



A SNAPSHOT OF GEORGIA



HIGH-Deductible HEALTH PLAN AND HEALTH SAVINGS ACCOUNT

What is a High Deductible Health Plan?

A High-Deductible Health Plan (HDHP) is a consumer-driven health plan that works like a Preferred Provider Organization (PPO) plan with an in-network and out-of-network benefit for covered services. It has higher annual deductibles and out-of-pocket maximums than most other State Health Benefit Plan (SHBP) health care plans. Premiums are lower than that of most other SHBP options.

What are the Benefits of the High Deductible Health Plan?

- Unlimited 100 percent Wellness Benefit based on national age and gender guidelines
- Ability to set up a Health Savings Account (HSA)
- 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
- Out-of-pocket maximum limit for expenses the member pays (See chart below)

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|--|--|--|
| Lifetime Benefit | \$2 million | \$2 million |
| Pre-Existing | None | None |
| 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 | \$1,150 \$2,300 \$2,300 \$2,300 | \$2,300 \$4,600 \$4,600 \$4,600 |
| 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 | \$1,700 \$2,900 \$2,900 \$2,900 | \$3,800 \$7,000 \$7,000 \$7,000 |
| Primary Care Physician or Specialist for wellness care/ preventive health care | 100 percent coverage as determined by age and gender national guidelines. Not subject to deductible. | Not covered; charges do not apply to deductible or annual out-of-pocket limit. |

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| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|--|--|--|
| <ul style="list-style-type: none"> • Primary Care Physician or Specialist • Treatment of illness or injury • Maternity Care (prenatal, delivery and postpartum) • Outpatient Surgery • Hospital Services - Inpatient and outpatient; • Well-newborn care | 90 percent of coverage; subject to deductible | 60% 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 |
| Note: | <i>This is a partial listing of benefits. See the 2009 Health Plan Decision Guide or Summary Plan Descriptions available at www.dch.ga.gov/shbp_plans for more information.</i> | |

What is a Health Savings Account?

Members participating in the High Deductible Health Plan may also participate in a Health Savings Account (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.

How Does an HSA Work?

- The employee contributes to the HSA through pre-tax payroll deductions or 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
- SHPS is the company that administers HSAs for employees who are participating in the Flexible Benefits Program offered by the State Personnel Administration (SPA)
- If the member's flexible benefits are not administered by SPA, the member should contact his/her Human Resources Manager to determine if your employer offers an HSA as part of their flexible benefits program

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.*