



2012 State Health Benefit Plan Changes Open Enrollment – October 11 – November 10, 2011

- **New Web Portal, www.myshbp.ga.gov** – to make your health election and review your election for 2012 Plan Year after OE closes
- **New Wellness Plans: Wellness HRA, Wellness HMO and Wellness HDHP Plans**
- **New Standard Plans: Standard HRA, Standard HMO and Standard HDHP Plans**
- **All employees will see an increase in premiums: Wellness Plans – 11.2%, Standard Plan 17.2%**
- **SHBP will again offer the TRICARE Supplement as an alternative to SHBP coverage for employees who meet the eligibility requirement under the American Military Retirees Association**
- **Disease Management Pharmacy Co-Payment/Co-Insurance Waiver Program** – this program will be available to members enrolled in the Wellness HMO and Wellness HRA Plan Options only
- **Bariatric surgery will no longer be covered under any plan under SHBP**
- **PeachCare for Kids will be offered voluntarily to dependent children of employees eligible for SHBP coverage who meet PeachCare for Kids eligibility requirements.**
- **Limited coverage of tobacco cessation medications. Contact your health care vendor for details.**
- **Vision Hardware/Lens Coverage - \$200 vision hardware/lens benefit will no longer be available under either of the HMO options.**
- **Election Error Reporting Policy** – SHBP members will have until December 31, 2011 to notify SHBP of any mistake made during OE when making your election for 2012
- **Spousal Surcharge Verification** – Members who cover their spouses and are not paying the Spousal Surcharge will be asked for documentation or an affidavit from your spouse's employer verifying the spouse is not eligible for health insurance.
- **Change in eligibility rules** – allow 90 days to add a newborn and to request to continue health insurance as a surviving spouse

Wellness Plans – require members enrolling in these plans to make a Wellness Promise (on their behalf and that of their spouse – if covered) to take their online Health Assessment through their health care vendor and to obtain a biometric screening between July 1, 2011 – June 30, 2012. The screening includes: blood pressure, body mass index, cholesterol and glucose. Members who do not keep their Wellness Promise will not be eligible for coverage under the Wellness Plans the following year.

2012 BENEFITS COMPARISON CHART

	HRA Wellness	HRA Standard	High Deductible - Wellness	High Deductible - Standard	Choice HMO Wellness	Choice HMO Standard
	Network/Non-Network	Network/Non-Network	Network/Non-Network	Network/Non-Network	In - Network	In - Network
Deductible						
You	\$1300	\$1300	\$1500/\$3000	\$1750/\$3500	\$1000	\$1000
You + Spouse	\$2250	\$2250	\$3000/\$6000	\$3500/\$7000	\$1500	\$1500
You + Child(ren)	\$2250	\$2250	\$3000/\$6000	\$3500/\$7000	\$1500	\$1500
Family	\$3250	\$3250	\$3000/\$6000	\$3500/\$7000	\$2000	\$2000
Out-of-Pocket Maximum						
You	\$3000	\$3000	\$2400/\$5300	\$2650/\$5800	\$3000 + copays	\$3000 + copays
You + Spouse	\$5000	\$5000	\$4100/\$9800	\$4600/\$10800	\$4500 + copays	\$4500 + copays
You + Child(ren)	\$5000	\$5000	\$4100/\$9800	\$4600/\$10800	\$4500 + copays	\$4500 + copays
Family	\$7000	\$7000	\$4100/\$9800	\$4600/\$10800	\$6000 + copays	\$6000 + copays
HRA Credit Dollars						
You	\$500	\$375	N/A	N/A	N/A	N/A
You + Spouse	\$1000	\$650	N/A	N/A	N/A	N/A
You + Child(ren)	\$1000	\$650	N/A	N/A	N/A	N/A
Family	\$1500	\$1000	N/A	N/A	N/A	N/A
Medical						
Ambulance (emergency only)	85%*	85%*	90%*	80%*	100%	100%
Chiropractic (20 visits per Plan Year)	85%/60% *	85%/60% *	90%/60% *	80%/60% *	\$45 copay	\$55 copay
Emergency Room (network and non-network same benefit)	85% *	85% *	90% *	80% *	\$150 copay (waived if admitted), 100%	\$150 copay (waived if admitted), 100%
Eye Exam – Routine (limited to one exam every 24 months) no non-network coverage	100%	100%	100%	100%	100%	100%
Maternity Care (physician only)	85%/60% *	85%/60% *	90%/60% *	80%/60% *	\$35 copay (initial visit only, 100%)	\$45 copay (initial visit only, 100%)

	HRA Wellness	HRA Standard	High Deductible – Wellness	High Deductible - Standard	Choice HMO Wellness	Choice HMO Standard
	Network/Non-Network	Network/Non-Network	Network/Non-Network	Network/Non-Network	In – Network	In - Network
Maternity Care (physician only)	85%/60% *	85%/60% *	90%/60% *	80%/60% *	\$35 copay (initial visit only, 100%)	\$45 copay (initial visit only, 100%)
Outpatient Rehabilitation – Physical, Speech, Occupational, Cardiac, Pulmonary Therapy (40 visits per therapy per Plan year, in-network and out-of-network combined)	85%/60% *	85%/60% *	90%/60% *	80%/60% *	\$25 copay	\$25 copay
Physician Office Services (illness/injury)	85%/60% *	85%/60% *	90%/60% *	80%/60% *	\$35 copay PCP \$45 copay Specialist	\$45 copay PCP \$55 copay Specialist
Physician Office Services (preventive; no non-network coverage)	100%	100%	100%	100%	100%	100%
Professional fees for surgical and medical	85%/60% *	85%/60% *	90%/60% *	80%/60% *	80% *	80% *
Urgent Care Visit	85%/60% *	85%/60% *	90%/60% *	80%/60% *	\$35 copay	\$35 copay
Behavioral Health						
Mental Health/Substance Abuse (inpatient) Prior notification required Visits unlimited	85%/60% *	85%/60% *	90%/60% *	80%/60% *	80%*	80%*
Mental Health/Substance Abuse (outpatient) Prior notification required Visits unlimited	85%/60% *	85%/60% *	90%/60% *	80%/60% *	\$45 copay- Specialist 80%*-Facility	\$55 copay- Specialist 80%*-Facility
Pharmacy						
Retail Pharmacy (Up to a 31 day supply)	Tier 1 – 85% (\$20 min/\$50 max Tier 2 – 75% (\$50 min/\$80 max) Tier 3 – 75% (\$80 min/\$125 max) Does not apply to deductible or out-of-pocket		80% * (\$10 min/\$100 max) No Non-network Coverage		Tier 1 – 20 Tier 2 –\$50 Tier 3 –\$90	
90 Day Mail Order	Tier 1 – 85% (\$50 min/\$125 max Tier 2 – 75% (\$125 min/\$200 max) Tier 3 – 75% (\$200 min/\$312.50 max) Does not apply to deductible or out-of-pocket		80% * (\$25 min/\$250 max) No Non-network Coverage		Tier 1 – \$ 50 Tier 2 –\$125 Tier 3 –\$125	

This listing is a summary and does not include all benefits. *Subject to deductible