



SHBP ENROLLMENT PORTAL

MEMBER EXPERIENCE

JOB AID

TABLE OF CONTENTS

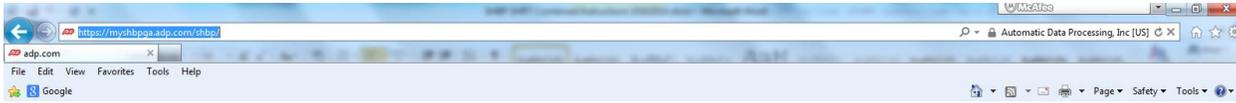
➤ Member Experience > Log On > Registration	3
➤ Employee Log On > Forgot User ID	6
➤ Employee Log On > Forgot Password	8
➤ Navigation Experience > My Information/Plan Information	10
➤ Current User > Qualifying Events > The Add a Dependent Experience	11
➤ Current User > Qualifying Events > The Drop a Dependent Experience	19
➤ Current User > Qualifying Events > Dependent Maintenance	24
➤ Current User > Qualifying Events > Updating My Medicare Enrollment > Actives	26
➤ Current User > Qualifying Events > Retiree/Survivor Address Change	29
➤ Current User > Work Events > The New Hire Experience	32
➤ Current User > System Event	40
➤ Standard Email Communications > Confirmation	41
➤ Standard Email Communications > Event Window Open	42
➤ Standard Email Communications > New Retiree	43
➤ Standard Email Communications > Retiree/Spouse Age 65 Medicare Part B	44
➤ Standard Email Communications > Retiree/Spouse Age 64Eight Medicare	45
➤ Standard Email Communications > Retiree/Spouse Age 64Ten Medicare	47
➤ Standard Email Communications > Dependent Age out Confirm/Reminder	48
➤ Standard Email Communications > Guardianship and Dependent Eligibility – Initial Notice	49
➤ Standard Email Communications > Guardianship and Dependent Eligibility – Reminder Notice	50
➤ Standard Email Communications > Dependent Missing SSN	51
➤ Standard Email Communications > Disabled Dependent Near Expiration	52

MEMBER EXPERIENCE > LOG ON > REGISTRATION

Member Search provides a brief overview on the function and types of searches that can be done in the system.

Note: Admins will only have access to the member population their security access has been set to.

1. Log on to the SHBP Enrollment Portal at <https://mySHBPga.adp.com> and click Register Here.



2. This will bring the member to an ADP "Register for ADP Services" page. The SHBP Registration code is: SHBP-GA

Note: ADP logo will be visible on the registration screens. Click Go after entering the code.



Before you register, help us find you in our records.

Registration code*

[What is this?](#)

3. Verify Identity
Required fields are noted with an asterisk, and must be provided. Click Confirm at bottom of screen.



Before you register, help us find you in our records.

Registration code*

[What is this?](#)

Georgia Department of Community Health, State Health Benefit Plan

First name*

Last name*

SSN, EIN, or ITIN*

Type it again*

Birth month, day, and year* / /

- If record is in the system, a box will display. Click Register Now to continue. If record is in the system, a box will display. Click Register Now to continue.

before you register, help us find you in our records.

Registration code* SHBP-GA Start over

What is this? Georgia Department of Comm

First name* Debra

Last name* Gay

SSN, EIN, or ITIN*

Type it again* ●●●●●●●●

Birth month, day, and year* August / 28 / 1955

Confirm

We found you!

We have found DEBRA GAY in our records. If this is you, click Register Now to begin your registration. If this is not you, click Cancel and check your entries.

If your entries are correct, but your name is not being retrieved, close your browser. If you are unable to access your account, please contact SHBP Member Services by phone at 800-610-1863.

Cancel Register now

- Get User ID & Password
The system will confirm that the User ID is available.

Note: If the User ID is already established by someone else, the member will receive a message. The member needs to try another User ID.



Register for ADP Services

DEBRA GAY

Enter your contact information How will this be used by ADP?

Email address* john.doe@yahoo.com Work Personal

Mobile phone number Country code [dropdown] [input] Work Personal

I authorize ADP to send me text messages regarding my account at the number I have provided, according to [ADP's Text Messaging Terms and Conditions](#).

Create your user ID and password

User ID* [input] Check availability

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.

Password* [input] Password Strength: [meter]

Passwords must be at least 8 characters long and contain at least 1 letter and 1 number. Passwords are case sensitive.

Confirm password* [input]

In case you forget your user ID or password

6. Select Security Questions and Answers

Member will choose pre-populated questions and give answers. By selecting Security Questions and Answers, the member can gain access to the site in the event password. After entering Password information, click Register Now.

In case you forget your user ID or password

Question 1*	<input type="text" value="Select one"/>
Your answer*	<input type="text"/>
Question 2*	<input type="text" value="Select one"/>
Your answer*	<input type="text"/>
Question 3*	<input type="text" value="Select one"/>
Your answer*	<input type="text"/>

Register now

7. Confirmation of registration displays. Member will be able to log in immediately to the SHBP Enrollment Portal by clicking Outsourced Benefits Administration. 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: An email will be sent to newly registered member to confirm.



Your registration for ADP services is complete!

Things to do for your account

➔ **Activate your email** [What is this?](#)

ADP has sent you a confirmation message to me.hamel@yahoo.com.

Respond to this message within 24 hours so we can activate your email address.

Did not receive a confirmation message? If you are unable to access your account, please contact SHBP Member Services by phone at 800-610-1863.

✔ Your user ID: me_hamel

✔ Your available ADP services

[Outsourced Benefits Administration](#)

Other services from ADP



ADP® Mobile Solutions
All of the conveniences
of your office.
Anytime. Anywhere.

Call For More Information:
1-800-CALL-ADP (225-5237)

Download the free app or log in from your mobile browser:



mobile.adp.com

To learn more, visit ADP.com.

ADP Mobile Solutions is available to eligible clients and their employees. To find out if you're eligible, ask your employer or call us at 1-800-CALL-ADP. Employees must have one of the following mobile devices: iPhone® (3G, 3Gs, 4, 4s, 5, 5c, and 5s), iPad®, iPod touch® (iOS 4.x or higher); Android™ OS (v2.0 or higher); or BlackBerry™ (v4.6.1 or higher). Note: Feature availability may vary based on your employer. The ADP logo and ADP are registered trademarks of ADP, LLC. iPhone, iPad and itouch are registered trademarks of Apple, Inc. All other trademarks and service marks are the property of their respective owners.

© Copyright 2014 ADP, LLC. ALL RIGHTS RESERVED.

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.

1. Go to SHBP Enrollment Portal site at <https://mySHBPga.adp.com> and click Forgot your User ID? Member will be directed to the ADP Netsecure Site.

Identify Yourself

Required fields are noted by an asterisk. Click Next.



The screenshot shows the 'Retrieve Your User ID' interface. At the top, there's a progress bar with four steps: Step 1 (Identify Yourself), Step 2 (Select Delivery Method), Step 3 (Verify Information), and Step 4 (Confirmation). Step 1 is currently active. Below the progress bar, the title is 'Step 1 of 4: Identify Yourself'. A privacy notice states: 'ADP is committed to protecting your privacy and ensuring that only you can access your information. We ask for some personal information so we can verify your identity.' The form contains the following fields: 'First Name:' with a text input field and an asterisk; 'Last Name:' with a text input field and an asterisk; 'Select one type of information:' with two radio button options. The first option is 'Email Address:' with a text input field and a checked radio button. The second option is 'Mobile Phone Numbers:' with a dropdown menu set to 'United States +1' and a text input field. At the bottom, there are three buttons: 'Cancel' (with a red X icon), 'Previous' (with a left arrow icon), and 'Next' (with a right arrow icon). A 'Done' button with a green checkmark icon is also visible.

2. Select Delivery Method
The member is able to choose how to receive their Forgotten User ID. Once the information is entered, click Next.



The screenshot shows the 'Retrieve Your User ID' interface, now at Step 2. The progress bar shows Step 1 as completed (with a green checkmark) and Step 2 as the current step. The title is 'Step 2 of 4: Select Delivery Method'. A note says: 'Depending on the option you select, you will be required to complete additional steps to verify your identity.' There are two radio button options: 'Send my user ID to my email address: mxxxxx@yahoo.com' (which is selected) and 'Display my user ID'. At the bottom, there are three buttons: 'Cancel' (with a red X icon), 'Previous' (with a left arrow icon), and 'Next' (with a right arrow icon). A 'Done' button with a green checkmark icon is also visible. At the very bottom of the page, there are links for 'Privacy' and 'Legal', and a copyright notice: 'Copyright © 2000-2015, ADP, LLC. ALL RIGHTS RESERVED.'

3. Verify Information
Member will need to answer. Click Next.



4. After the system confirms the member's security responses, the member's password ID either will be emailed or will display on the 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.



EMPLOYEE LOG ON > FORGOT PASSWORD

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

1. Go to SHBP Enrollment Portal site at <https://mySHBPga.adp.com>, and click Forgot your password?

Identify Yourself

Member will need to enter their User ID. Click Next.

The screenshot shows the 'Reset Your Password' interface. At the top, a progress bar indicates five steps: Step 1 (Identify Yourself), Step 2 (Select Reset Method), Step 3 (Verify Information), Step 4 (Reset Password), and Step 5 (Confirmation). Step 1 is currently active. Below the progress bar, the heading reads 'Step 1 of 5: Identify Yourself'. A message states: 'ADP is committed to protecting your privacy and ensuring that only you can access your information. We ask for some personal information so we can verify your identity.' There is a label 'User ID:' followed by a text input field. At the bottom of the form, there are three buttons: 'Cancel' (with a red X icon), 'Previous' (with a left arrow icon), and 'Next' (with a right arrow icon). A 'Done' button with a green checkmark icon is also visible at the bottom right.

2. Select Reset Method. Click Next.



The screenshot shows the 'Reset Your Password' interface at Step 2. The progress bar at the top shows Step 2 (Select Reset Method) as the active step. The heading reads 'Step 2 of 5: Select Reset Method'. A message states: 'To protect your information, the password to your account cannot be retrieved and must be reset. Depending on the option you select, you will be required to complete additional steps to verify your identity.' Below this, it says: 'Select the contact information to which you have immediate access to continue this process.' There is a label 'Reset Method:' followed by two radio button options: 'Reset my password online (For your security, the password you enter will be masked.)' and 'Send a temporary password to my email address: mxxxxx@yahoo.com (Why is this option not available?)'. At the bottom of the form, there are three buttons: 'Cancel' (with a red X icon), 'Previous' (with a left arrow icon), and 'Next' (with a right arrow icon). A 'Done' button with a green checkmark icon is also visible at the bottom right. At the very bottom of the page, there is a copyright notice: 'Copyright © 2000-2015, ADP, LLC. ALL RIGHTS RESERVED.'

3. Verify Information
System will ask previously answered security questions. Click Next.



Reset Your Password

Step 1 Identify Yourself Step 2 Select Reset Method **Step 3 Verify Information** Step 4 Reset Password Step 5 Confirmation

Step 3 of 5: Verify Information

Enter the answer to the security question. Answers are not case sensitive.

Question: What is the first and last name of your oldest niece?

Answer:

Copyright © 2000-2015 ADP, LLC. ALL RIGHTS RESERVED.

4. Reset Your Password
Enter in a new password. Click Next.



Reset Your Password

Step 1 Identify Yourself Step 2 Select Reset Method Step 3 Verify Information **Step 4 Reset Password** Step 5 Confirmation

Step 4 of 5: Reset 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.

New Password:

Password strength:

Confirm New Password:

Copyright © 2000-2015 ADP, LLC. ALL RIGHTS RESERVED.

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.

1. Log on to SHBP Enrollment Portal at <https://mySHBPga.adp.com>. At the home screen, click My Information in the left-hand navigation menu. Within the My Information section, the user can choose to view their Current Health Benefit Coverage, Member Profile, Dependent Information, or Medicare Management.

Click Current Health Benefit Coverage to view benefits in which the subscriber is currently enrolled.

Click Member Profile to view personal and company information.

Click Dependent Information to access the Dependent screen.

Click Medicare Management to access the Medicare Maintenance screen.



Help Log

A screenshot of the SHBP Enrollment Portal's "My Information" section. The left-hand navigation menu is visible, showing options like "Home", "My Information", "Plan Information", and "Need Help?". The main content area features a "Declare Qualifying Event" section with a "Health Benefit Coverage Change" heading, explanatory text, and a "Declare Qualifying Event" button. An image of a family is also present in this section.

Home

- My Information
 - Current Health Benefit Coverage
 - Member Profile
 - Dependent Information
 - Medicare Management
 - Update Password or Email
- Plan Information
 - 2015 Plan Information
 - 2014 Plan Information
 - TRICARE Supplement
 - PeachCare For Kids
 - SHBP Enrollment Portal Quick Reference

Need Help?

If you have questions about your SHBP, call the SHBP Member Services at 800-455-4637.

If you are an Administrator and have a related question please contact Employee Services at 800-455-4637.

Declare Qualifying Event

Health Benefit Coverage Change

You may be able to make a health benefit coverage change for yourself and/or your dependents during the year if you experience a qualifying event. Qualifying events include, but are not limited to, marriage, birth/adoption, divorce, death of dependent or loss of other coverage. Your request must be made within the required time period based on state and federal law or SHBP regulations. Click the **Declare Qualifying Event** button to get started.

Declare Qualifying Event

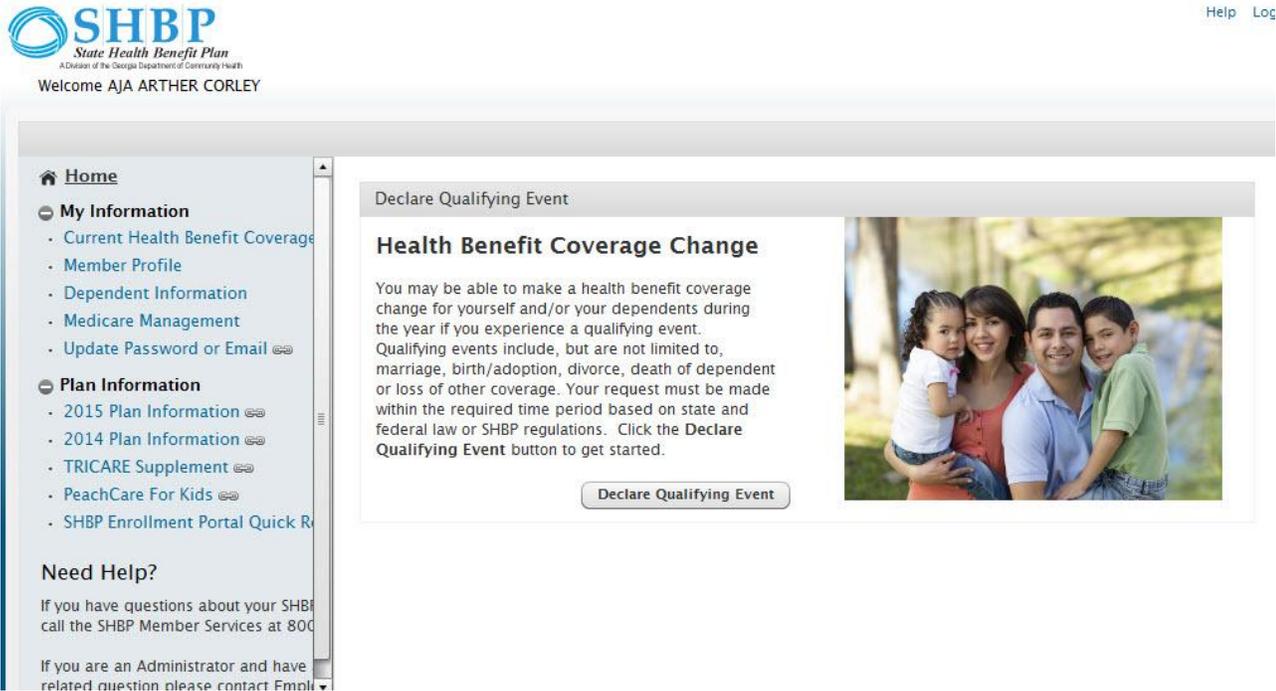


CURRENT USER > QUALIFYING EVENTS > THE ADD A DEPENDENT EXPERIENCE

Qualifying Events are available for members to declare and take action on their own via the SHBP Enrollment Portal.

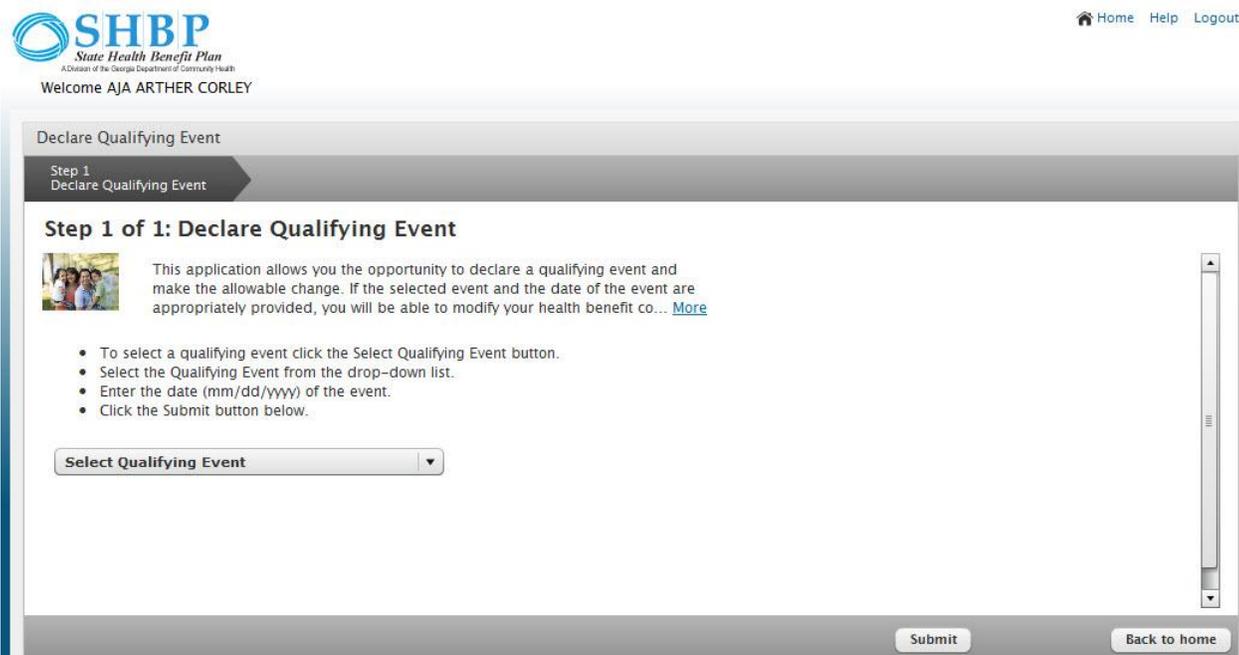
Example: Birth

1. Log on to SHBP Enrollment Portal at <https://mySHBPga.adp.com>. At the home screen, click Declare Qualifying Event.



The screenshot shows the SHBP Enrollment Portal home page. At the top left is the SHBP logo with the text 'State Health Benefit Plan' and 'A Division of the Georgia Department of Community Health'. Below the logo is the text 'Welcome AJA ARTHUR CORLEY'. On the right side, there are links for 'Help' and 'Log'. The main content area is titled 'Declare Qualifying Event' and features a section for 'Health Benefit Coverage Change'. The text in this section reads: 'You may be able to make a health benefit coverage change for yourself and/or your dependents during the year if you experience a qualifying event. Qualifying events include, but are not limited to, marriage, birth/adoption, divorce, death of dependent or loss of other coverage. Your request must be made within the required time period based on state and federal law or SHBP regulations. Click the **Declare Qualifying Event** button to get started.' Below the text is a button labeled 'Declare Qualifying Event'. To the right of the text is a photograph of a family (a woman, a man, and two children) smiling.

2. At the Qualifying Event Page; the member chooses which event they are declaring by clicking the down arrow in the drop down box.



The screenshot shows the SHBP Enrollment Portal 'Declare Qualifying Event' page. At the top left is the SHBP logo with the text 'State Health Benefit Plan' and 'A Division of the Georgia Department of Community Health'. Below the logo is the text 'Welcome AJA ARTHUR CORLEY'. On the right side, there are links for 'Home', 'Help', and 'Logout'. The main content area is titled 'Declare Qualifying Event' and features a section for 'Step 1 of 1: Declare Qualifying Event'. The text in this section reads: 'This application allows you the opportunity to declare a qualifying event and make the allowable change. If the selected event and the date of the event are appropriately provided, you will be able to modify your health benefit co... [More](#)'. Below the text is a list of instructions: '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.', and 'Click the Submit button below.'. Below the list is a dropdown menu labeled 'Select Qualifying Event' with a down arrow. At the bottom right of the page are buttons for 'Submit' and 'Back to home'.

3. 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. Click Submit.

Declare Qualifying Event

Step 1
Declare Qualifying Event

Step 1 of 1: Declare Qualifying Event



This application allows you the opportunity to declare a qualifying event and make the allowable change. If the selected event and the date of the event are appropriately provided, you will be able to modify your health benefit co... [More](#)

- 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.

Birth

Event Date:

Overview: You may take this opportunity to modify your health benefit coverage such as enrolling in coverage, changing coverage tier to include child(ren) and spouse, and/or enrolling eligible dependents.

You have 90 days from the date of the birth to make a change to your health benefit coverage. Your election will pend until appropriate documentation is

4. Terms and Conditions – A member must select Accept Terms and Conditions to continue to the next step of enrollment. A member may click on the message to review.

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Terms and Conditions

Event Date: 02/18/2015

Active Employee Responsibilities

I understand that it is my responsibility to review the Active Employee Decision Guide to determine the State Health Benefit Plan (SHBP) option that best meets my or my family's healthcare needs. My review includes the following:

- Current provider(s) participating in the vendor network of the Plan Option I have selected. I have confirmed the distance I will have to travel to see a participating provider
- The cost of my prescription drugs under the Plan Option selected
- The office visit co-pay (if applicable), the deductibles and out-of-pocket maximums for the Plan Option selected
- I understand that providers may join and discontinue participation in a vendors network and that the costs of prescription drugs may change during a Plan Year

I have selected the correct tier based upon the confirmed dependents I wish to cover and understand the dependent verification documentation I must provide for each newly added dependent.

I understand that I must have a confirmation number for my health benefit selection to be valid.

- Review Your Information – The member is able to review their current enrollment. Click Go to Review Your Current Elections.

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

Welcome AJA ARTHUR CORLEY

Birth

Step 1 Review Your Information | Step 2 Make Your Elections | Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/18/2015 | Jump to **Review Your Information Summary**

Please take a few minutes to review your current health benefit coverage. If you decide to enroll or make a change due to a qualifying event, this is your opportunity to make the appropriate health benefit coverage change for you and your family.

[Review Your Current Elections](#) [Review Your Dependents](#)

[Go to Review Your Current Elections](#) [Back to home](#)

- Upon reviewing Current Elections, click Go to Review Your Dependents.

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

Welcome AJA ARTHUR CORLEY

Birth

Step 1 Review Your Information | Step 2 Make Your Elections | Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/18/2015 | Jump to **Review Your Current Elections**

Review Your Current Elections Please take a few minutes to review your current health benefit coverage. If you decide to enroll or make a change due to a qualifying event, this is your opportunity to make the appropriate health benefit coverage change for ... [More](#)

Benefit	Current	Future Elections
Employee Paid Benefits		
Health Benefits	BCBS Silver – You Only	BCBS Silver – You Only
Tobacco Surcharge	None	None

[Go to Review Your Information Summary](#) [Go to Review Your Dependents](#) [Back to home](#)

7. Click Add a Dependent.

Welcome AJA ARTHUR CORLEY

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/18/2015 Jump to **Review Your Dependents**

 **Review Your Dependents** Please take a moment to review your dependents on file.

Add a Dependent You will now have the opportunity to enter information on the dependent(s) (*spouse, child*) you wish to add to your health benefit coverage. Let's begin the process.

To add a dependent click the **Add a Dependent** button.

You have no dependents on file.

 = View/Update Details

[Go to Review Your Current Elections](#) [Go to Make Your Elections](#) [Back to home](#)

8. The Dependent Information screen appears with required fields noted. Click Submit.

Welcome AJA ARTHUR CORLEY

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/18/2015 Jump to **Review Your Dependents**

Dependent Information

You may add your eligible dependent spouse and/or child(ren) under age 26. For eligibility requirements review your SHBP Decision Guide.

<p>Dependent Information</p> <p>First and Middle Name * <input type="text"/> This field is required.</p> <p>Middle Name <input type="text"/></p> <p>Last Name and Suffix * <input type="text"/></p> <p>Social Security Number <input type="text"/> (XXXXXXXXXX) Reveal</p> <p>Date of Birth * <input type="text"/> (MM/DD/YYYY) Reveal</p> <p>Gender * <input checked="" type="radio"/> Female <input type="radio"/> Male</p> <p>Relationship * Select Relationship ▼</p> <p>Is this dependent <input type="checkbox"/> Disabled?</p> <p>Temporary Disability <input type="text"/> (MM/DD/YYYY)</p> <p>PeachCare <input type="checkbox"/></p> <p>Temp Guardian Expire <input type="text"/> (MM/DD/YYYY)</p> <p>Spouse Wellness <input type="checkbox"/></p>	<p>Dependent Address</p> <p><input type="checkbox"/> If your dependent's address is different from yours, please select the checkbox and complete the address information below. If your e-mail is invalid, in order to add your dependent, please go to the home page and select "Update Password or Email". Click on "Update/Activate your email address". After this step is completed, the email will be updated and the dependent can be added.</p> <p>Country * United States ▼</p> <p>Address Line 1 * <input type="text"/> 433 STONE VIEW DR</p> <p>Address Line 2 <input type="text"/></p> <p>City * <input type="text"/> HOSCHTON</p> <p>State * Georgia ▼</p> <p>Zip Code * <input type="text"/> 30548-3065</p> <p>Email <input type="text"/> aja.corley@yahoo.com</p> <p>Phone Number <input type="text"/> 7703961953</p>
---	--

[Submit](#) [Cancel](#)

9. Click Go to Make Your Elections.

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/18/2015 Jump to **Review Your Dependents**

 **Review Your Dependents** Please take a moment to review your dependents on file.

Add a Dependent You will now have the opportunity to enter information on the dependent(s) (*spouse, child*) you wish to add to your health benefit coverage. Let's begin the process.

To add a dependent click the **Add a Dependent** button.

Actions	Name	Relationship	Date of Birth	Health Benefit Coverage
 	Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

 = View/Update Details

[Go to Review Your Current Elections](#) [Go to Make Your Elections](#) [Exit without Saving](#)

10. Make Your Elections – Click Go to Tobacco Surcharge Question.

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 2 of 3: Make Your Elections

Event Date: 02/18/2015 Jump to **Make Your Elections Summary**

In this section, you may navigate to a specific screen or use the buttons on the bottom of the page to navigate through the enrollment process.

[Tobacco Surcharge Question](#) [Kaiser Work Zip Code Questi...](#) [Health Benefits](#)

[Go back to Review Your Information](#) [Go to Tobacco Surcharge Question](#) [Exit without Saving](#)

11. 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. Click Go to Kaiser Work Zip Code Question.

Welcome AJA ARTHUR CORLEY

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 2 of 3: Make Your Elections

Event Date: 02/18/2015 Jump to **Tobacco Surcharge Question**

Tobacco Surcharge Question

Answer the tobacco surcharge question below.

Surcharges do not apply if the TRICARE Supplement option or waive coverage option is selected. A response must be provided for the surcharge question to proceed with the enrollment process.

* **Have you or any of your covered dependents used tobacco products in the last 60 days?**

Yes No

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

Intentional misrepresentation in response to the surcharge question or failure to notify SHBP of changes to your response to the surcharge question will have significant consequences. Active employees will lose State Health Benefit Plan coverage for 12 months beginning on the date that your false response or failure to notify is discovered. Retirees who intentionally misrepresent the response to the surcharge question or fail to notify SHBP of changes to their response will permanently lose their SHBP health insurance.

Go to Make Your Elections Summary Go to Kaiser Work Zip Code Question Exit without Saving

12. Kaiser Work Zip Code Question – A member must enter work zip code. Note: A response is required to move to next screen. Click Go to Health Benefits.

Welcome AJA ARTHUR CORLEY

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 2 of 3: Make Your Elections

Event Date: 02/18/2015 Jump to **Kaiser Work Zip Code Question**

Kaiser Work Zip Code Question

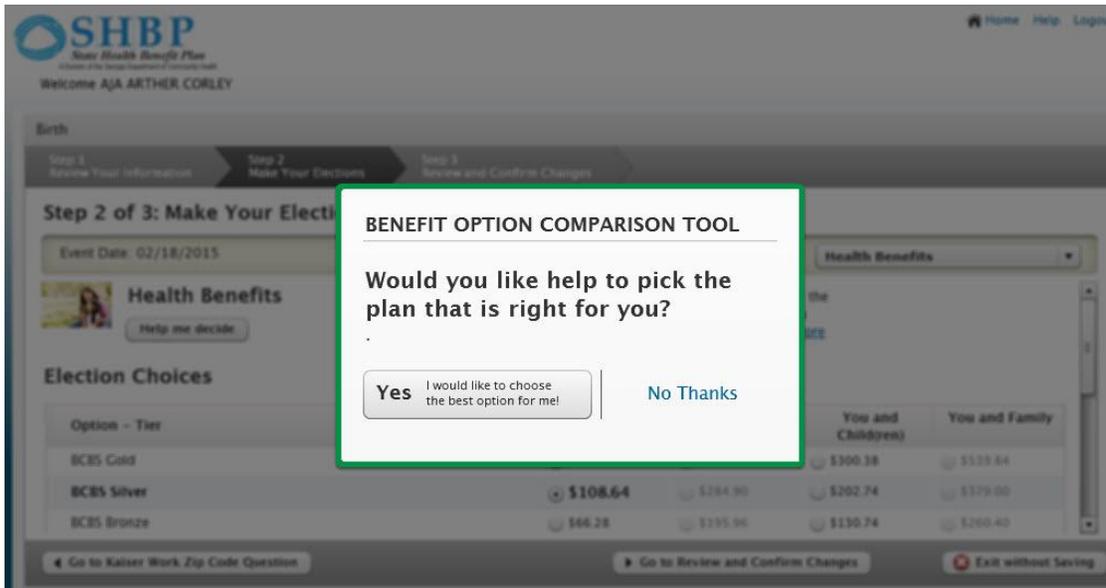
SHBP participants may be eligible for the Kaiser HMO through his/her home or work zip codes. Based on your home zip code, you are not eligible for the Kaiser HMO.

Enter your work zip code in the text box below to determine if you are eligible for the Kaiser HMO. If you are eligible, the Kaiser HMO plan will appear in the list of medical options on the Health Benefits page. If you are not eligible, the Kaiser HMO plan will not be listed.

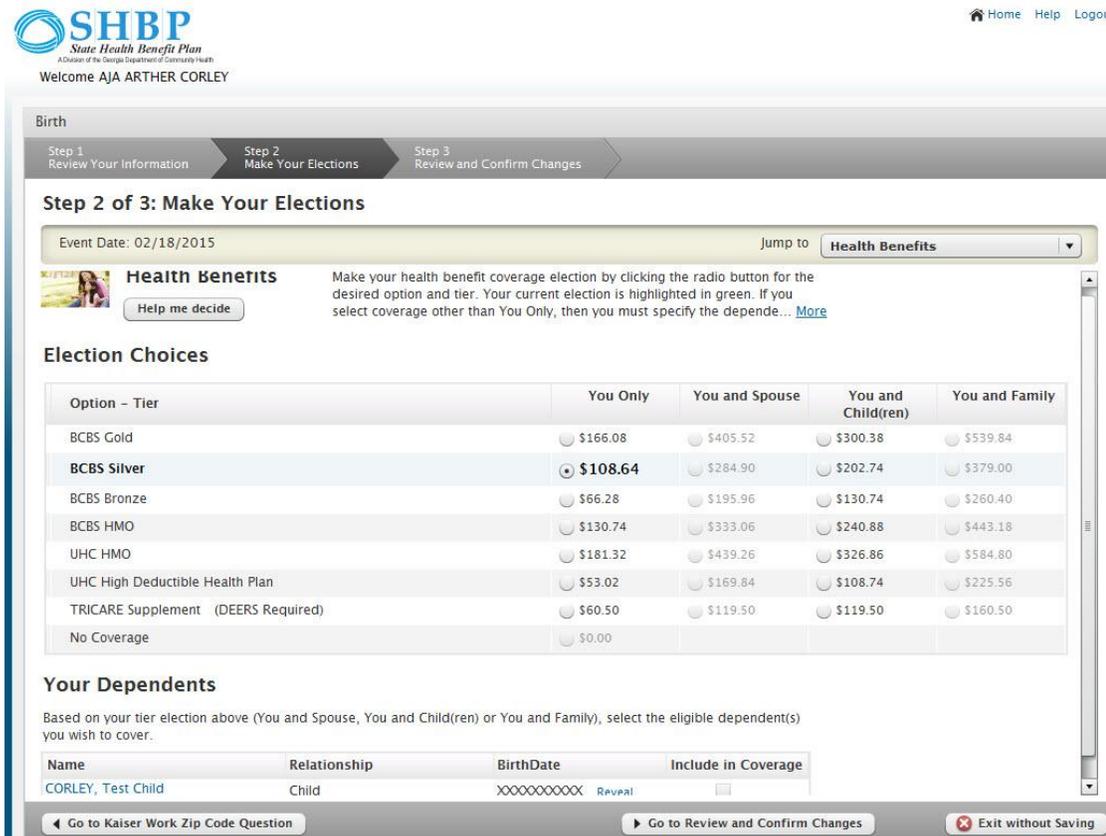
Enter your work zip code here:

Go to Tobacco Surcharge Question Go to Health Benefits Exit without Saving

13. Decision Support – A member is provided an option to utilize Decision Support benefit option comparison tool to help select the right plan to meet their needs. The member can choose to decline or accept the opportunity to use the tool.



14. 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. Click Go to Review and Confirm Changes.



15. Your Elections – This screen displays the enrollments made. The member should review, and then click Finish. Note: Members **must** select 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 a record.

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logou

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 3 of 3: Review and Confirm Changes

Event Date: 02/18/2015

Your Elections

Benefit	Option – Tier	Effective Date	Monthly Premium
Employee Paid Pre-tax Benefits			
Health Benefits	BCBS Silver – You Only	01/01/2014	Pre-tax \$108.64
Tobacco Surcharge	None	01/01/2013	\$0.00
Total Pre-tax cost:			\$108.64
Total Monthly cost:			\$108.64

Your dependents on file

Name	Relationship	Date of Birth	Health Benefit Coverage
Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

Go back to Make Your Elections Finish Exit without Saving

16. The green check mark confirms enrollment was saved and provides the member an opportunity to print or save a Confirmation Statement. Members can choose to go Home or Logout at the top of screen.

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logou

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 3 of 3: Review and Confirm Changes

Event Date: 02/18/2015

Your Elections

Please click the 'Print' or Save as PDF button to view, print and/or save your Confirmation Statement.
Submitted on 02/18/2015 by AJA ARTHUR CORLEY. Confirmation #15589900

Print or Save as PDF
Home
Logout

Benefit	Option – Tier	Effective Date	Monthly Premium
Employee Paid Pre-tax Benefits			
Health Benefits	BCBS Silver – You Only	01/01/2014	Pre-tax \$108.64
Tobacco Surcharge	None	01/01/2013	\$0.00
Total Pre-tax cost:			\$108.64
Total Monthly cost:			\$108.64

Your dependents on file

Name	Relationship	Date of Birth	Health Benefit Coverage
Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

ADP Email Communication

If the member has an email address on file, a Confirmation email will be sent to the member immediately

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 SHBP Enrollment Portal.

Example: Gains Coverage Elsewhere

1. Log on to SHBP Enrollment Portal at <https://mySHBPga.adp.com>. Select Declare Qualifying Event. Select Qualifying Event by clicking the down arrow in the drop down box. And enter an Event Date. Click Submit. Accept Terms and Conditions. Go to Review Your Information. Go to Review Your Current Elections. Go to Review Your Dependents. To remove the dependent, click the remove icon.

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/18/2015 Jump to Review Your Dependents

Review Your Dependents Please take a moment to review your dependents on file.

Add a Dependent You will now have the opportunity to enter information on the dependent(s) (*spouse, child*) you wish to add to your health benefit coverage. Let's begin the process.

To add a dependent click the **Add a Dependent** button.

Actions	Name	Relationship	Date of Birth	Health Benefit Coverage
	Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

= View/Update Details

Go to Review Your Current Elections Go to Make Your Elections Exit without Saving

2. The system confirms that this choice is accurate.

SHBP State Health Benefit Plan

Welcome AJA ARTHUR CORLEY

Gained Coverage Elsewhere

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/18/2015 Jump to Review Your Dependents

Review Your Dependents Please take a moment to review your dependents on file.

Are you sure you want to remove Test Child CORLEY?

Yes No

Actions	Name	Relationship	Date of Birth	Health Benefit Coverage
	Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

= View/Update Details = Remove dependent from file

Go to Review Your Current Elections Go to Make Your Elections Back to Home

- To review the details, click Go to Make your Elections.

The screenshot shows the SHBP State Health Benefit Plan portal. At the top left is the SHBP logo and text: "State Health Benefit Plan A Division of the Georgia Department of Community Health". At the top right are links for Home, Help, and Logout. Below the logo, it says "Welcome AJA ARTHUR CORLEY". The main content area is titled "Gained Coverage Elsewhere" and features a progress bar with three steps: "Step 1 Review Your Information" (active), "Step 2 Make Your Elections", and "Step 3 Review and Confirm Changes". Below the progress bar, the heading is "Step 1 of 3: Review Your Information". There is a field for "Event Date: 02/18/2015" and a "Jump to" dropdown menu currently set to "Review Your Dependents". Below this is a section titled "Review Your Dependents" with a house icon and the text "Please take a moment to review your dependents on file." It states "You have no dependents on file." and provides two options: "View/Update Details" (with a pencil icon) and "Remove dependent from file" (with a red X icon). At the bottom of the page are three buttons: "Go to Review Your Current Elections", "Go to Make Your Elections", and "Exit without Saving".

- 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.

The screenshot shows the SHBP State Health Benefit Plan portal. At the top left is the SHBP logo and text: "State Health Benefit Plan A Division of the Georgia Department of Community Health". At the top right are links for Home, Help, and Logout. Below the logo, it says "Welcome AJA ARTHUR CORLEY". The main content area is titled "Birth" and features a progress bar with three steps: "Step 1 Review Your Information", "Step 2 Make Your Elections" (active), and "Step 3 Review and Confirm Changes". Below the progress bar, the heading is "Step 2 of 3: Make Your Elections". There is a field for "Event Date: 02/18/2015" and a "Jump to" dropdown menu currently set to "Make Your Elections Summary". Below this is a paragraph: "In this section, you may navigate to a specific screen or use the buttons on the bottom of the page to navigate through the enrollment process." Below the paragraph are three buttons: "Tobacco Surcharge Question", "Kaiser Work Zip Code Questi...", and "Health Benefits". At the bottom of the page are three buttons: "Go back to Review Your Information", "Go to Tobacco Surcharge Question", and "Exit without Saving".

- 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. Click Go to Health Benefits.

SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logou

Death of Dependent

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 2 of 3: Make Your Elections

Event Date: 02/17/2015 Jump to Tobacco Surcharge Question

Tobacco Surcharge Question

Answer the tobacco surcharge question below.

Surcharges do not apply if the TRICARE Supplement option or waive coverage option is selected. A response must be provided for the surcharge question to proceed with the enrollment process.

* Have you or any of your covered dependents used tobacco products in the last 60 days?

Yes No

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

Intentional misrepresentation in response to the surcharge question or failure to notify SHBP of changes to your response to the surcharge question will have significant consequences. Active employees will lose State Health Benefit Plan coverage for 12 months beginning on the date that your false response or failure to notify is discovered. Retirees who intentionally misrepresent the response to the surcharge question or fail to notify SHBP of changes to their response will permanently lose their SHBP health insurance.

Go to Make Your Elections Summary Go to Health Benefits Exit without Saving

- 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 About Your Gain in Coverage.

SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logou

Gained Coverage Elsewhere

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 2 of 3: Make Your Elections

Event Date: 02/18/2015 Jump to Health Benefits

Option – Tier	You Only	You and Spouse	You and Child(ren)	You and Family
BCBS Gold	<input type="radio"/> \$166.08	<input type="radio"/> \$405.52	<input type="radio"/> \$300.38	<input type="radio"/> \$539.84
BCBS Silver	<input checked="" type="radio"/> \$108.64	<input type="radio"/> \$284.90	<input type="radio"/> \$202.74	<input type="radio"/> \$379.00
BCBS Bronze	<input type="radio"/> \$66.28	<input type="radio"/> \$195.96	<input type="radio"/> \$130.74	<input type="radio"/> \$260.40
BCBS HMO	<input type="radio"/> \$130.74	<input type="radio"/> \$333.06	<input type="radio"/> \$240.88	<input type="radio"/> \$443.18
UHC HMO	<input type="radio"/> \$181.32	<input type="radio"/> \$439.26	<input type="radio"/> \$326.86	<input type="radio"/> \$584.80
UHC High Deductible Health Plan	<input type="radio"/> \$53.02	<input type="radio"/> \$169.84	<input type="radio"/> \$108.74	<input type="radio"/> \$225.56
TRICARE Supplement (DEERS Required)	<input type="radio"/> \$60.50	<input type="radio"/> \$119.50	<input type="radio"/> \$119.50	<input type="radio"/> \$160.50
No Coverage	<input type="radio"/> \$0.00			

Your Dependents

You do not have any dependents on file

Go to Tobacco Surcharge Question Go to About Your Gain in Coverage Exit without Saving

7. Member must provide description of gained coverage. Click Go to Review and Confirm Changes.

SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logout

Gained Coverage Elsewhere

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 2 of 3: Make Your Elections

Event Date: 02/18/2015 Jump to About Your Gain in Coverage

About Your Gain in Coverage

You will need to provide a brief description of how you gained coverage elsewhere. Some examples may be:

- Gained coverage through my spouse
- Gained dependent coverage through my parents
- Became benefit eligible through a different employer

Please provide a brief description of how you gained coverage elsewhere

Go to Health Benefits Go to Review and Confirm Changes Exit without Saving

8. Your Elections – A member can review enrollments made. Note: Appropriate paperwork required (as previously defined in the Overview section when selecting the event) will be noted. 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.

The member should review, and then click Finish. Note: Members must select 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 a record.

SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logout

Gained Coverage Elsewhere

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 3 of 3: Review and Confirm Changes

Event Date: 02/17/2015

Your Elections

Benefit	Option - Tier	Effective Date	Monthly Premium
Employee Paid Pre-tax Benefits			
Health Benefits	BCBS Silver - You Only	01/01/2014	Pre-tax \$108.64
Tobacco Surcharge	None	01/01/2013	\$0.00
Total Pre-tax cost:			\$108.64
Total Monthly cost:			\$108.64

Your dependents on file

You have no dependents on file.

Go back to Make Your Elections Finish Exit without Saving

- The green check mark confirms enrollment was saved and provides the member an opportunity to print or save a Confirmation Statement.

Gained Coverage Elsewhere

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 3 of 3: Review and Confirm Changes

Event Date: 02/17/2015

Your Elections



Please click the 'Print' or Save as PDF button to view, print and/or save your Confirmation Statement.

Submitted on 02/18/2015 by AJA ARTHUR CORLEY. Confirmation #15589903

 Print or Save as PDF

Home

Logout

Benefit	Option - Tier	Effective Date	Monthly Premium
Employee Paid Pre-tax Benefits			Pre-tax
Health Benefits	BCBS Silver - You Only	01/01/2014	\$108.64
Tobacco Surcharge	None	01/01/2013	\$0.00
Total Pre-tax cost:			\$108.64
Total Monthly cost:			\$108.64

Your dependents on file

You have no dependents on file.

ADP Email Communication

If the member has an email address on file, a Confirmation email will be sent to member immediately

CURRENT USER > QUALIFYING EVENTS > DEPENDENT MAINTENANCE

Qualifying Events are available for Members to declare and take action on their own via the SHBP Enrollment Portal.

1. Log on to SHBP Enrollment Portal at <https://mySHBPga.adp.com>. At the home screen, click My Information in the left-hand navigation menu. Click Dependent Information to access the Dependent screen.

SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Help Log

Home

My Information

- Current Health Benefit Coverage
- Member Profile
- Dependent Information
- Medicare Management
- Update Password or Email

Plan Information

- 2015 Plan Information
- 2014 Plan Information
- TRICARE Supplement
- PeachCare For Kids
- SHBP Enrollment Portal Quick R

Need Help?

If you have questions about your SHBP call the SHBP Member Services at 800

If you are an Administrator and have related question please contact Empl

Declare Qualifying Event

Health Benefit Coverage Change

You may be able to make a health benefit coverage change for yourself and/or your dependents during the year if you experience a qualifying event. Qualifying events include, but are not limited to, marriage, birth/adoption, divorce, death of dependent or loss of other coverage. Your request must be made within the required time period based on state and federal law or SHBP regulations. Click the **Declare Qualifying Event** button to get started.

Declare Qualifying Event

2. Click the pencil icon to edit the dependent.

SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logout

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/18/2015 Jump to Review Your Dependents

Review Your Dependents

Please take a moment to review your dependents on file.

Add a Dependent You will now have the opportunity to enter information on the dependent(s) (*spouse, child*) you wish to add to your health benefit coverage. Let's begin the process.

To add a dependent click the **Add a Dependent** button.

Actions	Name	Relationship	Date of Birth	Health Benefit Coverage
	Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

= View/Update Details

Go to Review Your Current Elections Go to Make Your Elections Exit without Saving

3. Update dependent information as needed. Click Submit.

Acting as: PAUL S VARNADOE [Stop]

Dependent Information

Update Dependent Information

Dependent Information

First and Middle Name * JENNIFER S

Middle Name

Last Name and Suffix * VARNADOE

Social Security Number: XXXXXXXXX (XXXXXXXXXX) [Reveal](#)

Date of Birth * XXXXXXXXX (MM/DD/YYYY) [Reveal](#)

Gender * Female Male

Relationship * Spouse

Is this dependent Disabled?

Temporary Disability: (MM/DD/YYYY)

PeachCare

Temp Guardian Expire: (MM/DD/YYYY)

Spouse Wellness

Dependent Address

If your dependent's address is different from yours, please select the checkbox and complete the address information below. If your e-mail is invalid, in order to add your dependent, please go to the home page and select "Update Password or Email". Click on "Update/Activate your email address". After this step is completed, the email will be updated and the dependent can be added.

Country * United States

Address Line 1 * 752 WEEPING WILLOW DR

Address Line 2

City * ATHENS

State * Georgia

Zip Code * 30605-7076

Email pvarn06@hotmail.com

Phone Number 7065487281

QMCSO Information

Please select appropriate QMCSO benefits for this dependent.
You may optionally enter end dates for the court orders.

Required Benefits Health Benefits

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

This allows active members the opportunity to update Medicare details.

1. Log on to SHBP Enrollment Portal at <https://mySHBPga.adp.com>. On the Home page, scroll down and click on the "+" icon to expand My Information and Select Medicare Management.

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Help Log

Home

My Information

- Current Health Benefit Coverage
- Member Profile
- Dependent Information
- Medicare Management
- Update Password or Email

Plan Information

- 2015 Plan Information
- 2014 Plan Information
- TRICARE Supplement
- PeachCare For Kids
- SHBP Enrollment Portal Quick R

Need Help?

If you have questions about your SHBP call the SHBP Member Services at 800

If you are an Administrator and have related question please contact Empl

Declare Qualifying Event

Health Benefit Coverage Change

You may be able to make a health benefit coverage change for yourself and/or your dependents during the year if you experience a qualifying event. Qualifying events include, but are not limited to, marriage, birth/adoption, divorce, death of dependent or loss of other coverage. Your request must be made within the required time period based on state and federal law or SHBP regulations. Click the **Declare Qualifying Event** button to get started.

Declare Qualifying Event

2. The Medicare Maintenance screen displays. To add information for member's self or a dependent, click the 'pencil' icon.

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logour

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.

Action	Name	Relationship	Part A	Part B	Part D
	AJA ARTHUR CORLEY	Self			
	Test Child CORLEY	Child			

= View/Update Details

Finish Back to home

- The Update Medicare Information screen appears, and allows the member to update necessary details. Note: 'Reason' is a required field, and the member needs to select the reason. Members click Submit after updating desired field.

SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logout

Medicare Maintenance

Update Medicare Information

Medicare Information

Name AJA ARTHUR CORLEY

Health Insurance Claim Number * This field is required.

Reason *

Part A Start (MM/DD/YYYY)

Part B Start (MM/DD/YYYY)

Part D (MM/DD/YYYY)

ESRD (MM/DD/YYYY)

- Changes will then reflect on the Medicare Maintenance page. Click on Finish.

SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Log

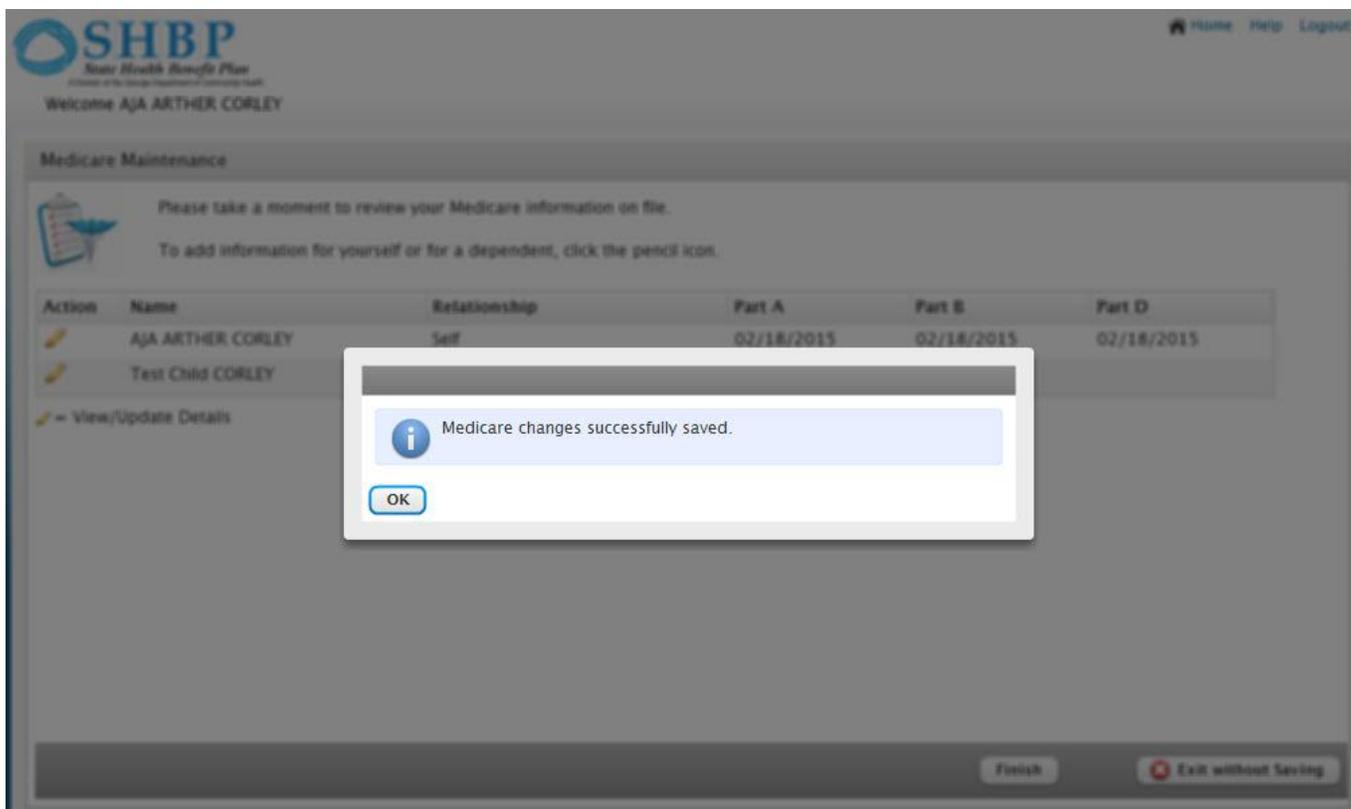
Medicare Maintenance

Please take a moment to review your Medicare information on file.
To add information for yourself or for a dependent, click the pencil icon.

Action	Name	Relationship	Part A	Part B	Part D
	AJA ARTHUR CORLEY	Self	02/18/2015	02/18/2015	02/18/2015
	Test Child CORLEY	Child			

= View/Update Details

5. A message confirming changes displays.



ADP Email Communication
No email confirmation sent

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.

1. Log on to SHBP Enrollment Portal at <https://mySHBPga.adp.com>. Select Declare Qualifying Event. Select Qualifying Event by clicking the down arrow in the drop down box. Enter an Event Date. Click Submit. Accept Terms and Conditions. Go to Review Your Personal Information. The retiree or survivor should scroll down, and select the 'pencil' under Actions tab.



[Home](#) [Help](#) [Logout](#)

RetAddrMntnc

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 03/06/2015 Jump to **Review Your Personal Data**

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).

First Name: PATRICIA M
Middle Name:
Last Name: GAGNE
Date of Birth: 06/09/1943 (MM/DD/YYYY) BE AWARE! Any changes to Date of Birth for Medicare eligible subscribers should result in manual adjustment of Medicare
Date of Retirement: 07/01/2000 (MM/DD/YYYY)

Actions	Type	Address
	Home	11350 VEDRINES DRIVE ALPHARETTA, GA 30022-7970
	Mailing	None on file

View/Update Details

◀ Go to Review Your Information Summary ▶ Go to Make Your Elections ✖ Exit without Saving

2. The retiree or survivor updates the fields to reflect new address. Note: A change in home address to a PO Box will remove retiree from Medicare advantage plan. When complete, click Submit. The retiree/survivor is brought back to the Review Your Information screen, and should review the edits they just saved before moving on. After review, the following screens must be clicked through in order to save the address change.
- Go to Make Your Elections
 - Go to Health Benefits
 - Go to Dependent Health Benefits
 - Go to Review and Confirm Changes

Note: This event does not allow the retiree/survivor to make changes to their health plan.



Welcome PATRICIA M GAGNE

RetAddrMntnc

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 03/06/2015

Jump to [Review Your Personal Data](#)

Update Personal Data

Please take a moment to review your address. Please make any appropriate updates. If you need to delete an address please contact Human Resources.

Country *	<input type="text" value="United States"/>
Address Line 1 *	<input type="text" value="123 Felton Street"/>
Address Line 2	<input type="text"/>
City *	<input type="text" value="Marlborough"/>
State *	<input type="text" value="Massachusetts"/>
Zip Code *	<input type="text" value="01752"/>
Email	<input type="text" value="pmgagne99@gmail.com"/>
Phone Number	<input type="text" value="7705581234"/>

3. Click Finish to save elections.

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logout

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 3 of 3: Review and Confirm Changes

Event Date: 02/18/2015

Your Elections

Benefit	Option - Tier	Effective Date	Monthly Premium
Employee Paid Pre-tax Benefits			
Health Benefits	BCBS Silver - You Only	01/01/2014	Pre-tax \$108.64
Tobacco Surcharge	None	01/01/2013	\$0.00
Total Pre-tax cost:			\$108.64
Total Monthly cost:			\$108.64

Your dependents on file

Name	Relationship	Date of Birth	Health Benefit Coverage
Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

Go back to Make Your Elections Finish Exit without Saving

4. Confirmation of changes displays.

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logout

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 3 of 3: Review and Confirm Changes

Event Date: 02/18/2015

Your Elections

Please click the 'Print' or Save as PDF button to view, print and/or save your Confirmation Statement.
Submitted on 02/18/2015 by AJA ARTHUR CORLEY. Confirmation #15589900

[Print or Save as PDF](#)
[Home](#)
[Logout](#)

Benefit	Option - Tier	Effective Date	Monthly Premium
Employee Paid Pre-tax Benefits			
Health Benefits	BCBS Silver - You Only	01/01/2014	Pre-tax \$108.64
Tobacco Surcharge	None	01/01/2013	\$0.00
Total Pre-tax cost:			\$108.64
Total Monthly cost:			\$108.64

Your dependents on file

Name	Relationship	Date of Birth	Health Benefit Coverage
Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

ADP Email Communication
No email confirmation sent

CURRENT USER > WORK EVENTS > THE NEW HIRE EXPERIENCE

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

1. Log on to SHBP Enrollment Portal at <https://mySHBPga.adp.com>. The Home page displays a 'New Enrollment' message indicating the new hire date for member. The member clicks Continue to proceed with enrollment.

The screenshot shows the SHBP Enrollment Portal Home page. At the top left is the SHBP logo and the text 'State Health Benefit Plan A Division of the Georgia Department of Community Health'. Below the logo is 'Welcome GUY ADAMI'. At the top right are links for 'Help' and 'Logout'. The main content area is titled 'New Enrollment - 02/01/2015' and features a message: 'You can now make changes to your benefits.' Below this message is an 'Enrollment Window' graphic showing a timeline from 02/01/2015 to 03/04/2015, with a 'Today' marker. A 'Continue' button is located below the graphic. Below the enrollment window is a section titled 'Declare Qualifying Event' with a sub-section 'Health Benefit Coverage Change'. This section includes a paragraph of text explaining the process and a 'Declare Qualifying Event' button. The left sidebar contains a 'Home' link and two main sections: 'My Information' with links for Current Health Benefit Coverage, Member Profile, Dependent Information, Medicare Management, and Update Password or Email; and 'Plan Information' with links for 2015 Plan Information, 2014 Plan Information, TRICARE Supplement, PeachCare For Kids, and SHBP Enrollment Portal Quick Reference. A 'Need Help?' section provides contact information for member services and administrators.

2. The Welcome page displays an "Active Employee Responsibilities" message.

Terms and Conditions – Members must select 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.

The screenshot shows the SHBP Enrollment Portal Terms and Conditions page. At the top left is the SHBP logo and the text 'State Health Benefit Plan A Division of the Georgia Department of Community Health'. Below the logo is 'Welcome GUY ADAMI'. At the top right are links for 'Home', 'Help', and 'Logout'. The main content area is titled 'New Enrollment' and features a progress bar with three steps: Step 1 (Review Your Information), Step 2 (Review Your Dependents), and Step 3 (Review Terms and Conditions). Below the progress bar is a section titled 'Terms and Conditions' with an 'Event Date: 02/01/2015'. The 'Active Employee Responsibilities' section includes a paragraph of text and a list of bullet points: 'Current provider(s) participating in the vendor network of the Plan Option I have selected. I have confirmed the distance I will have to travel to see a participating provider', 'The cost of my prescription drugs under the Plan Option selected', 'The office visit co-pay (if applicable), the deductibles and out-of-pocket maximums for the Plan Option selected', and 'I understand that providers may join and discontinue participation in a vendors network and that the costs of prescription drugs may change during a Plan Year'. Below this is a paragraph of text: 'I have selected the correct tier based upon the confirmed dependents I wish to cover and understand the dependent verification documentation I must provide for each newly added dependent.' Another paragraph of text: 'I understand that I must have a confirmation number for my health benefit selection to be valid.' A paragraph of text: 'I authorize my employer to deduct from my monthly wages the applicable premium for the Plan option and coverage tier I have selected and any applicable tobacco surcharge.' A paragraph of text: 'I understand that I will have to pay premiums required for the Plan option and tier I have selected, and that coverage for any newly added dependents will start when I provide the required verification documentation for those dependents.' A paragraph of text: 'I understand that I must truthfully answer the Tobacco Surcharge question. It is my responsibility to immediately notify SHBP if my answer to the Tobacco Surcharge question changes. Intentional misrepresentations in my answer to the surcharge question or my failure to notify SHBP if my answer to the surcharge question changes will have significant consequences, including loss of SHBP coverage for 12 months'. At the bottom of the page are two buttons: 'Accept Terms and Conditions' and 'Back to home'.

- Review Your Information – A member is able to review their current enrollment. Click Go to Review Your Current Elections.

Welcome GUY ADAMI

New Enrollment

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/01/2015 Jump to **Review Your Information Summary**

Please take a few minutes to review your current health benefit coverage. If you decide to enroll or make a change due to a qualifying event, this is your opportunity to make the appropriate health benefit coverage change for you and your family.

[Review Your Current Elections](#) [Review Your Dependents](#)

[Go to Review Your Current Elections](#) [Back to home](#)

- Review Your Current Elections – This screen displays appropriate default enrollments for new enrollees. Click Go To Review Your Dependents.

Welcome GUY ADAMI

New Enrollment

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/01/2015 Jump to **Review Your Current Elections**

Review Your Current Elections

Please take a few minutes to review your current health benefit coverage. If you decide to enroll or make a change due to a qualifying event, this is your opportunity to make the appropriate health benefit coverage change for you and your f... [More](#)

Benefit	Current	Future Elections
Employee Paid Benefits		
Health Benefits		No Coverage
Tobacco Surcharge		None

[Go to Review Your Information Summary](#) [Go to Review Your Dependents](#) [Back to home](#)

- Review Your Dependents – The member clicks Add a Dependent, and provides necessary details to enroll dependents if applicable.

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

Home Help Logout

New Enrollment

Step 1 Review Your Information | Step 2 Make Your Elections | Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/01/2015 Jump to Review Your Dependents

Review Your Dependents Please take a moment to review your dependents on file.

Add a Dependent You will now have the opportunity to enter information on the dependent(s) (*spouse, child*) you wish to add to your health benefit coverage. Let's begin the process.

To add a dependent click the **Add a Dependent** button.

You have no dependents on file.

= View/Update Details = Remove dependent from file

Go to Review Your Current Elections | Go to Make Your Elections | Back to home

About Privacy Legal © Copyright 2013 ADP, LLC.

- The Dependent Information screen appears with required fields noted. Click Submit.

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logout

Birth

Step 1 Review Your Information | Step 2 Make Your Elections | Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/18/2015 Jump to Review Your Dependents

Dependent Information

You may add your eligible dependent spouse and/or child(ren) under age 26. For eligibility requirements review your SHBP Decision Guide.

Dependent Information

First and Middle Name * **This field is required.**

Middle Name

Last Name and Suffix *

Social Security Number (XXXXXXXX) Reveal

Date of Birth * (MM/DD/YYYY) Reveal

Gender * Female Male

Relationship * **Select Relationship**

Is this dependent Disabled?

Temporary Disability (MM/DD/YYYY)

PeachCare

Temp Guardian Expire (MM/DD/YYYY)

Spouse Wellness

Dependent Address

If your dependent's address is different from yours, please select the checkbox and complete the address information below. If your e-mail is invalid, in order to add your dependent, please go to the home page and select "Update Password or Email". Click on "Update/Activate your email address". After this step is completed, the email will be updated and the dependent can be added.

Country * **United States**

Address Line 1 * 433 STONE VIEW DR

Address Line 2

City * HOSCHTON

State * **Georgia**

Zip Code * 30548-3065

Email aja.corley@yahoo.com

Phone Number 7703961953

Submit Cancel

7. Newly added dependent appears. Click Go to Make Your Elections.

SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health
Welcome AJA ARTHUR CORLEY

Home Help Logout

Birth

Step 1 Review Your Information | Step 2 Make Your Elections | Step 3 Review and Confirm Changes

Step 1 of 3: Review Your Information

Event Date: 02/18/2015 | Jump to Review Your Dependents

Review Your Dependents Please take a moment to review your dependents on file.

Add a Dependent You will now have the opportunity to enter information on the dependent(s) (*spouse, child*) you wish to add to your health benefit coverage. Let's begin the process.

To add a dependent click the **Add a Dependent** button.

Actions	Name	Relationship	Date of Birth	Health Benefit Coverage
	Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

= View/Update Details

Go to Review Your Current Elections | Go to Make Your Elections | Exit without Saving

8. Make Your Elections Summary – The member is given the option to navigate to a specific screen or use the buttons to navigate through option. Click Go To Tobacco Surcharge Question.

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

Home Help Logout

New Enrollment

Step 1 Review Your Information | Step 2 Make Your Elections | Step 3 Review and Confirm Changes

Step 2 of 3: Make Your Elections

Event Date: 02/01/2015 | Jump to Make Your Elections Summary

In this section, you may navigate to a specific screen or use the buttons on the bottom of the page to navigate through the enrollment process.

Tobacco Surcharge Question | Kaiser Work Zip Code Questi... | Health Benefits

Go back to Review Your Information | Go to Tobacco Surcharge Question | Back to home

9. Tobacco Surcharge Question – The member must answer the tobacco surcharge question using the radial buttons. Click Kaiser Work Zip Code Question.

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 2 of 3: Make Your Elections

Event Date: 02/18/2015 Jump to **Tobacco Surcharge Question**

 **Tobacco Surcharge Question**

Answer the tobacco surcharge question below.

Surcharges do not apply if the TRICARE Supplement option or waive coverage option is selected. A response must be provided for the surcharge question to proceed with the enrollment process.

* **Have you or any of your covered dependents used tobacco products in the last 60 days?**

Yes No

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

Intentional misrepresentation in response to the surcharge question or failure to notify SHBP of changes to your response to the surcharge question will have significant consequences. Active employees will lose State Health Benefit Plan coverage for 12 months beginning on the date that your false response or failure to notify is discovered. Retirees who intentionally misrepresent the response to the surcharge question or fail to notify SHBP of changes to their response will permanently lose their SHBP health insurance.

[Go to Make Your Elections Summary](#) [Go to Kaiser Work Zip Code Question](#) [Exit without Saving](#)

10. A member must enter work zip code. Note: A response is required to move to next screen. Click Go to Health Benefits.

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 2 of 3: Make Your Elections

Event Date: 02/18/2015 Jump to **Kaiser Work Zip Code Question**

Kaiser Work Zip Code Question

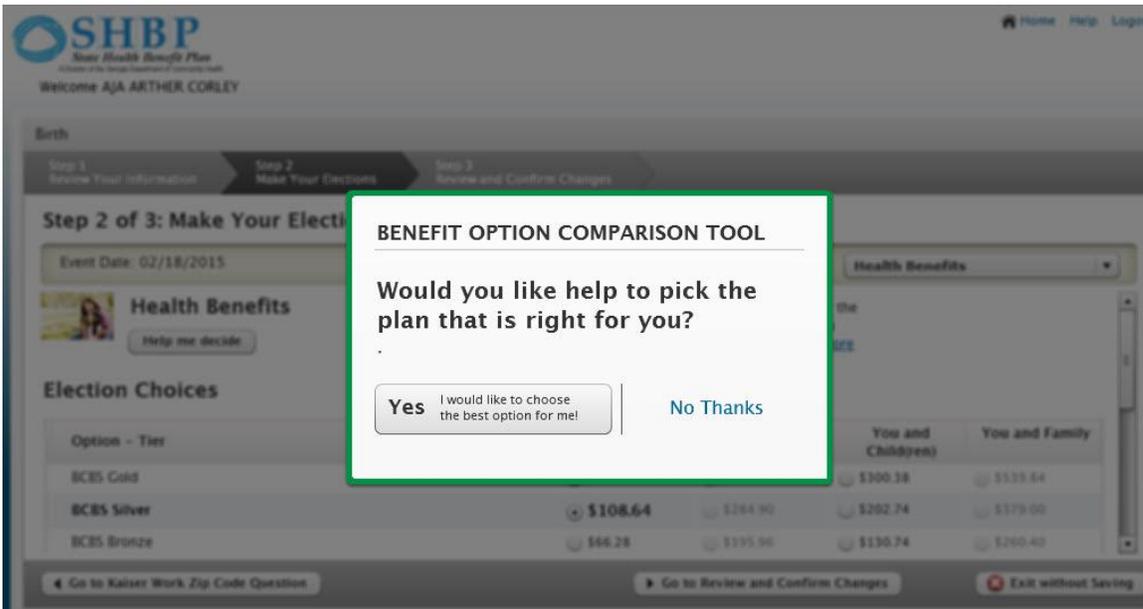
SHBP participants may be eligible for the Kaiser HMO through his/her home or work zip codes. Based on your home zip code, you are not eligible for the Kaiser HMO.

Enter your work zip code in the text box below to determine if you are eligible for the Kaiser HMO. If you are eligible, the Kaiser HMO plan will appear in the list of medical options on the Health Benefits page. If you are not eligible, the Kaiser HMO plan will not be listed.

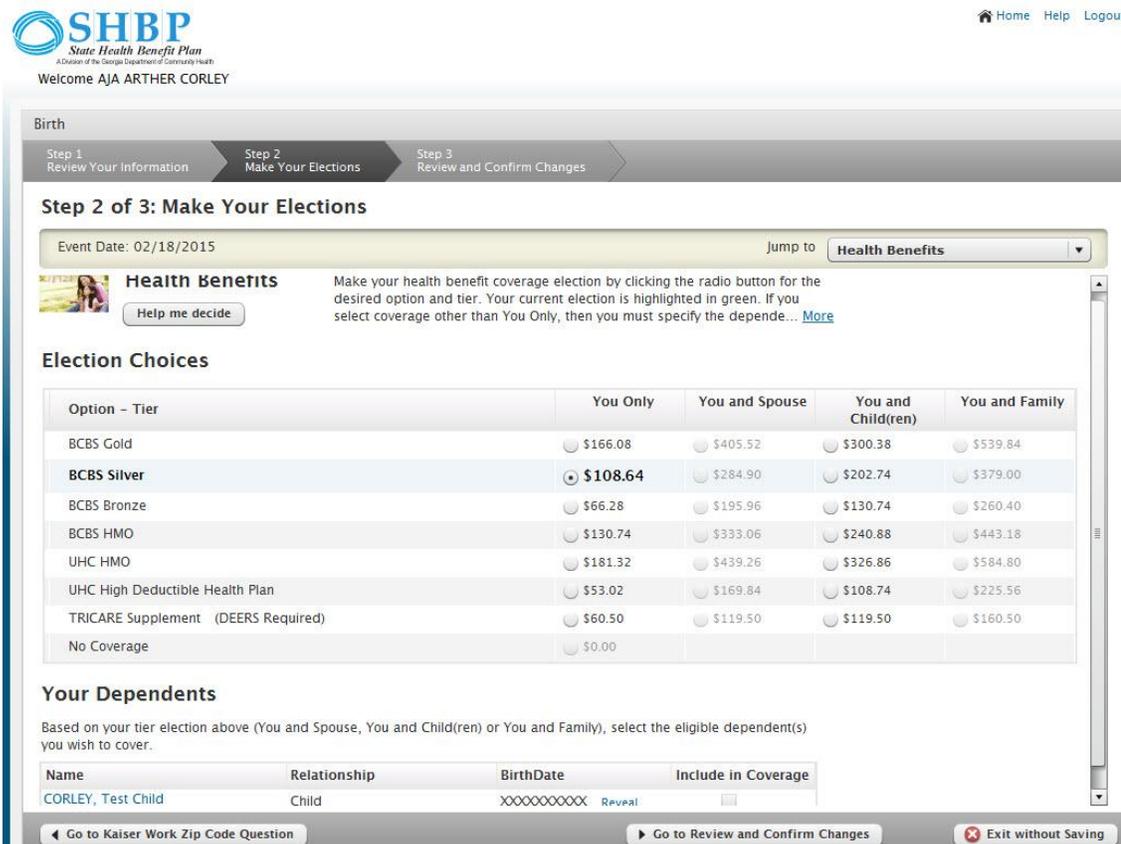
Enter your work zip code here:

[Go to Tobacco Surcharge Question](#) [Go to Health Benefits](#) [Exit without Saving](#)

11. Decision Support – A member is provided an option to utilize Decision Support benefit option comparison tool to help select the right plan to meet their needs. The member can choose to decline or accept the opportunity to use the tool.



12. A member makes their needed changes to their enrollment. Note: When adding a dependent, the member needs to scroll down, and check the box to add the newly added dependent to coverage. Click Go to Review and Confirm Changes.



13. Your Elections – This screen displays the enrollments made. The member should carefully review elections. 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.

Welcome AJA ARTHUR CORLEY

Birth

Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 3 of 3: Review and Confirm Changes

Event Date: 02/18/2015

Your Elections

Benefit	Option - Tier	Effective Date	Monthly Premium
Employee Paid Pre-tax Benefits			Pre-tax
Health Benefits	BCBS Silver – You Only	01/01/2014	\$108.64
Tobacco Surcharge	None	01/01/2013	\$0.00
Total Pre-tax cost:			\$108.64
Total Monthly cost:			\$108.64

Your dependents on file

Name	Relationship	Date of Birth	Health Benefit Coverage
Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

[Go back to Make Your Elections](#)

[Finish](#)

[Exit without Saving](#)

14. The green check mark confirms the enrollment was saved, and provides the member an opportunity to print or save a Confirmation Statement.

Birth

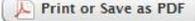
Step 1 Review Your Information Step 2 Make Your Elections Step 3 Review and Confirm Changes

Step 3 of 3: Review and Confirm Changes

Event Date: 02/18/2015

Your Elections

 Please click the 'Print' or Save as PDF button to view, print and/or save your Confirmation Statement.
Submitted on 02/18/2015 by AJA ARTHUR CORLEY. Confirmation #15589900

 [Print or Save as PDF](#)
[Home](#)
[Logout](#)

Benefit	Option - Tier	Effective Date	Monthly Premium
Employee Paid Pre-tax Benefits			Pre-tax
Health Benefits	BCBS Silver - You Only	01/01/2014	\$108.64
Tobacco Surcharge	None	01/01/2013	\$0.00
Total Pre-tax cost:			\$108.64
Total Monthly cost:			\$108.64

Your dependents on file

Name	Relationship	Date of Birth	Health Benefit Coverage
Test Child CORLEY	Child	XXXXXXXXXX Reveal	No

ADP Email Communication

If the member has an email address on file, a confirmation email will be sent to the member immediately

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

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.

Log on to SHBP Enrollment Portal site at <https://mySHBPga.adp.com>. Click My Information. Choose Current Health Benefit Coverage. 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. 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.

The screenshot shows the SHBP Enrollment Portal interface. At the top left is the SHBP logo (State Health Benefit Plan, A Division of the Georgia Department of Community Health) and the user's name: "Welcome AJA ARTHUR CORLEY". At the top right are "Help" and "Log" links. A left-hand navigation menu includes sections for "Home", "My Information" (with sub-links for Current Health Benefit Coverage, Member Profile, Dependent Information, Medicare Management, and Update Password or Email), "Plan Information" (with sub-links for 2015 Plan Information, 2014 Plan Information, TRICARE Supplement, PeachCare For Kids, and SHBP Enrollment Portal Quick R), and "Need Help?". The main content area features a "Declare Qualifying Event" header and a "Health Benefit Coverage Change" section. This section contains text explaining that members can change health benefit coverage for themselves and/or dependents during the year if they experience a qualifying event, such as marriage, birth/adoption, divorce, or death of a dependent. It states that requests must be made within a required time period based on state and federal law or SHBP regulations. A "Declare Qualifying Event" button is visible below the text. To the right of the text is a photograph of a family (a woman, a man, and two children) smiling outdoors.

ADP Email Communication

No ADP confirmation; only proactive emails informing the member of the upcoming changes

ADP File Frequency

This change will be sent 31 days prior to the age out event

STANDARD EMAIL COMMUNICATIONS > CONFIRMATION

Distributed to:	Any employee who has a change to their health plan or rates related to a work, qualifying life or system event.
Frequency:	Email sent immediately after a member saves an election on the SHBP Enrollment Portal.
Email Text:	<p>To: <Employee - Email Address> From: SHBP Member Services Subject: Review your State Health Benefit Plan (SHBP) Confirmation Statement</p> <p>This message confirms a recent change to your SHBP health benefits. You may review your benefits confirmation statement online at the SHBP Member Services website at myshbpga.adp.com. Your benefit elections will remain in effect through December 31, <benyear> unless you experience a Qualifying Event. We recommend that you download or print a copy of your elections to retain for your records.</p> <p>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 http://dch.georgia.gov/shbp-plan-documents.</p> <p>You will receive an email and a letter from ADP Dependent Verification Services with instructions for providing proper documentation to verify your dependent's eligibility. The email and letter contain a personalized Cover Sheet which MUST be included when you return the required verification documentation. Documentation provided without the Cover Sheet will not be processed. You must provide the proper documentation as instructed by the deadline shown on the Verification Cover Sheet. Failure to submit proper documentation will result in denial of request and coverage will revert to prior coverage.</p> <p>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.</p> <p><i>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.</i></p>

STANDARD EMAIL COMMUNICATIONS > EVENT WINDOW OPEN

Distributed to:	New Hires
Frequency:	Sent immediately when new hire is sent and loaded into the ADP system.
Email Text:	<p>To: Employee - Email Address From: SHBP Member Services Subject: Enroll in your State Health Benefit Plan (SHBP) coverage</p> <p>Welcome! Now is the time to enroll in your SHBP coverage.</p> <p>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>.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><i>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.</i></p>

STANDARD EMAIL COMMUNICATIONS > NEW RETIREE

Distributed to:	Retirees on their retirement start date
Frequency:	Sent immediately when Retirement status is sent and loaded into the ADP system.
Email Text:	<p>To: Employee - Email Address From: SHBP Member Services Subject: Review your State Health Benefit Plan (SHBP) coverage</p> <p>Congratulations on your retirement! Please review the following information carefully as it contains changes you will need to be aware of as a retired member of the State Health Benefit Plan (SHBP). Should you want to make any updates or ask questions regarding this information, please contact SHBP Member Services at (800) 610-1863.</p> <p><u>Retiree Information</u> Effective as of your retirement date, you are able to make a change of coverage election within 31 calendar days. If no alternate election is desired, there is no action on your part. Your current health coverage will be continued automatically and the retirement system will gain responsibility for taking your monthly deduction. If you are not eligible to receive a retirement annuity, you will receive a monthly invoice from SHBP.</p> <p>The annual Retiree Option Change Period (ROCP) is held in the fall of each year, typically mid-October to mid-November. You will be notified via a postcard, and email if available, each year of the exact dates. As such, it is important to keep your mailing address and/or email address updated with SHBP since we do not receive these updates from the retirement system or your former employer.</p> <p>During the ROCP, you will be able to make changes to your coverage option only. You may <u>not</u> enroll new dependents.</p> <p>Retirees are able to make changes outside of the ROCP. If you experience a Qualifying Event, you will have 31 days from the date of the event to add dependents. Also, coverage can be decreased or discontinued anytime. However, you will not be allowed to re-enroll unless you return to active employment in an SHBP benefits-eligible position.</p> <p><u>Retiree/Dependent Medicare Information</u> <i>Retiree and/or Dependent Under Age 65 <u>Without</u> Medicare:</i> If you and/or your dependent are under age 65 without Medicare, you are not yet eligible for any of the Medicare Advantage options. Your healthcare options and premiums will remain the same as those of an active member.</p> <p>Until age 65 is reached and Medicare eligibility is gained, SHBP will be your primary insurance. At age 65, Medicare becomes your primary insurance with SHBP as secondary.</p> <p><i>Retiree and/or Dependent Age 65 <u>With</u> Medicare:</i> At age 65, a person becomes Medicare-eligible. When you or your dependent becomes Medicare-eligible, you have an opportunity to enroll in a SHBP Medicare Advantage Plan, assuming you elect to enroll in Medicare Part B. Having a Medicare Advantage option lowers your premium amount significantly.</p> <p>If you choose to not enroll in Medicare Part B, your current healthcare selection will remain in effect but at the full premium cost with no state contribution.</p> <p>Remember, should you want to make any updates or ask questions regarding this information, please contact SHBP Member Services at (800) 610-1863.</p> <p>Sincerely,</p> <p>State Health Benefit Plan</p>

STANDARD EMAIL COMMUNICATIONS > RETIREE/SPOUSE AGE 65 MEDICARE PART B

Distributed to:	This email will be sent to either the subscriber or spouse turning Age 65 or attaining Medicare Part B coverage.
Frequency:	90 days prior to DOB.
Email Text:	<p>To: Employee - Email Address From: SHBP Member Services Subject: Review your State Health Benefit Plan (SHBP) coverage</p> <p>As you may know, your health plan option and premium change 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>.</p> <p>To review or make changes to your health benefits, go online to the SHBP Enrollment Portal at www.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. Please enter a valid email address during the registration process, as this will be used for future communications from SHBP.</p> <p>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.</p> <p>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.</p> <p>Action May Be Required! If you have not already provided Medicare information, your premium will increase. To avoid this premium increase and enroll in one of the SHBP MA PPO options, please provide your Medicare Part B information immediately by going online to the SHBP Enrollment Portal at www.mySHBPga.adp.com or by calling SHBP Member Services. Additional information is available on the SHBP website at www.dch.georgia.gov/shbp. It is imperative that SHBP receive this information by the first of the month prior to the month in which the person turns 65. This allows time for processing between SHBP and the retirement system. CMS does not allow retroactive enrollment in an MA plan.</p> <p>Note: The Centers for Medicaid and Medicare Services (CMS) who approve eligibility to enroll in an MA PPO option require a physical street address and at least Medicare Part B to enroll. Therefore, if a street address is not listed above, you will need to update your information through the SHBP Enrollment Portal at www.mySHBPga.adp.com. Select Declare an Event from the Welcome Page, and choose Retiree/Survivor Address Change.</p> <p>In order to receive important updates from SHBP, you should keep your email address up-to-date on the SHBP Enrollment Portal. You may update this information at any time by logging into the SHBP Enrollment Portal at www.mySHBPga.adp.com. From the Home page, click My Information and choose the Update Password or Email link.</p> <p>You will be redirected to the ADP Security Management site. Choose Update/Activate Your Email Address under Quick Links and follow the instructions to update your email address.</p> <p>Questions or need help? If you have any questions, you may contact SHBP Member Services 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.</p> <p>Sincerely,</p> <p>State Health Benefit Plan (800) 610-1863</p>

STANDARD EMAIL COMMUNICATIONS > RETIREE/SPOUSE AGE 64EIGHT MEDICARE

Distributed to:	This email will be sent to either the subscriber or spouse in the month they reach Age 64 years, 8 months and Part B is not null.
Frequency:	ALL with email address – sent daily through OBA
Email Text:	<p>To: Employee - Email Address From: State Health Benefit Plan Subject: Important Medicare Information – Action Required</p> <p>Our records indicate you or your enrolled dependent(s) will reach age 65 within a few months and may be eligible for Medicare coverage at that time. As a member of the State Health Benefit Plan (SHBP), you have some important decisions to make concerning your health benefit coverage. Please go to the Georgia Department of Community Health website at https://dch.georgia.gov/medicare-information-retirees-turning-65, carefully read the 'Important SHBP Medicare Information' notice and print a copy for your records. In addition, please read and provide to SHBP the requested information outlined in this email.</p> <p><u>IF YOU ARE RETIRING OR HAVE RETIRED</u> To continue coverage after retirement, you must qualify for a retirement annuity and have SHBP coverage at the time of retirement. Once you complete your retirement application and SHBP is notified of approval for annuity health deductions, your health insurance will continue automatically without any action on your part. Sometimes, a member may experience a delay in starting health insurance deductions from the annuity. Should this occur, you will receive a letter and invoice requesting payment to bridge any gap in SHBP coverage or services.</p> <p>IMPORTANT NOTE: If you are covered under a retirement system other than the State Employees Retirement System, Public School Employees Retirement System, or Teachers Retirement System, your health insurance deductions will not be continued or deducted automatically from an annuity. Instead, you may continue your SHBP coverage through receiving a monthly invoice and making direct payment to the Plan.</p> <p>Please go to the Georgia Department of Community Health website at https://dch.georgia.gov/medicare-information-retirees-turning-65, where you will find the "Important SHBP Medicare Information" notice. This notice includes information about SHBP's Medicare Policy and next steps for enrolling in Medicare and an SHBP Medicare Advantage (MA) option. If your spouse is Medicare eligible but actively working, he/she may enroll in one of the SHBP MA options. If your spouse is actively working for an employer who participates in the SHBP, deductions and options are required to continue as a current and active member.</p> <p><u>IF YOU CONTINUE TO WORK PAST AGE 65</u> If you choose to continue to work past age 65, you and your covered Medicare-eligible dependents do not have to enroll in Medicare Part B. The Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) mandates that employer group health plans remain the primary payer of health benefits for active employees and their dependents. This means your SHBP coverage would be primary and Medicare would be your secondary insurance. Enrollment in Medicare as an active employee will not reduce your SHBP premiums. You will continue to pay active rate premiums.</p> <p>YOUR ACTION REQUIRED</p> <p>Regardless of your employment status, if you enroll in Medicare, the SHBP requires your Medicare card information. To provide your Medicare information, go online to the SHBP Enrollment Portal at www.mySHBPga.adp.com and select Medicare Management from the left-hand navigation menu, or call SHBP Member Services at (800) 610-1863 to speak with a representative.</p> <p><i>NOTE: After entering your Medicare Part B dates on the Medicare screen of the SHBP Enrollment Portal, you must make your enrollment into a Medicare plan. Please use the Medicare Advantage Eligible or Dependent Medicare Advantage Eligible event to make your enrollment, for you or your Dependent, into the Medicare option of your choice. These events will remain open for 90 days after your Medicare Part B begin date is reached. If you do not make your election now you will need to</i></p>

enroll at a later date prior to the enrollment window closing.

If the SHBP does not receive proof of your Medicare enrollment or if you have not provided an official street address as outlined in the 'Important SHBP Medicare Information' notice, you will remain in your current option and will be responsible for the full cost of the coverage until the information is received and processed by SHBP. Your premium will increase beginning on the first day of the month you or your spouse turn age 65, resulting in higher premiums.

Sincerely,
State Health Benefit Plan
(800) 610-1863

STANDARD EMAIL COMMUNICATIONS > RETIREE/SPOUSE AGE 64TEN MEDICARE

Distributed to:	This email will be sent to either the subscriber or spouse in the month they reach Age 64 years, 10 months and Part B is null.
Frequency:	ALL with email address – sent daily through OBA
Email Text:	<p>To: Employee - Email Address From: State Health Benefit Plan Subject: Important Medicare Reminder – Your Action Required</p> <p>The State Health Benefit Plan (SHBP) has either not received or has received incomplete Medicare information for you and/or your spouse. Since SHBP has no record of your enrollment in Medicare Part B with the Social Security Administration (SSA), we are unable to enroll you in an SHBP Medicare Advantage (MA) option. <i>If however, you have enrolled in Medicare Part B beginning at a future date, your rates will adjust accordingly once that date is reached and no further action on your part is necessary at this time.</i></p> <p>Please go to the Georgia Department of Community Health website at https://dch.georgia.gov/medicare-information-retirees-turning-65, carefully read the 'Important SHBP Medicare Information' notice and print a copy for your records, In addition, please provide the requested Medicare information to SHBP immediately to avoid a significant premium increase.</p> <p>YOUR ACTION REQUIRED</p> <p>To provide your Medicare information, go online to the SHBP Enrollment Portal at www.mySHBPga.adp.com and select Medicare Management from the left-hand navigation menu, or call SHBP Member Services at (800) 610-1863 to speak with a representative.</p> <p><i>NOTE: After entering your Medicare Part B dates on the Medicare screen of the SHBP Enrollment Portal, you must make your enrollment into a Medicare plan. Please use the Medicare Advantage Eligible or Dependent Medicare Advantage Eligible event to make your enrollment, for you or your Dependent, into the Medicare option of your choice. These events will remain open for 90 days after your Medicare Part B begin date is reached. If you do not make your election now you will need to enroll at a later date prior to the enrollment window closing.</i></p> <p>If you take no action and the SHBP does not receive proof of your Medicare enrollment, you will remain in your current option and will be responsible for the full cost of the coverage until the information is received and processed by SHBP. Also, be advised, your premium will increase beginning on the first day of the month you or your spouse turn age 65, resulting in higher premiums.</p> <p>State Health Benefit Plan (800) 610-1863</p>

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:	<p>To: <Employee - Email Address> From: SHBP Member Services Subject: Changes to Your State Health Benefit Plan (SHBP)</p> <p>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.</p> <p>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 change additional premiums will be due and must be submitted before coverage is updated.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><i>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.</i></p>

STANDARD EMAIL COMMUNICATIONS > GUARDIANSHIP AND DEPENDENT ELIGIBILITY – INITIAL NOTICE

Distributed to:	Sent when child has been flagged 'Temp Guardianship'
Frequency:	ALL with email address – weekly thru Spire
Email Text:	<p>To: Employee - Email Address</p> <p>From: State Health Benefit Plan</p> <p>Subject: Temporary Guardianship for <DepFName1> <DepLName1></p> <p>This letter is in reference your request to include <DepFName1> <DepLName1> to your State Health Benefit Plan (SHBP) insurance. Our regulations state that in order for an unmarried dependent child under age 19 to be covered by SHBP, they must live in your home on a permanent basis in a parent/child relationship and be legally dependent on you for financial support. You must provide certification of dependency.</p> <p>You must provide evidence that an “unmarried dependent child” is legally dependent on you. The evidence must be in the form of certification that is satisfactory to the SHBP, generally a judicial decree (court order or judgment) from a court of competent jurisdiction within the United States. The SHBP’s decision as to legal dependency or the lack of it will be final. Therefore, you must submit a copy of the temporary or permanent guardianship papers signed by the Judge or Court Clerk. Petitions for guardianship and attorney notarized letters are not acceptable documentation.</p> <p>Please send all documentation to the fax number below. Be sure to include the policyholder’s Social Security number on all documents submitted to SHBP.</p> <p style="text-align: center;">Fax number : 1-866-828-4796</p> <p>If you have questions regarding this letter, please do not hesitate to contact SHBP Member Services at (800) 610-1863.</p>

STANDARD EMAIL COMMUNICATIONS > GUARDIANSHIP AND DEPENDENT ELIGIBILITY – REMINDER NOTICE

Distributed to:	Sent when child has been flagged 'Temp Guardianship'
Frequency:	ALL with email address – monthly thru Spire
Email Text:	<p>To: Employee - Email Address</p> <p>From: State Health Benefit Plan</p> <p>Subject: Temporary Guardianship for <DepFName1> <DepLName1></p> <p>When covering a dependent under your SHBP family policy through a temporary guardianship order, coverage is granted for one year from the date of the court order. The temporary guardianship order for <DepFName1> <DepLName1> that you sent was dated <court ordered end date>, which is over one year old. You must submit a current court order that has been filed through the court and <u>signed by the Judge or Clerk of the court</u> that the temporary guardianship order has not been rescinded</p> <p>Please include the policyholder's Social Security number on all documents submitted to SHBP and send to the fax number below:</p> <p>1-866-828-4796</p> <p>If you have any further questions regarding this letter, please do not hesitate to contact SHBP Member Services at (800) 610-1863.</p>

STANDARD EMAIL COMMUNICATIONS > DEPENDENT MISSING SSN

Distributed to:	This email will be sent in the month the dependent turns Age 44 with no SSN on file
Frequency:	ALL with email address – monthly thru Spire
Email Text:	<p>To: Employee - Email Address From: State Health Benefit Plan Subject: Missing Dependent Social Security Number</p> <p>Medicare Secondary Payer reporting laws require insurance carriers to collect Social Security numbers for all covered members and their dependents. We currently have no Social Security number on file for the dependent listed below.</p> <p>Dependent Name: <DepFName1> <DepLName1></p> <p>An insurance carrier must have a Social Security number on file for an insured member over the age of 44. You must provide the missing Social Security number or the above-named dependent will be removed from coverage.</p> <p>Please provide the Social Security number for the dependent listed above by going online to the SHBP Enrollment Portal at www.mySHBPga.adp.com or by calling SHBP Member Services at (800) 610-1863.</p> <p>Sincerely,</p> <p>State Health Benefit Plan (800) 610-1863</p>

STANDARD EMAIL COMMUNICATIONS > DISABLED DEPENDENT NEAR EXPIRATION

Distributed to:	This email will be sent 60 days prior to the dependent 's coverage expiration date
Frequency:	ALL with email address – monthly thru Spire
Email Text:	<p>To: Employee - Email Address From: State Health Benefit Plan Subject: Coverage Expiration for <DepFName1> <DepLName1></p> <p>Coverage for the above-named dependent under your State Health Benefit Plan (SHBP) policy will expire on <disabled expiration coverage end date>. Upon expiration, your dependent may enroll for Temporary Extended Coverage (TEC) for an additional 18 months by paying the full cost of coverage under COBRA. A COBRA packet and enrollment form will be mailed within 7-10 calendar days from your dependent's coverage expiration date.</p> <p>The loss of coverage for your dependent may allow you to change to a different tier level. To change to a different tier, after coverage for your dependent has expired, you may go online through the SHBP Enrollment Portal at www.mySHBPga.adp.com within 31 calendar days following the loss of coverage event. If you do not make a change, your next opportunity to change your tier level will be during the next Open Enrollment or another mid-year qualifying event.</p> <p>If Your Dependent is Disabled</p> <p>If your dependent was disabled prior to their 26th birthday, he/she may be eligible for continuation of coverage under the disabled dependent provision of the Plan. When applying for dependent coverage under the Disabled Dependent Policy, your dependent will continue coverage after the expiration date when documentation is received and approved by the SHBP. Application to continue coverage under the disabled dependent provision requires that you contact SHBP Member Services at (800) 610-1863 as soon as possible to prevent loss of coverage under the Plan.</p> <p>Dependent Name: <DepFName1> <DepLName1></p> <p>Sincerely,</p> <p>State Health Benefit Plan (800) 610-1863</p>