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Employees have the option to enroll or decline health insurance coverage. Detailed plan information can be found in the [**Active Employee Decision Guide**](http://dch.georgia.gov/sites/dch.georgia.gov/files/related_files/document/2013_New_Enrollee_Decision_Guide.pdf) or on [**State Health Benefit Plan (SHBP) website.**](http://dch.georgia.gov/state-health-benefit-plan-shbp)

 *(Link to Active Employee Decision Guide pdf)*

[*http://dch.georgia.gov/sites/dch.georgia.gov/files/42578\_Active.pdf*](http://dch.georgia.gov/sites/dch.georgia.gov/files/42578_Active.pdf)

**2016 Health Plan Options**

Health Reimbursement Arrangement (HRA)

High Deductible Health Plan (HDHP)

Health Maintenance Organization (HMO)

Regional Health Maintenance Organization (HMO) by Kaiser Permanente (KP)

**Coverage tiers are**:

Employee Only

Employee + Child(ren)

Employee + Spouse

**Blue Cross Blue Shield of Georgia**

• Health Reimbursement Arrangement (HRA) without co-payments

- Gold

- Silver

- Bronze

• Statewide Health Maintenance Organization (HMO)

**United Healthcare**

• High Deductible Health Plan (HDHP)

• Statewide Health Maintenance Organization (HMO)

**Kaiser Permanente (KP)**

The KP Regional HMO (Metro Atlanta Service Area only) offers medical, wellness and pharmacy

benefits. You must **live or work** in one of the below 27 counties within the Metro Atlanta Service Area to

be eligible to enroll in KP:

*Barrow Coweta Gwinnett Paulding Bartow Dawson Haralson Pickens Butts DeKalb Heard Pike Carroll Douglas Henry Rockdale Cherokee Fayette Lamar Spalding Clayton Forsyth Meriwether Walton*

*Cobb Fulton Newton*

Employee + Spouse & Child(ren)

75% of your health coverage is subsidized by the State. The other 25% is paid by the employee through payroll deduction on the 15th of each month. Pricing per plan and coverage tier varies and is accessible on the **Health Insurance Rate Chart.** (Please note there is a $80 per month tobacco surcharge applicable if you or a covered dependent uses or has used tobacco products within the past 12 months of enrollment).

 *(Link to pdf document titled 2016 Health Insurance Rates)*

<http://dch.georgia.gov/sites/dch.georgia.gov/files/2015%20Rates_Active_Commercial.pdf>

**Health Reimbursement Arrangement (HRA)**

The HRA is a Consumer-Driven Health Plan Option (CDHP) that includes a State Health Benefit Plan (SHBP)-funded HRA account that provides first-dollar coverage for eligible medical and pharmacy expenses. The HRA Plan Options

offer access to a statewide and national network of providers across the United States. It is important to note that when you go to the doctor, you do not pay a co-payment. Instead, you pay the applicable deductible and

co-insurance. SHBP contributes HRA credits to your HRA account based on the HRA Plan Option and Tier

you enroll in. If you have remaining credits in your HRA account, those credits roll over to the next Plan Year as long as you remain enrolled in an HRA option

**High Deductible Health Plan (HDHP)**

The HDHP offers in-network and out-of-network benefits and provides access to a network of providers on a statewide and national basis across the United States. The HDHP has a low monthly premium. **However**, you must satisfy a high deductible that applies to all covered medical and pharmacy expenses (except preventive care). If you have employee + child, employee + spouse or family coverage, the **ENTIRE** family deductible MUST be met before

benefits are payable for any family member. Also, you may qualify to establish a health care spending account to pay for eligible health care expenses now or in the future. HSAs typically earn interest and may even offer investment options.

**Plan Features:**

• You must meet separate in-network and out-of-network deductibles and out-of-pocket maximums

• The HDHP option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA)

• You pay co-insurance after meeting the **ENTIRE** deductible for all covered medical and pharmacy expenses until the out-of-pocket maximum is met

• The medical and pharmacy out-of-pocket maximums are combined

• There are no co-payments

**Health Maintenance Organization (HMO)**

An HMO allows you to receive covered medical services from in-network providers only (except for

emergency care). You are not required to select a Primary Care Physician (PCP) with the Statewide HMO.

The HMO Plan Option pays 100% of covered services provided by in-network providers that are properly

coded as “preventive care” within the meaning of the Affordable Care Act (ACA). Verify your provider is

in-network before selecting an HMO Plan Option. When using in-network providers, request that they use

or refer you to other in-network providers. The HMO offers a statewide and national network of providers

across the United States.

**Plan Features:**

• There are co-payments with this plan for certain services

• Certain services are subject to a deductible and co-insurance (see the Comparison Benefit Chart)

• You do not have to obtain a referral to see a Specialist (SPC); however we encourage you to select a

PCP to help coordinate your care

• Coverage is only available when using in-network providers (except for emergency care)

• Co-payments do not count toward to your deductibles

• The medical and pharmacy out-of-pocket maximums are combined

• Co-payments do count toward your out-of-pocket-maximum

• Certain drug costs are waived if SHBP is primary and you participate in one of the Disease Management

Programs (DM) for diabetes, asthma, and/or coronary artery disease

**Regional Health Maintenance Organization (HMO) by Kaiser Permanente (KP)**

The KP Regional HMO option is available to State Health Benefit Plan (SHBP) eligible employees who **live or work** in one of the listed 27 counties within the Metro Atlanta Service Area. You are responsible for selecting a Primary Care Physician (PCP) from a list of participating providers. You can schedule an appointment without a referral for any specialist at a KP medical facility. The HMO option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA). KP

administers the benefits for medical, pharmacy, and wellness.

Detailed information on the benefit plans through the State of Georgia including physician/facility directory and pharmacy formularies can be found:

**Blue Cross Blue Shield of Georgia website** ([www.bcbsga.com/shbp](http://www.bcbsga.com/shbp));

**United Healthcare website** ([www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp));

**Kaiser Permanente website** ([www.my.kp.org/shbp](http://www.my.kp.org/shbp))