

## 2016 Annual Meeting is October 17-18

### [Information/Registration](#)

Show your support and be there for this important meeting!

## 2017 SHBP– Retiree Option Change and Open Enrollment (10/17-11/6/16)

### SHBP Decision Guide – Educational Meetings

The Retiree Decision Guide and Educational Meetings schedule for retirees have been mailed to retirees. You are encouraged to study the Decision Guide and if you feel you need additional explanation, attend one of the educational meetings.

As a general statement, the CY 2017 contractors and options are the same as the CY 2016 options.

- (1) The vendors are Blue Cross Blue Shield of Georgia (BCBSGa), UnitedHealthcare (UHC) and Kaiser Permanente (KP).
- (2) BCBSGa is joining UHC to offer Standard and Premium Medicare Advantage Options for retirees age 65 and above.
- (3) Plan Options for retirees under age 65 and for active members are:
  - (a) Gold, Silver, and Bronze Health Reimbursement Arrangements (HRAs) administered by BCBS;
  - (b) Statewide Health Maintenance Organization (HMO) administered by BCBS;
  - (c) Statewide HMO and statewide High Deductible Health Plan (HDHP) administered by UHC;
  - (d) Regional HMO in the Atlanta 27-county service area insured by KP;

- (4) Express Scripts Inc. will continue to manage the pharmacy benefit for all BCBSGa and UHC options;
- (5) Healthways Inc. will continue to manage the wellness benefits for all options (BCBS and UHC).
- (6) Telemedicine/Virtual visits are available for all options effective January 1, 2017, including Medicare Advantage.

### Standard and Premium Medicare Advantage Options (BCBSGa and UHC)

The benefits offered under the Standard and Premium Medicare Advantage Options by UHC and BCBSGa mirror the benefits that were offered in CY 2016. See pages 13-16 of the Decision Guide.

### Health Reimbursement Arrangements (HRAs - BCBSGa) (Gold, Silver, and Bronze)

Based on information released, the benefits offered under the HRA options (Gold, Silver, and Bronze) are the same in CY 2017 as in CY 2016.

- The same provider network is used for the three HRA options offered by BCBSGa and can be found at [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp).

### Health Maintenance Organization (HMO)

#### BCBSGa and UHC

DCH stated that the benefits offered under the HMO options by BCBSGa and UHC are the same in CY 2017 as in CY 2016.

- Provider networks for BCBSGa and UHC are different. See [www.bcbsga.com/shbp](http://www.bcbsga.com/shbp) or [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) for the networks for each insurance company.

### Health Maintenance Organization (HMO)

#### KP

The benefit levels offered under the Kaiser HMO are the same in CY 2017 as in CY 2016.

- Services must be provided by a network provider for coverage—there are no non-network benefits.

Members who live or work in the 27 counties of the Kaiser network are eligible to enroll in the Kaiser HMO option.

### High Deductible Health Plan (HDHP)

#### UHC

The benefit levels offered under the HDHP option by UHC are the same in CY 2017 as in CY 2016.

Members can establish a Health Savings Account (HSA) under the conditions outlined in the Decision Guide.

### Wellness/HRA Credits

Unused wellness credits will rollover in April 2017 to any Plan option (HRA, PPO, HDHP) and/or vendor (BCBSGa, Kaiser, or UHC) you choose, including Medicare Advantage.

KP has increased their wellness incentives for 2017. See the Decision Guide note on page 3.

### Making a Coverage Decision for CY 2017 – Retirees Over Age 65

The option choices for retirees age 65+ are limited to one of the Medicare Advantage (MA) options with providers UHC or BCBSGa--unless you can afford one of the

unsubsidized monthly rates that are \$554.55 up to \$1,626.26. “Making a Coverage Decision” for CY 2017, therefore, assumes that your choice is limited to one of the MA options with one of the vendors (BCBSGa or UHC). DCH has provided you with the benefit summaries for the Standard and Premium options on pages 14-16 of the Decision Guide and the premium rates (restated on page 4 of this Newsletter) for each option and each contractor.

Making your decision for 2017 has basically two components—service and cost. You may wonder why the issue of provider selection between UHC and BCBSGa is not highlighted. The reason is that both SHBP MA vendors allow you to use (without penalty) any provider who accepts Medicare and will file a claim with the vendor—whether or not that provider is included in the vendor’s network. Therefore, there is no “out-of-network” benefit or payment. The provider **can and may** choose **NOT** to accept the MA vendor—even though the provider is included in the Medicare program. However, **most providers do accept the SHBP MA options**, but examples of those who do not are the Mayo Clinic in Florida and the Cancer Treatment Centers of America in Newnan. Of course, a provider can choose to accept the SHBP MA of UHC but not BCBSGa or vice versa. If you are uncomfortable with a group of providers, you are encouraged to verify that either of the SHBP MA programs will be accepted by the provider.

Service levels by UHC and BCBSGa should be considered when deciding which of these vendors you think will provide the best customer service and claims processing service. Telephoning each of the vendors’ customer service function will provide some indication of the type of service to be provided to those enrolling. You should remember that **when changing vendors** any special authorizations for medical services or prescription drugs may require a revisit of these authorizations.

The **providers for each vendor** are the same regardless of the Standard or Premium option **with that vendor**. Therefore, if you have satisfied yourself about providers and service, you should turn your attention to the costs of the Standard and Premium options. Although the office copays for the Premium option is somewhat less than the Standard option, the bottom-line cost for individuals is the **maximum out-of-pocket** (\$3,500 vs. \$2,500 annually). You should ask yourself if the premium difference (UHC \$108.22 less-\$25.38 or **\$989.76 annually**) is worth the lower **maximum out-of-pocket of \$1,000** (\$3,500 less \$2,500). For the BCBSGa options, the **annual premium difference of \$570.12** (\$95.02 less \$47.51 X 12) provides a possible benefit of \$1,000 (\$3,500 less \$2,500).

Another cost consideration is the **prescription drug copays, which are the same regardless of the vendor or Standard/Premium options.** The drug copays have a separate out-of-pocket maximum and are not included the out-of-pocket maximum mentioned in the above paragraph. A difference in prescription copays for each vendor may, however, be incurred based upon the “Tier” level that your drug prescriptions are assigned. For example, if BCBSGA includes a drug in Tier 1 and UHC includes the same drug in Tier 2, your copay for each Rx will be greater for UHC (or vice versa). You are encouraged to review the Prescription Drug Formulary very carefully when you receive – hopefully by October 17, 2016.

### **Making a Decision – Under Age 65 SHBP Members<sup>1</sup>**

Making a decision for 2017 for an under age 65 SHBP member requires a substantial amount of study and analysis about provider networks and costs. The first thing that you need to determine is “Am I satisfied with the provider network offered by the option or am I willing to change providers” under the Option. Some points that you might consider are:

- All options provide for emergency treatment from an out-of-network provider.
- All of Blue Cross Blue Shield options use the same network, the UnitedHealthcare HMO and HDHP options use the same network, and the Kaiser HMO provides care through a network of facilities.
- **BCBSGA’s Bronze, Silver, and Gold** options and the **UHC High Deductible Health Plan** option have “out-of-network” benefits (if desired), although all of the costs for out-of-network services are treated separately for the purpose of deductibles, copays, and maximum out-of-pocket (MOOP).
- **BCBSGA and UHC options for HMO** do not have an out-of-network benefit; therefore, if you are not satisfied with the network and are not willing to use another provider in the network, the entire cost for that service (except for emergency) is out-of-pocket and not covered by the plan.

- **The Kaiser option** does not have an “out-of-network” benefit; therefore, any services (unless emergency) outside the KP providers are not covered.
- The Kaiser option requires you to live or work in one of the 27 counties listed in the Guide, page 17.

DCH states that the website will provide Decision Support Tools to help you compare each benefit option— not currently shown on the website ([www.dch.ga.gov/shbp](http://www.dch.ga.gov/shbp)). When analyzing your cost for each option, the bottom line is that you will pay about the same amount in premiums and out-of-pocket expense in any option you choose **if you have extensive medical needs**. If you pay a lower premium, you will pay higher out-of-pocket amounts when you receive medical services or if you pay a higher premium, you will pay lower out-of-pocket when you receive medical services. The question comes down to what medical expenses do you expect and would you rather pay a higher premium on a regular basis, or pay lower premiums that may require a higher out-of-pocket amount when you receive medical services. Some points that you may want to consider are:

- When analyzing the HRA options, don’t forget to subtract the HRA credits (1<sup>st</sup> page of the comparison) that reduce the deductible and the MOOP. The HRA credits can be used for first dollar medical expense.
- All BCBSGA and UHC options (including the Medicare Advantage) provide for well-being (by different names) incentive credits when you comply with the requirements of the wellness programs. The amount of credits vary by type of incentive and may vary by how you can use.

Calculate your medical expenses for each year during the last two to three years and your expected or “at-risk” cost for the upcoming year. Determine how best to meet those needs based on the premiums, deductibles, copayments, and coinsurance.

### **Processing your Decision**

- **If you are satisfied with your current SHBP option/vendor:** you do not have to process any action. The DCH will roll your current 2016 coverage to 2017 and notify the department or retirement system to make the new deduction beginning with the payment or benefit in December 2016.

<sup>1</sup> Premium rates are provided by DCH with the Decision Guide. These rates are also provided in the August GSRA Newsletter.

### If you want to make a change in option or vendor ...

You must process the change by “signing-on” to the website ([www.mySHBPga.adp.com](http://www.mySHBPga.adp.com)) or by calling the SHBP Member Services (800-610-1863). A step by step guideline is printed in the Decision Guide on pages 8-9. Make sure that you respond to all of the questions and supply all information required of any dependent on your coverage.

If you want to continue with your current option and vendor, you should--at minimum--verify that the coverage information on the SHBP website ([www.mySHBPga.adp.com](http://www.mySHBPga.adp.com)) is correct. Verification may require creating an account, or it may require a new password for the account—especially if you have not “signed-in” to your account since 2015.

### Caution: Medicare Advantage Members

YOU will, as an enrollee of a Medicare Advantage option, negatively affect YOUR coverage if YOU:

- Discontinue paying the Medicare Part B premium;
- Enroll in a Medicare Supplement Plan
- Enroll in a non-SHBP MA plan
- Enroll in a Medicare Part D pharmacy plan.

Should you take any of the above actions, the MA coverage with SHBP will be terminated by Medicare and the SHBP will transfer you to the BCBSGa Bronze HRA plan. The premium with BCBSGa Bronze option will not be subsidized by the SHBP.

### SHBP Representatives Present at GSRA Annual Meeting

SHBP Director Jeff Rickman will speak to the audience at the GSRA Annual Meeting in Macon on October 17, 2016 and SHBP representatives will host an exhibit table on October 17 & 18, 2016. If you have a specific question of general interest about the SHBP, post to an email to [communications@mygsra.com](mailto:communications@mygsra.com). GSRA will summarize the questions and submit to Mr. Rickman for response.

- Representatives from Blue Cross Blue Shield will host an exhibit table at the Annual Meeting.
- Representatives from United Healthcare will host an exhibit table at the Annual Meeting.

Reprint of Medicare Advantage Retiree Premiums -FYI  
 MEDICARE ADVANTAGE PLAN (MA) Retiree Premiums

Coverage Tier	2016		2017					
	UHC		UHC		Premium % Change		UHC Premium Increase	
	Standard	Premium	Standard	Premium	Standard	Premium	Standard	Premium
You	\$25.38	\$ 88.22	\$ 25.38	\$108.22	\$ 47.51	\$ 95.02	0%	22.7%
You + Spouse	50.76	176.44	50.76	216.44	135.24	270.48	0%	22.7%

### Support 2017 GSRA Day at the Capitol!

GSRA is busy making plans for the 2017 version of *GSRA Day at the Capitol* and needs your participation to make it a success. Details about the day’s events will be coming out within the next couple of months, so circle February 1, 2017 on your calendar and make plans now to join us in Atlanta.



## Kip's View: Let's Keep the Momentum Going!

Okay fellow members, the GSRA 2016 Annual Meeting is next month. As you know, a lot of positive things have happened since our Annual Meeting in Savannah in 2015 and they all started with, in part, our review of GSRA goals and objectives for the next 12 months with the members in attendance. Having our members understand and ratify support for those goals and objectives was a tremendous boost in seeing them to fruition!

To recap, this past year we lobbied for an adjustment to our retirement benefits to offset recent years of inflationary increases, and the legislature provided funds to grant a 3% one-time adjustment on the first \$30,000.00 of a retiree's annual benefit, which was deposited in retiree accounts in July.

The House passed House Resolution #1382 urging the Department of Community Health to establish a SHBP Advisory Council made up of recipients of these health insurance programs, including current active employees, teachers, state retirees and retired teachers. DCH appointed the council and held its first meeting in August.

Also, we successfully lobbied for a 3% across the board raise for teachers and state employees, prevented any legislation from passing that adversely affected retirees' ERS retirement investments and legislation which appeared benign in providing tax cuts for some, but in reality would limit the state's ability to respond to economic downturns by limiting revenue resources and could actually lead to other taxes being imposed to counteract these recommended reductions in the future.

We feel very confident that we are poised to achieve even better things next legislative session, and to even possibly move us closer to a return to receiving COLAs on a more regular basis. **However, for this to be possible we must continue to grow our membership and we must be active on our own behalf. This simply cannot be overstated!** There is strength and security in numbers and our membership needs to continually let their legislators know what is important to them. We only have to look at some of our partner organizations in the education sector to see how much influence they are able to garner due to their large numbers and active voices.

As we see it, there are four critical things we need to do as an organization and as individual members. First, GSRA needs to get our inactive members to rejoin GSRA, something we already are in the process of doing. Second, we need each of our members to find three other retiree friends who are not members and get them to join! Third, we need to recruit new members from the ranks of current employees, which we have been doing and will continue to do. Advocating for a 3% raise for them was an excellent first step toward their seeing us as a voice for their future! Finally, we need all members to actively participate, especially at our events that include state legislators and members of the administration. **Participating in the 2016 Annual Meeting will keep the momentum going and would be an important start to our next year's successes! I urge you to register now and join us in Macon in October.**

We need all this done before the start of the next legislative session in January. So let's get busy!

## Local Chapter News

### Valdosta Area

The Valdosta Area local chapter met September 15 at MaMa June's Restaurant. After President Sally Mason presented several items of business to the membership, Lamar Cole introduced the guest speaker for the meeting, Dr. James T. LaPlant, Dean of the Valdosta State University Graduate School and Vice President of Research. Dr. LaPlant presented his very interesting analysis of the 2016 presidential election, which included the factors which will decide which candidate eventually is elected.



Dr. James T. LaPlant addresses the Valdosta Area chapter

**Central Metro**

Central Metro welcomed Rep. Mary Margaret Oliver (District 82-Decatur) as the featured speaker at its September meeting. Rep. Oliver, a member of several house committees, including Budget and Judiciary, spoke about the upcoming 2017 legislative session. With the new fiscal year being the first year in a long time where there are more funds to disperse, there will be many requests for funding. However, Rep. Oliver felt State Employees and retirees should get something in the budget.

GSRA President Kip Mann briefly discussed the association’s 2017 goals and objectives and urged members to attend the Annual Meeting in Macon.

Central Metro President Sam Shepherd introduced Rep.-Elect Renitta Shannon (District 84). Ms. Shannon said she looked forward to working with us and noted that senior issues are very important to her.



Rep. Oliver addresses Central Metro with GSRA President Kip Mann and Rep.-Elect Renitta Shannon looking on

**June – August New Members**

Name	County	Name	County	Name	County
<b>June</b>		Samuel Currie	Muscogee	Ronald Eakins	Harris
James Bell	Newton	Vickie Knight	Chatham	Sean Elliott	Thomas
Teena Cheek	Gordon	Deborah Mack	Hall	Alecia Evans	Screven
Coley Cooper	Newton	Cynthia Marroquin	Muscogee	Judith Fuller	Pike
Jane Cooper	Fulton	Erskine Martin	Habersham	Reggie Gilliard	Coffee
David Dunn	Columbia	Mary McCready	Walton	Mary Gordon	Thomas
Julia Haywood	Thomas	Margaret Ogletree	Fulton	Betty Gragg	Dekalb
Rosetta Haywood	Thomas	Gail Pierce	Toombs	Robbie Henson	Muscogee
Katherine Herren	Newton	Melba Satterfield	Walton	Betty Hughes	Gwinnett
Carolyn Hill	Fulton	Steve Simon	Gwinnett	Vivian Johnson	Coffee
Steven R. Jones	Monroe	Sylvia Singleton	Chatham	James Johnston	Washington
Sandra Kelley	Muscogee	Barbara Wilson	Gwinnett	Shirley Jones	Hart
Laurie Loughman	Muscogee	Grady Brown	Hall	Carol Joyner-Lewis	Wayne
Dennis McFarland	Fulton	Debra Hancock	Grady	Cynthia Mathews	Muscogee
Frankie Morrow	Thomas	Sandra Harrell	Decatur	Ron Nawrocki	Dekalb
Richard Morrow	Thomas	Amelia Hopkins	Elbert	Kathryn Phillips	Meriwether
Robert Moulton	Taylor	Teri Lance	Camden	Sharon Richey	Dougherty
Donald Pollock	Mitchell	<b>August</b>		Carol Rozier	Thomas
Carolyn Rous	Walker	Arcy Andrews	Thomas	Dennis Shepard	Upson
Joan Stringer	Muscogee	Elizabeth Barnes	Newton	Bruce Tait, Jr	Muscogee
<b>July</b>		Marchelle Butler	Grady	Doyle Wright	Muscogee
Ellen Bentley	Newton	Carolyn Crane	Rockdale		



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## Endorsed Benefits

The Georgia State Retirees Association (GSRA) makes many member only benefits available to its members. GSRA endorses the following member benefits:

- Long Term Care / Home Health Care Policy
- Life Insurance
- Medical Air Services Association (MASA)
- Travel Discounts
- Car Rental Discounts
- Tax-Deferred Annuity
- Cancer Treatment Policy
- Medicare Supplement Insurance
- Identity Theft Protection
- Hotel Discounts
- Computer Discounts

Review your benefits at: [www.myAMBAbenefits.info/gsra](http://www.myAMBAbenefits.info/gsra)

Benefits made available through

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**800.258.7041**



Medicare Advantage Plans from UnitedHealthcare.

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healthier lives together.**

UnitedHealthcare is a proud sponsor of the 2016 GSRA Annual Legislative Reception.



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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