

Newsletter

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SHBP New Vendors - 2015

The Department of Community Health announced the addition of two additional vendors—United HealthCare and Kaiser—that will offer options under the State Health Benefit Plan in 2015. Blue Cross Blue Shield will continue to offer options; Express Scripts will manage the prescription drug benefit; Healthways will continue to offer the wellness benefits. Members will have an opportunity to change options during the Open Enrollment/Retiree Option Change Period that is scheduled for October 27 through November 14, 2014.

Save the Date!

2014 Annual Meeting

October 6-7

Macon, Georgia

Anderson Conference Center

DCH Announced Vendors & Options						
	Statewide Bronze, Silver, and Gold Options	Statewide HMO	Statewide HDHP	Atlanta Area In-Network Only	Statewide Medicare Advantage	
BCBS	Yes	YES			YES	
UHC		YES	YES		YES	
Kaiser				Yes ¹		

DCH states that the SHBP is currently working to finalize the 2015 plan designs and 2015 premiums. The new plan designs and premiums will be presented to and voted on by the Board of Community Health in August 2014. There are two Board meetings in August – the 14 and the 28th. The announcement did not specify which of the August meetings additional information will be presented.

SHBP has committed to member outreach and education prior to and during the Open Enrollment/Retiree Option Change Period. The meeting schedule has not yet been published, but GSRA expects the meetings to take place in late September and October. As soon as DCH releases this information, the schedule will be linked to the GSRA website.

SHBP Members Under Age 65—If you are a Retiree age 65+ skip to Medicare

In addition to funding, some of the issues that the SHBP will be addressing in benefit design and premiums are the requirements of the federal regulations for the Affordable Care Act. As a "nongrandfathered" health plan for the purposes of the Affordable Care Act, a few² of the federal regulations with which the SHBP must comply are Essential Benefits, cost-sharing requirements, calculation of the actuarial value, the actuarial value of the plan at a minimum value of 60%, and automatic enrollment. The following paragraphs provide a brief description of these requirements.

¹ DCH did not mention a Medicare Advantage plan; therefore, the assumption is that Kaiser will not offer a Medicare Advantage Plan.

² See the EBSA of the Department of Labor website for additional regulations and requirements.

- a. Essential Benefits: The ACA regulations require coverage of a wide range of services, such as physician and hospital services (physical and mental), X-ray and laboratory, prescription drugs, preventive services, and many other services. The SHBP has historically covered "essential benefits" and will provide members with information about covered services via mail or DCH website.
- b. Cost-sharing Requirements: The ACA requires that the member's annual Cost-Sharing (deductibles, copays and maximum out-ofpocket less any HRA credit) be limited. Federal Health & Human Services (HHS) reports that the annual limitation on out-of-pocket costs for CY 2015 is \$6,600 for self-only and \$13,200 for coverage for more than self only. Beginning in CY 2015, member out-of-pocket maximums for medical services must include member cost for all essential benefits (including payments at minimum for generic prescription drugs). The term "cost-sharing" does not include premiums, balance billing amounts for non-network providers, spending for non-covered services or necessarily all prescribed drugs.
- c. Actuarial Value: Under the ACA, a health insurance plan's actuarial value (AV) indicates the average share of medical spending that is paid by the plan when a claim is filed. The average share is based on a standard covered population without regard to the population that is to receive benefits from the plan. actuarial value is the amount paid by the plan – not the amount members pay out-of-pocket. By ACA regulation, actuarial values are used to categorize plans into different benefit tiers: (1) plans in the bronze tier have actuarial values of 60 percent, (2) plans in the silver tier have actuarial values of 70 percent, and (3) plans in the gold tier have actuarial values of 80 percent. The SHBP is not required to implement plans

- with the 60%, 70%, and 80% actuarial value. In fact, the 2014 bronze plan was at a 63% AV and the gold plan had a 77% AV prior to the benefit change in January 2014.
- d. Minimum Actuarial Value: ACA regulations require an employer plan, such as the SHBP, to provide an option with a minimum actuarial value of 60% or the employer must pay a penalty. There are also requirements for setting the premium amount so that the lowest paid persons will not pay a high percentage of his/her pay for health insurance.
- e. <u>Automatic Enrollment:</u> ACA regulations require an employer in 2015 to automatically enroll all new employees in an option offered by the employer. However, the employee can dis-enroll the enrollment within a specified time period.

As noted above, the 2015 offerings will include a High Deductible Health Plan (HDHP) with UHC. For several years, a HDHP option was offered to members of the SHBP, but was discontinued in 2014. The HDHP option will allow members (under age 65) who enroll in the HDHP to also establish a Health Savings Account. In the years before 2014, the SHBP explained that members would be eligible (according to IRS regulations) to choose an HSA Administrator on their own. The HSA account can be used to pay out-of-pocket medical expense on a non-taxable basis. The amount that can be contributed to the HSA in 2015 is \$3,350 (single) or \$6,650 (family). GSRA assumes that the SHBP will again administer the HDHP option with the HSA eligibility to be pursued individually.

Medicare Advantage – Members age 65+

DCH's recent announcement about additional vendors and options did not provide information about the options that may be available under Medicare Advantage, i.e. Standard and Premium. However, members will have the option of choosing either Blue Cross Blue Shield or United HealthCare. The SHBP

Medicare Advantage options are contracted with the insurance companies on a "fully insured" basis. The cost depends on the insurance companies' (BCBS & UHC) bids to and the amount allowed by the Centers of Medicare and Medicaid Services. In previous GSRA newsletters, GSRA reported that the DCH's 2015 budget shows a substantial increase in the cost for Medicare Advantage participants. GSRA requested information about the anticipated contract rates;

however, DCH submitted pages from the BCBS proposal showing all amounts redacted. Several national publications have reported that HHS will reduce the amounts provided for the Medicare Advantage. As a policy, HHS has systematically reduced the amount allowed for Medicare Advantage participants. GSRA is concerned about the premiums and out-of-pocket cost for the Medicare Advantage Options in 2015.

Your GSRA membership provides you with access to cost effective retirement benefits through Association Member Benefits Advisors (AMBA). Following is a description of one of the benefits available to you. Other benefits can be viewed by clicking here.

GSRA/AMBA Featured Benefit – Cancer Treatment Policy

The Georgia State Retirees Association has endorsed a policy to assist with the many expenses involved with treating cancer. Considering treatments can last for weeks, months, and even years, this policy could help at a time of need.

Who can get cancer? According to the American Cancer Society, anyone can develop cancer. Since the risk of being diagnosed with cancer increases as individual's age, most cases occur in adults who are middle-aged or older. About 77% of all cancers are diagnosed in persons 55 and older.³

The GSRA endorsed cancer treatment policy will pay in addition to any other insurance you may have, covers experimental treatments, offers coverage for individual, single parent, or family, and is guaranteed renewable for life!

Have peace of mind knowing that you could be financially protected from the expenses of cancer treatment by applying for the GSRA cancer treatment policy. To learn more, contact Ryan Greenfield with AMBA at 1.800.258.7041, ext. 114.

Breaking News-ERS Investment Return Rate

Employees Retirement System Executive Director has just announced the investment rate of return for FY 2014. It is GREAT news – 17.29% return.

SHBP Announces Retiree Option Change Period

The Retiree Option Change Period is October 27 – November 14, 2014. Meetings are being scheduled for explaining the 2015 options.

under this policy or endorsement of the American Cancer Society. The American Cancer Society does not endorse any product or service.

³ American Cancer Society, Cancer Facts & Figures 2013 pg. 1. The above facts are based on U.S. population and are for information purposes only and do not imply coverage provided

SHBP Membership Comparison – Change in CY 2013

State Health Benefit Plan membership for January 1st for 2013 and 2014 is compared below. While the number of active SHBP members is not the same as the number of active employees/teachers, it indicates the change in employment. The comparison shows that in CY 2013:

- 1. Total SHBP members (excluding dependents) increased by 4,315
- 2. Actives decreased by 71 and retirees increased by 4,583 (excluding the decrease in COBRA by 197)
- 3. State employees continued to decrease in CY 2013 by .9% or (503)
- 4. School systems active teachers and employees slightly increased by 420

Members January 2013				Members January 2014					
	Actives	Retirees	Retirees	Total	Actives	Retirees	Retirees		2014
		under	over 65			under	over 65	Total	%
		65				65			
State	55,484	13,243	20,410	89,137	54,981	13,254	21,802	90,037	27.0%
Schools	168,716	27,075	46,023	241,814	169,136	26,412	49,866	245,414	73.6%
Contract	1,080	16	17	1,113	1,092	14	19	1,125	0.3%
COBRA		1,229	40	1,269		1,031	41	1,072	0.3%
Total	225,280	41,563	66,490	333,333	225,209	40,711	71,728	337,648	100.0%

Change CY 2013							
	Actives	Retirees	Retirees	Total			
		under	over 65				
		65					
State	(503)	11	1,392	900			
Schools	420	(663)	3,843	3,600			
Contract	12	(2)	2	12			
COBRA		(198)	1	(197)			
Total	(71)	(852)	5,238	4,315			

Volunteers Requested

Local Chapter Highlight – Golden Isles



Golden Isles officers (not pictured) are Pres. Barry Cooper, Vice-Pres. Pat Thornton, Sec. Margie James and Treas. Hettie Allen

Meeting Schedule	Quarterly – First Thursday in January, April, September and November
Meeting Location	Lunch meetings are held at the Brunswick First United Methodist Church.
Counties Covered	Camden, Glynn and McIntosh counties
Members From	DOT, DFCS, DOC, Board of Pardons & Parole, DPH, MHMRSA, Child Support Services, GSP, GTA, GBF, DOE
Membership	110
Chapter's Highlights last six months	Great food & fellowship with Programs on Stress Relief, Local Legislation and a Spring Social "Fish Fry"
Chapter's 2014 Goals	Advocate for COLAs, Educate about Health Benefits, and Increase Membership by 25%.
Chapter's next program or fun event	September meeting will include a presentation by the College of Coastal Georgia Culinary Arts Program.

The Primary Runoff Election is July 22nd. Don't forget to get out and VOTE!

New Members in April/May/June

Name	County	Name	County	Name	County
April		Steve Chapman	Pierce	William Smith	Dekalb
Kathie Benson	Fayette	Randall Cox	Ware	Wayne Stone	Ware
Pauline Broz	Brantley	Dianne Denton	Pierce	Daniel Vickers	Atkinson
Patricia Hood	Laurens	Joanne Elllison	Talbot	Shirley Willis	Ware
Monica Jones	Colquitt	Robert Ellison	Talbot	June	
Norman Ritchey	Dougherty	Kathleen Fallon	Chatham	Terry Brigman	Gwinnett
Billy Turpin	Habersham	Theodore Harris	Glynn	Barbara Chester	Muscogee
May		Margaret Lee	McIntosh	Ray McCormick	Cobb
Travis Allen	Dekalb	Jena Moye	Seminole	Mary Rice	Dekalb
Georgia Barnhill	Ware	Elsie Searcy	Talbot	Bonnie Sanders	Ware
Lynn Carrier	Forsyth	Peggy Shipes	Chatham		

Board of Trustees – ERS

At the regular Employees Retirement System Board of Trustees meeting of June 19, 2014, officers were elected. Steve McCoy, State Treasurer, was reelected as Chair and Sid Johnson, DOAS Commissioner, was re-elected as Vice-Chair.

<u>Correction – June Newsletter</u>

On page 1 of the GSRA June newsletter, the date for implementation of the GSEPS plan for state employees is shown as January 2007. The date of implementation was January 2009. Persons employed in state government for the first time on and after January 2009 are members of GSEPS.

Questions About/Help with Anything at GSRA

If you have questions about or need help with anything related to GSRA, contact <u>help@mygsra.com</u> or call 770-312-2799.





