

# 2012 State Health Benefit Plan



Presentation to: HR Personnel and Benefit Coordinators

Presented by: State Health Benefit Plan

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# 2012 Open Enrollment

- 2012 Open Enrollment Dates
- 2012 Plan, Benefit and Eligibility Changes
- Making Your 2012 Benefit Election
- Employee Considerations before making the 2012 election
- FAQs

# 2012 Open Enrollment

- This year's OE dates will be October 11-November 10, 2011.
  - Members will make their election online at the new website [www.myshbp.ga.gov](http://www.myshbp.ga.gov)
- You should not wait until the last minute to make your election as there may be heavy traffic
- ***You will need to register on the new website before you can make your 2012 election***

# 2012 Open Enrollment

- You may go online as many times as you like
  - but the last election confirmed at the time OE closes will be your election for the 2012 Plan Year
- You should print and keep a copy of the confirmation page which will contain a confirmation number
  - once OE is closed, you will be able to go online at [www.myshbp.ga.gov](http://www.myshbp.ga.gov) and view your 2012 election, (including your plan choice, answers to surcharge questions and more)

# 2012 Benefit and Plan Changes

## All Plan Options

- **Certain Tobacco Cessation Medications**
  - Covered when prescribed as part of a Tobacco Cessation Program
  - Contact each vendor for specifics
- **Bariatric Surgery**
  - Bariatric (weight loss) surgery will no longer be covered under any plan options – see FAQ's for specific details

# 2012 Benefit and Plan Changes

## Eligibility Changes

- **Surviving Spouse/Adding New Born**
  - 90 days to request to continue coverage/add newborn

# 2012 Benefit and Plan Changes

## Eligibility Changes

- **Spousal Surcharge Verification**

- SHBP will request verification from all members not paying the spousal surcharge who cover a spouse who is actively working. Documentation/affidavit will be required that ***the spouse is not eligible for health coverage through employer*** (non-MA options only)
- If your spouse does not work, SHBP will require a copy of the most current federal tax return
- Additional information will be provided later

# 2012 Benefit and Plan Changes

## PeachCare FOR KIDS<sup>®</sup>

Federal law has changed and now allows the PeachCare for Kids<sup>®</sup> program to enroll children of members covered under SHBP

- PeachCare will be offered as a voluntary program to children eligible for SHBP coverage who meet the PeachCare for Kids<sup>®</sup> requirements
- Benefits under PeachCare include dental, vision and health insurance at low premiums and low co-payments
- There will be a link to the PeachCare website which will include an eligibility calculator to aid employees in determining if their children may qualify
- Employees may complete an application on-line or may call and request a paper application be mailed to them by calling PeachCare for Kids

# 2012 Benefit and Plan Changes

## PeachCare FOR KIDS<sup>®</sup>

- Information is available at 1-877-GA-PEACH ((1 877-427-3224) and [www.peachcare.org](http://www.peachcare.org)
- *If your child loses eligibility for PeachCare for Kids coverage you will have 60 days from the loss of coverage to enroll in SHBP coverage. Failure to pay is not a loss of eligibility for coverage*
- *If PeachCare for Kids denies coverage for your child(ren) denial is not a qualifying event to allow enrollment in SHBP coverage*
- **NOTE:** Children enrolled in PeachCare for Kids cannot be dually enrolled in SHBP. Earliest an employee can apply is 10-01-2011.

# 2012 Benefit and Plan Changes

## New Tricare Supplement

- **TRICARE Coverage**
  - Voluntary, member-pay-all supplemental health benefit
  - Available to SHBP eligible individuals who are also eligible for TRICARE, the military health benefit program
  - Ends when you turn 65
- **DEERS Number**
  - Members must provide a Defense Enrollment Eligibility Reporting System (DEERS) number
- **No Split Option**
  - Everyone covered under the contract must be in Tricare

# 2012 Benefit and Plan Changes

## New Tricare Supplement (continued)

- **Eligibility for Children (Tricare Supplement Only)**
  - Must be single
  - Age 19 - 23 must be a full-time student or if under age 26 if enrolled in the TRICARE Young Adult Program
- **Loss of eligibility for Tricare Supplement while actively working**
  - Is a qualifying event to select another option if you make the request within 31 days
- **COBRA**
  - Members who lose eligibility for SHBP coverage while covered by Tricare supplement will not be offered COBRA

For additional information call 866-637-9911 or on the website at [www.asicorporation.com](http://www.asicorporation.com)

# 2012 Benefit and Plan Changes

## New Wellness Plans

### Include HRA, HMO and HDHP Plan Options

- **Wellness Plan Promise:**

- Members and covered spouses
- Each must Complete an online health assessment
- Each must Obtain biometric screening\* between July 1, 2011 and June 30, 2012 (\*Body Mass Index, Blood Pressure, Blood Glucose, Cholesterol)
- Biometric screening results **MUST** be received by your health care vendor by June 30, 2012
- Members may obtain screenings from their physician or by attending a scheduled worksite health event sponsored by SHBP

# 2012 Benefit and Plan Changes

## New Wellness Plans (cont'd)

### Rewards received for Wellness Plan Options

- Lower premiums
- Lower out-of-pocket costs through co-payments, coinsurance, deductibles and out-of-pocket maximums

*Note: If a member or his/her covered spouse does not honor their promise the Wellness plan will not be offered as an option the following year*

# 2012 Benefit and Plan Changes

## New Wellness Plans

- *During the 2012 Open Enrollment, if you drop a spouse because he/she did not complete the promise, you will still not be able to enroll in the Wellness Plan in 2013*
- Disease State Management (DSM) pharmacy copay waiver for the HRA and HMO in Wellness Plans only

# 2012 Benefit and Plan Changes

## New Standard Plans

### Includes the HRA, HMO and HDHP Plan Options

- Covers the same services as the Wellness Plans EXCEPT
  - No Promise (i.e., no biometric requirements)
  - Higher premiums
  - Higher out-of-pocket expenses through co-payments, coinsurance, deductibles and out-of-pocket maximum
  - No preventive incentive for the HRA (\$125 credit)
  - No DSM pharmacy copay waiver

# 2012 Benefit and Plan Changes

## HRA Wellness and Standard Plans

### SHBP HRA Contributions Comparison

Wellness HRA Contribution		Standard HRA Contribution	
You	\$ 500	You	\$ 375
You + Spouse	\$ 1,000	You + Spouse	\$ 650
You + Child(ren)	\$ 1,000	You + Child(ren)	\$ 650
You + Family	\$ 1,500	You + Family	\$1,000

# 2012 Benefit and Plan Changes

## HRA Wellness and Standard Plans

### Prescription Drug Coverage

- The Pharmacy benefit will be the same under the Wellness and Standard HRA Plans
- Pharmacy costs will no longer apply to the deductible or out-of-pocket limit (Starting day one member will always pay coinsurance amounts)
- HRA dollar credits may be used for prescription drug, but will no longer help to offset your deductible or out-of-pocket limit
- The benefit will change to a 3 Tier structure with a minimum and maximum out-of-pocket
- **Please note: UnitedHealthcare (UHC) members will need to provide a separate Health Care Spending Card to access HRA dollar credits for their pharmacy expenses. Additionally, UHC members will still need to present their UnitedHealthcare ID cards with any prescriptions at the pharmacy. *No separate card is required for CIGNA members at the pharmacy.***

# 2012 Benefit and Plan Changes

## HRA Wellness and Standard Plans

### UnitedHealthcare Pharmacy Health Care Spending Card

– How does it work and what happens at the pharmacy?

- Activate your card as soon as you receive it by calling the number on the back of your card.
- Your card must be activated 1 business day prior to use.
- When you use your card, payment is transferred directly from your card to the pharmacy.
- Once HRA funds are no longer available transactions will be denied.
- This card can only be used for covered prescription expenses (*not for medical or dental*).
- Unauthorized transactions will be denied.

# 2012 Benefit and Plan Changes

## HRA Wellness and Standard Plans

### Prescription Drug Coverage - continued

Retail Pharmacy - 31 day	Tier 1 – 15% (\$20 min/\$50 max) Tier 2 – 25% (\$50 min/\$80 max) Tier 3 – 25% (\$80 min/\$125 max)
90-Day Retail Pharmacy	Tier 1 – 15% (\$60 min/\$150 max) Tier 2 – 25% (\$150 min/\$240 max) Tier 3 – 25% (\$240 min/\$375 max)
90-Day Voluntary Mail Order	Tier 1 – 15% (\$50 min/\$125 Tier 2 – 25% (\$125 min/\$200 max) Tier 3 – 25% (\$200 min/\$312.50 max)

# 2012 Benefit and Plan Changes

## HRA Wellness and Standard Plans

### Prescription Coverage Examples – Drug A is Tier 1

*If the cost of the drug is less than the minimum amount for Tier 1 drugs*

- For a 31-day supply the usual and customary price is \$15
- The minimum for Tier 1 is \$20
- The SHBP Member pays \$15

### *Cost of the drug when coinsurance applies for Tier 1 drugs*

- For a 31-day supply the contracted price is \$100
- The Coinsurance is 15% and the minimum amount for Tier 1 is \$20
- 15% of \$100 is \$15
- The SHBP Member pays \$20

**Note: The \$4 generics from \$4 Generic Programs offered by some pharmacies will be \$4**

# 2012 Benefit and Plan Changes

## HRA Wellness and Standard

### Prescription Coverage Examples – Drug B is Tier 2

*If the cost of the drug is less than the minimum amount for Tier 2 drugs*

- For a 31-day supply the usual and customary price is \$35.79
- The minimum for Tier 2 is \$50
- The SHBP Member pays \$35.79

*Cost of the drug when coinsurance applies for Tier 2 drugs*

- For a 31-day supply the contracted price is \$350
- The Coinsurance is 25% and the maximum amount for Tier 2 is \$80
- 25% of \$350 is \$87.50
- The SHBP Member pays \$80

# 2012 Benefit and Plan Changes

## HMO Wellness and Standard

### HMO Plan Changes

Type of Service	Wellness HMO Co-payment	Standard HMO Co-payment
Primary Care Physician	\$35	\$45
Specialist	\$45	\$55
The deductibles and out of pocket maximum did not change		
The \$200 annual vision benefit for glasses and contacts will no longer be offered		
Pharmacy 90- day Voluntary Mail Order	Tier 1- \$ 50 Tier 2- \$125 Tier 3- \$225	

# 2012 Benefit and Plan Changes

## High Deductible Health Plan Wellness and Standard

### HDHP Deductible and Out-of-Pocket Comparison

Deductible	Wellness HDHP (In/Out of Network)	Standard HDHP (In/Out of Network)
You	\$1500/\$3000	\$1750/\$3500
You + Spouse	\$3000/\$6000	\$3500/\$7000
You + Child(ren)	\$3000/\$6000	\$3500/\$7000
You + Family	\$3000/\$6000	\$3500/\$7000
Out-of-Pocket (In/Out-of-Network)	Wellness HDHP	Standard HDHP
You	\$2400/\$5300	\$2650/\$5800
You + Spouse	\$4100/\$9800	\$4600/\$10800
You + Child(ren)	\$4100/\$9800	\$4600/\$10800
You + Family	\$4100/\$9800	\$4600/\$10800

# 2012 Benefit and Plan Changes

## High Deductible Health Plan (HDHP)

### Wellness and Standard

#### HDHP Co-Insurance and Pharmacy Comparison

Type of Service	Wellness HDHP	Standard HDHP
Co-Insurance	90% IN or 60% OON	80% IN or 60% OON
Pharmacy 90-Day Voluntary Mail Order (this is not a change)	80% (\$25 min/ \$250 max)	

IN = In Network  
OON = Out of Network

# Making Your 2012 Benefit Election - Considerations

- Determine if healthcare provider is in-network
- Carefully review the 2012 Decision Guide available at [www.myshbp.ga.gov](http://www.myshbp.ga.gov)
- Compare the benefits in relation to the premiums
- Check the Preferred Drug Lists for each plan and healthcare vendor as the formulary varies between plans and vendors

# Making Your 2012 Benefit Election

- **Online Election**
  - Employees must make their health election at [www.myshbp.ga.gov](http://www.myshbp.ga.gov)
- **Website Open & Close Dates**
  - Website opens at 4 a.m. on October 11, 2011
  - Website closes at 4:30 p.m. on November 10, 2011
- **Active Employee Health Plan Decision Guide**
  - Available on the website at [www.myshbp.ga.gov](http://www.myshbp.ga.gov) and [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp) by September 30, 2011
- **No printed hardcopies**

# Making Your 2012 Benefit Election – Did You?

- **Remember to:**
  - Make sure you have selected the correct option
  - Confirm you have added all eligible dependents you wish to be covered
  - Confirm you have answered the surcharge questions correctly
  - Click "Confirm" and always Print their Confirmation (this WILL include a confirmation number)

# Making Your 2012 Benefit Election – If You Don't

*If you don't go online and make a 2012 election*

*Your coverage will default*

- To the Standard HRA, HMO or HDHP Option with your current vendor
- The tobacco and spousal surcharges (if you cover your spouse) will apply for the 2012 Plan Year

# Questions or Additional Information

- **CIGNA** - HMO, HRA, HDHP - 800-633-8519  
[www.mycigna.com/shbp](http://www.mycigna.com/shbp)
- **UnitedHealthcare** - HMO, HDHP - 877-246-4189  
HRA - 800-396-6515  
[www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp)
- Refer to [www.myshbp.ga.gov](http://www.myshbp.ga.gov) or  
[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp) to access additional  
information

# Important Notice

- The information provided in this presentation is a summary of changes for the 2012 Plan Year. It is intended only to highlight principal benefits
- Please refer to the Active Employee Decision Guide for more details
- Rates, decision guides and other information is available at [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp) and [www.myshbp.ga.gov](http://www.myshbp.ga.gov)

# Frequently Ask Questions - FAQs

- Q. If I complete my Health Assessment and obtain my biometric screening but my spouse doesn't, will I be able to enroll in a Wellness Option in 2013? - **A.** No.
- Q. Can I earn \$125 for taking my online health assessment and obtaining my annual physical? **A.** Yes but only if you are enrolled in the Wellness HRA Plan.
- Q. If I smoke, will I be able to enroll in a Wellness Option? **A.** Yes

# Frequently Ask Questions - FAQs

- Q.** Can I submit my biometric screening results to my healthcare vendor?  
**A.** No. Your physician must fax to your vendor by June 30, 2012.  
(This physician fax form will be available January 1, 2012)
- Q.** In year two, what happens if my biometric numbers don't improve? **A.** You may continue in the Wellness Plan. You will need to show that you are taking steps to improve your health unless you have a medical condition that does not allow you to take steps to improve your biometric numbers.
- Q.** What if I have started the steps to have my bariatric surgery covered – will my surgery be covered? **A.** No. Not unless you have the surgery before January 1, 2012

# Frequently Ask Questions - FAQs

- Q. What happens when I have used all of my HRA dollars when I purchase prescriptions? **A.** You will have to pay the minimum or maximum coinsurance amount based on the tier your drug is in.
- Q. What if the cost of my drug is less than the minimum or maximum coinsurance, will I still pay the min or max? **A.** No, if the retail cost of the drug is less than the min or max.
- Q. Should an employee / retiree remove their child(ren) during Open Enrollment (O/E) in anticipation of PeachCare coverage acceptance? **A.** No, They should not remove their child(ren) during O/E unless the child(ren) has been approved for enrollment into PeachCare for Kids. Then they have 60 days from the Qualifying Event to remove their child(ren) once Peachcare approves enrollment.