

STATE HEALTH BENEFIT PLAN FACT SHEET FOR NEW EMPLOYEES

Overview

The State Health Benefit Plan (SHBP) is the division of the Georgia Department of Community Health (DCH) responsible for the administration of the health insurance offered to state employees, teachers, school personnel and certain contract groups.

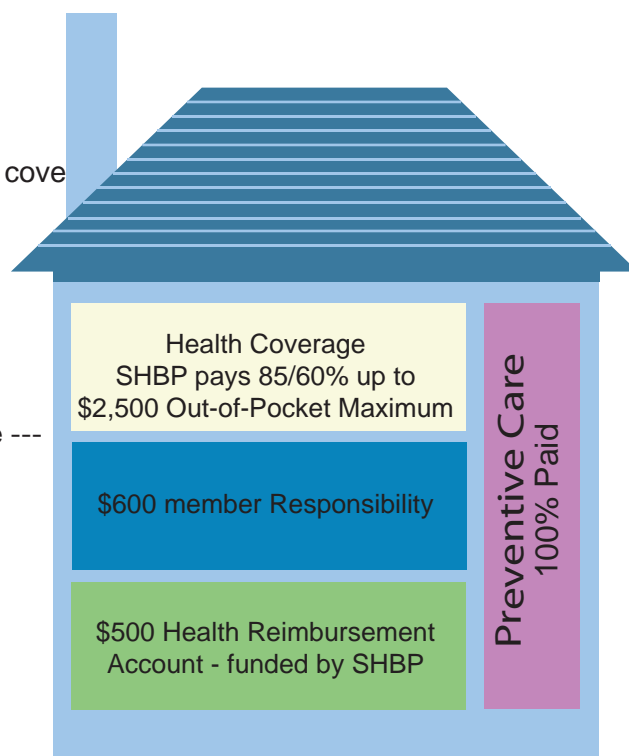
SHBP offers new employees the opportunity to choose between two consumer driven health options: the Health Reimbursement Arrangement (HRA) and the High Deductible Health Plan (HDHP) are offered by both CIGNA and UnitedHealthcare (UHC). Benefits are similar under each option, but each vendor has a separate Georgia and national network.

Health Reimbursement Arrangement (HRA)

Benefits include:

- Low premiums
- One-hundred percent unlimited wellness benefit for each covered member based on national age and gender guidelines when seeing an in-network provider. This benefit does not reduce your HRA account
- SHBP contributes dollars to your HRA for medical and pharmacy expenses ---\$1,100 Deductible ---
- Once the HRA dollar credits are exhausted, the member is responsible for a deductible
- Once the deductible has been satisfied, eligible charges are payable at 85 percent in-network amount and 60 percent of the usual customary out-of-network rate
- Any unused HRA dollars roll over to the next Plan Year
- Access to a national network of physicians, facilities and other health care professionals
- Ability to see specialists without a referral
- Selection of a primary care physician is not required
- HRA dollars reduce your deductible and the out-of-pocket maximum you pay

How an HRA Works (Single Coverage Shown)



A SNAPSHOT OF SHBP COVERAGE FOR NEW EMPLOYEES

(Note: This option does not have to pay even for prescription drugs. Members will pay the 10 percent or 40 percent co-insurance if out-of-network even for prescription drugs).

Health Tools and Resources

Members have access to a wide variety of health tools and resources to help them make their own decisions about their health care and their health care expenses, including:

- Access to a licensed Registered Nurse any time of the day or night whenever a member has a question or concern
- Online services that provide direct access to track the member's HRA balance, view claims and access to a wealth of health care information, as well as the ability to interact with a health professional
- A Treatment Cost Estimator to help research costs for treatments
- Customer Service by telephone
- 24-hour pharmacy information

	Single	EE + Spouse	EE + Child(ren)	Family EE + Spouse + Child(ren)
HRA Credits	\$500	\$1,000	\$1,000	\$1,500
HRA Deductibles*	\$1,100	\$1,900	\$1,900	\$2,750
Maximum Out-Of-Pocket*	\$2,500	\$4,100	\$4,100	\$5,700
	In-Network		Out-of-Network	
Preventive Care/Wellness	100 percent unlimited based on national age and gender guidelines		No benefit	
Emergency Room or Urgent Care Center, Allergy Short, Home Health Care, Outpatient lab, Transplant, Durable Medical Equipment	85 percent		60 percent	
Pharmacy	15 percent generic/ 25 percent brand		40 percent generic/brand	

*Your deductibles and out-of-pocket maximums will be reduced by your HRA dollar credits. This is a partial listing of benefits.

The High Deductible Health Plan (HDHP):

The HDHP provides in-network and out-of-network benefits for covered services. It has higher annual deductibles and out-of-pocket maximums than most other SHBP health care plans in return for lower premiums.

What are the Benefits of the High Deductible Health Plan?

- Access to a national network of physicians, facilities and other health care professionals
- Ability to see specialists without a referral
- Selection of a primary care physician is not required
- Ability to use both in- and out-of-network providers

A SNAPSHOT OF SHBP COVERAGE FOR NEW EMPLOYEES

- Out-of-pocket maximum limit for expenses the member pays
- Ability to contribute to a Health Savings Account (HSA)

Benefit	In-Network	Out-of-Network
Deductibles/Co-Payments: <ul style="list-style-type: none"> • EE=Employee • EC=Employee + Child(ren) • ES=Employee+Spouse • EF=Employee+Child(ren)+Spouse The full deductible must be satisfied before benefits are payable for any individual member	\$1,200 \$2,400 \$2,400 \$2,400	\$2,400 \$4,800 \$4,800 \$4,800
Annual Out-of-Pocket Maximum: <ul style="list-style-type: none"> • EE=Employee • EC=Employee + Child(ren) • ES=Employee+Spouse • EF=Employee+Child(ren)+Spouse 	\$1,800 \$3,100 \$3,100 \$3,100	\$4,000 \$7,400 \$7,400 \$7,400
Primary Care Physician or Specialist for wellness care/ preventive health care	100 percent coverage as determined by national age and gender guidelines. Not subject to deductible	Not covered; charges do not apply to deductible or annual out-of-pocket limit
Primary Care Physician or Specialist <ul style="list-style-type: none"> • Treatment of illness or injury • Maternity Care, Outpatient Surgery • Hospital Services - Inpatient • Outpatient and Well-newborn care 	90 percent of coverage; subject to deductible	60 percent of coverage; subject to deductible
Pharmacy Tier 1, 2 or 3 Co-Payment	80 percent of coverage; subject to deductible (Minimum \$10/ Maximum \$100)	Not covered

What is a Health Savings Account (HSA)?

Members participating in the High Deductible Health Plan may also participate in an HSA. An HSA allows members to set aside tax-exempt funds for future medical expenses. Many HSA accounts offer investment options and are portable. Unused funds roll over from year to year, are owned by the member and can be taken into retirement. Eligibility rules are as follows:

- Cannot be enrolled in Medicare
- Cannot be covered by another group health plan, and
- Cannot be claimed as a dependent on someone else's federal tax return

A SNAPSHOT OF SHBP COVERAGE FOR NEW EMPLOYEES

○ How Does an HSA Work?

- The employee contributes to the HSA through an individual HSA account
- The employee uses the HSA to pay for eligible health care expenses
- The employee owns unused HSA money in the account

These are a partial listing of benefits. See the 2010 Health Plan Decision Guide or Summary Plan Descriptions available at www.dch.ga.gov/shbp.

SHBP Qualifying Events

If members have a qualifying event, they may be able to make changes for themselves and their dependents, provided they request the change prior to or within 31 days after the qualifying event. Also, the requested change must correspond to the qualifying event. For a complete description of qualifying events, members should contact the Eligibility Unit at 800-610-1863 or refer to their Summary Plan Description (SPD).

■ **SHBP Tobacco and Spousal Surcharges**

The \$40 monthly Spousal Surcharge applies to any member whose spouse is eligible for coverage through his/her employer but elects not to take the coverage. The \$60 Tobacco Surcharge applies to any member who uses and/or one of his/her dependents use tobacco products or have used tobacco products within the last 12 months. This surcharge is designed to encourage tobacco users to adopt a healthier lifestyle. Smoking cessation classes are offered to members wanting to stop using tobacco products.

- Each year, members must go on-line and answer surcharge questions during the annual Open Enrollment. Members who fail to answer these questions will automatically be assessed the applicable surcharges. The surcharges will apply to your premium until the next Plan Year.

■ **SHBP Annual Open Enrollment Period**

SHBP offers an annual open enrollment period each year in the fall and members will be able to select from the consumer driven health options as well as the Open Access Plan (OAP) and the Health Maintenance Organizations (HMO) offered by CIGNA and UHC during this period.

Disclaimer: *This material is for informational purposes and is not a contract. It is intended only to highlight principal eligibility and benefits. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan documents, the Plan documents govern. It is the responsibility of each member, active or retired, to read the Summary Plan Description and all Plan materials provided in order to fully understand the eligibility and option provisions.*