



# Your health, your way

Learn how to make the most of your 2014 benefits



BlueCross BlueShield  
of Georgia



SHBP  
State Health Benefit Plan

# Welcome to our family

## Your well-being starts with being well covered

Blue Cross and Blue Shield of Georgia (BCBSGa) is excited to be providing medical claims administration and medical management services as a part of the State Health Benefit Plan (SHBP) for 2014. At BCBSGa, we genuinely want to take care of you – and help you take care of yourself as well. We do this by offering personalized care and by being available when you need us most. Our entire business was created for you – our members. So once again welcome, and please let us know if you have any questions.

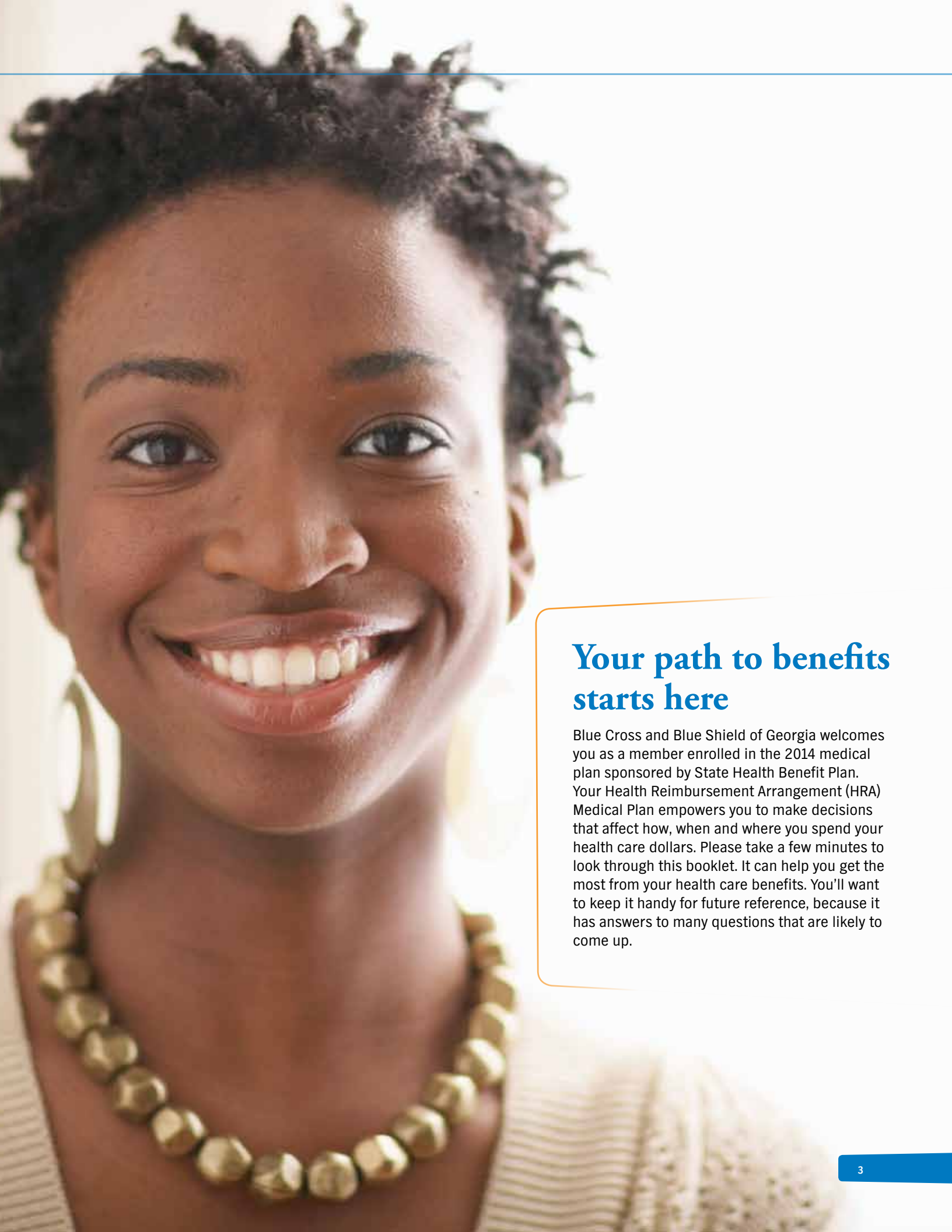
We are ready and willing to help you every step of the way.

Sincerely,



**Morgan Kendrick**

President of Blue Cross and Blue Shield of Georgia



## Your path to benefits starts here

Blue Cross and Blue Shield of Georgia welcomes you as a member enrolled in the 2014 medical plan sponsored by State Health Benefit Plan. Your Health Reimbursement Arrangement (HRA) Medical Plan empowers you to make decisions that affect how, when and where you spend your health care dollars. Please take a few minutes to look through this booklet. It can help you get the most from your health care benefits. You'll want to keep it handy for future reference, because it has answers to many questions that are likely to come up.





## Tools and resources to help you make smart health decisions

Before you do anything else, register on our dedicated State Health Benefit Plan (SHBP) consumer portal, [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp). This site is designed to give you interactive tools that are built around you, your health and your benefits. And it's secure — by setting up a username and password on [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp), you can:

- Easily find out what your plan covers — and other plan details
- Find a doctor or health facility and compare quality, cost and member ratings of health care providers
- Quickly check on the status of your claims

Your health is your key to living well. We will work hard to offer health coverage that's positive, supportive and simple. If you have questions about your benefits, call SHBP's dedicated Customer Service number 1-855-641-4862 from 8:00AM to 8:00PM ET, Monday - Friday.

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# Here are some important terms you should know:

## **Yearly deductible**

The amount you are required to pay each year before your plan begins to share the cost of certain services. Once you meet your yearly deductible, you and the plan each pay a percentage of the cost for any eligible medical expenses, called co-insurance.

## **Yearly out-of-pocket maximum**

The maximum amount, including your yearly deductible, co-insurance and medical co-payments, you may have to pay each year with your own money for covered health services. If you reach the out-of-pocket maximum, your eligible expenses are covered 100% by the plan for the remainder of the plan year. The out-of-pocket maximum is higher for out-of-network services.

## **Claim recap**

This statement details your medical claims and shows if you need to pay anything to a provider. A claim recap is not a bill. Claim recaps are sent to you when you or one of your covered dependents uses your benefit plan. You can see all claims processed for that period, plus any details regarding your remaining in-network and out-of-network balance information and deductibles.

## **Co-pay**

A flat fee that you pay at the point of service to access your medical benefits.

## **Co-insurance**

The amount of the health care charges you are required to pay after any applicable deductible is met. Co-insurance is a percentage of the total cost or a percentage of the cost remaining after you've met your deductible. For State Health Benefit Plan (SHBP), the members split or cost-share the actual cost of the medical benefits with the SHBP.

## **Eligible expenses (maximum allowed amount)**

The most BCBSGa will allow for a covered health service. Maximum amount out-of-network providers receive from the health plan for covered health services. If an out-of-network provider charges more than the eligible expense (allowed amount), you may have to pay the difference between the out-of-network provider's billed charges and the eligible expense (allowed amount). This difference is not applied toward the yearly deductible, coinsurance amount or yearly out-of-pocket maximum and is your responsibility.

## **Eligible preventive care**

Eligible preventive care includes screenings, checkups and counseling to prevent illness, disease or other health problems before you have symptoms. These services are paid in full by your plan without a deductible when properly coded as preventive by an in-network provider.



### **In-network provider**

Your medical plan has a network of contracted health care providers, including physicians, hospitals and laboratories to provide services at negotiated rates. Typically out-of-pocket costs are lower when you use an in-network provider.

### **Medical plan member ID card**

The card issued to you that includes your name, group and plan information and important administrator phone numbers is your member ID card. Be sure to show your member ID card each time you visit any provider, including your doctor and pharmacy. If you need a replacement or temporary card you can get another by visiting the website — [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp) — or by calling Customer Service. Please note that each covered member, spouse or dependent will be issued a member ID card.

### **Out-of-network provider**

Doctors, hospitals, laboratories and other health care professionals who do not participate in our network and have not contracted with us are known as out-of-network providers. They may provide services at a higher cost and you'll typically pay more when you use out-of-network providers. Your medical plan has higher deductibles, co-insurance and out-of-pocket maximums for out-of-network services. You also may be subject to balance billing by an out-of-network provider, which is the difference between the out-of-network provider's charge and the eligible expense (maximum allowed amount).

### **Out-of-pocket costs**

This is the money you pay out of your own pocket. Out-of-pocket costs include deductibles, co-insurance and medical co-payments.

### **Primary care provider**

A physician in the field of family medicine, general practice, internal medicine, obstetrics and gynecology or pediatrics who acts as your main source for regular medical care is known as a primary care provider (PCP). Ideally, your primary care provider knows you and your health history, gives you eligible preventive and routine care, and manages your medications.

### **Helpful acronyms**

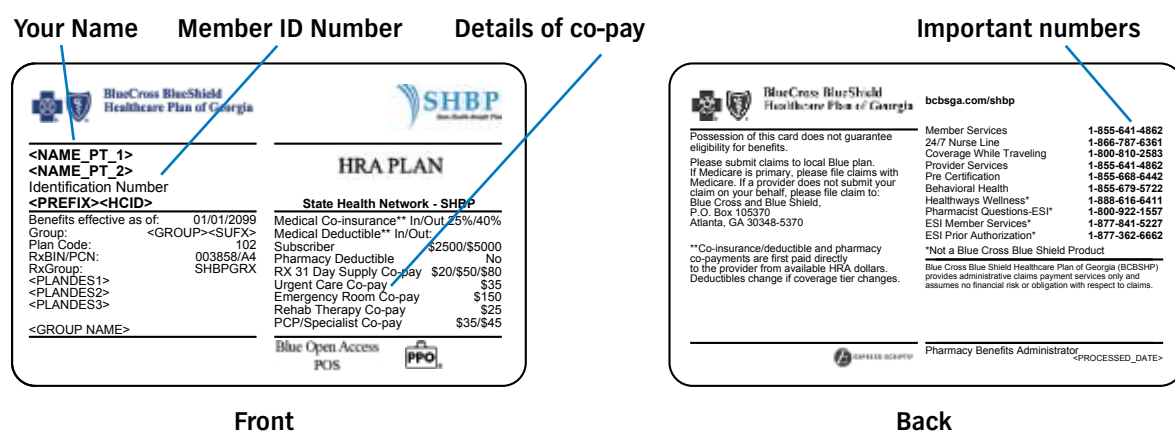
BCBSGa – Blue Cross and Blue Shield of Georgia  
DCH – Georgia Department of Community Health  
HRA – Health Reimbursement Arrangement  
PCP – Primary Care Provider  
SHBP – State Health Benefit Plan

# Your member ID card

Using your benefits starts with your member ID card — it has all of the information you need. Be sure to show your member ID card each time you visit a provider. If you lose your card, you can request a new card by going to [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp). You and your covered dependents will each receive your own member ID card.

## Your card has

1. Your name
2. Your member ID number under your name. You'll need this number when you visit a health care provider or when you call State Health Benefit Plan Customer Service.
3. Details of your co-payments and benefits
4. Important phone numbers, including the dedicated customer service number



This member ID card is an example. Benefit values are subject to vary based on your selected HRA plan.

## Follow these steps to print a temporary ID card

Haven't received your member ID card yet? Can't find it? There's no need to worry — you can request a replacement member ID card and print a temporary ID on [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp).

To print a temporary ID card:

- Go to [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)
- Log in using your member username and password or register if you do not have an account
- Click on the Customer Care link in the top-right-hand corner of your screen
- Click on the Print Temporary ID card link
- Select a member name from the drop-down box and the system will display the temporary ID card for the selected member as a PDF embedded in the page
- Click the print icon in the upper-top-left corner of the PDF to print

It's important to remember that your temporary ID card expires after 30 days. The temporary ID card is not meant to replace your permanent ID card.



# Your State Health Benefit Plan HRA Plans

HRA Allocation	Gold HRA		Silver HRA		Bronze HRA	
	Gold Base Amount	Gold Total (Gold Base + Completion of all 2014 wellness incentive actions)	Silver Base Amount	Silver Total (Silver Base + Completion of all 2014 wellness incentive actions)	Bronze Base Amount	Bronze Total (Bronze Base + Completion of all 2014 wellness incentive actions)
You	\$400	\$880	\$200	\$680	\$100	\$580
You + Spouse	\$600	\$1,560	\$300	\$1,260	\$150	\$1,110
You + Child(ren)	\$600	\$1,080	\$300	\$780	\$150	\$630
You + Family	\$800	\$1,760	\$400	\$1,360	\$200	\$1,160

Deductible	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
	You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000

Coinsurance <sup>1</sup>						
Plan Pays	85% after deductible	60% after deductible	80% after deductible	60% after deductible	75% after deductible	60% after deductible
Member Pays	15% after deductible	40% after deductible	20% after deductible	40% after deductible	25% after deductible	40% after deductible

Out-of-pocket maximum						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000

	Gold HRA		Silver HRA		Bronze HRA	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
<b>Medical</b>	<b>% Paid by plan</b>	<b>% Paid by plan; you could be balance billed</b>	<b>% Paid by plan</b>	<b>% Paid by plan; you could be balance billed</b>	<b>% Paid by plan</b>	<b>% Paid by plan; you could be balance billed</b>
Preventive care <sup>2</sup>	100%	Not covered	100%	Not covered	100%	Not covered
Primary Care <sup>3</sup> Physician office services (illness/injury)	100% after \$35 co-pay	60%	100% after \$35 co-pay	60%	100% after \$35 co-pay	60%
Specialist office services (illness/injury)	100% after \$45 co-pay	60%	100% after \$45 co-pay	60%	100% after \$45 co-pay	60%
Chiropractic visit (20 visits per Plan year)	100% after \$45 co-pay	60%	100% after \$45 co-pay	60%	100% after \$45 co-pay	60%
Eye exam – routine (limited to one exam every 24 months; not subject to deductible)	100%	Not covered	100%	Not covered	100%	Not covered
Hospital services (inpatient/outpatient)	85%	60%	80%	60%	75%	60%
Maternity care – Physician routine prenatal care, delivery and postnatal	100% after \$35 co-pay	60%	100% after \$35 co-pay	60%	100% after \$35 co-pay	60%
– Facility delivery	85%		80%		75%	
Outpatient rehabilitation therapy – Physical, speech, cardiac, occupational, pulmonary therapy (40 visits per therapy per plan year)	100% after \$25 co-pay	60%	100% after \$25 co-pay	60%	100% after \$25 co-pay	60%
Emergency Room Care – Hospital	100% coverage after \$150 co-pay; if admitted co-pay is waived		100% coverage after \$150 co-pay; if admitted co-pay is waived		100% coverage after \$150 co-pay; if admitted co-pay is waived	
Urgent care visit/retail health clinic	100% after \$35 co-pay	60%	100% after \$35 co-pay	60%	100% after \$35 co-pay	60%
<b>Behavioral health</b>						
Mental health/substance abuse – Inpatient and outpatient <sup>4</sup>	85%	60%	80%	60%	75%	60%
Intensive outpatient therapy, partial hospitalization and group therapy	100% after \$25 co-pay	60%	100% after \$25 co-pay	60%	100% after \$25 co-pay	60%
Individual therapy	100% after \$45 co-pay	60%	100% after \$45 co-pay	60%	100% after \$45 co-pay	60%

1 Co-insurance applies after deductible is met.

2 Services must be properly coded as preventive care under the Patient Protection and Affordable Care Act.

3 Primary Care is defined as Family Practice, General Practice, Internal Medicine, Pediatrics and OB/GYN.

4 Prior notification required.

This is a high-level summary of benefits. It does not describe all benefits and does not describe exclusions and limitations.

The plan documents posted on <http://dch.georgia.gov/shbp-plan-documents> include the full details. Dollar amounts, visit limitations, medical co-pays, deductible and out-of-pocket limits are based on January 1 – December 31, 2014, Plan Year. All covered medical services are subject to deductible except preventive. Note: medical co-pays do not count toward deductible but do count toward out-of-pocket maximum. The Plan pays a percent of the maximum allowed amount for covered services performed by out-of-network providers.

# Understand your State Health Benefit Plan (SHBP) HRA Medical Plan

## How this plan works

Your SHBP HRA Medical Plan is a health reimbursement arrangement (HRA). This plan includes co-payments, an annual deductible and an annual out-of-pocket maximum.

You also have in-network access to many services like:

- Primary care physician<sup>1</sup> office services
- Urgent and emergency room care
- Hospital services
- Specialty care
- Behavioral health

## What you need to know

Knowing how your plan pays for services will help you budget for your health care costs. SHBP funds base HRA dollars to provide first dollar coverage for those covered services requiring a deductible/co-insurance and pharmacy co-payments. You and your covered spouse can earn additional HRA dollars throughout the year from Healthways, SHBP's wellness program administrator. Base HRA dollar contributions by SHBP are determined by the HRA Plan you elect – Gold HRA, Silver HRA or Bronze HRA.

Features of your HRA plan:

- You pay a co-pay for in-network eligible primary care and specialist office visits, emergency room care, urgent care and retail health clinics.
- You can earn HRA dollars by completing certain health- and wellness-related activities through Healthways.
- Eligible preventive care is covered at 100% when you use an in-network provider.<sup>2</sup>
- HRA dollars are used for prescription co-pays, as administered by the pharmacy partner Express Scripts®.
- After you reach your annual deductible, you pay co-insurance until you meet your annual out-of-pocket maximum, then all eligible medical services are covered at 100% for the remainder of the plan year.
- All services rendered by an out-of-network provider are subject to the plan's out-of-network deductible and co-insurance amounts.

1. Primary Care is defined as Family Practice, General Practice, Internal Medicine, Pediatrics and OB/GYN.

2. Services must be properly coded as preventive care under the Patient Protection and Affordable Care Act.



## The HRA Plan in Action

Funding	First	Next	Then	Finally	Balance
How HRA dollars are added to your HRA	Pay for eligible medical expenses	Meet the annual deductible	Share the cost through co-insurance	Reach annual out-of-pocket maximum	At the end of the plan year
<p>SHBP contributes base HRA dollars to the HRA at the beginning of each year.</p> <p>You earn health and wellness HRA dollars throughout the year by participating in Healthways well-being programs.</p>	<p>Deductible and co-insurance amounts are paid from the HRA, if you have a balance.</p> <p>Medical co-pays are not paid from your HRA dollars, but count toward your out-of-pocket maximum.</p> <p>Eligible preventive care is covered in-network at 100%.</p> <p>Services must be properly coded as preventive care under the Patient Protection and Affordable Care Act.</p>	<p>If you spend your HRA dollar balance, then you are responsible for paying 100% of medical expenses until you meet the deductible.</p>	<p>After you meet the deductible, you pay 15% in-network health care costs and the plan pays 85% on the Gold plan; 20% in-network health care costs and the plan pays 80% on the Silver plan; 25% in-network health care costs and the plan pays 75% on the Bronze plan.</p>	<p>After meeting your out-of-pocket maximum, the plan pays 100% of eligible in-network services. You continue to pay applicable prescription drug co-pays.</p>	<p>Any remaining HRA dollars roll over to the next plan year, if you remain enrolled in the HRA Plan.</p> <p>If you change plans or leave SHBP, you lose the remaining HRA dollars.</p>

For more details about your plan, contact our Member Services line at **1-855-641-4862**.

### Want to view your HRA balance?

1. Go to [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)
2. Log in using your member username and password or register if you do not have an account
3. Click on the Benefits tab and then the HRA tab
4. Scroll down to view all the transactions on the account
  - a. You will see all HRA dollars deposited by date
  - b. You will see all claims processed by date



## Preventive care to keep you healthy

Eligible preventive care helps find and address health issues before they become major problems. The preventive screenings and vaccines you need change periodically. To see what preventive care you or your family need, view our Preventive Care Guidelines flier posted on our Health & Wellness page at [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp).

### What preventive care benefits do I have?

Your HRA Medical Plan covers your eligible preventive care and routine vaccines at 100% when you see an in-network provider. If you have children, preventive care services like well-child physical exams, developmental screenings and routine vaccines are also covered.

Please note that for a service to be considered an eligible preventive care service, it must be a preventive care service recommended by one of several federal government or independent agencies responsible for the development and monitoring of various U.S. preventive care guidelines and must be coded as an eligible preventive health care service.

### Preventive health care services

For a list of covered preventive services, see your Summary Plan Description.

Please note that when the claim is filed with Blue Cross and Blue Shield of Georgia, the claim information will indicate the type of services you received. If the claim is coded as an eligible preventive health care service as described above with a routine diagnosis code, the claim will be paid as a preventive health care service. Non-preventive office visit charges are billed separately and are not covered under these provisions and may be subject to a co-pay.

If you receive eligible preventive health care services at the same time you receive other non-preventive care services, the non-preventive care services will be subject to the plan cost-sharing, including the deductible and co-insurance applicable to the type of service received.

If you have questions about how claims for your office visit, tests or procedures will be coded, talk with your provider about the type of care you receive, or are recommended to receive, before the claim is filed with Blue Cross and Blue Shield of Georgia. Once the claim is filed, the claim will be processed based on how your provider coded the claim.



## Living well has its rewards

When it comes to your health, each lifestyle choice you make can have an affect on your overall well-being. Participate in the Healthways well-being program, Be Well SHBP. You and your spouse could each earn up to \$480 in your HRA. Assess your health, know your numbers and take action.

What To Do	What You Earn
<b>Assess Your Health</b>	
State Health Benefit Plan (SHBP) contributes base HRA dollars to the HRA at the beginning of each year.	Complete BOTH and earn \$240 for your HRA (WBA must be completed before HRA dollars can be earned).
<b>Know Your Numbers</b>	
Complete a biometric screening and submit results (body mass index, blood pressure, cholesterol, glucose) appropriately. The biometric screening must be completed by your physician or at an SHBP-sponsored screening event.	
<b>Take Action</b>	
<p>It's your choice! Complete the coaching pathway, online pathway or a combination of both.</p> <p><b>Coaching Pathway</b></p> <p>Create your Well-Being Plan.</p> <p>Actively engage in telephonic coaching.</p> <p><b>Online Pathway</b></p> <p>Create your Well-Being Plan. Record five online well-being activities using the same tracker within four consecutive weeks and earn \$40 into your HRA account. You can earn these HRA dollars (\$40) up to six times. Sample activities: track exercise five times, record daily steps five times, track food five times.</p>	Earn up to \$240 for your HRA (WBA must be completed before HRA dollars can be earned).

For more information about the Healthways' Be Well SHBP Well-Being Program, please call **1-888-616-6411** between the hours of 8:00AM and 8:00PM ET, Monday through Friday or visit the Healthways site, [BeWellSHBP.com](http://BeWellSHBP.com).

## When you need care right away

Sprains, broken bones and back pain are common for emergency room visits. Before you head to the ER, there may be more affordable options – like a retail or urgent care clinic. Call your primary care doctor if you are unsure where you should go. If it's a true emergency – go to the ER.

### When you need care right away, where should you go?

When you or a loved one is sick or hurt, your priority is getting care as soon as possible. Sometimes your first choice is going to the emergency room. Did you know that you have other options that can save you time and money?

## When you need care right away, consider the following to see if it's really an emergency:

First, if you answer "yes" to any of these questions, call 911 or go to the ER:

- Are the symptoms serious or life-threatening?
- Did the symptoms occur suddenly and without warning?
- Is there a lot of bleeding, extreme pain, shortness of breath or broken bones?
- Do you feel there may be serious damage to body functions or parts of the body if you don't get care right away?

## You have choices

If it isn't a true emergency, but you can't see your primary doctor, where can you go? Here are some options:

- Retail health clinic: A clinic staffed by medical professionals who provide basic medical services to "walk-in" patients. It's usually in a major pharmacy or retail store.
- Urgent care center: A facility where doctors treat conditions that should be looked at right away, but aren't life threatening. They can often do X-rays, lab tests and stitches.
- Walk-in doctor's office: You're treated without an appointment for many conditions, except serious medical problems. Check with your doctor to see if their office has this service.

### Not sure where to go? Call NurseLine

Call your doctor or the 24/7 NurseLine at **1-866-787-6361**. They can help you find the right place to get care.

## Personal Health programs

### Any way you look at it, your health is important

Everyone has different health needs and ways of learning. Whatever yours are, the Blue Cross and Blue Shield of Georgia Personal Health Coach program can help you. From online resources to personal attention from registered nurse coaches, these programs can help you stay healthy and make the right health care choices for you.

### 24/7 NurseLine

Have a question about a health issue? Can you treat a problem at home? Do you need to see your doctor or go to urgent care? Should you head straight to the ER? Our registered NurseLine nurses can answer your health questions any time of the day or night. Making the right choice can help you save money and get the best possible care for you and your family.

To reach the 24/7 NurseLine, call **1-866-787-6361**.

## Behavioral health

Coping with both mental health and medical conditions can be confusing and frustrating. Fortunately, you don't have to face these challenges alone. Our Behavioral Health program is here to help. Licensed health professionals will work closely with you to make a plan for reaching your goals and overcoming barriers. These professionals will also coordinate the services you get from other health providers, community and online resources, as well as help make sure you get the most from your benefits.

To get the help you need, call the Behavioral Resource Center at any time, day or night, at **1-855-679-5722, option 4.**

## Chronic care

If you or someone you love has a chronic health condition, let us help you get the most out of life. Our Personal Health Coaches help people of all ages manage the symptoms of asthma and diabetes. And they work closely with adults who are dealing with chronic obstructive pulmonary disease (COPD), heart failure and coronary artery disease (CAD). With our Personal Health Coach program, you'll get the information you need to feel your very best — day after day. Our Personal Health Coaches gather information from you and your doctor. Then they create a plan just for you.

You may need the Personal Health Coach program if you have more than one health issue or a condition that could mean frequent or high levels of health care. This program can connect you, your family and your doctors with a Personal Health Coach and other experts to help you reach your personal health goals and avoid costly hospital re-admissions.

## Get your medications covered

If you enroll and actively participate in our Personal Health program for the disease management of asthma, diabetes or coronary artery disease (CAD), you may be eligible to get certain prescription drugs to help with your condition at no cost through our Pharmacy Co-pay Waiver Program.

For more information regarding medications call Express Scripts® Member Services toll-free at **1-877-841-5227.**

To learn more about the Pharmacy Co-Payment Waiver and the DME Cost Share Waiver program, call **1-866-901-0746, option 3.**

## Support programs

If you or a family member is diagnosed with certain types of cancer, vascular or musculoskeletal diseases, or low back pain, our Personal Health Coach support program may be able to help. It comes at no extra charge and gives you 24-hour access to Health Coaches who are registered nurses. They can help you better manage your health and follow your doctor's care plan. Plus, the program is backed by a team of pharmacists, dietitians and exercise physiologists. It also gives you information and tools to help you avoid unnecessary doctor's visits, trips to the hospital and time away from the job.

To learn more or to enroll, just call **1-866-901-0746, option 3.**



## Case management

If you're coming home after surgery or a hospital stay or even if you have a serious health condition, you may need some support. Our Personal Health Coach can help. There's no need to do anything; we'll call you. A nurse will go over your doctor's instructions about follow-up care and medications and even give personal lifestyle coaching. We'll answer any questions that you have. We'll even help coordinate the benefits for things like home therapy or medical supplies, so you can focus on getting better.

To learn more or enroll in the Personal Health Coach program, just call **1-866-901-0746, option 3.**

## End-stage renal disease (ESRD)

If you have end-stage renal disease, our program can give you some extra support. We'll help you get the best care possible so you can feel better. A registered nurse coach will work with you, your family and doctors to help with your day-to-day health care needs. Our Personal Health Coach can help you:

- Schedule dialysis care and doctor visits.
- Follow your treatment plan and understand your medical equipment.
- Find helpful resources and information.

If you have ESRD, a Personal Health Coach will call to ask if you want to be in the program.

## Centers of Medical Excellence for Transplant program

Transplants are a complex and highly specialized area of medical treatment. Our Centers of Medical Excellence for Transplant (CME-T) Program includes both our CMEs and Blue Distinction Centers for transplant. Here is where members have access to our transplant team and can speak with case managers who have expertise in this area. We explain to our members the details around their medical condition and their upcoming procedures. We assist them with finding a place to stay for their families that is outside of the hospital and we coordinate care with our specialty pharmacy services. Care begins right at the time a bone marrow/stem cell transplant is approved or, for other solid organ transplants, on the date of the actual transplant. We create a care plan for each member customized to meet that member's specific needs.

## Future Moms

If you're expecting, your goal is to have a safe delivery and a healthy baby. That's why we offer Future Moms, a voluntary program to help you take care of your baby before you deliver. Sign up for Future Moms and you'll get:

- Each future mom (and dad) has access to a Personal Health Coach Maternity Nurse during pregnancy. Moms can speak with a Personal Health Coach Maternity Nurse about their pregnancy, newborn care and much more.
- Access to dietitians, pharmacists and social workers, as needed.

Answers and support are just a phone call away. Call **1-866-901-0746, option 2.**





### Neonatal intensive care unit (NICU)

Our case management program for high-risk births begins by first working with members in our Future Moms maternity program. Future Moms helps mothers-to-be live healthy lives to help reduce the chances of pre-term births and avoid a baby needing care by the NICU team. We believe the health of the mother is a big part of the health of the baby. When a baby appears to be in need of care by the NICU team, our nurses with neonatal and/or pediatric nursing experience will start working with the family on an overall plan of care. They'll teach the family what steps to take when they take the baby home and what type of future care may be needed.

### MyHealth Advantage

MyHealth Advantage is a free service that helps you save money and stay healthy.

#### Here's how it works:

- Tips to save money. We'll tell you where you can save money on your prescriptions and other health care services. For example, if you switch from a brand-name drug to a generic one, you often pay less.
- Checkups, tests and exams. If it's time for you to have an exam or test, we'll remind you to call your doctor. If we find opportunities for you, we'll send you a MyHealth Note. This confidential and easy-to-read summary of your recent medical and pharmacy claims is sent directly to your home. It has great information to review and share with your doctor.

# Manage your health online at [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)

Our dedicated website is designed to give you interactive tools that are built around your health and your benefits. And it's secure – create a username and password on [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp).

Log in and access the below tools today.

## Need help finding a doctor or health care provider?

You can search for in-network doctors and any other health care professionals in network on our website.

### To use the tool:

- Go to [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)
- Log in using your member username and password or register if you do not have an account
- Click on **Find a Doctor**
- Choose what kind of doctor or health professional you want to find
- Enter your city and state or ZIP
- Click on **Search**

## Use our online cost and quality tool

The **Know Your Cost** tool lets you compare costs for common procedures at hospitals and facilities near you. The tool's out-of-pocket cost calculator gives you a better idea where your health care money is going by including your plan's deductible, co-insurance and other costs.

- Go to [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)
- Log in using your member username and password or register if you do not have an account
- Select **Know Your Cost**
- Insert the type of category, procedure, who the procedure is for, and location

You will be able to compare up to four providers to get your estimated out-of-pocket costs.

For the optimal experience, please use Google Chrome 25 and higher, Firefox 24 and higher, and Internet Explorer 9 and higher.



## What is your claim recap?


Each time you or a health care provider file a claim with your health plan, Blue Cross and Blue Shield of Georgia gives you a claim recap. The recap helps you see how your health reimbursement arrangement (HRA) plan works for you. It describes the services received, what they cost and how your plan handled the claim. It also shows your HRA balance.

To view your claim recap, log in to the consumer portal at [www.bcbsga.com](http://www.bcbsga.com) and go to the Plans & Benefits section. We'll also send a copy in the mail if you owe any money or if your HRA paid any part of the cost. If you don't want to get a copy in the mail, see the next page for a quick how-to on going paperless.



# How to read your claim recap

Here are the key things to look for on your claim recap.



123 Anywhere Street  
Atlanta, GA 12345

## Your HRA Claim Recap

**JOHN Q. SMITH**  
2300 AVANT STREET  
ATLANTA, GEORGIA 12345

**Account Holder:**  
John Q. Smith

**Health Program ID:**  
9998817749004

**Group Name:**  
HRA Client

**Claim Number:**  
199943200001

**Date Prepared:**  
05/20/2014

**1. Summary of this Claim (See next page for details)**

**How Much was the Expense?**

The total charge was: \$ 150.00

Amount allowed by your benefit: \$ 100.00

[Your Other Insurance Covered] \$ 0.00

**How Much was Paid Under Your Program?**

Amount paid from your Health Account \$ 100.00

Amount paid by Traditional Health Coverage: \$ 0.00

**Total paid under your Program:** \$ 100.00

**What is Your Annual Out-of-Pocket Responsibility?**<sup>1</sup>

Other out-of-pocket responsibility: \$ 0.00

Coinsurance responsibility: \$ 0.00

**You are Responsible for This Amount:** \$ 0.00

Your Provider should bill you directly for this amount.

**2. Status of Your Program (After this Claim)<sup>2</sup>**

**Your Health Account**

Remaining Account balance: \$ 800.00

**Your Traditional Health Coverage**

Begins after spending (on covered services): \$2,000.00

Amount spent to date: \$ 100.00

**Your Annual Out-of-Pocket Maximum**

Maximum for Network Providers: \$3,000.00

Amount accumulated towards Maximum to date: \$ 100.00

Maximum for Out-of-Network Providers: \$5,000.00

Amount accumulated towards Maximum to date: \$ 100.00

**3. Claim Payment Details**

Health Care Provider Information				Your Health Account	Your Program Traditional Health Coverage		Your Responsibility	Explanation**
Date of Service From: 05/03/2014 to 05/03/2014					Amount Paid	Benefit Level		
Service (Units)	Provider Charged	Provider Responsibility	Amount Allowed by Benefit*	Amount Paid	Benefit Level	You Are Responsible for		
1 Medical Service - 1	\$150.00	\$50.00	\$100.00	\$100.00	\$100.00	\$0.00	LUM019	
<b>TOTAL</b>	<b>\$150.00</b>	<b>\$50.00</b>	<b>\$100.00</b>	<b>\$100.00</b>	<b>\$100.00</b>	<b>\$0.00</b>		

\*The "Amount Allowed by Benefit" is amount of the provider's charge covered by your benefits, minus the provider discount; the sum of the amounts paid from your Account, your Traditional Health Coverage and Your Responsibility will equal this amount.

**4. Claim Highlights**

**Date of Service:**  
05/03/2014

**Consumer:**  
Mary

**Provider:**  
Dr. James J. Smith  
*Vienna Family Medicine*  
123 Anywhere Street  
Atlanta, GA 12345

**Thank you for choosing a provider participating in our network — helping you get the most for your health care dollar.**

**Have a question?**  
Go online to [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp) or call 1-855-641-4862.

Save trees by opting not to receive paper statements. You can simply check your account online at [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)

- 1 Summary of this claim**  
This section:
  - Total charge by the provider
  - Amount of the charge that's allowed based on our contract with the provider
  - Amount your HRA paid, if any
  - Amount you'll need to pay out of pocket, if any
- 2 Status of your program**
  - Amount left in your HRA after any payments were made on this claim
  - Total amount you've spent on covered services during the plan year
  - Total amount credited toward your out-of-pocket maximum for the plan year
- 3 Claim payment details**
  - A breakdown of the claim, including the amounts paid from the HRA, your health plan or both
- 4 Your responsibility details**
  - A breakdown of any amount you'll need to pay out of pocket

**How to get your health plan claim recaps online\***

1. Log in to [bcbsga.com](http://bcbsga.com) (if you haven't registered yet, you'll need to register to log in)
2. Click on "Profile"
3. Scroll down to choose how you'd like to get your medical claim recap
4. Select "Go Paperless"

\*Only the primary person on the plan (the subscriber) can pick this option.

## Important phone numbers

### BCBSGa Customer Service

1-855-641-4862 (TTY 711) for all services  
Hours: 8:00AM to 8:00PM ET, Monday through Friday

### BCBSGa 24/7 NurseLine

1-866-787-6361  
24 hours a day/7 days a week

### Healthways' Be Well SHBP Well-Being Program

1-888-616-6411  
Hours: 8:00AM to 8:00PM ET, Monday through Friday

### Express Scripts® Member Services

1-877-841-5227  
24 hours a day/7 days a week

## Real-time downloads – Smartphone apps

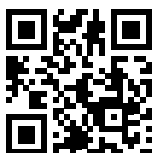
Scan one of these QR codes to download our apps to either your Android or iPhone mobile device. Or you can visit the iTunes and Google Play app stores online to download these apps directly.

Don't have a QR code reader? Download the free ScanLife QR Reader app to your mobile device.



### BCBSGa mobile app

Find doctors and urgent care centers, and get driving directions from wherever you are. If you are registered with [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp), you can log in and view, email or fax an electronic version of your ID card.



### BCBSGa HealthyOptions

The HealthyOptions app offers you money-saving coupons and time-saving recipes.



### Habit Heroes™ mobile App By Disney

Habit Heroes™ is an interactive comic adventure that aims to teach families about healthy habits.



