

## A RESOLUTION

### State Health Benefit Plan Calendar Year 2020 Member Contribution Rates

WHEREAS, the State Health Benefit Plan (the "SHBP") is comprised of three health insurance plans, each supported by its own fund: 1) a plan for State employees (O.C.G.A. § 45-18-2), 2) a plan for teachers (O.C.G.A. § 20-2-891), and 3) a plan for non-certificated public school employees (O.C.G.A. § 20-2-911); and

WHEREAS, O.C.G.A. §§ 45-18-14, 20-2-892, and 20-2-920 provide that the Board of Community Health (the "Board") establishes the contributions required of active employees, which represent the active employees' share of the cost of coverage, and must be withheld from salary or other compensation; and

WHEREAS, O.C.G.A. §§ 45-18-14, 20-2-892, and 20-2-920 provide that the Board prescribes the amount of contributions required to be deducted from the annuities of retirees eligible for coverage; and

WHEREAS, O.C.G.A. §§ 45-18-2(b), 20-2-885(c) and 20-2-915(c) provide that coverage under the SHBP shall be subordinated to coverage available to covered retirees who are eligible to participate in the insurance program operated by or on behalf of the federal government under the provisions of 42 U.S.C.A. 1395, commonly known as Medicare; and

WHEREAS, subsidizing only Medicare Advantage options for covered retirees who are eligible for Medicare due to age is the means by which SHBP coverage is subordinated to Medicare coverage; and

WHEREAS, O.C.G.A. § 45-18-5(c.1) and (d) provide that the Board establishes the coverage rates for local school board members, which rates must be based on the actual claims experience of individuals enrolled in the SHBP pursuant to O.C.G.A. § 45-18-5; and

WHEREAS, the Board is required to establish some member contribution rates that reflect the entire cost of coverage plus administrative fees; and

WHEREAS, the Board is required to establish some member contribution rates that are always the same as the contribution rates for active State employees; and

WHEREAS, SHBP Regulations Section 111-4-1-.02(1)(c)(1) authorizes the Board to establish tobacco surcharges, and the Board desires to continue the \$80 monthly tobacco surcharge for Calendar Year 2020; and

WHEREAS, Exhibit 1 describes the members to whom the unsubsidized rates set forth in attachments to Exhibit 1 apply; and

WHEREAS, Exhibit 2 describes the members to whom the subsidized rates set forth in attachments to Exhibit 2 apply;

WHEREAS, the rates for the members to whom the Annuitant Years of Service Subsidy Policy applies will be based upon each individual's years of service pursuant to the Annuitant Years of Service

Subsidy Policy and are not reflected in Exhibit 2; and

WHEREAS, Exhibits 1 and 2 have been developed in accordance with applicable law; and

WHEREAS, federal laws permit employers to offer TRICARE Supplemental coverage as a voluntary benefit as long as such coverage is not subsidized or endorsed by the employer; and

WHEREAS, TRICARE Supplemental coverage will be made available as a voluntary benefit option for TRICARE-eligible individuals during Calendar Year 2020, and will be clearly designated in all communications as a voluntary benefit that is not endorsed or subsidized by any employer; and

WHEREAS, the rates set forth in the attachment to Exhibit 3 are the rates for a fully-insured voluntary TRICARE Supplemental coverage plan, and are not subsidized by any employer; and

WHEREAS, SHBP Regulations Section 111-4-1-.02(1)(c) provides that the Board shall establish all member premium rates by resolution, which rates remain in effect until changed by resolution; and

WHEREAS, the rates set forth as attachments to Exhibits 1 and 2 were developed using actuarial projections of expenses under the SHBP benefit options for Calendar Year 2020, which benefit options have been presented to the Board; and

WHEREAS, the Board desires to adopt the rates set forth in Exhibit 1 as the unsubsidized member premium rates for SHBP benefit options for Calendar Year 2020; and

WHEREAS, the Board desires to adopt the rates set forth in Exhibit 2 as the subsidized member premium rates for SHBP benefit options for Calendar Year 2020;

WHEREAS, the Board desires to publish the rates set forth in Exhibit 3 as the cost of fully-insured TRICARE Supplemental coverage that will be available as an option during Open Enrollment for Plan Year 2020;

NOW, THEREFORE, BE IT ORDERED by the Board that the rates set forth in Exhibit 1 are adopted as the unsubsidized SHBP rates for an effective date of coverage of January 1, 2020; and

BE IT FURTHER ORDERED by the Board that the rates set forth in Exhibit 2 are adopted as the subsidized SHBP rates for an effective date of coverage of January 1, 2020; and

BE IT FURTHER ORDERED by the Board that the \$80 tobacco surcharge shall be applied to all rates set forth in Exhibit 1 and all rates set forth in Exhibit 2 except for Exhibit 2.C (Medicare Advantage rates); and

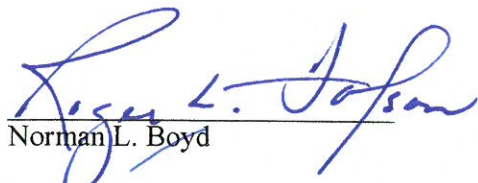
BE IT FURTHER ORDERED by the Board that the rates set forth in Exhibit 3 are adopted as the rates for the TRICARE Supplemental coverage benefit option for an effective date of coverage of January 1, 2020; and


BE IT FURTHER ORDERED by the Board that the Commissioner shall execute and amend agreements and take other actions necessary to implement these rates and the benefit options for Calendar Year 2020 on which they were based; and

BE IT FURTHER ORDERED by the Board that the Commissioner shall establish such additional rates as may be administratively necessary for the operation of the SHBP; and

BE IT FURTHER ORDERED by the Board that the Commissioner shall take any action appropriate and necessary for the Department to make the voluntary TRICARE Supplemental coverage option available to TRICARE-eligible individuals in a manner that complies with applicable law.

Resolved this 8th day of August 2019, in public session.

  
Norman L. Boyd  
Chairman

  
Allana Cummings  
Secretary

**Exhibit 1: Unsubsidized Rates for Calendar Year 2020: Total Cost of Coverage  
+ Administrative Fees**

The rates sheets attached to this Exhibit 1 represent the total cost of Coverage for each benefit option, plus, in some cases, an administrative fee. In order to comply with legal requirements, the rates set forth in 1.A and 1.B have been calculated using the projected claims of the entire population enrolled in each option, and the rates set forth in 1.C, 1.Ca and 1.D have been calculated using the projected claims of the specified sub-group enrolled in each option. A monthly tobacco surcharge of \$80 applies to these rates.

- 1.A COBRA, Contract Group Employer\*, Unsubsidized Extended Coverage\*\*: Total cost of Coverage + 2 percent administrative fee
- 1.B Approved Leave without Pay rates (other than disability, FMLA, military): Total cost of Coverage
- 1.C Annuitant Rates, where at least one member of the family unit is age 65 or older and no member of the family unit has elected a Medicare Advantage option, paid through annuity: Total cost of Coverage
- 1.Ca Annuitant Rates, where at least one member of the family unit is age 65 or older and no member of the family unit has elected a Medicare Advantage option, direct pay: total cost of Coverage+ 2 percent administrative fee
- 1.D School Board Member Rates: Total cost of Coverage

**\*CONTRACT GROUP EMPLOYER**

Contract group employer rates are the amounts that must be received by the SHBP for coverage of members enrolled in the SHBP pursuant to O.C.G.A. §§45-18-5.1, 5.2, 7.1, 7.2, 7.3, 7.5, 7.6, 7.7 and 7.8.

**\*\*UNSUBSIDIZED EXTENDED COVERAGE**

Unsubsidized extended coverage is available to individuals who are not eligible for Coverage as annuitants but do meet the requirements of the following regulations.

- State Employee who has completed eight (8) or more years of service as an Employee, exclusive of Approved Leaves of Absence Without Pay, (SHBP Regulation Section 111-4-1-.07(1)(a)(l), (e))
- Teacher defined in Section 111-4-1-.04(1)(b) who has eight (8) or more years of creditable service in a teachers retirement system of Georgia (111-4-1-.07(1)(c), (e))
- Public School Employee as defined in Section 111-4-1-.04(1) (c) who has eight (8) or more years of creditable service in a retirement system of Georgia (111-4-1-.07(1)(d), (e))

**STATE HEALTH BENEFIT PLAN  
COBRA, CONTRACT GROUP EMPLOYERS,  
UNSUBSIDIZED EXTENDED COVERAGE RATES  
JANUARY 1 - DECEMBER 31, 2020**

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
Anthem Gold	\$764.56	\$1,299.76	\$1,605.58	\$2,140.78
Anthem Silver	\$700.34	\$1,190.58	\$1,470.72	\$1,960.96
Anthem Bronze	\$659.10	\$1,120.48	\$1,384.12	\$1,845.50
Anthem HMO	\$728.79	\$1,238.94	\$1,530.46	\$2,040.61
UHC HMO	\$764.05	\$1,298.89	\$1,604.51	\$2,139.35
UHC HDHP	\$640.58	\$1,088.98	\$1,345.22	\$1,793.62
Kaiser HMO	\$646.17	\$1,098.49	\$1,356.96	\$1,809.27

**STATE HEALTH BENEFIT PLAN  
APPROVED LEAVE WITHOUT PAY  
(other than FMLA, Disability, Military) RATES  
JANUARY 1 - DECEMBER 31, 2020**

		<b>YOU</b>		<b>YOU + CHILD(REN)</b>		<b>YOU + SPOUSE</b>		<b>YOU + FAMILY</b>
Anthem Gold		\$749.57		\$1,274.27		\$1,574.10		\$2,098.80
Anthem Silver		\$686.61		\$1,167.24		\$1,441.88		\$1,922.51
Anthem Bronze		\$646.18		\$1,098.51		\$1,356.98		\$1,809.31
Anthem HMO		\$714.50		\$1,214.65		\$1,500.45		\$2,000.60
UHC HMO		\$749.07		\$1,273.42		\$1,573.05		\$2,097.40
UHC HDHP		\$628.02		\$1,067.63		\$1,318.84		\$1,758.45
Kaiser HMO		\$633.50		\$1,076.95		\$1,330.35		\$1,773.79

Exhibit 1C

<b>STATE HEALTH BENEFIT PLAN  ANNUITANT NON-MA RATES (65+)  JANUARY 1 - DECEMBER 31, 2020</b>			
		<b>YOU</b>	<b>YOU + SPOUSE</b>
Anthem Gold		\$1,703.79	\$3,407.58
Anthem Silver		\$1,560.71	\$3,121.42
Anthem Bronze		\$1,466.67	\$2,933.34
Anthem HMO		\$1,623.88	\$3,247.76
UHC HMO		\$1,711.27	\$3,422.54
UHC HDHP		\$1,426.80	\$2,853.60
Kaiser HMO		\$633.50	\$1,330.35

Exhibit 1CA

<b>STATE HEALTH BENEFIT PLAN</b> <b>DIRECT PAY ANNUITANT NON-MA (65+) RATES</b> <b>JANUARY 1 - DECEMBER 31, 2020</b>			
		<b>YOU</b>	<b>YOU + SPOUSE</b>
Anthem Gold		\$1,737.87	\$3,475.74
Anthem Silver		\$1,591.92	\$3,183.84
Anthem Bronze		\$1,496.00	\$2,992.00
Anthem HMO		\$1,656.36	\$3,312.72
UHC HMO		\$1,745.50	\$3,491.00
UHC HDHP		\$1,455.34	\$2,910.68
Kaiser HMO		\$646.17	\$1,356.96

**STATE HEALTH BENEFIT PLAN  
BOARD OF EDUCATION MEMBER RATES  
JANUARY 1 - DECEMBER 31, 2020**

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
Anthem Gold	\$1,081.77	\$1,839.02	\$2,271.73	\$3,028.97
Anthem Silver	\$990.91	\$1,684.55	\$2,080.91	\$2,774.55
Anthem Bronze	\$932.56	\$1,585.36	\$1,958.38	\$2,611.18
Anthem HMO	\$1,031.16	\$1,752.97	\$2,165.44	\$2,887.25
UHC HMO	\$1,081.05	\$1,837.79	\$2,270.21	\$3,026.95
UHC HDHP	\$906.35	\$1,540.80	\$1,903.34	\$2,537.78
Kaiser HMO	\$633.50	\$1,076.95	\$1,330.35	\$1,773.79

## Exhibit 2: Subsidized Rates for Calendar Year 2020

The rates sheets attached to this Exhibit 2 represent subsidized benefit options, plus, in some cases, an administrative fee. A monthly tobacco surcharge of \$80 applies to the rates set forth in 2.A, 2.B and 2.Ba.

- 2.A Active Employee Rates, Subsidized Extended Coverage Rates\*, Approved Leave without Pay rates (disability, FMLA, military)
- 2.B Annuitant Basic Subsidy Rates\*\* paid through annuity, where annuitant and spouse are under age 65
- 2.Ba Annuitant Basic Subsidy Rates\*\* paid through direct pay, where annuitant and spouse are under age 65 (same as 2.B plus 2 percent administrative fee)
- 2.C Annuitant Basic Subsidy rates\*\* where every member of the family unit who is age 65 or older has elected a Medicare Advantage option and maintains Medicare Part B. These rates include “split eligibility” rates, where some family members are not enrolled in MA.

### \*SUBSIDIZED EXTENDED COVERAGE RATES

- State Employee defined in SHBP Regulation Section 111-4-1-.04(1)(a) who is discharged and who was eligible for Coverage under the SHBP for a period of ten (10) years, and is appealing the discharge to the State Personnel Board. (111-4-1-.07(1)(a)(2))
- Members of the General Assembly who cease to hold office after July 1, 1981, who are eligible to retire at the time of leaving office, except for the attainment of retirement age, pursuant to a public retirement system to which the General Assembly appropriates Funds, and who do not withdraw Employee contributions from public retirement systems (111-4-1-.07(1)(b))
- Correctional officer injured by inmate violence while on duty who demonstrates that he or she was injured within a time period of five (5) years or less from becoming eligible for Medicare. (111-4-1-.07(1)(d)(1))
- An Enrolled Member who has made application for disability or service retirement and who may be eligible for retirement, and there is a reasonable expectation that the Enrolled Member is eligible for retirement except for completion of the administrative processing to begin the annuity payments. (111-4-1-.07(2))
- Eligible Covered Dependents of an Active State Employee (defined in 111-4-1-.04(1)(a)) who 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. (111-4-1-.04(10)(f))
- Surviving Spouse of a Retired Employee who is included in Coverage at the time of death of the enrolled Retiree and will not receive a monthly annuity payment from one of the state supported retirement systems, who had been married to the Retired Employee at least one full year prior to the death of the Retired Employee. (111-4-1-.04(10)(e))
- An annuitant whose annuity payments are not sufficient to pay the entire premium required for coverage as an annuitant shall pay the same premium as is required for coverage as an annuitant plus a processing fee. (111-4-1-.07(3))

## **\*\*ANNUITANT BASIC SUBSIDY RATES**

Annuitant rates reflect the Annuitant Basic Subsidy Policy, and apply to a current annuitant who, on January 1, 2012, was: 1) an annuitant, 2) an active employee with five or more years of service with the retirement system, or 3) enrolled in the SHBP as a former employee through extended coverage. The rates for the members to whom the Annuitant Years of Service Subsidy Policy applies will be based upon each individual's years of service pursuant to the Annuitant Years of Service Subsidy Policy and are not reflected in Exhibit 2.

**"The Board of Community Health sets all member premiums by resolution and in accordance with the law and applicable revenue and expense projections. Any subsidy policy adopted by the Board may be changed at any time by Board resolution, and does not constitute a contract or promise of any amount of subsidy."**

**STATE HEALTH BENEFIT PLAN**  
**ACTIVE EMPLOYEE , SUBSIDIZED EXTENDED COVERAGE, and**  
**APPROVED LEAVE without PAY (Military, FMLA and Disability) RATES**  
**JANUARY 1 - DECEMBER 31, 2020**

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
Anthem Gold	\$168.73	\$307.13	\$418.09	\$556.50
Anthem Silver	\$110.89	\$208.80	\$296.62	\$394.54
Anthem Bronze	\$72.45	\$143.46	\$215.91	\$286.92
Anthem HMO	\$135.65	\$250.90	\$348.63	\$463.89
UHC HMO	\$172.56	\$313.65	\$426.14	\$567.22
UHC HDHP	\$58.03	\$118.94	\$185.62	\$246.54
Kaiser HMO	\$142.71	\$262.59	\$362.49	\$482.37

Exhibit 2B

**STATE HEALTH BENEFIT PLAN  
ANNUITANT UNDER 65 RATES  
JANUARY 1 - DECEMBER 31, 2020**

		<b>YOU</b>		<b>YOU + CHILD(REN)</b>		<b>YOU + SPOUSE</b>		<b>YOU + FAMILY</b>
Anthem Gold		\$168.73		\$307.13		\$418.09		\$556.50
Anthem Silver		\$110.89		\$208.80		\$296.62		\$394.54
Anthem Bronze		\$72.45		\$143.46		\$215.91		\$286.92
Anthem HMO		\$135.65		\$250.90		\$348.63		\$463.89
UHC HMO		\$172.56		\$313.65		\$426.14		\$567.22
UHC HDHP		\$58.03		\$118.94		\$185.62		\$246.54
Kaiser HMO		\$142.71		\$262.59		\$362.49		\$482.37

**STATE HEALTH BENEFIT PLAN  
DIRECT PAY ANNUITANT UNDER 65 RATES  
JANUARY 1 - DECEMBER 31, 2020**

		<b>YOU</b>		<b>YOU + CHILD(REN)</b>		<b>YOU + SPOUSE</b>		<b>YOU + FAMILY</b>
Anthem Gold		\$172.10		\$313.27		\$426.45		\$567.63
Anthem Silver		\$113.11		\$212.98		\$302.55		\$402.43
Anthem Bronze		\$73.90		\$146.33		\$220.23		\$292.66
Anthem HMO		\$138.36		\$255.92		\$355.60		\$473.17
UHC HMO		\$176.01		\$319.92		\$434.66		\$578.56
UHC HDHP		\$59.19		\$121.32		\$189.33		\$251.47
Kaiser HMO		\$145.56		\$267.84		\$369.74		\$492.02

2020 Monthly Annual Contribution		Anthem MA Plans		BHC MA Plans		Anthem Gold/Anthem MA		Anthem Silver/Anthem MA		Anthem Bronze/Anthem MA		Anthem HMO/Anthem MA		BHC HMO/Anthem MA		BHC HDHP/Anthem MA		Kaiser HMO/Anthem MA	
		MA PREMIUM	MA STD	MA PREMIUM	MA STD	MA PREMIUM	MA STD	MA PREMIUM	MA STD	MA PREMIUM	MA STD	MA PREMIUM	MA STD	MA PREMIUM	MA STD	MA PREMIUM	MA STD	MA PREMIUM	MA STD
<b>Refugee</b>																			
Refugee with Part B		\$182.82	\$146.15	\$128.22	\$20.00														
<b>Refugee &amp; Spouse</b>																			
Refugee with Part B and Spouse(s) without Part B						\$432.18	\$395.51	\$388.55	\$331.88	\$326.28	\$289.61	\$395.80	\$359.13	\$436.40	\$399.73	\$310.41	\$273.74	\$402.60	\$365.93
Refugee(s) without Part B and Spouse with Part B						\$351.55	\$314.88	\$293.71	\$257.04	\$255.27	\$218.60	\$318.47	\$281.80	\$355.38	\$318.71	\$240.85	\$204.18	\$325.53	\$288.86
Refugee & Spouse both with Part B		\$365.84	\$292.30	\$256.44	\$40.00														
<b>Refugee &amp; Child(ren) - child(ren) without Part B</b>																			
Refugee with Part B and Child(ren) without Part B						\$321.22	\$284.55	\$280.73	\$244.08	\$253.83	\$217.16	\$298.07	\$261.40	\$323.91	\$287.24	\$243.73	\$207.06	\$302.70	\$268.03
<b>Refugee &amp; Child(ren) - child(ren) with Part B</b>																			
Refugee < 65 without Part B and Child(ren) with Part B																			
Refugee < 65 with Part B and Child(ren) with Part B		\$365.84	\$292.30	\$256.44	\$40.00	\$351.55	\$314.88	\$293.71	\$257.04	\$255.27	\$218.60	\$318.47	\$281.80	\$355.38	\$318.71	\$240.85	\$204.18	\$325.53	\$288.86
<b>Family - child(ren) without Part B</b>																			
Refugee with Part B, Spouse(s) without Part B and Child(ren) without Part B						\$570.58	\$533.91	\$486.48	\$428.78	\$397.28	\$360.62	\$511.05	\$474.38	\$577.49	\$540.82	\$371.32	\$334.65	\$522.48	\$485.81
Refugee(s) without Part B, Spouse with Part B and Child(ren) without Part B						\$489.95	\$453.28	\$391.62	\$354.95	\$326.28	\$289.61	\$433.72	\$397.05	\$496.47	\$459.80	\$301.76	\$265.09	\$445.41	\$408.74
Refugee & Spouse both with Part B and Child(ren) without Part B						\$504.04	\$430.70	\$403.95	\$390.21	\$436.65	\$363.31	\$480.89	\$407.55	\$506.73	\$433.39	\$428.55	\$353.21	\$485.52	\$412.18
<b>Family Child(ren) - child(ren) with Part B</b>																			
Refugee with Part B, Spouse(s) without Part B and Child(ren) with Part B						\$615.00	\$541.66	\$551.37	\$478.03	\$509.10	\$455.76	\$578.62	\$505.28	\$619.22	\$545.88	\$493.23	\$418.89	\$565.42	\$512.08
Refugee(s) without Part B, Spouse with Part B and Child(ren) with Part B						\$534.37	\$461.03	\$478.58	\$403.19	\$436.09	\$364.75	\$501.29	\$427.95	\$538.20	\$464.86	\$423.67	\$350.33	\$508.55	\$455.01
Refugee & Spouse both < 65 with child(ren) with Part B		\$548.46	\$438.45	\$384.66	\$60.00	\$600.91	\$554.24	\$479.44	\$442.71	\$396.73	\$362.06	\$531.45	\$494.78	\$608.96	\$577.29	\$508.44	\$331.77	\$545.31	\$508.64



Exhibit 3

STATE HEALTH BENEFIT PLAN TRICARE SUPPLEMENT RATES JANUARY 1 - DECEMBER 31, 2020						
YOU		YOU + CHILD(REN)		YOU + SPOUSE		YOU + FAMILY
\$60.50		\$119.50		\$119.50		\$160.50