Eligibility & Enrollment Provisions

State Health Benefit Plan

Effective Date: January 1, 2016

SHBP
State Health Benefit Plan

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Introduction

The State Health Benefit Plan (SHBP or Plan) consists of three plans established by Georgia law: a plan for State employees, a plan for public school teachers, and a plan for public school employees other than teachers. The SHBP is self-insured for the following Plan Options, including Blue Cross and Blue Shield of Georgia (BCBSGa) Health Reimbursement Arrangement (HRA) and BCBSGa Health Maintenance Organization (HMO), UnitedHealthcare HMO and UnitedHealthcare High Deductible Health Plan (HDHP); and is fully-insured for the following Plan Options, including Kaiser Permanente (KP) HMO and UnitedHealthcare Medicare Advantage. The SHBP is governed by certain Georgia laws, the regulations of the Georgia Department of Community Health (DCH) Board, (Chapter 111-4-1 State Health Benefit Plan), and resolutions of the Board of Community Health that establish required contributions that must be paid to the SHBP. If there are discrepancies between the information in these Eligibility and Enrollment Provisions, the Board regulations, the laws of the State of Georgia, or the Board resolutions setting required contributions, those laws, regulations and resolutions will govern at all times.

This booklet is notice of the Plan's eligibility requirements for services provided on January 1 to December 31 of each Plan Year, unless otherwise noted. Any and all statements to Covered Persons or to providers about eligibility, payment or levels of payment that were made before the Effective Date are canceled if they conflict in any way with the provisions described in these Eligibility and Enrollment Provisions.

The DCH SHBP Division is the Plan Administrator and reserves the right to act as sole interpreter of all the terms and conditions of the Plan, except where expressly delegated to the following Administrators. The Plan Administrator has delegated full responsibility for claims administration under the various plan components, that is, well-being incentives and programs, medical benefits and pharmacy benefits, to the following Administrators:

Medical Claims Administrators:
Blue Cross and Blue Shield of Georgia
UnitedHealthcare and
Kaiser Permanente Georgia

Wellness Program Administrator:
Healthways, Inc.,

Pharmacy Benefits Manager:
Express Scripts, Inc.

Please refer to the "Contact/Resources Information" page of this Eligibility & Enrollment Provisions for more detail on the appropriate department names and telephone numbers that you will need for questions, customer service, claims submission and appeals.

The Administrators for the various plan components process and pay claims in accordance with the terms of the Plan Documents, which include this Eligibility & Enrollment Provisions document and the separate Summary Plan Descriptions (SPDs) and Evidence of Coverage (EOC) guidelines that serve as supplements to this Eligibility & Enrollment Provisions document. The Administrators have the discretion to interpret the terms of their plan component when processing and paying claims and making final decisions with respect to claims that fall under their plan component. Plan benefits provided under each of the three Plan Options are described in their respective SPD or EOC. The Eligibility & Enrollment Provisions document applies to all Plan Options unless otherwise noted.

The Department of Community Health reserves the right to modify the benefits, level of benefit coverage and eligibility/participation requirements for the Plan at any time, subject only to reasonable notification to Members. When such a change is made, it will apply as of the modification's effective date to any and all charges incurred by Members on that day and after, unless otherwise specified by the DCH.

How to Use this Document

We encourage you to read this Eligibility & Enrollment Provisions document, the SPDs and EOCs carefully and make sure you understand the eligibility requirements and benefits available to you, the benefit limits, and your cost-sharing requirements. You should call the appropriate Administrator if you have questions about the benefits and cost-sharing requirements. The SPDs and EOCs are posted online at: www.dch.georgia.gov/shbp under SHBP Plan Documents. Please be aware that neither your physician nor your pharmacist is responsible for knowing or communicating your benefits.

Information About Defined Terms

Because this Eligibility & Enrollment Provisions document is a legal document, we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. A glossary of defined terms is included at the end of this document.

When we use the words "we," "us," and "our" in this document, we are referring to the Department of Community Health, State Health Benefit Plan Division. When we use the words "you" and "your," we are referring to people who are Covered Persons as the term is defined in the glossary.

Contribution Requirements

The Board of Community Health sets the contribution requirements by resolution. Usually, the contribution requirements are set on an annual basis before Open Enrollment and the Retiree Option Change Period, but contributions may be changed by the Board at any time, subject to advance notice. The required contributions are posted on www.dch.georgia.gov/shbp.

Fraud and Abuse

Please notify the appropriate Administrator of any fraudulent activity regarding Plan members, providers, payment of benefits, etc. Please see "Contact/Resources Information" page for telephone numbers to call to report fraud and abuse.

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STATE HEALTH BENEFIT PLAN
CONTACT / RESOURCES INFORMATION

	Phone	Website
Medical Claims Administrator - Blue Cross and Blue Shield of Georgia Member Services: Monday thru Friday 8:00 a.m. to 8:00 p.m. ET (Call 24 hours a day/7 days per week for Nurse Line Support) Fraud Hotline	855-641-4862 (TTY 711) 800-831-8998	www.bcbsga.com/shbp
Medical Claims Administrator - UnitedHealthcare Member Services: Monday thru Friday 8:00 a.m. to 8:00 p.m. ET Medicare Advantage Member Services: Monday thru Friday 8:00 a.m. to 8:00 p.m. ET (Call 24 hours a day/7 days per week for Nurse Line Support) Fraud Hotline	888-364-6352 877-246-4190 (TTY 711) 866-242-7727	www.myuhc.com/shbp
Medical Claims Administrator - Kaiser Permanente Member Services: Monday thru Friday 7:00 a.m. to 7:00 p.m. ET (Call 24 hours a day/7 days per week for Appointment Scheduling, Prescriptions and Nurse Advice) Wellness Program Customer Services: Monday thru Friday 11:00 a.m. to 8:00 p.m. ET Fraud Hotline	855-512-5997 (TTY 711) 866-300-9867 855-512-5997	www.my.kp.org/shbp
Wellness Program Administrator - Healthways Member Services: Monday thru Friday 8:00 a.m. to 8:00 p.m. ET Healthways Corporate Compliance	888-616-6411 (TTY 711) 866-225-0836	www.BeWellSHBP.com
Pharmacy Benefits Manager - Express Scripts Member Services Hours: 24 hours a day / 7 days per week Fraud Tip Hotline	877-841-5227 866-216-7096	www.expressscripts.com/GeorgiaSHBP fraudtip@express-scripts.com
SHBP Member Services Monday thru Friday 8:30 a.m. to 5:00 p.m. ET	800-610-1863	www.mySHBPga.adp.com
Additional Information		
Centers for Medicare & Medicaid Services (CMS) 24 hours a day / 7 days per week	800-633-4227 TTY 877-486-2048	www.medicare.gov

Section 1:

Eligibility for SHBP as an Active Employee; When Coverage as an Active Employee Begins and Ends

SECTION 1.1 WHO IS ELIGIBLE FOR COVERAGE

Who	Description	Who Determines Eligibility
Eligible Person	Complete eligibility rules are set forth in SHBP statutes and regulations, and the rules in the statutes and regulations control if there is a conflict with this document. Although currently operated as one Plan, there are actually three plans that make up the SHBP: a plan for State employees described in O.C.G.A. § 45-18-2, a plan for public school teachers described in O.C.G.A. § 20-2-881, and a plan for public school service personnel other than teachers described in O.C.G.A. § 20-2-911. **Eligibility Rules for the Plan for State Employees** "**Regular full-time**" employee means you are scheduled to work at least 30 hours a week and you work at least 30 hours a week consistently. "**Full-time**" employee means you are classified by your employer as a full-time employee. "Part-time" employee means you are classified by your employer as a part-time employee. **Not Eligible**: individuals classified by the employer as temporary, seasonal, intermittent workers or independent contractors expected to work less than nine months. In general, you are eligible to enroll yourself, spouse and your eligible Dependents for coverage if you meet one of the descriptions below. • A regular full-time employee of a department, board, agency or commission, General Assembly, or community service board of the State of Georgia; • A part-time employee of the General Assembly who had coverage prior to January 1981 or an administrative or clerical employee of the General Assembly; • A full-time district attorney, assistant district attorney or a district attorney's investigator of the Superior Courts appointed pursuant to O.C.G.A. §15-18-14; • A full-time secretary or law clerk employed by district attorneys and judges and employed under O.C.G.A. §§15-18-17 and 15-18-19;	The Plan Administrator determines who is eligible to enroll under the Plan.

Who is Eligible for Coverage

Who	Description	Who Determines Eligibility
Eligible Person	• A regular full-time employee who receives salary or wage payment from a county Board of Health or county Board of Family and Children Services; • A member of the General Assembly; • A regular full-time employee of a State authority that participates in the Employees' Retirement System and participates in the Plan by paying all required contributions to the Plan; • A regular full-time employee of an entity that offers the Plan to its employees pursuant to a current contract with the Department of Community Health; **Eligibility Rules for the Plan for Public School Teachers** Teachers who are employed not less than half time, which must be at least seventeen and a half (17½) hours per week, in the public school systems of Georgia are eligible to participate. "Eligible teacher" also means librarians and other personnel employed not less than 30 hours per week by regional and county libraries. An eligible teacher shall not include any independent contractor, emergency or temporary worker, or person employed by a charter school that has not elected to offer SHBP coverage, or that has revoked SHBP coverage. Eligible teachers are further defined as: • A person employed in a professionally certificated capacity or position in the public school systems of Georgia; • A person compensated in a professionally certificated capacity or position in a charter school defined under § 20-2-880 that has elected to offer SHBP coverage and has not revoked SHBP coverage; • A person employed by the high school program of the Georgia Military College. • A person employed as a librarian or other personnel by a regional	The Plan Administrator determines who is eligible to enroll under the Plan.

Who is Eligible for Coverage

Who	Description	Who Determines Eligibility
Eligible Person	or county library. **Eligibility Rules for the Plan for other Public School Employees** • Any person who is not eligible under the rules above for the Plan for public school teachers, who is employed by a local school system that has not withdrawn from the Plan for public school employees in accordance with requirements of the DCH, or who is employed by a charter school defined under § 20-2-910 that has elected to offer SHBP coverage and has not revoked SHBP coverage, and who meets the following work requirements: • If you are eligible to participate in the Teachers Retirement System or its local equivalent, you must work at least 60% of a standard schedule for the position, as determined by the employer, but not less than 20 hours a week, and you may not be classified by your employer as an independent contractor or emergency or temporary worker. • If you are eligible for the Public School Employees' Retirement System, you must work at least 60% of the standard schedule for your position, but not less than 15 hours a week, and not be employed as an independent contractor or on an emergency or temporary basis. • If you are an employee of a charter school defined under § 20-2-910 who is not working in a certificated position or capacity, you must work at least half-time, and not be employed as an independent contractor or on an emergency or temporary basis.	The Plan Administrator determines who is eligible to enroll under the Plan.
Dependent Eligible Dependents are:	(1) Your legally married spouse. (2) Natural or legally adopted children or Stepchildren, under age 26. • Natural child – eligibility begins at birth and ends at the end of the month in which the child reaches age 26. • Adopted child – eligibility begins on the date of legal placement for adoption and ends at the end of the month in which the child reaches	The Plan Administrator determines who is eligible to enroll under the Plan.

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Who is Eligible for Coverage

Who	Description	Who Determines Eligibility
Dependent Eligible Dependents are:	age 26. • Stepchild – eligibility begins on the date of marriage to the natural parent. Eligibility ends at the end of the month in which the child reaches age 26 or at the end of the month in which he or she loses status as a stepchild of the enrolled member, whichever date is earlier. (3) Children due to Legal Guardianship. Eligibility begins on the date legal guardianship is established and ends at the end of the month in which the child reaches age 26 or at the end of the month in which the legal guardianship terminates, whichever date is earlier. (4) Your natural children, legally adopted children or stepchildren 26 or older from category 2 above who are physically or mentally disabled prior to age 26, and are primarily dependent on the Enrolled Member for support and maintenance. *See Section 1.4 for Dependent Verification.*	The Plan Administrator determines who is eligible to enroll under the Plan.
Eligible Dependent Due to National Medical Support Notice (NMSN) or Valid Court Order	SHBP will honor a NMSN or valid court order for eligible Dependents. A NMSN or valid court order creates, recognizes, or assigns the right for a Dependent to receive benefits under a health plan. *See Section 3.*	The Plan Administrator determines who is eligible to enroll under the Plan.
Who is Not Eligible for Dependent Coverage	The most common examples of persons not eligible for SHBP Dependent coverage include: • Your former spouse • Your fiancé • Your parents • Children age 26 or older who do not qualify as disabled Dependents • Grandchildren (except due to Adoption or Legal Guardianship) • Anyone living in your home that is not related by marriage or birth, unless otherwise noted.	The Plan Administrator determines who is eligible to enroll under the Plan.

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NOTE: When you enroll a family member in the Plan, you represent the following: 1) The individual is eligible for coverage under the terms of the Plan, and 2) You will provide evidence of eligibility upon request. Further, you understand that: 1) The Plan is relying on your representation of eligibility in accepting the enrollment of your family members; 2) Your failure to provide required evidence of eligibility is evidence of fraud and material misrepresentation; and 3) Your failure to provide evidence of eligibility will result in disenrollment of the individual(s), which may be retroactive to the date as of which the individual became ineligible for Plan coverage, as determined by DCH, SHBP Division. If you misrepresent eligibility information when applying for coverage, during a change in coverage or when filing for benefits, or by paying for coverage on behalf of someone who is not eligible, adverse action may be taken against you by DCH or applicable enforcement agencies. Adverse actions include, but are not limited to terminating your coverage, collection actions for all payments improperly made as a result of the misrepresentation, and criminal prosecution.

SECTION 1.2 ENROLLING IN COVERAGE

When to Enroll and When Coverage Begins

You must enroll to have SHBP coverage
To enroll, go to your personnel/payroll office for instruction, or:

- Go online at: www.mySHBPga.adp.com and enter registration code SHBP-GA
- Follow steps on the Enrollment time line
- Choose a coverage option
- Choose a coverage tier (you only, you + spouse, etc.)
- Answer the tobacco question
- If you wish to cover Dependents, check the appropriate box
- Provide the name(s) and social security number(s) of eligible Dependents you want to enroll and cover

You must provide documentation to verify Dependent eligibility for each Dependent within 45 days of coverage or your election will be canceled. Once you have elected to cover a Dependent, the coverage will be granted and premiums charged. You have 45 days from date of election to fax the required documentation. When sending supporting documentation, the barcoded instructional email and/or letter must be attached. If you do not provide the documentation necessary to verify eligibility by the 45-day deadline, you will be charged premiums for the tier you selected and coverage will cease for the Dependent(s) without refund. Enrollment authorizes periodic payroll deductions for premiums. If you list Dependent(s), you must elect a coverage tier that covers the Dependent(s) by relationship to you.

Please refer to "Who is Eligible for Coverage" for more information. Once you make your coverage election, changes are not allowed outside the annual Open Enrollment period, unless you have a qualified change in status under Section 125 of the Internal Revenue Code (qualifying event), which restricts changes to coverage in the SHBP outside the annual Open Enrollment period.

It is the member's responsibility to make sure all Member and Dependent information is accurate.

How To Enroll as a New Hire

To enroll, the Eligible Person has 31 days from date of hire to go online and make an election for coverage. If no election is made, the system will default the Eligible Person to "No Coverage" and their next opportunity to enroll will be during the annual Open Enrollment period or upon a qualifying event. SHBP will not provide benefits for health services received before the effective date of coverage.

How to Make an Election

To make your election electronically:

- Go to the enrollment web portal www.mySHBPga.adp.com (available 24/7) and enter registration code SHBP-GA
- Set up your password and provide an email address
- Follow the prompts until finished and you will receive a confirmation number

To make your election telephonically:

- Read Section 7 "Your Rights and Responsibilities" prior to making your election
- Call 800-610-1863 during the hours of business operation

SECTION 1.3 ENROLLMENT PERIODS

When to Enroll/Make Coverage Changes	Who Can Enroll	Coverage is Effective
Initial Enrollment Period • Within 31 days of your date of hire, rehire, or transfer. • After a break in coverage of 31 days from your date of rehire. • After a break in coverage of 31 days from your date of transfer. **Note:** Rehires and transfers with breaks in coverage of 30 days or less must continue with the same coverage option and tier.	• Eligible Employees newly hired and their Dependents • Eligible Employees who are rehired or transferred and their Dependents	• Coverage is effective on the first of the month after a full calendar month of employment • For rehires and transfers, coverage is continuous if break in employment is 30 days or less; or if break in employment is 31 days or more, coverage is effective on the first of the month after a full calendar month of employment. **Special Note for members participating in Plan for Public School Teachers who are employed under contract:** In situations where you experience a period of overlapping coverage as a result of transferring employment between two separate Employing Entities, your coverage end date with your previous employer is determined by the effective date of coverage with your new employer. The Employing Entities shall be responsible for providing the information necessary for SHBP to determine your coverage effective date and for deducting or refunding your premiums as appropriate.
Open Enrollment Period • During the annual Open Enrollment period as determined by the Plan Administrator	• Eligible Persons and their Dependents	• Coverage begins on January 1st of the new Plan Year.

When to Enroll/Make Coverage Changes	Who Can Enroll	Coverage is Effective
Open Enrollment Period (continued) **Note:** During Open Enrollment, members must make their coverage choices for the upcoming Plan Year. If you do not take any action during Open Enrollment, the system will default your coverage to your current tier and option as described in the Open Enrollment materials posted on www.dch.georgia.gov/shbp. If you are currently paying the Tobacco Surcharge, you will continue to pay the Tobacco Surcharge in the upcoming Plan Year, unless you answer the Tobacco Surcharge question accurately during Open Enrollment via the web portal www.mySHBPga.adp.com. If you never enrolled in the SHBP Plan and you do not participate in Open Enrollment, you will not be enrolled in the Plan.		
Enrollment of Child Due to National Medical Support Notice (NMSN) or Valid Court Order • Eligible Persons may enroll themselves and their Dependents due to NMSN or valid court order per requirements in Section 3 below	• Eligible Persons and/or their Dependents	• On the first day of the month following the request
Enrollment Due to Reinstatement or Return to Work • Eligible Persons may enroll themselves and their Dependents upon reinstatement or return to work from an unpaid leave of absence.	• Eligible Persons and/or their Dependents	• On the first day of the month following the return, or if a judicial reinstatement on the day specified in the settlement agreement or court order

SECTION 1.4 DEPENDENT VERIFICATION

The Board of Community Health requires the DCH, SHBP Division to collect dependent verification documentation, including the Social Security Number and other documentation for each Covered Dependent. Dependent verification documentation must be received by SHBP Member Services within 45 days of election (or within 45 days of notifying SHBP Member Services of the qualifying event) or your Dependent coverage election will be cancelled, and the Dependent(s) will be removed and will not be eligible for coverage. If you elect to cover Dependents and do not provide documentation necessary to verify eligibility by the deadline, your Dependents coverage will cease without refund.

Note: DCH, SHBP Division may request documentation evidencing your or your Dependent's eligibility to continue participation in the Plan at any time.

If You Add This Dependent:	Provide This Documentation:
Child *Effective date of coverage is the date of birth* **NOTE:** A birth document that does not include the Eligible Person's name as a parent is not acceptable.	• Copy of certified birth certificate or birth card issued by the hospital listing parents by name • Child's Social Security Number
Adopted Child *Effective date of coverage is the date of legal placement for adoption*	• Certified copy of court documents establishing adoption with the date of adoption, or, if adoption is not finalized, a certified court document establishing the date of placement for adoption. • Child's Social Security Number
Child (Due to Legal Guardianship) *Effective date of coverage is the date that legal guardianship is established*	• Certified copy of court documents establishing guardianship with the date of placement, or, if guardianship is not finalized, a certified court document establishing the date of placement • Copy of certified birth certificate or a certified birth card issued by the hospital listing parents by name • Child's Social Security Number

If you Add This Dependent	Provide This Documentation
Disabled Child *Coverage is continuous from date coverage would have otherwise ended until approved applicable time frame, if criteria is met*	• Depending on your situation, you must: 1. Child Continuing Coverage Due to Disability: Notify the Plan no later than 31 days after the Dependent's 26th birthday and, when requested by the Plan, re-certify your Dependent(s). If you fail to re-certify your Dependent(s), your Dependent(s) will no longer be eligible to be covered under the Plan; OR 2. Eligible Disabled Child (To enroll a disabled child as a new Dependent; child must be disabled prior to age 26): Notify the Plan within 31 days of your hire date, a qualifying event date or add during annual Open Enrollment period. • Proof of the child's disability as documented in the Plan's Disabled Dependent Questionnaire and furnished to DCH, SHBP Division within 31 days of enrollment in the Plan (or date coverage would otherwise have ended because the disabled Dependent child reached age 26). • Copy of certified birth certificate or birth card issued by the hospital listing parents by name • Child's Social Security Number
New Spouse *Effective date of coverage is the date marriage*	• Certified copy of certified marriage license or most recent jointly filed Federal Tax return which includes legible signatures for both member and spouse • Spouse's Social Security Number
Stepchild(ren) *Effective date of coverage is the date of marriage of the Member and the natural parent of the children* **NOTE:** A birth document that does not include the spouse's name as a parent is not acceptable.	• Copy of certified birth certificate or birth card issued by the hospital listing parents by name • Stepchild's Social Security Number • Certified copy of certified marriage license or most recent jointly filed Federal Tax return which includes legible signatures for both member and spouse

If you Add This Dependent	Provide This Documentation
Child due to a National Medical Support Notice (NMSN) or valid court order *Effective date of coverage is on the first day of the month following the request for Coverage*	• Copy of the NMSN or valid court order listing the child(ren) that you must cover • Copy of certified birth certificate or birth card issued by the hospital listing parents by name • Child's Social Security Number

Section 1.5 WHEN COVERAGE ENDS

EVENTS ENDING YOUR COVERAGE AS AN ACTIVE EMPLOYEE

Who:	Your Coverage Will End If:	When:
For You	• You no longer qualify under the Eligibility rules, and your payroll deductions for coverage have ceased • You do not make Direct Pay premium payments on time • You do not submit required premiums to your employer while you are on an unpaid leave of absence • You resign or your employment ends for any reason (termination of employment) • You are laid off because of a formal plan to reduce staff • Your hours are reduced and you are no longer eligible for benefits • You do not return to active employment status after an approved unpaid leave of absence • You intentionally misrepresent eligibility to obtain SHBP coverage for yourself or your Covered Dependents • You intentionally misrepresent eligibility to waive the Tobacco Surcharge, either by failing to answer the question truthfully or failing to notify SHBP Member Services of a change to your answer during the Plan Year. Coverage	• Coverage for a member will end at the end of the month following the month in which the event ending their coverage occurred.

For You (continued)	will not be available for 12 months thereafter. • Your and/or your employer fail to remit Member contributions by the due date which may result in suspension and/or termination of coverage • Your employer stops offering SHBP, either by action (such as withdrawing from the Plan for public school employees other than teachers) or inaction (such as not paying required contributions)	
For Your Dependents	• Coverage for your Dependent(s) will end at the same time the member is no longer eligible for coverage • Coverage will end for a Dependent child(ren) at age 26 unless disabled prior to age 26 and proper documentation has been submitted and approved by DCH/SHBP Division. *See Section 1.1*.	• Coverage for a member's Dependent(s) will end at the end of the month following the month in which the last premium is deducted from the member's earned paycheck or at the end of paid coverage.

SECTION 1.6 ADMINISTRATIVE EVENTS ENDING YOUR COVERAGE AS AN ACTIVE EMPLOYEE

The Board of Community Health may discontinue the State Health Benefit Plan and/or all coverage options at any time.

Employing Entities may choose to stop offering SHBP coverage to their employees or take actions that cause termination of coverage for their employees. Below are some examples of when coverage ends (note: there may be other situations not mentioned below that will result in Employing Entities no longer offering SHBP coverage or termination of coverage for their employees):

- Local school boards may withdraw from the Plan for public school employees other than teachers. Local school boards may also stop offering SHBP coverage to school board members. This means they can stop offering SHBP coverage to employees who are eligible for the Plan for public school employees (i.e., who are not eligible for the Plan for teachers) and school board members.
- State authorities participating in the ERS may withdraw from the Plan and thereby stop offering SHBP coverage to its employees and retirees.
- Charter schools may withdraw from the Plan through action or inaction (e.g., failure to pay the required contributions) and thereby stop offering SHBP coverage to its employees.
- Employers that offer SHBP coverage to employees through a contract with DCH may stop offering SHBP coverage through action or inaction (e.g., failure to maintain a certain level of enrollment) that causes the contract to terminate.
- When coverage ends because the Board of Community Health discontinues the SHBP or because your employer stops offering SHBP coverage, this termination of coverage does not generally create continuation rights. However, in situations where your employer stops offering SHBP coverage, you may have the right to continue coverage if you resign or retire while your employer still offers the Plan.

Section 2:
Eligibility as a Former Employee or as an Annuitant: When State Extended Coverage or Annuitant Coverage Begins and Ends

NOTE: This section does not apply to members who have less than eight (8) Years of Service with a State retirement system or who are eligible because they work for an Employing Entity that has joined the SHBP through a contract with DCH. The terms of the contract control.

This Eligibility & Enrollment Provisions document does not contain specific information about the amount Former Employees and Annuitants are required to pay for continuation of coverage. Premium rates are set by the Board of Community Health on an annual basis.

- The Board of Community Health is authorized to set premiums by resolution, and may change premium requirements at any time with advanced notice.
- Premium rates for Former Employees who are not Annuitants usually reflect the entire cost of coverage plus an administrative fee.
- Premium rates for Annuitants currently reflect a subsidy for certain options.
- The Board approved a change in the methodology for subsidizing premiums for Annuitants and their Dependents.
- The new methodology adjusts the subsidy for Annuitant premiums based on Years of Service for future Annuitants with less than five Years of Service as of January 1, 2012.
- This change will impact employees with less than five Years of Service as of January 1, 2012 when they retire with an annuity in the future. Information will be provided to any Annuitant prior to retirement regarding Annuitant premiums based on Years of Service that apply.
- Current rates for active employees, Former Employees and Annuitants are posted on the DCH website http://dch.georgia.gov/state-health-benefit-plan-shbp.

SECTION 2.1 PLAN MEMBERSHIP

This section provides information regarding Plan Membership, Plan Options and Medicare information for enrolled Annuitants and enrolled Former Employees, as well as important points to consider if you are retiring with an annuity or resigning with eight or more Years of Service. See the "Retiree Decision Guide" posted on the DCH website at www.dch.georgia.gov/shbp for more information.

Disabled individuals under the age of 65 with Medicare Parts A and B have two additional Medicare Advantage options. Contact SHBP if you have been approved by Social Security for Medicare due to disability to discuss your options and rates. If you will be drawing an annuity, you can be covered under any SHBP plan and pay the Annuitant premium. Retirees have certain rights that active employees do not have. Refer to Section 7 "Your Rights and Responsibilities" for more information.

Section 2.2 below provides the various scenarios under which benefits may be continued.

SECTION 2.2 WHO IS ELIGIBLE FOR COVERAGE

Who:	How To Continue Coverage:	You Must:
8+ Years of Service with a State Retirement System (but not eligible to draw an annuity in the future) – Direct Pay	• You must be eligible for State Extended Coverage.	• You must notify SHBP of your request to continue coverage for yourself and Covered Dependents under State Extended Coverage within sixty (60) days of the date your coverage as an Active Employee ends. • You must submit documentation certifying Years of Service from the applicable Retirement System or your former employer.
10+ Years of Service (and able to draw an annuity in the future) – Direct Pay	• You must be eligible for State Extended Coverage.	• You must notify SHBP of your request to continue coverage for yourself and Covered Dependents under State Extended Coverage within sixty (60) days of the date your coverage as an Active Employee ends. • You must submit documentation certifying Years of Service from the applicable Retirement System or your former employer.

SHBP State Health Benefit Plan

Who is Eligible for Coverage

Who:	How To Continue Coverage:	You Must:
General Assembly Member or Correctional Officer Injured In Service and eligible for Extended Coverage Under State Law	• You must be eligible for State Extended Coverage.	• You must notify SHBP of your request to continue coverage for yourself and Covered Dependents under State Extended Coverage within sixty (60) days of the date your coverage as an Active Employee ends. • For General Assembly Members, you must submit documentation certifying Years of Service from the applicable Retirement System or your former employer.
Annuitant - immediately eligible to draw a retirement annuity from any of the following State Retirement Systems: • Employees' Retirement System (ERS) • Teachers' Retirement System (TRS) • Public School Employees' Retirement System (PSERS) • Local School System Teachers' Retirement Systems • Fulton County Retirement System (eligible Members) • Legislative Retirement System • Superior Court Judges or District Attorney's Retirement System	• You may continue your Plan coverage if you are enrolled in the Plan when you retire, and you are immediately eligible to draw a retirement annuity from the retirement systems listed. • If you withdraw all money from your retirement system prior to retirement, you will not be able to continue health coverage as an Annuitant. Eligibility for temporary extended coverage under COBRA continuation provisions will apply, and individuals with eight or more Years of Service are eligible for ongoing State Extended Coverage.	• If in ERS, TRS or PSERS Retirement Systems your coverage will automatically roll over into retirement. • If not in ERS, TRS, or PSERS, you must submit documentation certifying Years of Service from the applicable Retirement System or your former employer. • You need to confirm with your retirement system that the correct deduction comes out of your first annuity check. • If your annuity check is too small for the Annuitant premiums to be deducted, then you will be responsible for paying the monthly Annuitant premiums directly to DCH, SHBP Division.

SHBP State Health Benefit Plan

SECTION 2.3 PLAN OPTIONS

If You Are:	Plan Options (*Note: Please refer to the rates approved by the Board of Community Health as premiums may differ from Active Employee premiums: http://dch.georgia.gov/rates)
8+ Years of Service with a State Retirement System (but not eligible to draw an annuity in the future) – Direct Pay	• Plan Options are currently the same as for active employees. • *Unsubsidized Premium
10+ Years of Service (and able to draw an annuity in the future) – Direct Pay	• Plan Options are currently the same as for active employees. • *Unsubsidized Premium
General Assembly Member or Correctional Officer Injured In Service and eligible for Extended Coverage Under State Law	• Plan Options are currently the same as for active employees. • *Subsidized Premium
Annuitant Under Age 65	• Plan Options are currently the same as for active employees • *Subsidized Premium
Annuitant 65+ and have Medicare Part B Note: Medicare Advantage Options include Medicare Parts A, B, and D	• Plan Options are currently the same as for active employees + two additional Medicare Advantage options: 1. *Subsidized Premium: If you are age 65 or older and you enroll in and maintain Medicare Part B, you may enroll in one of the SHBP Standard or Premium Medicare Advantage Options; **OR** 2. *Unsubsidized Premium: You may enroll in any of the other SHBP options.
Annuitant 65+ and no Medicare Part B	• Plan Options are currently the same as for active employees. • *Unsubsidized Premium
Annuitant Split Eligibility – One Person Under Age 65 and One Person 65 or Older With Medicare Part B	• Plan Options are currently the same as for active employees + two additional Medicare Advantage options for Persons Age 65 or Older with Medicare Part B: 1. *Subsidized Premium: If you are age 65 or older and you enroll in and maintain Medicare Part B, you may enroll in one of the SHBP Standard or Premium Medicare Advantage Options; **OR** 2. *Unsubsidized Premium: If you are age 65 or older, you may enroll in one of the other SHBP options.

SECTION 2.4 COVERAGE CONTINUATION AS AN ANNUITANT

If you are eligible for a monthly annuity at the time you retire, your coverage as an Annuitant starts immediately at retirement. Coverage for your Dependents (if you elect to continue Dependent coverage) starts on the same day that your coverage as an Annuitant begins. If Dependents are dropped from your coverage, you will not be able to enroll them again during the Plan Year, unless you have a qualifying event.

Members receiving their first monthly annuity check from ERS, TRS, and PSERS will automatically be enrolled in the same option they had as an active employee, unless Medicare Part B coverage has been reported to SHBP. Annuitants may request to change Plan Options within 31 days of retirement. You may request the change by going online at www.mySHBPga.adp.com or by contacting the SHBP Member Services at (800) 610-1863 to request a change.

Retirees with Medicare Part B coverage on file will automatically be enrolled in the Medicare Advantage Standard Option.

IMPORTANT: You must have continuous SHBP coverage from active employee status to Annuitant status. If for some reason there is a delay in your annuity being setup, resulting in a gap of coverage, you must remit the required Annuitant premiums for this period in order to have continuous health coverage as an Annuitant. If required payments are not received on time, your coverage will be terminated with no right to reinstatement of coverage.

NOTE: If you discontinue coverage at the time you retire or at a later date, you will not be able to reinstate this coverage unless you return to work in a position that offers SHBP coverage.

SECTION 2.5 COVERAGE CONTINUATION AS A FORMER EMPLOYEE (NON-ANNUITANT)

Former Employees (Non-Annuitants) must notify SHBP of their request to continue coverage for themselves and Covered Dependents under State Extended Coverage within sixty (60) days of the date their coverage as an Active Employee ends by contacting the SHBP Member Services at (800) 610-1863.

If you elect to continue coverage as a former Employee (Non-Annuitant) with 8 or more Years of Service, your State Extended Coverage will start immediately upon your resignation. Coverage for your Dependents (if you elect to continue Dependent coverage) starts on the same day that your State Extended Coverage begins. If you fail to provide documents to verify eligibility within 45 days of the date your State Extended Coverage begins, your Dependents coverage will be removed. If Dependents are dropped from your coverage, you will not be able to enroll them again during the Plan Year, unless you have a qualifying event.

IMPORTANT: You must have continuous SHBP coverage from active employee status to former Employee status. If required payments are not

received on time, your coverage will be terminated with no right to reinstatement of coverage.

NOTE: If you discontinue coverage at the time you resign with 8 or more Years of Service or at a later date, you will not be able to reinstate this coverage unless you return to work in a position that offers SHBP coverage.

SECTION 2.6 EVENTS ENDING YOUR COVERAGE

For You

- If you choose to cancel your coverage
- If you stop paying SHBP directly for your premiums under your Direct Pay agreement
- If you intentionally misrepresent your eligibility or the eligibility of any of your Dependents,
- If your former employer stops offering SHBP coverage.
- If you intentionally misrepresent any response to the Tobacco Surcharge question or fail to notify SHBP Member Services of changes to your response, you will permanently lose your SHBP health coverage.

For Your Dependents

- If your Dependent is no longer eligible for coverage
- If you do not submit Dependent Verification documents (including a Social Security Number) by the deadline
- If you change from “You + Family” to “You” coverage
- If your coverage ends
- If your Dependent is approved for coverage under PeachCare for Kids

SECTION 2.7 CONTINUING DEPENDENT COVERAGE AT YOUR DEATH (FOR ANNUITANTS)

In the event of your death, your Covered surviving spouse or eligible Dependents should contact the applicable State Retirement System (ERS, TRS, PSERS, etc.) and SHBP Member Services as soon as possible. Surviving Dependents must apply for survivor continuation coverage within sixty (60) days of the Member’s death.

Your surviving Dependent can choose to:

- Continue SHBP coverage; or

- Continue coverage under COBRA provisions.

For information about continuation coverage through COBRA, see Section 5.

Plan provisions vary for survivors:

If surviving spouse receives an immediate annuity from a State Retirement System	• The surviving spouse and any Covered dependent children may continue Plan coverage after your death • Surviving spouse's premiums will be deducted from the annuity • Surviving spouse must send premium payments directly to DCH, SHBP Division if the annuity is not large enough to cover the premium • Surviving spouse's new Dependents or new spouse cannot be added to survivor's coverage • Surviving spouse who becomes eligible for SHBP coverage as an active employee must discontinue the surviving spouse coverage and enroll as an active employee. • When a surviving spouse ends active employee status and returns to a surviving spouse status, the surviving spouse coverage may be reinstated after notifying SHBP Member Services within 31 days. The surviving spouse will be eligible to continue coverage, based on the conditions that first made him or her eligible as a surviving spouse.
If surviving spouse does not receive an immediate annuity from a State Retirement System	• The surviving spouse may continue Plan coverage after your death if surviving spouse was married to you at least one year before your death • Surviving spouse must send surviving spouse premiums directly to the DCH, SHBP Division • Coverage ends if surviving spouse remarries • Coverage ends for surviving child if he/she does not receive an annuity and there is no surviving spouse • Plan coverage may continue under COBRA provisions. • See Section 5 for more information regarding COBRA provisions.
If surviving child receives an immediate annuity from a State Retirement System	• The surviving child may continue Plan coverage after your death • Surviving child's premium will be deducted from the annuity • Surviving child must send premium payments directly to DCH, SHBP Division, if the annuity is not large enough to cover the premium • Surviving child's coverage will terminate when he or she no longer satisfies the definition of a dependent child (i.e., attains the age of 26, unless classified as disabled) • Surviving child may not add Dependents to the coverage

If surviving child receives an immediate annuity from a State Retirement System (continued)

- Surviving child who becomes eligible for SHBP coverage as an active employee must discontinue the surviving child coverage and enroll as an active employee.
- When a surviving child ends active employee status and returns to a surviving child status, the surviving child coverage may be reinstated after notifying SHBP Member Services within 31 days. The surviving child will be eligible to continue coverage based on the conditions that first made him or her eligible as a surviving child.

SECTION 2.8 MAKING CHANGES TO YOUR RETIREE COVERAGE (FOR ALL FORMER EMPLOYEES AND ANNUITANTS)

You can make changes to your coverage tier only at these times:

- Retiree Option Change Period (see Retiree Option Change Period section below)
- Qualifying events (see Section 3)
- Return to Active Employee Status

Retiree Option Change Period (ROCP)

ROCP occurs annually from mid-October to mid-November. During ROCP you can make the following changes to your coverage:

- Select a new coverage option
- Change to a lower tier
- Discontinue coverage
- **NOTE**: Re-enrollments are not allowed. Changes will take effect the following January 1.

SECTION 2.9 IF YOU RETURN TO ACTIVE EMPLOYEE STATUS

For Annuitants and former Employees who return to active employee status, SHBP coverage must be purchased as an active employee with payroll deduction by your employer. You may need to complete enrollment paperwork with your employer. It is your responsibility to verify that your deductions have been stopped with the retirement system.

For Annuitants, if you choose to return to active service with an Employing Entity under the Plan, whether immediately after you retire with an annuity or at a later date, your retirement annuity may be suspended or continued. When you return to retirement status, retiree coverage will only be reinstated after you notify the SHBP Member Services within 31 days of the event. You will be eligible for continuous coverage as an Annuitant, based on the conditions that first made you eligible as an Annuitant.

If you retire before the initial legislative funding for a particular employee group, you will not be entitled to Annuitant coverage unless the final

service period qualifies you for a monthly annuity from a State Retirement System.

SPECIAL NOTE: Re-enrollment into retiree coverage is not automatic if you continue to receive your retirement annuity check. You must request retiree coverage within 31 days of loss of active coverage or you will lose eligibility for retiree coverage.

SECTION 2.10 DISCONTINUING YOUR RETIREE COVERAGE OR DISCONTINUING YOUR DEPENDENT COVERAGE (FOR ALL FORMER EMPLOYEES AND ANNUITANTS)

You can discontinue coverage at any time. If you discontinue coverage you may never re-enroll in the SHBP Plan as a Former Employee or Annuitant unless you discontinued SHBP coverage due to enrollment in TRICARE Supplemental coverage offered by SHBP and maintained continuous coverage under the TRICARE Supplemental coverage until re-enrollment in SHBP coverage during a Retiree Option Change Period.

You may discontinue coverage for your Dependents at any time. However, you may never re-enroll Dependents in SHBP coverage unless you discontinued the dependent child's SHBP coverage due to enrollment of your Dependent child in PeachCare for Kids and the dependent child has maintained continuous coverage under SHBP or PeachCare for Kids until re-enrollment in SHBP coverage during a Retiree Option Change Period. Except as described above, if you discontinue SHBP coverage for yourself or your Dependents, you will not be able to get the coverage back unless you return to work in a position that offers SHBP coverage.

SECTION 2.11 MEDICARE ADVANTAGE OPTIONS FOR ANNUITANTS

The benefits paid under the Medicare Advantage (MA) Plan Options reflect what Medicare would have paid (except for some plan enhancements); therefore, it does not coordinate benefits with any Medicare. MA Plan Options include Medicare Parts A, B, and D. Enrollment in Medicare Part B is required to enroll in a MA Option. Individuals who have lived at least five (5) years in the United States may purchase Medicare Part B coverage even if they did not contribute to Social Security or work the number of required quarters.

You May Lose Eligibility For SHBP Coverage if You Enroll in a MA Part D Plan or Medicare Supplement: If you are enrolled in a SHBP MA Option and enroll in an individual MA Part D Plan or Medicare Supplement, you may lose eligibility for SHBP coverage. If your coverage is terminated by CMS due to enrollment in another plan or failure to pay Medicare Part B premiums, the SHBP Member Services will enroll you in the "default" option or the option in which your dependent is enrolled in (if you have a split contract).

You and/or Your Dependent Age 65 and Older Must Be Enrolled in Medicare Part B To Avoid Paying the Unsubsidized Premium for Health Coverage (i.e., Full Costs of Coverage):

- **Retired:** You are required to provide documentation confirming enrollment in Medicare Part B one month prior to you and/or your Dependent turning age 65.
- **Currently Employed:** If you are currently employed with an Employing Entity, you are required to provide documentation confirming enrollment in Medicare Part B one month prior to your retirement date (if you or your Dependent are age 65 or older, or will be age 65 upon retirement).

Note: If Medicare Part B is not provided, you will be required to pay the total cost of the premium for the coverage, and will not receive any subsidy. If your mailing address is a P.O. Box, CMS will not approve your enrollment into a MA Plan. You will remain in your current Plan Option and be required to pay the full cost of coverage (without any subsidy) until you provide a physical street address to CMS and CMS approves your enrollment into a MA Plan.

Split Eligibility – One Person Under Age 65 and One Person 65 or Older With Medicare Part B

- If an Annuitant maintains Medicare Part B and enrolls in a MA option, and the Annuitant's Dependent is not eligible for Medicare Part B, the Dependent may be enrolled in any non-MA option.
- If any Annuitant 65 or older enrolls in a non-MA option, the Annuitant will be charged for the full cost of all coverage elected. There is no subsidized coverage for Persons age 65 or older.
- If SHBP Member Services has received and processed your Medicare Part B information, your coverage will be rolled over into the MA Standard option.
- If you have Dependents not eligible for the MA option, their coverage option will stay the same as it was at the time you became covered by the MA option or, if your Covered Dependent is age 65 and elects to enroll in a non-MA option, you will be charged the full premium cost of coverage.
- Individuals with Medicare are not eligible for TRICARE Supplement option.

Note: SHBP will not continue to pay primary benefits for Annuitants and their Dependents not enrolled in a MA option at age 65 or older if there is no Medicare information on file with SHBP.

SECTION 2.12 MEDICARE COORDINATION OF BENEFITS FOR ALL FORMER EMPLOYEES AND ANNUITANTS

SHBP will coordinate benefits with Medicare. For more information on coordination of benefits, please review the Medical Claims Administrator's Summary Plan Description or Evidence of Coverage document for the Plan Option you are currently enrolled in, located on the DCH website at http://dch.georgia.gov/shbp-plan-documents.

Medicare information is available at:

- www.cms.gov
- www.medicare.gov
- www.ssa.gov
- 1-866-552-4464 (Georgia Cares)
- 1-800-633-4227 (Medicare)

Section 3:
Qualifying Events that Allow Coverage Changes; National Medical Support Notices; and Court Orders

How to Make Coverage Changes Due to Qualifying Events

Online: www.mySHBPga.adp.com (available 24/7)

- If you are registering for the first time, enter registration code **SHBP-GA**
- Set up your password and provide an email address
- Follow prompts until finished and you will receive a confirmation number

Telephone: Call SHBP Member Services at 800-610-1863 (available Monday through Friday from 8:30 a.m. ET to 5:00 p.m. ET)

SECTION 3.1 QUALIFYING EVENTS THAT ALLOW COVERAGE CHANGES

If you are an Active Member, former Employee, or Annuitant and have one of the following qualifying events during the year, you will be able to make a coverage change that is consistent with the qualifying event. **DCH regulations require the SHBP Division to obtain the Social Security Number for each Covered Dependent. Failure to provide the Social Security Number will result in termination of coverage.**

Note for Active Members: If you fail to make coverage changes due to qualifying events within the time allowed, your next opportunity to make coverage changes will be during the annual Open Enrollment period.

Note for Annuitants: If you fail to make coverage changes due to qualifying events within the time allowed, you generally will not have another opportunity to make coverage changes, except for changes allowed during the Retiree Option Change Period.

The following chart shows qualifying events and the corresponding changes that Active Members, former Employees, or Annuitants can make. You must follow the steps listed for each qualifying event below.

Qualifying Event: *Notify SHBP Member Services within 31 days (or within 90 days of the qualifying event for birth or adoption) unless noted*	**Provide This Documentation:** *Within forty-five (45) days of notifying SHBP Member Services of the Qualifying Event unless noted*	**You May/Must:**
Birth **NOTE**: Failure to provide the Social Security Number within 1 year after the qualifying event will result in termination of coverage for the Dependent child	• Copy of certified birth certificate or birth card issued by the hospital listing parents by name • Child's Social Security Number	• Enroll in coverage • Change coverage tier to include child(ren) • Enroll eligible Dependents • Change coverage option (optional)
Marriage	• Copy of certified marriage license or most recent jointly filed Federal Tax return which includes legible signatures for both member and spouse • Spouse's Social Security Number • If applicable, stepchild's Social Security Number and copy of certified birth certificate or birth card issued by the hospital listing Member's spouse by name	• Enroll spouse (and Dependent stepchild, if applicable) in coverage • Change coverage tier to include spouse (and Dependents, if applicable). • Discontinue coverage; letter from other plan documenting you and your Covered Dependents are enrolled in spouse's plan. The letter should include the names of all Covered Dependents • Change coverage option (optional)

Qualifying Event: *Notify SHBP Member Services within 31 days (or within 90 days of the qualifying event for birth or adoption) unless noted*	Provide This Documentation: *Within forty-five (45) days of notifying SHBP Member Services of the Qualifying Event unless noted*	You May/Must:
Adoption **Note:** If certified copy of the birth certificate is not available, other certified proof of the child's date of birth is required	• Copy of Adoption certificate or court order establishing adoption with the date of adoption, or if adoption is not finalized, a certified court document establishing the date of placement for adoption. • Copy of certified birth certificate or birth card issued by the hospital listing parents by name. • Child's Social Security Number	• Enroll in coverage • Change coverage tier to include child(ren) • Enroll eligible Dependents • Change coverage option (optional)
Child Due to Legal Guardianship **Note:** If certified copy of the birth certificate is not available, other certified proof of the child's date of birth is required	• Certified copy of court documents establishing guardianship with the date of placement, or, if guardianship is not finalized, a certified court document establishing the date of placement. • Copy of certified birth certificate or birth card issued by the hospital listing parents by name • Child's Social Security Number	• Enroll in coverage • Change coverage tier to include child(ren) • Enroll eligible Dependents • Change coverage option (optional)
Stepchild(ren) **Note:** If certified copy of the birth certificate is not available, other certified proof of the child's date of birth is required	• Copy of certified birth certificate or birth card issued by the hospital listing Member's spouse by name • Stepchild's Social Security Number • Copy of certified marriage license or most recent jointly filed Federal Tax return which includes legible signatures for both member and spouse	• Enroll in coverage • Change coverage tier to include child(ren) • Enroll eligible Dependents • Change coverage option (optional)

Qualifying Event: *Notify SHBP Member Services within 31 days (or within 90 days of the qualifying event for birth or adoption) unless noted*	Provide This Documentation: *Within forty-five (45) days of notifying SHBP Member Services of the Qualifying Event unless noted*	You May/Must:
Divorce **NOTE:** You have 31 days from the qualifying event to either add coverage for yourself or remove coverage from former spouse and, if applicable, stepchild(ren)	**Adding coverage for yourself** • Copy of divorce decree • Social Security Number for each Dependent you wish to cover • If you were covered by your former spouse's plan, letter from the other plan documenting name(s) of everyone who lost coverage, date, reason for loss and/or discontinuation of coverage required **Removing a former spouse from coverage** • Copy of divorce decree	• Enroll in coverage, if losing coverage through spouse's plan • Enroll eligible Dependents, if losing coverage through spouse's plan • Remove spouse from coverage • Remove stepchild(ren) from coverage • Change coverage tier • Change coverage option (optional)
You or your spouse lose coverage through other employment	• Letter from the other employer documenting name(s) of everyone who lost coverage, date, reason for loss and/or discontinuation of coverage required • Copy of certified marriage license, if applicable • Social Security Number(s) • Copy of Certified Birth Certificate for Dependent children, if applicable	• Enroll in coverage • Enroll eligible Dependent(s) • Change coverage tier • Change coverage option (optional)

Qualifying Event: *Notify SHBP Member Services within 31 days (or within 90 days of the qualifying event for birth or adoption) unless noted*	Provide This Documentation: *Within forty-five (45) days of notifying SHBP Member Services of the Qualifying Event unless noted*	You May/Must:
You, your spouse, or enrolled Dependent are covered under a qualified health plan and you lose eligibility, such as through Medicaid, State Children's Health Insurance Program (SCHIP) or Medicare **NOTE**: For loss of Medicaid or SCHIP coverage, you have 60 days to enroll in coverage and change your coverage tier and/or option. Coverage for eligible members and Dependents will begin on the first of the month following the event date.	• Letter from Medicaid, or Medicare documenting name(s) of everyone who lost coverage, date, reason for loss and/or discontinuation of coverage required • Copy of certified marriage license, if applicable • Social Security Number(s) • Copy of Certified Birth Certificate for Dependent children, if applicable	• Enroll in coverage • Enroll eligible Dependent(s) • Change coverage tier • Change coverage option (optional)
Your former spouse loses other Qualified coverage, resulting in loss of your Dependent child(ren)'s coverage under former spouse's plan	• Letter from the other plan documenting name(s) of everyone who lost coverage, date, reason for loss and/or discontinuation of coverage required • Social Security Number(s) • Copy of certified marriage license, if applicable • Copy of Certified Birth Certificate for Dependent children, if applicable	• Enroll eligible Dependent(s) • Increase coverage tier • Change coverage option (optional)
Dependent Loss of Coverage due to reaching Age 26	• No documentation required to change coverage tier when last child turns age 26.	• Change coverage tier to remove Dependent(s) • Change coverage option (optional)

Qualifying Event: *Notify SHBP Member Services within 31 days (or within 90 days of the qualifying event for birth or adoption) unless noted*	Provide This Documentation: *Within forty-five (45) days of notifying SHBP Member Services of the Qualifying Event unless noted*	You May/Must:
Gain of coverage due to other employer's open enrollment **NOTE**: Plan year can be the same, but Open Enrollment dates must be different	• Letter from the other employer documenting name(s) of everyone who gained coverage, date, reason for gain of coverage required	• Change coverage tier to remove spouse and/or Dependent(s) • Discontinue coverage • Change coverage option (optional)
Loss of coverage due to other employer's open enrollment **NOTE**: Plan Year can be the same, but Open Enrollment dates must be different	• Letter from the other employer documenting name(s) of everyone who lost coverage, date, and reason for loss of coverage and/or discontinuation of coverage required • Social Security Number(s)	• Enroll in coverage • Enroll eligible Dependent(s) • Change coverage tier • Change coverage option (optional)
You or your spouse acquire new coverage under spouse's employer's plan	• Letter from the other employer documenting name(s) of everyone who gained coverage, date, reason for gain of coverage required	• Change coverage tier to remove spouse and/or Dependent(s) • Discontinue coverage
Your spouse or your only enrolled Dependent's employment status changes, resulting in a gain of coverage under a qualified plan other than from SHBP	• Letter from the other employer documenting name(s) of everyone who gained coverage, date, reason for gain of coverage required	• Change coverage tier to remove spouse and/or Dependent(s) • Discontinue coverage • Change coverage option (optional)
You or your spouse is activated into military services	• Social Security Number(s) • Copy of orders required	• Enroll in coverage • Change coverage tier • Change coverage option (optional) • Discontinue coverage

Qualifying Event: *Notify SHBP Member Services within 31 days (or within 90 days of the qualifying event for birth or adoption) unless noted*	Provide This Documentation: *Within forty-five (45) days of notifying SHBP Member Services of the Qualifying Event unless noted*	You May/Must:
Spouse's Loss of Eligibility for Health Insurance due to Retirement **NOTE**: Retirement without loss of eligibility for health insurance, discontinuation of coverage, reduction of benefits, or a change in premiums ARE NOT qualifying events.	• Letter from the other employer documenting name(s) of everyone who lost coverage, date, and reason for loss of coverage and/or discontinuation of coverage required • Spouse's Social Security Number	• Change coverage tier • Enroll eligible Dependents • Change coverage option (optional)
You or an Enrolled Dependent turns Age 65	• Enrollment in Medicare is not required while actively working for an SHBP employing entity. **Upon termination of your employment, please refer to Section 2 for more information on former Employees and Annuitants.**	• Change coverage tiers. • If no eligible Dependent(s), discontinue coverage. • Change coverage option (optional)
Retiree Returning to Work as an Active Employee **NOTE:** If you return to work as an active employee with an employing entity under the Plan, either immediately after you retire or at a later date, your health coverage must be through your active employment. It is your responsibility to verify that your deductions have been stopped with the retirement system.	• N/A	• You must elect SHBP coverage as an active employee.
Former Retiree returning to Retiree Status (after Returning to Work as an Active Employee) **NOTE:** You must have continuous SHBP coverage to continue your participation in SHBP as a Retiree.	• You must contact SHBP Member Services with 31 days prior to your retirement date to set-up your deductions through your retirement system again.	• Reinstate Annuitant coverage if you notify SHBP Member Services within 60 days of your retirement. • Change coverage tier to "You" • Change coverage option (optional)

Qualifying Event: *Notify SHBP Member Services within 31 days (or within 90 days of the qualifying event for birth or adoption) unless noted*	Provide This Documentation: *Within forty-five (45) days of notifying SHBP Member Services of the Qualifying Event unless noted*	You May/Must:
You Retire and Immediately qualify for an Annuity from a State Retirement System Other than ERS, TRS, PSERS **NOTE:** Coverage must be continuous from Active to Annuitant Status. Automatic deductions for health coverage should start when you receive your initial retirement check. It is your responsibility to verify that the health coverage deduction was taken from your initial retirement check.	• SHBP must receive your retirement date from your employer	• Change coverage tier to "You" • Change coverage option (optional) • Discontinue coverage
You Retire and immediately qualify for an Annuity from a Georgia ERS, TRS, or PSERS **NOTE:** Coverage must be continuous from Active to Annuitant status. Coverage will automatically rollover to the same coverage option and tier you had as an active employee. Members or Covered Dependents with Medicare Part B coverage and are age 65 or older, will rollover to the Medicare Advantage Standard option. Automatic deductions for health coverage only start when the Retiree receives his/her initial retirement check from ERS, TRS or PSERS. It is your responsibility to verify that the health coverage deduction was taken from your initial retirement check.	• N/A	• Change coverage tier to "You" • Change coverage option (optional) • Discontinue coverage

Qualifying Event: *Notify SHBP Member Services within 31 days (or within 90 days of the qualifying event for birth or adoption) unless noted*	Provide This Documentation: *Within forty-five (45) days of notifying SHBP Member Services of the Qualifying Event unless noted*	You May/Must:
Your State Retirement System annuity check no longer covers the premium for your health coverage **NOTE:** You will be changed to a direct pay status, meaning you will pay directly to DCH, SHBP Division a monthly premium for your health coverage which will include an administrative fee.	• N/A	• Change to any available Plan Option • Discontinue coverage
You or your dependent turn age 65	• You must go online at www.mySHBPga.adp.com or contact SHBP Member Services at 800-610-1863 and provide your Medicare Standard dates for Parts A and B and your Medicare number. Failure to submit a copy of your Medicare Part B enrollment will result in an increase in premiums to the full cost of the premium coverage.	• The person who turns 65 may choose from the MA Standard Plan or the MA Premium Plan. • The person who turns 65 may remain in a non-MA Plan Option, and the full cost of coverage must be paid. • The person who turns 65 may discontinue SHBP coverage, but will not be eligible to reenroll unless you return to Active employment with an SHBP Employing Entity
You and spouse are both annuitants receiving annuity checks from State Retirement Systems and Each of you have annuity checks large enough to deduct your Annuitant premiums	• N/A	• Change coverage tier at any time from "You+ Family" coverage to each having "You Only" coverage (a request for coverage tier change must be filed at the same time by you and your spouse by contacting the SHBP Member Services at: 800-610-1863). • Change coverage option (optional)

SECTION 3.2 HOW QUALIFYING EVENTS AFFECT WELLNESS INCENTIVE CREDITS, DEDUCTIBLES, AND OUT-OF-POCKET MAXIMUMS

If you or your enrolled Dependent(s) experience a qualifying event during the Plan Year that results in coverage under a new identification (ID) number or a change in Plan Option and/or vendor, your well-being incentive credits will be forfeited. The deductible and out-of-pocket maximums will not be transferred. For members enrolled in a HRA Plan Option, if moving to a new HRA ID number and or HRA Plan Option, the HRA initial credit funding will be prorated based on the elected coverage tier and the months remaining in the current Plan Year. Deductibles, out-of-pocket maximums, and any wellness incentive credit balances are not pro-rated or transferrable.

However, in the event of your death, your unused well-being incentive credits under any Plan Option will transfer to your Covered surviving spouse and/or Covered Dependent child(ren). Additionally, any deductible and out-of-pocket maximum amounts that have been accumulated by your Covered surviving spouse and or Covered Dependent child(ren) will be transferred if they do not change Plan Options and/or vendors.

SECTION 3.3 NATIONAL MEDICAL SUPPORT NOTICE (NMSN) OR VALID COURT ORDER

A NMSN or valid court order verified by DCH, SHBP Division requires:	Provide This Documentation:	Per the NMSN or Court Order, the Plan Will:
You to provide coverage for your child(ren) **Your former spouse to provide coverage for each of your enrolled child(ren)** **Your spouse to provide coverage for his/her child(ren)**	• NMSN or court order (note: your employer, or the issuing agency or court may provide directly to SHBP) • Social Security Number(s) • Copy of certified birth certificate for each Dependent you wish to cover	• Enroll child(ren) or change coverage tier and/or option

Section 4:
Appeals

SECTION 4.1 APPEALS FOR ELIGIBILITY AND ENROLLMENT

The Plan Administrator, Department of Community Health, State Health Benefit Plan Division has the final decision for eligibility appeals. Member appeals regarding eligibility and enrollment issues should be initiated through SHBP Member Services.

How to Appeal an Eligibility Decision

FIRST TIER - TELEPHONE REVIEW

The Telephone Review is the first step of the appeal process. To request a telephone review, please call SHBP Member Services Center at: 800-610-1863. You should obtain a decision regarding eligibility immediately (unless verification is required). If you disagree with the decision rendered, you may file for a Formal Appeal by written request within thirty (30) days from the Telephone Review.

SECOND TIER – FORMAL APPEAL

The Formal Appeal form and instructions are available on the DCH website at the following link: https://dch.georgia.gov/shbp-publications-forms-0. The form must be submitted within 30 days of the decision rendered.

The written decision by DCH SHBP Formal Appeal Committee is the final step in the proceedings and will exhaust all administrative remedies.

SECTION 4.2 APPEALS FOR MEDICAL, PHARMACY, AND WELLNESS

Medical, pharmacy, and wellness appeals should be initiated through the applicable Administrator. Please see “Contact/Resources Information” page for telephone numbers.

SHBP State Health Benefit Plan

Section 5:

Continuation of Coverage During Leave and Under COBRA

This section provides you with information about all of the following:

- Continuation of coverage during approved unpaid leaves of absence
- Continuation of coverage under Federal law

SECTION 5.1 LEAVES OF ABSENCE

If you are an active employee on an approved unpaid leave, you may be able to continue your current coverage for up to 12 calendar months (or longer for military leave).

Unpaid leave is available for:

- Disability
- Educational instruction
- Employee's convenience
- Employer's convenience
- Family medical reasons as provided under the Family and Medical Leave Act (FMLA)
- Military duty (emergency and voluntary)
- Suspension of employment

Requirements for Unpaid Leaves of Absence

You must meet certain requirements for each leave type and your personnel/payroll office can provide you with the necessary information (including premium rates and a "Request to Continue Health Benefits During Leave of Absence Without Pay" form). Also, most leave types require supporting documentation which you must supply to your employer.

You can apply for continued coverage within 31 days after starting an unpaid leave.

Continuing Coverage during Approved Disability Leave

If you become disabled while an active employee, the Plan has provisions that may allow you to continue coverage as described in the table below:

If you have this situation:	You will be affected in this way:
You are Totally disabled and are on an approved disability leave **OR** **You return to work on a part-time basis before the end of your approved disability leave and before returning to full-time work.**	• You will be eligible to continue health benefits for up to 12 months. • You will pay the same premium amount you paid while actively working, but you must pay premiums directly to your employer. • Coverage is limited to the disability period that you physician certifies. You must provide the applicable documentation of your disability to your employer.

Continuing Coverage under Family and Medical Leave Act (FMLA)

You may continue medical coverage for yourself and your Dependents for up to 12 weeks, after the start of your leave, if your employer has approved your leave as FMLA. Forms for continuing your coverage are available from your personnel/payroll office.

How FMLA affects your coverage depends on the circumstances involving your leave.

If you have this situation:	You will be affected in this way:
Choose not to continue coverage while on leave	• Claims will not be paid by SHBP after your coverage terminates, even if you remain on leave. You are responsible for paying all providers after coverage terminates. • You must resume coverage when you return to work.
Open Enrollment occurs while on leave	• If you continue coverage while on leave, you may change coverage as permitted during Open Enrollment. • If you do not continue coverage while on leave, contact your employer for OE information.
Do not return to work after your leave ends and you have paid your premiums directly to your employer during your leave.	• You may be eligible to continue your health benefits through COBRA.

Continuing Coverage during Military Leave

If you are on military leave (as described by federal law), you and your Dependents may continue your coverage by paying the same premium you paid while actively working. You must pay your premiums directly to your employer, and your employer is responsible for collecting the premiums from you while you are on approved military leave.

You may elect to discontinue your coverage while on military leave. The DCH, SHBP Division will reinstate your coverage when you return to employment after military service.

NOTE: The Plan does not cover care for a Member's illness or injury that the Secretary of Veteran's Affairs determined was acquired or aggravated during the military service/leave.

SECTION 5.2 CONTINUATION COVERAGE UNDER FEDERAL LAW (COBRA)

This section includes important information about your right to continuation coverage under the Plan, as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at www.HealthCare.gov or 1-800-318-2596.

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health coverage through continuation coverage when there's a "qualifying event" that would result in a loss of coverage under an employer's plan.

In order to be eligible for continuation coverage under federal law, you must meet the definition of a "Qualified Beneficiary." A Qualified Beneficiary is any of the following persons who was covered under the Plan on the day before a qualifying event:

- A Member
- A Member's Covered spouse.
- A Member's enrolled child(ren), stepchild(ren), or legal child(ren)

Other Health Coverage Options
More affordable options may be available to you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period."

You should compare your other coverage options with continuation coverage and choose the coverage that is best for you. It's important that you choose carefully between continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

Qualifying Events for Continuation Coverage under Federal Law (COBRA)

If the coverage of a Qualified Beneficiary would ordinarily terminate due to one of the following qualifying events, then the Qualified Beneficiary is entitled to continue the same coverage that she or he had on the day before the qualifying event. When a Qualified Beneficiary has elected COBRA continuation coverage, the coverage may be extended due to a second qualifying event.

Qualifying events are:

A. Termination of the Covered Member from employment, for any reason other than gross misconduct, or reduction of hours below the minimum hours required for eligibility;
B. Death of the Member;
C. Divorce from the Member;
D. Loss of eligibility by an Enrolled Dependent who is a child;
E. Entitlement of the Member to Medicare benefits; or
F. The Plan Sponsor filed for bankruptcy, under Title XI of the U.S. Code, on or after July 1, 1986, but only for retired Members and their Enrolled Dependents. This is a qualifying event for any
G. Retired Member and their Enrolled Dependents (if there is a

substantial elimination of coverage within one year before or after the date the bankruptcy was filed).

COBRA Special Considerations

If you have this situation:	You will be affected in this way:
Less Than 8 Years of Service and You: • **Leave Your Job** • **Take another job with your employment that does not qualify you for coverage;** • **Move to part-time status with hours below the minimum required for eligibility; or** • **Are laid off or otherwise terminated employment (for any reason other than for misconduct)** **Note:** Please see Section 2 for information about if leave your job and are immediately eligible to draw an annuity or if you leave your job with 8 or more Years of Service.	You can continue coverage for up to 18 months under COBRA provisions
Death during Active Employment **Note:** Please see Section 2 for information about if your surviving enrolled dependent(s) are able to receive a monthly retirement annuity check.	Surviving Dependents may continue coverage for up to 18 months under COBRA provisions (or a maximum of 36 months if you meet certain requirements)

Notification Requirements and Election Period for Continuation Coverage under Federal Law (COBRA)

The Member or other Qualified Beneficiary must notify SHBP Member Services within sixty (60) days of the Member's divorce, or an Enrolled Dependent's loss of eligibility. If the Member or other Qualified Beneficiary fails to notify SHBP Member Services of an event within the 60 day period, there is no right to continue coverage under COBRA. In addition, failure to notify SHBP Member Services that a dependent has lost eligibility is considered an intentional misrepresentation, and will be grounds for terminating coverage for the Member and the dependent(s).

Once SHBP Member Services receives notification of divorce or loss of dependent eligibility from the Member or Qualified Beneficiary, coverage will be terminated for the former spouse or dependent(s) that lost eligibility retroactive to the end of the month in which the qualifying event occurred. A COBRA election notice will be mailed to the Member or Qualified Beneficiary. If the complete, signed election of continuation coverage is submitted to SHBP Member Services sixty (60) days after the qualifying event occurs or sixty (60) days after the Qualified Beneficiary receives the COBRA election form from SHBP, COBRA coverage will be provided upon payment received by SHBP of required COBRA premiums. All COBRA premiums due beginning from date of the qualifying event must be paid.

If a Member or other Qualified Beneficiary is already continuing coverage under COBRA, the Member or other Qualified Beneficiary must notify the SHBP Member Services within 60 days of the birth or adoption of a child. Failure to notify the SHBP Member Services within the 60 day period will result in loss of the right to add the new child to the COBRA coverage.

The initial premium due to SHBP must be paid on or before the 45th day after electing continuation.

Notification Requirements for Disability Determination or Change in Disability Status

The Member or other Qualified Beneficiary must notify SHBP Member Services as described under "Terminating Events for Continuation Coverage under federal law (COBRA)," subsection A.

A written notice is required to be sent to DCH, SHBP Division at the address provided in the Summary Plan Document (SPD). The contents of the notice must be such that SHBP is able to determine the Covered Member and Qualified Beneficiary(ies), the qualifying event or disability, and the date on which the qualifying event occurred.

After providing notice to the DCH, SHBP Division, the Member or Qualified Beneficiary shall receive the continuation coverage and election notice. Continuation coverage must be elected no later than 60 days after the qualifying event occurs; or 60 days after the Member or Qualified Beneficiary receives notice of the continuation right from SHBP.

The Member or Qualified Beneficiary's initial premium due to SHBP must be paid on or before the 45th day after electing continuation.

Special Second 60 Day COBRA Election Period

The Trade Act of 2002 amended COBRA to provide for a special second sixty (60) day COBRA election period for certain Members who have experienced a termination or reduction of hours which results in the loss of group health plan coverage. The special second COBRA election period is available only to a very limited group of individuals: generally, those who are receiving trade adjustment assistance (TAA) or "alternative trade adjustment assistance" under a federal law called the "Trade Act of 1974."

These Members are entitled to a second opportunity to elect COBRA coverage for themselves and certain family members (if they have not already elected COBRA coverage. Only within a limited time period of sixty (60) days from the first day of the month when: (i) an individual begins receiving TAA, (ii) an individual would be eligible to receive TAA (but for the requirement that unemployment benefits be exhausted); and only during the six months immediately after their group health plan coverage ended.

If a Member qualifies or may qualify for assistance under the Trade Act of 1974, they should contact SHBP Member Services for additional information. The Member must contact SHBP promptly after qualifying for assistance under the Trade Act of 1974 or the Member will lose this special COBRA rights. COBRA coverage elected during the special second election period **is not** retroactive to the date the Plan coverage was lost, but begins on the first day of the special second election period.

Terminating Events for Continuation Coverage under Federal Law (When COBRA Coverage Ends)

COBRA continuation coverage under the Plan will end on the earliest of the following applicable dates:

A. Eighteen (18) months from the date of the qualifying event, if the Qualified Beneficiary's coverage would have ended because the Member's employment was terminated or hours were reduced (i.e., qualifying event "A"). If a Qualified Beneficiary is determined to have been disabled under the Social Security Act (SSA) at any time within the first sixty (60) days of continuation coverage for qualifying event, then the Qualified Beneficiary may elect an additional eleven (11) months of continuation coverage (for a total of 29 months of continued coverage). This coverage can be continued subject to the following conditions: (i) notice of such disability must be provided within sixty (60) days after the determination of the disability, and no later than the end of the first eighteen (18) months of disability; (ii) the Qualified Beneficiary must agree to pay any increase in the required premium for the additional eleven (11) months; and (iii) if the Qualified Beneficiary is entitled to the eleven (11) months of coverage, and has non-disabled family members who are also Qualified Beneficiaries, then those non-disabled Qualified Beneficiaries are also entitled to the additional eleven (11) months of continuation coverage. Notice of any final determination that the Qualified Beneficiary is no longer disabled must be provided within thirty (30) days of such determination. Thereafter, continuation coverage may be terminated by the Plan on the first day of the month that begins more than thirty (30) days after the date of that determination.

B. Thirty-six (36) months from the date of the qualifying event for an Enrolled Dependent whose coverage ended because of the death of the Member, divorce of the Member, or loss of eligibility by an Enrolled Dependent who is a child (i.e. qualifying events "B", "C", or "D").

C. For the Enrolled Dependents of a Member who was entitled to Medicare prior to a qualifying event that was due to either: (i) the termination of employment or (ii) reduction of work hours, eighteen (18) months from the date of the qualifying event, or, if later, thirty-six (36) months from the date of the Member's Medicare entitlement, whichever is later.

D. The date coverage terminates under the Plan for failure to make timely payment of the required premium.

E. The date (after electing continuation coverage) when a qualified beneficiary obtains coverage under any other group health plan. If such coverage contains a limitation or exclusion with respect to any pre-existing condition, continuation shall end on the date such limitation or exclusion ends. The other group health coverage shall be primary for all health services except those health services that are subject to the pre-existing condition limitation or exclusion.

F. The date after electing continuation coverage when the Qualified Beneficiary first becomes entitled to Medicare, except this will not apply in the event that coverage was terminated because the Plan Sponsor filed for bankruptcy, (i.e., qualifying event "F").

G. The date the entire Plan ends or the date the employer stops offering SHBP coverage.

H. The date coverage would otherwise terminate under the Plan as described in this Section regarding events that end your coverage.

If a Qualified Beneficiary is entitled to eighteen (18) months of continuation and a second qualifying event occurs during the 18 month time period, the Qualified Beneficiary's coverage may be extended up to a maximum of thirty-six (36) months from the date coverage ended due to termination of employment or reduction of hours below the minimum hours for Plan eligibility.

If the retired Member dies during the continuation period, the other Qualified Beneficiaries will also be entitled to continue coverage for a maximum of thirty-six (36) months. Terminating events “B” through “G” described in this Section will apply during the extended continuation period.

Qualified Beneficiaries should contact SHBP Member Services for information regarding the continuation period.

Section 6:
General Legal Provisions and Policies

This section provides you with information about general legal provisions and policies concerning the Plan

SECTION 6.1 RELATIONSHIP WITH PROVIDERS

The relationship between SHBP, BCBSGa, UnitedHealthcare, Healthways, Express Scripts, and Network providers are solely contractual relationships between independent contractors. Network providers are not our agents or employees; nor are they agents or employees of BCBSGa, UnitedHealthcare, Healthways, and Express Scripts. Neither we nor any of our employees are agents or employees of Network providers.

SHBP does not provide health care services or supplies, nor practice medicine. Instead, SHBP pays benefits for covered services. Network providers are independent practitioners who run their own offices and facilities. The credentialing process confirms public information about the providers' licenses and other credentials, but does not assure the quality of the services provided. Network providers are not our employees or employees of BCBSGa, UnitedHealthcare, Healthways or Express Scripts; nor do we have any other relationship with Network providers such as principal agents or joint ventures. Neither SHBP, BCBSGa, UnitedHealthcare, Healthways, nor Express Scripts are liable for any acts or omissions of any provider.

BCBSGa, UnitedHealthcare, KP, Healthways, and ESI are not considered to be employers of the SHBP for any purpose with respect to the administration or provision of benefits under this Plan. Your employer is solely responsible for proper classification of your employment.

BCBSGa, UnitedHealthcare, KP, Healthways, and ESI are solely responsible for timely processing of benefits.

The Plan Administrator, DCH, through the DCH, SHBP Division and your employer are jointly responsible for notifying you of the termination or any modification of the Plan.

Your Relationship with Providers

The relationship between you and any provider is that of provider and patient.

- You are responsible for choosing your own provider.
- You must decide if any provider treating you is right for you. (This includes Network providers you choose and providers to whom you have been referred.)
- You must decide with your provider what care you should receive.
- Your provider is solely responsible for the quality of the services provided to you.

The relationship between you and SHBP is that of Member and Plan.

SECTION 6.2 ADMINISTRATIVE SERVICES

SHBP in its sole discretion, may arrange for various persons or entities to provide administrative services in regard to the Plan, such as claims processing. The identity of the service providers and the nature of the services they provide may be changed from time-to-time. SHBP is not required to give Members or Dependents prior notice of any such change, nor obtain approval.

Members and Covered Dependents must cooperate with those persons or entities in the performance of their responsibilities.

SECTION 6.3 CLERICAL ERRORS

If a clerical error or other mistake occurs, that error does not create a right to benefits. These errors include, but are not limited to, providing misinformation on eligibility or benefit coverage or entitlements. It is your responsibility to confirm the accuracy of statements made by us or our designees, including BCBSGa, UnitedHealthcare, KP, Healthways, or ESI, in accordance with the terms of this Eligibility & Enrollment Provision document and other Plan documents.

SECTION 6.4 INFORMATION AND RECORDS

At times SHBP, BCBSGa, UnitedHealthcare, KP, Healthways, or Express Scripts may need additional information from you. You agree to furnish SHBP and/or BCBSGa, UnitedHealthcare, KP, Healthways, or Express Scripts with all information and verifying documents that we may reasonably require regarding any matters pertaining to the Plan. If you do not provide this information when we request it, we may delay or deny payment of your benefits.

By accepting benefits under the Plan, you authorize and direct any person or institution that has provided services to you to furnish SHBP, BCBSGa, UnitedHealthcare, KP, Healthways, or Express Scripts with all information or copies of records relating to the services provided to you. SHBP, BCBSGa, UnitedHealthcare, KP, Healthways, or Express Scripts have the right to request this information at any reasonable time. This applies to all Covered Persons, including Enrolled Dependents (whether or not they have signed the Member's enrollment form). SHBP, BCBSGa, UnitedHealthcare, KP, Healthways, and Express Scripts agree that such information and records will be considered confidential.

SHBP, BCBSGa, UnitedHealthcare, KP, Healthways and Express Scripts have the right to release any and all records concerning healthcare services which are necessary to implement and administer the terms of the Plan for appropriate medical review, quality assessment, or as SHBP is required to do by law or regulation. During and after the term of the Plan, SHBP, BCBSGa, UnitedHealthcare, KP, Healthways, Express Scripts, and our related entities may use and/or transfer the information gathered under the Plan for research and analytic purposes.

For complete listings of your medical records or billing statements, we recommend that you contact your health care provider. Providers may charge you reasonable fees to cover their costs for providing records or completing requested forms.

If you request medical forms or records from SHBP, we also may charge you reasonable fees to cover costs for completing the forms or providing the records.

In some cases, SHBP, Healthways, or Express Scripts will designate other persons or entities to request records or information from or related to you, and to release those records as necessary. Such designees have the same rights to this information as SHBP.

SECTION 6.5 EXAMINATION OF COVERED PERSONS

In the event of a question or dispute regarding your right to benefits, we may require that a Network Physician of our choice examine you at our expense.

SECTION 6.6 WORKERS' COMPENSATION NOT AFFECTED

Benefits provided under the Plan do not substitute for and do not affect any requirements for coverage by workers' compensation insurance.

SECTION 6.7 REFUND OF OVERPAYMENTS

If we pay benefits for expenses incurred on account of a Covered Person, that Covered Person, or any other person or organization that was paid, must make a refund to us if either of the following apply:

- All or some of the expenses were not paid by the Covered Person or did not legally have to be paid by the Covered Person.
- All or some of the payment we made exceeded the benefits under the Plan.

The refund equals the amount SHBP paid in excess of the amount that should have been paid under the Plan. If the refund is due from another person or organization, the Covered Person agrees to assist SHBP in obtaining the refund when requested.

If the Covered Person, or any other person or organization that was paid, does not promptly refund the full amount, SHBP will reduce the amount of any future benefits that are payable under the Plan. The reductions will equal the amount of the required refund. SHBP may have other rights in addition to the right to reduce future benefits to complete its reimbursement of expenses paid.

SECTION 6.8 LIMITATION OF ACTION

If you want to bring a legal action against SHBP, BCBSGa, UnitedHealthcare, KP, Healthways, or ESI, you must do so within three (3) years from the time in which a request for reimbursement was submitted or you lose any rights to bring such an action against SHBP, BCBSGa, UnitedHealthcare, KP, Healthways, or Express Scripts.

IMPORTANT: You cannot bring any legal action against SHBP for any reason unless you first complete all the steps in the appeal process described in this document. You cannot bring any legal action against BCBSGa, UnitedHealthcare, KP, Healthways, or Express Scripts for any reason unless you first complete all the steps in their respective appeals processes. After completing the appeal process, if you want to bring a legal action against SHBP, BCBSGa, UnitedHealthcare, KP, Healthways, or Express Scripts, you must do so within three (3) years from the date you receive the final decision on your appeal. If you do not institute a lawsuit within three (3) years, you lose all rights to bring legal action against SHBP, BCBSGa, UnitedHealthcare, KP, Healthways, or Express Scripts.

SECTION 6.9 TOBACCO SURCHARGE POLICY

A Tobacco Surcharge of $80 is added if you answer "yes" to the Tobacco Surcharge question during your Initial Enrollment, Open Enrollment, the Retiree Option Change Period, or a qualifying event. The Tobacco Surcharge may be removed by

following the Tobacco Surcharge Removal Requirements found on the DCH website at http://dch.georgia.gov/shbp-plan-surcharges.

You are required to pay the Tobacco Surcharge for all months in which you or any of your enrolled family members use tobacco. Therefore, it is your responsibility to notify SHBP Member Services immediately if your answer to the Tobacco Surcharge question changes during the year. If you received a waiver of the Tobacco Surcharge based on your answer and you fail to notify SHBP Member Services that you or any enrolled family members begin using tobacco, this is as an intentional misrepresentation.

NOTE: The Tobacco Surcharge does not apply to options that include TRICARE Supplement, MA or COBRA members paying 100 percent of the premiums for their health coverage. However, you still must answer the Tobacco Surcharge question on the website in order to proceed with enrollment.

Intentional misrepresentation in response to the Tobacco Surcharge question or failure to notify SHBP Member Services of changes to your responses to the Tobacco Surcharge question will have significant consequences. Active employees will lose SHBP coverage for 12 months beginning on the date that your false response or failure to notify is discovered. Retirees who intentionally misrepresent the response to the Tobacco Surcharge question or fail to notify SHBP Member Services of changes to their responses will permanently lose their SHBP coverage.

Section 7:
Your Rights and Responsibilities

SECTION 7.1 ACTIVE EMPLOYEE RIGHTS AND RESPONSIBILITIES

Your Rights as an Employee Enrolled in Plan Coverage.

As an employee enrolled in the Plan, you have the right to:

- Have your eligible claims paid and notifications provided in a timely manner
- Receive information about the Plan and options available to you
- Be informed of the process for filing appeals and review your appeal file
- Examine all documents governing the Plan at the Plan Administrator's office (free of charge).
- Request copies of documents, in writing, from the Plan Administrator (a reasonable fee may apply)
- Be informed by the Plan of how to continue your coverage if it should end (in certain situations)

Your Rights for Continuing Group Health Plan Coverage

You have the right to continue group health plan coverage if you lose Plan coverage due to a qualifying event. In this case, you may continue health care coverage for yourself, spouse or Dependents; however, you or your Dependents have to pay for such coverage. Review this Eligibility & Enrollment Provision document and other Plan documents governing your continuation coverage rights.

Your Responsibilities as an Employee Enrolled in Plan Coverage

This is a summary of some of the important responsibilities of employees enrolled in the Plan:

- **Make proper and timely premium payments.** All Members are required to make regular contributions (called "Premiums"). Premium payments for active employees must be made through salary deductions. Premium payments for employees on leave must be made directly to the employer. It's your responsibility to make sure that your employer (e.g., the State, school district, agency, etc.) is deducting the right amount from your paycheck for your option and coverage tier. When hired and prior to annual Open Enrollment period, you will receive premium and rate information. If you are actively employed, contact your benefits representative for information about the required contributions you are responsible for paying.
- **Make accurate choices when you make your enrollment selection.** When the annual Open Enrollment period ends, SHBP will make changes to Member/Dependent information only when there is a documented administrative error. Any premium refund will be limited to 12 months of premiums and will only be payable after the Plan receives documented evidence from the Member that the Plan had no liability for additional Covered persons.

- **Answer the Tobacco Surcharge question truthfully and notify SHBP Member Services immediately if your answers to the Tobacco Surcharge question changes during the year.** Intentional misrepresentation in response to Tobacco Surcharge question or failure to notify SHBP Member Services of changes to your responses to Tobacco Surcharge question will have significant consequences. Active employees will lose SHBP Plan coverage for 12 months beginning on the date that the false response or failure to notify is discovered.

- **Take the time to understand how the Plan Option works.** You are the manager of your health care needs therefore, you must take the time to understand your Plan Option. You also are responsible for understanding the consequences of your decisions. Carefully review this document and the *Active Employee Decision Guide.* Having read the documents, you can take steps to maximize your coverage.

- **Know when and how your participation can end.** Generally, coverage ends when you no longer meet job classification, work hour requirements for eligibility, or when you fail to make the proper premium payments. Coverage may also end if your employer fails to pay required contributions to the DCH, SHBP Division, if your employer decides to stop offering SHBP coverage to all employees or all employees in your job classification. For eligibility requirements and other circumstances that may result in loss of coverage, see Section 1 of this document.

- **Notify SHBP Member Services if you or any of your Dependents are no longer eligible for coverage.** If you misrepresent eligibility information when applying for coverage, during a change in coverage or when filing for benefits, or by paying for coverage on behalf of someone who is not eligible, adverse action may be taken against you by DCH or applicable enforcement agencies. Adverse actions include, but are not limited to: terminating your coverage, collection actions for all payments improperly made as a result of the misrepresentation, and criminal prosecution.

- **Notify SHBP Member Services of any address change by contacting your personnel/payroll office and read all information sent to you by DCH, SHBP Division.** You are responsible for reading any information SHBP, BCBSGa, UnitedHealthcare of Georgia, KP, Healthways, or Express Scripts send to you. If you are not able to review Plan information for any reason, it is your responsibility to designate a representative to act on your behalf.

- **Notify SHBP Member Services if you have a qualifying event that can affect coverage or eligibility for coverage for you or a Covered Dependent by contacting your personnel/payroll office.** If you have a qualifying event (e.g., get married, divorced, have a baby, etc.), you may want to add or delete a dependent. You must notify your personnel/payroll office within the time specified in Section 3, or you won't be able to make the change until the next annual Open Enrollment period.

- **Furnish the SHBP Member Services with information required to implement Plan provisions**. When you are required to provide certain information and documentation, failure to do so by the deadline will result in denial of requested coverage. No claims will be paid until the documentation is received and approved by DCH, SHBP Division.

- **Update the SHBP Member Services on the status of eligible Dependents.** If your dependent child is nearing age 26, and is eligible to continue coverage as a disabled dependent, you are responsible for informing the Plan of their status within 31 days after the Dependent's 26th birthday. Coverage will not continue automatically after a disabled Dependent turns 26, you must request it.

- **Notify the SHBP Member Services of any other group coverage you have, including Medicare coverage.** You may be required to provide notification in advance or on request.

Your Employer's Responsibilities

Your employer (i.e., your department, agency or other entity) has specific responsibilities under the Plan, which include the following:

- Properly notifying the Plan Administrator of your employment classification.
- Timely paying all required employer contribution.
- Submit any necessary documentation in a timely and efficient manner.
- Withhold proper monthly premiums and submit them to the Plan when due. If your employer does not send in premiums and documentation in a proper and timely manner, the Plan may suspend your coverage.
- Assist in enrolling all Eligible Employees in the Plan within 31 days of hire unless the employee declines coverage. Then the declination form must be completed within 31 days of hire.
- Provide enrollment information to the Plan Administrator.
- Distribute Plan materials
- Comply with all applicable Employer requirements under the Patient Protection and Affordable Care Act (PPACA), and other federal and state laws.
- Administer the Family and Medical Leave Act (FMLA) in compliance with federal law.
- Administer Military Leave in compliance with federal law.
- Administer Leave without Pay for employees.
- Collect all required premiums for employees on unpaid leave.
- Allow employees reinstated to employment for a period of time inclusive of the applicable annual Open Enrollment period the opportunity to enroll or change coverage within fifteen (15) days of the return to working.
- Provide Members with information on how they can continue coverage under the FMLA and under state leave without pay provisions.
- Provide necessary termination of coverage information to the Plan Administrator within 30 days after employment ends or eligibility for Plan Membership ends.
- Notify enrolled employees of Plan amendments or termination.
- Notify enrolled employees of the employer's decision to stop offering SHBP coverage to all or some of its employees.

Assistance with Your Questions

If you have any questions about your rights and responsibilities under this Plan, you should contact SHBP Member Services at: 800-610-1863.

SECTION 7.2 FORMER EMPLOYEE AND ANNUITANT RIGHTS AND RESPONSIBILITIES

Your Rights as a Former Employee and Annuitant Enrolled in Plan Coverage

As a former Employee and Annuitant enrolled in Plan coverage, you have the right to:

- Have your eligible claims paid and notifications provided in a timely manner
- Receive information about the Plan and the options available to you

- Be informed of the process for filing appeals of denied claims
- Review your appeal file
- Examine, without charge, all documents governing the Plan at the Plan Administrator's office
- Request copies of the above documents, in writing, from the Plan Administrator (a reasonable fee may apply)
- Be informed by the Plan of how to continue your coverage if it would otherwise end in certain situations

Your Rights for Continuing Group Health Plan Coverage

You have the right to continue group health plan coverage if you lose Plan coverage due to a qualifying event. In this case, you may continue health care coverage for yourself, spouse or Dependents; however, you or your Dependents have to pay for such coverage. Review this Eligibility & Enrollment Provision document and other Plan documents governing your continuation coverage rights.

Your Responsibilities as a Former Employee or Annuitant Enrolled in Plan Coverage

This is a summary of some of the important responsibilities of employees enrolled in the Plan:

- **Make proper and timely premium payments.** All Members are required to make regular contributions (called "Premiums"). Premium payments must be made through: (1) the State Retirement System for retirees who receive an annuity; or (2) by paying directly to SHBP. Coverage must be continuous. If payment is not made for coverage each month, coverage will be terminated with no right to reinstatement. It's your responsibility to make sure that your retirement system is deducting the right amount from your annuity for your option and coverage tier. Prior to the Retiree Option Change Period, you will receive premium and rate information.
- **Answer the Tobacco Surcharge question truthfully and notify SHBP Member Services immediately if the answer to your Tobacco Surcharge question changes during the year.** Intentional misrepresentation in response to Tobacco Surcharge question or failure to notify SHBP Member Services of changes to your responses to Tobacco Surcharge question will have significant consequences. Former Employees and Annuitants who intentionally misrepresent the response to the Tobacco Surcharge question or fail to notify SHBP Member Services of changes to their response will permanently lose their SHBP coverage.
- **Take the time to understand how the Plan Option works.** You are the manager of your health care needs therefore, you must take the time to understand your Plan Option. You also are responsible for understanding the consequences of your decisions. Carefully review this document and the *Retiree Decision Guide.* Having read the documents, you can take steps to maximize your coverage.
- **Know when and how your participation can end.** For eligibility requirements and other circumstances that may result in loss of coverage, see Section 2 of this document.
- **Notify SHBP Member Services if you or any of your Dependents are no longer eligible for coverage.** If you misrepresent eligibility information when applying for coverage, during a change in coverage or when filing for benefits, or by paying for coverage on behalf of someone who is not eligible, adverse action may be taken against you by DCH or applicable enforcement agencies. Adverse actions include, but are not limited to, terminating your coverage, collection actions for all payments improperly made as a result of the misrepresentation, and criminal prosecution.

- **Notify SHBP Member Services of any address change and read all information sent to you by DCH, SHBP Division.** You are responsible for reading any information that SHBP or Administrators send to you. If you are not able to review Plan information for any reason, it is your responsibility to designate a representative to act on your behalf.
- **Notify SHBP Member Services if you have a qualifying event that can affect coverage or eligibility for coverage for you or a Covered Dependent.** If you get married, divorced or have a baby, you may want to add or delete a dependent. Former Employees and Annuitants do not have an annual Open Enrollment period; therefore, failure to notify SHBP Member Services of a qualified change in status within the time specified under Section 3 will permanently prohibit a Former Employee or Annuitant from making the desired change.
- **Furnish SHBP Member Services with information required to implement Plan provisions**. When you are required to provide certain information and documentation, failure to do so by the deadline will result in denial of requested coverage. No claims will be paid until the documentation is received and approved by DCH, SHBP Division.
- **Notify the SHBP Member Services of any other group coverage you have, including Medicare coverage.** You may be required to provide notification in advance or on request.

Assistance with Your Questions

If you have any questions about your rights and responsibilities under this Plan, you should contact SHBP Member Services at: 800-610-1863

Section 8:
Glossary of Defined Terms

This section:
- Defines the terms used in this Eligibility & Enrollment document
- Is not intended to describe benefits.

Active Member – a Member who is employed by an Employing Entity and who is receiving compensation or is on Approved Leave of Absence Without Pay through their Employing Entity.

Administrator – means the Medical Claims Administrator(s), Wellness Program Administrator(s), and Pharmacy Benefits Manager(s) delegated full responsibility for claims administration by the DCH, SHBP Division.

Annuity – the monthly retirement check an individual receives who has met the requirements of a State of Georgia sponsored Retirement System.

Annuitant – an individual who is enrolled in the Plan at the time he/she retires, and is immediately eligible to draw a retirement annuity from a State of Georgia sponsored Retirement Systems.

Covered – this term applies only to person(s) enrolled under the Plan. References to "you" and "your" throughout this Eligibility & Enrollment Provision document are references to a Covered Person(s).

Dependent - any eligible spouse or Dependent child, or Totally disabled child currently enrolled in coverage who meets all dependent eligibility requirements as a result of his/her relationship with an Enrolled Member.

Direct Pay – the monthly premium individuals must pay directly to SHBP who meet the eligibility requirements to continue coverage (8+ Years of Service or more), when continuing coverage after active employment ends or on unpaid leave.

Employee – any eligible, Active State Employee, Teacher, or Public School Employee.

Employing Entity – means any department, school system, charter school, Local Employer, Contract Employer, agency, authority, board, commission, county department of family and children services, county department of health, community service board or retirement system that employs or issues an annuity check to an Employee, Contract Employee or Retiree as defined in these regulations.

Enrolled Member – a person currently enrolled in Coverage who meets all eligibility requirements for the Plan as a result of his/her current or former employment, and pays the necessary contribution or premium for such Coverage in the manner required by the Plan Administrator.

Initial Enrollment – The Initial Enrollment Period is the first period of time when Eligible Persons who are Active Employees may enroll themselves and Dependents under the Plan.

Medical Claims Administrator – the company(s) (including its affiliates) that provide certain medical claims administration services for the Plan.

Member – see "Enrolled Member."

National Medical Support Notice (NMSN) – a standardized medical child support order that is used by State child support enforcement agencies to enforce medical child support obligations. The Department of Health and Human Services adopted regulations on December 27, 2000, implementing the National Medical Support Notice provisions of the Child Support Performance and Incentive Act of 1998 (CSPIA). These regulations appear at 45 CFR § 303.32. SHBP will review the NMSN to determine whether it has been appropriately completed and respond accordingly.

Open Enrollment – a period of time that follows the Initial Enrollment Period during which Eligible Persons who are Active

Employees may enroll themselves and Dependents under the Plan, as determined by the DCH, SHBP Division.

Pharmacy Benefits Manager (Pharmacy Claims Administrator) – means the entity with whom DCH has contracted to administer prescription drug benefits.

Plan – the State Health Benefit Plan.

Plan Administrator – Georgia Department of Community Health, State Health Benefit Plan Division.

Plan Option(s) – the coverage option(s) offered under SHBP.

Plan Sponsor – Georgia Department of Community Health.

Retiree and Retiree Coverage – Former Employees who have continued SHBP coverage by paying the premiums required for Annuitants or for former Employees with eight or more Years of Service. All references to Retiree Coverage apply to coverage in the SHBP as a former employee or Annuitant.

Retiree Option Change Period – A period during which former Employees and Retires enrolled in SHBP coverage may select a new coverage option.

Split Eligibility – when one (or more) person(s) is under age 65, and one person (or more) person(s) are 65 or older with Medicare Part B. The under 65 individuals are covered by a non-MA option and the 65+ individuals are enrolled in a MA option.

State Health Benefit Plan (SHBP) – The State Health Benefit Plan is comprised of three (3) health plans established by Georgia law: (1) a plan for State employees (O.C.G.A. § 45-18-2), (2) a plan for teachers (O.C.G.A. § 20-2-891), and (3) a plan for non-certificated public school employees (O.C.G.A. § 20-2-911). Benefit options are the same under all three plans and are referred to collectively as the "State Health Benefit Plan".

State Extended Coverage – is continuation of health coverage by an individual provided under O.C.G.A. §§ 45-18-10, 20-2-888, and 20-2-915.

State of Georgia Retirement Systems:

- Employees' Retirement System (ERS)
- Teachers Retirement System (TRS)
- Public School Employees Retirement System (PSERS)
- Local School System Teachers Retirement Systems
- Fulton County Retirement System (eligible Members)
- Legislative Retirement System
- Superior Court Judges or District Attorney's Retirement System

Subsidized Premium or Rate: portion of the full costs of health coverage as a result of a subsidy.

Unsubsidized Premium or Rate: full costs of health coverage with no subsidy.

Wellness Program Administrator – an entity DCH, SHBP Division contracts to provide wellness and prevention programs to Enrolled Members and Dependents.

Years of Service – Years of Service credited to an employee under the following State Retirement Systems:

- Employees' Retirement System (ERS)
- Teachers Retirement System (TRS)
- Public School Employees Retirement System (PSERS)
- Local School System Teachers Retirement Systems
- Fulton County Retirement System (eligible Members)
- Legislative Retirement System
- Superior Court Judges or District Attorney's Retirement System

Section 9:
Alternative Coverage

SECTION 9.1 TRICARE SUPPLEMENT

The TRICARE Supplement Plan is an alternative to SHBP coverage that is offered to employees and Dependents that 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.

For information about eligibility and benefits, visit www.dch.georgia.gov/shbp and www.selmantricareresource.com/ga_shbp or call 866-637-9911.

SECTION 9.2 PeachCare for Kids®

PeachCare for Kids® is a comprehensive health care program for uninsured children living in Georgia.

For information about eligibility and benefits, visit https://dch.georgia.gov/peachcare-kids and www.peachcare.org or call 877-427-3224.