SHBP
State Health Benefit Plan

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

SHBP ENROLLMENT PORTAL: ADP USER GUIDE

MEMBER EXPERIENCE

VERSION 4

10/9/13

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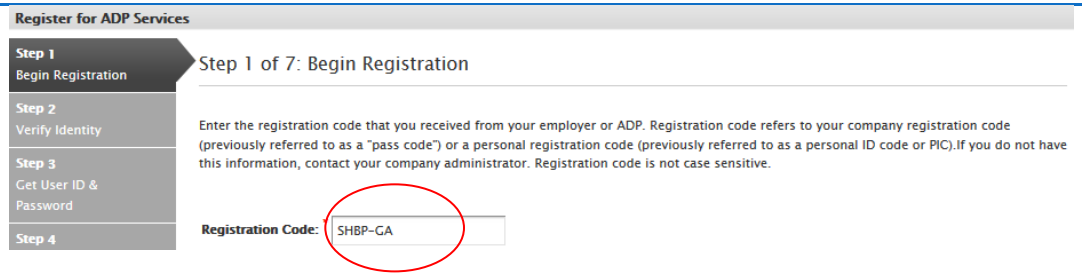
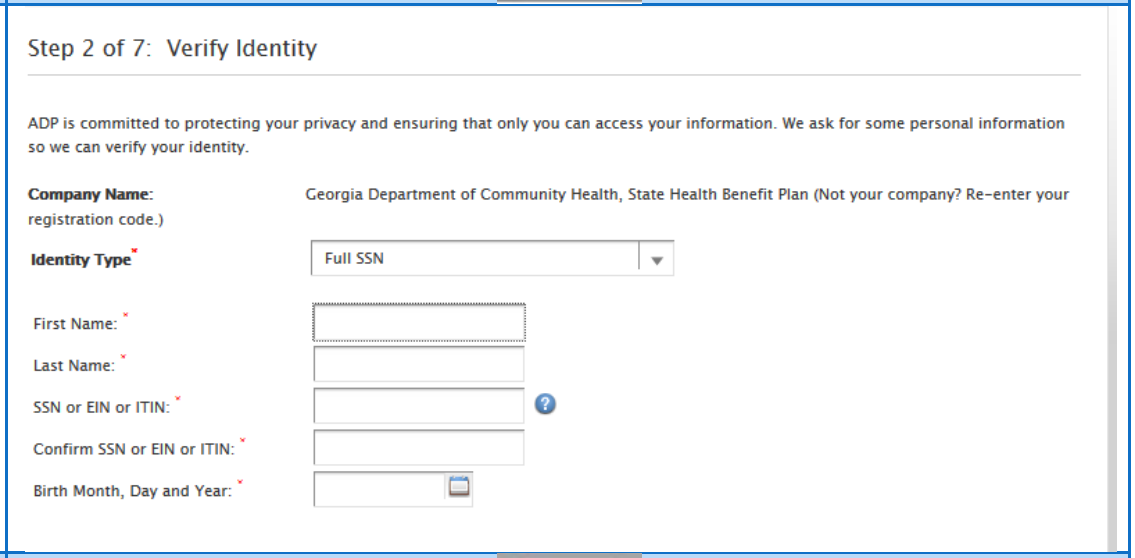
MEMBER EXPERIENCE > LOG ON > REGISTRATION

In order for a member to access the SHBP Enrollment Portal on their own, the member needs to register via the ADP NetSecure which controls access and ensures unauthorized users are not able to access the site.

Steps	Process Flow Instructions	Screen Shot
1	Go to SHBP Enrollment Portal site at: **mySHBPga.adp.com**, and click **Register Here**. Note: The Registration Code is listed on the homepage.	
2	This will bring the member to an ADP "Register for ADP Services" screen.	

3	**Step 1 of 7: Begin Registration**. The SHBP Registration Code is: **SHBP-GA** The employee MUST enter the Registration Code. Note: • The Registration code has not spaces. • ADP logo will be visible on the registration.	
4	Click **Next** at bottom of screen.	
5	**Step 2 of 7: Verify Identity** Required fields are noted with an asterisk, and must be provided. Company Name and Identity Type are auto-populated and do NOT require any change.	
6	Click **Next** at bottom of screen.	

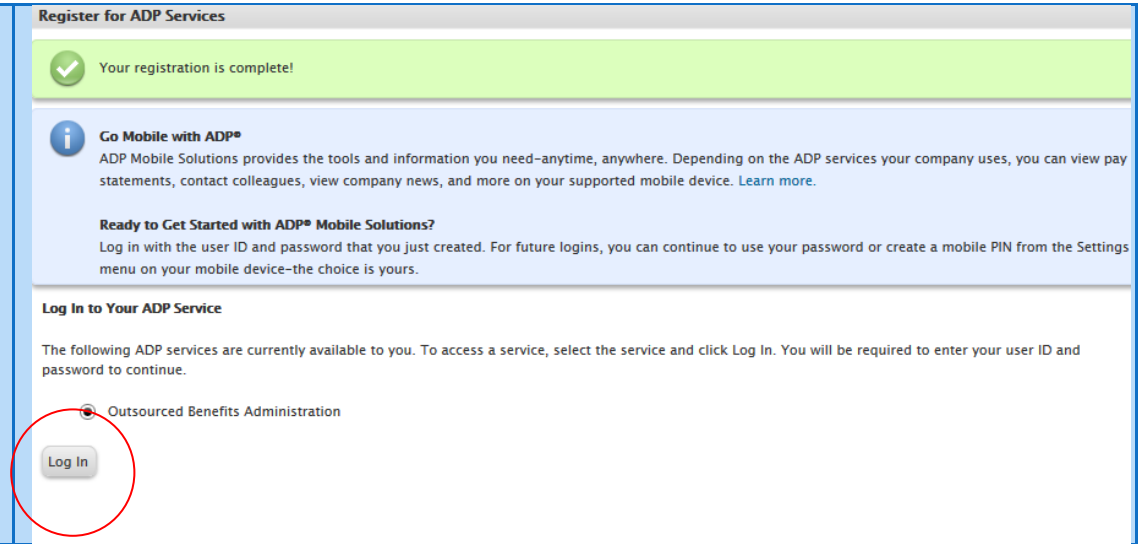
7	**Step 3 of 7: Create User ID & Password**	**Create Your User ID** User ID must be at least 4 characters long and may contain letters, numbers, and/or these 4 special characters (- @. _). User ID is not case sensitive. **User ID:** * **Create Your Password** Passwords must be at least 8 characters long and contain at least 1 letter and 1 number. Passwords are case sensitive. It is recommended that passwords be 12 or more characters and contain a mix of upper case and lower case letters, numbers, and special characters. **Password:** * Password strength: **Confirm Password:** *
8	The system will confirm that the User ID is available.	This user ID is available.
9	Note: If the User ID is already established by someone else, the member will receive an error message. The member needs to try another User ID.	This user ID is not available.
10	After entering Password information, click **Next.**	Next

11	**Step 4 of 7: Click Security Questions and Answers** Member will choose pre-populated questions and give answers. By clicking Security Questions and Answers, the member can gain access to the site in the event password is forgotten at some time in the future.	Step 4 of 7: Select Security Questions and Answers To protect your account, the information you enter will be used to verify your identity if you forget your user ID and/or password. **Security Questions and Answers*** Answers must be at least 2 alphanumeric characters long and are not case sensitive. Be sure to choose answers you can remember. **Question 1:*** **Answer 1:*** **Question 2:*** **Answer 2:*** **Question 3:*** **Answer 3:***
12	After questions are answered, click **Next.**	Next

13	**Step 5 of 7: Enter Your Contact Information** It is critical to encourage members to be ready to provide, if not create, a unique email address so it is stored in the ADP system to receive enrollment communications, confirmation communications. If the member clicks "Use for Notifications" the member will receive an activation code immediately after submission to the email address that was provided. This means the member will receive enrollment communications, confirmation communications from ADP. The member can also choose to add their phone number so they can receive ADP login information via text (including the activation code). If "Use for Notification" is not clicked – the registration process can still be continued and be completed. The activation can be done at a later time.	Step 5 of 7: Enter Your Contact Information Enter your contact information to receive communication from your company and/or ADP. ADP will send you an activation code to confirm that we can contact you. ADP may send notifications when your pay statements are ready, benefit enrollment changes are processed, and/or workflow items need your attention. If you forget your login information, ADP can send you an email with your temporary password and/or user ID. **Email Addresses** **Use for Notifications** **Work:** **Personal Email:** **Phone Numbers** If you forget your login information, ADP can send you a text message with your temporary password and/or user ID. ADP does not charge for this service, but standard text and data charges might apply from your mobile phone carrier. Terms and conditions. **Work Phone:** United States +1 Ext **Work Mobile:** United States +1 I authorize ADP to send my login information to this phone at my request. **Personal Mobile:** United States +1 I authorize ADP to send my login information to this phone at my request.
14	Click **Next**.	Next

15	**Step 6 of 7: Enter Activation Code if Unique Email Address is being used and "Use for Notification" was clicked.** If a unique email address is being used, the following message appears. *If, due to firewall issue, or other reasons a member is unable to retrieve the activation code in a personal email account – they can activate the email at a later time by following the steps in "Update Password or Email Link> Update/Activate Email Address" in this Guide. Reminder: Activating an email or mobile is not a requirement during the registration process although it is ADP recommended.	Step 6 of 7: Enter Activation Code An activation code has been sent to you. Activate your communication channels now to ensure that they are in service and can be used to reach you. If you want to activate later or you did not receive your activation code(s), you may skip this step. Follow the instructions in your registration confirmation email to activate your communication channels at your earliest convenience. **robert.zylstra@adp.test.com** **Activation Code:** Note: You may need to wait longer for an activation code to arrive by email. There can be a delay due to Internet traffic, your service provider, firewalls, etc. If you request a new activation code, the activation code previously issued to you will expire and become invalid even if it has not arrived.
16	**Step 6 of 7: Enter Activation Code if Shared Email Address is being used.** If there is a shared email address being used, the following message to the right will appear. This indicates that the email address has already been activated. Note: Shared email addresses are allowed; however, it is not an ADP best practice. *If a member wants to update their email	Step 6 of 7: Enter Activation Code Your email address is not unique within your company's users. For security reasons, we send activation codes only to unique email addresses. Your email address is still linked to your account; however, it cannot be activated to receive your login information if you ever forget it. Choose from these options: 1. Click Previous and enter an email address that is not shared with anyone. 2. Click Previous and enter a mobile phone number to activate. 3. Click Next to skip this step.

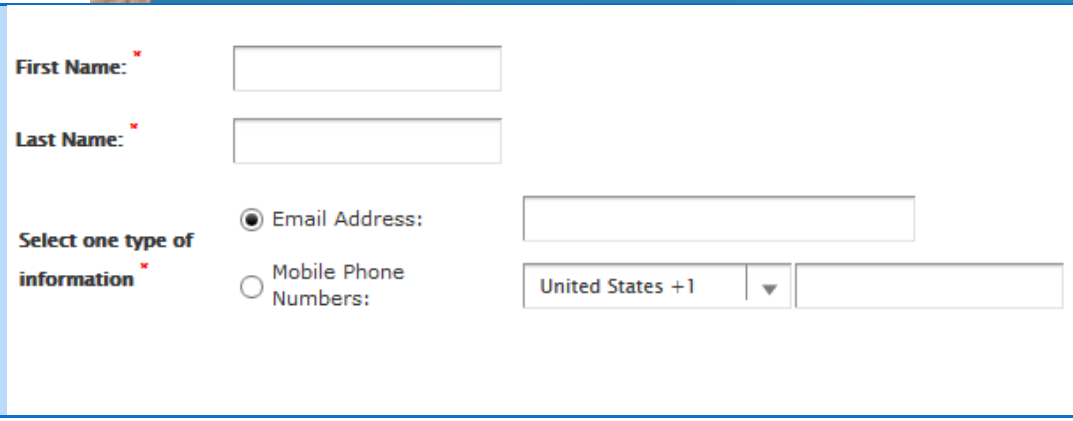
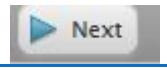
	address to be a unique email address - please follow steps in "Update Password or Email Link> Update/Activate Email Address" in this Guide. Note: Activating an email or mobile is not a requirement during the registration process although it is ADP recommended.	
17	Click **Next.**	Next
18	**Step 7 of 7: Review and Submit** The screen displays answers to security questions.	Step 7 of 7: Review and Submit Review the information on this page; click Done to confirm and continue. To make changes, use the left navigation options **User ID:** ADP123 **Security Questions and Answers** Question 1: What was the first concert you attended? Answer 1: concert Question 2: What is the first and last name of your oldest niece? Answer 2: niece Question 3: What was the first and last name of your first manager? Answer 3: manager **Contact Information**
19	Click **Done.**	Done

20	Confirmation of registration displays. Member will be able to log in immediately to the SHBP Enrollment Portal by clicking **Log In**.	
21	After clicking **Log In**, the member is directed back to the SHBP-branded homepage, and will need to use their newly created User ID and Password to sign in. **Note:** If the user's unique email address was activated an email will be sent to newly registered member to confirm the registration process has been completed.	
	Critical: If anyone has a previous or even current employer (in addition to SHBP) that has ADP as a vendor the following will occur: • Usually during registration an employee will be prompted to choose one of the two (or more) companies to register because some employers allow their previous employees to view their pay statements and W-2 for the past three years.	

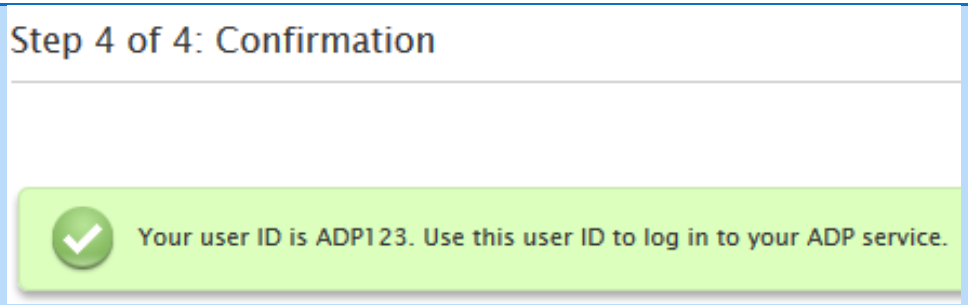
	Critical: The system is designed to make a match by SSN so it gives the employee the option just in case they entered the wrong Registration Code initially. If the employee forgets the User ID or Password for either company the system will prompt the employee to click the User ID or Password that needs to be retrieved or reset. **Critical:** The ADP Call Center is able to assist with registration questions employees may have. Employees should be referred to call the SHBP Line for assistance.	

EMPLOYEE LOG ON > FORGOT USER ID

In the event a member forgets their User ID, the member needs to go online and follow prompts to obtain the User ID.

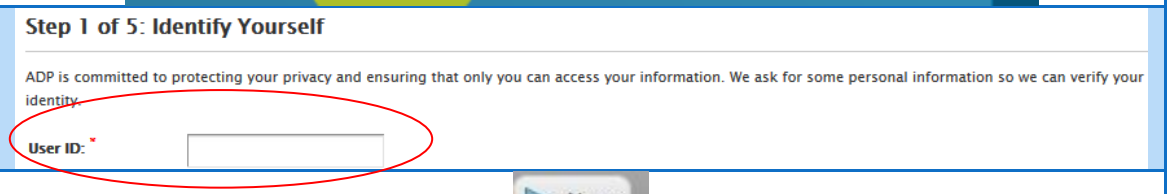
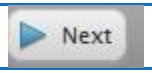
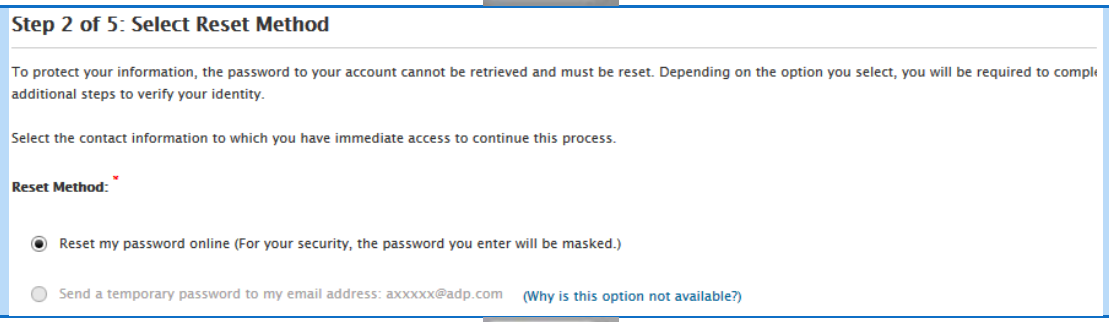
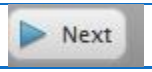
Steps	Process Flow Instructions	Screen Shot
1	Go to the SHBP Enrollment Portal site at **mySHBPga.adp.com**, and click **Forgot User ID.** Member will be directed to the ADP NetSecure Site.	
2	**Step 1 of 4: Identify Yourself** Required fields are noted by an asterisk.	
3	Once the information is entered, click **Next**.	

4	**Step 2 of 4: Click Delivery Method** The member is able to choose how to receive their Forgotten User ID.	Step 2 of 4: Select Delivery Method Depending on the option you select, you will be required to complete additional steps to verify your identity. ◉ Display my user ID ○ Send my user ID to my email address: axxxxx@adp.com (Why is this option not available?)
5	Click **Next**.	Next
6	**Step 3 of 4: Verify Information** Member will need to answer previously established questions.	Example: Step 3 of 4: Verify Information Enter the answer to the security question. Answers are not case sensitive. **Question:** What was the name of your first pet? **Answer:***
7	Click **Next**.	Next
8	**Step 4 of 4: Confirmation** After the system confirms the member's security responses, the member's password ID either will be emailed, sent to mobile phone or will display on the	Example:

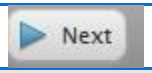
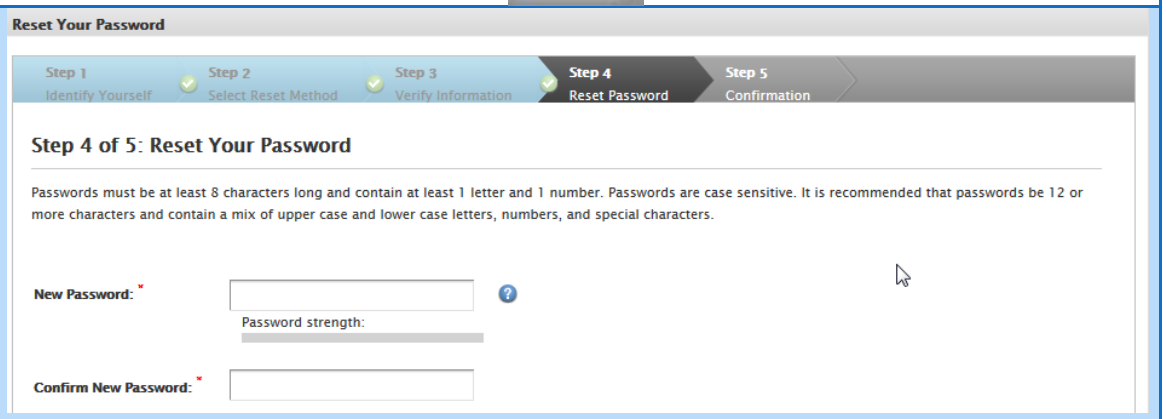
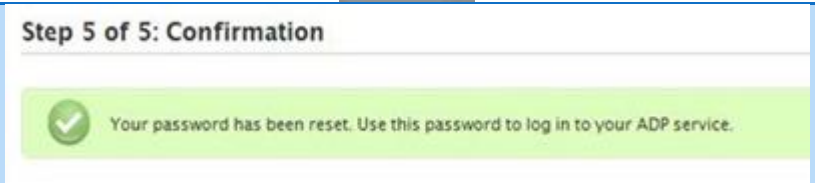
	screen (on right). **Note:** If the member provided an email address during registration, the member will receive an ADP-generated email. **Email subject:** Attempt to retrieve your User ID. This is an alert for the member.	
	Note: If the member also forgot their password, they can continue on the page to obtain password details. **Note:** The ADP Call Center is able to assist with Forgot User ID questions employees may have. Employees should be referred to call the SHBP Line for assistance.	

EMPLOYEE LOG ON > FORGOT PASSWORD

In the event a member forgets their password, the member needs to go online and follow prompts to retrieve it.

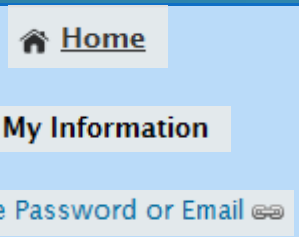
Steps	Process Flow Instructions	Screen Shot
1	Go to the SHBP Enrollment Portal site at: **mySHBPga.adp.com** and click **Forgot Password**. Note: ADP logo appears on this screen.	
2	Step 1 of 5**: Identify Yourself** Member will need to enter their **User ID.**	
3	Click **Next**.	
4	**Step 2 of 5: Click Reset Method** To have a temporary password sent, the member must have activated their phone or email. If an option is not available, it will be grayed and a Help Link will explain why.	
5	Click **Next**.	

6	**Step 2 of 5: Click Reset Method** (cont.)	**Step 2 of 5: Select Reset Method** Select an option to continue this process. **Online Reset Method:** * Ask me identity questions on screen
7	Click **Next**.	Next
8	**Step 3 of 5: Verify Information**	**Step 3 of 5: Verify Information** Your Social Security number (SSN) / Federal Employer Identification number (FEIN) / Individual Taxpayer Identification number (I process. ADP does not share this personal information with any third-party vendor. **Last 4 Digits of SSN, EIN, or ITIN:** * **Confirm Last 4 Digits of SSN, EIN, or ITIN:** * **Birth Month and Day:** *
9	Click **Next**.	Next
10	**Step 3 of 5: Verify Information** (cont.) System will ask previously answered security questions.	**Step 3 of 5: Verify Information** Enter the answer to the security question. Answers are not case sensitive. **Question:** What was the first and last name of your first manager? **Answer:** *

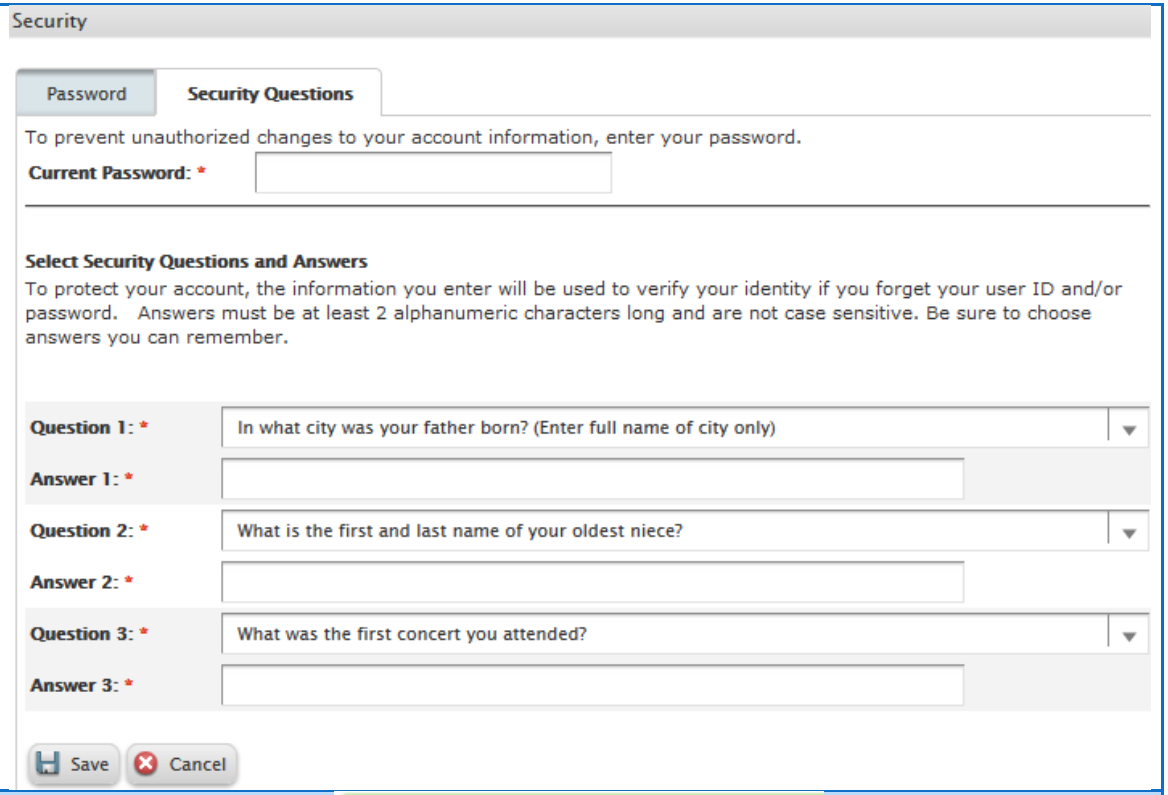
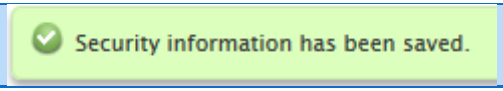
11	Click **Next**.	
12	**Step 4 of 5: Reset Your Password** Enter in a new password.	
13	Click **Next**.	
14	**Step 5 of 5: Confirmation** The member will now be able to log on using their new password.	
	Note: The ADP Call Center is able to assist with Forgot Password questions employees may have. Employees should be referred to call the SHBP Line for assistance.	

UPDATE PASSWORD OR EMAIL LINK> SECURITY QUESTIONS AND ANSWERS

A SHBP Member will follow this process in the event they would like to change/update their existing/established security questions:

Steps	Process Flow Instructions	Screen Shot
1	Go to the SHBP Enrollment Portal site at: **mySHBPga.adp.com** and log in using current credentials. Note: ADP logo appears on this screen.	
2	At **Home** page, **Click My Information** and then **Update Password or Email**.	

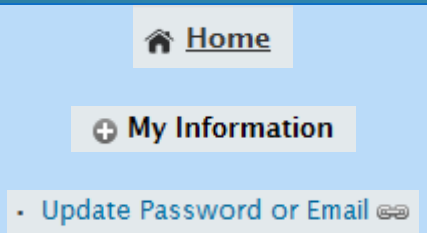
3	Member will be directed to a new page that will welcome them to ADP Security Management Services.	Welcome ADP Security Management Service provides functions essential to access your ADP services.
4	Member will be presented with **Quick Links** to determine what security they would like to update on their account. Click **Update your security questions and answers** link.	Quick Links • Update your security questions and answers • Update/activate your email address selected to receive security notifications from ADP • Update/activate your mobile phone selected to receive text messages (at your request) • Change your password

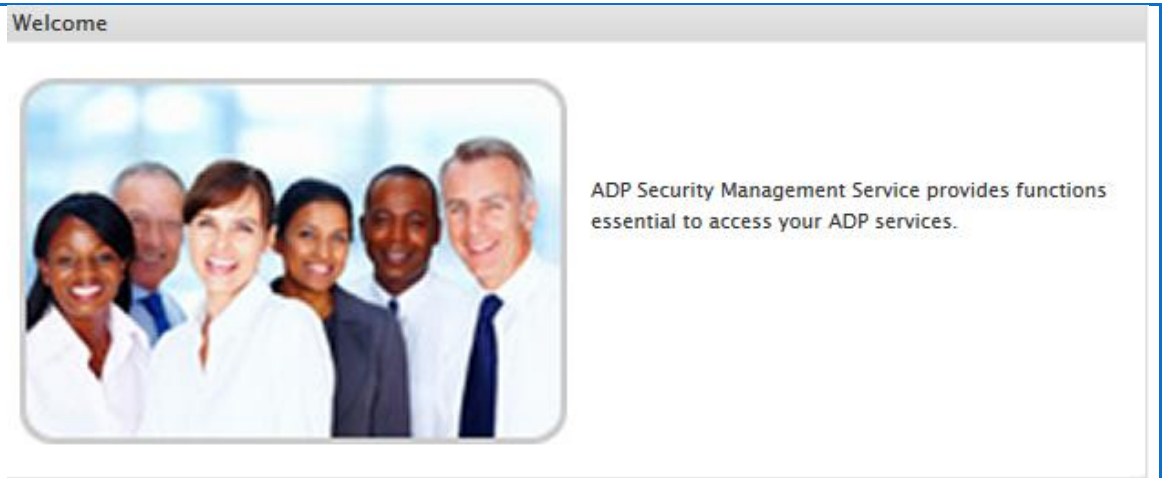
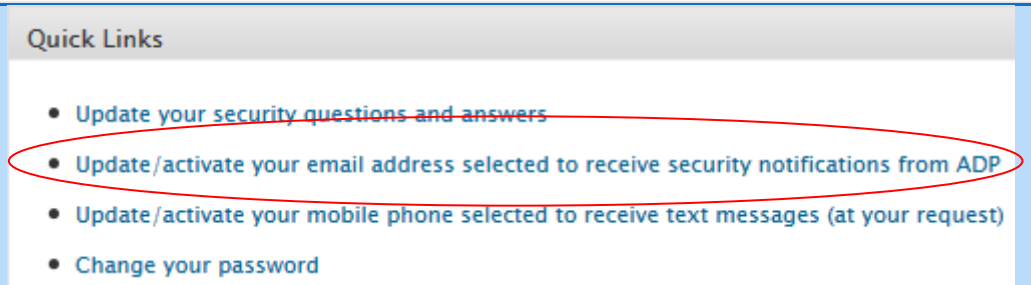
5	Member will be prompted to enter their current, established Password and then will be allowed to update the existing security questions chosen. Click **Save** once complete.	
6	Confirmation of security information will display.	

UPDATE PASSWORD OR EMAIL LINK > UPDATE/ACTIVATE EMAIL ADDRESS

A SHBP Member will follow this process in the event they would like to update or activate the existing/established email address on file.

Note: If a member originally registered using a shared email (email address used by more than one person) but want to update their email address to be unique to only them, this will be the process to follow.

Steps	Process Flow Instructions	Screen Shot
1	Go to the SHBP Enrollment Portal site at: **mySHBPga.adp.com** and log in using current credentials. Note: ADP logo appears on this screen.	
2	At **Home** page, **Click My Information** and then **Update Password or Email**.	

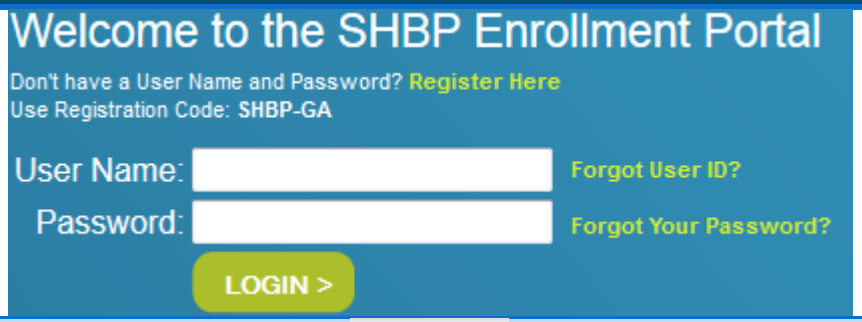
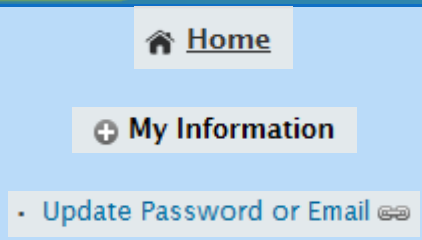
3	Member will be directed to a new page that will welcome them to ADP Security Management Services.	
4	Member will be presented with **Quick Links** to determine what security they would like to update on their account. Click **Update/activate your email address selected to receive security notifications from ADP** link.	
5	Member will be prompted to update their details as required. Note: Save button must be chosen in order for the system to accept the desired changes.	

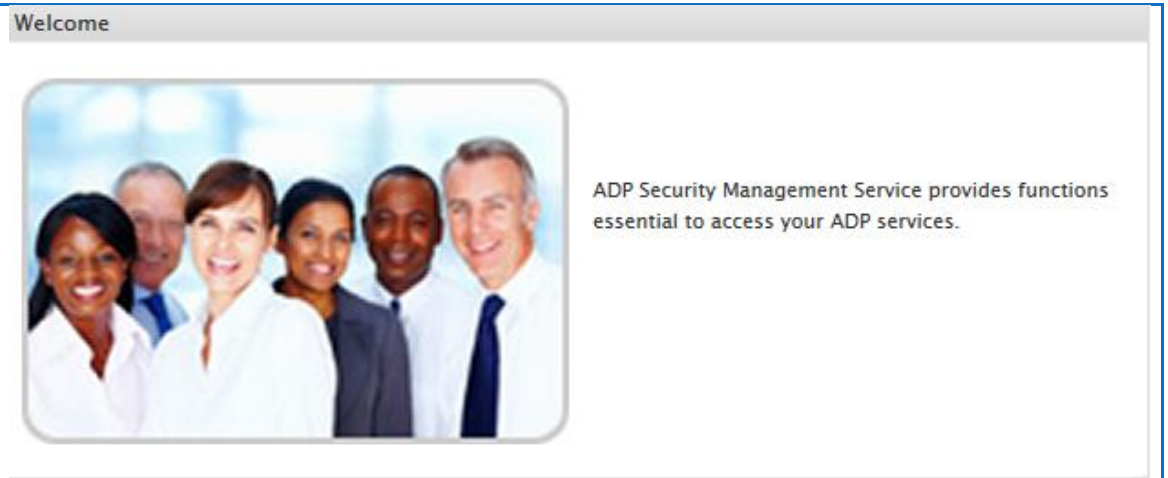
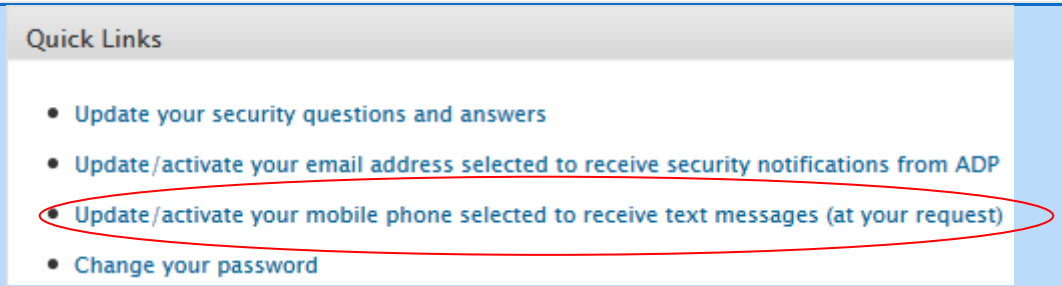
		Contact Information Contact Information | Activate Email/Mobile Update your contact information to receive communication from your company and/or ADP. Contact Email: * Work test.person@dch.gov.com Use for Notifications Add Another If you forget your login information, ADP can send you a text message with your temporary password and/or user ID. ADP does not charge for this service, but standard text and data charges might apply from your mobile phone carrier. Terms and Conditions Phone Numbers: Work United States +1 Ext.: Mobile Phone Numbers: Add Another Save Reset
6	Select Add Another to provide an additional email address. Click on the radial button to use the new email address for Notifications.	Add Another Use for Notifications
7	Confirmation of change will appear on screen. Member will receive an email to their old email address confirming what their email address has been updated to.	Contact information has been saved. Activate your email address/mobile phone numbers to ensure that they are in service and can be used to reach you.
8	In order to active new email address in order to receive details from ADP, Click	Activate Email/Mobile

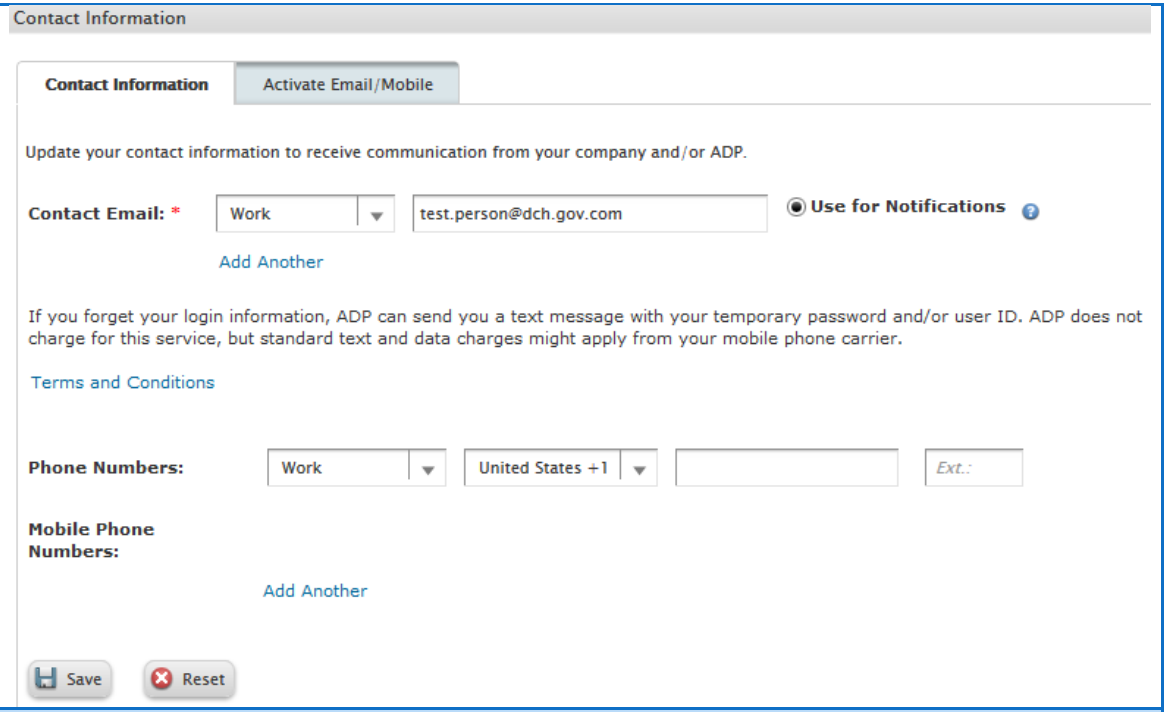
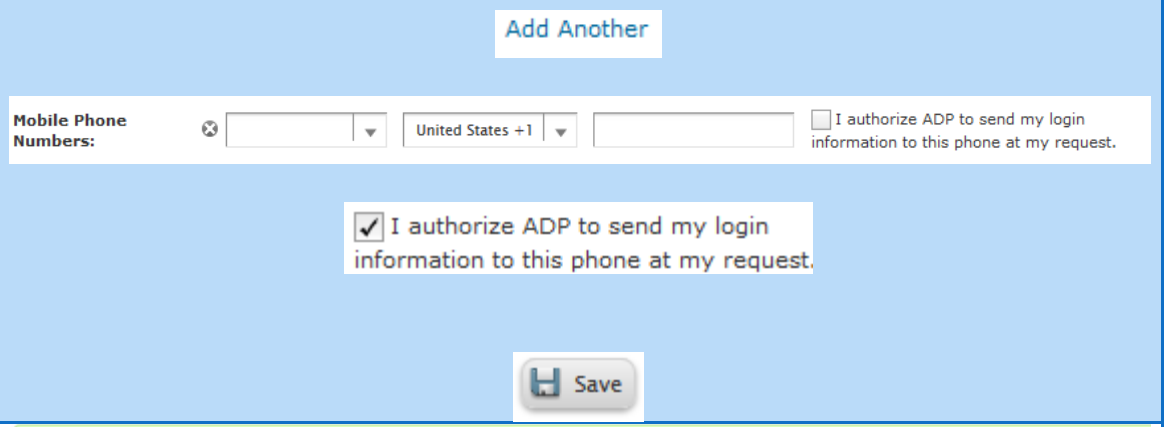
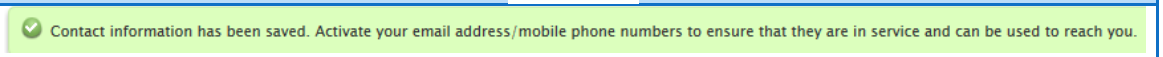
	Activate Email/Mobile tab and check the box appropriately to **Send Activation Code**.	Send Activation Code(s)
9	Member will need to enter their newly established **Activation Code** that has been sent to the email address just entered.	Enter Activation Code An activation code has been sent to your email address and mobile phone numbers, you selected. If you did not receive your activation code(s), try again later. **angpiecuch@gmail.com Activation Code:** Note: You may need to wait longer for an activation code to arrive by email. There can be a delay due to Internet traffic, your service provider, firewalls, etc. If you request a new activation code, the activation code previously issued to you will expire and become invalid even if it has not arrived. Didn't receive a code? View Help Submit Cancel
10	After entering the Activation code click Submit. Confirmation of activation will appear and will mean that any future notifications sent from the ADP security system will be sent to the email address just updated.	Your email address has been activated.

UPDATE PASSWORD OR EMAIL > UPDATE/ACTIVATE MOBILE PHONE

A SHBP Member will follow this process in the event they would like to update/activate their mobile phone to receive text messages.

Steps	Process Flow Instructions	Screen Shot
1	Go to the SHBP Enrollment Portal site at: **mySHBPga.adp.com** and log in using current credentials. Note: ADP logo appears on this screen.	
2	At **Home** page, **Click My Information** and then **Update Password or Email**.	

3	Member will be directed to a new page that will welcome them to ADP Security Management Services.	
4	Member will be presented with **Quick Links** to determine what security they would like to update on their account. Select **Update/activate your mobile address clicked to receive security notifications from ADP** link.	

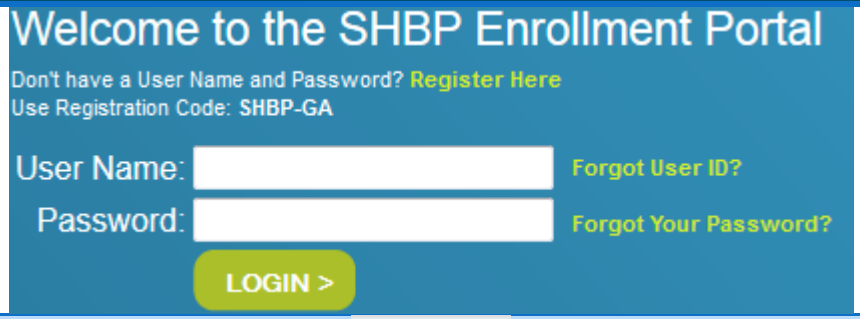
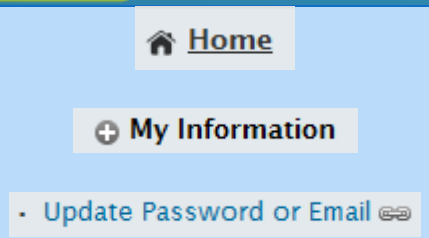
5	Member will be prompted to update their details as required. Note: Save button must be chosen in order for the system to accept the desired changes. If the employee selects an email address- the activation code will be sent to the email address. If the employee selects a phone number/mobile number the activation code will be sent via text.	
6	Choose the **Add Another** link to provide a mobile phone. Click drop down to update for Personal Mobile, enter phone number and check the box to authorize ADP to send log in details to the phone. Choose **Save**.	
7	Confirmation of activation will display.	

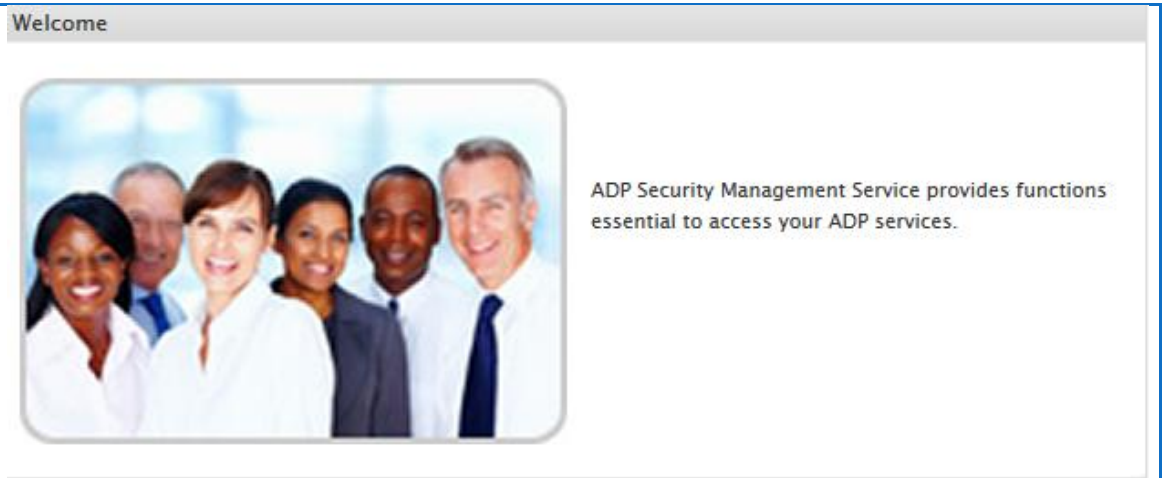
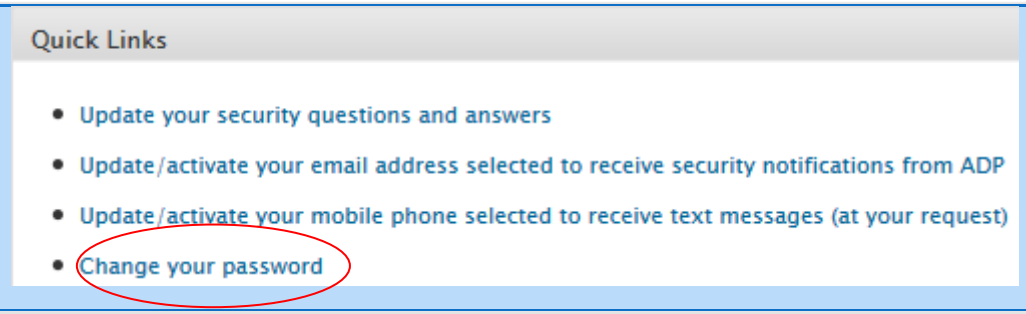
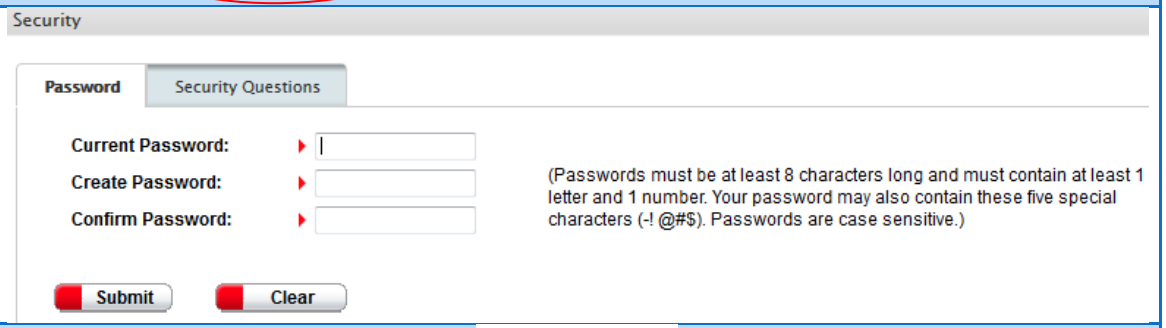
8	In order to active new 'mobile' to receive Password and User Details from ADP, Click **Activate Email/Mobile** tab and check the box appropriately next to the updated phone number and click **Send Activation Code**.	**Activate Email/Mobile** Send Activation Code(s)
9	Member will receive a text immediately that will include the Activation Code. The Activation code should be added in the box that will display on the screen.	Enter Activation Code An activation code has been sent to your email address and mobile phone numbers, you selected. If you did not receive your activation code(s), try again later. **774-329-0741 Activation Code:** Note: You may need to wait longer for an activation code to arrive by email. There can be a delay due to Internet traffic, your service provider, firewalls, etc. If you request a new activation code, the activation code previously issued to you will expire and become invalid even if it has not arrived. Didn't receive a code? View Help Submit Cancel
10	Confirmation of activation will display. Confirmation of activation means that any future notifications sent from the	Your mobile phone number has been activated.

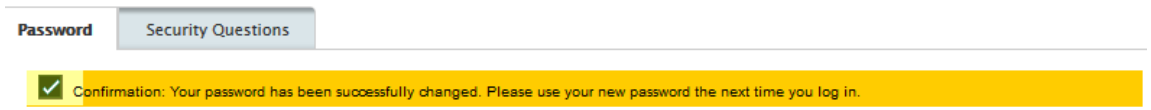
	ADP security system will be sent to the mobile number just updated.	

UPDATE PASSWORD OR EMAIL > CHANGE PASSWORD

A SHBP Member will follow this process in the event they would like to change their existing/established password.

Steps	Process Flow Instructions	Screen Shot
1	Go to the SHBP Enrollment Portal site at: **mySHBPga.adp.com** and log in using current credentials. Note: ADP logo appears on this screen.	
2	At **Home** page, **Click My Information** and then **Update Password or Email**.	

3	Member will be directed to a new page that will welcome them to ADP Security Management Services.	
4	Member will be presented with **Quick Links** to determine what security they would like to update on their account. Click **Change your password** link.	
5	Member will need to enter their current password in order to create and confirm a new password.	
6	After entry, click **Submit.**	
7	Confirmation of password change will	

	display. Password is updated immediately in the system.	

NAVIGATION EXPERIENCE > MY INFORMATION/PLAN INFORMATION

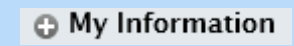
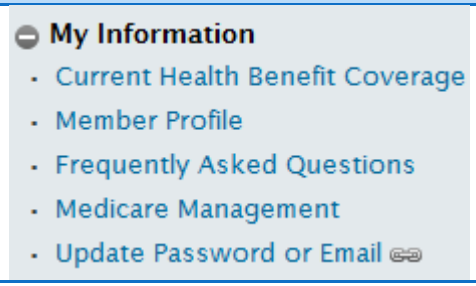
This details the navigation options a member has on the left-hand side of their screen after logging onto the SHBP Enrollment Portal.

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal at **mySHBPga.adp.com**.	See Log on Process
2	At the home screen, click **My Information** in the left-hand navigation menu.	My Information
3	Within the **My Information** section, the user can choose to view their **Current Health Benefit Coverage**, **Member Profile**, **Frequently Asked Questions** or **Medicare Management**.	My Information • Current Health Benefit Coverage • Member Profile • Frequently Asked Questions • Medicare Management • Update Password or Email
4	Click **Current Health Benefit Coverage** to view benefits in which the member is currently enrolled.	Current Health Benefit Coverage Benefits elected as of: 06/07/2013 Your Elections Benefit | Option – Tier | Effective Date Employee Paid Pre-tax Benefits Health Benefits | UHC HMO Standard – You and Family | 01/01/2013 Tobacco Surcharge | None | 01/01/2013 Total Pre-tax cost: Total Monthly cost:

5	Click **Member Profile** to view personal and company information.	Employee Profile **Personal Information** Home Address: 37 SASSAFRAS TRAIL 008 CARTERSVILLE, GA 30121-6025 Phone Number: 7702624157 Birth Date: 02/19/1975 Gender: Female AltID: A199W0345 Email Address: **Other Medical Coverage** **Company Information** Job Title: FT/PT: Location ID: COBB BOE Union ID: Status: Active Hire Date: 12/31/2012 Original Hire Date: 12/31/2012 Payroll Frequency: Monthly Annual Salary: $1.00 Department ID: 0179 Division ID: Participation Group: Active
6	Click **Frequently Asked Questions** to view answers to common member questions regarding benefit information.	**Frequently Asked Questions** Why do I have to enter in my personal benefit information? **Why do I have to enter in my personal benefit information?** In order to ensure data accuracy in the ongoing system, we are using AE as an opportunity for everyone to reestablish personal benefit information. That is why you are being asked to enter in your dependents and beneficiaries and to make a positive election.
7	Click **Medicare Management** to access the Medicare Maintenance screen. Note: Visible for both Active and Retirees.	Medicare Maintenance Please take a moment to review your Medicare information on file. To add information for yourself or for a dependent, click the pencil icon. Actions / Name / Relationship / Part A / Part B / Part D REBECCA M SMITH — Self RUSSELL B SMITH — Spouse WILLIAM N SMITH — Child GRACE E SMITH — Child = View/Update Details

NAVIGATION EXPERIENCE > MY INFORMATION/CURRENT HEALTH BENEFIT COVERAGE

This details the how to read the effective date details in while using the 'Benefit elected as of' calendar feature on the Current Health Benefit Coverage Screen.

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal at **mySHBPga.adp.com**.	See Log on Process
2	At the home screen, click **My Information** in the left-hand navigation menu.	
3	Within the **My Information** section, click **Current Health Benefit Coverage**.	

4

The following page will display and will show "Your Elections" and "Your dependents on file".

Current Health Benefit Coverage

Benefit elected as of: 07/01/2013 Enter Date or Select Event

Your Elections Print or Save as PDF

Benefit	Option - Tier	Effective Date	Monthly Premium
Employee Paid Pre-tax Benefits			**Pre-tax**
Health Benefits	UHC HRA Wellness - You and Spouse	01/01/2013	$261.66
Tobacco Surcharge	None	01/01/2013	$0.00
		Total Pre-tax cost:	**$261.66**
		Total Monthly cost:	**$261.66**

Your dependents on file

Name	Relationship	Date of Birth	Health Benefit Coverage
RICHARD L SMITH	Spouse	07/02/1951	Yes

5

There are two separate ways that an employee can confirm their benefits.

A. **Benefit elected as of date** * means the employee's benefits as of the date clicked via the calendar.

*This should be used separately from the "Event Drop down Box".

B. **Event Drop Down Box** will allow the employee to check the benefits strictly by the Event Clicked.

The date associated with the drop down is the date the event was declared not when benefits are effective.

<u>Benefit Elected as of date:</u>

Current Health Benefit Coverage

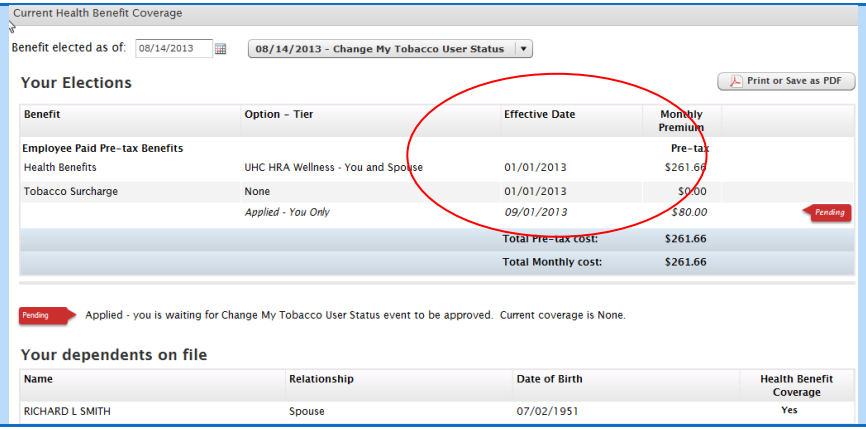
Benefit elected as of: 08/15/2013 Enter Date or Select Event

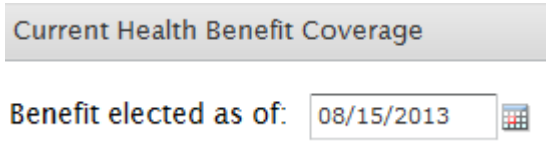
<u>Event Drop Down Box:</u>

Current Health Benefit Coverage

Benefit elected as of: 08/15/2013 Enter Date or Select Event

6	If the employee does not have any Qualifying Events on their record The "Benefit elected as of date" will only display with a calendar for the employee to use as desired.	Current Health Benefit Coverage Benefit elected as of: 08/15/2013 Your Elections — Print or Save as PDF Benefit | Option – Tier | Effective Date | Monthly Premium Employee Paid Pre-tax Benefits | Pre-tax Health Benefits | UHC HRA Wellness – You and Child(ren) | 01/01/2013 | $246.26 Tobacco Surcharge | None | 01/01/2013 | $0.00 Total Pre-tax cost: $246.26 Total Monthly cost: $246.26
7	**Checking Current Benefits using the Event Drop Down Box:** If the member does have a Qualifying Event (s) on their account and they want to know what benefits were elected at a specific date the "Event drop down box" will be used. The employee will choose the event they would like to display. These data points will then result in a potential change/update to the "Your Elections" and "Your dependents on file".	Benefit elected as of: 07/01/2013 Enter Date or Select Event 08/14/2013 - Change My Tobacco User Status Current Health Benefit Coverage Benefit elected as of: 08/14/2013 — 08/14/2013 - Change My Tobacco User Status Your Elections — Print or Save as PDF Benefit | Option – Tier | Effective Date | Monthly Premium Employee Paid Pre-tax Benefits | Pre-tax Health Benefits | UHC HRA Wellness - You and Spouse | 01/01/2013 | $261.66 Tobacco Surcharge | None | 01/01/2013 | $0.00 *Applied - You Only* | *09/01/2013* | *$80.00* | Pending Total Pre-tax cost: $261.66 Total Monthly cost: $261.66 Pending Applied - you is waiting for Change My Tobacco User Status event to be approved. Current coverage is None. Your dependents on file Name | Relationship | Date of Birth | Health Benefit Coverage RICHARD L SMITH | Spouse | 07/02/1951 | Yes
8	The **effective date** column should be used to determine when the benefit begins.	



9	**Checking Current Benefits using the Benefit elected as of date:** By changing the "**Benefit elected as of date**" to a date in the future or in the past, will allow the employee to see the benefits that are effective during that time. Note: • No event should be chosen in the "Event Drop Down Box". • Only the benefits that the person is enrolled in at that date chosen will display. • The effective date will only show the coverage start date.	

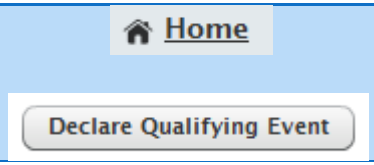
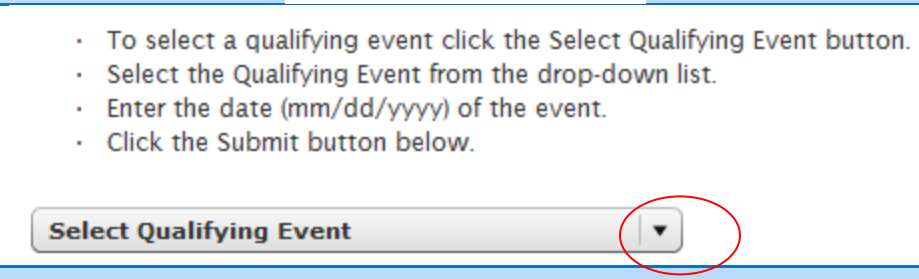
10	**Past Date Example:** Employee will see the current elected benefit in place at that time only and will NOT see benefits that are effective in the future.	Current Health Benefit Coverage Benefit elected as of: 07/22/2013 Enter Date or Select Event Your Elections Print or Save as PDF Benefit | Option – Tier | Effective Date | Monthly Premium Employee Paid Pre-tax Benefits | Pre-tax Health Benefits | UHC HRA Wellness - You and Spouse | 01/01/2013 | $261.66 Tobacco Surcharge | None | 01/01/2013 | $0.00 Total Pre-tax cost: $261.66 Total Monthly cost: $261.66
11	**Present Date Example:** Employee will see the current elected benefit in place at that time only and will see benefits that are effective in the future because a Qualifying event has already been declared.	Current Health Benefit Coverage Benefit elected as of: 08/15/2013 Enter Date or Select Event 08/14/2013 - Change My Tobacco User Status Your Elections Print or Save as PDF Benefit | Option – Tier | Effective Date | Monthly Premium Employee Paid Pre-tax Benefits | Pre-tax Health Benefits | UHC HRA Wellness - You and Spouse | 01/01/2013 | $261.66 Tobacco Surcharge | None | 01/01/2013 | $0.00 *Applied - You Only* | *09/01/2013* | *$80.00* Pending Total Pre-tax cost: $261.66 Total Monthly cost: $261.66
12	**Future Date Example**: Employee will see the current elected benefit in place but also see the event details/dependents on file and when the new enrollment will go into effect.	Current Health Benefit Coverage Benefit elected as of: 09/01/2013 Enter Date or Select Event 08/14/2013 - Change My Tobacco User Status Your Elections Print or Save as PDF Benefit | Option – Tier | Effective Date | Monthly Premium Employee Paid Pre-tax Benefits | Pre-tax Health Benefits | UHC HRA Wellness - You and Spouse | 01/01/2013 | $261.66 Tobacco Surcharge | None | 01/01/2013 | $0.00 *Applied - You Only* | *09/01/2013* | *$80.00* Pending Total Pre-tax cost: $261.66 Total Monthly cost: $261.66 Pending Applied - you is waiting for Change My Tobacco User Status event to be approved. Current coverage is None. Your dependents on file Name | Relationship | Date of Birth | Health Benefit Coverage RICHARD L SMITH | Spouse | 07/02/1951 | Yes
13	**System Generated** Dependent Age Out event – <u>Present date example</u> will show current election and dependents on file.	

		Current Health Benefit Coverage Benefit elected as of: 08/15/2013 Enter Date or Select Event 09/01/2013 - Dependent Age Out **Your Elections** Print or Save as PDF Benefit | Option – Tier | Effective Date | Monthly Premium Employee Paid Pre-tax Benefits | | | Pre-tax Health Benefits | CIGNA HMO Standard - You and Child(ren) | 01/01/2013 | $318.88 Tobacco Surcharge | None | 01/01/2013 | $0.00 Total Pre-tax cost: $318.88 Total Monthly cost: $318.88 **Your dependents on file** Name | Relationship | Date of Birth | Health Benefit Coverage JOY B. WYATT | Child | 08/21/1987 | Yes
14	**System Generated** Dependent Age Out event – <u>Future date example</u> will show what the elections and dependents on file- changes will display.	Current Health Benefit Coverage Benefit elected as of: 09/01/2013 09/01/2013 - Dependent Age Out **Your Elections** Print or Save as PDF Benefit | Option – Tier | Effective Date | Monthly Premium Employee Paid Pre-tax Benefits | | | Pre-tax Health Benefits | CIGNA HMO Standard - You Only | 09/01/2013 | $142.38 Tobacco Surcharge | None | 01/01/2013 | $0.00 Total Pre-tax cost: $142.38 Total Monthly cost: $142.38 **Your dependents on file** Name | Relationship | Date of Birth | Health Benefit Coverage JOY B. WYATT | Child | 08/21/1987 | No
15	**Termed Employee**	Not Applicable. Termed employees will no longer have the capability to go online.

CURRENT USER > QUALIFYING EVENTS > THE ADD A DEPENDENT EXPERIENCE

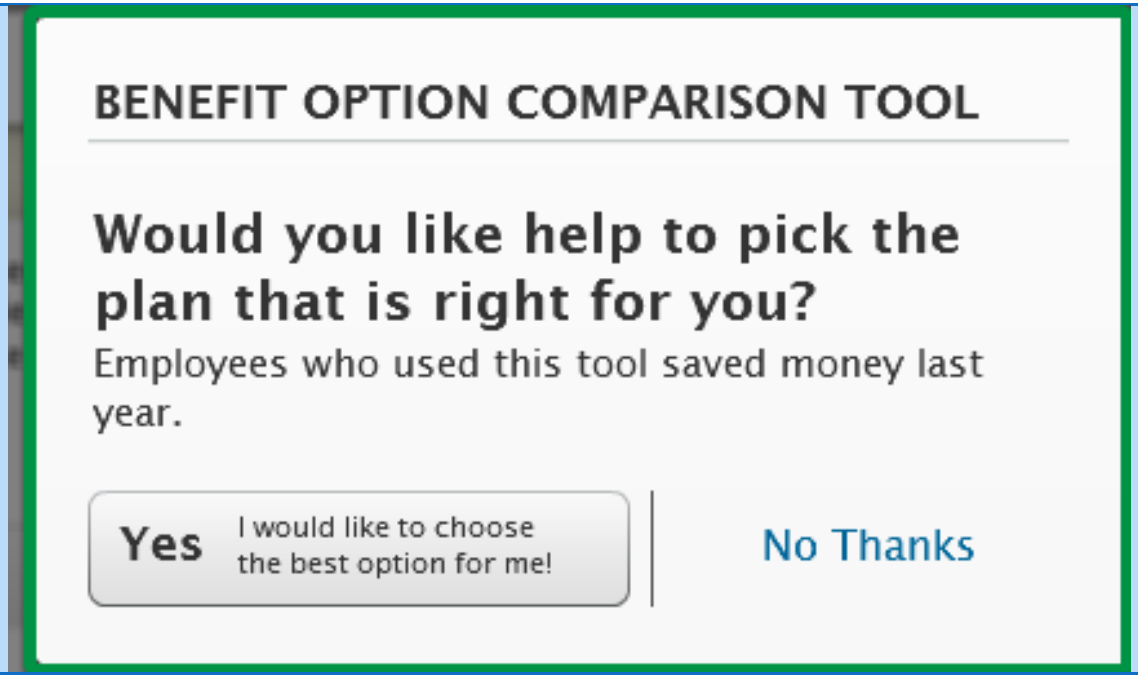
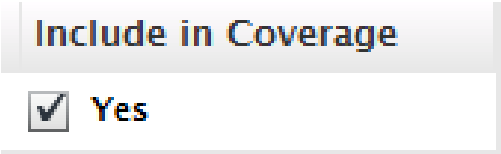
Qualifying Events are available for members to declare and take action on their own via the self service portal.

Example: Birth

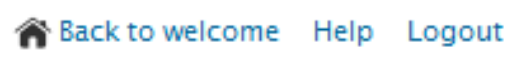
Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal at **mySHBPga.adp.com**.	See Log on Process
2	At the home screen, click **Declare Qualifying Event.**	
3	At the **Qualifying Event Page**; the member chooses which event they are declaring by clicking the down arrow in the drop down box.	
4	A member is required to enter an **Event Date** into the system. Each event has an Overview detailing the event, and instructs the member what required documentation is necessary.	

		• Enter the date (mm/dd/yyyy) of the event. • Click the Submit button below. Birth Event Date: 05/16/2013
5	Click **Submit**.	Submit
6	**Terms and Conditions** A member must click **Accept Terms and Conditions** to continue to the next step of enrollment. A member may click on the message to review **Terms and Conditions** before accepting.	Accept Terms and Conditions
7	**Review Your Information** The member is able to review their current enrollment. Click **Go to Review Your Current Elections**.	Go to Review Your Current Elections
8	Upon reviewing **Current Elections**, click **Go to Review Your Dependents**.	Go to Review Your Dependents
9	Click **Add a Dependent**.	Add a Dependent
10	The **Dependent Information** screen appears with required fields noted.	Dependent Information First and Middle Name * This field is required. Last Name and Suffix *

11	Click **Submit**.	Submit
12	Click **Go to Make Your Elections**.	Go to Make Your Elections
13	**Make Your Elections** Click **Go to Tobacco Surcharge Question**.	Go to Tobacco Surcharge Question
14	**Tobacco Surcharge Question** A member must answer the tobacco surcharge question using the radial buttons. **Note:** A response is required to move to next screen.	Have you or any of your covered dependents used tobacco products in the last 60 days? Yes No
15	Click **Go to Health Benefits**.	Go to Health Benefits

16	**Decision Support:** A member is provided an option to utilize Decision Support benefit option comparison tool to help click the right plan to meet their needs. The member can choose to decline or accept the opportunity to use the tool.	
17	**Make Your Elections** The member can make their desired changes to their enrollment. **Note:** When adding a dependent, the member MUST scroll down to click on the box to add the newly added dependent to coverage. If you see dependents or Health Benefit plan grayed out, it is because the system is enforcing the plan eligibility rules.	

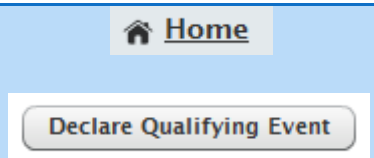
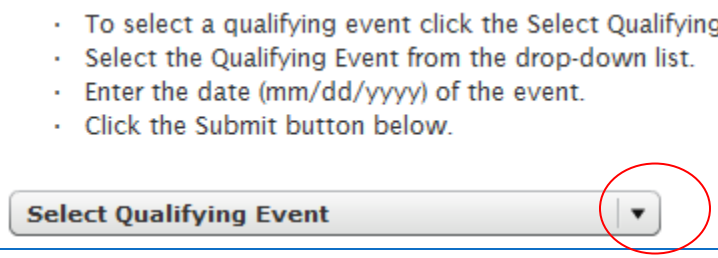
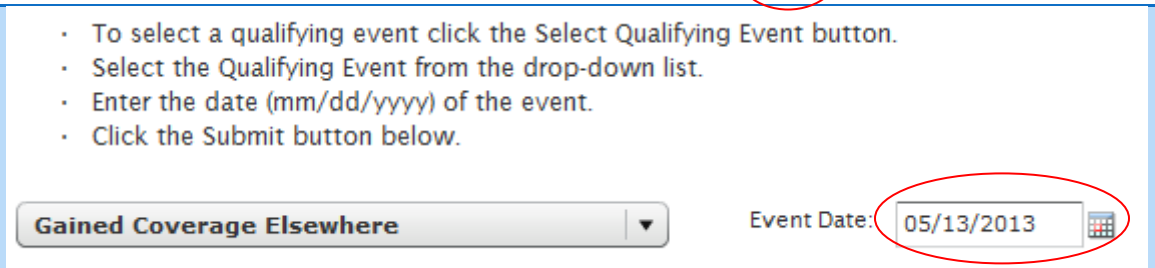
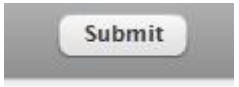
18	Click **Go to Review and Confirm Changes**.	Go to Review and Confirm Changes
19	**Your Elections** This screen displays the enrollments made. The member should review, and then click **Finish**. **Note:** Members **must** click **Finish** in order for the enrollment to save. Members can choose to **Exit Without Saving** at any time. If a member questions an enrollment, the Audit feature (Part 2) will allow Admins to review web activity for any member to confirm action or non-action taken on an account.	Finish
20	The green check mark confirms enrollment was saved and provides the member an opportunity to print or save a Confirmation Statement.	Please click the 'Print' or Save as PDF button to view, print and/or save your Confirmation Statement. Submitted on 05/16/2013 by SALLY SUBSCRIBER. Confirmation #16359 Print or Save as PDF Back to welcome Logout
21	Scrolling down to confirm, newly added dependent is now reflected as 'Pending' status.	Name: test child Pending — Relationship: Child Pending: Changes for dependent test child are awaiting approval. test child has coverages awaiting approval: Health Benefits.

22	Members can choose to go **Back to Welcome** or **Logout** at the top of screen.	
	ADP Email Communication: If the member has an email address on file, a Confirmation email will be sent to the member immediately.	
	ADP File Frequency: Files sent daily to SHBP.	

CURRENT USER > QUALIFYING EVENTS > THE DROP A DEPENDENT EXPERIENCE

Qualifying Events are available for Members to declare and take action on their own via the self service portal.

Example: Gains Coverage Elsewhere

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal at **mySHBPga.adp.com**.	See Log on Process
2	At the home screen click **Declare Qualifying Event**.	
3	At the **Qualifying Event Page**, a member can choose which event they are declaring by clicking the down arrow on the drop down box.	
4	A member is required to enter an Event Date into the system. Each event has an Overview detailing the event, and instructs the member what required documentation is necessary.	
5	Click **Submit** at the bottom of page.	

6	**Terms and Conditions** A member must click **Accept Terms and Conditions** to continue to the next step of enrollment. A member may click on the message to review **Terms and Conditions** before accepting.	Accept Terms and Conditions
7	**Review Your Information** A member can review their current enrollment. Click **Go to Review Your Current Elections**.	Go to Review Your Current Elections
8	**Review Your Dependents/Add a Dependent** The member will have opportunity to remove a dependent due to Qualifying Event.	Actions / Name SPOUSE DEPENDENT CHILD DEPENDENT CHILD DEPENDENT CHILD DEPENDENT = View/Update Details = Remove dependent from file
9	To remove the dependent, click the **remove** icon. **This will remove the dependent from being visible in the system.**	

10	The system confirms that this choice is accurate.	Are you sure you want to remove SPOUSE DEPENDENT? Yes No
11	To review the details, click **Go to Make your Elections**.	Go to Make Your Elections
12	**Make Elections** The member is given the option to navigate to specific screen or use the buttons to navigate through option. Click **Go to Tobacco Surcharge Question.**	Go to Tobacco Surcharge Question
13	**Tobacco Surcharge Question** The member must answer the tobacco surcharge question using the radial buttons. **Note:** A response is required to move to next screen.	Have you or any of your covered dependents used tobacco products in the last 60 days? Yes No
14	Click **Go to Health Benefits**.	Go to Health Benefits
15	**Make Your Elections** The system will automatically remove the dependent from enrollment and update the tier level based on the dependent removal. Click **Go to Review and Confirm Changes**.	Go to Review and Confirm Changes

16	**Your Elections** A member can review enrollments made, but note that the event is pending. **Note:** Appropriate paperwork required (as previously defined in the Overview section when clicking the event) will be noted.	Pending This event is pending, therefore some of these elections/actions are subject to approval.
17	The system also notes, at bottom of screen, the removal of the dependent **Note:** ADP will maintain a record, even though the dependent is removed from the system, and the member and SHBP Admins will no longer see the dependent.	Deletions SPOUSE DEPENDENT has been deleted.
18	The member should review, and then click **Finish**. **Note:** Members must click **Finish** in order for the enrollment to save. Members can choose to **Exit Without Saving** at any time. If a member questions an enrollment, the Audit feature (Part 2) will allow Admins to review web activity for any member to confirm action or non action taken on an account.	Finish
19	The green check mark confirms enrollment was saved and provides the member an opportunity to print or save a Confirmation Statement.	Please click the 'Print' or Save as PDF button to view, print and/or save your Confirmation Statement. Submitted on 05/16/2013 by SALLY SUBSCRIBER. Confirmation #16359 Print or Save as PDF Back to welcome Logout

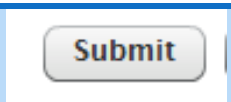
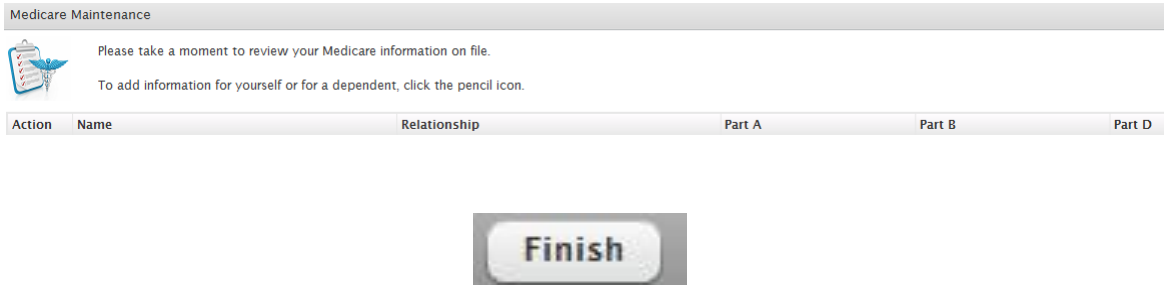
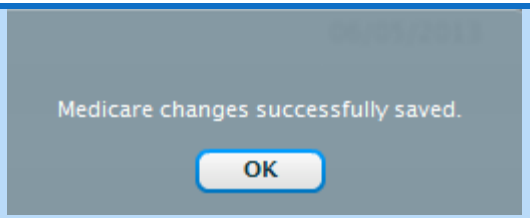
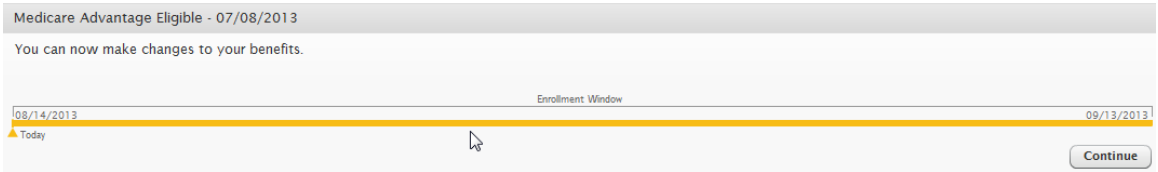
	ADP Email Communication: If the member has an email address on file, a Confirmation email will be sent to member immediately.	
	ADP File Frequency: Files sent daily to SHBP.	

CURRENT USER > QUALIFYING EVENTS > UPDATING MY MEDICARE ENROLLMENT > RETIREES

This event is only an option for Retirees, and allows the member to update Medicare details and then make their enrollment in a Medicare Advantage Plan as desired.

Steps	Process Flow Instructions	Screen Shot
1	Log on to the SHBP Enrollment Portal site at **mySHBPga.adp.com**.	See Log on Process
2	Click on **My Information**, then **Medicare Management**	My Information • Medicare Management
3	The **Medicare Maintenance** screen displays.	Medicare Maintenance Please take a moment to review your Medicare information on file. To add information for yourself or for a dependent, click the pencil icon. Actions / Name / Relationship / Part A / Part B / Part D SALLY D BROWN / Self BRIAN M BROWN / Spouse IVEY E. BROWN / Child EMMA R. BROWN / Child
4	To add information for member or a dependent, click the 'pencil' icon.	

5	The **Update Medicare Maintenance** screen appears, and allows the member to update necessary details.	**Medicare Information** Name DEBORAH M JOHNSTON Health Insurance Claim Number * This field is required. Reason * Part A - (MM/DD/YYYY) Part B - (MM/DD/YYYY) Part D (MM/DD/YYYY) ESRD (MM/DD/YYYY) Retiree Drug Subsidy - (MM/DD/YYYY) RDS Reason Medicare Signature (MM/DD/YYYY)
6	**Note:** 'Reason' is a required field, and the member needs to click the reason.	Reason * Part A Part B Part D 65 or older and Retired Disability End Stage Renal Disease
7	Update Part A or Part B with the START date in the first box. *End date should not be entered.	Part A - (MM/DD/YYYY) Part B - (MM/DD/YYYY)

	NOTE: If a Member already has a date in the system they will not be allowed to change it. Only an ADMIN with the appropriate security access will be able to change the date.	
8	Members click **Submit** after updating desired field.	
9	Changes will then reflect on the **Medicare Maintenance** page. Note: If the date is in the FUTURE it will not reflect on the Medicare Maintenance page until that date is reached; and is no longer in the future. Member to click on **Finish**.	
10	A message confirming changes displays. Because of the Part B date entry- the employee is allowed an opportunity to enroll in a Medicare Advantage Plan.	
11	If the employee has a Medicare Part B date that is in the FUTURE: At the home screen, **Medicare Advantage Eligible** event will populate. Click **Continue. arrow**	

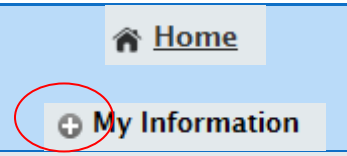
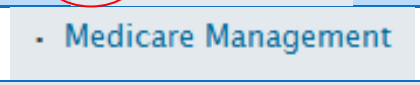
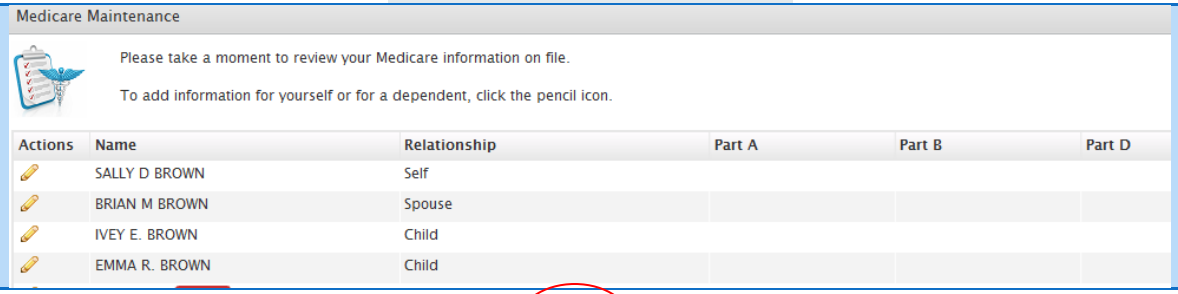
12	OR If the Medicare Part B Date entered is current or in the past At the home screen, **Declare Qualifying Event.**	Home Declare Qualifying Event
13	At the **Qualifying Event** page, a member can choose which event they are declaring by clicking the down arrow in the drop down box. Arrow in screen shots	• To select a qualifying event click the Select Qualifying Event button. • Select the Qualifying Event from the drop-down list. • Enter the date (mm/dd/yyyy) of the event. • Click the Submit button below. Select Qualifying Event
14	A member is required to enter an Event Date into the system. Each event will have an Overview detailing the event, and instructs the member what required documentation is necessary.	Update My Medicare Enrollment Event Date: Overview: If you have become eligible for Medicare as a result of disability or End Stage Renal Disease you may update your Medicare information at this time. If gaining Medicare eligibility changes your health benefit coverage eligibility and/or costs you may make a health benefit coverage change at this time. Documentation: A copy of your CMS issued Medicare Card.
15	Click **Submit** at the bottom of page.	Submit
16	**Terms and Conditions** will show regardless of the use Declaring a Life Event or not. Members must click **Accept Terms and**	Accept Terms and Conditions

	Conditions to continue to the next step of enrollment. Members may click on the message to review **Terms and Conditions** before accepting.	
17	Click **Go to Review Your Current Elections** The member should review this information.	Go to Review Your Current Elections
18	Click **Go to Review Your Dependents.** The member should review this information.	Go to Review Your Dependents
19	Click on **Go to Review Medicare Info.**	Go to Review Medicare Info
20	Click **Go to Make Your Elections**, **Go to Tobacco Survey Question** and then **Go to Health Benefits**.	Go to Make Your Elections Go to Tobacco Surcharge Question Go to Health Benefits
21	At Health Benefits screen, make necessary elections, and then choose **Go to Review and Confirm Changes**.	Go to Review and Confirm Changes

22	Click **Finish**.	Finish
23	If the Medicare Part B Date entered is NOT in the future skip to Step:	
	ADP Email Communication: No Email Confirmation sent.	
	ADP File Frequency: Files sent daily to SHBP.	

CURRENT USER > QUALIFYING EVENTS > UPDATING MY MEDICARE ENROLLMENT > ACTIVES

This allows active members the opportunity to update Medicare details.

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal.	See Log on Process
2	On the Home page, scroll down and click on the **+** icon to expand **My Information**.	
3	Click **Medicare Management**.	
4	The **Medicare Maintenance** screen displays.	
5	To add information for member's self or a dependent, click the 'pencil' icon.	

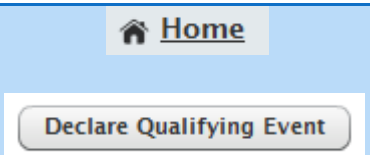
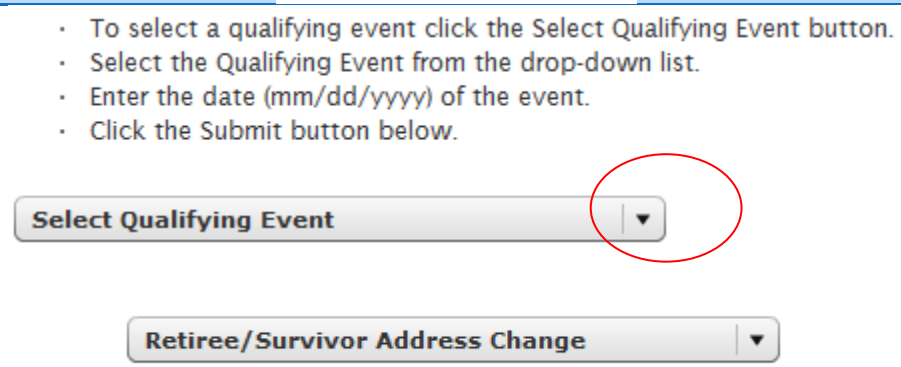
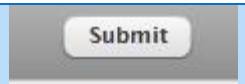
6	The **Update Medicare Maintenance** screen appears, and allows the member to update necessary details.	**Medicare Information** Name DEBORAH M JOHNSTON Health Insurance Claim Number * This field is required. Reason * Part A - (MM/DD/YYYY) Part B - (MM/DD/YYYY) Part D (MM/DD/YYYY) ESRD (MM/DD/YYYY) Retiree Drug Subsidy - (MM/DD/YYYY) RDS Reason Medicare Signature (MM/DD/YYYY)
7	**Note:** 'Reason' is a required field, and the member needs to click the reason.	Reason * Part A Part B Part D 65 or older and Retired Disability End Stage Renal Disease
8	Update the START date as desired. *End date should not be entered. NOTE: If a Member already has a date in the system they will not be allowed to	Part A - (MM/DD/YYYY) Part B - (MM/DD/YYYY)

	change it. Only an ADMIN with the appropriate security access will be able to change the date.	
9	Members click **Submit** after updating desired field.	Submit
10	Changes will then reflect on the **Medicare Maintenance** page. Member to click on **Finish**.	Finish
11	A message confirming changes displays.	Medicare changes successfully saved. OK
	ADP Email Communication: No email confirmation sent.	
	ADP File Frequency: Files sent daily to SHBP.	

CURRENT USER > QUALIFYING EVENTS > RETIREE/SURVIVOR ADDRESS CHANGE

This event should be declared when a Retiree or Survivor would like to update their address.

Note: Active Members must contact their local HR/Payroll location for address changes.

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal.	See Log on Process
2	On the **Home** page, click **Declare Qualifying Event**.	
3	At the **Qualifying Event** page; the member will choose the **Retiree/Survivor Address Change** event they are declaring by clicking the down arrow on the drop down box.	
4	Click **Submit.**	
5	The member is required to enter an Event Date into the system. Each event has an Overview detailing the event, and instructs the member what required documentation is necessary.	

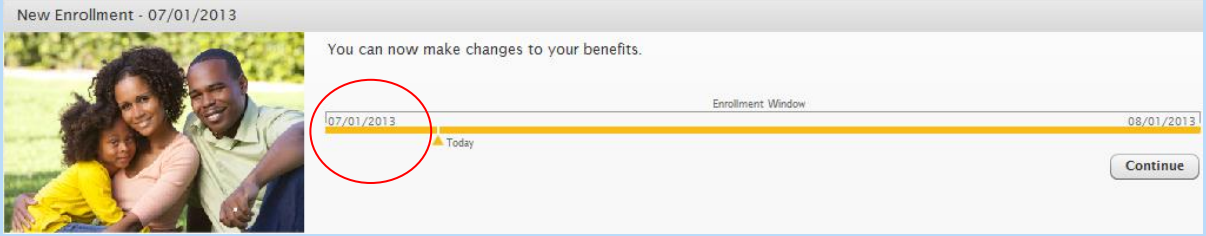
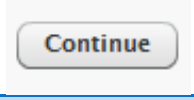
6	Click **Submit**.	Submit
7	**Terms and Conditions** Members must click **Accept Terms and Conditions** to continue to the next step of enrollment. Members may click on the message to review **Terms and Conditions** before accepting.	Accept Terms and Conditions
8	**Review Your Personal Data** screen displays.	**Review Your Personal Data** Please take a moment to review your personal data. You may update your home and/or mailing address as appropriate. If the address change affects your eligibility you will be allowed to make new elections for the appropriate benefit(s).
9	The retiree or survivor should scroll down, and click the 'pencil' under **Actions** tab.	Actions

10	The retiree or survivor updates the fields to reflect new address.	Country * United States Address Line 1 * 131 CELIA DRIVE Address Line 2 127 City * TOCCOA State * Georgia Zip Code * 30577-8201 Email Phone Number 7067792216
11	When complete, click **Submit**.	Submit
12	The retiree/survivor is brought back to the **Review Your Information** screen, and should review the edits they just saved before moving on.	**Step 1 of 3: Review Your Information**
13	After review, the following screens must be clicked through in order to save the address change. **Note:** This event does not allow the retiree/survivor to make changes to their health plan.	Go to Make Your Elections Go to Health Benefits Go to Review and Confirm Changes
14	Click **Finish** to save elections.	Finish

15	Confirmation of changes displays.	**Your Elections** Please click the 'Print' or Save as PDF button to view, print and/or save your Confirmation Statement. Submitted on 06/15/2013 by Call Counselor. Confirmation #1472
	ADP Email Communication: No email confirmation sent.	
	ADP File Frequency: Files sent daily to SHBP.	

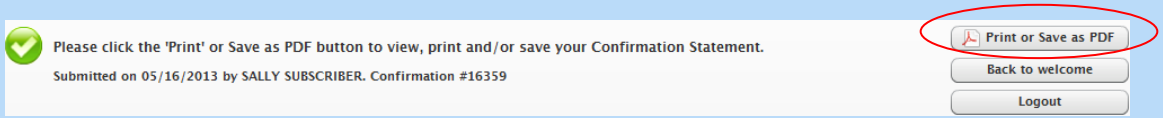
CURRENT USER > WORK EVENTS > THE NEW HIRE EXPERIENCE

This is the new enrollment experience for a member enrolling as a new employee of SHBP.

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal.	See Log on Process
2	The **Home** page displays a 'New Enrollment' message indicating the new hire date for member.	
3	The member clicks **Continue** to proceed with enrollment.	
4	The **Welcome** page displays an "Active Employee Responsibilities" message.	
5	**Terms and Conditions** Members must click **Accept Terms and Conditions** to continue to the next step of enrollment. Members may click on the message to review **Terms and Conditions** before accepting.	
6	**Review Your Information** A member is able to review their current enrollment.	

7	Click **Go to Review Your Current Elections**.	Go to Review Your Current Elections
8	**Review Your Current Elections** This screen displays appropriate default enrollments for new enrollees.	
9	Click **Go To Review Your Dependents**.	Go to Review Your Dependents
10	**Review Your Dependents** The member clicks **Add a Dependent**, and provides necessary details to enroll dependents if applicable.	Add a Dependent
11	Click on **Go to Make your Elections**.	Go to Make Your Elections
12	**Make Your Elections Summary** The member is given the option to navigate to a specific screen or use the buttons to navigate through option.	
13	Click **Go To Tobacco Surcharge Question**.	Go to Tobacco Surcharge Question
14	**Tobacco Surcharge Question** The member must answer the tobacco surcharge question using the radial buttons.	Have you or any of your covered dependents used tobacco products in the last 60 days? Yes No

15	Click **Go to Health Benefits**.	Go to Health Benefits
16	**Make Your Elections** A member makes their needed changes to their enrollment.	
17	**Note:** When adding a dependent, the member needs to scroll down, and check the box to add the newly added dependent to coverage.	Include in Coverage ☑ Yes
18	If the Member chooses NOT enroll into a Health benefit option the member will need to select the radial button for "No Coverage". A pop up box will then display "**Reason for Waive**". The member will need to select the drop down box which will populate responses. The member will need to scroll through the options provided and select a reason. The **Reason for Waive** must be populated in order to move to the next step. Note: Anytime a member choose No Coverage for a Qualifying event they will be required to answer the "**Reason for waive**" question.	No Coverage $0.00 Reason for waive: *
19	Click **Go to Review and Confirm Changes**.	Go to Review and Confirm Changes

20	**Your Elections** This screen displays the enrollments made. The member should carefully review elections.	
21	Click **Finish.** **Note:** When the member saves their election, the window closes. Even if they are still in their enrollment window, no additional changes can be made. The member will have to go to their Local Admin to make enrollment changes.	
22	The green check mark confirms the enrollment was saved, and provides the member an opportunity to print or save a Confirmation Statement.	
	ADP Email Communication: If the member has an email address on file, a confirmation email will be sent to the member immediately.	
	ADP File Frequency: Files sent daily to SHBP.	

CURRENT USER > SYSTEM EVENT

System-Generated Events are events that are calculated by the system automatically. No action taken by the Member.

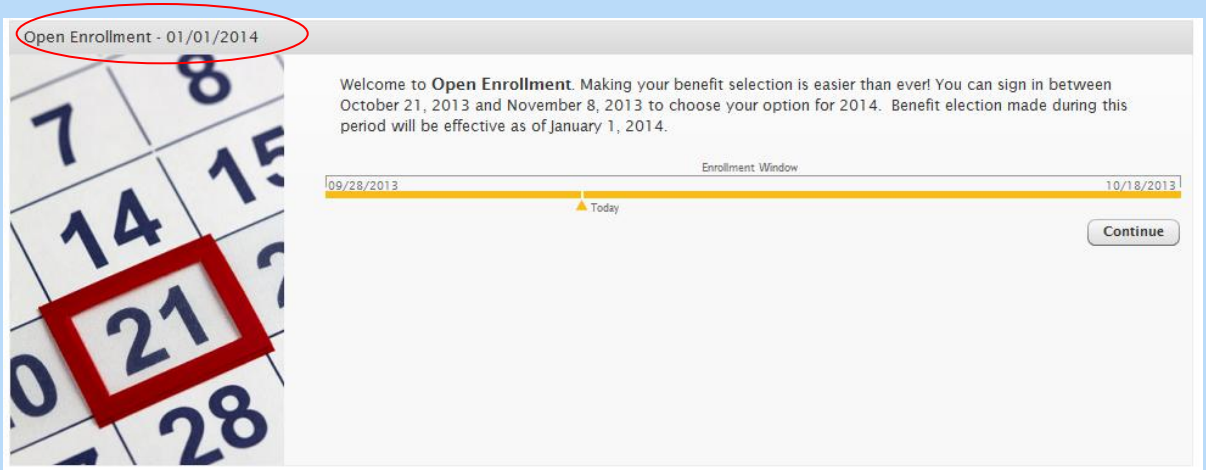
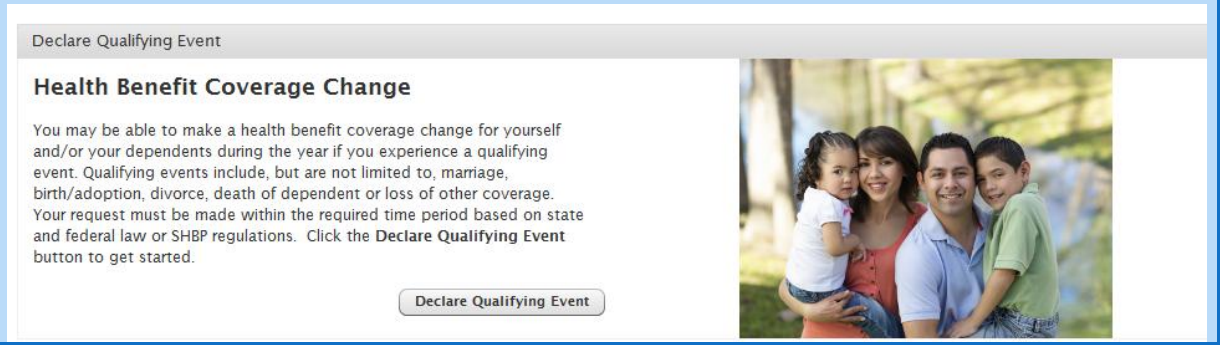
Example: Child Age Out (reach age 26) Experience

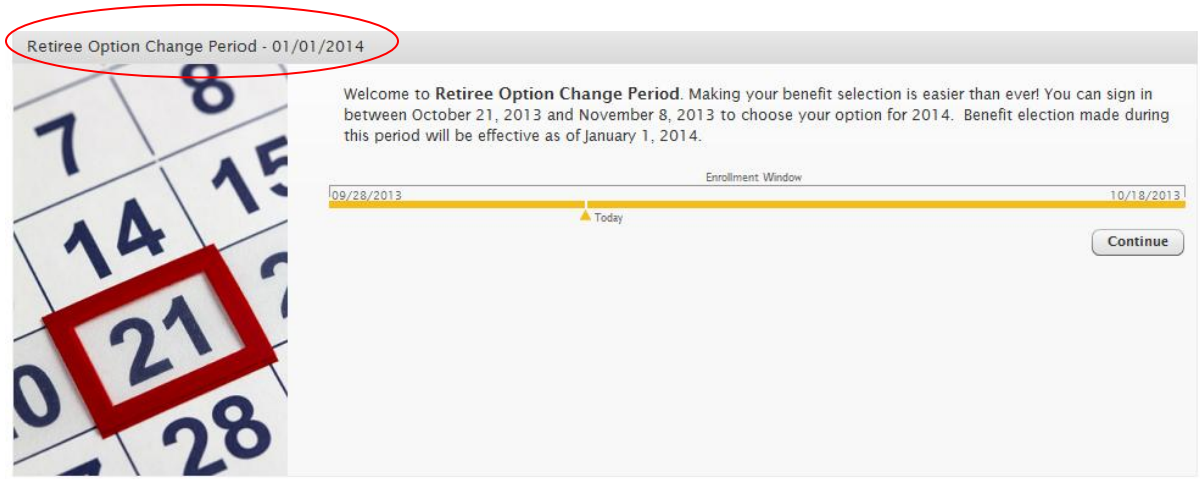
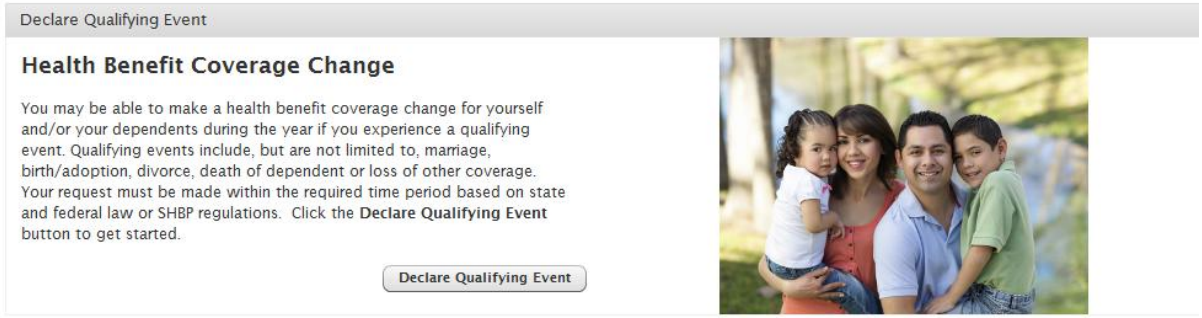
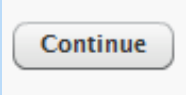
Steps	Process Flow Instructions	Screen Shot
1	If the Member has an email address on file, an email from the SHBP Enrollment Portal will be sent out 31 days prior to the event. **Note:** Coverage ends on the last day of the month in which the child turns 26. Member does NOT need to take action.	Examples of the communications are in the guide.
2	Log on to SHBP Enrollment Portal.	See Log on Process
3	Click **My Information**.	My Information
4	Choose **Current Health Benefit Coverage**.	Current Health Benefit Coverage
5	If reviewing enrollment prior to the end of the month, the member will still see child on the plan. Example: If the child turns 26 on 7/8, benefits continue through 7/31.	Your dependents on file Name / Relationship / Date of Birth / Health Benefits SPOUSE DEPENDENT / Spouse / 11/08/1954 / Yes CHILD DEPENDENT / Child / 07/08/1987 / Yes CHILD DEPENDENT / Child / 11/01/1989 / Yes

6	If reviewing dependents as of 8/1 or later, the member will no longer see the child on the plan. **Note:** Admins with the appropriate security access are able to review the **Dependent Age Out Event**. This will be addressed in the "Audit" functionality accessible to Admins.	**Your dependents on file** Name / Relationship / Date of Birth / Health Benefits SPOUSE DEPENDENT / Spouse / 11/08/1954 / Yes CHILD DEPENDENT / Child / 11/01/1989 / Yes
	ADP Email Communication: No ADP confirmation; only proactive emails informing the member of the upcoming changes.	
	ADP File Frequency: Files sent daily to SHBP; this change will be sent 31 days prior to the age out event.	

CURRENT USER > OPEN ENROLLMENT / RETIREE OPTION CHANGE PERIOD

Open Enrollment (OE) is a System-Generated Event that is calculated by the system automatically; the Member can choose to take action on their account for the New Plan Year elections.

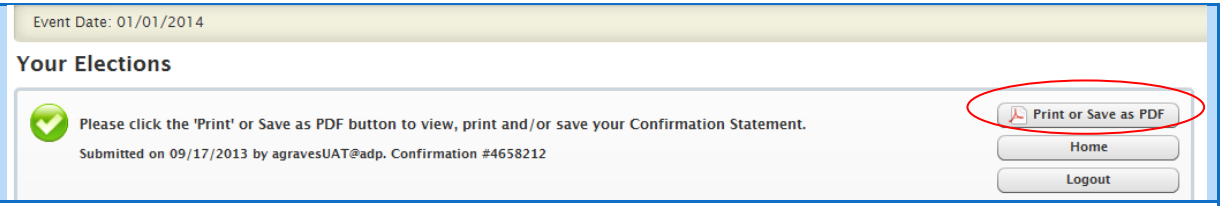
Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal.	See Log on Process
2	For Active Employees: The **Home** page displays an 'Open Enrollment' message indicating the event date for the member on the top of the screen for elections to be in effect for the New Plan Year. In addition, the member will have the opportunity to "Declare Qualifying Event" for current year changes.	 

	For Retired Employees: The **Home** page displays a 'Retiree Option Change Period' message indicating the event date for the member on the top of the screen for elections to be in effect for the New Plan Year. In addition, the member will have the opportunity to "Declare Qualifying Event" for current year changes.	 
3	Under the Open Enrollment window, the member should click **Continue** to proceed with their New Plan Year enrollment.	
4	The **Welcome** page displays a "Terms and Condition" message with the New Plan Year as the effective date.	

5	**Terms and Conditions** Members must click **Accept Terms and Conditions** to continue to the next step of enrollment. Members may click on the message to review **Terms and Conditions** before accepting.	Accept Terms and Conditions
6	**Review Your Information** A member is able to review their current enrollment.	
7	Click **Go to Review Your Current Elections**.	Go to Review Your Current Elections
8	**Review Your Current Elections** This screen displays appropriate default enrollments for the member.	
9	Click **Go To Review Your Dependents**.	Go to Review Your Dependents
10	**Review Your Dependents** The member clicks **Add a Dependent**, and provides necessary details to enroll dependents if applicable.	Add a Dependent
11	Click on **Go to Make your Elections**.	Go to Make Your Elections
12	**Make Your Elections Summary** The member is given the option to navigate to a specific screen or use the	

	buttons to navigate through option.	
13	Click **Go To Tobacco Surcharge Question**.	Go to Tobacco Surcharge Question
14	**Tobacco Surcharge Question** The member must answer the tobacco surcharge question using the radial buttons.	Have you or any of your covered dependents used tobacco products in the last 60 days? Yes No
15	**Decision Support** will display. A member is provided an option to utilize Decision Support benefit option comparison tool to help click the right plan to meet their needs. The member can choose to decline or accept the opportunity to use the tool.	BENEFIT OPTION COMPARISON TOOL Would you like help to pick the plan that is right for you? Yes I would like to choose the best option for me! No Thanks
16	Click **Go to Health Benefits**.	Go to Health Benefits
17	**Make Your Elections** A member makes their needed changes to their enrollment.	

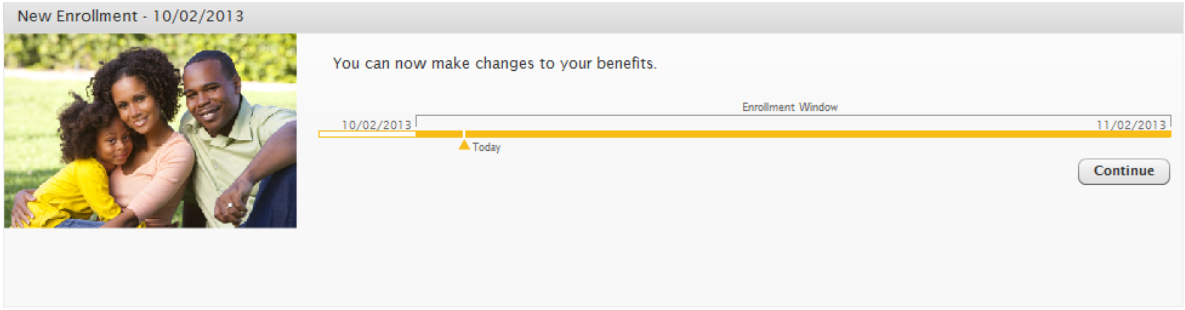
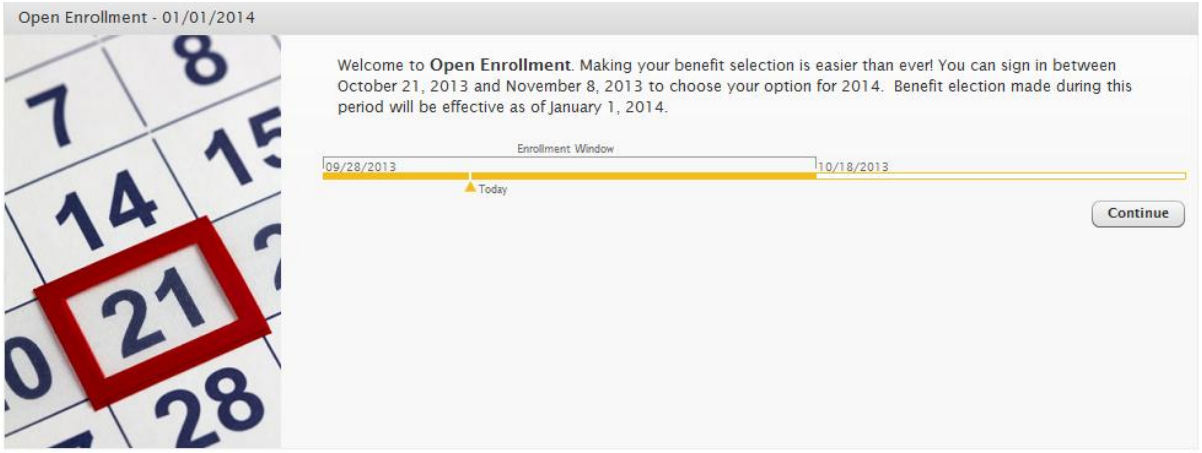
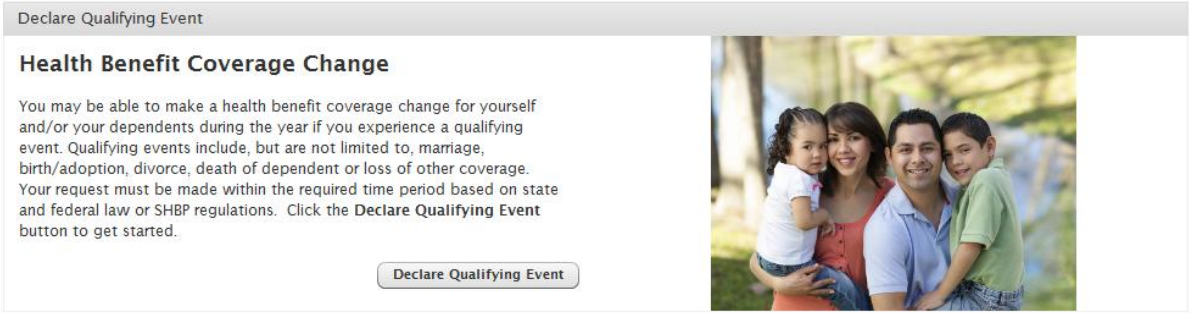
18	**Note:** When adding a dependent, the member needs to scroll down, and check the box to add the newly added dependent to coverage.	Include in Coverage ☑ Yes
19	If the Member chooses NOT enroll into a Health benefit option the member will need to select the radial button for "No Coverage". A pop up box will then display "**Reason for Waive**". The member will need to select the drop down box which will populate responses. The member will need to scroll through the options provided and select a reason. The **Reason for Waive** must be populated in order to move to the next step.	No Coverage ⊙ $0.00 Reason for waive: *
20	Click **Go to Review and Confirm Changes**.	Go to Review and Confirm Changes
21	**Your Elections** This screen displays the enrollments made. The member should carefully review elections.	
22	Click **Finish.** **Note:** When the member saves their election, the window will remain open so the member can make multiple changes during the communicated window only.	Finish

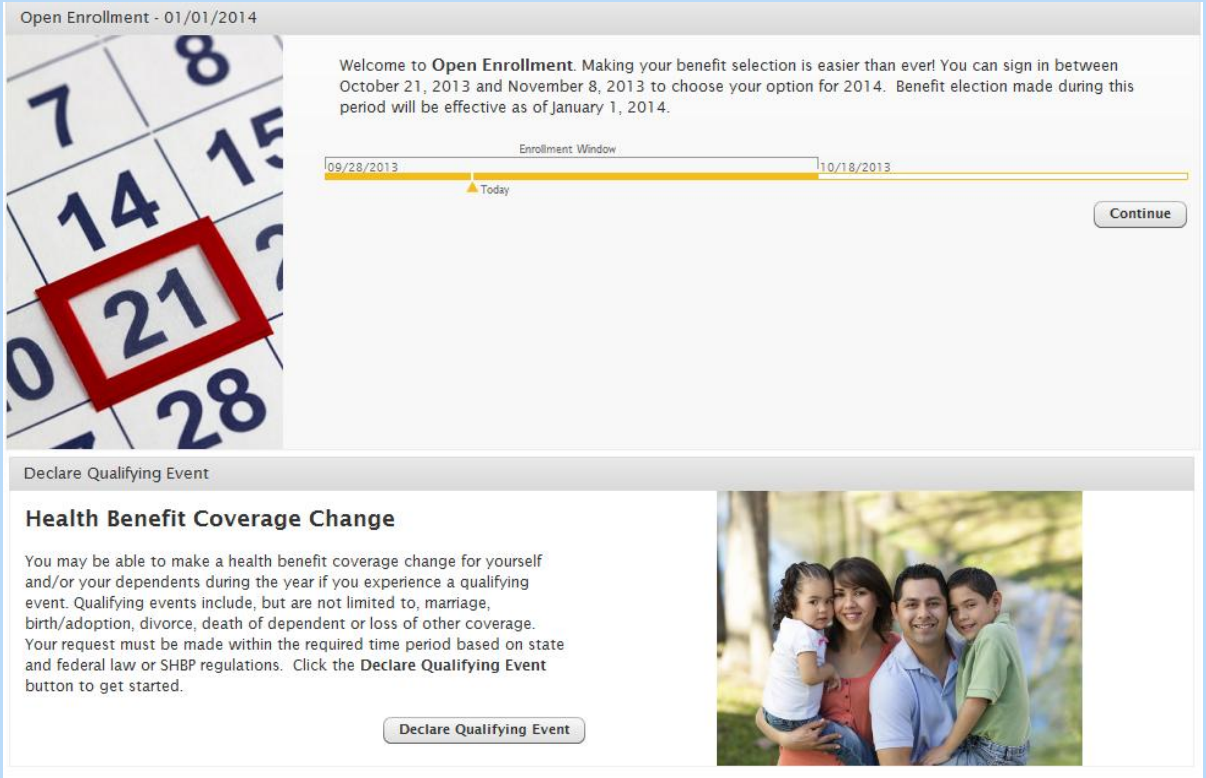
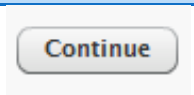
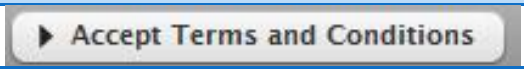
23	The green check mark confirms the enrollment was saved, and provides the member an opportunity to print or save a Confirmation Statement.	
	ADP OE Email Communication: If the member has an email address on file, a confirmation email will be sent to the member immediately.	
	ADP File Frequency: ADP will send back a file that has all OE elections at a mutually agreed time to ensure that SHBP will meet vendor file requirements.	

CURRENT USER > DUAL YEAR> THE NEW HIRE EXPERIENCE

This is the new enrollment experience for a member enrolling as a new employee of SHBP whose date of hire and effective date of benefits require the need to complete Open Enrollment elections due to the benefits crossing plan years.

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal.	See Log on Process
2	The SHBP Enrollment Portal is designed to allow a person to update their current year benefits and the new plan year benefits pending their Date of Hire. There are two scenarios pending the effective date of benefits for the New Hire.	

2	Scenario One: If the New Hire has an event during the Open Enrollment window, the system will allow the member to update both plan years. The **Home** page displays a 'New Enrollment' message indicating the new hire event for the member and the Open Enrollment Screen. Note: Admins should encourage the New Hire to take action on BOTH events.	**Scenario One**:   

2a.	**<u>Scenario Two:</u>** If the New Hire is hired as of November 2 and onward, benefits will not be effective until January 1 of the New Plan Year. These employees will only see the Open Enrollment Window.	**Scenario Two:** 
3	The member clicks **Continue** to proceed with the New Hire enrollment.	
4	The **Welcome** page displays an "Active Employee Responsibilities" message.	
5	**Terms and Conditions**	

	Members must click **Accept Terms and Conditions** to continue to the next step of enrollment. Members may click on the message to review **Terms and Conditions** before accepting.	
6	**Review Your Information** A member is able to review their current enrollment.	
7	Click **Go to Review Your Current Elections**.	Go to Review Your Current Elections
8	**Review Your Current Elections** This screen displays appropriate default enrollments for new enrollees.	
9	Click **Go To Review Your Dependents**.	Go to Review Your Dependents
10	**Review Your Dependents** The member clicks **Add a Dependent**, and provides necessary details to enroll dependents if applicable.	Add a Dependent
11	Click on **Go to Make your Elections**.	Go to Make Your Elections
12	**Make Your Elections Summary** The member is given the option to navigate to a specific screen or use the buttons to navigate through option.	

13	Click **Go To Tobacco Surcharge Question**.	Go to Tobacco Surcharge Question
14	**Tobacco Surcharge Question** The member must answer the tobacco surcharge question using the radial buttons.	Have you or any of your covered dependents used tobacco products in the last 60 days? Yes No
15	Click **Go to Health Benefits**.	Go to Health Benefits
16	**Make Your Elections** A member makes their needed changes to their enrollment.	
17	**Note:** When adding a dependent, the member needs to scroll down, and check the box to add the newly added dependent to coverage.	Include in Coverage Yes
18	If the Member chooses NOT enroll into a Health benefit option the member will need to select the radial button for "No Coverage". A pop up box will then display "**Reason for Waive**". The member will need to select the drop down box which will populate responses. The member will need to scroll through the options provided and select a reason.	No Coverage $0.00 Reason for waive: *

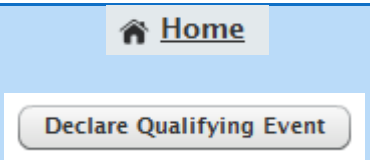
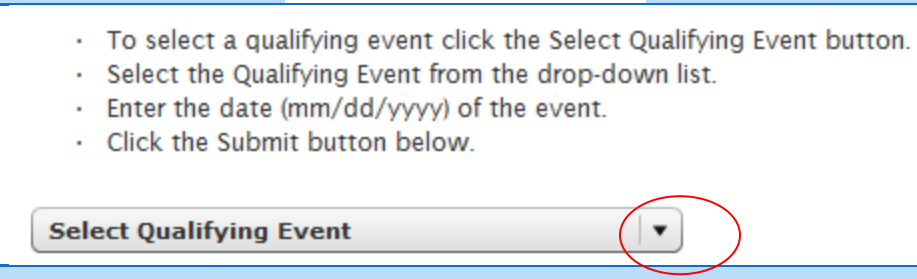
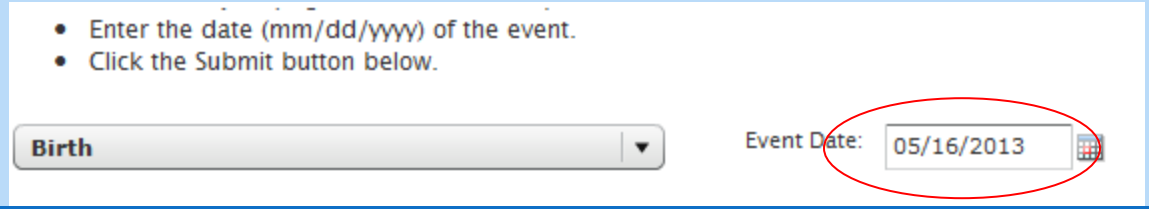
	The **Reason for Waive** must be populated in order to move to the next step. Note: Anytime a member choose No Coverage for a Qualifying event they will be required to answer the "**Reason for waive**" question.	
19	Click **Go to Review and Confirm Changes**.	Go to Review and Confirm Changes
20	**Your Elections** This screen displays the enrollments made. The member should carefully review elections.	
21	Click **Finish.** **Note:** When the member saves their election, the window closes. Even if they are still in their enrollment window, no additional changes can be made. The member will have to go to their Local Admin to make enrollment changes.	Finish
22	The green check mark confirms the enrollment was saved, and provides the member an opportunity to print or save a Confirmation Statement.	Please click the 'Print' or Save as PDF button to view, print and/or save your Confirmation Statement. Submitted on 05/16/2013 by SALLY SUBSCRIBER. Confirmation #16359 Print or Save as PDF Back to welcome Logout
	ADP Email Communication: If the member has an email address on file, a confirmation and OE confirmation email	

	will be sent to the member immediately.	
	ADP File Frequency: Files sent daily to SHBP.	

CURRENT USER > DUAL YEAR> THE ADD A DEPENDENT EXPERIENCE

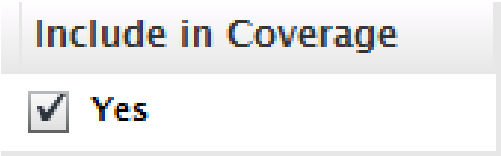
During the Open Enrollment election window, members will choose to do a Qualifying event for the Current Plan Year and the member will need to be given the opportunity for elections to happen for the New Plan Year as well.

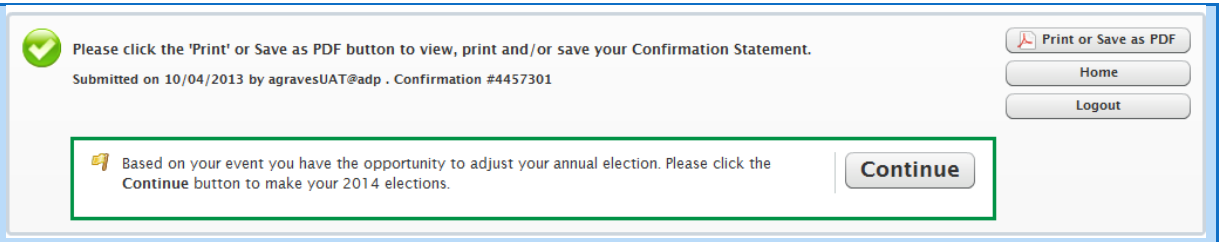
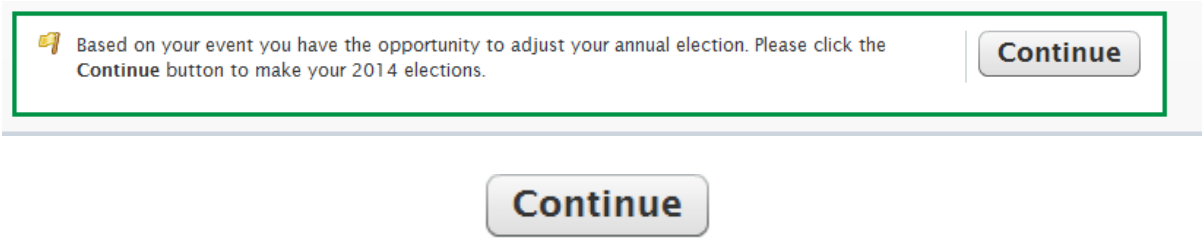
Example: Birth

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal at **mySHBPga.adp.com**.	See Log on Process
2	At the home screen, click **Declare Qualifying Event.**	
3	At the **Qualifying Event Page**; the member chooses which event they are declaring by clicking the down arrow in the drop down box.	
4	A member is required to enter an **Event Date** into the system. Each event has an Overview detailing the event, and instructs the member what required documentation is necessary.	

5	Click **Submit**.	Submit
6	**Terms and Conditions** A member must click **Accept Terms and Conditions** to continue to the next step of enrollment. A member may click on the message to review **Terms and Conditions** before accepting.	Accept Terms and Conditions
7	**Review Your Information** The member is able to review their current enrollment. Click **Go to Review Your Current Elections**.	Go to Review Your Current Elections
8	Upon reviewing **Current Elections**, click **Go to Review Your Dependents**.	Go to Review Your Dependents
9	Click **Add a Dependent**.	Add a Dependent
10	The **Dependent Information** screen appears with required fields noted.	Dependent Information First and Middle Name * This field is required. Last Name and Suffix *
11	Click **Submit**.	Submit
12	Click **Go to Make Your Elections**.	Go to Make Your Elections

13	**Make Your Elections** Click **Go to Tobacco Surcharge Question**.	Go to Tobacco Surcharge Question
14	**Tobacco Surcharge Question** A member must answer the tobacco surcharge question using the radial buttons. **Note:** A response is required to move to next screen.	Have you or any of your covered dependents used tobacco products in the last 60 days? Yes No
15	Click **Go to Health Benefits**.	Go to Health Benefits
16	**Decision Support:** A member is provided an option to utilize Decision Support benefit option comparison tool to help click the right plan to meet their needs. The member can choose to decline or accept the opportunity to use the tool.	BENEFIT OPTION COMPARISON TOOL Would you like help to pick the plan that is right for you? Employees who used this tool saved money last year. Yes I would like to choose the best option for me! No Thanks

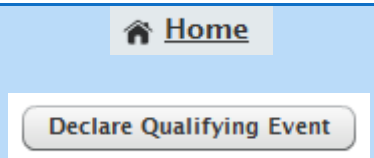
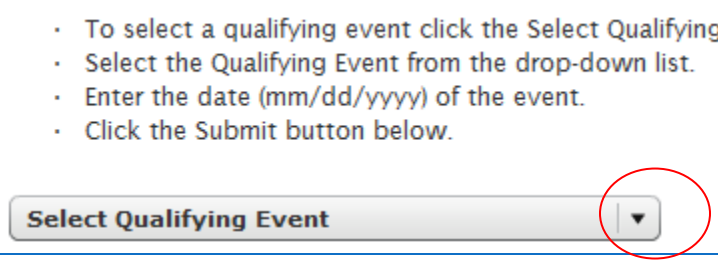
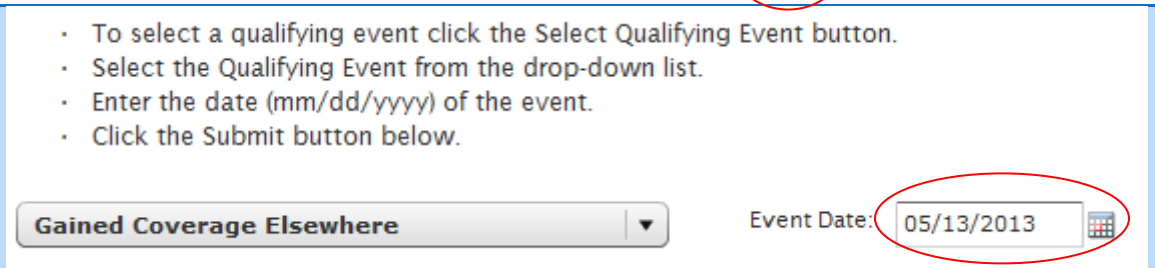
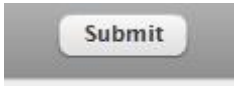
17	**Make Your Elections** The member can make their desired changes to their enrollment. **Note:** When adding a dependent, the member MUST scroll down to click on the box to add the newly added dependent to coverage. If you see dependents or Health Benefit plan grayed out, it is because the system is enforcing the plan eligibility rules.	
18	Click **Go to Review and Confirm Changes**.	
19	**Your Elections** This screen displays the enrollments made. The member should review, and then click **Finish**. **Note:** Members **must** click **Finish** in order for the enrollment to save. Members can choose to **Exit Without Saving** at any time. If a member questions an enrollment, the Audit feature (Part 2) will allow Admins to review web activity for any member to confirm action or non-action taken on an account.	

20	The green check mark confirms enrollment was saved and provides the member an opportunity to print or save a Confirmation Statement.	
21	The Member will be given an opportunity to enroll in the New Plan Year benefits. The Member should click **Continue** to begin their enrollment.	
22	The Member will then be brought to the Terms and Condition page to continue to the New Plan Year elections. Please see the **Current User > Open Enrollment** for steps to complete enrollment.	
	ADP Email Communication: If the member has an email address on file, a Confirmation and OE Confirmation email will be sent to the member immediately.	
	ADP File Frequency: Files sent daily to SHBP.	

CURRENT USER > DUAL YEAR > THE DROP A DEPENDENT EXPERIENCE

Qualifying Events are available for Members to declare and take action on their own via the self service portal.

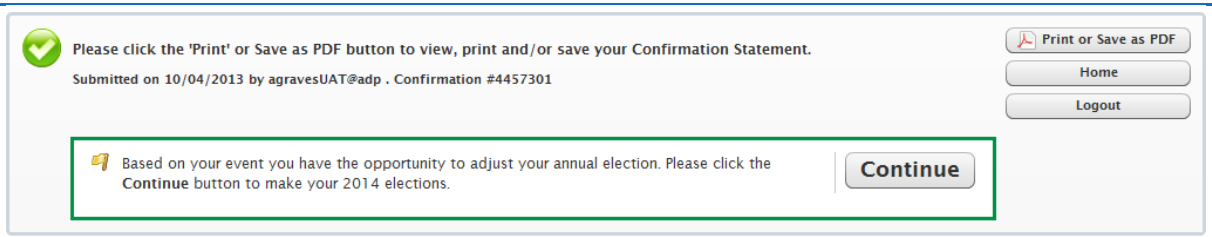
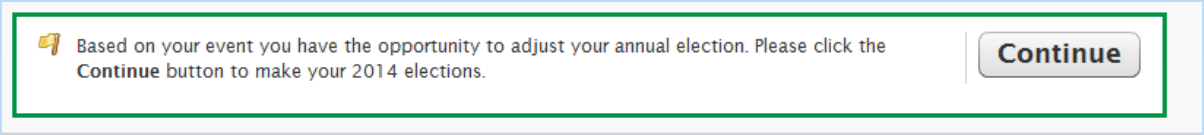
Example: Gains Coverage Elsewhere

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal at **mySHBPga.adp.com**.	See Log on Process
2	At the home screen click **Declare Qualifying Event**.	
3	At the **Qualifying Event Page**, a member can choose which event they are declaring by clicking the down arrow on the drop down box.	
4	A member is required to enter an Event Date into the system. Each event has an Overview detailing the event, and instructs the member what required documentation is necessary.	
5	Click **Submit** at the bottom of page.	

6	**Terms and Conditions** A member must click **Accept Terms and Conditions** to continue to the next step of enrollment. A member may click on the message to review **Terms and Conditions** before accepting.	Accept Terms and Conditions
7	**Review Your Information** A member can review their current enrollment. Click **Go to Review Your Current Elections**.	Go to Review Your Current Elections
8	**Review Your Dependents/Add a Dependent** The member will have opportunity to remove a dependent due to Qualifying Event.	Actions / Name SPOUSE DEPENDENT CHILD DEPENDENT CHILD DEPENDENT CHILD DEPENDENT = View/Update Details = Remove dependent from file
9	To remove the dependent, click the **remove** icon. **This will remove the dependent from being visible in the system.**	

10	The system confirms that this choice is accurate.	Are you sure you want to remove SPOUSE DEPENDENT? Yes No
11	To review the details, click **Go to Make your Elections**.	Go to Make Your Elections
12	**Make Elections** The member is given the option to navigate to specific screen or use the buttons to navigate through option. Click **Go to Tobacco Surcharge Question.**	Go to Tobacco Surcharge Question
13	**Tobacco Surcharge Question** The member must answer the tobacco surcharge question using the radial buttons. **Note:** A response is required to move to next screen.	Have you or any of your covered dependents used tobacco products in the last 60 days? Yes No
14	Click **Go to Health Benefits**.	Go to Health Benefits
15	**Make Your Elections** The system will automatically remove the dependent from enrollment and update the tier level based on the dependent removal. Click **Go to Review and Confirm Changes**.	Go to Review and Confirm Changes

16	**Your Elections** A member can review enrollments made, but note that the event is pending. **Note:** Appropriate paperwork required (as previously defined in the Overview section when clicking the event) will be noted.	Pending This event is pending, therefore some of these elections/actions are subject to approval.
17	The system also notes, at bottom of screen, the removal of the dependent **Note:** ADP will maintain a record, even though the dependent is removed from the system, and the member and SHBP Admins will no longer see the dependent.	Deletions SPOUSE DEPENDENT has been deleted.
18	The member should review, and then click **Finish**. **Note:** Members must click **Finish** in order for the enrollment to save. Members can choose to **Exit Without Saving** at any time. If a member questions an enrollment, the Audit feature (Part 2) will allow Admins to review web activity for any member to confirm action or non action taken on an account.	Finish

19	The green check mark confirms enrollment was saved and provides the member an opportunity to print or save a Confirmation Statement.	
20	The Member will be given an opportunity to enroll in the New Plan Year benefits. The Member should click **Continue** to begin their enrollment.	
21	The Member will then be brought to the Terms and Condition page to continue to the New Plan Year elections. Please see the **Current User > Open Enrollment** for steps to complete enrollment.	
	ADP Email Communication: If the member has an email address on file, a Confirmation email will be sent to member immediately.	
	ADP File Frequency: Files sent daily to SHBP.	

STANDARD EMAIL COMMUNICATIONS > CONFIRMATION

Distributed to:	Any member who has a change to their health plan or rates related to a work, qualifying life or system event and has an email address on file.
Frequency:	Email sent immediately after a member saves an election on the SHBP Enrollment Portal.
Email Text:	**To:** <Employee - Email Address> **From:** SHBP Member Services **Subject:** Review your State Health Benefit Plan (SHBP) Confirmation Statement This message confirms a recent change to your SHBP health benefits. You may review your benefits confirmation statement online at the SHBP Enrollment Portal at mySHBPga.adp.com. Your benefit elections will remain in effect through December 31, <current benefit plan year>unless you experience a Qualifying Event. We recommend that you download or print a copy of your elections to retain for your records. **Important Reminder:** SHBP requires documentation confirming eligibility of dependents and/or a Qualifying Event, such as a marriage or birth certificate. For information about eligibility for coverage, please refer to the State Health Benefit Plan Decision Guide and Summary Plan Description available at www.dch.georgia.gov/shbp. This documentation must be faxed to SHBP's secured fax line at 866-828-4796 within 90 days of the Qualifying Event. Failure to submit proper documentation will result in denial of request and coverage will revert to prior coverage. **Questions or need more information?** Please contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time. *This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which are posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email*

	address, please call 800-610-1863 immediately, and delete this email.

STANDARD EMAIL COMMUNICATIONS > EVENT WINDOW OPEN

Distributed to:	New Hires
Frequency	Sent on a daily basis after a new hire is sent and loaded into the ADP system.
Email Text	**To:** Employee - Email Address **From:** SHBP Member Services **Subject:** Enroll in your State Health Benefit Plan (SHBP) coverage Welcome! Now is the time to enroll in your SHBP coverage. Your health benefits become effective the first of the month following one full calendar month of employment. If your hire date is concurrent with the first of the month, your coverage is effective on the first of the following month. You must enroll by <enrollment window end date>. To enroll in your health benefits, visit the SHBP Enrollment Portal at mySHBPga.adp.com. If you are using the site for the first time, you will be prompted to register and create a User Name and Password. Once logged in, follow the prompts to elect your health benefits and add dependents. Be sure to click **FINISH** when you are done to confirm your election. Your elections will not be saved until you click **FINISH**. You will receive an email confirmation that your benefits have been submitted. **Important Reminders:** Once you confirm your election, you will not be able to discontinue, change or enroll in health benefits until the next Open Enrollment period, unless you experience a Qualifying Event such as marriage, divorce, birth, adoption or change in work status. SHBP requires documentation confirming eligibility of dependents and/or a Qualifying Event, such as a marriage or birth certificate. For information about eligibility for coverage, please refer to the State Health Benefit Plan Decision Guide and Summary Plan Description available at www.dch.georgia.gov/shbp. This documentation must be faxed to SHBP's secured fax line at 866-828-4796 within 90 days of Hire Date. Failure to submit proper documentation will result in denial of request and coverage will revert to prior coverage. **Questions or need help?**

	If you have any questions, you may contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time. *This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which are posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email address, please call 800-610-1863 immediately, and delete this email.*

STANDARD EMAIL COMMUNICATIONS > NEW RETIREE

Email Name	**New retiree**
Distributed to:	Retirees on their retirement start date
Frequency	Sent on a daily basis after a Retirement status is sent and loaded into the ADP system.
Email Text	**To:** Employee - Email Address **From:** SHBP Member Services **Subject:** Review your State Health Benefit Plan (SHBP) coverage Congratulations on your retirement! Now that you have reached your retirement date, you have the opportunity to make changes to your SHBP coverage. As a retiree, you may reduce your coverage tier(s) or discontinue coverage at anytime. However, it is only during the Retiree Option Change Period (ROCP)/Open Enrollment or during a qualifying event that you are able to increase tiers or change options. If you wish to increase tiers or change options, you must do so by <enrollment window end date>. To review or make changes to your health benefits, visit the SHBP Enrollment Portal at mySHBPga.adp.com. If you are using the site for the first time, you will be prompted to register and create a User Name and Password. Once logged in, follow the prompts to elect your health benefits. Be sure to click **FINISH** when you are done to confirm your election. Your elections will not be saved until you click **FINISH**. You will receive an email confirmation that your benefits have been submitted. **Important Reminders:** Once you confirm your election, you will not be able to change health benefits until the next Retiree Option Change period, unless you experience a Qualifying Event such as marriage, divorce, or a loss or gain of your spouse's coverage. SHBP requires documentation confirming eligibility of dependents and/or a Qualifying Event, such as a marriage or birth certificate. For information about eligibility for coverage, please refer to the State Health Benefit Plan Decision Guide and Summary Plan Description available at www.dch.georgia.gov/shbp. This documentation must be faxed to SHBP's secured fax line at 866-828-4796 within 90 days of the Qualifying Event. Failure to submit proper documentation will result in denial of request and coverage will revert to prior coverage. **Questions or need help?**

	If you have any questions, you may contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time. *This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which are posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email address, please call 800-610-1863 immediately, and delete this email.*

STANDARD EMAIL COMMUNICATIONS > AGE 65; MEDICARE PART B ENROLL

Distributed to:	Actives and retirees turning age 65 or with covered dependent reaching 65
Frequency:	90 days prior to DOB
Email Text:	**To:** Employee - Email Address **From:** SHBP Member Services **Subject:** Review your State Health Benefit Plan (SHBP) coverage As you may know, your health plan option and premium changes when you or a covered dependent [reach age 65][attain Medicare Part B coverage]. Now is the time to review your new coverage and to make changes, if applicable. If you wish to make any changes, you must do so by <enrollment window end date>. To review or make changes to your health benefits, visit the SHBP Enrollment Portal at mySHBPga.adp.com. If you are using the site for the first time, you will be prompted to register and create a User Name and Password. Once logged in, follow the prompts to elect your health benefits. Be sure to click FINISH when you are done to confirm your election. Your elections will not be saved until you click **FINISH**. You will receive an email confirmation that your benefits have been submitted. **Important Reminders:** Once you confirm your election, you will not be able to change health benefits until the next Retiree Option Change Period, unless you experience a Qualifying Event. **Questions or need help?** If you have any questions, you may contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time. *This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which are posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email address, please*

	call 800-610-1863 immediately, and delete this email.

STANDARD EMAIL COMMUNICATIONS > DEPENDENT AGE OUT CONFIRM/REMINDER

Distributed to:	Any employee who has a dependent who will age out (turn 26) in 31 days.
Frequency:	Email is sent 31 days prior to event.
Email Text:	**To:** <Employee - Email Address> **From:** SHBP Member Services **Subject:** Changes to Your State Health Benefit Plan (SHBP) This message confirms an upcoming change to your SHBP health benefits. A dependent currently covered on your State Health Benefit Plan will reach age 26 and will no longer be covered at the end of the month in which the child reaches age 26. If this is the only child under your plan the coverage tier will be change and your premium reduced. If your dependent was disabled prior to their 26 birthday, he/she may be eligible for continuation of coverage under the disabled dependent provision of the Plan. A disabled dependent questionnaire can be downloaded at http://dch.georgia.gov/eligibility-forms within 90 days of the child's loss of coverage under the Plan to request continuation. Your dependent will not have coverage until documentation is received and approved. If coverage is approved it will be updated back to the expiration date. If your tier was changed, additional premiums will be due and must be submitted before coverage is updated. Your dependent child who does not qualify under the disabled dependent provision may enroll in Temporary Extended Coverage by paying the full cost of coverage under COBRA. You must contact SHBP at 800-610-1863-COBRA Option within 60 days of your dependent's coverage termination to request an application **Important Reminder:** For information about eligibility for coverage, please refer to the State Health Benefit Plan Decision Guide and Summary Plan Description available at www.dch.georgia.gov/shbp. **Questions or need more information?** Please contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time. *This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will*

	not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which are posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email address, please call 800-610-1863 immediately, and delete this email.

OPEN ENROLLMENT EMAIL COMMUNICATIONS > OPEN ENROLLMENT CONFIRM

Distributed to:	Any employee who makes an election during Open Enrollment (OE).
Frequency:	Email sent immediately after a member saves an OE election on the SHBP Enrollment Portal site.
Email Text:	To: <Employee - Email Address> From: SHBP Member Services Subject: Review your State Health Benefit Plan (SHBP) Open Enrollment Confirmation Statement This message confirms that your 20XX Open Enrollment health benefits election has been submitted. You may review your benefits confirmation statement online at the SHBP Enrollment Portal at https://mySHBPga.adp.com. Your elections will become effective January 1, <current benefit year>, and will remain in effect through December 31, <current benefit year>, unless you experience a Qualifying Event. We recommend you download or print a copy of your elections to retain for your records. Important Reminder: SHBP requires documentation confirming eligibility of dependents and/or a Qualifying Event, such as a marriage or birth certificate. For information about eligibility for coverage, please refer to the State Health Benefit Plan Decision Guide and Summary Plan Description available at www.dch.georgia.gov/shbp. This documentation must be faxed to SHBP's secured fax line at 866-828-4796 within 90 days of the Qualifying Event. Failure to submit proper documentation will result in denial of request and coverage will revert to prior coverage. Questions or need more information? Please contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time.

Email Text	*This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which is posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email address, please call 800-610-1863 immediately, and delete this email.*