



A SNAPSHOT OF GEORGIA

STATE HEALTH BENEFIT PLAN

(FOR ACTIVE EMPLOYEES)



Overview

The State Health Benefit Plan (SHBP), a division of the Georgia Department of Community Health (DCH), is responsible for the administration of the health insurance offered to state employees, teachers, school personnel and certain contract groups. As of September 1, 2009, the SHBP provided health coverage for approximately 693,716 members and dependents. SHBP currently offers four Plan options for its active members and their dependents, including: 1) Health Reimbursement Arrangement (HRA); 2) High Deductible Health Plan (HDHP); 3) Health Maintenance Organization (HMO); and 4) Open Access Plan (OAP) which replaces the current Preferred Provider Organization (PPO).

PLAN OPTIONS

- CIGNA
- UnitedHealthcare

Plan Options

All options provide a wellness benefit without requiring the member to meet a deductible. This encourages members to get age-appropriate check-ups and exams.

The SHBP Options offered for active employees and retirees under 65 are:

- **HRA:** The SHBP offers two consumer driven health plans with HRA accounts: Definity HRA through UnitedHealthcare and the Choice Fund HRA through CIGNA. Both options offer a national network and in-and out-of-network benefits. Typically, benefits are paid at 85 percent for in-network and 60 percent for out-of-network charges. Features include a 100 percent wellness benefit and an annual contribution of \$500 for single and up to \$1,500 for family HRA dollars funded by the SHBP to provide first dollar coverage to members. Any unused HRA dollars roll over to the next year and can be taken into retirement
- **HDHP:** The HDHP is a consumer driven health option. In return for a low premium, each individual member must satisfy a higher deductible prior to receiving benefit payments. This option offers a national network and in- and out-of-network benefits. Most benefits are paid at 90 percent for in-network and 60 percent for out-of-network charges. Employees may contribute to a Health Savings Account (HSA) through a bank or an independent HSA administrator/custodian. Employee contributions to an HSA are tax deductible and may be used to pay medical expenses. Unused HSA funds carry over to the next Plan Year and may earn interest. HSAs are also portable
- **OAP:** CIGNA's Open Access Plus and UnitedHealthcare's Choice Plus options offer a national network and members may receive services from in- or out-of-network providers. Benefits are paid at 80 percent for in-network and 60 percent for out-of-network charges
- **HMO:** CIGNA Open Access Plus In Network and UnitedHealthcare (UHC) Choice HMO are the two HMOs offered in 2010. These HMOs offer a national network. Members do not have to select a Primary Care Physician (PCP) or obtain a referral to see a participating specialist. However, you are encouraged to select a PCP to help coordinate your care. HMO's typically provide a 100 percent benefit after a co-payment for in-network provider visits. There is not any coverage for services received by non-participating providers unless the injury or health issue is a life (or limb) threatening emergency

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Tobacco and Spousal Surcharges

The \$40 monthly Spousal Surcharge applies to members whose spouses are eligible for coverage through their employer but elect not to take the coverage. The \$60 Tobacco Surcharge applies to any member and/or any covered dependents who use(s) 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 and dependents who want to stop using tobacco products.

Each year, members must go online and answer surcharge questions during the annual Open Enrollment. Members who fail to answer these questions will automatically be assessed the applicable surcharges. Retirees are not subject to surcharges at this time.

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.