SHBP
State Health Benefit Plan

Retiree Decision Guide

for plan year 2014




Georgia Department of Community Health

Retiree Option Change Period
October 21- November 8, 2013
mySHBPga.adp.com

Resources/Contact Information
State Health Benefit Plan (SHBP)

Vendor	Member Services	Website
Medical and Medicare Advantage (MA) - BlueCross BlueShield of Georgia Hours: 8:00 a.m. – 8:00 p.m. ET; Monday – Friday Customer Service (Non-MA Inquiries) MA Pre-enrollment Inquiries MA Post-enrollment Inquiries	 1-855-641-4862 (TTY 711) 1-855-322-7060 1-855-322-7062	 www.bcbsga.com/shbp
Wellness - Healthways Customer Service (Non-MA Inquiries)* Hours: 8:00 a.m. – 8:00 p.m. ET; Monday – Friday **Customer Service Center not available until 12/16/2013*	1-888-616-6411	www.BeWellSHBP.com
Pharmacy - Express Scripts Customer Service (Non-MA Inquiries) Hours: 24 hours a day / 7 days a week	1-877-841-5227	www.express-scripts.com/GeorgiaSHBP
SHBP Call Center Hours: 8:30 a.m. – 5:00 p.m. ET; Monday – Friday	1-800-610-1863	www.myshbpga.adp.com
Additional Information	**Member Services**	**Website**
Centers for Medicare & Medicaid (CMS) 24 hours a day / 7 days a week	1-800-633-4227 TTY 877-486-2048	www.medicare.gov
Social Security Administration	1-800-772-1213	www.ssa.gov
TRICARE Supplement	1-866-637-9911	www.asicorporation.com/ga_shbp
PeachCare for Kids®	1-877-427-3224	www.peachcare.org

Listed below are common health care acronyms that are used throughout this Decision Guide.

BCBSGa > BlueCross BlueShield of Georgia
CMS > Centers for Medicare and Medicaid Services
DCH > Georgia Department of Community Health
HRA > Health Reimbursement Arrangement
MA(PPO) > Medicare Advantage Preferred Provider Organization
PCP > Primary Care Physician
ROCP > Retiree Option Change Period
SHBP > State Health Benefit Plan
SPC > Specialist
SPD > Summary Plan Description

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Nathan Deal, Governor **Clyde L. Reese III, Esq., Commissioner**

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

October 2013

Dear State Health Benefit Plan Member:

Welcome to the Retiree Option Change Period (ROCP) for Calendar Year (CY) 2014. In our first GO GREEN ROCP, you will make your health care elections online at **www.mySHBPga.adp.com** from October 21 through November 8, 2013.

Calendar Year 2014 brings some important changes to the State Health Benefit Plan (SHBP, or the Plan). After a lengthy and careful selection process, three companies were awarded contracts to administer the SHBP self-insured plan options. BlueCross BlueShield of Georgia will provide medical claims administration, medical management services and Medicare Advantage; Express Scripts, Inc. will administer pharmacy benefits; and Healthways Inc. will administer wellness programs and related initiatives.

Retirees age 65 and over who are enrolled in MA Plan Options will experience the least change in CY 2014.

Medicare Advantage (MA) Plan Options

- MA Plan Options (Standard and Premium) mirror the 2013 SHBP MA Plan Options.
- Members may use any provider that is Medicare eligible.
- Premiums will not increase.
- MA Plan Options are the only subsidized options for retirees age 65 and older.

Retirees under age 65 will experience greater change in CY 2014, especially those who were enrolled in an HMO option in 2013.

Non-MA Plan Options

- All Non-MA Plan options are consumer-driven, Health Reimbursement Arrangement (HRA) plan options that offer medical benefits and pharmacy benefits
- Prescription benefits are the same in each Non-MA Plan option.
- All members get a starting balance in an HRA Account.
- Members can choose a Bronze, Silver or Gold option (see comparison chart at the end of this Guide).

Thank you for participating in ***your SHBP*** and know that DCH remains committed to ***A Healthy Georgia.***

Sincerely,

Clyde L. Reese III, Esq.

Welcome to the Retiree Option Change Period (ROCP)

Welcome to the Georgia Department of Community Health (DCH), State Health Benefit Plan (SHBP) 2014 Retiree Option Change Period (ROCP).

During October 21 through November 8, 2013, over 680,000 eligible employees, retirees, and their families will have the opportunity to enroll and/or continue access to quality health insurance benefits offered through SHBP.

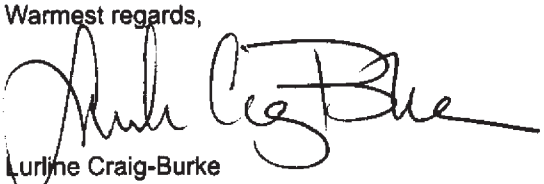
On behalf of Governor Nathan Deal, Commissioner Clyde Reese, the Board of Community Health and the entire SHBP team, I encourage you to explore the plan changes, including the Affordable Care Act (ACA) requirements, and plan options that are available to you for 2014.

Please take a moment to carefully review this Retiree Decision Guide, as it has been created especially for you to help you make an informed decision during the ROCP. After you carefully review the Retiree Decision Guide, follow the enrollment instructions through our online enrollment web portal **www.mySHBPga.adp.com** and choose the coverage option that you believe offers the best choice for you and/or your family.

This Retiree Decision Guide outlines specific benefit changes that will become effective January 2014 and continue in effect through December 31, 2014. For your convenience, this Retiree Decision Guide is available online at www.dch.georgia.gov/shbp. You may visit this website for several helpful tools, summary plan descriptions, premium costs, in-network provider information, qualifying event definitions and more.

Thank you for the opportunity to serve you and the State of Georgia Retirees by offering quality, cost-effective health care coverage which aligns with our mission to promote health and wellness for all of our SHBP members.

Warmest regards,



Lurline Craig-Burke
Chief, State Health Benefit Plan

Table of Contents

Contents

ROCP and Your Responsibilities

October 21 – November 8, 2013 for January 1 – December 31, 2014
www.myshbpga.adp.com

Your Responsibilities as a SHBP Member

- Make your elections online at **www.myshbpga.adp.com** or by telephone to the SHBP Call Center at **1-800-610-1863** no later than **November 8, 2013 by 5:00 p.m. ET**
- Notify SHBP whenever you have a change in covered dependents (within 31 days of Qualifying Event)
- Read and make sure you understand the plan materials posted at **www.dch.georgia.gov/shbp**
- Check your health insurance deduction to verify the correct deduction amount is made
- Notify SHBP of any change in address
- Review all communications from the SHBP and take the required actions
- Appoint a personal representative if you are unable or unwilling to handle these responsibilities
- Pay all required premiums by the due date if they are not automatically deducted from your retirement annuity
- Notify SHBP when you or a covered spouse or dependent gain Medicare coverage within the time limits set by SHBP, including gaining coverage as a result of End Stage Renal Disease
- Continue to pay Medicare Part B premium if you are in a Medicare Advantage (MA) PPO option

During the ROCP, You May:

- Change to any option for which you are eligible (if you or your covered spouse is age 65 or older and does not enroll in a Medicare Advantage (MA) PPO option, you will pay the entire cost of the coverage)
- Enroll in a new plan option
- Drop covered dependents
- Discontinue SHBP coverage

IMPORTANT NOTE

- If you discontinue your SHBP coverage for yourself, you will not be able to get the coverage back unless you return to work in a position that offers SHBP benefits
- If you return to work after retiring, you will need to have a health insurance deduction from your paycheck as an active employee
- When you terminate your active employment, your deductions will be taken from your retirement annuity check. You must set up direct pay if your retirement annuity does not cover the cost of the premium. Call SHBP Call Center at **1-800-610-1863** for details

Making Your Health Benefit Election for 2014

For Technical Assistance in Making Your 2014 Election Online, Call 1-800-610-1863

SHBP has Gone GREEN

SHBP makes it easy for retirees to make their 2014 elections on the new web portal and by telephone for those who are unable to access online to make their election.

Before you finalize your selection, we urge you to review the plans described in this guide, discuss them with your family and choose a program that is best for you and your individual circumstance. Only you can decide which plan meets your needs.

How to Make Your 2014 Election

New Web Portal

www.mySHBPga.adp.com – Go online today!

- ROCP: **October 21, 2013**, 12:01 a.m. ET to **November 8, 2013**, 5:00 p.m. ET
- You must first register using the registration code **SHBP-GA** and set up a password before making your 2014 election
- You must have a valid email address to access the web portal
- Once registered you should:
  - —Verify your address
  - —Verify your coverage tier (you only, you & spouse, you & child(ren) or you & family)
  - —Verify your dependents
  - —Answer the Tobacco Surcharge question
  - —Make sure your election is made and confirmed by clicking CONFIRM by 5:00 p.m. ET, **November 8, 2013**
  - —Make sure you print and save your confirmation code, write down the confirmation code, or save the code to your computer's hard drive

Telephonic Election

If you are unable to make your election online, you may call the SHBP Call Center at **1-800-610-1863**

- 8:30 a.m. ET to 5:00 p.m. ET
- Read Terms and Conditions (located at the back of this Guide) prior to calling to make your telephonic election
- You must agree to Terms and Conditions prior to calling to make your telephonic election

Note: If you paid a Tobacco Surcharge in 2013, it will continue to apply. If you did not pay a Tobacco Surcharge 2013, you will not pay one if you choose the default coverage election above. Remember, it is your obligation to notify the SHBP immediately if you no longer qualify for the Tobacco Surcharge waiver.

Making Your Health Benefit Election for 2014

What if I Do Not Take Any Action?

If SHBP does not receive an election from you through the website or telephonically, you have made a decision to take the default coverage below:

- **If you are enrolled in a Medicare Advantage (MA) PPO option in 2013** – you will be defaulted to the equivalent BCBSGa MA PPO option.
- **If you are enrolled in a Non-Medicare Advantage (MA) option in 2013** – you will be defaulted to the SHBP Bronze HRA option for 2014 and will continue to pay any Tobacco Surcharge you were paying in 2013. This is the option with the lowest premium, but it also has the highest deductible, the highest co-insurance and the smallest base HRA dollars. You should expect to pay out-of-pocket expenses for all medical treatment (other than covered treatment properly coded as "preventive care") that costs more than $100.
- **If you are enrolled in the TRICARE Supplement in 2013**, you will be enrolled in the TRICARE Supplement for 2014.

IMPORTANT NOTE

The election made during the 2014 ROCP will be the coverage you have for the entire 2014 Plan Year unless you have a Qualifying Event (QE) that allows a change in your coverage. See Qualifying Events below for more information.

Making Changes During the Year

Consider your benefit needs carefully and make the appropriate selections. Your selection will remain in effect for the entire calendar year. You will not have an opportunity to change your selection until the next ROCP unless you experience a Qualifying Event during the Plan Year. For a complete description of Qualifying Events, see your Summary Plan Description (SPD) available online at **www.dch.georgia.gov/shbp**. You may also contact the SHBP Call Center for assistance at **1-800-610-1863**.

Qualifying Events include, but are not limited to:

- Birth, or adoption of a child, or placement for adoption
- Death of a spouse or child, only if the dependent is currently enrolled
- Your spouse's or dependent's loss of eligibility for other group health coverage
- Marriage or divorce (once divorced, your ex-spouse is not eligible for coverage under SHBP)
- Medicare eligibility

2014 Plan Options

Members will experience a number of positive enhancements as a result of the new SHBP plan options. The 2014 plan options (listed below) are designed to provide members affordable premiums and their choice of plan options that best meet their needs.

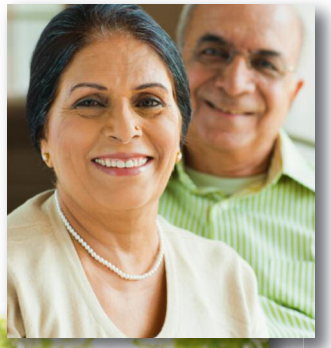
Medicare Advantage (MA) Plan Options:
BCBSGa Medicare Advantage (MA) PPO - Standard
BCBSGa Medicare Advantage (MA) PPO - Premium

- MA plan options (Standard and Premium) are designed to mirror the 2013 SHBP MA plan options.
- Members may use any provider that is Medicare eligible.
- Premiums will not increase.
- MA plan options are the only subsidized options for retirees age 65 and older.

OR

Non-Medicare Advantage (MA) Plan Options:
Gold HRA
Silver HRA
Bronze HRA

- All Non-MA plan options are consumer-driven, Health Reimbursement Arrangement (HRA) plan options that offer medical, wellness and pharmacy benefits.
- Prescription benefits are the same in each Non-MA plan option.
- All members get a starting balance of spending dollars in an HRA account.
- All Non-MA options are now wellness options.
- HMO and HDHP will no longer be available through SHBP.



The TRICARE Supplement will continue to be available for those members enrolled in TRICARE. PeachCare for Kids® will continue to be available for those members enrolled in PeachCare for Kids®. See page 19 for additional information.

Please read the Benefits Comparison table in this guide carefully and look at your medical and prescription expenses to make sure you understand the out-of-pocket costs under each option. In addition, you can find premium rates included with your ROCP packet or online at **www.dch.georgia.gov/shbp**.

Transition to 2014

The new plan administrators BCBSGa, Express Scripts, Inc. and Healthways will administer the 2014 plan options. Effective January 1, 2014, Cigna and UnitedHealthcare will no longer administer the SHBP plan options.

2013 Claims

1. Medical and pharmacy claims for services rendered on or before December 31, 2013, need to be filed with UnitedHealthcare or Cigna no later than March 31, 2014.
2. Any request for appeals and claim adjustments for 2013 claims must also be submitted by April 30, 2014.
3. UnitedHealthcare and Cigna will process all claims for services rendered prior to January 1, 2014.

BCBSGa Open Access POS Network

1. Be sure to check that your current provider is in-network with BCBSGa. SHBP is utilizing BCBSGa's Open Access POS network of providers for the Non-Medicare Advantage (MA) plan options.
2. If your current provider is not in-network with BCBSGa, you can search for a new provider online at **www.bcbsga.com/shbp** or by calling BCBSGa at **1-855-641-4862** and a customer service representative will assist you in locating an in-network provider.
3. You may also nominate a provider to join the network. Instructions are available at **www.bcbsga.com/shbp**.
4. If you are traveling outside of Georgia you can access the BlueCard National PPO Network. For network providers, call **1-855-641-4862** or go online at **www.bcbsga.com/shbp**.

Transition Assistance Program for Continuation of Care

1. Transition assistance is a process that allows for continued care for the Non-MA SHBP members when their treating provider is not a part of the BCBSGa Open Access POS participating provider program.
2. Continuation of care may be received if treatment is needed for certain conditions after December 31, 2013.
3. You may request Continuation of Care if:
    a. You are in an active course of treatment for an acute medical condition or serious chronic condition;
    b. You are in an active course of treatment for any behavioral health condition;
    c. You are pregnant, regardless of trimester;
    d. You have a terminal illness; Hospice care or
    e. You have a surgery of other procedure scheduled that has been authorized by the previous plan.
4. If you require ongoing care for any chronic condition and you are not in an active phase of your illness, you should select an in-network provider to meet your ongoing health care needs.

For more information regarding Continuation of Care, visit **www.bcbsga.com/shbp** or call BCBSGa Customer Service at **1-855-641-4862**.

Transition Assistance for Medicare Advantage (MA) PPO

If you have Transition of Care questions, please contact BCBSGa Customer Service at **1-855-322-7062**. If you have questions prior to January 1, 2014, please call the BCBSGa First Impressions Customer Service team at **1-855-322-7060**.

Medicare Advantage (MA) PPO Options

Medicare Advantage (MA) PPO options

- BCBSGa Medicare Advantage PPO Standard **or**
- BCBSGa Medicare Advantage PPO Premium

The Medicare Advantage Preferred Provider Organization (MA PPO) plan option is an approved plan by the Centers for Medicare & Medicaid Services (CMS); sometimes called a Part C Plan. This Plan takes the place of your original Medicare Part A – Hospital, B – Medical and includes Medicare Part D, a prescription drug benefit. This plan is very similar to a traditional PPO plan. You may receive benefits from in-network and out-of-network providers as long as the provider accepts Medicare. The MA PPO also provides a contracted network on a statewide and national basis across the United States. You will have the choice of a MA PPO Standard or Premium plan under BCBSGa. Plus, you can see non-contracted providers as long as they accept Medicare.

- You do not have to select a Primary Care Physician (PCP) or obtain a referral to see a specialist
- Co-payments apply toward the out-of-pocket maximum (except for prescription drugs)
- Unlike traditional PPO plans, there is no difference in your co-payment/co-insurance levels if you see providers who are contracted (in-network) or providers who are not contracted (out-of-network). So, you are not penalized for going to a non-contracted provider
- There will be no coverage if you see a provider who does not accept Medicare
- Enrollment in the MA PPO plans is subject to CMS approval and is prospective (retroactive enrollment is not allowed)
- CMS requires a street address and Medicare number before approving MA PPO coverage
- Once approved, CMS will notify SHBP of the effective date of your coverage
- You will receive a new insurance card that you will show (in place of your Medicare card) when receiving service

When everyone you cover is not eligible to participate in the MA PPO option, it is called “split eligibility.” This means that the individual with Medicare enrolls in the MA PPO option and any family members that are not eligible for Medicare can enroll in one of the other plan options offered by SHBP.

IF 65 OR OLDER WITH MEDICARE

If 65 or older with Medicare	Then...
• **Stop Paying Part B and/or** • **Enroll in a non-SHBP MA Plan, Medicare Supplemental Plan or Part D Prescription Plan**	Your MA coverage under SHBP will be terminated and SHBP will move you to the Bronze Option of your active MA vendor and you will pay 100% of the premium.
• **Without Medicare Part B**	You may enroll in the Gold, Silver or Bronze HRA option and pay 100% of the premium.

Prescription Drug Coverage Under the Medicare Advantage PPO Plan Options

- The Plan includes Medicare Part D coverage

$0 Co-payment Drug Program

Select Generic Program

A new added benefit in 2014 under the Medicare Advantage options is the Select Generic program. The Select Generic program is designed to help retirees reduce out-of-pocket costs on certain prescription medications. With this program, retirees have access to “Select Generic” drug benefits at **no cost** at any network retail pharmacy or through mail-order pharmacy. A list of the select generic prescription medications for 2014 is available at **www.bcbsga.com/shbp**.

Medicare Advantage (MA) PPO Options

Benefits Comparison: BCBSGa Medicare Advantage PPO Standard and Premium Plans

January 1, 2014 – December 31, 2014

	BCBSGa MA PPO – Standard	BCBSGa MA PPO – Premium
Covered Services	***You Pay***	***You Pay***
Deductibles	0	0
Out-of-Pocket Maximum Per Member[1]	$3,500 per member	$2,500 per member
Physicians' Services	***You Pay***	***You Pay***
Primary Care Physician or Specialist Office or Clinic Visits Treatment of illness or injury	PCP—$25 per office visit co-payment; SPC—$30 per office visit co-payment	PCP—$15 per office visit co-payment; SPC—$25 per office visit co-payment
Primary Care Physician or Specialist Office or Clinic Visits Annual Wellness Visit	$0 co-payment	$0 co-payment
Complex Radiology Services and Radiation Therapy Received in a Doctor's Office[3] (Doctor's office visit copay will apply)	$35 co-payment	$35 co-payment
Diagnostics Procedures and Testing Services Received in a Doctor's Office (Doctor's office visit copay will apply)	$0 co-payment	$0 co-payment
Annual Screenings Note: Pap smears are covered every 24 months unless high risk, then annually	$0 co-payment; (mammograms, pap smears, prostate cancer screening, colorectal cancer screening)	$0 co-payment; (mammograms, pap smears, prostate cancer screening, colorectal cancer screening)
Hospital Services	***You Pay***	***You Pay***
Inpatient Hospital Services	20% co-insurance	20% co-insurance
Outpatient Hospital Services (includes observation, medical and surgical care)	$95 co-payment Observation Room $25 co-payment PCP $30 co-payment SPC	$50 co-payment Observation Room $15 co-payment PCP $25 co-payment SPC
Outpatient Standard (X-rays, Lab and Diagnostic Tests)	$0 co-payment	$0 co-payment
Complex Radiology Service and Radiation Therapy Service[3] (when the service is performed at a hospital, outpatient facility or a free-standing facility imaging or diagnostic center)	20% coinsurance	20% coinsurance
Diagnostics Procedures and Testing Services (when the service is performed at a hospital, outpatient facility or a free-standing facility [imaging or diagnostic center)[2]	$95 co-payment	$50 co-payment

1 Not all covered services apply to out-of-pocket. Contact BCBSGa for details.
2 Other co-payments may apply.
3 The diagnostic radiology services require specialized equipment beyond standard X-ray equipment and must be performed by specialty trained or certified personnel. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, nuclear studies, sonograms, diagnostic mammograms and interventional radiological procedures (angiogram and barium studies).

Benefits Comparison: BCBSGa Medicare Advantage PPO Standard and Premium Plans

January 1, 2014 – December 31, 2014

	BCBSGa MA PPO – Standard	BCBSGa MA PPO – Premium
Behavioral Health	***You Pay***	***You Pay***
Mental Health and Substance Abuse Inpatient Facility	20% coinsurance per inpatient admission	20% coinsurance per inpatient admission
Mental Health and Substance Abuse Outpatient Visits	$30 co-payment Professional Individual & Group Therapy Visits $55 co-payment Professional Partial Hospitalization visits	$25 co-payment Professional Individual & Group Therapy Visits $50 co-payment Professional Partial Hospitalization visits
Dental	***You Pay***	***You Pay***
Dental and Oral Care Medicare covered	$30 per office visit co-payment for Medicare covered dental services	$25 per office visit co-payment for Medicare covered dental services
Vision	***You Pay***	***You Pay***
Routine Eye Exam NOTE: Limited to one eye exam every 12 months	$30 co-payment per office visit—limited to 1 annual eye exam; $125 eyewear benefit (glasses/frames or contact lenses) allowance every 24 months[1]	$25 co-payment per office visit—limited to 1 annual eye exam; $125 eyewear benefit (glasses/frames or contact lenses) allowance every 24 months[1]
Other Coverage	***You Pay***	***You Pay***
Routine Hearing Services	$30 co-payment limited to one test every 12 months; $1,000 hearing aid allowance every 48 months	$25 co-payment limited to one test every 12 months; $1,000 hearing aid allowance every 48 months
Ambulance Services NOTE: "Land or air ambulance" to nearest facility to treat the condition	$50 co-payment	$50 co-payment
Urgent Care Services	$25 co-payment waived if admitted to hospital within 72 hours for the same condition	$20 co-payment waived if admitted to hospital within 72 hours for the same condition
Other Coverage	***You Pay***	***You Pay***
Home Health Care Services	$0 co-payment per visit	$0 co-payment per visit
Emergency Care	$50 co-payment waived if admitted to hospital within 72 hours for the same condition	$50 co-payment waived if admitted to hospital within 72 hours for the same condition

[1] $0 co-payment for one pair of eyeglasses or contact lenses after cataract surgery.

Medicare Advantage (MA) PPO Options

Benefits Comparison: BCBSGa Medicare Advantage PPO Standard and Premium Plans

January 1, 2014 – December 31, 2014

Other Coverage	BCBSGa MA PPO – Standard *You Pay*	BCBSGa MA PPO – Premium *You Pay*
Skilled Nursing Facility Services Prior authorization required	$0 co-payment per day for days 1–20; $50 co-payment per day for days 21–100 for up to 100 days per benefit period (no prior hospital stay required)	$0 co-payment per day for days 1–10; $25 co-payment per day for days 11–100 for up to 100 days per benefit period (no prior hospital stay required)
Hospice Care	100% coverage; must receive care from a Medicare covered hospice facility; (no prior approval required). For services not related to the terminal condition member cost-shares may apply.	100% coverage; must receive care from a Medicare covered hospice facility; (no prior approval required). For services not related to the terminal condition member cost-shares may apply.
Durable Medical Equipment (DME) Prior approval required for certain DME.	20% coverage for Medicare covered items	20% coverage for Medicare covered items
Outpatient Acute Short-Term Rehabilitation Services • Physical Therapy • Speech Therapy • Occupational Therapy • Cardiac Therapy • Pulmonary Therapy	$25 co-payment per office visit for Medicare covered services	$10 co-payment per office visit for Medicare covered services
Chiropractic Care	Medicare Covered: $18 co-payment per office visit; Routine Non-Medicare Covered- $30 co-payment per office visit; limit of 20 visits per year	Medicare Covered: $18 co-payment per office visit; Routine Non-Medicare Covered- $25 co-payment per office visit; limit of 20 visits per year
Foot Care	$30 per office visit co-payment Medicare covered; Routine Non-Medicare covered: $25 PCP-$30 SPC co-payment; limit of 6 visits per year	$25 per office visit co-payment Medicare covered; Routine Non-Medicare covered: $15 PCP-$25 SPC co-payment; limit of 6 visits per year
Pharmacy	*You Pay*	*You Pay*
Select Generic Co-payment	$0 retail or mail order	$0 retail or mail order
Tier 1 Co-payment	$15 retail—31 day supply; $37.50 mail order—90-day supply	$15 retail—31 day supply; $37.50 mail order—90-day supply
Tier 2 Co-payment	$45 retail—31 day supply; $112.50 mail order—90-day supply	$45 retail—31 day supply; $112.50 mail order—90-day supply
Tier 3 Co-payment	$85 retail—31 day supply; $212.50 mail order—90- day supply	$85 retail—31 day supply; $212.50 mail order—90-day supply
Tier 4 Co-payment	$85 retail—31 day supply; $212.50 mail order— 90-day supply	$85 retail—31 day supply; $212.50 mail order—90-day supply

After your yearly out-of-pocket cost reaches $4,550 for generic drugs, you will pay 5% coinsurance with a maximum copay of $2.55 and a maximum copay of $15.00 and for brand drugs you will pay 5% coinsurance with a minimum copay of $6.35 and a maximum copay of $45.00. You will continue to pay $0 for Select generic drugs listed in the formulary.

Non-Medicare Advantage (MA) Options

Health Reimbursement Arrangement (HRA)

SHBP members who do not elect a Medicare Advantage (MA) PPO plan option, can select one of the HRA plan options for 2014:

- Gold HRA
- Silver HRA
- Bronze HRA

How the HRA Plan works





HRA	Annual deductibles	Coinsurance
• Every year, SHBP contributes money to your HRA. • These dollars are used to help pay for your covered medical expenses, like office visits, lab work and tests. It's important to note that when you go to the doctor, you don't pay a copay. Instead, you pay the contracted or discounted rate for service, even if the provider typically charges more. You can use the Blue Cross Blue Shield online tools to have a better idea of what those costs will be. • If you don't use all of the money in your HRA, it rolls over from year to year, as long as you remain enrolled in the HRA plan.	• You are responsible for paying an annual deductible before the plan begins to pay a percentage of your covered expenses. • The money in your HRA is used to help meet your deductible. And if you've been enrolled in the plan for more than one year, you may have enough saved to pay for your entire deductible.	• After you meet your annual deductible, you pay a percentage of the cost of your covered expenses, called coinsurance. • If you still have money in your HRA after you've met your annual deductible, you can use the funds to pay your share of coinsurance. • Once you reach your annual coinsurance maximum, the plan pays 100 percent of any of your remaining covered expenses for the rest of the year.

The HRA plan options offer access to a quality provider network, and all plan options pay 100% of covered services provided by network providers that are properly coded as "preventive care" within the meaning of the Affordable Care Act (ACA).

Under the pharmacy benefits, the member pays no cost for certain types of drugs identified by the ACA as "preventive care" such as oral contraceptives. A member actively complying with the requirements of the disease management co-insurance waiver program pays no cost for certain maintenance medications. Otherwise, there is no deductible and no out-of-pocket maximum for pharmacy benefits. Instead, the member pays a percentage of costs for a prescription, subject to a per-prescription minimum and maximum. These member costs are paid with available HRA dollars.

IMPORTANT NOTE

- Any unused dollars in your HRA account under Cigna or UnitedHealthcare will rollover to the next Plan Year if you are participating in a Non-MA option. HRA dollars remaining from 2013 will rollover by April 2014. This allows 2013 HRA dollars to be used to pay your out-of-pocket expenses for 2013 claims filed no later than January 31, 2014.
- Members and/or spouses (if covered) who met the 2013 Wellness Requirements (in either the 2013 Wellness or Standard options) will each have $240 credited to the member's HRA account on January 1, 2014.

Wellness in 2014
for Non-Medicare Advantage (MA)Members

SHBP is excited to announce the addition of the new wellness partner, Healthways, to provide members with comprehensive well-being resources and incentive programs. Healthways will also administer the 2014 action-based HRA incentives that will allow Non-MA members and covered spouses to earn additional dollars into their HRA account. To earn these HRA dollars, complete the following requirements any time between January 1 – December 31, 2014:

	What to DO	What you EARN
1	**Assess Your Health** Complete your Healthways Well-Being Assessment® (WBA), a confidential, online questionnaire that will take about 20 minutes.	Complete both and earn **$240** into your HRA account (WBA must be completed before HRA dollars can be earned)
2	**Know Your Numbers** Complete a biometric screening and submit results (body mass index, blood pressure, cholesterol, glucose). The biometric screening must be completed at an SHBP sponsored screening event or by your physician or other providers identified by SHBP in published materials and your results submitted appropriately.	
3	**Take Action** It's your choice! Complete the coaching pathway, online pathway or a combination of both. **Coaching Pathway** Create your Well-Being Plan. Actively engage in telephonic coaching. **Online Pathway** Create your Well-Being Plan. Record 5 online well-being activities using the same tracker within 4 consecutive weeks and earn $40 into your HRA account. You can earn these HRA dollars ($40) up to 6 times. Sample activities: track exercise five times, record daily steps five times, track food five times.	Earn up to **$240** into your HRA account (WBA must be completed before HRA dollars can be earned)

By completing the incentive actions you are investing in your health and increasing the amount in your HRA account as outlined in the chart below. This will reduce the amount you will have to pay in deductibles and co-insurance.

Tier	Gold HRA Dollars	Gold HRA after completion of all 2014 incentive actions (initial HRA $ + earned HRA $)	Silver HRA Dollars	Silver HRA after completion of all 2014 incentive actions (initial HRA $ + earned HRA $)	Bronze HRA Dollars	Bronze HRA after completion of all 2014 incentive actions (initial HRA $ + earned HRA $)
You	$400	$880	$200	$680	$100	$580
You + Child(ren)	$600	$1,080	$300	$780	$150	$630
You + Spouse	$600	$1,560	$300	$1,260	$150	$1,110
You + Family	$800	$1,760	$400	$1,360	$200	$1,160

Non-MA members will have access to a variety of Healthways' tools, activities and services. To learn more, visit **BeWellSHBP.com** beginning January 1, 2014.

Non-Medicare Advantage (MA) Options

Benefits Comparison: Gold, Silver and Bronze HRA Plans

January 1, 2014 – December 31, 2014

	Gold HRA Option		Silver HRA Option		Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	*You Pay*		*You Pay*		*You Pay*	
Deductible • You • You + Spouse • You + Child(ren) • You + Family	$1,500* $2,250* $2,250* $3,000*	$3,000* $4,500* $4,500* $6,000*	$2,000* $3,000* $3,000* $4,000*	$4,000* $6,000* $6,000* $8,000*	$2,500* $3,750* $3,750* $5,000*	$5,000* $7,500* $7,500* $10,000*
	**HRA credits will reduce this amount*		**HRA credits will reduce this amount*		**HRA credits will reduce this amount*	
Out-of-Pocket Maximum • You • You + Spouse • You + Child(ren) • You + Family	$4,000* $6,000* $6,000* $8,000*	$8,000* $12,000* $12,000* $16,000*	$5,000* $7,500* $7,500* $10,000*	$10,000* $15,000* $15,000* $20,000*	$6,000* $9,000* $9,000* $12,000*	$12,000* $18,000* $18,000* $24,000*
	**HRA credits will reduce this amount*		**HRA credits will reduce this amount*		**HRA credits will reduce this amount*	
HRA	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
HRA Credits • You • You + Spouse • You + Child(ren) • You + Family	$400 $600 $600 $800		$200 $300 $300 $400		$100 $150 $150 $200	
Physicians' Services	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Primary Care Physician or Specialist Office or Clinic Visits Treatment of illness or injury **Maternity Care** (non-routine, prenatal, delivery and postpartum)	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Primary Care Physician or Specialist Office or Clinic Visits for the Following: • Wellness care/preventive health care • Annual gynecological exams (these services are not subject to the deductible) • Prenatal care coded as preventative	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered
Physician Services Furnished in a Hospital • Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Physician Services for Emergency Care	85% coverage; subject to in-network deductible		80% coverage; subject to in-network deductible		75% coverage; subject to in-network deductible	
Allergy Shots and Serum	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible

Non-Medicare Advantage (MA) Options

Benefits Comparison: Gold, Silver and Bronze HRA Plans

January 1, 2014 – December 31, 2014

	Gold HRA Option		Silver HRA Option		Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physicians' Services	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Outpatient Surgery • When billed as office visit	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery • When billed as outpatient surgery at a facility	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Hospital Services	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Inpatient Services • Inpatient care, delivery and inpatient short-term acute rehabilitation services	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Inpatient Services • Well-newborn care	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery Hospital/facility	85% coverage; subject to deductible	60% coverage; subject to de-ductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Emergency Care—Hospital • Treatment of an emergency medical condition or injury	85% coverage; subject to in-network deductible		80% coverage; subject to in-network deductible		75% coverage; subject to in-network deductible	
Outpatient Testing, Lab, etc.	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Non Routine laboratory; X-Rays; Diagnostic Tests; Injections • Including medications covered under medical benefits—for the treatment of an illness or injury	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible

Benefits Comparison: Gold, Silver and Bronze HRA Plans

January 1, 2014 – December 31, 2014

	Gold HRA Option		Silver HRA Option		Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Behavioral Health	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Mental Health and Substance Abuse Inpatient Facility and Partial Day Hospitalization*	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Mental Health and Substance Abuse Outpatient Visits and Intensive Outpatient*	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Other Coverage	*The Plan Pays*		*The Plan Pays*		*The Plan Pays*	
Outpatient Acute Short-Term Rehabilitation Services • Physical Therapy • Speech Therapy • Occupational Therapy • Other short term rehabilitative services	85% coverage; subject to deductible; up to 40 visits per therapy per Plan Year (not to exceed a total of 40 visits combined, including any out-of-network visits)	60% coverage; subject to deductible; up to 40 visits per therapy per Plan Year (not to exceed a total of 40 visits combined, including any in- network visits)	80% coverage up to 40 visits per therapy per Plan Year; subject to deductible (not to exceed a total of 40 visits combined, including any out-of- network visits)	60% coverage up to 40 visits per therapy per Plan Year; subject to deductible (not to exceed a total of 40 visits combined, including any in-network visits)	75% coverage; subject to deductible; up to 40 visits per therapy per Plan Year (not to exceed a total of 40 visits combined, including any out-of-network visits)	60% coverage; subject to deductible; up to 40 visits per therapy per Plan Year (not to exceed a total of 40 visits combined, including any in- network visits)
Chiropractic Care Coverage up to a maximum of 20 visits, per Plan Year; Up to a maximum of 20 days, per Plan Year	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Hearing Services Routine hearing exam	85% coverage for routine exam and fitting; subject to deductible. $1,500 hearing aid allowance every 5 years; not subject to the deductible		80% coverage for routine exam and fitting; subject to deductible. $1,500 hearing aid allowance every 5 years; not subject to the deductible		75% coverage for routine exam and fitting; subject to deductible. $1,500 hearing aid allowance every 5 years; not subject to the deductible	
Urgent Care Services	85% coverage;subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Pharmacy - You Pay	*You Pay*		*You Pay*		*You Pay*	
Tier 1 Co-insurance[1]**	15% ($20 min/$50 max) not subject to deductible		15% ($20 min/$50 max) not subject to deductible		15% ($20 min/$50 max) not subject to deductible	
Tier 2 Co-insurance Preferred Brand[1]**	25% ($50 min/$80 max) not subject to deductible		25% ($50 min/$80 max) not subject to deductible		25% ($50 min/$80 max) not subject to deductible	
Tier 3 Co-insurance Non-Preferred Brand[1]**	25% ($80 min/$125 max) not subject to deductible		25% ($80 min/$125 max) not subject to deductible		25% ($80 min/$125 max) not subject to deductible	
90-Day Voluntary Mail Order OR Retail 90-Day Network	Tier 1–15% ($50 min/$125 max) Tier 2–25% ($125 min/$200 max) Tier 3–25% ($200 min/$312.50 max) (Does not apply to deductible or out-of-pocket max)		Tier 1–15% ($50 min/$125 max) Tier 2–25% ($125 min/$200 max) Tier 3–25% ($200 min/$312.50 max) (Does not apply to deductible or out-of-pocket max)		Tier 1–15% ($50 min/$125 max) Tier 2–25% ($125 min/$200 max) Tier 3–25% ($200 min/$312.50 max) (Does not apply to deductible or out-of-pocket max)	

**Contact vendor regarding prior authorization **Not subject to out-of-pocket max [1] 31-day supply*

Non-Medicare Advantage (MA) Options

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January 1, 2014 – December 31, 2014

	Gold HRA Option		Silver HRA Option		Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Coverage	***The Plan Pays***		***The Plan Pays***		***The Plan Pays***	
Home Health Care Services NOTE: Prior approval required	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Skilled Nursing Facility Services NOTE: Prior approval required	85% coverage; up to 120 days per Plan Year; subject to deductible	Not covered	80% coverage; up to 120 days per Plan Year; subject to deductible	Not covered	75% coverage; up to 120 days per Plan Year; subject to deductible	Not covered
Hospice Care NOTE: Prior approval required	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Durable Medical Equipment (DME)—Rental or purchase NOTE: Prior approval required for certain DME	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Foot Care NOTE: Covered only for neurological or vascular diseases	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Transplant Services NOTE: Prior approval required	Contact vendor for coverage details					

** The Plan pays a percent of eligible expenses for out-of-network providers; eligible expenses are usually 110% of the Medicare rate for the treatment. Deductibles and out-of-pocket maximums are based only on these eligible expenses, and do not include amounts you pay when out-of-network providers balance bill for the difference. You cannot use HRA funds to pay for amounts balance billed.*

NOTE: For out-of-network providers, the plan does not accept assignment of benefits. You will receive a payment of benefits and it will be your responsibility to pay that to the provider.

Alternative Coverage

TRICARE Supplement for Eligible Military Members

The TRICARE Supplement Plan is an alternative to SHBP coverage that is offered to employees and dependents who are eligible for SHBP coverage and enrolled in TRICARE. The TRICARE Supplement Plan is not sponsored by the SHBP, the Department of Community Health or any employer. The TRICARE Supplement Plan is sponsored by the American Military Retirees Association (AMRA) and is administered by the Association & Society Insurance Corporation. In general, to be eligible, the employee and dependents must each be under age 65, ineligible for Medicare and registered in the Defense Enrollment Eligibility Reporting System (DEERS).

For complete information about eligibility and benefits, contact **1-866-637-9911** or visit **www.asicorporation.com/ga_shbp**. You may also find information at **www.dch.georgia.gov/shbp**

PEACHCARE FOR KIDS®

As state or public school retirees, you could be eligible to enroll your children in PeachCare for Kids.

Visit **www.peachcare.org** or call **1-877-427-3224** for information.

Health Insurance Marketplace

You may also qualify for a lower cost health insurance plan through the Health Insurance Marketplace under the Affordable Care Act. To find out if you qualify, visit **www.healthcare.gov**. Open Enrollment for the Health Insurance Marketplace begins October 1, 2013, for coverage starting as early as January 1, 2014.

Legal Notices

About the Following Notice

The following important legal notices are posted on the SHBP website at **www.dch.georgia.gov/shbp** under Plan Documents:

- Women's Health and Cancer Rights Act Notice describes SHBP's compliance with federal law by covering reconstructive surgery after mastectomy
- Newborns' and Mothers' Health Protection Act Notice describes SHBP's compliance with federal law by covering hospital stays following childbirth
- Health Insurance Portability and Accountability Act SHBP Notice of Information Privacy Practices describes how medical information about you is used and protected in accordance with federal law
- Mental Health Parity and Addiction Equity Act Opt-Out Notice explains DCH's decision to opt out of certain coverage mandates, as permitted by federal law
- Centers for Medicaid & Medicare Services Medicare Part D Creditable Coverage Notice informs you that prescription drug coverage under all SHBP coverage options are considered Medicare Part D "creditable coverage"
- Summaries of Benefits and Coverage describe benefits under the Non-MA Plan Options in a standard form required by the Affordable Care Act
- Georgia Law Section 33-30-13 Notice describes the impact of the Affordable Care Act on premiums for SHBP options

Penalties for Misrepresentation

If an SHBP participant misrepresents eligibility information when applying for coverage, during change of coverage or when filing for benefits, the SHBP may take adverse action against the participants, including but not limited to terminating coverage (for the participant and his or her dependents) or imposing liability to the SHBP for fraud or indemnification (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law.

In order to avoid enforcement of the penalties, the participant must notify the SHBP immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

Terms and Conditions
for 2014

IMPORTANT: In order to make any elections or changes to SHBP coverage through the Year Round Web Portal (either online or by telephone), you must accept these terms and conditions. If your election is changed to default coverage without your affirmative action, you are deemed to have accepted these terms and conditions. Be sure to read these carefully before making your health elections or deciding to accept default coverage.

I understand that it is my responsibility to review the most recent Retiree Decision Guide. It is my responsibility to review any applicable Plan documents that are available and applicable to me (including Plan documents posted electronically at **http://dch.georgia.gov/shbp-plan-documents**) at the time of my decision, and to determine the SHBP option that best meets my or my family's healthcare needs.

I also understand that it is my responsibility to review the following bullets and understand which of the bullets apply to my situation:

- I understand that providers may join and discontinue participation in a vendor's network, and this is not a Qualifying Event that will allow me to change my election.
- I understand that the costs of prescription drugs may change during a Plan Year and that these changes are not a Qualifying Event that will allow me to change my election.
- I understand that once I have made an election and my election window closes I will not be able to change that election until the next ROCP or if I have a Qualifying Event.
- I understand that it is my responsibility to select the correct tier based upon the dependents I wish to cover.
- I understand that by electing coverage I am authorizing my retirement system to deduct from my annuity check the applicable premium for the Plan option and coverage tier I have selected and any applicable tobacco surcharge.
- I understand that I will have to pay premiums for the Plan option and tier I select.
- I understand that it is my responsibility to verify that the correct deduction is taken and to immediately notify SHBP if it is not correct.
- I understand that if I experience a Qualifying Event I must elect to make the change by the deadline (in most cases, within 31 days of the Qualifying Event), to my Plan option and tier in order for the corresponding monthly premium to apply for the remainder of the Plan Year. I understand that the rules governing these Qualifying Events and their deadlines are provided in the Plan documents.
- I understand I can drop dependents at anytime but I cannot add them back without a Qualifying Event that allows the addition (except if the dependent child is enrolled in Peachcare).

Terms and Conditions

- I understand that I cannot add dependent(s) to my coverage unless I experience a Qualifying Event and make the request by the deadline (in most cases within 31 days of the Qualifying Event, or 90 days for newly eligible dependent children).
- I understand if I miss the deadline to add a dependent based on a Qualifying Event, or miss the deadline to provide verification documentation, I will not be able to add the dependent in the future unless another Qualifying Event allows the addition.
- I understand that if I have chosen to add an eligible dependent(s), I will be contacted to provide dependent verification documentation and that this documentation must be provided for each pended dependent within 90 days of receiving such a request. I understand that failure to provide verification documentation of newly added dependents within 90 days of the Qualifying Event will result in the removal of the election of coverage for the dependent from the SHBP web portal and cancellation of the election request.
- I understand that I must truthfully answer the Tobacco Surcharge question. It is my responsibility to immediately notify SHBP if my answer to the Tobacco Surcharge question changes. Intentional misrepresentations in my answer to the surcharge question or my failure to notify SHBP if my answer to the surcharge question changes will have significant consequences, including loss of SHBP coverage for 12 months from the date my incorrect answer or failure to notify SHBP is discovered.
- I understand that intentional misrepresentation or falsification of information (including verification documentation submitted when dependents are added) will subject me to penalties and possible legal action and, in the case of adding dependents, may result in termination of coverage retroactive to the dependent's effective date and recovery of payments made by SHBP for ineligible dependents.
- I understand that by making an election on the year round web portal either by self entry or by calling for assistance through the 800 number, or for those who choose default coverage by taking no affirmative action during ROCP, I am attesting that the information I provide (or provided in the past for default coverage) is true and correct to the best of my knowledge and that I have read and understand how my decision affects coverage for myself and my dependents. I acknowledge that I may be subject to a fine of not more than $1,000 or imprisonment for not less than one, nor more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to DCH pursuant to O.C.G.A. Section 16-10-20.

Website for ROCP Available

Oct. 21, at 12:01 a.m. – Nov. 8, 5:00 p.m.

For Plan Coverage effective

January 1, 2014 – December 31, 2014

The material in this booklet is for information purposes only and is not a contract. It is intended only to highlight principal benefits of the SHBP plan options. 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. For all plan options other than Medicare Advantage option, the plan documents include the SHBP regulations, Summary Plan Descriptions and reimbursement guidelines of the vendors. The plan documents for Medicare Advantage are the insurance certificates. It is the responsibility of each member, active or retired, to read the plan documents in order to fully understand how that option pays benefits. Availability of SHBP options may change based on federal or state law changes or as approved by the Board of the Department of Community Health (DCH). Premiums for SHBP options are established by the DCH Board and may be changed at any time by the Board resolutions subject to advance notice.

Notes

Notes

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

SHBP
State Health Benefit Plan