2013 Annual Enrollment Dates:

Tuesday, October 9th* - Friday, November 9th

* Opens at 1:00 a.m. EST
Plan Changes for AE 2013

- Dental Insurance
- Employee/Spouse/Child Life Insurance
- Accidental Death & Dismemberment
- Specified Critical Illness
- Flexible Spending Accounts
- Vision Insurance
Dental Plans – Delta Dental

- **New!** Effective January 1, 2013, Delta Dental will be replacing United Concordia as the State of Georgia’s dental provider

- Delta Dental will offer two coverage options to choose from:
  - Select Plan
  - Select Plus Plan

- The four family tier levels will remain the same

- **Premium rates will remain locked through PY 2015!**
Dental Plans – Delta Dental

- Transition from United Concordia to Delta Dental:
  - Employees currently with Regular Coverage will be transferred to Delta Dental Select Plus Plan
  - Employees currently with PPO Coverage will be transferred to Delta Dental Select Plan
- Employees will have the option during Annual Enrollment to change from one plan to another.
Orthodontia – Delta Dental

- No orthodontia benefits under the Select Plan.
- Orthodontia benefit is only available for both children and adults under the Select Plus Plan.
- Participants currently receiving orthodontia treatment will be eligible for the balance of the maximum coverage amount, but must enroll in SELECT PLUS PLAN!
Late Entrant Penalties – Delta Dental:

• Typically if an employee does not carry dental insurance in the previous plan year, or cannot prove that they have had continuous dental insurance coverage, they are subject to “late entrant penalties.”

• Under Delta Dental, the penalties are as follows:
  • Six month wait for major services and orthodontia.

• This Open Enrollment Only!
  • Current employees not enrolled in dental coverage may enroll without being subject to the late entrant penalties!
Delta Dental Network

- Participants are free to choose any licensed dentist
  - Approx. 6,400 dentist locations in Georgia
- Network dentists agree to set fees based on Delta Dental’s allowances and cannot balance bill
- Delta Dental pays participating dentists directly; participant pays their responsible amount at time of treatment
- Network dentists complete all claim forms/paperwork
- Network dentists are credentialed
### Delta Dental Comparison Chart

<table>
<thead>
<tr>
<th>Benefits &amp; Covered Services</th>
<th>Select Plan</th>
<th>Select Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>In Network</td>
</tr>
<tr>
<td></td>
<td>PPO Dentist</td>
<td>Premier* Dentist</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Preventive Services (D&amp;P)</strong></td>
<td>Exams, Cleanings, x-rays, sealants</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>Fillings, simple tooth extractions</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Endodontics</strong> (root canals)</td>
<td>Covered under Basic services</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Periodontics</strong> (gum treatment)</td>
<td>Covered under Basic services</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Oral Surgery</strong></td>
<td>Covered under Basic services</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>Crowns, inlays, onlays, cast restorations, bridges, dentures &amp; TMJ</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontic Benefits</strong></td>
<td>Adults &amp; dependent children</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Orthodontic Maximums</strong></td>
<td>Lifetime</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

* Premier Dentists are defined as secondary PPO (in network) dentists. Premier Dentists usually charge somewhat higher contracted fees.
## Delta Dental (Payment Example)

### In Network versus Out of Network

<table>
<thead>
<tr>
<th>Hypothetical Example</th>
<th>In Network PPO Dentist</th>
<th>In Network Premier* Dentist</th>
<th>Out of Network Non PPO Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charge for a Crown</strong></td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Plan Payment Allowance</strong></td>
<td>$640</td>
<td>$800</td>
<td>$900</td>
</tr>
<tr>
<td><strong>Percentage Paid by Delta Dental</strong></td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Delta Dental Pays</strong></td>
<td>$384</td>
<td>$480</td>
<td>$540</td>
</tr>
<tr>
<td><strong>Patient Pays</strong></td>
<td>$256 ($640 - $384)</td>
<td>$320 ($800 - $480)</td>
<td>$460 ($1,000 - $540)</td>
</tr>
</tbody>
</table>

* Premier Dentists are defined as secondary PPO (in network) dentists. Premier Dentists usually charge somewhat higher contracted fees.
Premium Rates

- **Select Plan**
  - You Only $24.08
  - You + Spouse $46.65
  - You + Child $48.89
  - You + Family $68.40

- Maximum coverage for the select plan is $500.00 per person each calendar year.
Delta Dental - Select Plus Plan

Premium Rates

- Select Plus Plan
  - You Only $38.45
  - You + Spouse $75.01
  - You + Child $78.66
  - You + Family $110.27

- Maximum Coverage under Select Plus Plan is $2,000.00 per person each calendar year.

Admin fee is included in amount
Employee, Spouse, Child Life, Accidental Death & Dismemberment Plans

- Increase the Employee Life and AD&D maximum coverage from $500,000 to $1 million!

- Employees at $500,000 can increase coverage to the uncapped amount on a guarantee issue basis (no underwriting!)

- Waiver of premium for permanent/total disability will be removed from the plans
  - Reduces the premiums by an average of 13%
  - Current participants on active waivers will continue
Employee, Spouse, Child Life and AD&D Plans – Minnesota Life

- Rate structure for Employee Life premiums will change to not straddle IRS Table 1 rates
  - If the employee selects after-tax, it will eliminate imputed income!
More About Life Insurance...

- Employee Life coverage up to nine times your pay.
  - Maximum coverage is now $1,000,000.
- Employees enrolling for the first time, or increasing coverage may require medical underwriting.
  - Medical underwriting is usually a form, sometimes a blood test.
- Beneficiaries are managed online.
  - Remember to review and update your beneficiaries.
  - Last year’s problems with state employees as beneficiaries have been resolved.
- An employee must carry Employee Life if they wish to elect Spouse Life coverage.
  - Spouse Life coverage cannot exceed Employee Life coverage.
- Child life covers an employee’s children under 26, without medical underwriting.
  - Child Life coverage cannot exceed Employee Life Coverage
  - Disabled children can continue coverage after age 26.
  - Child Live coverage starts at live birth.
Accidental Death & Dismemberment

- Payable on death or injury due to a covered accident.
- Coverage up to nine times your pay.
  > Maximum Coverage $1,000,000.
- Coverage may require medical underwriting.
- Be sure to designate your beneficiaries!
Disability Plans – The Standard

- No change in plan design or premiums for Short Term Disability
- Rate decrease of 5% for LTD premiums!
- LTD maximum benefit will increase from $4,000 to $5,000 per month!
- Maximum benefit period will increase from age 65 to age 67
  - Coordinate with Social Security Normal Retirement Age
  - No change on current employee claims; only claims initiated on or after January 1, 2013
Short Term Disability

- 7-Day Wait or 30-Day Wait (from date of disability, until payment issued)
- Covers disability up to 6 months.
- 60% of pay, up to $800 per week.
- Consider Sick/Annual Leave Balances.
- Late Entrant Penalty
  - > 60 Day wait for disability due to disease, mental disorder, or pregnancy within first 12 months of coverage.

Long Term Disability

- Covers disability after 6 months.
- 60% of pay, up to $5,000 per month
- Benefits generally are payable until end of disability or age 67.
  - > For some conditions, benefits are only payable for two years.
Critical Illness Plan – CAIC

- No changes to premiums for the current option!
- Name change of the current option – Select Plan
- **New!** Additional option level – **Select Plus Plan**
  - Provides same critical illness coverage under the Select Plan
  - Includes Accidental Coverage
- These changes are applicable to both the Employee and Spouse Specified Illness benefits
- Additional features of the Accident Coverage
  - 24-Hour coverage
  - No limit on the number of claims
Critical Illness Plan – CAIC

- Benefits included under the Accident Coverage (Select Plus Plan)
  - Medical Fees (Physician Charges, X-Rays, Emergency Room Services and Supplies)
  - Hospital Fees (Hospital Admission, Daily Hospital Confinement and Intensive Care)
  - Accidental Injuries (Fractures/Dislocations, Lacerations, Tendons/Ligaments, Ruptured Disk, Torn Knee Cartilage, Burns, Eye Injuries)
  - Accident Follow-up Benefits (Physical Therapy, In-patient Rehab, Follow-up treatments)
  - Additional Benefits (Family Lodging, Transportation, Gunshot Wound, Paralysis, Prosthesis)

- A complete list of benefits and descriptions is available in the summary plan description.
### Rate Sheet for Employee Specified Illness (Select Plus Plan)

#### Employee Critical Illness & Accident

<table>
<thead>
<tr>
<th>Age Band</th>
<th>$5,000</th>
<th>$10,000</th>
<th>$20,000</th>
<th>$30,000</th>
<th>$40,000</th>
<th>$50,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>$14.29</td>
<td>$16.09</td>
<td>$19.69</td>
<td>$23.29</td>
<td>$26.89</td>
<td>$30.49</td>
</tr>
<tr>
<td>30-39</td>
<td>$15.84</td>
<td>$19.19</td>
<td>$25.89</td>
<td>$32.59</td>
<td>$39.29</td>
<td>$45.99</td>
</tr>
<tr>
<td>40-49</td>
<td>$19.79</td>
<td>$27.09</td>
<td>$41.69</td>
<td>$56.29</td>
<td>$70.89</td>
<td>$85.49</td>
</tr>
<tr>
<td>50-59</td>
<td>$25.39</td>
<td>$38.29</td>
<td>$64.09</td>
<td>$89.89</td>
<td>$115.69</td>
<td>$141.49</td>
</tr>
<tr>
<td>60-69</td>
<td>$33.24</td>
<td>$53.99</td>
<td>$95.49</td>
<td>$136.99</td>
<td>$178.49</td>
<td>$219.99</td>
</tr>
</tbody>
</table>

Admin fee is included in amount.
# Rate Sheet for Spouse Specified Illness (Select Plus Plan)

## Spouse Critical Illness & Accident

<table>
<thead>
<tr>
<th>Age Band</th>
<th>$5,000</th>
<th>$10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>$14.29</td>
<td>$16.09</td>
</tr>
<tr>
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<td>$19.19</td>
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<td>$27.09</td>
</tr>
<tr>
<td>50-59</td>
<td>$25.39</td>
<td>$38.29</td>
</tr>
<tr>
<td>60-69</td>
<td>$33.24</td>
<td>$53.99</td>
</tr>
</tbody>
</table>

Admin fee is included in amount.
Specified Critical Illness

- Lump Sum Benefit paid following diagnosis.
  - If benefits are paid, and another, different covered illness is diagnosed, can receive additional lump sum benefit.
    > Occurrences must be separated by 6 months.
  - If benefits are paid, and the employee has a future diagnosis of the same illness, benefits may be payable again.
    > Occurrences of the same illness must be separated by 12 months.

- Spouse Coverage available
  > To carry Spouse Coverage, and employee must also elect Employee Coverage.

- Child Coverage at no additional cost, up to age 26.
  > 25% of benefit is payable for children.

Covered Diagnoses:

<table>
<thead>
<tr>
<th>Covered Diagnoses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack</td>
<td>Stroke</td>
</tr>
<tr>
<td>Major Organ Transplant</td>
<td>End-Stage Renal Failure</td>
</tr>
<tr>
<td>Internal Cancer</td>
<td>Coma</td>
</tr>
<tr>
<td>Severe Burns</td>
<td>Paralysis</td>
</tr>
<tr>
<td>Loss of Sight, Hearing or Speech</td>
<td>Alzheimer’s (25%)</td>
</tr>
<tr>
<td>Carcinoma in situ (25%)</td>
<td>Coronary Artery (25%)</td>
</tr>
</tbody>
</table>
Health Screening Benefits

- Receive a maximum $100 for any one covered screening test per calendar year.
- Payable to employee and spouse, (as long as both take test) regardless of results

Examples of Covered Tests Include:

<table>
<thead>
<tr>
<th>Test</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress Test (Bicycle or Treadmill)</td>
<td>Blood Triglycerides</td>
</tr>
<tr>
<td>Fasting Blood Glucose</td>
<td>Serum Cholesterol</td>
</tr>
<tr>
<td>Bone Marrow Testing</td>
<td>Breast Ultrasound</td>
</tr>
<tr>
<td>Chest X-Ray</td>
<td>Mammography</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Pap Smear</td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy</td>
<td>Blood Tests for breast, ovarian, prostate, colon cancer, or myeloma</td>
</tr>
</tbody>
</table>
Spending Accounts – SHPS/ADP

- SHPS has become a part of ADP
  - ADP branding on future HCSA and DCSA materials
  - The customer service phone number, fax number, and mailing address will remain the same
- The current URLs will remain active and any changes will be communicated well in advance
Spending Accounts – SHPS/ADP

- No increase in administrative fees remains $3.20, and is included in the total contribution amount

- HCSA annual maximum will reduce from $5,040 to $2,460
  - Monthly maximum will be $205
  - Compliance with Patient Protection and Affordable Care Act (PPACA)

- Employees who contributed a larger amount in 2012 will be reduced to the new HCSA maximum for 2013
Flexible Healthcare Spending Account

- Healthcare Spending Account - SHPS
  - Set aside pre-tax money to use for healthcare expenses.
  - Maximum amount $2,460 can be set aside per year under new IRS rules.
  - Money is “Use or Lose”
    > You have until March 15, 2014 to use money placed in your 2013 spending account.
  - Entire amount is available the first day of the year.
  - Visa debit card available for purchases, but keep your receipts!
  - Qualifying expenses include: prescriptions, contact lenses/glasses, eye surgery, procedures/surgeries not covered by insurance, health insurance co-pays or co-insurance.
  - Excluded expenses include: over the counter drugs, electrolysis, vitamins/herbal supplements, hair transplants, nicotine patches or gum, teeth whitening.
Flexible Dependent Care Spending Account

- Dependent Care Spending Account - SHPS
  - Set aside pre-tax money to use for child care expenses for your children under age 13.
    > Expenses for care of a dependent of any age, who is unable to care for themselves due to a physical or mental handicap also qualify.
  - Maximum family amount $4,992 can be set aside per year under IRS rules.
  - Money is “Use or Lose”
    > You have until December 31, 2013 to use money placed in your 2013 dependent care spending account.
  - Both the employee and spouse must be working full time or enrolled in school full time to utilize this benefit.
  - Eligible expenses include: preschool, nursery school, after school care.
  - Ineligible expenses include: activity fees, field trips, clothing, food, entertainment, Kindergarten, overnight camps, sports lessons, transportation, or private school tuition.
Branding name will change from OptumHealth to Spectera

Select Plus Plan will have the following enhancements:
- Frequency of frames will change to once every 12 months
- Frame allowance of $150 is provided for private practice or retail chain providers
- Standard contact lenses will have a $200 allowance
- Allow up to 8 boxes of standard, disposable lenses

Out-of-network allowance for contact lenses will increase to $200 under the Select Plus Plan
Vision – Spectera

- New premium rate structure for the Select Plus Plan
  - You Only $8.62
  - You + Spouse $18.61
  - You + Child $19.45
  - You + Family $26.35

- No changes to Select Plan Premiums

Admin fee is included in amount
Select Vision and Select *Plus* Vision Plans – Spectera

**Select Vision**

- Eye exam every 12 months after $10 co-pay
- Lenses every 12 months after $20 materials co-pay: single vision, lined bifocal, lined trifocal, or lenticular lenses.
- $130 frames allowance every 24 months after $20 materials co-pay.
- Refractive eye surgery discount.
- $105 contact lens allowance, or up to four boxes.

**Select *Plus* Vision**

- Larger credit for contact lenses $200, up to 8 boxes with $20 co-pay.
- Lens options – tinting, UV, polycarbonate, basic progressive included.
- Frames every 12 months, up to $150, with $20 co-pay.

Vision Cards Issued Online at [www.myspectera.com](http://www.myspectera.com)
No Plan or Premium Changes

- Dental DHMO - Cigna
- Legal
- Long Term Care
CIGNA Dental HMO

> Formerly known as “Prepaid Dental.”

> *Not* a part of the Cigna Health Insurance Policies

> **You can ONLY use IN-Network Dentists.**

  – *Unfortunately, the “Network” is primarily in Atlanta. You may have to drive to Atlanta or Macon to visit the network.*

> As of September 2012, there was one In-Network Dentist in the Savannah area, and he is listed as not accepting new patients.

> The network is subject to change without notice.

> Yes, this is the cheapest option, but you will be electing it at your own risk.
Hyatt Legal Plans…

<table>
<thead>
<tr>
<th>Select Plan Covers:</th>
<th>Select <em>Plus</em> Plan Also Covers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powers of Attorney</td>
<td>Consumer Protection Matters</td>
</tr>
<tr>
<td>Office Advice/Consultations</td>
<td>Debt Collection Defense</td>
</tr>
<tr>
<td>Wills/Living Wills</td>
<td>Identity Theft Defense</td>
</tr>
<tr>
<td>Traffic Matters (Except DUIs)</td>
<td>Enforcement/Change to Support Orders</td>
</tr>
<tr>
<td>Document Preparation</td>
<td>Eviction/Tenant Defense</td>
</tr>
<tr>
<td>Real Estate Matters for Primary Residence</td>
<td>Guardianship/Conservatorship</td>
</tr>
<tr>
<td>Elder Law Matters</td>
<td>Adoption</td>
</tr>
<tr>
<td>Home Equity Loan Assistance</td>
<td>Immigration Assistance</td>
</tr>
<tr>
<td></td>
<td>Tax Audits</td>
</tr>
<tr>
<td></td>
<td>Divorce</td>
</tr>
<tr>
<td></td>
<td>Real Estate Matters for Additional Residences</td>
</tr>
<tr>
<td></td>
<td>Incompetency</td>
</tr>
<tr>
<td></td>
<td>Civil Litigation Defense</td>
</tr>
</tbody>
</table>
Long Term Care Insurance – Unum Insurance

- Nursing Facility/Nursing-Home Insurance, covers some in-home care.

- Plans offered for employees, spouses, parents, in-laws, includes adoptive or step-parents.

- Employee premiums taken through payroll deductions. All other premiums direct billed by Unum.

- Medical Underwriting required for covered spouse, parents, or in-laws.

- Medical Underwriting required for employees electing coverage for the first time, after a break in coverage, or electing a higher level of coverage.

- 90-day wait period after disability before benefits are payable.

- Must require continual assistance with at least three activities of daily living to be considered disabled and qualifying for benefits.
Annual Enrollment

- October 9-November 9, 2012
- Visit www.gabreeze.ga.gov to enroll in your benefits today!
- For assistance with the Georgia Breeze website or flexible benefits enrollment, contact the Georgia Breeze call center at 1-877-342-7339.

Print your confirmation page when you have completed your elections!

- You may change your elections as many times as you wish during open enrollment.
- The choices remaining in the system on November 9th will be yours for all of 2013!

If you complete your enrollment verbally with a Georgia Breeze associate, document the name of the representative, date, and time of the call.
SUPPLEMENTAL HEALTH OPTIONS
The Tricare supplement is available for families who are covered under Tricare military insurance coverage.

To be eligible, the STC employee and dependents must be:

• Under age 65
• Ineligible for Medicare
• Registered in DEERS (Defense Enrollment Eligibility Reporting System)

How it works:

• Tricare remains your primary insurance coverage - The supplement is considered secondary coverage.
• Members have flexibility in selecting civilian physicians, specialists, hospitals and pharmacies.
• Covers unmarried dependent children under 21, or under 23 if enrolled as a full time student.
• No tobacco/spousal surcharges.
• No COBRA rights, but a portability feature is offered.
During this open enrollment period, qualifying state employees may enroll their children in PeachCare for Kids.

Program is income based.

- Visit www.peachcare.org for income requirements and income calculator tool.
- Monthly premiums are incremental based on income.
  - $10-$35 for one child
  - Maximum premium $70 for two or more children in the same household.

Eligibility Questions?

Contact PeachCare: 877.427.3224
Start the enrollment process now!

- After this open enrollment period, a child will have to be without health coverage for 60 days before they are eligible to apply for PeachCare.

DO NOT drop your children’s health coverage under State Health.

PeachCare will notify you if you are accepted into the program.

- Upon being accepted into the program, you may drop your children’s State Health insurance coverage.
- You must notify State Health of your acceptance into PeachCare within 60 days of acceptance.

If you think you might be eligible for PeachCare...

If you are accepted into PeachCare, but lose the coverage in the future, you have 60 days to notify State Health of the loss and add your children to your current health plan.
Thank You!