



An Overview of **State Health Benefit Plan for Active Employees for 2012**

Overview

The State Health Benefit Plan (SHBP), a division of the Georgia Department of Community Health (DCH), is responsible for the administration of the health insurance offered to state employees, teachers, school personnel and certain contract groups. As of February 2012, SHBP provided health coverage for approximately 672,481 members and dependents. SHBP currently offers the option of a Wellness or Standard Plan for active members and their dependents, including: 1) Health Reimbursement Arrangement (HRA); 2) High-Deductible Health Plan (HDHP); and 3) Health Maintenance Organization (HMO).

Under the Wellness Options, a member and his/her covered spouse agree to be more engaged in their health. Members enrolled in the Wellness Plan in 2012 are required to take an online health assessment and obtain certain biometric screenings (blood pressure, cholesterol, body mass index [BMI] and blood glucose) before June 30, 2012. In exchange for keeping their Wellness promise, members receive reduced premiums and the opportunity to enroll in a Wellness Option for 2013. Members and their covered spouse enrolled in the Wellness HRA can each earn an additional \$125 HRA credits if they both obtain their annual physical and take the online health assessment.

Members not wishing to take these steps may elect to enroll in the Standard HRA, Standard HMO or Standard HDHP. Covered services under the Standard options are the same as benefits under the Wellness, but members pay a higher premium and are not eligible to earn extra HRA credits.

Plan Options

All options provide a 100% wellness benefit when seeing an in-network provider. This encourages members to get age-appropriate check-ups and exams.

SHBP plan options for active employees and retirees under 65 are:

Health Reimbursement Arrangement (HRA): The HRA is a consumer-driven health plan. Members can choose between Cigna and UnitedHealthcare (UHC). Both options offer a national provider network and in-and out-of-network benefits. Features include an



Plan Vendors

- Cigna
- UnitedHealthcare



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annual HRA contribution funded by the SHBP to provide first dollar coverage for members' medical expenses and pharmacy. Any unused HRA dollars roll over to the next year and can be taken into retirement if coverage in the HRA is continued. Prescription drugs have a 3-tier structure with a minimum and maximum co-insurance. Amounts paid for prescriptions do not apply to the deductible or out-of-pocket limit.

High Deductible Health Plan (HDHP): The HDHP is a consumer-driven health option. In return for a lower premium, members must satisfy the entire deductible prior to any benefits being paid. This option offers a national provider network and in- and out-of-network benefits. Employees may contribute to a Health Savings Account (HSA) through a bank or an independent HSA administrator/custodian. Employee contributions to an HSA are tax deductible and may be used to pay medical expenses. Unused HSA funds carry over to the next Plan Year and may earn interest. HSAs are also portable.

Health Maintenance Organization (HMO): Cigna Open Access Plus In-Network and UHC Choice HMO are the two HMOs offered. These HMOs offer a national provider network. Members do not have to select a Primary Care Physician (PCP) or obtain a referral to see a participating specialist. However, members are encouraged to select a PCP to help coordinate care. HMO's typically provide a 100-percent benefit after a co-payment for in-network provider visits. There is no coverage for services received by non-participating providers unless the injury or health issue is a life (or limb) threatening emergency.

Tobacco and Spousal Surcharges

The State Health Benefit Plan imposes a \$50 monthly Spousal Surcharge that applies to each member whose covered spouse is eligible for health benefits through his/her employer but elects not to take the coverage. The SHPB also imposes an \$80 Tobacco Surcharge that applies to all members and their covered dependents (except those in the Medicare Advantage or Split Option plans) who use or have used tobacco products within the last 60 days. The surcharge is designed to encourage tobacco users to adopt a healthier lifestyle. Members can have the tobacco surcharge removed by taking their vendors online health assessment and completing their telephonic tobacco health coaching program.

Each year, members must answer surcharge questions during the annual Open Enrollment. Members who fail to answer these questions will automatically be assessed the applicable surcharges.

Disclaimer: *This material is for informational purposes and is not a contract. It is intended only to highlight principal eligibility and benefits. 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 the Summary Plan Description and all Plan materials provided in order to fully understand the eligibility and option provisions.*