



2012 OPEN ENROLLMENT/RETIREE OPTION CHANGE PERIOD FREQUENTLY ASKED QUESTIONS

WELLNESS PLANS

Q. I understand there are new Wellness HMO, HRA and HDHP Plans. What do I have to do to enroll in one of these plans?

A. You will make a Wellness Promise to 1) take your online health assessment through your health care vendor and 2) to obtain your biometric screening which includes: blood pressure, blood glucose, cholesterol, and body mass index. If you are covering your spouse, you are making the promise on behalf of you and your spouse that you will each take these actions.

Q. What are the biometric screening requirements and deadline?

A. You are required to obtain a biometric screening by attending a SHBP sponsored worksite screening or from an in-network physician. The deadline for obtaining the screening is June 30, 2012. Biometric screenings obtained by members on or after July 1, 2011 through an SHBP sponsored worksite screening event or by an in-network physician will qualify for the June 30, 2012 deadline.

Biometric screenings obtained by an in-network physician will require the physician to complete the secure "physician screening form" and fax the form to Cigna or UnitedHealthcare. The physician screening form will be available online at www.mycigna.com, www.myuhc.com or www.myshbp.ga.gov effective January 1, 2012. The deadline for receipt of the secure faxed physician screening form is June 30, 2012.

Q. Can my children enroll in the Wellness Options? A. Yes. If you enroll in a Wellness Option, they will be covered under the Plan; however, they are not required to make the Wellness Promise.

Q. What happens if I or my spouse do not keep the Wellness Promise? A. If either of you do not take the actions required under the Wellness Promise, you will not be able to enroll in a Wellness Option the next Plan Year.

Q. Is there a penalty if I don't keep my Wellness Promise? A. Only that you will not be allowed to enroll in a Wellness Option the next Plan Year.

Q. Why should I enroll in a Wellness Option? A. Because you will have lower premiums and out-of-pocket expenses through co-pays, deductibles and out-of-pocket limit.

Q. How much lower will my premiums be under a Wellness Option? A. 6%

Q. What is SHBP going to do the information collected from the biometric screenings? A. SHBP requires the vendors, Cigna and UnitedHealthcare, use this information to reach out to you should the results from the screening reveal there are issues that should be addressed to assist you in improving your health. The information is protected health information and will not be shared with your employer.

Q. What if I don't want to take these actions, are there other plans I can enroll in? A. Yes, you may enroll in the Standard HMO, HRA or HDHP Plans.

STANDARD PLANS

Q. What is the difference between the Standard and Wellness Plans? A. You have higher premiums and out-of-pocket expenses under the Standard Plans; you do not have to complete the health assessment nor are you required to complete any screenings.

Q. Are the benefits the same as under the Wellness Plans? A. Mostly. Covered services are the same whether you are in a Wellness or Standard Plan other than:

1) Under the HRA Standard Option, you cannot earn the extra \$125 for taking your online health assessment and getting your annual physical

2) Under the HRA and HMO Standard Options, you cannot participate in the Disease State Management Program Pharmacy Co-Pay Waiver Program.

There are also some differences in the plan designs for each plan option.

Q. If I enroll in a Standard Plan in 2012, will I be able to enroll in a Wellness Plan for 2013? A. Yes.

BARIATRIC SURGERY

Q. Why isn't the bariatric (weight loss) surgery going to be covered in 2012? A. Because of the costs to the Plan.

Q. What if I have started the process but won't be able to complete the process and have my surgery this year; will my surgery be covered? A. No. You must have the surgery by December 31, 2011.

GENERAL INFORMATION

Q. Will there be an increase in premiums for 2012; if so, how much? A. Everyone will see an increase in premiums for 2012. If you enroll in a Wellness Plan, in general you will receive an 11% increase in premiums. If you enroll in a Standard Plan, the increase will be 17%.

Retirees in the MA PPO Standard Plan will have an 11% increase in premiums. For retirees in the MA PPO Premium Plan, the increase is based on the Standard Plan contribution plus the buy-up amount to the Premium Plan. The Premium Plan was priced \$40 higher last year and will be priced \$60 higher in 2012. Other premiums, such as for direct pay, COBRA, and school board members, vary according to code section, risk pool, etc. so premium increases will vary.

Q. Will the Tobacco and Spouse Surcharge rates change for 2012? A. No. They will remain the same at \$80 for Tobacco and \$50 for the Spousal Surcharge.

Q. What happens if I am enrolled in the HMO, HRA or HDHP Option and I don't go online and make a election for the 2012 Plan Year? A. Your coverage will default to the Standard Option and tier under your current health care vendor. Also the tobacco and spousal surcharge (if you cover your spouse) will apply.

Q. What do I pay under the HRA Plan for my prescription drugs since there is now a three tier structure and they don't apply to my deductible and out-of-pocket max? A. There is a minimum and maximum for each tier so you can plan for your expenses.