SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health



My 2015 SHBP Decision Guide

Active Employee

Open Enrollment October 27 - November 14, 2014

Resources/Contact Information
State Health Benefit Plan (SHBP)

Medical Claims Administrator	Member Services	Website
Blue Cross Blue Shield of Georgia (BCBSGa)		
Member Services: Monday thru Friday, 8:00 a.m. to 8:00 p.m. ET	855-641-4862 (TTY 711)	www.bcbsga.com/shbp
Fraud Hotline	800-831-8998	
UnitedHealthcare		
Member Services: Monday thru Friday, 8:00 a.m. to 8:00 p.m. ET	888-364-6352	www.welcometouhc.com/shbp
Fraud Hotline	866-242-7727	
Kaiser Permanente (KP)		
Member Services: 24 hours a day/7 days per week (Appointment Scheduling, Prescriptions and Nurse Advice)	855-512-5997	www.my.kp.org/shbp
Fraud Hotline	855-512-5997	
Wellness Program Administrator	**Member Services**	**Website**
Healthways Member Services: Monday thru Friday, 8:00 a.m. to 8:00 p.m. ET	888-616-6411	www.BeWellSHBP.com
Corporate Compliance	866-225-0836	
Pharmacy Administrator	**Member Services**	**Website**
Express Scripts Member Services: 24 hours a day/7 days per week	877-841-5227	www.express-scripts.com/georgiaSHBP
Fraud Hotline	866-216-7096	
SHBP	**Member Services**	**Website**
SHBP Member Services Monday thru Friday, 8:15 a.m. to 6:15 p.m. ET during Open Enrollment *Regular Business Hours 8:30 a.m. to 5:00 p.m. ET*	800-610-1863	www.mySHBPga.adp.com
Additional Information	**Member Services**	**Website**
PeachCare for Kids®	877-427-3224	www.peachcare.org
TRICARE Supplement	866-637-9911	www.asicorporation.com/ga_shbp
Social Security Administration	800-772-1213	www.ssa.gov
Centers for Medicare & Medicaid Services (CMS)	**Help Line**	**Website**
24 hours a day/7 days per week	800-633-4227 TTY 877-486-2048	www.medicare.gov

The material in this Decision Guide is for informational purposes only and is not a contract. It is intended only to highlight principal benefits of the SHBP Plan Options. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan Documents, the Plan Documents govern. It is the responsibility of each member, active or retired, to read all Plan materials provided to fully understand the provisions of the option chosen. Availability of SHBP Options may change based on federal or state law changes or as approved by the Board of Community Health. Premiums for SHBP options are established by the Board of Community Health and may be changed at any time by Board Resolution, subject to advance notice.

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In this Guide, you will find what's changing for the 2015 Plan Year, a brief explanation about each health plan option, a list of things to consider before making your decision and a benefit comparison chart.

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Common Health Care Acronyms

BCBSGa	⟷	Blue Cross Blue Shield of Georgia
CMS	⟷	Centers for Medicare & Medicaid Services
DCH	⟷	Georgia Department of Community Health
ESI	⟷	Express Scripts, Inc.
FSA	⟷	Flexible Spending Account
HDHP	⟷	High Deductible Health Plan
HIA	⟷	Health Incentive Account
HMO	⟷	Health Maintenance Organization
HRA	⟷	Health Reimbursement Arrangement
HSA	⟷	Health Savings Account
KP	⟷	Kaiser Permanente
MIA	⟷	My Incentive Account
OE	⟷	Open Enrollment
PCP	⟷	Primary Care Physician
PPO	⟷	Preferred Provider Organization
QE	⟷	Qualifying Event
SHBP	⟷	State Health Benefit Plan
SPC	⟷	Specialist
SPD	⟷	Summary Plan Description

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Nathan Deal, Governor

Clyde L. Reese III, Esq., Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

October 2014

Dear Valued State Health Benefit Plan Member:

Welcome to Open Enrollment for Active Employees for Plan Year (PY) 2015. Open Enrollment elections can be made online at **www.mySHBPga.adp.com** from October 27, 2014, 12:01 a.m. through November 14, 2014, 5:00 p.m.

SHBP heard and listened to the members' and providers' concerns regarding the 2014 plan choices, and has worked to offer more vendor and plan options for the upcoming year.
UnitedHealthcare was awarded the contract to provide medical claims administration services to the self-insured Plan Options (along with Blue Cross Blue Shield of Georgia). Additionally, Kaiser Permanente Georgia was awarded the contract to provide a fully-insured Health Maintenance Organization (HMO) Plan Option in the 27-county Metro Atlanta Service Area. Express Scripts, Inc. will continue to administer the pharmacy benefits and Healthways, Inc. will continue to administer wellness benefits for BCBSGa and UnitedHealthcare. Further, SHBP is pleased to offer HMO options and a High Deductible Health Plan (HDHP) option for PY 2015.

Active members, regardless of which benefit level selected (Bronze, Silver or Gold HRA) will have an option for coverage that results in a $0 increase in your monthly premium, and in some cases, members will be able to reduce the amount they contribute to their monthly premium. On the other hand, many members expressed to me their desire for options that utilize co-payments to reduce their exposure to potential out-of-pocket costs throughout the year. I am pleased we've been able to incorporate new options – three HMO plans – to do just that. Members interested in consumer-driven options like an HDHP with a Health Savings Account (HSA) will have an option as well.

Deciding which health insurance offering is right for you and covered members of your family is a complex one to make. I encourage all members to begin considering your options today and to reach out to SHBP Member Services (800-610-1863) when you have questions.

Sincerely,

Clyde L. Resse III, Esq.
Commissioner

Welcome to the Annual Open Enrollment (OE)

Welcome to the Georgia Department of Community Health (DCH), State Health Benefit Plan (SHBP) 2014 Annual Open Enrollment (OE).

During October 27 through November 14, 2014, over 630,000 eligible employees, retirees, and their families will have the opportunity to enroll and/or continue access to quality health insurance benefits offered through SHBP.

On behalf of Governor Nathan Deal, Commissioner Clyde Reese, the Board of Community Health and the entire SHBP team, I encourage you to explore the plan changes and plan options that are available to you for 2015.

Please take a moment to carefully review this Active Employee Decision Guide, as it has been created especially for you to help you make an informed decision during the Annual OE. After you carefully review the Active Employee Decision Guide, follow the enrollment instructions through our online enrollment web portal www.mySHBPga.adp.com and choose the coverage option that you believe offers the best choice for you and your family.

This Active Employee Decision Guide outlines specific benefit changes that will become effective January 1, 2015 and continue in effect through December 31, 2015. In addition to this guide, you may visit www.dch.georgia.gov/shbp for other helpful tools, including premium costs, qualifying event definitions and more.

Thank you for the opportunity to serve you by offering quality, cost-effective health care coverage that aligns with our mission to promote health and wellness for all of our SHBP members.

Sincerely,



Jeff Rickman
Division Chief SHBP

Announcing New Medical Claims Administrators, Plan Options and Enhanced Benefits for 2015

New Medical Claims Administrators

In addition to offering Blue Cross Blue Shield of Georgia (BCBSGa), UnitedHealthcare and Kaiser Permanente (KP) have been selected to offer State Health Benefit Plan (SHBP) members additional choice and Plan Options for 2015.

Plan Option Offerings

Health Maintenance Organization (HMO)
- BCBSGa
- KP (Metro Atlanta service Area In-Network **only** plan)
- UnitedHealthcare

High Deductible Health Plan (HDHP)
- UnitedHealthcare

Health Reimbursement Arrangement (HRA) without co-payments
- BCBSGa
  - Gold, Silver and Bronze Plan Options

Medicare Advantage (MA) Preferred Provider Organization (PPO) Standard and Premium
- UnitedHealthcare

Additional Options

TRICARE Supplement
Peachcare for Kids®



Photo credit: Georgia Department of Economic Development

New Benefit Enhancements

Applied Behavior Analysis (ABA) for Autism

Effective January 1, 2015, the SHBP will provide limited coverage for medically necessary ABA for the treatment of Autism Spectrum Disorder (ASD) to a maximum benefit of $35,000 per year per approved member (through age 10). Applicable co-payments, deductibles, and/or co-insurance may apply to all covered services. For more information regarding ABA coverage, please call your medical claims administrator's member service number.

Bariatric Pilot

The Georgia Legislature has established a pilot program to provide benefit coverage by the SHBP for certain bariatric surgical procedures for the treatment and management of obesity and related conditions for those SHBP members selected for inclusion in this pilot program.

Effective January 1, 2015, the pilot program is limited to 75 non-MA members for the 2015 benefit year. SHBP members must complete and submit their application by February 2, 2015 and qualified applicants will be randomly selected by the medical claims administrator for which you are enrolled. For more information about the Bariatric Pilot program, visit www.dch.georgia.gov/shbp or contact your medical claims administrator's member service number.

Hearing Aids

Benefit allowance for hearing aids has increased for children up to age 19 from $1,500 to $3,000 every five years.

Incentive Accounts

Incentive accounts house well-being incentive credits tied to the HMO and HDHP Plan Options. Members and covered spouses can earn these well-being incentive credits by completing certain health actions. These credits can be used to help offset certain health care costs such as co-payments and deductibles. Members and covered spouses enrolled in an HRA option can continue to earn HRA well-being incentive credits for their HRA account.

What's Changing in 2015?

Health Reimbursement Arrangement (HRA)

If you choose an HRA Plan Option, you will no longer pay co-payments for your medical and pharmacy expenses. Instead, you pay the applicable deductible and/or co-insurance.

Health Maintenance Organization (HMO)

Members now have the choice of enrolling in a Statewide or Regional (if eligible) HMO Plan Option that offers co-payments for certain services.

High Deductible Health Plan (HDHP)

Members now have the choice of enrolling in an HDHP. If enrolled in the HDHP, members can also enroll in a Health Savings Account (HSA).

Out-of-Pocket Maximums

- The medical and pharmacy out-of-pocket maximums are combined
- Co-payments count toward out-of-pocket maximums for the HMO Plan Options

ACTION ALERT

If you do not enroll in an HRA Plan Option in 2015, any remaining HRA credits from 2014 are forfeited. Also, if you experience a Qualifying Event (QE) during the Plan Year that results in a Plan Option change to HMO or HDHP, then your HRA credits will be forfeited.



Photo credit: Georgia Department of Economic Development

Annual Open Enrollment (OE) and Your Responsibilities

Website for the Annual OE
Available October 27 at 12:01 a.m. through November 14 at 5:00 p.m. ET

Your Responsibilities as a State Health Benefit Plan (SHBP) Member

- Make your elections online at www.mySHBPga.adp.com no later than November 14, 2014 by 5:00 p.m. ET
- Read and make sure you understand the plan materials posted at www.dch.georgia.gov/shbp and other information provided by your employer and take the required actions
- Check your payroll deduction to verify that the correct deduction amount has been made. If you are not being charged the correct amount, immediately contact SHBP Member Services
- To update any changes in your address, notify your Benefit Coordinator or HR Department
- Notify SHBP whenever you have a change in covered dependents within 31 days of a Qualifying Event (QE)
- Notify SHBP when you, a covered spouse, or dependent gain Medicare coverage within 31 days, including gaining coverage as a result of End Stage Renal Disease (ESRD)

During OE, you may:

- Change to any option for which you are eligible
- Enroll in a new plan option
- Drop covered dependents
- Discontinue SHBP coverage
- Enroll eligible dependents
- Decrease/increase coverage tier



Photo credit: Georgia Department of Economic Development

IMPORTANT NOTE

- **Dual coverage (more commonly referred to as State on State coverage) is when two members are eligible for coverage both as an employee and spouse under SHBP For example, a member is eligible for SHBP coverage through his/her employment and his/her spouse is also eligible for SHBP coverage as an employee**
- **If both members are eligible for coverage as employees, it may not be cost effective to cover each other as dependents. If you have other coverage (SHBP or another group policy), you will still be responsible for your cost share and non-covered (ineligible) services**
- **The election made during OE will be the coverage you have for the entire 2015 Plan Year unless you have a QE that allows a change to your coverage**
- **Enrolling or discontinuing coverage from individual coverage offered through the Health Insurance Marketplace is NOT a QE**



Making Your Health Benefit Election for 2015

Before making your selection, we urge you to review the plans described in this guide, discuss them with your family and choose a plan option that is best for you and your covered dependents. Due to expected heavy call volume and online traffic, we strongly encourage all members to make their elections early.

If you experience any technical difficulties, please contact SHBP Member Services at 800-610-1863.

Open Enrollment (OE) begins October 27, 2014, 12:01 a.m. ET and ends November 14, 2014, 5:00 p.m. ET.

How to Make Your 2015 Health Benefit Election

Go to the Enrollment Portal:
www.mySHBPga.adp.com

Step 1: Log on to the Enrollment Portal. (If you are a first-time user, you must first register using the registration code **SHBP-GA** and set up a password before making your 2015 election.)
• The Home page displays an OE message indicating the event date for the member on the top of the screen for elections to be in effect for the 2015 Plan Year.
Step 2: Under the OE window, **click** on **Continue** to proceed with your 2015 Plan Year enrollment.
Step 3: The Welcome page displays a Terms and Conditions message with the new Plan Year as the effective date.
• You should **click** on the **message** to review Terms and Conditions before accepting. You must **click Accept Terms and Conditions** to continue to the next step of enrollment.
Step 4: **Click** on **Go to Review Your Current Elections**. This screen displays appropriate default enrollments for you.
Step 5: **Click** on **Go To Review Your Dependents**. To add additional dependents, **click** on **Add a Dependent**, and enter necessary details to enroll dependents.
Step 6: To start your Election Process, **click** on **Go to Make your Elections.**
Step 7: **Click** on **Go To Tobacco Surcharge question**. You MUST answer the Tobacco Surcharge question using the radial buttons.
• After you answer the Tobacco Surcharge question, the Decision Support box will display. You are provided an option to use the Decision Support Benefit Option Comparison Tool to help you choose the right plan to meet your needs. You can choose to decline or accept the opportunity to use the tool. Please see page 7 of this Decision Guide for additional information regarding the Decision Support Tools.
Step 8: **Click** on **Go to Health Benefits** to choose your medical claim administrator and Plan Options.
Step 9: Make your elections.

NOTE: When adding a dependent, scroll down and check the Include in Coverage box located next to newly added dependent.

What if I Do Not Take Any Action?

If SHBP does not receive an election from you through the website, you have made a decision to take the default coverage below:
• You will be defaulted to the HRA option you chose for 2014, without co-payments; if applicable, you will continue to pay the Tobacco Surcharge you were paying in 2014
• If you are enrolled in the TRICARE Supplement in 2014, you will be enrolled in the TRICARE Supplement for 2015

NOTE: If you paid a Tobacco Surcharge in 2014, it will continue to apply. If you did not pay a Tobacco Surcharge in 2014, you will not pay one if you default coverage. Remember, it is your obligation to notify the SHBP immediately if you no longer qualify for the Tobacco Surcharge.

- If you choose **NOT** to enroll in a Plan Option, you will need to **click** the radial button for **No Coverage**. A pop-up box will then display **Reason for Waive.** You will need to **select** the drop-down box that will populate responses. Next, scroll through the options provided and select a reason. The **Reason for Waive** must be populated to move to the next step.

Step 10: **Click** on **Go to Review and Confirm Changes**.

- Your Elections (This screen displays your elections made. You should carefully review your elections.)

Step 11: **Click Finish**.

NOTE: If Finish is NOT clicked, your enrollment process has not been completed.

Open Enrollment (OE) Checklist

- ☑ Verify all desired dependents are listed on the Confirmation Page
- ☑ Verify your coverage tier (you only, you + spouse, you + child(ren) or you + family)
- ☑ Confirm the option selected shown on the Confirmation Page is correct
- ☑ Confirm that you answered the Tobacco Surcharge question appropriately
- ☑ Print Confirmation Page and save for your records

NOTE: *You may go online multiple times; however, the last option confirmed at the close of OE will be your option for 2015 unless you experience a Qualifying Event (QE) that allows you to make a change.*

Take Advantage of Decision Support Tools to Help You Select the Health Care Option that Best Meet Your Personal and Financial Needs!

To help you with your enrollment choices, State Health Benefit Plan (SHBP) has included Decision Support Tools as part of the Enrollment Portal. Using them, you will be provided with personalized, easy-to-understand information to assist you in making educated health care decisions. Decision Support Tools will help you choose the Plan Option that best meets your personal needs and circumstances.

Within the Decision Support Tools, there are three interactive, easy-to-use modules to help you evaluate, identify, and select the health care options best suited to your personal and financial needs. They are:

Tool #1: Medical Cost Calculator

To understand which Plan Option best meets your needs, it is important to consider both the premiums and the expenses you may incur during the Plan Year. With the Medical Cost Calculator, you use simple drop-down boxes to estimate how frequently you expect to use a variety of common services, including office visits, X-rays, prescriptions and more.

Tool #2: Preference Module

Health care usage is highly individual. The Preference Module enables you to consider which features matter most to you and your family and rate the importance of each attribute you select. Plan Options are then presented to you in a customized, best-fit order for easy side-by-side comparisons.

Tool #3: Comparison Module

You may have very specific needs in mind when comparing Plan Options. The Comparison Module allows you to easily drill down to the precise information you need to ensure that you obtain the coverage you require at the most cost-effective rate.

Flexible Benefits Program

If you are eligible to make benefit elections under the Flexible Benefits Program (e.g. Dental, Vision, Life Insurance, etc.) administered by the Department of Administration Services (DOAS), please visit www.GABreeze.ga.gov or call 877-342-7339 to make your annual enrollment benefit elections.

If your employer does not participate in the DOAS Flexible Benefits Program, contact your Benefit Coordinator/HR office to obtain information regarding flexible benefits sponsored by your employer.

Making Changes During the Plan Year When You Experience a Qualifying Event (QE)

Consider your benefit needs carefully and make the appropriate selection. The election made during the 2014 Open Enrollment (OE) will be the coverage you have for the entire 2015 Plan Year, unless you have a QE that allows a change in your coverage. You only have 31 days after a QE to add a dependent (90 days to add a newly eligible dependent child). For a complete description of QEs, see your Eligibility and Enrollment Provisions document available online at www.dch.georgia.gov/shbp.

You may also contact State Health Benefit Plan (SHBP) Member Services for assistance at 800-610-1863.

QEs include, but are not limited to:

- Birth, adoption of a child, or placement for adoption
- Death of a spouse or child, only if the dependent is currently enrolled
- Your spouse's or dependent's loss of eligibility for other group health coverage
- Marriage or divorce
- Medicare eligibility
- Gain or loss of PeachCare for Kids® or Medicaid eligibility

Eligible Dependents

The SHBP covers dependents who meet SHBP guidelines. Eligibility documentation must be submitted before SHBP can send notification of a dependent's coverage to your Medical, Pharmacy and Wellness Administrators. Eligible Dependents include:

- Spouse
- Dependent Child
  - Natural child
  - Adopted child
  - Stepchild
  - Guardianship
  - Totally disabled child

How to Declare a QE

To make a change in enrollment due to a QE, members no longer use paper forms. You must log on to the Enrollment Portal at www.mySHBPga.adp.com and declare a QE to make the change. The time limit to declare is 31 days after most QEs.

- Remember you only have 31 days after a QE to add a dependent
- Members who do not have web access may call SHBP Member Services at 800-610-1863 and a representative will assist you with making the change
- Documentation to support your declaration will be requested
- You have 90 days to add a newly eligible dependent child

New Hires

ACTION ALERT

If you are having a baby, for the baby's services to be covered, you may have to change tiers and MUST add your newborn child within 90 days of the birth. For a complete description of eligibility, see your Eligibility and Enrollment Provisions document available online at www.dch.georgia.gov/shbp.

Coverage Effective Date for New Hires

SHBP uses a calendar month instead of the hire date for the effective date of coverage. The effective date of coverage is the first month following one full calendar month of employment, unless the hire date is concurrent with the first of the month. If the hire date is concurrent with the first of the month, then coverage is effective the first month following the hire date.
Examples:

- If hired on 10/15/2014, one full calendar month following October is 11/15/2014. Coverage would begin the first month following November, which would be12/1/2014
- If hired on 11/1/2014, since the hire date is concurrent with the first of the month, coverage would begin the first of the month following the hire date12/1/2014
- If hired 1/31/2015, one full calendar month following January is February, and coverage would begin the first month following February, which would be 3/1/2014



Photo credit: Georgia Department of Economic Development

2015 Plan Options

As a result of the 2015 State Health Benefit Plan (SHBP) Plan Options, members will experience a number of positive enhancements.

The 2015 Plan Options (listed below) are designed to provide members with a choice of Plan Options that best meet their needs.

Blue Cross Blue Shield of Georgia (BCBSGa)

- Health Reimbursement Arrangement (HRA) without co-payments
  - Gold
  - Silver
  - Bronze
- Statewide Health Maintenance Organization (HMO)

UnitedHealthcare

- High Deductible Health Plan (HDHP)
- Statewide Health Maintenance Organization (HMO)

Note: The Pharmacy benefits will be administered by Express Scripts and the Wellness benefits will be administered by Healthways for BCBSGa and UnitedHealthcare.

Kaiser Permanente (KP)

The KP Regional HMO (Metro Atlanta Service Area only) offers medical, wellness and pharmacy benefits. You must **live or work** in one of the below 27 counties within the Metro Atlanta Service Area to be eligible to enroll in KP:

Barrow	Coweta	Gwinnett	Paulding
Bartow	Dawson	Haralson	Pickens
Butts	DeKalb	Heard	Pike
Carroll	Douglas	Henry	Rockdale
Cherokee	Fayette	Lamar	Spalding
Clayton	Forsyth	Meriwether	Walton
Cobb	Fulton	Newton	

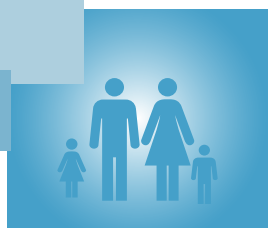
Additional Options

The TRICARE Supplement will continue to be available for those members enrolled in TRICARE. See page 25 for additional information.

PeachCare for Kids® will continue to be available for those members enrolled in PeachCare for Kids. See page 25 for additional information.

Express Scripts (ESI) administers the prescription drug pharmacy benefits for members who choose BCBSGa and UnitedHealthcare. ESI provides benefits for retail prescription drug products, mail order, home delivery and specialty pharmacy services.

Healthways provides members with comprehensive well-being resources and incentive programs for BCBSGa and UnitedHealthcare. Healthways will also administer the 2015 action-based health incentives that will allow SHBP members and covered spouses to earn additional well-being incentive credits.



Understanding Your Plan Options For 2015

IMPORTANT NOTE

In addition to the Plan Option descriptions below, please read the Benefits Comparison Table in this guide carefully and look at your medical and prescription expenses to make sure you understand the out-of-pocket costs under each option. You can find premium rates online at www.dch.georgia.gov/shbp.

How the Health Reimbursement Arrangement (HRA) Works

The HRA is a Consumer-Driven Health Plan Option (CDHP) that includes a State Health Benefit Plan (SHBP)-funded HRA account that provides first-dollar coverage for eligible medical and pharmacy expenses. The HRA Plan Options offer access to a statewide and national network of providers across the United States.

It is important to note that when you go to the doctor, you do not pay a co-payment. Instead, you pay the applicable deductible and co-insurance.

SHBP contributes HRA credits to your HRA account based on the HRA Plan Option and Tier you enroll in. If you have remaining credits in your HRA account, those credits roll over to the next Plan Year as long as you remain enrolled in an HRA option.

NOTE: If you do not enroll in an HRA Plan Option in 2015, any remaining HRA credits from 2014 are forfeited. Also if you experience a Qualifying Event (QE) during the Plan Year that results in a Plan Option change to the Health Maintenance Organization (HMO) or High Deductible Health Plan (HDHP), then your HRA credits will be forfeited.

Plan Features:

- The plan pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA)
- You must meet separate in-network and out-of-network deductibles
- You must meet separate in-network and out-of-network out-of-pocket maximums
- After you meet your annual deductible, you pay a percentage of the cost of your covered expenses, called co-insurance
- You are not required to select a Primary Care Physician (PCP) or obtain referrals to a Specialist (SPC)
- The credits in your HRA account are used to help meet your deductibles and your out-of-pocket maximums
- The medical and pharmacy out-of-pocket maximums are combined
- Certain drug costs are waived if SHBP is primary and you participate in one of the Disease Management Programs (DM) for diabetes, asthma, and/or coronary artery disease
- If you enroll in the HRA Plan Option after the first of the year, your SHBP-funded HRA account with be prorated. However your deductible and co-insurance will not be prorated

NOTE: Pharmacy benefits are administered by Express Scripts and the Wellness benefits are administered by Healthways.

How the High Deductible Health Plan (HDHP) Works

The HDHP offers in-network and out-of-network benefits and provides access to a network of providers on a statewide and national basis across the United States. The HDHP has a low monthly premium. **However**, you must satisfy a high deductible that applies to all covered medical and pharmacy expenses (except preventive care). If you have employee+child, employee+spouse or family coverage, the **ENTIRE** family deductible MUST be met before benefits are payable for any family member. Also, you may qualify to establish a Health Savings Account (HSA) to set aside tax-free dollars to pay for eligible health care expenses now or in the future. HSAs typically earn interest and may even offer investment options.

Plan Features:

- You must meet separate in-network and out-of-network deductibles and out-of-pocket maximums
- The HDHP option pays 100% of covered services provided by in-network providers that are properly coded as "preventive care" within the meaning of the Affordable Care Act (ACA)
- You pay co-insurance after meeting the **ENTIRE** deductible for all covered medical and pharmacy expenses until the out-of-pocket maximum is met
- The medical and pharmacy out-of-pocket maximums are combined
- There are no co-payments

NOTE: Pharmacy benefits are administered by Express Scripts and the Wellness benefits are administered by Healthways.

IMPORTANT NOTE: Pharmacy benefits are subject to the deductible and benefits are not payable until the entire deductible is met.

Health Savings Account (HSA)

An HSA is like a personal savings account with investment options for health care, except it's all tax-free. You may open an HSA with UnitedHealthcare, a bank, or an independent HSA administrator/custodian.

NOTE: HSA accounts cannot be combined with a Flexible Spending Account (FSA).*

You can open an HSA if you enroll in the SHBP HDHP and do not have other coverage through:
1) Your spouse's employer's plan,
2) Medicare, or
3) Medicaid

HSA Features:

- Must be enrolled in an HDHP
- The HSA cannot be used with an FSA
- Only the amount of the actual account balance is available for reimbursement
- The employee owns the account and keeps the account
- Investment options are available with a minimum balance and interest accrues on a tax-free basis
- Contributions can start, stop, or change anytime
- Distributions cover qualified medical expenses as defined under Section 213(d) of the Internal Revenue Code and certain other expenses
- Tax form 1099 SA and 5498 are sent to employees for filing

**May be used with a general limited purpose FSA. For more details, please contact your FSA administrator .*

How the Statewide Health Maintenance Organization (HMO) Works

An HMO allows you to receive covered medical services from in-network providers only (except for emergency care). You are not required to select a Primary Care Physician (PCP) with the Statewide HMO. The HMO Plan Option pays 100% of covered services provided by in-network providers that are properly coded as "preventive care" within the meaning of the Affordable Care Act (ACA). Verify your provider is in-network before selecting an HMO Plan Option. When using in-network providers, request that they use or refer you to other in-network providers. The HMO offers a statewide and national network of providers across the United States.

Plan Features:

- There are co-payments with this plan for certain services
- Certain services are subject to a deductible and co-insurance (see the Comparison Benefit Chart)
- You do not have to obtain a referral to see a Specialist (SPC); however we encourage you to select a PCP to help coordinate your care
- Coverage is only available when using in-network providers (except for emergency care)
- Co-payments do not count toward to your deductibles
- The medical and pharmacy out-of-pocket maximums are combined
- Co-payments do count toward your out-of-pocket-maximum
- Certain drug costs are waived if SHBP is primary and you participate in one of the Disease Management Programs (DM) for diabetes, asthma, and/or coronary artery disease

NOTE: Pharmacy benefits are administered by Express Scripts and the Wellness benefits are administered by Healthways for Blue Cross Blue Shield of Georgia (BCBSGa) and UnitedHealthcare.



Photo credit: Georgia Department of Economic Development

How the Regional Health Maintenance Organization (HMO) by Kaiser Permanente (KP) Works

The KP Regional HMO option is available to State Health Benefit Plan (SHBP) eligible employees who **live or work** in one of the listed 27 counties within the Metro Atlanta Service Area.

You are responsible for selecting a Primary Care Physician (PCP) from a list of participating providers. You can schedule an appointment without a referral for any specialist at a KP medical facility.

The HMO option pays 100% of covered services provided by in-network providers that are properly coded as "preventive care" within the meaning of the Affordable Care Act (ACA). KP administers the benefits for medical, pharmacy, and wellness.

NOTE: You must live or work in one of the below 27 counties within the Metro Atlanta Service Area to be eligible to enroll in KP:

Barrow	Coweta	Gwinnett	Paulding
Bartow	Dawson	Haralson	Pickens
Butts	DeKalb	Heard	Pike
Carroll	Douglas	Henry	Rockdale
Cherokee	Fayette	Lamar	Spalding
Clayton	Forsyth	Meriwether	Walton
Cobb	Fulton	Newton	

Plan Features:

- This is a co-payment-only option
- There are no deductibles or co-insurances
- The medical and pharmacy out-of-pocket maximums are combined



Photo credit: Georgia Department of Economic Development



Benefits Comparison: HRA Plans

January 1, 2015 – December 31, 2015

	BCBSGa Gold HRA Option		BCBSGa Silver HRA Option		BCBSGa Bronze HRA Option	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Covered Services	**You Pay**		**You Pay**		**You Pay**	
Deductible • You • You + Spouse • You + Child(ren) • You + Family	$1,500 $2,250 $2,250 $3,000	$3,000 $4,500 $4,500 $6,000	$2,000 $3,000 $3,000 $4,000	$4,000 $6,000 $6,000 $8,000	$2,500 $3,750 $3,750 $5,000	$5,000 $7,500 $7,500 $10,000
	HRA credits will reduce 'You Pay' amounts					
Out-of-Pocket Maximum • You • You + Spouse • You + Child(ren) • You + Family	$4,000 $6,000 $6,000 $8,000	$8,000 $12,000 $12,000 $16,000	$5,000 $7,500 $7,500 $10,000	$10,000 $15,000 $15,000 $20,000	$6,000 $9,000 $9,000 $12,000	$12,000 $18,000 $18,000 $24,000
HRA credits will reduce 'You Pay' amounts						
HRA	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
• You • You + Spouse • You + Child(ren) • You + Family	$400 $600 $600 $800		$200 $300 $300 $400		$100 $150 $150 $200	
Physicians' Services	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Primary Care Physician or Specialist Office or Clinic Visits • Treatment of illness or injury	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Maternity Care (Non-routine, prenatal, delivery, and postpartum)	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Primary Care Physician or Specialist Office or Clinic Visits for the following: • Wellness care/preventive health care • Prenatal care coded as preventive	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered
Physician Services Furnished in a Hospital • Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible

Benefits Comparison: HMO and HDHP Plans

January 1, 2015 – December 31, 2015

	BCBSGA / UnitedHealthcare Statewide HMO Option	UnitedHealthcare HDHP Option		KP Regional HMO Option
	In-Network only	In-Network	Out-of-Network	In-Network only
Covered Services	**You Pay**	**You Pay**		**You Pay**
Deductible • You • You + Spouse • You + Child(ren) • You + Family	 $1,300 $1,950 $1,950 $2,600	 $3,500 $7,000 $7,000 $7,000	 $7,000 $14,000 $14,000 $14,000	 N/A N/A N/A N/A
Out-of-Pocket Maximum • You • You + Spouse • You + Child(ren) • You + Family	 $4,000 $6,500 $6,500 $9,000	 $6,450 $12,900 $12,900 $12,900	 $12,900 $25,800 $25,800 $25,800	 $6,350 $12,700 $12,700 $12,700
HRA	**The Plan Pays**	**The Plan Pays**		**The Plan Pays**
HRA Dollars • You • You + Spouse • You + Child(ren) • You + Family	N/A	N/A		N/A
Physicians' Services	**The Plan Pays**	**The Plan Pays**		**The Plan Pays**
Primary Care Physician or Specialist Office or Clinic Visits • Treatment of illness or injury	100% coverage after $35 PCP co-payment $45 SPC co-payment	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage after $35 PCP co-payment $45 SPC co-payment
Maternity Care (Non-routine, prenatal, delivery and postpartum)	100% coverage after $35 PCP co-payment $45 SPC co-payment	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage after $35 PCP co-payment $45 SPC co-payment
Primary Care Physician or Specialist Office or Clinic Visits for the following: • Wellness care/preventive health care • Prenatal care coded as preventive	100% coverage; not subject to deductible, in-network only	100% coverage; not subject to deductible	Not covered	100% coverage
Physician Services Furnished in a Hospital • Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist	100% coverage; subject to deductible	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage

Benefits Comparison: HRA Plans

January 1, 2015 – December 31, 2015

	BCBSGa Gold HRA Option		BCBSGa Silver HRA Option		BCBSGa Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physicians' Services	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Physician Services for Emergency Care	85% coverage; subject to deductible		80% coverage; subject to deductible		75% coverage; subject to deductible	
Allergy Shots and Serum	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery/Services • When billed as office visit	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery/Services • When billed as as outpatient surgery at a facility	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Hospital Services	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Inpatient Services • Inpatient care, delivery and inpatient short-term acute rehabilitation services	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Inpatient Services • Well newborn care	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery/Services • At a hospital or other facility	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Hospital Emergency Room Care • Treatment of an emergency medical condition or injury	85% coverage; subject to in-network deductible		80% coverage; subject to in-network deductible		75% coverage; subject to in-network deductible	
Outpatient Testing, Lab, etc.	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Non-Routine Laboratory; X-Rays; Diagnostic Tests; Injections • Including medications covered under medical benefits--for the treatment of an illness or injury	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Complex Radiology Testing MRIs, CTs, PET and Nuclear Medicine	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible

Benefits Comparison: HMO, HDHP Plans

January 1, 2015 – December 31, 2015

	BCBSGA /UnitedHealthcare Statewide HMO Option	UnitedHealthcare HDHP Option		KP Regional HMO Option
	In-Network only	In-Network	Out-of-Net-work	In-Network only
Physicians' Services	**The Plan Pays**	**The Plan Pays**		**The Plan Pays**
Physician Services for Emergency Room Care	100% coverage	70% coverage; subject to in-network deductible		100% coverage
Allergy Shots and Serum	100% after $35 PCP co-payment $45 SPC co-payment	70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $35 PCP co-payment $45 SPC co-payment
Outpatient Surgery/Services • When billed as office visit	100% after $35 PCP co-payment $45 SPC co-payment	70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $35 PCP co-payment $45 SPC co-payment
Outpatient Surgery/Services • When billed as as outpatient surgery at a facility	80% coverage; subject to deductible	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage after $100 co-payment
Hospital Services	**The Plan Pays**	**The Plan Pays**		**The Plan Pays**
Inpatient Services • Inpatient care, delivery and inpatient short-term acute rehabilitation services	80% coverage; subject to deductible	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage after $250 co-payment
Inpatient Services • Well newborn care	100% coverage; not subject to deductible	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage
Outpatient Surgery/Services • At a hospital or other facility	80% coverage; subject to deductible	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage after $100 co-payment
Hospital Emergency Room Care • Treatment of an emergency medical condition or injury	100% coverage after $150 co-payment, if admitted co-payment waived	70% coverage; subject to in-network deductible		100% coverage after $150 co-payment, if admitted co-payment waived
Outpatient Testing, Lab, etc.	**The Plan Pays**	**The Plan Pays**		**The Plan Pays**
Non-Routine Laboratory; X-Rays; Diagnostic Tests; Injections • Including medications covered under medical benefits--for the treatment of an illness or injury	80% coverage; subject to deductible	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage at KP or contracted facility $100 co-payment at outpatient hospital facility
Complex Radiology Testing MRIs, CTs, PET and Nuclear Medicine	80% coverage; subject to deductible	70% coverage; subject to deductible	50% coverage; subject to deductible	$45 co-payment at KP or contracted free-standing imaging center $100 co-payment at outpatient hospital facility

Benefits Comparison: HRA Plans

January 1, 2015 – December 31, 2015

	BCBSGa Gold HRA Option		BCBSGa Silver HRA Option		BCBSGa Bronze HRA Option	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Behavioral Health	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Mental Health and Substance Abuse Inpatient Facility and Partial Day Hospitalization ***NOTE:*** Prior approval required.	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Mental Health and Substance Abuse Group Outpatient Visits and Intensive Outpatient	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Mental Health and Substance Abuse Outpatient Visits -- Professional	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Other Coverage	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Outpatient Acute Short-Term Rehab Services • Physical,Speech and Occupational Therapies • Other Short-Term Rehab Services NOTE: There is a benefit maximum of 40 visits (combined in-network and out-of-network) per therapy in a benefit year.	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	80% coverage; subject to deductible
Chiropractic Care Coverage up to a maximum of 20 visits per Plan Year	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Hearing Services Routine Hearing Exam when properly coded as preventive	100% coverage	Not covered	100% coverage	Not covered	100% coverage	Not Covered
Hearing Services Non-routine hearing not performed in an office setting	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Hearing Aid -- Adults Fittings	85% coverage for exam and fittings; subject to deductible $1,500 hearing aid allowance every five years; not subject to deductible		80% coverage for exam and fittings; subject to deductible $1,500 hearing aid allowance every five years; not subject to deductible		75% coverage for exam and fittings; subject to deductible $1,500 hearing aid allowance every five years; not subject to deductible	
Hearing Aid -- Children (Up to age 19) Fittings	85% coverage for exam and fittings; subject to deductible $3,000 hearing aid allowance every five years; not subject to deductible		80% coverage for exam and fittings; subject to deductible $3,000 hearing aid allowance every five years; not subject to deductible		75% coverage for exam and fittings; subject to deductible $3,000 hearing aid allowance every five years; not subject to deductible	

Benefits Comparison: HMO, HDHP Plans

January 1, 2015 – December 31, 2015

	BCBSGA /UnitedHealthcare Statewide HMO Option	UnitedHealthcare HDHP Option		KP Regional HMO Option
	In-Network	In-Network	Out-of-Network	In-Network only
Behavioral Health	**The Plan Pays**	**The Plan Pays**		**The Plan Pays**
Mental Health and Substance Abuse Inpatient Facility and Partial Day Hospitalization ***NOTE:*** Prior approval required.	80% coverage; subject to deductible	70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $250 co-payment
Mental Health and Substance Abuse Group Outpatient Visits and Intensive Outpatient	100% after $45 SPC per visit. $10 co-payment for group therapy	70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $35 SPC per visit. $17 co-payment for group therapy
Mental Health and Substance Abuse Outpatient Visits -- Professional	100% after $35 PCP co-payment $45 SPC co-payment	70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $35 PCP co-payment $45 SPC co-payment
Other Coverage	**The Plan Pays**	**The Plan Pays**		**The Plan Pays**
Outpatient Acute Short-Term Rehab Services • Physical,Speech and Occupational Therapies • Other Short-Term Rehab Services NOTE: There is a benefit maximum of 40 visits (combined in-network and out-of-network) per therapy in a benefit year.	100% after $25 co-payment	70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $25 co-payment
Chiropractic Care Coverage up to a maximum of 20 visits per Plan Year	100% after $45 co-payment	70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $45 co-payment
Hearing Services Routine Hearing Exam when properly coded as preventive	100% coverage	100% coverage; not subject to deductible	Not covered	100% coverage
Hearing Services Non-Routine hearing not performed in an office setting	80% coverage; subject to deductible	70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $100 co-payment in outpatient setting or $250 co-payment in inpatient setting
Hearing Aid -- Adults Fittings	100% coverage for exam and fittings; after $35 PCP co-payment $45 SPC co-payment $1,500 hearing aid allowance every five years; not subject to deductible	70% coverage for exam and fittings; subject to deductible $1,500 hearing aid allowance every five years; subject to deductible		100% coverage for exam and fittings $1,500 hearing aid allowance every five years
Hearing Aid -- Children (Up to age 19) Fittings	100% coverage for exam and fittings; after $35 PCP co-payment $45 SPC co-payment $3,000 hearing aid allowance every five years; not subject to deductible	70% coverage for exam and fittings; subject to deductible $3,000 hearing aid allowance every five years; subject to deductible		100% coverage for exam and fittings $3,000 hearing aid allowance every five years

Benefits Comparison: HRA Plans

January 1, 2015 – December 31, 2015

	BCBSGa Gold HRA Option		BCBSGa Silver HRA Option		BCBSGa Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Coverage	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Applied Behavior Analysis NOTE: Requires prior approval, only covered for treatment for autism spectrum disorders 0 though age 10	85% coverage not subject to deductible $35,000 benefit maximum per Plan Year		80% coverage not subject to deductible $35,000 benefit maximum per Plan Year		75% coverage not subject to deductible $35,000 benefit maximum per Plan Year	
Urgent Care Services	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Home Health Care Services NOTE: Prior approval required.	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Skilled Nursing Facility Services NOTE: Prior approval required.	85% coverage; up to 120 days per Plan Year; subject to deductible	Not covered	80% coverage; up to 120 days per Plan Year; subject to deductible	Not covered	75% coverage; up to 120 days per Plan Year; subject to deductible	Not covered
Hospice Care NOTE: Prior approval required.	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Durable Medical Equipment (DME) -- Rental or purchase NOTE: Prior approval required for certain DME.	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Transplant Services NOTE: Prior approval required.	Contact the Medical Claims Administrator for coverage details.					

The Plan may pay a percent of the Maximum Allowable Amount for Covered Services performed by out-of-network providers; the Maximum Allowable Amount is usually 110% of the Medicare rate for the treatment. Deductibles and out-of-pocket maximums are based only on these eligible expenses and do not include amounts you pay when out-of-network providers balance bill for the difference. You cannot use HRA credits to pay for amounts balance billed.

***NOTE:** For out-of-network providers, the Plan does not accept assignment of benefits. You will receive a payment of benefits, and it will be your responsibility to pay that to the provider.*

Benefits Comparison: HMO and HDHP Plans

January 1, 2015 – December 31, 2015

	BCBSGA /UnitedHealthcare Statewide HMO Option	UnitedHealthcare HDHP Option		KP Regional HMO Option
	In-Network Only	In-Network	Out-of-Network	In-Network Only
Other Coverage	**The Plan Pays**	**The Plan Pays**		**The Plan Pays**
Applied Behavior Analysis NOTE: Requires prior approval, only covered for treatment for autism spectrum disorders 0 though age 10	100% after $35 PCP co-payment $45 SPC co-payment $35,000 benefit maximum per Plan Year	70% coverage; subject to deductible $35,000 benefit maximum per Plan Year		100% after $35 PCP co-payment $45 SPC co-payment $35,000 benefit maximum per Plan Year
Urgent Care Services	100% after $35 co-payment	70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $35 co-payment
Home Health Care Services NOTE: Prior approval required	100% coverage	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage
Skilled Nursing Facility Services NOTE: Prior approval required	100% coverage; up to 120 days per Plan Year; in-network only	70% coverage; up to 120 days per Plan Year; in-network only	Not Covered	100% coverage;
Hospice Care NOTE: Prior approval required	100% coverage	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage
Durable Medical Equipment (DME) - Rental or purchase NOTE: Prior approval required for certain DME	100% coverage	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage
Transplant Services NOTE: Prior approval required	Contact the Medical Claim Administrator for coverage details			

The Plan may pay a percent of the Maximum Allowable Amount for Covered Services performed by out-of-network providers; the Maximum Allowable Amount is usually 110% of the Medicare rate for the treatment. Deductibles and out-of-pocket maximums are based only on these eligible expenses and do not include amounts you pay when out-of-network providers balance bill for the difference. You cannot use incentive credits to pay for amounts balance billed.

***NOTE:** For out-of-network providers, the Plan does not accept assignment of benefits. You will receive a payment of benefits and it will be your responsibility to pay that to the provider.*

Benefits Comparison: HRA Pharmacy

January 1, 2015 – December 31, 2015

	BCBSGa Gold HRA Option		BCBSGa Silver HRA Option		BCBSGa Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Coverage	**You Pay**		**You Pay**		**You Pay**	
Tier 1 Co-insurance NOTE: per 31-day maximum supply	15% ($20 min/$50 max); not subject to deductible		15% ($20 min/$50 max); not subject to deductible		15% ($20 min/$50 max); not subject to deductible	
Tier 2 Co-insurance Preferred Brand NOTE: per 31-day maximum supply	25% ($50 min/$80 max); not subject to deductible		25% ($50 min/$80 max); not subject to deductible		25% ($50 min/$80 max); not subject to deductible	
Tier 3 Co-insurance Non-Preferred Brand NOTE: per 31-day maximum supply	25% ($80 min/$125 max); not subject to deductible		25% ($80 min/$125 max); not subject to deductible		25% ($80 min/$125 max); not subject to deductible	
Participating 90-day Voluntary Mail Order OR Retail 90-day Network	Tier 1–15% ($50 min/$125 max) Tier 2–25% ($125 min/$200 max) Tier 3–25% ($200 min/$313 max)		Tier 1–15% ($50 min/$125 max) Tier 2–25% ($125 min/$200 max) Tier 3–25% ($200 min/$313 max)		Tier 1–15% ($50 min/$125 max) Tier 2–25% ($125 min/$200 max) Tier 3–25% ($200 min/$313 max)	

NOTE: Amounts you pay go toward the out-of-pocket maxium.

NOTE: If you request a Brand-name Prescription Drug Product in place of the chemically equivalent Prescripton Drug Product (Generic equivalent), you will pay the applicable Generic co-insurance in addition to the difference between the Brand and Generic Drug costs.

Benefits Comparison: HMO and HDHP Pharmacy

January 1, 2015 – December 31, 2015

	BCBSGA /UnitedHealthcare Statewide HMO Option		UnitedHealthcare HDHP Option		KP Regional HMO Option
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Other Coverage	**You Pay**		**The Plan Pays**		**You Pay**
Tier 1 Co-insurance NOTE: per 31-day maximum supply	$20		*70% coverage; after deductible is met		$20
Tier 2 Co-insurance Preferred Brand NOTE: per 31-day maximum supply	$50		*70% coverage; after deductible is met		$50
Tier 3 Co-insurance Non-Preferred Brand NOTE: per 31-day maximum supply	$90		*70% coverage; after deductible is met		$80
Participating 90-day Voluntary Mail Order OR Retail 90-day Network	Tier 1–$50 Tier 2–$125 Tier 3–$225		*70% coverage; after deductible is met		Tier 1–$50 Tier 2–$125 Tier 3–$200

NOTE: Amounts you pay do not go toward the deductible; however they do go toward the out-of-pocket maxium.
**NOTE: For HDHP out-of-network, pharmacy expenses are paid at 70 percent of the contracted rate.*

NOTE: If you request a Brand-name Prescription Drug Product in place of the chemically equivalent Prescription Drug Product (Generic equivalent), you will pay the applicable Generic co-payment/co-insurance in addition to the difference between the Brand and Generic Drug costs.



Alternative Coverage

TRICARE Supplement for Eligible Military Members, PeachCare for Kids® and Health Insurance Maketplace

TRICARE Supplement for Eligible Military Members

Are you career retired military? Consider the TRICARE Supplement Plan.

The TRICARE Supplement Plan is an alternative to State Health Benefit Plan (SHBP) coverage that is offered to employees and dependents who are eligible for SHBP coverage and enrolled in TRICARE. The TRICARE Supplement Plan is not sponsored by the SHBP, the Georgia Department of Community Health (DCH) or any employer. The TRICARE Supplement Plan is sponsored by the American Military Retirees Association (AMRA) and is administered by Selman & Company. In general, to be eligible, the employee and dependents must each be under age 65, ineligible for Medicare and registered in the Defense Enrollment Eligibility Reporting System (DEERS).

If you enroll in the TRICARE Supplement and are not eligible, your election will be changed to the default option, Blue Cross Blue Shield of Georgia (BCBSGa) Bronze Health Reimbursement Arrangement (HRA), which includes the Tobacco Surcharge if you were paying for it prior to enrollment in the TRICARE Supplement. For active employees, the payroll location will be notified to collect the additional premiums.

Points to consider if you elect TRICARE Supplement Plan coverage

- Effective January 1, 2015, TRICARE will become your primary coverage
- TRICARE Supplement Plan will become the secondary coverage
- The eligibility rules and benefits described in the TRICARE Supplement Plan will apply:
  - Unmarried adult children under the age of 26 who are no longer eligible for regular TRICARE must be enrolled in TRICARE Young Adult (TYA) through TRICARE before enrolling in the TRICARE Supplement Plan
  - Unmarried children under the age of 21 or 23, if a full-time student who are no longer eligible for regular TRICARE, must be enrolled in TYA through TRICARE before enrolling in the TRICARE Supplement Plan
- Tobacco Surcharge will not apply
- COBRA rights will not apply
- If you or your dependents lose eligibility for SHBP coverage while you are enrolled in the TRICARE Supplement Plan, you will be offered a portability feature by Selman & Company, administrator of TRICARE Supplement
- Loss of eligibility for the TRICARE Supplement Plan is a Qualifying Event (QE). If you continue to be eligible for coverage under the SHBP, you may enroll in an SHBP option outside of the Open Enrollment period if you make a request within 31 days of losing eligibility for the TRICARE Supplement Plan
- Attainment of age 65 and eligibility for Medicare causes a loss of eligibility for TRICARE Supplement Plan coverage. This is a QE and retirees must make a request within 31 days to re-enroll in an SHBP coverage option. If no request is made, your election will be changed to the default option, BCBSGa Bronze HRA and/or UnitedHealthcare Medicare Advantage (MA) Preferred Provider Organization (PPO) Standard Plan (if applicable)
- Retirees who elect TRICARE Supplement Plan coverage may discontinue TRICARE Supplement Plan coverage and re-enroll in SHBP coverage in the future as long as they maintain continuous coverage with either the TRICARE Supplement Plan or SHBP coverage and make their change on the SHBP Member Portal during the Retiree Option Change Period (ROCP)

For complete information about eligibility and benefits, contact 866-637-9911 or visit www.asicorporation.com/ga_shbp. You may also find information at www.dch.georgia.gov/shbp.

PEACHCARE FOR KIDS®

As state or public school employees, you could be eligible to enroll your children in PeachCare for Kids. Visit www.peachcare.org or call 877-427-3224 for information.

2015 Wellness

Wellness 2015 for Blue Cross Blue Shield of Georgia (BCBSGa) and UnitedHealthcare

State Health Benefit Plan (SHBP) is excited to continue with our Wellness partner, Healthways, to provide members who elect BCBSGa and UnitedHealthcare with comprehensive well-being resources and incentive programs. If you elect this coverage, you and/or your covered spouse will have access to a variety of Healthways' tools, activities and services such as the Well-Being Assessment, Well-Being Connect™ (a guided online website), well-being incentives, well-being coaching, biometric screenings, onsite activities, sweepstakes and much more. To learn more, visit www.BeWellSHBP.com.

Healthways will also administer 2015 action-based well-being incentives that will allow you and/or your covered spouse to earn additional well-being incentive credits by completing certain health actions. These credits can be used to help you offset certain health care costs such as co-payments, co-insurance and deductibles.

For members who elect a BCBSGa Health Reimbursement Arrangement (HRA) Plan Option

SHBP will continue to fund HRA credits to your HRA to provide first dollar coverage for those covered services requiring a deductible/ co-insurance and pharmacy co-insurance. The HRA credits are used to reduce the out-of-pocket amount you must pay. After satisfying your deductible, you will pay your co-insurance amount for covered services until you reach your out-of-pocket maximum. If you do not use all your HRA credits, the HRA credits will roll over from year to year, as long as you remain enrolled in a SHBP HRA Plan Option.

You and/or your covered spouse can earn additional well-being incentive credits for your HRA for the completion of certain health actions. To earn these HRA well-being incentive credits, complete the requirements shown in the following chart between January 15 and December 15, 2015.

For members who elect a statewide BCBSGa or UnitedHealthcare Health Maintenance Organization (HMO) Plan Option

You and/or your covered spouse can now earn well-being incentive credits into an Incentive Account for the completion of certain health actions. Incentive Accounts house well-being incentive credits tied to the HMO Plan Options. These well-being incentive credits can be used to help you offset certain health care costs such as co-payments and deductibles. To earn these credits, complete the requirements shown in the following chart between January 15 and December 15, 2015.

For members who elect a UnitedHealthcare High Deductible Health Plan (HDHP) Option

You and/or your covered spouse can now earn well-being incentive credits into an Incentive Account for the completion of certain health actions. Incentive Accounts house well-being incentive credits tied to the HDHP Option. These well-being incentive credits can be used to help you offset certain health care costs such as deductibles. When you complete a health action, well-being incentive credits will be placed into your Incentive Account. **IMPORTANT**: Before the earned well-being incentive credits in the Incentive Account can be used, you will need to pay for covered services until the following amounts have been paid toward your deductible:

- You - $1,300
- You + Child(ren) - $2,600
- You + Spouse - $2,600
- You + Family - $2,600

Note: The above amounts reflect a portion of the total required deductible.

To earn these well-being incentive credits, complete the requirements shown in the following chart between January 15 and December 15, 2015.

Wellness 2015 BCBSGa and UnitedHealthcare (cont.)

In 2015, you and your covered spouse are each eligible to earn well-being incentive credits of up to 480 credits toward medical expenses if you are enrolled in any of the Blue Cross Blue Shield of Georgia (BCBSGa) or UnitedHealthcare Plan Options and complete the health actions below between January 15 and December 15, 2015. That is a family total of 960 well-being incentive credits.

	What to Do	What You will Earn*
1.	**Assess Your Health** Complete your 2015 Healthways Well-Being Assessment® (WBA), a confidential, online questionnaire that will take about 20 minutes. **Know Your Numbers** Complete a 2015 biometric screening and submit results (body mass index, blood pressure, cholesterol, glucose). The biometric screening must be completed at an SHBP-sponsored screening event or by your physician and your results submitted appropriately on the 2015 Physician Screening Form.	***Complete BOTH and earn 240 well-being incentive credits*** ***(WBA must be completed before any well-being incentive credits can be earned)***
2.	**Take Action** It's your choice! Complete the telephonic coaching pathway, online pathway or a combination of both. **Telephonic Coaching Pathway** • Complete your WBA **and**; • Actively engage in telephonic coaching. **Online Pathway** • Complete your WBA **and**, • Record 5 online well-being activities using the same tracker within 4 consecutive weeks and earn up to 40 wellness incentive credits. You can earn these wellness credits up to 6 times. Sample activities: track exercise five times, record daily steps five times, track food five times.	**Earn up to 240 well-being incentive credits** ***(WBA must be completed before any well-being incentive credits can be earned)***

For details go to www.BeWellSHBP.com or call 888-616-6411.

**The above 2015 incentives do not apply to Kaiser Permanente or the Medicare Advantage Options.*
For detailed information on all SHBP plans, visit http://dch.georgia.gov/shbp-decision-guides.
Healthways administers the Be Well Well-Being program for the State Health Benefit Plan.
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Wellness 2015 for Kaiser Permanente (KP)

State Health Benefit Plan (SHBP) is excited to partner with KP. They offer a comprehensive and integrated team approach to wellness. In addition, they provide a variety of wellness tools and resources and an incentive program designed to empower you to take an active role in your own health. You will have access to KP's tools, activities and services such as Total Health Assessment, biometric screenings, online and onsite healthy living classes.

As part of the KP Wellness Program, if you sign up for www.my.kp.org/shbp and you complete at least one of the below health actions, you will be entered into a monthly drawing for an iPad AND a Fit Bit to help you manage your health. Multiple drawings will be held each month. The earlier you complete the health actions, the more opportunities you will have to win throughout the year. Hundreds of items will be awarded.

Sign up for www.my.kp.org/shbp and complete one or more of the following:

- Complete a biometric screening (body mass index, blood pressure, cholesterol and glucose)
- Complete an online Total Health Assessment that takes less than 20 minutes
- Get the support you need to lose weight, quit tobacco, manage stress, move more and eat healthy with a KP wellness coach
- Complete one online health education class
- Get your annual flu shot
- Receive a preventive Cancer Screening for Colorectal Cancer, Breast Cancer or Cervical Cancer

For details go to www.my.kp.org/shbp or call 855-512-5997.

Tobacco Policies

Tobacco Cessation

Every attempt to quit tobacco is worth the effort. It takes planning, support and sometimes, all the will power you've got. But quitting for good is absolutely possible. Both Healthways and KP offer comprehensive online and telephonic tobacco cessation services that provide the tools and support you need to quit successfully. Both programs are confidential, voluntary and cost you nothing to sign up. Please go to www.BeWellSHBP.com to learn more for Blue Cross Blue Shield of Georgia (BCBSGa) and UnitedHealthcare members. For KP members, please go to www.my.kp.org/shbp to learn more.

Tobacco Cessation Medications

Prescription and over-the-counter (OTC) tobacco cessation therapies, including nicotine replacement therapy (NRT), are available. Please go to www.BeWellSHBP.com to learn more for BCBSGa and UnitedHealthcare members. For KP members, please go to www.my.kp.org/shbp to learn more.

Tobacco Surcharge

Tobacco surcharges are included in all SHBP options (except for the Medicare Advantage Plan Options). These surcharges are intended to promote tobacco cessation and use of the Tobacco Cessation Telephonic Coaching Program. Please go to: www.dch.georgia.gov/shbp-plan-documents to access the tobacco surcharge removal policies. These policies allow you to have the tobacco surcharge removed by completing the surcharge removal requirements.

Tobacco Surcharge Removal/Refund

In compliance with the Affordable Care Act (ACA) requirements for wellness programs, SHBP's covered tobacco users (members and covered dependents) may qualify for tobacco surcharge refunds or adjustments of premiums paid in 2015 by completing the Tobacco Surcharge Removal Requirements in the Tobacco Users Cessation Policies for BCBSGa, UnitedHealthcare and KP at: http://dch.georgia.gov/shbp-plan-surcharges.

If You Are Retiring

Planning to retire soon? Here is what you need to know:

- In order to continue your State Health Benefit Plan (SHBP) coverage as a retiree, you and any dependents you want covered must be enrolled in the Plan at the time you retire. If you are not enrolled in the SHBP and wish to carry coverage as a retiree, you will need to enroll during Open Enrollment the year prior to your retirement
- If you are under 65, your options are the same as for active employees and the Tobacco Surcharge question will apply
- Once retired, you will have a Retiree Option Change Period (ROCP) that will only allow you to change your Plan Option
- You may add dependents only if you have a Qualifying Event (QE)
- Please refer to the Retiree Decision Guide for additional information regarding your SHBP coverage and options as a retiree
- If you have a balance of $100 or more in your Health Reimbursement Arrangement (HRA) at the time you move to an Medicare Advantage (MA) Preferred Provider Organization (PPO) option, an individual HRA account will be set up by UnitedHealthcare
- If you are retiring and turning age 65, you have the option of enrolling in an MA option, or remaining in a non-MA option. Please refer to the Retiree Decision Guide and the available premiums online



Photo credit: Georgia Department of Economic Development



Legal Notices

About the Following Notices

The following important legal notices are posted on the State Health Benefit Plan (SHBP) website at www.dch.georgia.gov/shbp under Plan Documents:

- Women's Health and Cancer Rights Act Notice describes SHBP's compliance with federal law by covering reconstructive surgery after mastectomy
- Newborns' and Mothers' Health Protection Act Notice describes SHBP's compliance with federal law by covering hospital stays following childbirth
- Health Insurance Portability and Accountability Act SHBP Notice of Information Privacy Practices describes how medical information about you is used and protected in accordance with federal law
- Mental Health Parity and Addiction Equity Act Opt-Out Notice
- Centers for Medicare & Medicaid Services Medicare Part D Creditable Coverage Notice informs you that prescription drug coverage under all SHBP coverage options are considered Medicare Part D "creditable coverage"
- Summaries of Benefits and Coverage describe benefits under the Non-Medicare Advantage (MA) Plan options in a standard form required by the Affordable Care Act (ACA)
- O.C.G.A. § 33-30-13 Notice describes the impact of the ACA on premiums for SHBP options
- Federal Patient Protection and Affordable Care Act Notices describes your right to choose a Primary Care Physician (PCP) within the Claim Administrator's network. It also provides information regarding a woman's right to obtain specialized obstetrical and gynecological care without prior authorization.

Penalties for Misrepresentation

If an SHBP participant misrepresents eligibility information when applying for coverage during change of coverage or when filing for benefits, the SHBP may take adverse action against the participants, including but not limited to terminating coverage (for the participant and his or her dependents) or imposing liability to the SHBP for fraud for indemnification (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law.

To avoid enforcement of the penalties, the participant must notify the SHBP immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

Important Notice from State Health Benefit Plan (SHBP)

Centers for Medicare and Medicaid Services (CMS) Medicare Part D Creditable Coverage Notice

Important Notice from the Department of Community Health about Your 2015 Prescription Drug Coverage under the State Health Benefit Plan Options and Medicare For Plan Year: January 1 – December 31, 2015

Please read this notice carefully and keep it where you can find it. This notice has information about your current Prescription Drug coverage with the SHBP and about your options under Medicare's Prescription Drug coverage.

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare Prescription Drug coverage in your area. Information about where you can get help to make decisions about your Prescription Drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's Prescription Drug coverage:

1. Medicare Prescription Drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers Prescription Drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Department of Community Health has determined that the Prescription Drug coverage offered under SHBP is, on average for all plan participants, expected to pay out as much as standard Medicare Prescription Drug coverage pays and are, therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable Prescription Drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Part D Drug Plan?

If you decide to join a Medicare drug plan, your current SHBP coverage will be affected. If you join a Medicare drug plan and do not terminate your SHBP coverage, SHBP will coordinate Benefits with the Medicare drug plan coverage the month following receipt of notice. You should send a copy of your Medicare cards to SHBP at P.O. Box 1990, Atlanta, GA 30301-1990.

IMPORTANT: If you are a retiree and terminate your SHBP coverage, you will not be able get this SHBP coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with SHBP and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

Important Notice from State Health Benefit Plan (SHBP) (cont.)

If you go 63 continuous days or longer without creditable Prescription Drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without Creditable Coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare Prescription Drug coverage. In addition, if you don't join within 63 continuous days after your current coverage ends, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage, contact the SHBP Member Service Center at 800-610-1863.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SHPB changes. You also may request a copy of this notice at any time.

For More Information about Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer Prescription Drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare Prescription Drug coverage: Visit www.medicare.gov.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE at 1-800-633-4227 (TTY 1-877-486-2048).

If you have limited income and resources, extra help paying for Medicare Prescription Drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call at 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

From: January 1, 2015 To: December 31, 2015
Date: September 8, 2014



Photo credit: Georgia Department of Economic Development

Website for the Annual Open Enrollment Available
October 27 at 12:01 a.m. through November 14 at 5:00 p.m. ET

For Plan Coverage effective
January 1, 2015 – December 31, 2015

The material in this booklet is for information purposes only and is not a contract. It is intended only to highlight principal benefits of the State Health Benefit Plan (SHBP) Plan Options. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan Documents, the Plan Documents govern. For all Plan Options other than the Medicare Advantage (MA) option, the Plan Documents including the SHBP regulations, Summary Plan Descriptions, Evidence of Coverage documents and reimbursement guidelines of the vendors. The Plan Documents for MA are the Insurance Certificates. It is the responsibility of each member, active or retired, to read the plan documents to fully understand how that option pays benefits. Availability of SHBP options may change based on federal or state law changes or as approved by the Board of Community Health. Premiums for SHBP options are established by the DCH Board and may be changed at any time by Board Resolutions subject to advance notice.



Photo credit: Georgia Department of Economic Development

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SHBP

State Health Benefit Plan

A Division of the Georgia Department of Community Health