp. There are three levels of Eligibility Appeal within SHBP that must be followed in succession. The following Job Aid describes each level of eligibility appeal and required forms:

SHBP Job Aid: SHBP Eligibility Administrative Review, Appeals

Appeal Level	Form Name	Appeal Steps/Form Use
First	Telephone Review	The telephone review is the first level of appeal and should be completed within 90 days of the explanation of benefits denying benefits due to eligibility.
Second	Eligibility Administrative Review Form	This form should be used after contacting Member Services and requesting a telephone review within 90 days of the eligibility denial. The administrative review form is used as the second level of appeal under the plan and must be filed within 90 days of the denied action concerning your eligibility.
Third	Formal Appeal Review Form	This form should be used after the telephone review and administrative reviews are completed. The formal appeal must be filed within 60 days of the administrative review response. The formal appeal is the final step of the appeal process.

FORMAL APPEAL INSTRUCTIONS

The Formal Appeal is the final step in the three step process. If your request for Administrative Review is denied, you may file a Formal Appeal, which must be postmarked within 60 days following the date of Administrative Review decision. To file a Formal Appeal, you must complete all applicable sections on this form and attach a copy of the decision of the Administrative Review. If the formal appeal is submitted before the Administrative Review is completed, the formal appeal will be returned to you.

Generally, a decision by the Formal Appeal committee will be issued within ninety (90) days following receipt; however, the number of days may be extended by notice from the Department of Community Health. The written notice of the decision by the Committee is the final step in the administrative proceedings and will exhaust all administrative remedies.

Please forward all written requests for Eligibility Administrative Review - Appeals along with completed appeal forms to:

**State Health Benefit Plan
Membership Correspondence Unit
P.O. Box 1990
Atlanta, GA 30301-1990**

All member correspondence sent to the Plan should include the enrolled member's Social Security Number (SSN) to prevent a delay in processing the request.

Declination of Coverage

The Employer has specific responsibilities under the Plan and includes enrolling all eligible full-time employees in the Plan, unless the employee declines coverage or is ineligible for coverage due to employment status. (e.g., part-time employee). The employee must provide either a Membership Form or a Declination Form during the first 31 days on the job.

The Declination of Health Benefit Coverage Form must be completed by a member/employee who declines coverage under the State Health Benefit Plan. The employee should review the statement and certification in Section III and sign the appropriate statement.

Coordination of Benefits

Non-Duplication of Benefits

The SHBP coordination of benefits policy is a non-duplication of benefits. This means if you are covered by two group health plans, the benefit under SHBP will be no greater than it would have been if there was no coverage other than that of SHBP.

Dual Coverage Eligibility

A new employee whose spouse is currently enrolled for coverage under the SHBP may enroll for any tier (you, you + spouse, you + children). The new employee should consider carefully whether or not dual coverage would provide sufficient additional medical benefits to offset the additional health insurance premium.

SHBP Job Aid:

**Enrolling New Employees
(Procedure 60-U100)**

New employees eligible to participate in the SHBP must complete the required forms in order for the enrollment to be complete. **SHBP must receive all required forms within the 31 day enrollment period.** The required forms are:

1. A Membership Form (SHBP 66-091), if the employee is enrolling for health benefits coverage
2. A Declination of Health Benefit coverage (SHBP 66-004), if the employee is declining or is not eligible for coverage

Procedure:

1. Determine the eligibility of each new employee under the work status requirements.
 - a) If the individual is not eligible for health benefit coverage under the SHBP, he/she should complete the Declination of Health Benefit Coverage. Process the form in accordance with Procedure 60-U200
 - b) If the individual is eligible for health benefit coverage under the SHBP, determine the options for which he/she is eligible. Supply the individual with appropriate information
 - New employees or new enrollees (regardless of hire date) are eligible for the HRA, and HDHP plans only. Provide the current New Hire Decision Guide
2. Allow an eligible new employee to choose the option and tier desired. If the individual declines coverage under the SHBP, have him/her complete a Declination of Health Benefit Coverage. The form should be processed in accordance with Procedure 60-U200.

Advise the individual that if coverage is declined upon employment, enrollment at a later date is allowed only during an Open Enrollment period, except at the time of a qualifying event as outlined in Procedure 60-U110 and Chapter 111-4-1-.06 in the Regulations of the Board. For persons who desire to enroll for coverage under the SHBP, proceed to Step 3.

Enrolling New Employees
(Procedure 60-U100)

3. Have a new employee who desires to enroll in health benefit coverage complete the following sections of the Employee Enrollment/Transfer Form (SHBP 66-091).
 - a) Section I: Employment Identification - The employee should write their Social Security number, name, address, telephone number, date of birth and sex as clearly as possible
 - b) Section II: Department/School -System Use Only - To be completed by Employer, giving first deduction date and location number
 - c) Section III: Coverage – The employee should mark the coverage option selected or indicate if he/she is transferring from another covered entity
 - d) Section IV: Tobacco Surcharge Questions –Questions must be answered to enroll in coverage
 - e) Section V: Coverage Tier-The employee should mark the appropriate coverage tier
 - f) Section VI: Dependents: The employee should list the dependents to be covered under the Plan. The appropriate information for each dependent should be given. Any required documents (refer to the back of the Membership Form for determining dependent eligibility requirements) should be attached to the form and agree to abide by the terms, conditions and instructions
 - g) Section VII: Attestation: The employee should read the Attestation, sign, and date each copy of the form. By signing the Attestation, the employee acknowledges having read the Terms, Conditions, and Instructions on the back of the form
4. Review the Membership Form for accuracy and completeness. Complete Section II, Department/School System Use Only.” If the form is not properly completed, it will be returned to the Employing Entity for the necessary information. Please verify that ALL information is complete.
5. Inform the employee when payroll deductions will begin and when coverage will become effective.
 - a) The salary deduction/reductions for premiums should begin the month that immediately precedes the effective date of coverage. Internal Revenue Service Tax-qualified Cafeteria Plan Rules require premiums be collected through payroll deductions/reductions
 - b) Coverage will begin the first of the month following the completion of one full calendar month of employment provided that the employee is at work, on paid leave, or performing their normal duties at a place other than the customary place of employment

QUALIFYING EVENTS - ENROLLMENTS & CHANGES IN COVERAGE

Introduction

The Regulations of the Board of Community Health under which the SHBP operates comply with applicable state and federal legislation including the Internal Revenue Services rules that govern cafeteria plans, Health Insurance Portability and Accountability Act, and Department of Labor. *These regulations require the health benefit coverage selection made by employees at the time of employment or during an Open Enrollment period to be binding for the duration of the Plan Year. Employees are not allowed to increase or decrease coverage, or to add or delete coverage except under limited Qualifying Life Event (Qualifying Event) conditions as outlined in Chapter 111-4-1-.06 in the Regulations of the Board.* If a change in family status, employment status or change in insurance coverage occurs, any change made by the employee must be because of and consistent with such change. The intent of allowing change is to protect the employee and their family from loss of health coverage.

Employing Entity Responsibility

When the employing entity is notified by the employee that a Qualifying Event has occurred, the employing entity should determine if the event, as defined in this procedure and in the Regulations, qualifies the employee to discontinue, enroll or change coverage tier or option. If the criteria for a Qualifying Event is met and filed within the specified time frame, the employing entity should process the employee's request in the month it is received.

Time Limitations and Proper Notification

A Qualifying Event is defined as a change in family status, employment status, or change in insurance coverage. When a qualifying event has occurred, the employee must report the change to their employing entity within the specified time frame. Enrollment in or changes to the current health benefit selection that are not received by SHBP within thirty-one (31) days of the Qualifying Event (90 days to add a newborn), will not be allowed. Please refer to the Job Aid on Qualifying Life Events - Enrollment & Changes in Coverage/ Procedure 60-U110 listed in this section of the Administrative Guide.

Effective Date of Changes

Requests to decrease tiers or change or discontinue coverage must be received by SHBP no later than 31 days following the Qualifying Event unless otherwise noted in the specific provision of the Regulations. The effective date of the change or discontinuation shall be on the first of the month following receipt of the request or date of the Qualifying Event, unless otherwise noted.

Changes in health benefit coverage may not be made retroactively except to cover a **newborn dependent** from birth or for the correction of administrative error. Requests resulting in an enrollment or change in tiers must be requested up to 31 days before the event or within 31 days following the event. (90 days to add a newborn) For the anticipated birth of a dependent, the Plan will allow an enrollment or change in tiers to be effective the first of the month in which birth is anticipated; only if a member requests the change in tiers to become effective at birth can the employing entity take a payroll deduction/reduction for a retroactive coverage effective date.

The birth of a newborn dependent is the **only** Qualifying Event that allows a retroactive coverage effective date and the appropriate deduction/reduction must be taken from the employee's earnings in the month the request is received. The employing entity must advise the employee multiple deductions will be taken in the next payroll cycle.

When changing tiers due to the Qualifying Event of a newborn dependent's birth, the employee has the option to add other qualifying family members to the coverage; required dependent documentation will be requested. If the employee chooses not to cover the newborn from birth, the employing entity should document this fact in the employee's benefit file.

***NOTE: SHBP allows 90 days to add a newborn**

SHBP Job Aid

SHBP Qualifying Events
(Procedure 60-U110)

Event	Time Limitations	Required Documentation	Additional Information
Newly Hired Employee	31 days following the Hire Date	Membership Form	The employee may: <ul style="list-style-type: none">▪ enroll in coverage▪ enroll eligible dependents▪ decline coverage (SHBP Declination of Coverage required within 31 days of the Qualifying Event)
Marriage	31 days following the Qualifying Event	Certified copy of Marriage Certificate	The employee may: <ul style="list-style-type: none">▪ enroll in coverage▪ enroll eligible dependents▪ discontinue coverage (letter from other plan documenting coverage is required to discontinue coverage) within 31 days of the Qualifying Event
Birth	90 days following the Qualifying Event	Copy of the certificate of birth or letter of certification of birth	The employee may: <ul style="list-style-type: none">▪ enroll in coverage▪ enroll eligible dependents▪ change to any available option within 90 days of the Qualifying Event
Adoption	90 days following the Qualifying Event (90 days for newborn)	Certified copy of birth certificate, a certified copy of court documents establishing adoption and stating the date of adoption	The employee may: <ul style="list-style-type: none">▪ enroll in coverage▪ enroll eligible dependents▪ change to any available option▪ within 31 days of the Qualifying Event (90 days for newborn)

Divorce	31 days following the Qualifying Event	Copy of Divorce Decree and loss of coverage documentation	The employee may: <ul style="list-style-type: none"> • Enroll in coverage • Enroll eligible dependents • Change to single coverage • Change to family coverage
Former spouse loses coverage or plan cancelled (resulting in loss of dependent children's coverage)	31 days following the Qualifying Event	Letter from the other plan documenting coverage documentation	The employee may: <ul style="list-style-type: none"> ▪ enroll in coverage ▪ enroll eligible dependents within 31 days of the Qualifying Event
Spouse or only enrolled dependent's employment status changes resulting in a gain of coverage under a qualified plan	31 days following the Qualifying Event	Letter from the other plan documenting coverage loss	The employee may: <ul style="list-style-type: none"> ▪ change to Single Coverage ▪ drop coverage
Loss /discontinuation of coverage through other employment, Medicaid, or Medicare (employee or dependent)	31 days following the Qualifying Event	Letter from the other employer, Medicaid, or Medicare documenting date of loss and reasons for the loss/discontinuation of coverage	The employee may: <ul style="list-style-type: none"> ▪ enroll in coverage ▪ enroll eligible dependents ▪ change to any available option within 31 days of the Qualifying Event
New coverage under Spouse's employer's plan	31 days following the Qualifying Event	Letter from the other plan documenting coverage to include reason for enrollment effective date of coverage and list of all persons enrolled	The employee may: <ul style="list-style-type: none"> ▪ change to Single Coverage ▪ discontinue coverage within 31 days of the Qualifying Event
Employee or spouse is activated into military service	31 days following the Qualifying Event	Copy of Military Orders	The employee may: <ul style="list-style-type: none"> ▪ enroll in coverage ▪ change to single coverage within 31 days of the Qualifying Event ▪ discontinue coverage

Disabled Child	During open enrollment you may apply to enroll an over-age disabled child not covered under SHBP prior to age 26	Medical documentation from the attending physician on the child's disability and the disability questionnaire to be completed by the employee. Call SHBP for the forms	Documentation must be received and approved by SHBP prior to coverage being granted
Qualified Medical Child Support Order (QMCSO)	No time limit	Documentation of the court order and completion of membership form	The employee may: <ul style="list-style-type: none"> ▪ change to family coverage ▪ can change to any available option ▪ enroll in coverage
Loss of all eligible dependents	31 days following the Qualifying Event		The employee may: <ul style="list-style-type: none"> ▪ change from family to single coverage within 31 days of the loss of all eligible dependents

Open Enrollment

Active employees who are eligible to participate in the State Health Benefit Plan shall have an annual Open Enrollment period. The Open Enrollment period of time stipulated in which eligible employees of the group can choose a Health Plan alternative for the upcoming Plan Year. The Open Enrollment Period consists of a 15 to 30-day period beginning no earlier than October 1 and ending no later than November 15. Open Enrollment is a time each year active employees may enroll or change option/tier or discontinue, subject to the provisions of the Plan. Each year in advance of the period, the Commissioner of the Department of Community Health will announce the exact dates.

Note: Retirees may continue coverage at the time of retirement but are not allowed to enroll for coverage if they previously declined coverage at retirement.

<p>Open Enrollment Period</p>	<p>Open Enrollment occurs every fall for the following plan year. Eligible Persons may enroll themselves and their Dependents</p> <p>Discontinue or change option or tier</p> <p>Or make coverage changes during Open Enrollment</p> <p>Or make coverage changes within 31 days of Qualifying Event (90 days-add newborn)</p>	<p>The SHBP determines the Open Enrollment Period. Coverage begins on the date identified by the SHBP</p> <p>The upcoming January 1</p> <p>First of the month following request</p>
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Continuing Coverage during Leave of Absence without Pay

Introduction

Employees covered by the State Health Benefit Plan (SHBP) who are on a leave of absence without pay (LWOP) are eligible to continue health benefit coverage during the period, for a maximum of 12 months, (military leave differs) if the LWOP has been approved by the appropriate organization official and is in compliance with one of the following definitions:

Unpaid Leave of Absence Definitions

Type Of Leave	Description
1. Disability Leave	For the purposes of continuing health benefit coverage, is the period of time for which the employee is totally disabled and has been granted an approved LWOP due to illness, accident, or disability
2. Reduced Working Hours Due to Partial Disability	In the period of time during an approved Disability Leave when a licensed physician releases the employee to return to work on a part-time basis. The Employing Entity must approve the employee's return to work on a reduced working hours basis
3. Family Leave	Is the period of time, up to 12 weeks (26 weeks for Caregiver leave) during any 12 month period, during which an approved leave of absence with or without pay has been granted by the appropriate organization official
4. Educational Leave	Is the period of time during which an approved LWOP has been granted by the appropriate organization official for educational or training purposes
5. Voluntary Military Leave	Is the period of time during which an employee is on military duty other than an emergency activation
6. Emergency Activation Military Leave 7. Suspension or Other Leave or Absence	Is the period of time for which the employee is activated to military duty on an emergency basis Is the period of time during which suspension is in effect or an approved LWOP
8. Employee's Convenience Leave	Is the period of time during which an approved period of LWOP is granted by the appropriate organization official and the Administrator for the convenience of the employee

Unpaid Leave of Absence

Process

While your employee is out on Leave of Absence without Pay it is your responsibility to keep track of your employee's leave status. Collection and remitting of health insurance premiums for employees who choose to continue health coverage while on Leave of Absence without Pay is also be the responsibility of the employer. You will keep all Leave without Pay (LWOP) documentation.

Procedure:

1. Each payroll location is responsible for collecting premiums from members on LWOP. The LWOP members will be reflected on the monthly bill. You no longer have to submit to SHBP the Forms Transmittal (for members that wish to continue their coverage while on LWOP) or members Disability Certification form. **BUT** you as the employer must keep on file any documentation approving the employee's LWOP by your location in the employee's file. These records must be kept for audit purposes. SHBP has the right to request copies of the documentation at anytime. If documentation cannot be provided upon request, the employee's coverage will be terminated retroactively to their effective date of their Leave without Pay coverage and any claims that were paid by the Plan during this time will be the employee's responsibility, NO EXCEPTIONS.
2. SHBP will provide the payroll location a membership list, including option and tier that includes every covered active employee. This membership list will now include LWOP employees that are continuing to pay for their health coverage. A Forms Transmittal for an employee who is **not** paying for coverage while on LWOP will be necessary. All qualifying event information on the LWOP employee should be submitted to SHBP as you would an active employee. The payroll location will receive a bill including the amount to be paid to DCH. The bill will be based on the data in the MEMS system showing each enrolled member's option and tier.
3. The location will need to work with their own location HR systems to develop the procedures to track the LWOP employee and collect the appropriate health premium from LWOP employee that elect to continue health coverage. The payroll location will collect the appropriate premium and deposit that premium into the employer's account. The employer will submit the payment to SHBP as part of their normal monthly bill payment.
4. SHBP will no longer accept payment directly from the LWOP member.

5. The payroll location must submit all qualifying event information to SHBP for LWOP members that continue to pay health insurance premiums using the same guidelines as for the active member. LWOP members will have access to the Open Enrollment web site just as any other active member.

Family Medical Leave Act for Military

The purpose of this policy is to define the new policy for Military “Called to Duty” and “Care Giver” of a Military service member. This new policy will change the form for LWOP. Two types of Leave will be added under Family Leave.

1. Documentation is required when a service member is called to duty for a period of 12 weeks. (A copy of the FMLA approval letter and copy of the orders)
2. On January 28, 2008, President Bush signed into law the National Defense Authorization Act for FY 2008, Section 585 of which amends the FMLA to allow two new types of leave for employees who are relatives of “service members.” Under the first type of leave (qualifying exigency leave), an eligible employee is entitled to take up to 12 workweeks of leave during any 12-month period for a qualifying leave)” (as defined under regulations to be issued by the DOL) arising because the employee’s spouse, son, daughter, or parent is on active duty (or has been notified of call or order to active duty) in the Armed Forces in support of a “contingency operation”. (a specified military certification)
3. Documentation is required when a “care giver” of a service member is entitled to take leave. A FMLA approval letter
4. Under the second type of leave (service member care leave) an eligible employee who is the spouse, son, daughter, parent, or next of kin (i.e. nearest blood relative) of a covered service member is entitled to take up to 26 workweeks of leave during a 12-month period to care for the service member. A “covered service member” is a member of the Armed Forces (including the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is an outpatient, or is on the temporary disability retired list, for a “serious injury or illness”. (an injury or illness incurred in the line of duty on active duty in the Armed Forces that may render the service member medically unfit to perform his or her duties)
5. Rates will not change

Re-Enrolling a Member Returning From Leave without Pay
For employees that do not continue to pay health insurance premiums while on LWOP:

Upon return from an approved leave of absence without pay, if the member remains eligible for health benefit coverage, the member must re-enroll for the same coverage option and type unless the member experienced a Qualifying Event for changing coverage outside the Open Enrollment period (see Procedure 60-U110 and Chapter 111-4-1-.06 in the Regulations of the Board). An employee who did not have health benefit coverage at the time he/she was placed on leave of absence cannot enroll upon return to work unless he/she experienced a Qualifying Event during the leave of absence without pay or the approved leave of absence included the annual Open Enrollment period. Time limitations and proper notification, as outlined in Procedure 60-U110, will apply.

An employee who receives donated leave during a period of approved leave without pay is considered to be on leave with pay during the donation period. The employer must resume SHBP reduction/deduction from the donated leave compensation and report the resumption of payroll deductions to the Plan. Refer to Procedure 60-U150.

Employing Entity Responsibility

Each Employing Entity has the responsibility to complete the Notification of Return from Leave without Pay form (SHBP 66-093) and to resume the payroll deductions for the member's health benefit coverage. If an Open Enrollment period was missed by the employee while on leave of absence without pay, and the employee did not pay directly for health coverage, the Employing Entity should notify the employee of a special 31-day Open Enrollment period that begins with the first day the employee returns to work.

Note: If the member's earning in the month of return to work is sufficient for a deduction /reduction, must be taken to assure continuation of coverage.

SHBP Job Aid

**Re-Enrolling a Member Returning From Leave without Pay
(Procedure 60-U150)**

Procedure: for employees that do not continue health premiums while on LWOP:

1. Complete the Notification of Return from Leave Without Pay form to report the return to work of a member covered by the SHBP if the member returns to work during the same Plan Year in which the leave began and there was no qualifying event for a change of coverage while on leave without pay, the Notification of Return form Leave Without Pay form is the only requirement. The completed form should be forwarded to the SHBP in accordance with Procedure 60-U200. **If the employee is not enrolled in SHBP coverage, do not complete a Notification of Return from Leave without Pay form.**

NOTE: If the employee was on leave without pay during an Open Enrollment period, and did not pay for coverage directly, the Employee should be given a 31-day special Open Enrollment period to make a change, such change will become effective the first of the month following the return to work (refer to Step 3 of this procedure for requirements.)

2. If the member files a request to change coverage or options because of a Qualifying Event during the leave of absence, the employee must complete a Change and Miscellaneous Update Form (SHBP 60-090) and if employee has returned to work, the employer must complete the Notification of Return from Leave without Pay form. Attach the 2 forms together and forward to SHBP in accordance with Procedure 60-U200.
3. If an Open Enrollment period was missed by the employee while on LWOP and he/she did not pay for coverage directly, the employee must be given a 31-day special Open Enrollment period that begins with the first day the employee returns to work as long a member did not pay directly while on leave without pay.
 - a) When the employee elects to enroll or to change from coverage option and/or tier during this special Open Enrollment period, the employee must complete a Change and Miscellaneous Update Form and the employer must complete the Notification of Return Leave without Pay form. Attach the 2 forms together and forward to the SHBP and in accordance with Procedure 60-U200
 - b) When the employee discontinues coverage during this special Open Enrollment period, the employee must complete a Discontinuation of Health Benefit Coverage form (SHBP 66-089). The copy of the form should be placed in the personnel/benefit file and the original forwarded to SHBP in accordance with Procedure 60-U200

NOTE: The Notification of Return from Leave Without Pay form should not be completed if the employee discontinues coverage.

Transferring / Rehiring Members during Same Plan Year

**Procedure 60-U160:
Transferring/Rehiring Members During Same Plan Year
Effective 07-01-2007**

Introduction

A transferring or rehired employee is any person beginning work for any eligible employing entity who previously worked for an eligible employing entity. This definition applies only if the employee transfers or is rehired within a Plan Year. An employee who ceased working for an employing entity during the previous Plan Year and who is being rehired by an eligible employing entity during the current Plan Year should be treated as a new employee as outlined in Procedure 60-U100 (Enrolling New Employees).

A member's signed SHBP New Enrollee/Transfer Form serves as a binding agreement for a Plan Year between SHBP and the member. The employee's election to enroll in one of the health benefit options or decline enrollment is made for the duration of the Plan Year. A change in the employing entity during the same Plan Year does not cancel the agreement nor change the conditions under which the member is enrolled. The former and current employers are both responsible for ensuring that the member is transferred with the same coverage option and type, and that all premiums are deducted and remitted in order to ensure continuous coverage.

Members transferring or being rehired from one eligible employing entity to another are **required** to keep the same coverage under the SHBP that they had in the previous employment, provided they still meet the eligibility requirements. Transferring members **may not** discontinue coverage or change their option or tier unless the transfer occurs at a point in time when the member could otherwise make a change. Refer to Procedure 60-U110 (Enrollments/Changes in Coverage) for additional information. The member may change health benefit options only if they experience a Qualifying Event or move out of the service area of the option which he/she enrolled, during the transfer. A new Form must be completed in order to reinstate coverage and to initiate billing for the coverage. This form should be submitted from the receiving (current) employer in accordance with Procedure 60-U220 (Processing and Submitting Health Benefit Forms).

The following applies for employees terminating employment and being rehired during the same Plan Year:

- If the employing entity participates in the State Personnel Administration Flexible Benefit Program, refer to the Flexible Benefit Program User's Guide for processing requirements
- If the employing entity does not participate in the State Personnel Administration Flexible Benefit Program, refer to procedure 60-U160 for processing requirements

Transferring employees not currently participating in SHBP **may not** enroll for coverage, unless they were ineligible before the transfer but become eligible due to the transfer. In the case where an employee becomes newly eligible due to transfer, he/she should be treated as a new employee and provided a 31 day enrollment period. In this case, refer to Procedure 60-U100 (Enrolling New Employees) for processing requirements.

Employing Entity Responsibility

Each employing entity is responsible for coordinating the transfer of a member's health benefit coverage with the other employing entity. As soon as it is known that the employee will be transferring, the former and new employer should communicate the employee's participation status to SHBP. Timely communication is necessary to ensure continuation of the member's coverage and eliminate the need for administrative adjustments. The new employer will need to know the coverage option and type of health benefit coverage elected by the member and if the deduction for the coverage has been made for the month in which the transfer occurs. Potential problems may occur due to delays in communicating the information which may include:

- No salary deduction/reduction by the appropriate employer resulting in a lapse in the member's health benefit coverage
- Double salary deduction/reduction (former and new employer both made the deduction)
- Delays in processing or denial of member's medical claims

NOTE: If the new employer is not contacted by the former employer prior to the employee's first day of employment, the new employer should contact the former employer in order to obtain the information needed for continuation of the member's health benefit coverage.

The payroll deduction for health coverage under SHBP can be made during any pay period of the month. The former employer will normally be responsible for the payroll deduction for the month in which the member transfers.

- If the former employer cannot make the deduction due to insufficient salary, the receiving employer should make the deduction to ensure the member's continuous coverage
- If the transferring member has a break in employment of less than 30 days and health benefit coverage through the former employer is still in effect on the first date of employment with the new employer, the new employer should make a deduction in the first month of employment to ensure the member's continuous coverage
- If the transferring member has a break in employment and health benefit coverage through the former employer is no longer in effect on the first date of employment with the new employer, the new employer should make a deduction in the first full calendar month of employment. When a break in employment of more than 30 days occurs, a lapse in coverage will occur and retroactive premiums cannot be deducted to cover lapse period
- Overlapping Coverage. In the situation where the enrolled member has a period of overlapping coverage as a result of transferring employment between two separate employing entities, the coverage effective date with the second employer shall determine the coverage termination date with the first employer. The employing entity shall be responsible under this provision for deducting or refunding employee premiums as appropriate

- Dual Eligibility. In the situation where the enrolled member is eligible for coverage under SHBP as an active employee of two separate employing entities, the employee may, during the annual open enrollment period, elect which employing entity shall deduct the employee premium in the upcoming plan year. Each employing entity is responsible for remitting employer contribution amounts in accordance with 111-4-4-.02 (3)(d) in the regulations of the board

SHBP Job Aid

Transferring / Rehiring Members during the Same Plan Year

Former Employer

(Procedure 60-U160)

Step 1	Receive notification that the employee will be transferring to another eligible employing entity, review the employee's personnel file or other records to determine the coverage option/tier.
Step 2	Determine whether sufficient salary will be paid to allow the health benefit deduction/reduction, after any mandatory deductions.
Step 3	Notify the new/receiving employing entity of the coverage option and tier in which the member is enrolled. Additionally, notify the new/receiving employing entity whether the health deduction will be made in the month of transfer by the former employing entity.
Step 4	Process the member's health benefit coverage termination as a "TRAN" in accordance with Procedure 60-U210. (Reporting Terminations of Coverage)

Transferring / Rehiring Members during the Same Plan Year
New /Receiving Employer
(Procedure 60-U160)

Step 1	Communicate with the former employer, prior to the employee's first day of employment, obtaining information necessary to setup the health benefit deduction/reduction in your payroll system. Specifically, the needed information includes the coverage option and tier and whether the former employer has made the deduction for the month in which the member transfers. If the former employer has not made a current deduction, confirm the date of the last deduction and the date on which the coverage terminated.
Step 2	When the employee reports to work, have the member complete a new Enrollment Form. Remember, no changes in health benefits may be made by the member at this time unless the transfer occurs during the Open Enrollment period or the employee is otherwise eligible to make a change. Refer to Procedure 60-U110 (Enrollments/Changes in Coverage).
Step 3	Process the completed Enrollment Form in accordance with internal payroll procedures in order to establish the health benefit deduction/reduction in your payroll system. Unless otherwise instructed by the former employer , deduction/reduction should be handled as follows: <ul style="list-style-type: none"> ▪ If the member begins work on the first work day of the month, a deduction must be made during that month for the following month's coverage ▪ If the member begins work any day other than the first work day of the month, the former employer must make the deduction, provided the member earns sufficient salary to allow the health benefit deduction after any mandatory deductions ▪ If there is a break in employment and coverage through the former employer has already terminated on the day the member begins work, the first deduction is made in the first full calendar month of employment
Step 4	Submit the Enrollment form in accordance with Procedure 60-U200 (Processing and Submitting Health Benefit Plan Forms).

Processing Denied Actions

Procedure 60-U170:
Denied Actions Processing
Effective 07-01-2007

Introduction

The Regulations of SHBP and federal regulations governing tax-qualified Cafeteria Plans require the health benefit coverage option and type elected by employees at the time of employment or during an Open Enrollment period be binding for the duration of the Plan Year. Enrollments and changes in coverage based on qualifying event conditions outlined in Procedure 60-U110 (Enrollments/Changes in Coverage) and Chapter 111-4-1-.06 in the Regulations of the Board are binding for the remainder of the current Plan Year. If a Qualifying Event does occur, the changes must be requested by the employee on a timely basis. **Changes not requested within the specified time frame will not be granted.**

Coverage actions that are not within the guidelines for allowing enrollments or changes outside the Open Enrollment period will be processed by the SHBP as Denied Actions. A notice will be produced for any Denied Action. The notice of the Denied Action will be mailed to the employee with a copy to the employing entity.

Employing Entity Responsibility

Each employing entity has the responsibility for adjusting their payroll records to ensure the correct deduction/reduction is being taken when a requested coverage action is denied. The employing entity should assist the employee in obtaining any documentation required to support the requested action.

If the requested action is denied because it does not fall within the guidelines for changing coverage outside the Open Enrollment period, the payroll records must be adjusted to reverse the submitted action and restore the employee to the previous coverage, if any. If remittance to the SHBP is based upon a erroneous deduction/reduction, the monthly billing statement will be out of balance until the adjustment is made; refer to Procedure 60-U220 (Processing the Monthly Billing Statement) for additional information.

If the action was denied pending receipt of additional information; the action may be resubmitted with the requested information. **Failure to submit the required information within 60 days of the date of the Denied Action notice will require the employee to wait until the next Open Enrollment period to make the change.**

SHBP Job Aid: Processing Denied Actions
(Procedure 60-U170)

Step 1	Receive copy of the Denied Action Notice that was mailed to the employee.
Step 2	<p>Review the notice to determine the appropriate action to be taken.</p> <p>If the Denied Action is for one of the following reasons, a payroll adjustment should be made to reverse the submitted action and restore the employee to their previous coverage, if any. Once the payroll adjustment is made, no further action is required and you can proceed to STEP 3.</p> <p>An enrollment at any time other than initial enrollment, the annual Open Enrollment period, and before or within 31 days following the loss of the employee's spouse or enrolled dependent's group coverage. A change of coverage option at any time other than an Open Enrollment period, move from HMO service area, or a change in family status as defined in Procedure 60-U110. (Enrollments/Changes in Coverage) A change of coverage tier at any time other than an Open Enrollment period or a change in family status as defined in Procedure 60-U110. (Enrollments/Changes in Coverage) A change of coverage option or tier not requested within the time frames stated in the Regulations of the Board for the Qualifying Event to increase or decrease coverage. Refer to Procedure 60-U110. (Enrollments/Changes in Coverage)</p> <p>If the Denied Action is for one of the following reasons, additional information must be submitted by the employee for the SHBP to determine if the requested action meets the criteria for a change outside the Open Enrollment period. If the requested information is not received by the SHBP within 60 days of the Denied Action notice, the requested action will not be allowed until the Open Enrollment period and an adjustment to the payroll deduction/reduction will be requested.</p> <p>A request to enroll or change coverage will be denied if it does not include a letter from the employee's, spouse's or former spouse's employer, Medicaid or Medicare giving reason for termination or coverage and the date of termination of the other group health coverage. The letter needs to be on the organization's letterhead, signed by an official and include a telephone number.</p>
Step 3	Verify that the employee received the denied action notice, and if additional documentation is required, assist the employee in obtaining and submitting the documentation within the time limit. Inform the employee that the salary deduction/reduction has been restored to the previous coverage, if any.

**Procedure 60-U180:
Processing a Membership/ Dependent & Miscellaneous
Update Form
Effective 07-01-2007**

Processing a Change Miscellaneous Update Form

Introduction

A change in a member's/dependent's name or a change of certain other information concerning the member or dependent must be reported on the appropriate SHBP form, regardless of the option or coverage tier in which the member is enrolled. Miscellaneous data updates that do not entail a change of premium, a change of name, or a change of Social Security number may be reported by the member directly to the SHBP or, at the employing entity direction, may be submitted in accordance with this procedure. If the employing entity chooses to have the member report miscellaneous data updates directly, the member should be supplied with the appropriate form (66-090). The member should also be supplied with the address to which the form is to be sent.

**State Health Benefit Plan
PO Box 1990
Atlanta, GA 30301-1990**

or faxed to:
**State Health Benefit Plan
866-828-4796**

Employing Entity Responsibility

Each employing entity should encourage members to keep their address and covered dependents current with SHBP and should furnish the member with the appropriate form(s). Accurate membership records for members and dependents are required for processing of claim payments and/or verification of coverage to providers of medical services.

Section VII:	The member should carefully read the terms and conditions before signing and dating the completed form
Step 3	Review the form(s) for proper completion and complete Section II of the Change and Miscellaneous Update Form (SHBP 66-090) by indicating the Department/School System Number and Unit/School Code for employing entity.
Step 4	Complete the top portion of the Forms Transmittal Sheet by writing: <ul style="list-style-type: none"> a) The department, agency, or educational institution's five-digit Payroll Location Number The use of an incorrect number will result in delay of coverage or incorrect billing and will require additional documentation to correct b) The Payroll Location name c) The name of the person submitting the report d) The telephone number of the person submitting the report e) The submission date of these transactions
Step 5	Mail the batch of documents to the SHBP, Eligibility Section, at the address in the upper right corner of the Forms Transmittal Sheet.

Processing and Submitting State Health Benefit Plan Forms

Introduction

Prompt reporting of membership transactions is essential to the maintenance of accurate member coverage records and employing entity billing records. Specific deadlines have been established for submission of all actions (forms and terminations) to the DCH. These deadlines ensure that all actions transmitted will be processed before running the monthly billing statement. Prompt submission ensures correct verification of coverage and benefit payments to medical providers. Prompt submission also limits the financial hardship of a member held responsible for repayment of SHBP benefits issued after the coverage should have ended.

The Membership Enrollment Management System (MEMS) is designed to allow employers to transmit all types of actions before the effective date of the action by indicating the payroll period or the first or last deduction/reduction period. The deduction date allows MEMS to calculate the correct coverage effective date.

Employers are encouraged to transmit the action as soon as the action is known. For example, employees hired on the first workday of the month must complete the Membership Form before the end of that month for a premium deduction/reduction to be taken in the month preceding the effective date of coverage. As soon as the form is completed, it should be forwarded to SHBP in accordance with this procedure.

Reporting a termination as a result of retirement that overlaps an Open Enrollment period should be delayed until the day following the deadline for Open Enrollment processing. That date can be found in the Open Enrollment Guide.

1. Employers should submit all transactions, regardless of the effective date, by the 15th of the month in which the first deduction/reduction (enrollments and other changes) are to be made or the 10th of the month following the last payroll deduction/reduction (terminations)
2. Large employers should submit SHBP forms more than once a month. The number of submissions is at the employer's discretion; however, all submissions should be made by the date specified above and should include all actions affecting coverage on the first of the next month
3. All transmissions to the SHBP must be accompanied by a Forms Transmittal Sheet (SHBP 60-010)

Employing Entity Responsibility

The employing entity is responsible for promptly submitting all transactions to the SHBP. Failure to report promptly can result in the delay of health coverage verification of member benefit payments which can increase the financial liability of both the member and the Plan.

The employing entity is required to report a member's last date of payroll deduction and reason for coverage termination no later than 30 days following employment termination or loss of eligibility to participate through payroll deduction/reduction. Any penalties assessed SHBP for failure to comply with timely notification requirements of federal COBRA legislation shall be billed to the responsible employing entity. Refer to Procedure 60-U210 and Chapter

Duties and Responsibilities of Employing Entity.

The employing entity is also responsible for verifying that all transactions submitted to the SHBP are processed. The reconciliation process must be accomplished each month when the Monthly Billing Statement is received. In the event the previously submitted transmissions are not processed by the SHBP, contact your Employer Services representative at 800-610-1863.

Job Aid: Processing and Submitting State Health Benefit Plan Forms

(Procedure 60-U200)

Step 1	Review all Forms, Dependent and Miscellaneous Update Form (SHBP 66-090); Declination of Health Benefit Coverage, Notification of Return from Leave Without Pay, and Discontinuation of Health Benefit Coverage forms. It's recommended that copies of these forms be held in a pending file until the monthly billing statement is received and processed. After receipt of the monthly billing statement, verify the Plan has correctly processed the transaction and place the second copy in the employee's permanent personnel or benefit file.
Step 2	Count the number of each type of form being submitted. Record this number in the appropriate space on the Forms Transmittal Sheet (SHBP 66-010).
Step 3	Attach the original forms to the Forms Transmittal Sheet. Retain copies for reconciliation with the Monthly Billing Statement.
Step 4	List any terminations of coverage on the Forms Transmittal Sheet. Refer to Procedure 60-U210.
Step 5	Complete the top portion of the Forms Transmittal Sheet by writing: a) The department, agency, or educational institution's five-digit Payroll Location Number. The use of an incorrect number will result in delay of coverage or incorrect billing and will require additional documentation to correct b) The Payroll Location name c) The name of the person submitting the report d) The telephone number of the person submitting the report e) The submission date of these transactions
Step 6	Mail the batch of documents to the SHBP, Eligibility Section, at the address in the upper right corner of the Forms Transmittal Sheet.

Reporting Terminations of Coverage

Introduction

Prompt reporting of employee terminations is essential to the maintenance of accurate employee coverage records and department billing records. See Chapter 111-4-1-.09 of the Regulations of the Board. Further, Federal legislation mandates that employees who are no longer participating in the State Health Benefit Plan (SHBP) through payroll deduction be notified of eligibility to extend coverage under COBRA. Notification generated to the employee by the SHBP is based on the termination code and the last payroll deduction date reported by the Employing Entity. Failure of the Employing Entity to notify the SHBP on a timely basis of a termination of coverage may subject the SHBP to penalties by the Federal government. Any penalties assessed for failure to comply with the notification requirement because of the Employing Entity's failure to notify the SHBP will be billed to the respective Employing Entity.

A payroll deduction for health coverage must be made from salary earned during a month as long as the covered employee receives salary sufficient to support the required deduction after mandatory deductions are made. The employee's coverage will terminate at the end of the month following the month in which the last payroll deduction is made. **If an employee is receiving only terminal pay in a month, the health benefit coverage deduction should not be made.**

Employing Entity Responsibility

Each Employing Entity must submit coverage termination within 31 days prior to or following employment termination or loss of eligibility to participate in the Health Plan through payroll deduction/reduction. Delayed reporting of termination of coverage will cause over-billing to the Payroll Location. Adjustments to the monthly billing report must be made and documented when termination reporting is delayed. Delayed reporting can also result in payment of claims on behalf of members who are no longer eligible to receive benefits. Recovery of payment made on behalf of inactive members causes increased expense to the SHBP, thereby contributing to escalating costs for the members and department, agencies and educational institutions.

SHBP Job Aid

Reporting Terminations of Coverage
(Procedure 60-U210)

1. Determine that an employee will not have continued payroll deductions/reductions for health benefit coverage.
2. List the employee on the Forms Transmittal (SHBP 66-010). a) Write the appropriate termination code b) List employee's Social Security number, name, and date of last payroll deduction Note: If the listing is for an employee for whom no payroll deduction has been made, or a new employee who failed to work on the effective date of coverage, write "NONE" in the "date of last payroll deduction." Attach documentation explaining the circumstances for this action.
3. Complete the top portion of the Forms Transmittal Sheet by filing in: a) The Employing Entity five-digit payroll location number b) The Payroll Location name c) The name of the person submitting the report d) The telephone number of the person submitting the report e) The submission date for the forms batch
4. Count the number of terminations listed and write this number in the column to the right of "Termination (listed below)" under the Transaction Reported header.
5. Complete the Transaction Report count for other types of transactions you are attaching to the Forms Transmittal Sheet.
6. Retain a copy of the Forms Transmittal Sheet for verification and mail the original form to the address shown in the upper right corner of the form.

Termination Codes

Code	Description
TERM	Termination: the employee is no longer employed by the Employing Entity. Future employment with another employer participating in the SHBP is not indicated
TRAN	Transfer: the employee is no longer employed by the Employing Entity, but has indicated future employment with another participating Employing Entity. If in doubt as to whether an individual is transferring to another participating Employing Entity, report the transaction as termination
DISC	<p>Discontinue coverage: the employee has experienced a Qualifying Event that allows the employee to voluntarily discontinue coverage outside the annual Open Enrollment Period although still employed. A timely Discontinuation of Health Benefit Coverage form (SHBP 66-089) must be completed by the employee and submitted with the Forms Transmittal Sheet. This action must be listed on the Forms Transmittal Sheet in order to terminate coverage and cancel billing. Documentation of the qualifying event is required.</p> <p>During the Open Enrollment Period, an employee may voluntarily discontinue coverage with the Health Plan although still employed. Follow instructions in the annual Open Enrollment Guide regarding processing of Open Enrollment discontinuations of coverage.</p>
LWOP	Leave Without Pay: The employee is no longer receiving compensation but has been granted an approved leave of absence without pay or has been temporarily suspended without pay from normal duties and will miss a health deduction
RETR	<p>Retirement: The employee is no longer actively employed by the employing Entity due to retirement</p> <p>Note: Local school systems that continue to pay a teacher or public school employee for the summer months, even though the person is retiring effective in June or July, take the last deduction from the month the employee last worked (most likely the month of May).</p>
LOFF	Laid Off: The employee is laid off due to a reduction in force
DCSD	Death: The employee is deceased
RHRS	Reduction in Hours: the employee continues employment under the definition of employee; however, he/she no longer works the required number of hours to be eligible for health benefit coverage
KLOD	Death: Killed in the Line of Duty;

**RETRIEVING AND PRINTING MONTHLY BILLING STATEMENT FOR NON DIRECT
BILLED LOCATIONS**
(Procedure 60-U220)

1. When you click on a report it will open up with a list of the specific monthly report(s) that you can view
2. Next to the monthly report it will say **Recall Required or Available:**
 - If Recall is required - You click on the report to order and check back later to get the report
 - If Available - You click on the report and it will come up on your screen

There are several buttons on the report. Each button has a description when you put your cursor on it. You will use these buttons to locate specific information.

1. Previous Page button - This button is used when you are in a report and need to back up
2. Next page button - Is used to page down through the report
3. Print button - Is used to print the entire report. If you have more than one Payroll Location, this button will print all of the locations. If you need to print the location you are looking at, you can select the current report from your print page. The printing default is in letter format and you will want to change this to landscape before printing your reports. (Note: you must access this Web page through Internet Explorer to be able to print View Direct documents)
4. Print current page button - Prints current page only
5. Down Load button - You may want to down-load your report to your PC rather than print
6. Page Notes button - You can go into this section and make a note. This note can be viewed by anyone who has access to this report. The report will track who made the comment
7. Search button - Use this button when you are searching for a specific person. Be sure you are going in the correct direction when you are searching. Example: If you just looked up Williams and now want to look up Smith, you will want to be sure the search is going up, not down the report, since Smith comes before Williams

If you need additional help contact the Employer Services Unit at 800-776-9045 or 404-651-6131.

SHBP Job Aid

Monthly Billing Reports Description
(Procedure 60-U220)

Report Name/Report Number	Report Description
<p align="center">Transaction List (Report 360-H141)</p>	<p>The primary purpose of the Transaction List is to report to the entity those actions that were processed by the SHBP during the month and/or have been processed for a future effective date. The Transaction List has three major categories: Retroactive Actions, Current Actions, and Pending Actions. When actions are listed, the employee's name, Social Security number, coverage option and type, coverage effective date, and a notation of the type of action will be displayed. The number of pages of the H141 report is determined by the number of coverage actions processed during the month. All transactions are listed alphabetically by the member's name.</p> <ul style="list-style-type: none"> a) Retroactive Actions: Each coverage action that was processed since the last billing statement that has an effective coverage date prior to the effective date of the current month's statement is listed in the section b) Current Actions: Each coverage action that has the same effective date as the current month's statement, regardless of when the action was processed, is listed in the section. Current actions will include prior month's pending actions which now have a current effective date c) Pending Actions: Each coverage action that has a future effective date is listed in the section. Pending actions will continue to be listed on subsequent statements until the effective date is reached and the actions become current actions
<p align="center">Reported Membership Totals (Report 360-H142)</p>	<p>The primary purpose of the Reported Membership Total is to display the total number of current members and the calculated current month's premium deductions due for each option and coverage type. Only options and coverage in which members are currently enrolled will be listed.</p> <p>NOTE: A coverage change is listed as a decrease in the old coverage and an increase in the new coverage. For example, a change from OAP Single Coverage to OAP Family Coverage will be displayed as a decrease of "1" on the column and row for OAP Single Coverage and as an increase of "1" in the column and row for OAP Family Coverage.</p> <p>The column headings on the Report Membership Total report are explained as follows:</p> <ul style="list-style-type: none"> 1) Column A: "Previous Reported Totals" displays the total number of members that were reported in Column G of the previous month's Report Membership Totals report

	<p>2) Columns B and C: “Retroactive Actions” displays the total number of actions (increases and decreases) that had an effective date earlier than the current billing month, and that were reported and have been processed since the last billing statement was produced. These numbers should be the total number of actions listed in the “Retroactive” section of the H141</p> <p>3) Column D: “Adjusted Previous Totals” displays the number of members enrolled in each option and coverage type before the current month’s activity is added. The number is calculated by adding across rows in Columns A and B, less Column C</p> <p>4) Columns E and F: “Current Actions” displays the number of increases and decreases in members in each option and coverage type for actions that are effective in the same date as the billing statement. Some of these actions may have been submitted in prior months. These numbers should coincide with the total number of actions listed in the “Current” section of the H141</p> <p>5) Column G: “Reported Current Totals” displays the number of members enrolled in each option and coverage type for the billing statement effective date. The number is calculated by adding across rows in Columns D and E, less Column F. If all actions were transmitted to the SHBP in sufficient time for processing, the total by option/coverage type should agree with the total number of employees that your payroll records reflect as being enrolled</p> <p>6) Column H: “Deductions Due for this Month” displays the calculated total deduction amount due for the current month’s billing statement. The dollar amount displayed is the number in Column G multiplied by the deduction rate for the current month</p>
<p>Retroactive Reported Adjustments (Report 360-H143)</p>	<p>The primary purpose of the Retroactive Reported Adjustments report is to display the premium amount calculation for all reported, retroactive transactions that were processed since the previous month’s billing statement.</p> <p>1) Column A: “Coverage Months” lists a row for each of the three months immediately prior to the current billing statement month. Retroactive actions with effective dates earlier than the three listed months are reflected in the row labeled “Other”</p>
<p>Report Name / Report Number</p>	<p>Report Description</p>

	<p>2) Columns B and C: “Reported Changes” displays the number of retroactive membership actions (increases and decreases) that were processed for effective dates earlier than the current statement month</p> <p>3) Column D: “Net Changes” displays the net number of retroactive actions after the increases or decreases are accumulated for each of the months shown</p> <p>4) Column E: “Rates” is a premium deduction dollar amount multiplied by the months for which the action is retroactive</p> <p>If the retroactive coverage date and the billing statement date span the effective date of a change in premium, the change in premium will be reflected</p> <p>5) Column F: “Extensions” is the product of the “Rates” (Column E) times the “Net Changes” (Column D). If the retroactive coverage date and the billing statement date span the effective date of a change in premium, the change in premium will be reflected</p> <p>6) Column G: “Net Amount of Changes” is the subtotal of amounts shown in Column F, for each option and coverage type. The bottom row on the report represents the grand total of all deductions due for actions with an effective date prior to the current billing month. This month will be reflected on the H145 on line 2</p>
<p>Adjustments Work Sheet (Report 360-H144)</p>	<p>The H144 is a formatted report and has the primary purpose of allowing the employing entity to document the adjustments that are required to reconcile the billed amounts to the actual deducted premium amounts for your employees If all transactions submitted have been verified and the premium amounts that were deducted for those who are enrolled balance with the amount billed by the SHBP, this formatted report is not needed and should not be returned to the SHBP. If the premium amounts deducted for the employee salary differ from the SHBP’s billed amount or the transactions submitted cannot be verified, the worksheet should be completed as a tool to reconcile employee coverage records. All forms should be forwarded; H144 does not correct coverage</p>
<p>Report H-144L</p>	<p>The H144L is a report listing persons on leave without pay that are making payments</p>
<p>Statement (Report 360-H145)</p>	<p>The primary purpose of the statement report is to display the calculated amounts due for the employee’s premium deductions and to reflect amounts paid since the last billing statement. This report also provides information regarding the employer’s contribution or administrative fee amount, and a space to itemize the checks to be transmitted to the SHBP for the monthly payment amounts. Each line is explained as follows:</p>

	a) Line 1: Displays the amount billed (+ or – line 6) for the prior month
Report Name / Report Number	Report Description
	<p>b) Line 2: Displays the amount calculated (positive or negative on the Retroactive Reported Adjustments H143</p> <p>a) Line 3: Displays the sum of lines 1 and 2, which is the adjusted employee deduction amount due for the prior month</p> <p>b) Line 4: Displays the employee deduction payments received and posted to SHBP accounting records through the date shown</p> <p>c) Line 5: Displays special accounting adjustments processed by the SHBP</p> <p>d) Line 6: Displays the sum of lines 3, 4 and 5, and represents the outstanding employee deduction amount due for prior billing months</p> <p>e) Line 7: Displays the employee deduction due for the current month's enrollment only. This amount is carried forward from Reported Membership Totals (H142)</p> <p>f) Line 8: Is provided to record the total value of the employee deduction amounts due for any adjustments. Any amount shown on this line MUST be itemized as an adjustment on the Adjustment Work Sheet (H144) and supporting documentation for the adjustment MUST be attached. If supporting documentation cannot be attached, no adjustment can be entered on line 8 and the employee premium deduction billed must be remitted</p> <p>g) Line 9: Is provided to list the sum of lines 7 and 8</p> <p>h) Line 10: Is provided to list the sum of lines 6 and 9. This is the total amount due for employee premium deductions</p> <p>NOTE: The lower one-third of the Statement report is to list the amount due from the employer contribution for health benefits and to itemize the checks/payments transmitted.</p>

Job Aid:

RETRIEVING AND PRINTING MONTHLY BILLING STATEMENT FOR NON DIRECT BILLED LOCATIONS
(Procedure 60-U220)

	Action
Step 1	Retrieve the monthly billing statement from View Direct. Review the documents to ensure that Reports 360-H141, H142, H143, H144 and H145 are present and then print A Membership List may be accessed via View Direct
Step 2	Verify from the Reported Membership Adjustments (H142) that the total number of covered members is correct . Contact the Employer Service representative of SHBP if you need assistance in reconciling the numbers or premium calculations
Step 3	Verify that the Retroactive Reported Adjustments (H143) correctly reflect all reported and processed transactions with an effective date earlier than the statement effective date
Step 4	Document any adjustments to the employee premium deduction amount on the Adjustment Worksheet (H144) a) List the social security number and name of the member b) List the “old” coverage of the member. List “NONE” if no prior coverage c) List the transaction type (enrollment, transfer, return from LWOP, change option, change coverage type, or any of the termination types listed on the Forms Transmittal Sheet d) List the “new” coverage of the member. List “NONE” if the transaction is one of the termination types e) List the effective date (not first deduction date or last deduction date) of the new coverage or termination. New coverage is always effective the first day of the month and coverage termination is always effective the last day of the month. f) Calculate the employee premium deduction amount of the adjustment. Multiply the monthly deduction amount by the number of months for which the adjustment is being reported g) Calculate the net adjustment of all transactions listed on the report Write the amount in the block on the bottom row of the report
Step 5	Complete the process of reconciling the billing Statement (H145) for the employee deduction amounts due . a) On line 8 of the Statement, list the amount calculated for the net adjustment on the Adjustment Worksheet (H144) <u>only</u> if supporting documentation for each line item is attached to the worksheet. If supporting documentation is not attached to the H144, <u>no adjustment can be entered on line 8</u>

	<p>b) Add lines 7 and 8 and record the total in both spaces provided on line 9. Add lines 6 and 9 and record the total employee deduction amount due on line 10. If the sum of these lines does not agree with the amount you have payroll deducted, or should have deducted, you must proceed to step 5c. If the sum of these lines agrees with the amount deducted, proceed to step 6.</p>
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Monthly Billing for Direct Bill Locations

Effective **July 1, 2012**, SHBP moved away from the percentage of state-based salary billing model to a billing method known as Direct Bill for certain Payroll Locations.

Direct Bill is a per member per month (PMPM) billing method which includes **all retroactive adjustments and Leave without Pay (LWOP)**. **Payroll locations will 'pay as billed' a direct PMPM (flat rate) for each employee enrolled in the SHBP.**

Direct Bill **applies** to employees enrolled in the SHBP for the following payroll locations:

- **Boards of Education (Certificated Employees, Service Employees and Board Members)**
- **Charter Schools**
- **Regional Educational Service Agencies (RESA)**
- **Libraries**
- **Georgia Military College**

Currently, **State Agencies, Contract Groups, and all Retiree Groups will not** be affected by the change to Direct Bill.

The following payroll location changes were made for Direct Bill implementation:

- **End dates will be placed on Old Payroll Locations once all transactions are complete**
- **New Direct Bill Payroll Location Numbers assigned effective July 1, 2012**
- **Transfer all employees to New Direct Bill Payroll Locations once all transactions are complete in the Old Payroll Locations**
- **Corrections of Line 6 balances prior to closing Old Payroll Location Number**

SHBP Payroll Location Billing Statements have been revised for Direct Bill; including individual account receivables (A/R) for both employee deductions and employer contributions.

Billing statements are accessed through ViewDirect (e-Bill) and require Access Agreement(s). ViewDirect Access Agreement(s) are available by calling the SHBP Payroll Location/Employer Services Unit at 1-800-776-9045. Complete ViewDirect Access Agreements should be faxed to the attention of Deborah Sheppard at 1-866-545-3161. The ViewDirect Quick Reference Guide is available for viewing and/or printing at the DCH website, www.dch.georgia.gov/shbp.

The following proof bill for Direct Bill is available on ViewDirect daily to verify correct employee coverage and premium deductions (view only):

- **SHPRFDBL** – SHBP Proof Direct Bills

ViewDirect proof bill should never be used to determine Total Premium Amount Due, ViewDirect Monthly Billing Statements should be used for this purpose.

- **SHPDBILL** – SHBP Direct Bills

Proof bills and billing statements (before and after 7/1/2012) are available on ViewDirect.

ViewDirect Adjustment Worksheets (360-H144 and 360-H144L) have been eliminated for Direct Bill. **All retroactive adjustments and LWOP are included on the payroll location's monthly Billing statement for Direct Bill.**

An additional column for Employer Contributions has been added to the ViewDirect Payroll Location Reported Membership Totals (360-H142) for proof bills and monthly statements as follows:

The web based Premium Remittance Form (remittance) is housed on the SHBP Web Portal and may be accessed at <https://www.myshbp.ga.gov/admin> through your Internet Browser Home screen.

The SHBP Web Portal requires and Access Agreement(s). SHBP Web Portal Access Agreement(s) are available by calling the SHBP Payroll Location/Employer Services Unit at 1-800-776-9045. Complete SHBP Web Portal Access Agreements should be faxed to the Attention of Deborah Sheppard at 1-866-545-3161. The SHBP Direct Bill Web Portal User Guide for Payroll Locations is **available for viewing and/or printing at the DCH website, www.dch.georgia.gov/shbp.**

Direct Bill Payroll Locations are required to pay in full the '**Total Premium Amount Due**' for each monthly billing statement within the specified time frame of the billing schedule using the SHBP Web Based Remittance Form.

Direct Bill Payroll Locations who are not following Direct Bill procedures (i.e. no payment, Payment past billing schedule, payment received without Remittance Form, EFT/ACH Deposits do not match Remittance Form; payment by check does not match Remittance Form, etc.) will be identified by the SHBP Direct Bill Team. Once identified, **SHBP Employer Services Unit will contact the payroll location to determine the cause of the unequal payment and corrective action will be taken with reinforcement to pay as billed.**

PROVIDING INFORMATION UPON TERMINATION OR RETIREMENT (Consolidated Omnibus Budget Reconciliation Act)

Introduction

Upon termination of employment for any reason, other than gross misconduct, a member has the option of continuing health benefit coverage under the SHBP. Dependents that cease to be eligible on a member's coverage are eligible to continue under the COBRA provision. There are different provisions under which members may continue their coverage. Eligibility will be in accordance with the Regulations of the Board of Community Health that are summarized in this procedure.

Note: If a member withdraws his/her money from a State of Georgia retirement system in lump sum, the employee loses eligibility for continuation of coverage except through the COBRA provision for temporary extended coverage.

Termination/Retirement Definition

Retirement: A member who terminates employment due to retirement may continue health benefit coverage by having the retirement system deduct the monthly health benefit coverage premium from his/her monthly retirement annuity. If the retiring employee will receive a monthly annuity, but the annuity will not be in an amount sufficient to deduct the premium; health coverage may be continued by paying a monthly premium directly to the SHBP. If the retiring employee will not receive any monthly annuity, continuation is limited to the extended beneficiary provisions of COBRA that are listed below. A terminated employee may also qualify to continue coverage under the resignation provision (see below).

Pending retirement: Member who has applied for service retirement may pay directly to the SHBP for the period between termination of coverage as an active employee and the effective date of coverage as a retiree. There must be a reasonable expectation that the employee is eligible for retirement except for completion of the administration processing to begin a retirement benefit payment.

Continuation under this provision may not exceed six months. If a Board of Trustees or retirement administrator has not rendered a decision on a pending request after six months or if a retirement request is denied for immediate onset of annuity payments, the terminated member will no longer be eligible to continue coverage under this provision. At that point, continuation would be limited to the extended beneficiary provisions of COBRA for a maximum of 18 months **inclusive** of any months of coverage extended through the pending retirement provision.

State employee who resigns: A state employee who resigns or Official fails to be re-elected, or who does not seek re-election to office and who has completed eight or more years of service may continue full coverage and participation by payment of a monthly premium. A request to continue this coverage must be mailed to SHBP within 60 days following coverage termination as an active employee along with an affidavit from the Employing_Entity or retirement system certifying the length of service. The state employee must pay both the employer and employee premiums for such coverage. The premium must be paid within 30 days of receipt of a notice of premium date.

Note: The provision can take effect at the end of the expiration of the extended beneficiary provision of COBRA.

Teacher or public school employee who resigns or retires: A teacher or public school employee who resigns or retires with eight or more years of creditable service in one of the eligible retirement systems may continue full coverage and participation by payment of a monthly premium.

A request to continue this coverage must be mailed to SHBP within sixty (60) days following coverage termination as an active employee along with an affidavit from the retirement system certifying the length of service and when annuity is expected to be received. The employee must pay both the employer and employee premium for such coverage. The premium must be paid within 30 days of receipt of a notice of premium date.

Note: This provision can take effect at the end of the expiration of the extended beneficiary provision of COBRA.

Any person who ceases to be eligible for coverage: COBRA provides that a worker (active or retired) and his/her dependents who are covered by a health care plan, will be entitled to temporary extended coverage under that plan whenever the member's coverage ends because of loss of eligibility. A member's loss of eligibility can be triggered by resignation, termination, layoff, or reduction of working hours. The eligibility of covered dependents can end if the member's eligibility ends or due to divorce or death. Also, the eligibility of a covered dependent can end for other reasons, such as age limitation or loss of student status. If a member's eligibility ends, thereby automatically ending eligibility for all of his/her covered dependents, the maximum period of temporary extended coverage under COBRA will be 18 months. If a member's coverage stays in effect, but the dependent's eligibility ends, the maximum period temporary extended coverage for that dependent under COBRA will be 36 months.

Retirees: Continuation of Health coverage for Retiring Employees

WHO IS ELIGIBLE

A member may be able to continue Plan coverage if enrolled in the Plan when they retire and are immediately eligible to draw a retirement annuity from any of these systems:

- Employee's Retirement System
- Teachers Retirement System
- Public School Employees Retirement System
- Local School System Teachers Retirement System
- Fulton County Retirement System (eligible Members)
- Legislative Retirement System

- Superior Court Judges or District Attorney's Retirement System

Note: Individuals who have withdrawn money from their respective retirement system will not be able to continue health coverage as a retiree. See Procedure 60-U240 for more information. Eligibility for temporary extended coverage under COBRA provision would apply.

When Coverage Begins

If an employee is eligible for a monthly annuity at the time of retirement, coverage starts immediately at retirement, provided that the proper premium payments have been deducted from an annuity check. Coverage for dependents (if elect to continue dependent coverage) starts on the same day that the retiree's coverage begins See Procedure for more information A change from single to family coverage as a retiree is allowed only when there is a Qualifying Event.

When Coverage Ends	<p>For Retiree: Coverage will end or discontinue when premiums are not paid on time.</p> <p>For Dependents: Coverage for dependents will end when:</p> <ul style="list-style-type: none"> • They are no longer eligible • A change from family to single coverage • If premiums are not paid on time • Coverage for the Member ends <p>Note: If dependents are dropped from coverage he/she will not be able to enroll again – unless there is a Qualifying Event.</p>
Continuing Dependent Coverage at Death	<p>In the event of death, the surviving spouse or eligible dependents should contact the applicable retirement system (ERS, TRS, PSERS, etc.) and the SHBP as soon as possible. To continue coverage, surviving spouses or eligible children must complete a Retirement/Surviving Spouse Form and send it to the SHBP Plan within 31 days of the member's death. Plan provisions vary for survivors:</p> <p>If surviving spouse receives annuity</p> <ul style="list-style-type: none"> • Plan coverage may continue after the Retiree's death • Premiums will be deducted from annuity • Spouse sends payments directly to Plan if annuity is not large enough to cover premium • New dependents or spouses <i>cannot</i> be added to survivors coverage <p>If surviving spouse does not receive annuity</p> <ul style="list-style-type: none"> • Plan coverage may continue after Retiree's death if the spouse was married at least one year before death • Spouse sends payments directly to the Plan • Coverage ends if surviving spouse remarries <p>Surviving child does not receive annuity and there is no surviving spouse Plan coverage may continue under COBRA provisions</p>
Making Changes to Retiree Coverage	<p>Changes to coverage can be made only at these times:</p> <ul style="list-style-type: none"> • When there is have a Qualifying Event • During the annual Retiree Option Change Period <ul style="list-style-type: none"> - Changes to Plan Option only <p>Adding dependents is not permitted unless there is a Qualifying Event as described in the Qualifying Events Section</p>

Retiree

QUALIFYING EVENTS	
Qualifying Events	<p><u>Retiree must request a coverage change within 31 days of the Qualifying Event by:</u></p> <ul style="list-style-type: none"> • Contacting the SHBP directly • Returning the necessary form(s) with any requested documentation to the SHBP by the deadline. Fill out the form(s) completely <p>If the deadline is missed, the retiree will not have another chance to make the desired change. If the deadline is met, the change will take effect on the first day of the month following the receipt of the request, unless indicated above.</p> <p><u>Changes Permitted Without a Qualifying Event</u> Retirees may change from family to single coverage, or discontinue coverage at any time by submitting the appropriate SHBP form. However, if they change from family to single coverage, they cannot increase their coverage later without a Qualifying Event. Also, if they discontinue coverage, they may not enroll later, unless they return to active employment covered under ERS, TRS or any one of the qualifying retirement systems.</p> <p><u>Important Note on Coverage Changes:</u> If retiree's current Plan option is not offered in the upcoming Plan year and they do not elect a different option available to them during the Retiree Option Change Period, their coverage will be transferred automatically to an option chosen by SHBP effective January 1 of the subsequent Plan Year.</p>

Qualifying Event	
If Retiree's Have This Event	Action Allowed
<ul style="list-style-type: none"> • Within 31 days of eligibility for retiree coverage • Annuity no longer covers premium amount • Become eligible for Medicare 	Change to an available option

<ul style="list-style-type: none"> • Acquire dependent because of marriage, birth, adoption or Qualified Medical Child Support Order (QMCSO) • Within 31 days of loss of a dependent's health benefit coverage through spouse's or former spouse's Medicaid, Medicare, group coverage through active employment, retiree group coverage or COBRA coverage 	<p>Add in their eligible dependent(s) Proper documentation is required</p> <p>Note: Surviving spouse and dependents cannot change from single to family coverage</p>
<ul style="list-style-type: none"> • Spouse or enrolled dependent's employment status changes, affecting coverage eligibility under a qualified health plan 	<p>Change coverage tier within 31 days of the Qualifying Event; proper documentation is required</p>
<ul style="list-style-type: none"> • Member and spouse are retirees who both have sufficient retirement benefits from a covered retirement system to have Plan premiums deducted. • New dependents or spouses cannot be added to survivor's coverage 	<p>Change at any time from family coverage to each having single coverage, a request to change from family to single for retiree and the request for single coverage for their spouse must be filed at the same time within 31 days of the Qualifying Event.</p>

SHBP Job Aid:

**Providing Information upon Termination or Retirement
(Procedure 60-U240)**

1. Receive notification of a member's retirement, termination, or reduction in hours
2. Advise the member of the options available for continuation of health benefit coverage and of the action required to continue that option, as indicated below:

- a) **Retirement:** Retirees whose annuities are administered by the Teachers Retirement System (TRS), Employees Retirement System (ERS), Public School Retirement System (PSERS) will no longer have to complete a Retiree/Surviving Spouse Form to Continue coverage as a retiree

The process below should be followed for the retiree/surviving spouse continuing health coverage with SHBP

- A file of retirees receiving their first retirement check will be sent to SHBP from the Retirement System. SHBP will systematically enroll the retiree or the surviving spouse. If the Payroll Location (employer) does not terminate the employee timely, the process will also terminate the employee from active coverage. As the employer, you must verify that the active employment coverage termination date is correct. You should contact the SHBP Employer Services Unit at 800-776-9045 or 404-651-6131 if a correction is needed
 - SHBP will send a letter to the retiree's home address advising of the transfer of coverage. The form, which is on the reverse side of the letter, should be used if the retiree wishes to change options or discontinue health benefit coverage. The retiree should only complete and return the form if he/she is changing options or declining coverage as a retiree. If the retiree is changing options, the form must be received by SHBP within 31 days of the date of the letter. Changes in premiums will be based on payroll processing dates and premiums cannot be refunded
 - SHBP will notify TRS, ERS, and PSERS of the appropriate premium for the coverage. This will also ensure that the correct premium is deducted from the first annuity check. The file will also include any deduction changes based on retiree change requests and/or Medicare eligibility
 - Then TRS, ERS, and PSERS will return an actual premium deduction file to SHBP following payroll close. This file will be used by SHBP for comparison purposes. It will also list retirees with insufficient annuities. SHBP will set these retirees up to be billed directly for their health benefit coverage
- b) **Pending Retirement:** If the member will not be drawing a monthly annuity from the retirement system immediately following termination through payroll deduction, he/she should telephone the Eligibility Section at 800-610-1863 for additional information
 - c) **State Employee who Resigns:** If the member is interested in continuing health benefit coverage on a monthly premium basis, he/she should contact the SHBP within 60 days following coverage termination as an active employee. The member may call the Eligibility Section at 800-610-1863 for additional information

- d) **Teacher or public school employee who resigns or retires:** If a teacher or public school employee who is a member of the SHBP is interested in continuing health

benefit coverage on a monthly premium basis, he/she should contact the SHBP within 60 days following coverage termination as an active employee. The member may call the Eligibility Section at 800-610-1863 for additional information

e) Any person who ceases to be eligible for coverage: COBRA temporary extended coverage is available to any member or enrolled dependent that loses eligibility for coverage under the SHBP

- **Member:** The member will automatically receive a notice of eligibility for continuation of coverage from the SHBP once the Employing Entity reports the termination of coverage through normal reporting procedures. See Procedure 60-U210
- **Dependent:** The member or enrolled dependent must notify the SHBP within (60) a day following the Qualifying Event in case of divorce, legal separation, or the dependent child loses eligibility

3. Instruct the member to make sure his/her address is correct with the SHBP when a notice from the Plan is expected to be mailed. Instruct the member that should he/she not receive the notice within three weeks after the Forms Transmittal Sheet listing the termination has been submitted, he/she should contact the SHBP by telephone at 800-610-1863.

NOTE: The Form Transmittal Sheet is the Required document to initiate the COBRA notice.

Employer Contribution Rates

Employer Contribution Rates

The general philosophy for the employer contribution rate is provided by state statute and then further defined by the regulations of the Board of Community Health. Employer rates for the various groups are outlined in the following paragraphs.

State: For all Employing Entities for which employees are eligible for medical coverage under O.C.G.A. 45-18, state statute provides for the employer contribution to be based upon the total personal services. State Personnel Board regulations define personal services to mean total salary payments made to employees. Total salaries include terminal leave pay, overtime pay, shift differential, temporary salaries, and all types of supplemental pay

Teachers: For Employing Entities (local school systems and RESAs) for which employees are eligible for coverage under O.C.G.A. 20-2-880, state statute provides for the employer contribution to be based on a flat per covered member per month.

Regional and County Libraries: The employer contributions are based on a flat per covered member per month. Part-time employee labor who works less than 17.5 hours per week will be considered per diem and casual labor

School Service Employees: For Employing Entities for which employees are eligible for coverage under O.C.G.A.20-2-910, state statute provides for the employer contributions to maintain the same employee contributions amount as other plans administered by the Board of Community Health. Employer contribution is based on a flat per covered member per month.

All payments for all employer contributions are due on the first of the month coincident with the employees' monthly premium amount. The total premium amount including the employer contribution must be transmitted with the reconciled monthly billing statement by the 5th working day of the month. Failure to remit funds on a timely basis can place health coverage for the specific entity's employees in jeopardy. Documentation requirements for employer contribution calculations are discussed in Procedure 60-U220, Process the Monthly Billing Statement. The **monthly employer contribution rate is shown below.**

Monthly Employer Contribution Rates	
The monthly employer contribution rate for the various groups currently are:	
State	30.031% average
Teachers	\$937.34 per covered member
Regional and County Libraries	\$743.00 per covered member
School Service Employees	\$446.20 per covered member

View Direct Reports

- The Georgia Technology Authority (GTA) Electronic Reporting System (E-Bill or View Direct) is owned by the State of Georgia and operated by the State Health Benefit Plan Division of Information Technology and the Georgia Technology Authority. Unauthorized access is prohibited by the Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90, et seq.), as well as all applicable FEDERAL laws.

The Telecom, DataNet, and Miscellaneous Computer Services Billing information is available on-line via the internet. This process is called Electronic Billing Process (E-Billing) or State Health Benefit Plan (SHBP) ViewDirect; and is accessible according to the information provided by the employing entity.

All information contained in this document is confidential proprietary information of the State of Georgia, the Department of Community Health, and SHBP and must not be shared with unauthorized users.

ViewDirect: TECHNICAL REQUIREMENTS / ACCESS AGREEMENT / USER I.D. AND PASSWORD

Technical Requirements:

Assistance from your IT staff may be necessary in order for you to access this site and utilize all features. **Your IT staff should verify the following:**

- Pop-up blockers are turned off
- Port 8443 is open
- Java is installed and enabled on your computer
- Security settings are correct to allow downloads from this site

SHBP ViewDirect Access Agreement:

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

SHBP ViewDirect 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 ViewDirect Access Agreement(s) should be faxed to the attention of Deborah Sheppard at 1-866-545-3161.

SHBP ViewDirect User I.D.'s and ViewDirect Passwords:

Once the SHBP ViewDirect Access Agreement has been received and verified by SHBP, ViewDirect User I.D.'s and ViewDirect Passwords are assigned according to the agreement. **The SHBP ViewDirect System Administrator is responsible for the following:**

- the assignment of ViewDirect User I.D.'s (Identifications)
- the assignment of ViewDirect Passwords
- the resetting of ViewDirect Passwords

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

Each employing entity may be assigned up to three ViewDirect User I.D.'s and ViewDirect 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 ViewDirect User I.D.'s and ViewDirect Password. 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 ViewDirect User I.D.'s and ViewDirect Passwords when assigned users are no longer eligible to access the ViewDirect secure site.

To access an electronic version of the ViewDirect Quick Reference Guide, please visit the DCH website at www.dch.georgia.gov/shbp.

ViewDirect REPORT DESCRIPTIONS

SHALLMBR Membership Lists – From Billing	Monthly (Also at end of OE)	Monthly report generated in conjunction with the monthly SHBP billing listing all members and their coverage selections for the month. Report is also generated after the close of Open Enrollment. The report generated at this time will list all changes made during open enrollment except for discontinuations. Download to Excel format using export method (policy): SHALLMBR.
SHCHG2ST SHBP Possible Tier/Covered Dependent Discrepancies	Daily	Generated daily. Lists employees possibly having inappropriate tier as no dependents are currently covered. Discrepancy may be due to employee's failure to provide approved dependent eligibility documentation in a timely manner. Payroll location should investigate to determine if appropriate to submit form to change tier. Download to Excel format using export method (policy): SHCHG2ST.
SHDATRMS SHBP Dependents Not Verified Report	Daily	Generated Daily. Lists employees having dependents for which dependent verification documentation has been requested, but approved documentation has not yet been received by SHBP. Coverage for these dependents is subject to being rescinded if documentation is not received in a timely manner. Download to Excel format using export method (policy): SHDATRMS.

<p>SHDEVUTC</p> <p>SHBP DEV Termination Report</p>	<p>Daily</p>	<p>Generated daily. Lists employees having dependents for which the dependent's coverage has been rescinded due to failure to provide the proper dependent verification documentation within the time specified. Download to Excel format using export method (policy): SHDEVUTC.</p>
<p>SHMISSN</p> <p>SHBP Missing Dependent SSN</p>	<p>Monthly</p>	<p>Generated monthly; on the last day of the month. Lists covered members and their dependents for which no Social Security Number (SSN) has been provided for the dependent in the State Health Benefit System. Download to Excel format using export method (policy): SHMISSN.</p>
<p>SHMSBILL</p> <p>SHBP Location Bills</p>	<p>Monthly</p>	<p>Generated Monthly. SHBP Billing. Download report 360-H141 (Current & retroactive Transaction list) to Excel format using export method (policy) SHMSBILL. <i>This export method (policy) includes premium changes.</i> Download report 360-H141 (Current & retroactive Transaction List) to Excel format using export method (policy): SHMSBIL2. <i>This export method (policy) does not include premium changes.</i> Download report 360-H142 (Reported Membership Totals) to Excel format using export method (policy): SHMSBIL3.</p>
<p>SHXXXXXR</p> <p>SHBP Payroll Deduction Compare Detail</p>	<p>Monthly</p>	<p>Generated Monthly upon receipt of payroll deduction information. "XXXXX" represents each location's SHBP payroll location number. This is a detail report showing all discrepancies found when comparing information in the Payroll deduction file with enrollment information contained in the SHBP eligibility system.</p>
<p>SHXXXXXS</p> <p>SHBP Payroll Deduction Compare Interface File</p>	<p>Monthly</p>	<p>Generated Monthly upon receipt of payroll deduction information. "XXXXX" represents each location's SHBP payroll location number. This is a summary file which can be downloaded into Excel format. See below instructions on downloading this report.</p>
<p>SHWBNCFM</p> <p>SHBP Open Enrollment Unconfirmed Covered Employees</p>	<p>Daily</p>	<p>Generated Daily during Open Enrollment period. Lists currently enrolled SHBP members who have not accessed the Open Enrollment Web site to make Open Enrollment elections and respond to surcharge questions. Final report generated each year at the end of the Open Enrollment period. Download to Excel format using export method (policy): SHWBNCFM.</p>

<p>SH523961</p> <p>SHBP Web Availability Cross Reference Report</p>	<p>Annually</p>	<p>Generated annually prior to the beginning of the Open Enrollment period. Provides a listing of all employees who currently have SHBP coverage and those provided by the employers as being eligible to enroll for SHBP coverage during Open Enrollment. Contains employee's name, SSN and DOB. Report can be accessed to check above info if employee is experiencing problems logging in on Open Enrollment Web site.</p> <p>Download to Excel format using export method (policy): SH523961.</p>
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Follow the below directions to log onto View Direct:

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

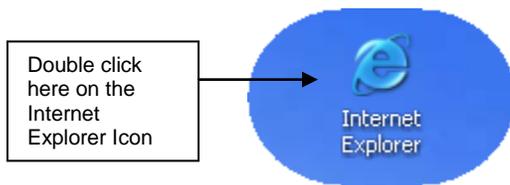


Figure 1 - Desktop Internet Explorer Icon

The Internet Browser Home screen will display.

- **Enter** <http://ebill2.gagta.com> in the **address field** of the Internet Browser screen (*Figure 2*)
- **Press** the **Enter** key



Figure 2 - Internet Browser Address Field

Note:

The site address does not use www.

The State Health Benefit Plan (SHBP) View Direct System Administrator is responsible for the following:

- the assignment of View Direct User I.D.'s (Identifications)
- the assignment of View Direct Passwords
- the resetting of View Direct Passwords

All SHBP View Direct System Administrator request should be made via e-mail to Deborah Sheppard at dsheppard@dch.ga.gov.

You will not be prompted to change your initial View Direct Password, but it must be changed within 30 days of issue. To change your View Direct Password, follow the instructions in the View Direct Password Change section on page 9.

- Press the **Tab** key to move the cursor to the Sign In field (Figure 5)
- Press the **Enter** key



Figure 3 - View Direct Log on Screen

Note:

When using the **Tab** key to move your cursor to the **Sign In** field (Figure 5), the cursor will not be displayed in that field prior to pressing the **Enter** key. You may also click inside the **Sign In** field to complete this step.

A **Security Alert** pop up box will display. Stating, "You are about to view pages over a secure connection. Any information you exchange with this site cannot be viewed by anyone else on the Web"

- **Click** the **OK** push button (Figure 6) to acknowledge the Security Alert (If you would like to see additional information regarding the Security Alert, click the More Info push button. If you

do not wish to receive this Security Alert in the future, click inside the check box in front of the “do not show this warning” statement.)

Download Instructions

- Go to View Direct
- Select MEXXXXXS
- Select/open the report for the month you want to work with
- Click on the “download” icon on the toolbar at top of the page
- Download window “pop up” box will appear
- It will default to the radio button for “current page” selected. Change to “all”
- Leave everything else in this window as it is
- Click on “create” button. (Top button of three buttons to the right in this window)
- When next window appears, choose “save”
- (When next window appears- watch where you are saving document)
- Change file name to: XXXXX.zip
- Leave “type” as winzipfile
- Save
- Choose “Open”
- Choose “I agree”
- Open “archive.txt” file. Should have “readable” test file
- Go to “File”
- “Save as”
- (Again watch where you are saving this file)
- Change name to “XXXXX.txt”
- Leave everything else as is
- Save

Next Steps:

- Open Excel
- Go to “file”
- Open
- Locate your document – will probably need to change file type to “all files”
- Select your compare file
- Text import window will appear
- Change “original data type” to “delimited”
- Select “next”
- Change “delimiters” from “tab” to “semicolon”
- Select “next”
- Change “column data format” to text
- Under “Data Preview” select all columns. (First column will be highlighted. Hold shift key and go to last column. Click on this column should select all of them.)
- Select “finish”
- Should now be in Excel format for you to adjust column widths and save

GLOSSARY

- 1) **Accredited School** for the purpose of determining eligibility under DCH Regulations, SHBP means any one of the following types of schools:
 - Any secondary educational or secondary institution with postsecondary programs accredited or pre-accredited by accrediting associations that are recognized by the United States Secretary of Education or
 - Any professional, technical, occupational and specialized school accredited or pre-accredited by national specialized accredited agencies recognized by the United States Department of Education; or
 - Any specialty or other school administered by the Department of Education or Post Secondary Vocational Board of the State of Georgia; or
 - Any school that has applied for or is a “candidate for” accreditation under the Rules of the DCH, SHBP, Sections 111-4-1-.01 (1)(a) or 111-4-1-.01 (1)(b); or
 - Any institution of higher education as defined by the Higher Education Act of 1965 (20 USCS 1141)

- 2) **Annuitant** means a Retired Employee or surviving spouse or dependent child, who receives a monthly retirement benefit from the Employee Retirement System, Georgia Legislative Retirement System, Superior Court Judges Retirement System, District Attorney’s Retirement System, Teachers Retirement System, Public School Employees Retirement System, local school system retirement system or Fulton County Retirement System.

- 3) **Approved Leave of Absence Without Pay (LWOP)** means a period of time approved by the appropriate organizational official during which the employee is absent from work and is not in pay status.

- 4) **Cafeteria Plan** means a plan which meets the requirements of the Regulations of the Internal Revenue Service under IRC 125.

- 5) **Certified Position** means the employee holds valid certification; is assigned to a position that requires certification as a qualification; the employee’s compensation is determined, at least in part, based upon the certification; and the employee is a member of the Teachers Retirement System or other public school teachers’ retirement system

- 6) **Contract Employee** means a person employed by one of the employing entities that contract with the Board of Community Health to provide health benefit coverage under the SHBP and who is not considered to be an independent contractor.

- 7) **Contribution** means the amount or percentage of salaries to be paid by an employing entity or State Department of Education for Employees and Retirees for health benefit coverage
- 8) **Covered Dependent** means any individual eligible under these regulations and for whom the premium has been paid by the employee, retiree, or extended beneficiary
- 9) **Creditable Coverage** means health insurance coverage that may serve to reduce a pre-existing condition coverage limitation period. Creditable coverage shall include health coverage under the following type plans: group health plans; individual health policies; health maintenance organizations (HMO's); Medicaid; Medicare; or other government health programs. Disease specific coverage (i.e. cancer insurance), disability insurance, and insurance that provides incidental health benefits (i.e. auto insurance) is not creditable coverage
- 10) **Deductible** is a set dollar amount for covered services that the member must pay out-of-pocket each Plan Year before the OAP Option, Indemnity Option, or HRA pays certain benefits
- 11) **Deduction or Reduction** means the amount to be remitted to the Administrator as the employee's or retiree's share of the cost of the elected coverage tier and option
- 12) **Dependent** means any eligible spouse, dependent child, full-time student, or totally disabled child or other child (ren) if the children live with the subscriber permanently and legally dependent upon the subscriber for financial support
- 13) **Disabled Student** means a full-time student who withdraws from all or part of coursework because of an illness or injury provided the student will be registered to return to full-time status during succeeding quarter or semester (or the Fall quarter if the Summer quarter is the succeeding quarter). The Administrator has the discretion to determine, based on the record, that a child is a full-time student when there is documentation that the registered hours are less than the normal institutions full-time requirements during periods of full-time student or period of disability
- 14) **Employee** means any active, eligible employee of State Agencies, Health Departments, RESAs, Libraries, CSBs, DFACS, Technical Colleges and Public Schools as well as certain Contract Groups
- 15) **Employing Entity** means any department, school system, local employer, agency, authority, board, commission, county department of family and children services, county department of health, community service board or retirement system that employs or issues a check to an Employee or Retiree as defined in the regulations

- 16) **Monthly Billing Statement(s)** are monthly reports transmitted to the employing entity from SHBP utilized to verify and/or correct eligibility records for the month. On or around the 25th of each month, each reporting entity may access their monthly billing reports electronically for viewing and/or printing on the SHBP View Direct 17)
- 17) **Non-certified employees** hold non-certified positions and are eligible to participate in the Teachers Retirement System or other independent local school retirement system; provided the employee is not employed on an emergency or temporary basis
- 18) **Option** means the type of benefit schedule or premium rating category that is offered to the subscriber through regular insurance or a HMO
- 19) **Plan or State Health Benefit Plan (SHBP)** means the insurance Options formed by the combination of health insurance plans for state employees, teachers, public school employees, contract employees and retirees
- 20) **Plan Options** are the health insurance options offered to state employees, teachers, public school employees and contract employees (i.e. Wellness HRA, Standard HRA, Wellness HDHP, Standard HDHP, Wellness HMO, Standard HMO, Wellness HRA, Standard HRA, etc.)
- 21) **Premium** means the subscriber's cost as set by the Board of Community Health for the coverage tier and option
- 22) **Qualifying Event** means an event as defined by federal law or regulation that authorizes: (a) eligibility for Extended Coverage or (b) change in coverage election under health benefit plan. Qualifying Events include changes in employment or family status
- 23) **Spouse** means an individual who is not legally separated, who is of the opposite sex of the subscriber and who is legally married
- 24) **State Health Benefit Plan (SHBP)** means the combination of all Options offered to all subscribers under the acts for health insurance that are operated under the jurisdiction of the Board of Community Health
- 25) **Surviving Spouse** means the living spouse of a deceased employee or retiree
- 26) **Tobacco Surcharge** will be added to the monthly premium if the employee or covered dependents have used tobacco products in the previous 12 months. The tobacco surcharge may be removed by completing the tobacco cessation requirements

- 27) **Total Disability** means that the subscriber is not able to perform any and every duty of the individual's occupation or employment, or that the dependent is unable to perform the normal activities of a person of like age or sex
- 28) **Tier** means family or single coverage for eligible dependents. Effective January 1, 2009 the tiers will be, 1) employee only, 2) employee+spouse, 3) employee+child(ren), 4) employee+spouse+child(ren)