

**Georgia Department of Community Health
State Health Benefit Plan (SHBP)
2014 Fully-Insured Rates**

Please enter the rates in the cells highlighted in yellow

Section 1: Blended Rates for Active and Pre-Medicare Retirees

Vendor Name	2014 Monthly Rates*			Family
	EE	EE+S	EE+C	
Gold				
Silver				
Bronze				

Note:

1. Tier Ratios are 1.00 for EE, 2.10 for EE+S, 1.70 for EE+C, and 2.80 for family.
2. Rates should reflect the blended rates for active and pre-Medicare Retiree population.
3. Rates need to exclude any fees associated with HRA administration.
The cost related to HRA account administration should be entered in section 2 below.
4. Any HRA seed and/or HRA incentive funding should be excluded from the fully-Insured rates.

Section 2: Fee for HRA Account Administration

Each plan option above will also include an HRA. DCH will fund HRA on a self-insured basis.

Please provide a quote on any cost related to HRA administration.

PEPM Fee for HRA administration - PEPM

Section 3: Rate for Medicare Advantage Plan

2014 Monthly Rate	Per Member
Vendor Name	
MA Standard	
MA Premium	
MA Standard-Part B Only	
MA Premium-Part B Only	