

2005 Train-the-Trainer

New Benefit Coordinators for Flex Agencies



2005 Open Enrollment Processing

- Open Enrollment dates: April 18 – May 17
- **Mandatory Web Enrollment**
- Active members www.gabenefits.org
- Retirees www.shbp.org

Tobacco and Spousal Surcharges

- **Members MUST go online to answer surcharge questions, even if they want to continue their current coverage option.**
- **Members who fail to answer these questions**
 - will automatically be charged the tobacco and/or spousal surcharges
 - will have surcharge(s) apply until the next Plan Year, unless the spouse enrolls in his/her employer's health plan during the Plan Year.

- Personalized Change Forms (PCF) will not be printed this year.
- State Merit **is requiring that all selections are made on the website this year. It is important that members are notified to access the Web for all information.**

- You should review the Decision Guide to understand SHBP options and plan changes before distributing
- You should provide enrollment materials (either by paper or Web) to each eligible member, including: rates and
 - Health Plan Decision Guide**
(7/1 to 12/31/05)
 - PPO Provider Directories**
 - HMO Provider Directories**
 - Revised SHBP Forms**
(only if not Web eligible)
- www.dch.state.ga.us



Web Enrollment

- To be valid, an eligible employee must make his/her entry on the Web site between 4/18 at 7:00 a.m. and midnight 5/17, 2005.
 - Verify your entry is correct
 - Retain the confirmation number

Web Enrollment

- The final confirmation acknowledges the member's benefit selection for the 2005 Plan Year. NO CHANGES will be allowed until the next Open Enrollment Period unless the member experiences a qualifying event.
- Last coverage entered on the Web will not be changed. The member must correct the Web entry before the end of Open Enrollment.

- An employee who is not eligible to Web enroll, uses a revised Membership Form...It must be signed and postmarked no later than 5/17.
- PPO and Indemnity options have a 12-month Pre-existing condition limit. Employees enrolling in one of these options can submit a Certificate of Creditable Coverage to reduce any pre-existing condition waiting period under the plan.
- Do NOT hold enrollment forms for this information.

New Hires

must be given an opportunity to enroll for the Plan Year ending June 30, 2005

if their hire date is on or before the first work day of May 2005, they must also make an OE selection for the 7/1 to 12/31/05 Plan Year

You must provide materials for both Plan Years!

Outsourcing Open Enrollment Communications

If you outsource your Open Enrollment communication materials to a 3rd party vendor...please note that any incorrect information provided by the vendor will NOT be grounds for an administrative error and changes of selection will not be allowed.



Employer Responsibility

Once Open Enrollment is Complete

- ***Notify***

- members to verify their ID cards
- members with HMOs that they will receive HMO notification of coverage and they should call the HMO to select a PCP

NOTE: UnitedHealthCare, does not require PCP

- ***Distribute*** Updater and ID cards



Payroll Processing

Review July SHBP billing statement to verify that members' selections and that payroll deductions are entered correctly.

Web enrollment and up-load of file will insure correct entry.

Retiree Option Change Period (ROCP)

- Retirees will receive a ROCP packet in the mail.
- Retirees can change to any available coverage options during the "Retiree Option Change Period"
- Surcharges do not apply
- Changes become effective July 1, 2005.
- Dependents can only be added within 31 days of a qualifying event: Marriage, divorce, adoption, new child, loss of other insurance.
- May change to single at anytime.
- Any ROCP questions: 800-586-9288.

Retiree Option Change Period (ROCP)

- Retiree must retire after July 1 for any Open Enrollment change to become effective
- Required to complete the revised 2005 Retirement/Surviving spouse forms no earlier than 60 days prior to retirement.



Members Eligible for Retirement

- Retirement/Surviving Spouse forms are being sent in too early. Options, Rates, and Forms Change requiring reprocessing.
- SHBP accepts forms no earlier than 60 days prior to retirement. Forms received too early will be sent back to the member.



Normal Processing



Normal Health Benefit Form Processing

(Changes that are not related to Open Enrollment)

Routine transactions should be batched separately and attached to a completed Forms Transmittal Sheet checked “OUTSIDE OPEN ENROLLMENT.”



Normal Health Benefit Form Processing

(Changes that are not related to Open Enrollment)

- Following the Open Enrollment Period, you will return to normal forms-processing procedures for all Health Plan coverage updates.
- Use revised 2005 forms for coverage effective July 1 or later.
- Contact Support Services, 404-651-6131 or 800-776-9045, if you need training on any processes.

Dependent Verification

Effective Immediately

SHBP requires dependent verification for all new enrollees.

•Acceptable Documents

- Marriage License or signed tax return
- Birth Certificate with parents' names
- Adoption Papers

Birth Cards are not acceptable.

Dependent Verification

- The System will generate a letter requesting documentation if not attached to enrollment/change form.
- members will have 45 days to submit or the system will retroactively terminate dependent coverage.
- Documents must show the seal or say “certified copy” and contain the signature of the certifying person.

Dependent Verification

- Do not hold enrollment forms for the documents.
- Do not send original documents as they will not be returned.



Retiree Processing



Retiree Processing

Members who retire and who will immediately begin drawing a monthly retirement benefit are eligible to continue coverage at the time of retirement and are

- Allowed to change coverage tier from family to single at any time.
- Not able to change from single to family during the ROCP. They must have a Qualifying Event to add dependents and let SHBP know within 31 days of the event.

Retiree Processing

- Retiree must retire after July 1 for any Open Enrollment change to become effective
- Required to complete the revised 2005 Retirement/Surviving spouse forms no earlier than 60 days prior to retirement.



Members Eligible for Retirement

- Retirement/Surviving Spouse forms are being sent in too early. Options, Rates, and Forms Change requiring reprocessing.
- SHBP accepts forms no earlier than 60 days prior to retirement. Forms received too early will be sent back to the member.



Retiree Processing

- Retirees who return to work in a benefits eligible position must discontinue health coverage through their retirement system and enroll as an active employee.
- **Retirees who do not continue coverage into retirement cannot enroll for coverage during the ROCP. Coverage must be in effect at retirement to continue coverage or make changes. If a retiree discontinues coverage, he/she may not re-enroll later.**

2005 Plan Year Changes



Important Dates

- Open Enrollment Period 4/18 – 5/17
 - Web-based enrollments/changes at www.gabenefits.org
- Retiree Option Change Period (ROCP)
4/18 – 5/17
 - Web-based Option changes at www.shbp.org



Plan Changes July 1, 2005

- **Mandatory**

Web enrollment for all eligible subscribers who received MCW

- **Employees:** www.gabenefits.org
- **Retirees':** www.shbp.org



- **2005 Plan Year, 7/1 – 12/31/ 2005.**
- **Plan Year Change to a calendar Plan Year 1/1 – 12/31/2006.**

**Open Enrollment Period 10/2005 for
Plan Year 1/1/2006**

- **Tobacco Surcharge –**

A \$9.00 per month tobacco surcharge will be added to your monthly premium if you or any of your covered dependents have used tobacco products in the previous 12 months.

- **Spousal Surcharge –**

A \$50.00 per month spousal surcharge will be added to your monthly premium if you have elected to cover your spouse and the spouse is eligible for coverage through his/her employment but chose not to take it. If your spouse is eligible for coverage with the SHBP through his/her employment the spousal surcharge will be waived.



Tobacco and Spousal Surcharges

- **Members MUST go online to answer surcharge questions, even if they want to continue their current coverage option.**
- **Members who fail to answer these questions**
 - will automatically be charged the tobacco and/or spousal surcharges
 - will have surcharge(s) apply until the next Plan Year, unless the spouse enrolls in his/her employer's health plan during the Plan Year.

Intentional misrepresentation in response to surcharge questions will have significant consequence.

You will automatically lose State Health Benefit Plan coverage (for yourself and all covered dependents) for 12 months beginning on the date that your false response is discovered.

PPO/PPO Choice (CCO), INDEMNITY

- Indemnity Premier, PPO Premier and PPO Choice Premier options will no longer be offered.**
- The Indemnity Basic, PPO Basic and PPO Choice Basic will change to the Indemnity, PPO and PPO CCO.**

PPO/PPO Choice (CCO), INDEMNITY

- **The PPO/Indemnity plans will no longer offer a maximum out-of-pocket pharmacy benefit limit.**
- **The new co-pays are as follows:**

Generic Co-pay	\$10
Preferred Brand Co-pay	\$30
Non-Preferred Brand Co-pay	\$100
- **There will be changes in the deductibles & Out-Of-Pocket maximums.**

HMO Changes

- **Deductible and co-insurance added**
- **Out-of-pocket maximum**
(i.e. inpatient and outpatient hospital facility, inpatient professional charges, etc.)
- **Deductible and co-insurance amounts are part of annual out-of-pocket max**
- **Services requiring a co-payment do not apply toward the out-of-pocket max**
- **When out-of-pocket maximum is met, covered services are payable at 100% less co-pay**

HMO Changes

- **Deductible and co-insurance amounts apply to all services except physician office visit services, maternity and newborn care, preventive care, and pharmacy.**
- **All services provided in a physician's office including lab work, outpatient surgery, allergy treatment and x-rays are covered at 100% after paying the applicable co-payment. Routine Mammograms, PSA and Pap smears are covered at 100% regardless of place of service.**

HMO Changes

The co-payment for non-preferred drugs is changing:

From

\$40

To

\$50

Changes to HMO Service Areas:

Blue Choice: Added: Lamar, Screven, Taliaferro,
Lost: Chattahoochee, Heard, Johnson,
Stewart, and Washington

Cigna added: Dodge, Houston, Peach,
and Pulaski

United HealthCare added: Brantley, Charlton,
Clay, Coffee, Hancock, Haralson, Irwin, Jeff
Davis, Macon, Miller, Montgomery, Quitman,
Rabun, Telfair, Towns, Treutlen, Union,
Washington, Webster, and Wheeler



TRICARE Supplement

for Eligible Military Members

A supplemental insurance will be available to employees and dependents who are eligible for TRICARE.

The employee and each dependent must be eligible for TRICARE and provide a Defense Enrollment Eligibility Reporting System (DEERS) number.



TRICARE Supplement

This coverage is only for active, retired military, some Reserve, some National Guard and qualified dependents, spouses, and ex-spouses.

Payroll locations will receive information packets to distribute to eligible employees.

Thanks for all you do!!!!!!

