



Eligibility and Enrollment

Please review the following situations and see which category applies to you. There will be detailed information that pertains to each situation.

1. I am an actively working employee of a State Health Benefit Plan (SHBP) Employing Entity (e.g., State Agency or Board of Education) and am enrolled in an SHBP commercial (non-MA) Plan Option.

a. As a courtesy, you and/or Your Covered Dependent(s) will receive a communication from SHBP at 4 months and 2 months prior to you or your Covered Dependent(s) turning age 65. The communications will outline the steps and serve as a reminder for you to provide the required Medicare Part B enrollment information to SHBP prior to your retirement. Failure to receive the communications does not change the requirement that you MUST provide information to SHBP for you and/or your Covered Dependent(s) age 65 or older confirming enrollment in Medicare Part B a minimum of 30 days prior to the effective date of your retirement to be eligible to enroll in an SHBP Medicare Advantage Plan Option.

IMPORTANT NOTE: Medicare Part B information must be provided directly to SHBP. Anthem cannot process this information.

IMPORTANT NOTE: If you and/or your Covered Dependent(s) are age 65 or older at the time of your retirement and you and/or your Covered Dependent(s) have not confirmed enrollment in Medicare Part B, you and/or your Covered Dependent(s) will remain in the SHBP commercial (non-MA) Plan Option you were previously enrolled in and you will have to pay the unsubsidized cost of coverage (100% of the premium) which is substantially higher.

2. I am an actively working employee of a State Health Benefit Plan (SHBP) Employing Entity (e.g., State Agency or Board of Education) and am NOT currently enrolled in SHBP coverage.

a. To be eligible for Medicare Advantage coverage with SHBP, you will need to enroll during the annual Open Enrollment (OE) period the year prior to retirement (ex: If an employee is not currently participating in SHBP and plans to retire February 1, 2019, the member should have elected coverage during the OE in 2018 for coverage beginning plan year 2019; election of coverage during Open Enrollment 2018 will not allow the employee to have coverage as a Retiree for January 1, 2019).

3. I am an actively working employee of a State Health Benefit Plan (SHBP) Employing Entity (e.g., State Agency or Board of Education) and am planning to retire.

a. You and any Dependent(s) must be enrolled in SHBP at the time of retirement in order to continue SHBP coverage as a Retiree.

CONTACT INFORMATION

SHBP Member Services:

1-800-610-1863
www.shbp.georgia.gov

Anthem:

1-855-322-7060
www.anthemretiree.com/shbp

UnitedHealthcare:

1-877-246-4190
www.uhretiree.com/shbp

Social Security:

1-800-772-1213
www.ssa.gov

CMS:

1-800-633-4227
www.medicare.gov



- If you are under the age of 65 at retirement, you will have the same SHBP Commercial (Non-MA) plan options as an Active Member and the Tobacco Surcharge question will apply. However, if you are enrolled in Medicare Part B due to a disability, you will have the option of selecting a SHBP Medicare Advantage Plan Option.
- If you and/or your Covered Dependent(s) are age 65 or older at the time of your retirement, you MUST provide information to SHBP for you and/or your Covered Dependent(s) confirming enrollment in Medicare Part B a minimum of 30 days prior to the effective date of your retirement date (ex: If the Active Member's effective date of retirement is February 1, 2019, and the Active Member and/or Covered Dependent is age 65 or older – Active Member MUST provide information to SHBP confirming enrollment in Medicare Part B for him/herself or Covered Dependent(s) age 65 or older by January 1, 2019. Then, the Active Member and/or Covered Dependent(s) age 65 or older would be eligible for enrollment in a Medicare Advantage Plan Option at the effective date of retirement February 1, 2019.

IMPORTANT NOTE: If you and/or your Covered Dependent(s) are age 65 or older at the time of your retirement and you and/or your Covered Dependent(s) have not confirmed enrollment in Medicare Part B, you and/or your Covered Dependent(s) will remain in the SHBP commercial (non-MA) Plan Option you were previously enrolled in and you will have to pay the unsubsidized cost of coverage (100% of the premium) which is substantially higher.

4. I am currently enrolled in an SHBP Medicare Advantage Plan Option, but I am thinking about terminating my enrollment in Medicare Part B and/or enrolling in a non-SHBP Medicare Advantage Plan or Prescription Drug Plan.

a. You and/or your Covered Dependent(s) must maintain continuous enrollment in Medicare Part B to remain enrolled in an SHBP Medicare Advantage Plan Option. If you and/or your Covered Dependent(s) stop paying Part B, or enroll in an outside (non-SHBP) Medicare Advantage Plan or Prescription Drug Plan voluntarily or in error, you or your Covered Dependent(s) will lose your eligibility to be enrolled in an SHBP Medicare Advantage Plan Option and your Medicare Advantage coverage will be terminated. If you and/or your Covered Dependent(s) lose eligibility to be enrolled in an SHBP Medicare Advantage Plan Option, you and/or your Covered Dependent(s) will be enrolled in the default SHBP commercial (non-MA) Plan Option or the SHBP Commercial Plan Option you were enrolled in previously and will have to pay the unsubsidized cost of coverage (100% of the premium) which is substantially higher.

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5. I am currently a Retiree of the State Health Benefit Plan (SHBP), but under the age of 65.

a. As a courtesy, you and/or Your Covered Dependent(s) will receive a communication from SHBP at 4 months and 2 months prior to you or your Covered Dependent(s) turning age 65. The communications will outline the steps and serve as a reminder for you to provide the required Medicare Part B enrollment information to SHBP prior to your reaching age 65. Failure to receive the communications does not change the requirement that you MUST provide information to SHBP for you and/or your Covered Dependent(s) age 65 or older confirming enrollment in Medicare Part B a minimum of 30 days prior to the effective date of your 65th birthday to be eligible to enroll in an SHBP Medicare Advantage Plan Option. Once you provide that information to SHBP, you may select which Medicare Advantage Plan Option you would like to transition to. You will move to a Medicare Advantage plan the first of your 65th birthday month. If your birthday is on the first of a month, you will move to a Medicare Advantage plan the first of the previous month (i.e. if you were born March 1st your Medicare Part B will be effective February 1st, therefore, you will transition to Medicare Advantage on February 1st).

IMPORTANT NOTE: If you and/or your Covered Dependent(s) are age 65 or older when the SHBP employee is retired, and you and/or your Covered Dependent(s) have not confirmed enrollment in Medicare Part B, you and/or your Covered Dependent(s) will remain in the SHBP commercial (non-MA) Plan Option you were previously enrolled in and you will have to pay the unsubsidized cost of coverage (100% of the premium) which is substantially higher.

6. I am enrolled in Medicare Part A & Part B due to Disability, but under the age of 65.

a. You have the option of staying in an SHBP commercial (non-MA) Plan Option or you may choose to enroll in one of the SHBP Medicare Advantage Plan Options, except during the Coordination of Benefits (COB) period for members diagnosed with End Stage Renal Disease where SHBP must pay primary to Medicare, meaning you must be enrolled in a SHBP commercial (non-MA) Plan Option during the COB period. You should contact SHBP Member Services at 1-800-610-1863 to discuss your options and rates.

Transitioning to Medicare Advantage (MA)

Please review the below questions if you are transitioning from an SHBP commercial (non-MA) Plan Option to an SHBP Medicare Advantage Plan Option.

1. How do I submit my Medicare Part B information to SHBP?

a. Members may submit their (as well as their Covered Dependents) Medicare Part B information at <https://myshbpga.adp.com>, by selecting "Medicare Management" from the left-hand navigation menu or by calling SHBP Member Services at 1-800-610-

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1863. When you and/or your Covered Dependent(s) applies for enrollment in Medicare Part B through the Centers for Medicare & Medicaid Services (CMS), CMS does not report the Medicare Part B information to SHBP. It is your responsibility to provide information to SHBP confirming your or your covered Dependents enrollment in Medicare Part B. You must have a physical address on file for you and/or your Covered Dependent(s) to participate in a Medicare Advantage Plan Option. P.O. Boxes are not a Physical Address. It is your responsibility to update any address changes in the SHBP enrollment portal or by contacting SHBP Member Services.

2. When I move to an SHBP Medicare Advantage Plan Option, does the tobacco surcharge still apply?

a. No. The tobacco surcharge does not apply to the Medicare Advantage Plan Options; however, you still must answer the Tobacco Surcharge question on the website in order to proceed with enrollment.

3. When I move to an SHBP Medicare Advantage (MA) Plan Option, will any leftover credits roll over?

a. Any unused wellness credits will remain in your Health Reimbursement Arrangement (HRA), Health Incentive Account (HIA), MyIncentive Account (MIA) or Kaiser Permanente Rollover Account (KPRA) for a six month run out period, to allow for prior year's claims processing. If you have a balance of 100 credits or more in your HRA, HIA, MIA or KPRA after being enrolled in Medicare Advantage for at least six months, and have no dependents on an active split option plan, an individual Retiree Reimbursement Account (RRA) will be set-up by the MA vendor for your leftover credits to roll over. The MA vendor will reimburse you for MA co-pays or co-insurance out-of-pocket expenses to the maximum balance in the RRA.

4. When I move to an SHBP Medicare Advantage Plan Option, can I continue to participate in the Pharmacy Co-Pay/Co-Insurance Waiver Program?

a. No. The Pharmacy Co-Pay/Co-Insurance Waiver Program is an SHBP program for members and their covered dependents that are enrolled in one of the Anthem or UnitedHealthcare commercial (non-MA) Plan Options.

5. When I move to an SHBP Medicare Advantage Plan Option, can I continue to participate in the Be Well SHBP program, administered by Sharecare, and earn credits?

a. No. The Be Well SHBP program, administered by Sharecare, is only available to SHBP members, covered spouses and dependents 18 or older covered under one of the Anthem or UnitedHealthcare commercial (non-MA) Plan Options (*Dependents 18 or older are not eligible to earn well-being incentive credits*).

6. When I move to an SHBP Medicare Advantage Plan Option, can I keep my dental and vision coverage that I have through Georgia Breeze?

a. If you are eligible to make benefit elections under the Flexible Benefits Program (e.g., dental, vision) administered by the Department of Administration Services

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(DOAS), please visit www.GABreeze.ga.gov or call 1-877-342-7339 for questions regarding your coverage when you transition into a Medicare Advantage Plan Option.

Split Coverage

When at least one member of your family has an SHBP Medicare Advantage Plan Option and one or more family members stay covered under a commercial (non-MA) Plan Option, you have what's called a split-coverage household.

1. If I have a split-coverage household, do we all have to have a plan with the same carrier?

a. No. A member or dependent on a Medicare Advantage Plan Option can have one carrier and the member or dependent(s) who are still on a commercial (non-MA) Plan Option can have a different carrier. For example, one member can have a Medicare Advantage Plan Option with UnitedHealthcare and the remaining dependents(s) can have a commercial (non-MA) Plan Option with Anthem Blue Cross and Blue Shield (Anthem) and vice versa. You will pay the split-coverage rates based on the Plan Options and tiers you are enrolled in. The member and/or dependent(s) on the Medicare Advantage Plan Option will have a different member identification (ID) number than the member and or dependent(s) on the commercial (non-MA) Plan Option.

2. If I have a split-coverage household, who will keep the well-being incentive credits?

a. When a member moves to a Medicare Advantage Plan Option, if there are any dependents left on a commercial (non-MA) plan option, any credits will remain with the commercial Plan Option. Once the last family member moves off of the commercial (non-MA) Plan Option and into an SHBP Medicare Advantage Plan Option, any unused wellness credits will be held for a six month run out period, to allow for prior year's claims processing. If after the six month run out period, there is a balance of 100 credits or more, an individual Retiree Reimbursement Account (RRA) will be set-up by the MA vendor for the last member who moved off of the commercial (non-MA) Plan Option.

3. Once both an SHBP retired employee and their covered spouse move to a Medicare Advantage Plan Option, do they have to have the same Plan Option (i.e. Anthem Blue Cross and Blue Shield (Anthem) Standard Plan)?

a. Yes, If the SHBP retired employee moves to a Medicare Advantage (MA) Plan Option first, and later the covered spouse transitions to Medicare Advantage, the covered spouse will have to move to the same Medicare Advantage Plan Option as the subscriber. If the covered spouse moves to a Medicare Advantage Plan Option first, and later the SHBP retired employee transitions to Medicare Advantage, the SHBP retired employee can select a different Medicare Advantage Plan Option; however, the

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covered spouse will move to that same Medicare Advantage Plan Option and their accumulations will start over.

IMPORTANT NOTE: Each member will have their own individual Medicare Advantage policy and Identification (ID) Number because the Medicare Advantage Plan Option is tied to each individual's Medicare Beneficiary Identifier.

Medicare Advantage Plan Questions

If you are enrolled in an SHBP Medicare Advantage Plan Option or will soon be moving to an SHBP Medicare Advantage Plan Option, take a look below at some frequently asked questions.

1. What are my SHBP Medicare Advantage Plan Options?

a. SHBP offers two different Medicare Advantage Plan Options (Standard and Premium) with two different carriers (Anthem Blue Cross and Blue Shield (Anthem) and UnitedHealthcare).

2. What parts of Medicare are included in my SHBP Medicare Advantage Plan Options?

a. Medicare Advantage plans are considered Medicare Part C plans. Your SHBP Medicare Advantage Plan Options include Medicare Part A – Hospital, Medicare Part B – Medical and Medicare Part D, a prescription drug benefit.

3. What is the difference between Original Medicare and the SHBP Medicare Advantage Plan Options?

a. Original Medicare only includes Medicare Part A and Medicare Part B. Your SHBP Medicare Advantage Plan Options include Medicare Part A, Part B, and Part D. Your SHBP Medicare Advantage Plan Options also include coverage for vision exams, hearing tests, hearing aids, SilverSneakers and more that Original Medicare doesn't cover.

4. Am I allowed to pick up a Medicare Supplement plan?

a. If you and/or your Covered Dependent(s) enroll in an outside (non-SHBP) Medicare Advantage Plan or Prescription Drug Plan voluntarily or in error, you or your Covered Dependent(s) will lose your eligibility to be enrolled in an SHBP Medicare Advantage Plan Option. If your coverage is terminated by CMS due to enrollment in another plan or failure to pay Medicare Part B premiums, the SHBP Member Services will enroll you in the "default" option or the option in which your dependent is enrolled in (if you have a split contract) and you will have to pay the unsubsidized cost of coverage (100% of the premium) which is substantially higher.

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5. What if I supply SHBP with my Medicare Part B information, but I don't make an election?

a. Once you provide SHBP with your Medicare Part B information, you may make your Medicare Advantage Plan Option selection online at www.mySHBPga.adp.com or by calling SHBP Member Services at 1-800-610-1863. If you do not make a selection, you will automatically be enrolled in the UnitedHealthcare Standard Medicare Advantage Plan Option.

6. What if I am 65 and retired, but do not provide SHBP with my Medicare Part B information?

a. If you are age 65 or older at the time of your retirement and you have not confirmed enrollment in Medicare Part B, you will remain in the SHBP commercial (non-MA) Plan Option you were previously enrolled in and you will have to pay the unsubsidized cost of coverage (100% of the premium) which is substantially higher.

7. Can I keep my TRICARE supplement Plan coverage?

a. No, Turning age 65 and becoming eligible for Medicare causes a loss of eligibility for TRICARE Supplement Plan coverage. This is a qualifying event (QE) and retirees must make a request within 31 days to reenroll in an SHBP coverage option. If no request is made, your election will be changed to the default option.

8. When I go to the doctor, do I need both my Medicare card and my Medicare Advantage Identification (ID) Card?

a. No, Once you receive your Medicare Advantage ID Card from the Plan Option you selected, you should put your Medicare card that you received from Social Security in a safe place, but do not throw it away. You will show your Medicare Advantage ID Card to your provider (in place of your Medicare card).

9. If my spouse, who was the SHBP employee, passes away, can I keep SHBP coverage?

a. In the event of a death to the SHBP employee, the Covered surviving spouse or eligible Dependent(s) can keep their SHBP coverage, but must notify SHBP Member Services AND the applicable State Retirement System (ERS, TRS, etc.) within 31 days of the death.

b. The surviving spouse must have been married to the SHBP employee for at least one year and actively coverage under the member's plan at the time the member deceases.

c. If there is no spouse, the surviving child must be receiving an annuity from an applicable State Retirement System (ERS, TRS, etc.).

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10. How do I pay for my Medicare Part B premium and my Medicare Advantage Plan Option premiums?

a. Premiums for your SHBP Medicare Advantage Option will be deducted from your monthly annuity or remitted directly to the SHBP. Please contact SHBP Member Services for more information.

b. You should contact the Social Security Administration for questions regarding remitting your Medicare Part B premiums.

11. What is the new Retiree subsidy policy and who does it apply to?

a. You are subject to the new Annuitant Years of Service Subsidy Policy if on January 1, 2012 you did not have five years of service in a State retirement system from where you will receive an annuity (ERS, TRS, Fulton, or APS). Please visit the SHBP website at www.shbp.georgia.gov or contact SHBP Member Services for more information.

12. If I am the Retired employee of the State Health Benefit Plan and I cover my spouse who is over 65 but actively working full-time at another company, does my spouse move to Medicare Advantage?

a. Your spouse must apply for Medicare Part B and submit this information directly to SHBP for enrollment in the SHBP Medicare Advantage Plan. If your spouse remains in the commercial (non-MA) Plan Option; you will have to pay the unsubsidized cost of coverage (100% of the premium) which is substantially higher.

13. What if I Retired with SHBP and am over 65, but then I decide to go back to work full-time or part-time at a different company? Do I stay on my SHBP Medicare Advantage Plan Option?

a. Yes, as an SHBP retiree you must maintain enrollment in Medicare Part B to continue your enrollment in a SHBP Medicare Advantage plan. If you fail to maintain your Medicare Part B, you will be enrolled in the default SHBP commercial (non-MA) Plan Option and will pay the unsubsidized cost of coverage (100% of the premium) which is substantially higher.

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