

**State Health Benefit Plan (SHBP)
2014 Plan Design Changes
Frequently Asked Questions
February 18, 2014**

General

What are the plan design changes for 2014?

Original Plan Design	Enhanced Plan Design
Approximate 75/25 premium cost share	Approximate 75/25 premium cost share
100% Preventive Care	100% Preventive Care
State-Funded Base HRA Dollars	State-Funded Base HRA Dollars
State-Funded HRA Incentive Dollars	State-Funded HRA Incentive Dollars
Not Applicable	<p>Replace pharmacy co-insurance with 3 Tier co-pays like 2013 HMO option with lower Tier 3 co-pay:</p> <ul style="list-style-type: none"> - Tier 1: \$20 - Tier 2: \$50 - Tier 3: \$80
Not Applicable	<p>Apply Office Visit and ER co-pays across all plans at the following rates:</p> <ul style="list-style-type: none"> - Primary Care (Family Practice, General Practice, Internal Medicine, Pediatrics, OB/GYN): \$35 - Specialist : \$45 - Rehab Services: \$25 - ER: \$150 - Urgent Care: \$35

Why did the Board of Community Health that oversees the Department of Community Health (DCH), which administers the State Health Benefit Plan (SHBP), approve these plan design changes to the 2014 SHBP health insurance plans?

The Department of Community Health's (DCH) State Health Benefit Plan (SHBP) created the plan design changes to provide immediate financial relief from the increased out-of-pocket costs associated with the original SHBP plan designs for 2014. This goal is accomplished by replacing certain co-insurance out-of-pocket costs with co-pays for medical and pharmacy benefits in the 2014 approved plan. The Board of Community Health approved these plan design changes.

Will members absorb the cost of these plan design changes?

No; the cost of these plan design changes is being absorbed by the SHBP plan reserves and will not be passed on to SHBP members.

Will I be able to choose a new plan?

No; SHBP members will remain in the plan option they chose during Open Enrollment for the balance of 2014. Also, newly hired employees for January and February will remain in the plan option chosen.

I chose to opt-out of SHBP coverage during Open Enrollment; will I have another opportunity to enroll in the SHBP now that plan design changes have been announced?

No; SHBP will not be holding a special open enrollment. Employees eligible for coverage through the SHBP, who otherwise chose not to enroll in coverage during the 2014 Open Enrollment period, will be eligible to enroll in SHBP coverage for 2015 during the next SHBP Open Enrollment period.

Are my premiums, deductibles, out-of-pocket maximums or Health Reimbursement Arrangement (HRA) dollars changing?

No; premiums, deductibles, out-of-pocket maximums and HRA contributions will remain the same.

Will I receive a new Member ID card?

Yes; Blue Cross Blue Shield (BCBS) will re-issue a new member ID card for SHBP members who are currently enrolled in the Gold, Silver or Bronze HRA plan option. The new Member ID card will reflect the plan design changes for co-pays, deductible and out-of-pocket maximums for health and pharmacy coverage.

When will I receive a new Member ID card?

You should receive your new member ID card by mid-March 2014.

Co-Pays and Co-Insurance

What is the difference between a co-pay and co-insurance?

A co-pay is a flat fee that a member pays to access their medical or pharmacy benefits. A co-pay is significantly less than the true cost of the medical or pharmacy claim that the SHBP is responsible for paying on behalf of the SHBP member. Co-insurance is when the SHBP member and SHBP split or cost-share the actual cost of the medical and/or pharmacy benefits.

When do co-pays go into effect?

Co-pays will become effective on March 14, 2014, for medical claims and for pharmacy claims. All claims will be reprocessed retroactive to January 1, 2014, to reflect the plan design changes. The SHBP member will receive a new Explanation of Benefits (EOB) reflecting any refunds for any balances owed.

Will a doctor's office charge me a co-pay prior to March 14, 2014?

Yes; in the retroactive process, co-pays will be applied to the plan design changes for provider service categories. The provider may require the SHBP member to pay co-pays for visits dating back to January 1, 2014, and refund for deductible payments may be applicable.

What services require a co-pay?

Co-pays will apply to the following provider services as outlined below:

- Primary Care visit (Family Practice, General Practice, Internal Medicine, Pediatrics, OB/GYN): \$35
- Specialist visit: \$45
- Outpatient Rehabilitation/Therapy Services visit (Physical, Speech and Occupational Therapy; Cardiac Rehabilitation and Pulmonary/Respiratory Therapy; Mental Health and Substance Abuse Services for Intensive Outpatient Program, Partial Hospitalization Program and Group Therapy): \$25
- Emergency Room (ER) visit: \$150
- Urgent Care visit: \$35

Once I pay a co-pay, will I still be responsible for paying anything else out-of-pocket?

No; for services rendered for office visits, there are no other out-of-pocket costs. However, other services are subject to the deductible/co-insurance provisions of the plan.

When will I need to pay co-insurance?

A SHBP member is responsible for co-insurance for those services not requiring a co-payment. Please review the Summary of Benefits and Coverage (SBC) for additional information. Access the SBC by visiting <http://dch.georgia.gov/shbp-plan-documents>.

Will my medical co-pays count toward my deductible or out-of-pocket maximum?

No; medical co-pays do not count toward the deductible, but medical co-pays do count toward your out-of-pocket maximum.

What action do I need to take in order to be eligible for co-pays?

No action is required; co-pays will be uniformly applied across all SHBP Gold, Silver and Bronze HRA plans.

If I have already paid out-of-pocket medical or pharmacy services, will I be reimbursed?

Yes; BCBS and Express Scripts, Inc. (ESI) are working in conjunction with the SHBP to credit HRA dollars and issue reimbursement for any co-insurance that a SHBP member paid prior to the plan design changes.

Will I be responsible for retroactive co-pays for office visits prior to these plan design changes being implemented?

Yes; just as BCBS and ESI are working in conjunction with the SHBP to credit HRA dollars and issue reimbursement for any co-insurance that a SHBP member paid prior to the plan design changes, SHBP members are responsible for co-pays prior to the plan design changes. SHBP member co-pays must be paid directly to the provider.

Pharmacy Benefits

Will my pharmacy co-pays count toward my deductible or out-of-pocket max?

No; there were no changes to the pharmacy co-pays and they will continue to be excluded from the deductible and out-of-pocket maximum as is currently offered.

Can I use my HRA dollars to pay for my prescriptions/pharmacy?

Yes; unlike office visit services, prescriptions are adjudicated at the pharmacy with instant access to your HRA dollars for co-pays.

Medicare Advantage (MA)

Do these changes affect retirees on Medicare Advantage (MA)?

No; the 2014 SHBP plan design changes do not affect SHBP members enrolled in a MA plan.

My doctor does not accept Blue Cross Blue Shield Medicare Advantage (MA); why?

Please contact BCBS MA at 1-855-322-7062 for questions regarding provider participation.

HRA

Do I still need to complete my wellness incentives?

Yes; SHBP members are still encouraged to complete their wellness incentives to earn additional HRA dollars that can further lower their out-of-pocket expenses related to services that are subject to co-insurance.

Can I use my HRA dollars to pay for the cost of my office visit co-pays?

No; because predetermined co-pays are collected at the time of service, you cannot use funds from your HRA to cover the costs of co-pays for medical services. Co-pays are the SHBP members' costs for your portion of the office visit and are not reimbursable under the HRA account. Only pharmacy co-pays are reimbursable under the HRA account.

Can I use my HRA dollars to pay for my prescriptions/pharmacy?

Yes; unlike office visit services, prescriptions are adjudicated at the pharmacy with instant access to your HRA dollars for co-pays.

Can I choose to pay my co-pay and not use my HRA dollars?

No; a member cannot choose to apply or not apply HRA dollars on services.

If I have used HRA dollars in 2014, will the HRA dollars be credited back to my HRA account?

Yes; BCBS and ESI are working with the SHBP to issue reimbursement of any available HRA dollars for any co-insurance that a SHBP member paid prior to the plan design changes.

Flexible Spending Accounts (FSAs)

I contributed to my flexible spending account based on the original 2014 plan designs; am I able to change the amount I am contributing to this account?

No; FSAs are subject to IRS regulation. If you participate in the Health Care Flexible Spending Account under the Flexible Benefits Program (FLEX), SHBP plan design changes will not qualify for an adjustment to the amount you are currently contributing.

If you have other questions regarding your FSA, please contact your FSA Administrator.