

2009 Train the Trainer Presentation

Presentation to
Human Resources and Benefit Coordinators
July 2008



DCH Mission

ACCESS



Access
to affordable,
quality health
care in our
communities

RESPONSIBLE



Responsible
health planning
and use of
health care
resources

HEALTHY



Healthy
behaviors and
improved
health
outcomes



DCH Initiatives

FY 2008 and FY 2009

FY 2008

Medicaid Transformation

**Integrity of our Programs &
Safety Net**

Consumerism

**Health Improvement &
Resolving Disparities**

**Uninsured: Community
Solutions**

FY 2009

Medicaid Transformation

Health Care Consumerism

Financial Integrity

Health Improvement

Solutions for the Uninsured

Medicaid Program Integrity

Workforce Development

**PeachCare for Kids™ Program
Stability**

SHBP Evolution

**Customer Service and
Communication**



State Health Benefit Plan (SHBP)

- SHBP Strategy
- Option Definitions
- New Vendors
- Benefit Changes for 2009
- Changes in Eligibility Processes
- Making your election during Open Enrollment (OE)
- Submitting forms



SHBP Strategy

- SHBP is committed to offering high-quality plan options at an affordable price
- Through a comprehensive and competitive procurement process, CIGNA and UnitedHealthcare (UHC) were chosen to provide your medical and pharmacy benefit plans effective January 1, 2009
- Strong statewide and national access to physicians and facilities as well as documented clinical excellence were the two most critical factors in the award
- Cigna and UHC both demonstrate expertise and innovation in wellness and consumerism, two important areas of focus for SHBP



Plan Options

What is a

- **Health Reimbursement Account (HRA)** – consumer driven option where SHBP puts cash in your account each year and you choose how you spend your health care dollars
- **High Deductible Health Plan (HDHP)** – consumer driven option that has a high deductible and allows you to set aside your own funds in a Health saving Account for future medical expenses
- **Preferred Provider Organization (PPO)** – PPO provides a 90% benefit for services performed in-network and a 60% benefit of the allowed amount for out-of-network services
- **Health Maintenance Organization (HMO)** – HMO covers services only when performed by a participating provider – no Primary Care Physician (PCP) election required
- **Medicare Advantage Private Fee for Service** – plan offered to retirees who are 65 or older and who have Medicare Parts A and B



Plan Options

Pre-Existing Condition Limits:

- PPO has a 12-month pre-existing condition limit with a \$1,000 maximum benefit for new enrollees only
- Enrollees may submit a Certificate of Creditable Coverage from their previous insurance carrier to reduce or eliminate the pre-existing waiting period under the PPO plan

DO NOT hold enrollment forms for documentation



SHBP Changes – January 1, 2009

Plan Option Changes

- CIGNA and UnitedHealthcare will each offer the following options to active and retired SHBP participants:
 - Health Reimbursement Account (HRA)
 - High Deductible Health Plan (HDHP)
 - Preferred Provider Organization (PPO)
 - Health Maintenance Organization (HMO)
 - Medicare Advantage Private Fee for Service Plan (retirees age 65 and older)



SHBP Changes – January 1, 2009

Plan Options

Plan	CIGNA	UHC
HRA	Cigna Choice Fund HRA	UHC Definity HRA
HDHP	Cigna Open Access Plus	UHC High Deductible Health Plan
PPO	Cigna Open Access Plus	UHC PPO
HMO	Cigna Open Access Plus In-Network	UHC Choice
Medicare Private Fee for Service Plan	Medicare Access Plus RX	UHC Medicare Direct



SHBP Changes – January 1, 2009

Plan Option Changes

- BlueCross BlueShield HMO, Lumenos and Kaiser options will not be offered
- Due to the unique structure of the Kaiser Staff Model HMO, current Kaiser members can continue their Kaiser coverage in 2009 and will need to change in 2010 to either Cigna or UnitedHealthcare. This will allow them time to select new physicians
- On June 12, 2008, SHBP presented rules to the Board of Community Health for initial adoption and release for public comment. The Board voted in favor of initial adoption and the rules were released for public comment. On July 30, 2008, there will be a public hearing on the rules. At the next Board meeting in August, the Board of Community Health will vote to approve the rules for final adoption. The final regulations include the elimination of the indemnity and consumer choice options, in line with the SHBP strategy and recent changes to State law



Plan Option Changes (continued)

If the DCH Board approves removal of the Indemnity and CCO as options:

- **Indemnity Option Members:** If a member does not go online during OE and make an election for another option, the member will be enrolled in the UHC HRA effective January 1, 2009 and the tobacco and spousal (if the member covers his/her spouse) surcharges will apply.
- **CCO Members:** If the member does not go online during OE and make an election for another option, he/she will be enrolled in the same option without the CCO benefit effective January 1, 2009 and the tobacco and spousal (if the member covers his/her spouse) surcharges will apply.



Plan Option Changes (continued)

- BlueCross BlueShield HMO and Lumenos members who do not go on-line during Open Enrollment (OE) and make an election for another option will be enrolled in the UHC HRA effective January 1, 2009 and will be charged the tobacco and spousal surcharges (if the member covers his/her spouse)
- Kaiser HMO members who wish to continue their current coverage must go on-line and enroll in Kaiser again and answer the surcharge questions. Members who do not go on-line during OE and make an election will keep their Kaiser HMO effective January 1, 2009 and will be charged the tobacco and spousal surcharges (if you cover your spouse)
- Kaiser Senior Advantage members (retirees) who do not make an election during OE, coverage will remain enrolled in the Kaiser Senior Advantage Option



Plan Option Changes (continued)

Transition of Care for BlueCross BlueShield HMO & Lumenos Members

- If a member is currently receiving or anticipates the need to continue certain covered services and/or medical treatments beyond 2008, he/she may request transition of care services. Transition of care services allows a member to continue to obtain certain ongoing services and/or treatments from his/her out-of-network provider for an approved period of time
- The member will need to contact customer service of his/her new plan no later than December 31, 2008 for the 2009 plan option elected to obtain specific instructions on how to submit the request for transition of care services



Why Should You Consider a HRA?

- Low employee premiums
- SHBP credits dollars to use for all of your medical and pharmacy expenses and reduces your deductible and maximum out-of-pocket expenses
- Unused dollars roll over to the next year
- 100 percent coverage of preventive care and not charged against your HRA account
- Unlimited provider choice – uses the PPO network
- No PCP designation or specialist referrals required
- No cost for certain asthma, diabetes and cardiac prescription drugs for members enrolled and compliant with the disease management program



HRA Plan Design

- Health Reimbursement Account (HRA)

- *\$ 500 – Employee

- *\$1,000 – Employee + Spouse

- *\$1,000 – Employee + Child(ren)

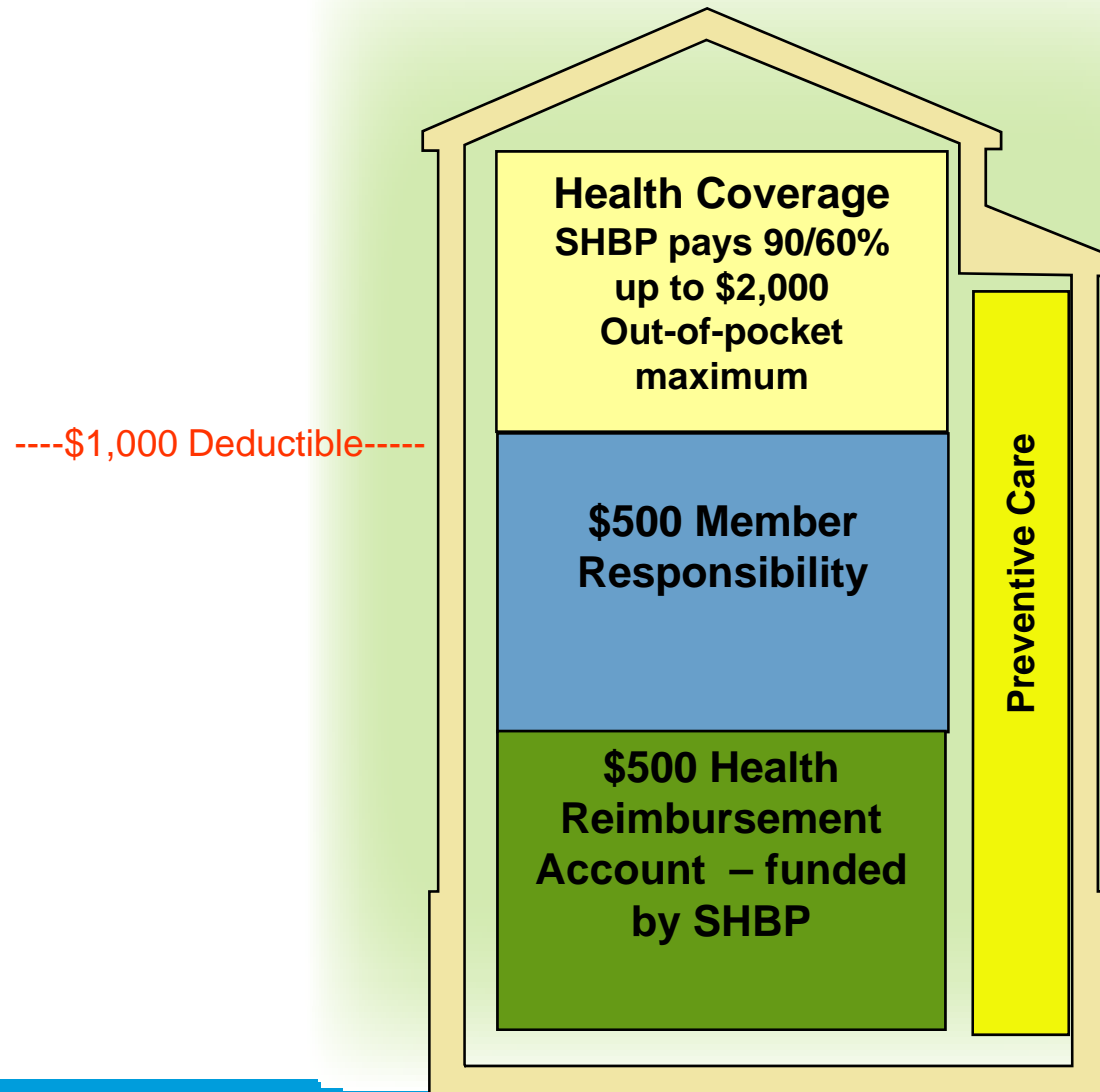
- *\$1,500 – Employee + Spouse + Child(ren)

Plus \$125 for annual physical and completing a health assessment. Employee and spouse can each earn this

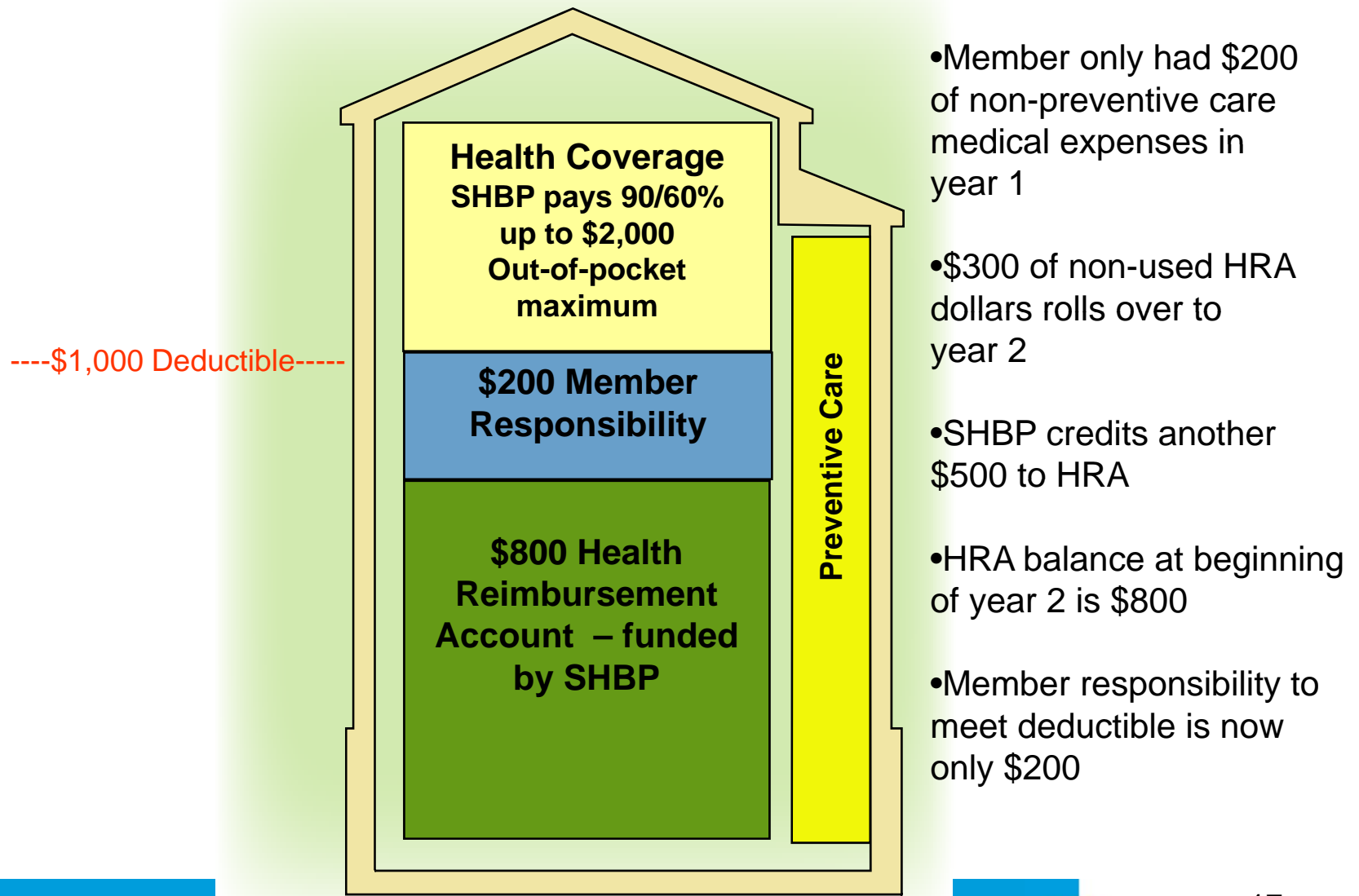
- SHBP credits your account each year to help pay covered medical expenses
- Member responsibility
- Health coverage
- Member advocacy programs



How an HRA Works – Single Coverage



How an HRA Works – Year Two



Winners & Losers Analysis

- This analysis compares the out-of-pocket costs of two plans. Out-of-pocket costs include the member's deductible, co-payments, coinsurance and employee contribution
- The "win percentage" is the percentage of claim situations, across an entire claim distribution, where the HRA plan member's out-of-pocket cost is lower

	2008
HRA vs. HMO	75%
HRA vs. PPO	95%

- In 2008, the HRA plan will provide a better financial result for 75% of all members versus those in the HMO. The HRA plan will provide a better financial result for 95% of all members versus those in the PPO



Open Enrollment Retiree Option Change Period

- October 10 – November 10, 2008
- Mandatory Web election for Active Employees
- www.oe2009.ga.gov Web site you will use to make your 2009 health benefit election



Medicare Advantage Plans

Two Private Fee for Service (PFFS) plans covering entire state

- Optional for Medicare-eligible retirees
- Automatically covers all parts of Medicare (A,B,C,D)
- Benefits enhanced over standard Medicare to cover:
 - \$1,000 annual out-of-pocket maximum and lower co-pays
 - Unlimited inpatient hospital days
 - No hospital stay required prior to Skilled Nursing Facility
 - Worldwide emergency room coverage
 - Routine Chiropractic visits
 - Routine Podiatry visits
 - Routine vision exams and hardware (\$125/2 years)
 - Hearing exams and hearing aid benefit (\$1,000/4 years)



SHBP Changes – January 1, 2009

Benefit/Premium Enhancements – all Options

**Enhanced Mental Health and Substance Abuse benefit.
Limitations no longer apply to the following:**

- Inpatient Facility
- Professional Charges Inpatient
- Outpatient Visits
- Partial Day Hospitalization/Intensive Outpatient

(Note: Number of days and/or visits authorized remain subject to health plan approval)



SHBP Changes – January 1, 2009

Benefit Changes – PPO and HMO Options

- Out-of-Pocket maximums are changing
- HMO deductibles are increasing to be more in line with the other options
- HMO office co-pay is increasing to \$30
- HMO co-pay for brand name prescription drugs will increase to \$30 and non-preferred prescription drugs is increasing to \$75



SHBP Changes – January 1, 2009

Benefit/Premium Enhancements – all Options

Premium structure will change from two tier to the following four tiers:

- EE = Employee
 - ES = Employee + Spouse
 - EC = Employee + Child(ren)
 - EF = Employee + Child(ren) + Spouse
-
- During OE, you will elect the coverage tier you desire for the dependents that you choose to cover
 - You will be 'locked' into the tier for the entire plan year unless you experience a qualifying event
 - To add a new dependent (spouse or child), or drop a dependent, you must notify SHBP within 31 days of the addition/loss of that dependent even if it does not result in a change to the coverage tier. If SHBP is not notified within 31 days of the event, you may not add the new dependent nor will you be able to change coverage tiers until the next OE period



Member Contribution Rates

- Overall cost increase to employees: 7.5%
- CDHP plans will receive a lower rate increase (0 to 6% depending on the tier); non-CDHP plans will receive a larger increase (2 to 10% depending on the tier)
- All increases in member contributions are subject to the Board of Community Health
- Re-alignment of rates from two to four tiers caused some large swings in rate increase for the family tier. A 10 percent cap was put on all rates increases.



SHBP Changes – January 1, 2009

Benefit/Premium Enhancements – All Options

- If you do not make a coverage tier election during OE, you and any active eligible dependents will be placed into the appropriate coverage tier. You will be 'locked in' to that coverage tier for 2009
- The tier changes provide a more equitable distribution of actual claims costs. For example, an employee who covers his/her spouse and children generally has higher claims costs than an employee who just covers his/her children
- Under the two-tier premium structure, these employees paid the same amount for their coverage



SHBP Changes – January 1, 2009

Benefit/Premium Enhancements – All Options

- Some tiers will have higher increases in 2009 than others, as the rates are realigned properly with the expected claims costs
- This new premium structure also requires that deductible and out-of-pocket maximums are realigned to fit the four-tier premium structure



SHBP Changes – January 1, 2009

Benefit/Premium Enhancements – All Options

Option	HRA Credits	Deductibles*	In-Network Out-of-Pocket Maximum	Out-of-Network Out-of-Pocket Maximum	Actual In-Network Out-of-Pocket Maximum
HRA					
EE	\$ 500	\$1,000	\$ 2,000	\$2,000	\$1,500
ES	\$1,000	\$1,750	\$ 3,250	\$3,250	\$2,250
EC	\$1,000	\$1,750	\$ 3,250	\$3,250	\$2,250
EF	\$1,500	\$2,500	\$ 4,500	\$4,500	\$3,000
PPO					
EE		\$ 500	\$1,500 + co-pays	\$3,000 + co-pays	\$1,500 + co-pays
ES		\$1,000	\$2,250 + co-pays	\$4,500 + co-pays	\$2,250 + co-pays
EC		\$1,000	\$2,250 + co-pays	\$4,500 + co-pays	\$2,250 + co-pays
EF		\$1,500	\$3,000 + co-pays	\$6,000 + co-pays	\$3,000 + co-pays
*Note, your deductibles and out-of-pocket maximums will be reduced by your HRA dollar credits					

SHBP Changes – January 1, 2009

Benefit/Premium Enhancements – All Options

Option	HRA Credits	Deductibles	In-Network Out-of-Pocket Maximum	Out-of-Network Out-of-Pocket Maximum	Actual In-Network Out-of-Pocket Maximum
HDHP					
EE		\$1,150	\$1,700	\$2,300	\$1,700
ES		\$2,300	\$2,900	\$4,600	\$2,900
EC		\$2,300	\$2,900	\$4,600	\$2,900
EF		\$2,300	\$2,900	\$4,600	\$2,900
HMO					
EE		\$ 400	\$1,500 + co-pays	(no benefits if you go out-of-network unless life-threatening)	\$1,500 + co-pays
ES		\$ 600	\$2,250 + co-pays		\$2,250 + co-pays
EC		\$ 600	\$2,250 +co-pays		\$2,250 +co-pays
EF		\$ 800	\$3,000 + co-pays		\$3,000 + co-pays



SHBP Changes – January 1, 2009

Benefit Enhancements – HRA Option only

HRA credits and deductibles will be adjusted to reflect the new tiers as follows:

Tier	HRA Credits 2009	HRA Credits 2008	Deductibles 2009	Deductibles 2008	2009 Maximum In and Out of Network Out-of-Pocket Limit	2008 Maximum In and Out of Network Out-of-Pocket Limit
EE	\$ 500	\$ 500	\$1,000	\$1,000	\$2000	\$2000
ES	\$1,000	-	\$2,000	-	\$3250	-
EC	\$1,000	-	\$2,000	-	\$3250	-
EF	\$1,500	\$1,000	\$2,500	\$2,000	\$4500	\$4000

Members who participate in a disease management program under the HRA will not pay for certain prescription drugs to treat diabetes, asthma and heart conditions.



SHBP Changes – January 1, 2009

Disabled Dependents

- If a member has an over-age disabled child not previously covered under SHBP but who was disabled prior to age 26, he/she may apply during OE to enroll that dependent
- To apply, the member can call SHBP at (800) 610-1863 to request the disabled dependent forms. These forms, along with the indicated medical documentation of the child's disability must be received and approved by SHBP prior to coverage being granted



SHBP Changes – January 1, 2009

Eligibility Changes

Surviving Spouse Coverage

- If a surviving spouse becomes eligible for coverage as an active employee, he/she must be covered under SHBP as an active employee through your employer and NOT as a surviving spouse
- When a surviving spouse leaves active employment, he/she must notify SHBP within 31 days to regain coverage as a surviving spouse



SHBP Open Enrollment Informed Enrollment

- To assist our members make an informed election for their 2009 health benefits, in mid September SHBP members will receive a letter from Thomson Reuters, who manages the SHBP's data
- This packet compares medical and prescription claims cost in 2007 against the 2009 premium and benefit structure
- The letter will then tell members which SHBP option would have the lower cost for them based on their 2007 claims costs



Things to Consider

Members should:

- Carefully read the Decision Guide
- Confirm their option will be offered in 2009
- See if their providers are participating in the network of the option they are thinking of selecting
- Check the distance they will have to drive to see their providers
- Coverage for prescription drugs – review the Preferred Drug List, co-insurance, co-pays
- Review the data from the Thomson-Reuters to determine the most cost effective plan choice



Open Enrollment

October 10 – November 10, 2008

- Employees will make their health election at www.oe2009.ga.gov
- Web site will open at 12:01 a.m. on October 10 and close at 4:30 p.m. on November 10, 2008
- The Health Plan Decision Guide will be distributed to each agency and will be available at www.oe2009.ga.gov and www.dch.ga.gov/shbp_plans



Open Enrollment Login Instructions

Go to www.oe2009.ga.gov. The Web site will go live at 12:01 a.m. October 10 and will close at 4:30 p.m. on November 10, 2008

1. Click on "Register"
 - A. Enter the Policy Number (Social Security Number) and date of birth
 - B. Select a "Password"
 - C. Enter the selected password
 - D. Re-enter the password to confirm
 - E. Select a "Security Question" and the "Answer" to the Security Question



SHBP Login Instructions

2. Click on "Login"
 - A. Enter your Policy Number (Social Security Number)
 - B. Password

3. This will take employees to their health election. Prior to printing their confirmation, they should review the pre-confirmation page
 - Are surcharge questions answered?
 - Are the answers to the surcharge questions correct?
 - Is the health coverage Option and Tier election correct?
 - Is the dependent information correct?
 - Has yes been checked by each dependent that should be covered?



SHBP Login Instructions

4. Employees should print the confirmation notice or write down their confirmation number. **Verify that all information is correct and keep a copy of the confirmation number for their records.**

The confirmation notice with the latest date and time at the close of OE confirms benefit elections for the 2009 Plan Year



SHBP Login Notes

- A new confirmation number will be assigned with each confirmed benefit election change
- Be sure employees understand they must answer the surcharge questions each time they make a change



SHBP Login Notes

Employees should make their Benefit Election early. **Delaying entry could cause employees to encounter “traffic” problems on the Web site and Open Enrollment will not be extended to accommodate these difficulties.**

For technical difficulty in logging in, contact the Help Desk at (404) 656-6322 or 800-610-1863



Benefit Coordinator Notes

- Employees' Policy Number is their Social Security Number
- SHBP will mail retirees' personalized change forms to their home address
- You should provide SHBP members and interested employees with the following OE information:
 - Rates
 - Health Plan Decision Guide (1/1/09 – 12/31/09) (paper or electronic)



Benefit Coordinator Notes

Note: You will only receive enough Decision Guides for your SHBP members plus approximately 15 percent. You may refer eligible employees to www.oe2009.ga.gov for an electronic version of the Decision Guide or go to www.dch.georgia.gov/shbp_plans.



SHBP Vendor Contacts

UnitedHealthcare

Active Members (877) 246-4189

Retirees (877) 246-4190

www.myuhc.com/groups/gdch

CIGNA Healthcare

Active Members (800) 633-8519

Retirees (800) 942-6724

www.cigna.com/shbp

Kaiser Permanente HMO

(800) 611-1811

www.kaiserpermanente.org



Benefit Coordinator Notes

- If you assist an employee in making his benefit election on the Web site, please print the confirmation page and give it to your employee
 - *Employer data entry error is not a Qualifying Event for an employee to change their 2009 Benefit Election*
- If you keep a copy of the confirmation page for your records, have the employee sign the confirmation page agreeing that the information is correct and reflects his/her desired coverage for 1/1/2009



Benefit Coordinator Notes

Outsourcing of OE activities – any resulting errors from incorrect information by a vendor will NOT be grounds for an “administrative error” and a change of benefit election will not be allowed.



New Hire Benefit Elections

- New employees hired on or before November 1, 2008, will have to make two benefit elections: one for 2008 benefits and another for their 2009 benefit election
- You must provide new hires with material about both Plan Years
- Employees not listed on the ME523961, MEMS Web Availability Cross Reference Report will have to make their 2009 health benefit election on paper. They must complete a Membership/Dependent and Miscellaneous Update Form



New Hire Benefit Elections

- All Membership/Dependent and Miscellaneous Update Forms sent to SHBP must be postmarked by November 10, 2008 to allow time for entry before bills are processed. Forms received after this date will be processed after the January bills run. Holding forms will delay processing
- Forms will not be returned for failure to answer surcharge questions and surcharges will apply to employee's monthly health insurance premium



Open Enrollment Reports on View Direct

1) ME523961, MEMS Web Availability Cross Reference Report

- Available no later than October 10
- Lists employees who must make their Open Enrollment elections on the Web

Important Note:

Employees not listed on this report must make their Open Enrollment elections on paper using the Membership/Dependent and Miscellaneous Update Form, SHBP 66-090 (revised July, 2007).

If you do not have access to View Direct, contact Deborah Sheppard at (404) 463-0212 or dsheppard@dch.ga.gov



Open Enrollment Reports on View Direct

2) MEWBNCFM, MEMS Not Confirmed on Web Report

- Available October 10 and will be updated nightly
- Will include employees with no current coverage and those who are eligible to use the Web and have not confirmed their 2008 benefit election

3) MESHBPIN, MEMS SHBP Covered Subscriber and Discontinuation Report

- Available no later than November 17
- Use to update your personnel and payroll files. It includes the appropriate coverage and deduction information for changes made during the OE Period
- Use to review January's SHBP bill to verify that payroll deductions are entered correctly



Retiree Option Change Period (ROCP)

- SHBP mails retirees a ROCP packet
- Retirees can change to any available coverage option during the ROCP
- Surcharges do not apply
- Changes become effective January 1, 2009
- An employee must retire after January 1 for any Open Enrollment change to be effective
- Retirees who discontinue coverage CANNOT re-enroll for coverage



Retiree Option Change Period (ROCP)

- Retirees can only add dependents within 31 days of a Qualifying Event: marriage, adoption, new child, loss of other insurance
- Retirees may change to single coverage or drop coverage at any time. If coverage is dropped re-enrollment is not allowed
- **CIGNA ROCP Questions: 1-800-942-6724**
- **UHC ROCP Questions: 1-877-246-4190**



Employees Retiring Who are ERS, PSERS, Superior Court, Legislative Retiree or TRS

- Employees who retire and will immediately draw a monthly retirement benefit are eligible to continue coverage at the time of retirement if they have coverage at the time they retire
- The retirement system will send SHBP a file giving the date of the first retirement check



Employees Retiring Who are ERS, PSERS, Superior Court, Legislative Retiree or TRS

- SHBP will notify the retirement system of the appropriate premium for the coverage. This will insure that the correct premium is deducted from the first annuity check. The notification will also include any deduction changes based on retiree change requests and/or Medicare eligibility
- SHBP will automatically transfer the active health coverage to retiree coverage and terminate the active coverage



Employees Retiring Who are ERS, PSERS, Superior Court, Legislative Retiree or TRS

- The retirement system will return an actual premium deduction file to SHBP following payroll close. The file will be used by SHBP for comparison purposes.
- Retirees with insufficient annuities will be included in the file. SHBP will set these retirees up to be billed directly for their health benefit coverage



Employees Retiring Who are ERS, PSERS, Superior Court, Legislative Retiree or TRS

- 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 form should be used only if changing options or declining coverage as a retiree



Employees Retiring Who are ERS, PSERS, Superior Court, Legislative Retiree or TRS

- The payroll location must send the last date of deduction on a Forms Transmittal Sheet. The last 'active' deduction should be taken in the month the employee last worked
- SHBP will bill the retiree directly when the retirement benefit does not cover the premium
- It is the retiree's responsibility to make sure health insurance deductions are taken from his retirement check



Normal Health Benefit Form Processing

(Changes not related to Open Enrollment)

- Routine transactions should be batched separately and attached to a completed Forms Transmittal Sheet and checked
“OUTSIDE OPEN ENROLLMENT”
- After OE, you will return to normal forms-processing procedures for all health plan coverage updates using the Membership/ Miscellaneous Update Form, SHBP 66-090 (revised August 2008)



After Open Enrollment is Complete

Advise members who have made changes or are new members ...

- To verify information on their identification cards for possible errors



Payroll Processing

To assist you, SHBP will be providing an Intranet site to input the forms. Additional information will be sent at a later date.

Send batched forms directly to the SHBP weekly during the Open Enrollment Period. **All forms must be postmarked by November 10, 2008** to allow time for entry before bills are processed. Forms received after this date will be processed after the January bills run.

Do Not Hold or Fax Forms.



Retirees who Return to Work

- Retirees who return to work in a benefits eligible position must enroll as an active employee and discontinue retirement health coverage
- Retirees who return to work have 31 days to re-enroll in retiree coverage when they leave employment and must notify SHBP. (This is not an automatic process if retiree continued to receive retirement check while working)
- Retirees must have continuous coverage or lose eligibility to health coverage



Dependent Verification

- SHBP requires dependent verification for all new enrollees. Dependent verification forms must have the member's Social Security Number on all documentation
- Acceptable Documents
 - Marriage License or Tax Return with both signatures (must submit Marriage License to cover step-children)
 - Birth Certificate with parents' names listed or Letter of Confirmation of Birth from hospital for newborns
 - Adoption Papers
 - Notarized Residency Letter and Birth Certificate for step-child

Birth Cards or Certificates without parents listed are not acceptable



Dependent Verification: Student Status

- Coverage does not continue automatically at age 19. You must submit fulltime student verification before coverage ends at age 19 and each subsequent year to keep the student's eligibility active
- Members will receive a request to recertify student status 60 and 30 days prior to the dependent's expiration date listed on the dependent student status form that members will receive



Dependent Verification-CHANGE

- SHBP will accept dependent verification at anytime during the plan year retroactive to the event date which is a significant change from previous years.

IMPORTANT NOTE: SHBP will NOT change the tier because of a lack of dependent verification. The tier will be in effect for the plan year unless there is a qualifying event



Tobacco and Spousal Surcharges

- Employees who fill out a Membership Miscellaneous Update Form MUST answer the surcharge questions.
- Employees who fail to answer these questions will have the surcharges apply until the next Plan Year:
 - Unless the spouse enrolls in his/her employer's health plan, and the request is made within 31 days of the new coverage effective date or the spousal affidavit is completed
 - Unless tobacco product users complete a cessation program. Process and approved programs are listed at www.dch.ga.gov/shbp_plans



SHBP Medicare Policy and Coordination of Benefits

Active Employees

- Federal law requires that as long as you are actively employed, SHBP must pay primary benefits for you and covered dependents even if they are retired

Retirees

- Georgia State law requires that SHBP pay benefits after Medicare has paid (*Georgia Code 45-18-2*)
- SHBP will calculate premiums and claim payments based upon Medicare enrollment for retirees over age 65 or those eligible for Medicare due to disability



For More Information about Medicare

- www.cms.hhs.gov
- www.medicare.gov
- www.ssa.gov
- 1-800-669-8387 (Georgia Cares)
- 1-800-633-4227 (Medicare)

Do NOT call SHBP for answers to Medicare Questions



THANKS

