



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

SKIP THE PHONES CAMPAIGN!

2023 DCH Strategic Initiative: Getting Our Active Employees
To The SHBP Enrollment Portal for the Open Enrollment Period



Presented to: SHBP Active Members

Presented by: Member Services, SHBP Eligibility & Benefits Administration Unit

Date: September 2023



Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

We are dedicated to A Healthy Georgia.

Purpose

The purpose of the *Skip the Phones Campaign!* is to steer our membership to the SHBP Enrollment Portal for Open Enrollment, which will:

- Help our Active Members become more comfortable with virtually taking control of their benefits; and
- Reduce Active Members dependency on the SHBP Member Services call center.

Additionally, due to a shortage of staff across the country, we expect increased call volume and significant delays during this year's Open Enrollment. Proactively steering Active Members to the SHBP Enrollment Portal will prevent and/or reduce these delays.

The information provided in this presentation is intended only as a snapshot. If you have additional questions, please email SHBP Member Services at SHBPservicecenter@adp.com and you will receive a response within 1 to 2 business days.

Important Information for the 2023 Open Enrollment

This year's Open Enrollment is a "Passive Enrollment" period, which means the vendors and plan options offered by SHBP will remain the same as last year, so Active Members currently enrolled in coverage are not required to make an election unless they want to make changes.

Active Members currently enrolled in coverage who take no action will simply roll over to the same plan option they are currently enrolled in.

So, if you're happy with your current plan option and have no changes, you don't have to take any action for this year's Open Enrollment.

Skip the Phones!

Agenda

Important Info for the 2023 Open Enrollment

Registration & Log In

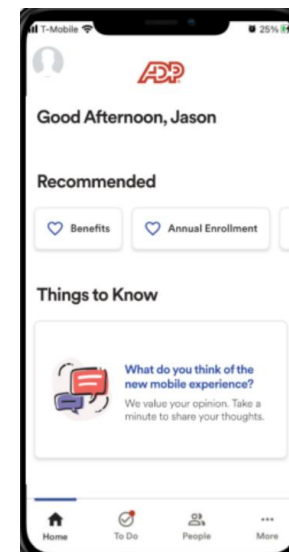
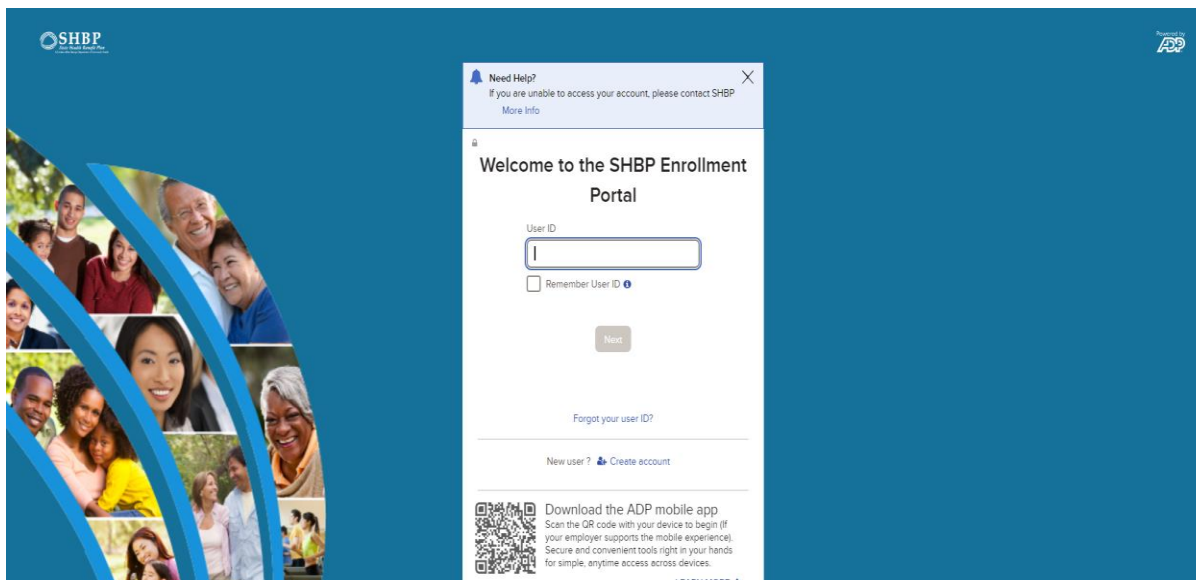
Your Benefits Dashboard

Making Your Open Enrollment Election

Viewing Your Benefits

Need Help?

Registration & Log In




Retirees may access the SHBP Enrollment Portal at <https://myshbpga.adp.com> 24 hours a day, 7 days a week.

The mobile application is also available.

You must have a **User ID and Password** to access the Portal.

Registration & Log In

Create your Account. If you do not have a User ID and Password, select *Create Account*.

 **Need Help?**
If you are unable to access your account, please contact SHBP
[More Info](#)

×



Welcome to the SHBP Enrollment
Portal

User ID

☐ Remember User ID ⓘ

Next

[Forgot your user ID?](#)

New user ?  [Create account](#)



Download the ADP mobile app
Scan the QR code with your device to begin (If
your employer supports the mobile experience).
Secure and convenient tools right in your hands
for simple, anytime access across devices.

[LEARN MORE >](#)

The registration code is *SHBP-GA*.

SECURE PAGE



Enter Code

Identity Info

Contact Info

Create Account

Create your account

Registration code

[HOW DO I GET A CODE?](#)

CONTINUE



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Registration & Log In

Let's get Started. Enter your:

1. First and Last Name,
2. SSN, EIN or TIN, and
3. Birth month, day and year.

If you click the question marks you'll receive helpful information to assist you with completing the fields.

Then enter your frequently used email address (e.g., john.doe@gmail.com) and mobile number to create your account and receive account notifications.

The screenshot shows a web registration form titled "Let's get started". At the top, there is a progress bar with four steps: "Enter Code", "Identity Info", "Contact Info", and "Create Account". The "Identity Info" step is currently active. Below the progress bar, the heading "Let's get started" is followed by a sub-header: "First, we'll need your information so that we can create your account with Georgia Department of Community Health, State Health Benefit Plan". The form contains several input fields: "First name" with a red asterisk and a question mark icon; "Last name" with a red asterisk and a question mark icon; "SSN, EIN, or ITIN" with a red asterisk and a question mark icon; and "Birth month, day, and year" with a red asterisk. The birth date is split into three dropdown menus labeled "Month", "Day", and "Year". At the bottom of the form is a grey "CONTINUE" button. A "SECURE PAGE" indicator and a close button (X) are visible in the top right corner.

Registration & Log In

SECURE PAGE

Enter Code Identity Info Contact Info Create Account

Let's get started

First, we'll need your information so that we can create your account with **Georgia Department of Community Health, State Health Benefit Plan**

First name * ?

Last name * ?

SSN, EIN, or ITIN * ?

Birth month, day, and year *

Month Day Year

CONTINUE

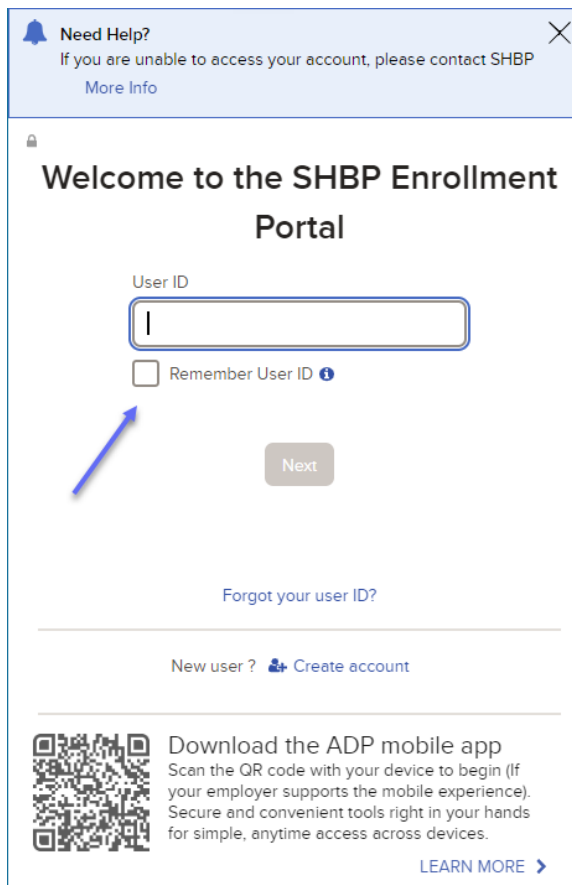
Record Not Found.

If after you enter the information on this screen a message is returned indicating that there is no record of your information then:

1. Double-check the information entered to confirm its accuracy
2. Please review our website at <https://shbp.Georgia.gov/enrollment-portal>.

Registration & Log In

If you've already registered, to log in, enter your User Id and click Next. If you check the box next to **Remember My User ID**, it will automatically populate your User ID the next time you visit the Portal.



Need Help?
If you are unable to access your account, please contact SHBP
[More Info](#)

Welcome to the SHBP Enrollment Portal


User ID

☐ Remember User ID ⓘ

Next

[Forgot your user ID?](#)

New user ? [Create account](#)

 Download the ADP mobile app
Scan the QR code with your device to begin (If your employer supports the mobile experience).
Secure and convenient tools right in your hands for simple, anytime access across devices.

[LEARN MORE >](#)

Note: To protect your personal information, you should not select Remember My User ID when using a public computer or a computer that others have access to.

Registration & Log In

Then enter your Password and click Sign In. **For Security Purposes, your Password expires every 45 days.**

If you do not know your current User ID or Password, click the **Forgot Your User ID?** or **Forgot Your Password?** links.

Having Trouble Logging In? If you are a new user, please review our website at <https://shbp.Georgia.gov/enrollment-portal>.

Welcome to the SHBP Enrollment Portal

User ID

Jdoe@SHBP

☐ Remember User ID ⓘ

Password

Sign in

[Forgot your password?](#)

New user ? [Create account](#)



Download the ADP mobile app

Scan the QR code with your device to begin (If your employer supports the mobile experience). Secure and convenient tools right in your hands for simple, anytime access across devices.

Registration & Log In

Questions?



Your Benefits Dashboard

The **Your Benefits Dashboard** features different Tiles: View Your Benefits, Report a Qualifying Change, Manage Information, and Company Links.

Benefits


Not started

Open Enrollment/Retiree Option Change Period

Days left to make changes

Effective: January 1, 2024

[Enroll now](#)



Open Enrollment/Retiree Option Change Period

Event Date: Jan 1, 2024

75 day(s) left to enroll

[Enroll now](#)

Welcome to the SHBP Enrollment Portal - Please see announcements below!

[Testing Organizational Announcements](#)
05/04/2020

[Test](#)
05/04/2020

View Your Benefits

[Current Benefits](#)
Review your current benefits.

[All Benefits](#)
Review benefits from previous years or for future changes.

Manage Information

Review information about you and others.

[Manage info](#)

Report a Qualifying Change

Add or remove a dependent, or report a change in your life in order to make benefit changes.

[Declare an event](#)

Plan Information

[2020 Plan Information](#)

[2021 Plan Information](#)

[TRICARE Supplement](#)

Your Benefits Dashboard

Additionally, there are Life Events in the Portal which allows you to change your Plan Option, e.g., getting married or having a baby. For this presentation, we are specifically focusing on making your elections in the Portal during OE/ROCP.

Benefits

Not started

Open Enrollment/Retiree Option Change Period

Days left to make changes

Effective: January 1, 2024

[Enroll now](#)

Open Enrollment/Retiree Option Change Period

Event Date: Jan 1, 2024

75 day(s) left to enroll

[Enroll now](#)

Report a Qualifying Change

Add or remove a dependent, or report a change in your life in order to make benefit changes.

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Welcome to the SHBP Enrollment Portal - Please see announcements below!

[Testing Organizational Announcements](#)

05/04/2020

Test

05/04/2020

View Your Benefits

Current Benefits

Review your current benefits.

All Benefits

Review benefits from previous years or for future changes.

Manage Information

Review information about you and others.

[Manage info](#)

Plan Information

[2020 Plan Information](#)

[2021 Plan Information](#)

[TRICARE Supplement](#)


Your Benefits Dashboard

At 12:00am, October 16th, 2023, the first day of the Open Enrollment/Retire Option Change Period (OE/ROCP), when you log into the SHBP Enrollment Portal, you will see an “Open Enrollment/Retiree Option Change Period” tile allowing you to make your annual election. This tile will display until 11:59pm, November 3rd, 2023, the last day of OE/Open Enrollment.

Open Enrollment/Retiree Option Change Period

Event Date: Jan 1, 2024

🕒 day(s) left to enroll


 [Enroll now](#)

Making Your Open Enrollment Election

Note: If you are an Employee who is not currently enrolled in SHBP Coverage and our records show you are in a benefits ineligible position, you should contact your HR Department immediately.

After selecting Enroll Now, you will navigate to the Tobacco Surcharge survey - if you have not previously declared tobacco usage.

Survey Questions

 5 Days left to make changes
Event Date: Jan 1, 2024

Tobacco Surcharge Question

You must answer the Tobacco Surcharge question below.

The Tobacco Surcharge does not apply to any Medicare Advantage or TRICARE Supplement Plan Options or if the waive coverage option is selected. A response must be provided to the Tobacco Surcharge question to proceed with the enrollment process.

You are required to pay the Tobacco Surcharge for all months in which you or any of your enrolled family members use tobacco. Therefore, it is your responsibility to notify SHBP immediately if your answer to the Tobacco Surcharge question changes during the year. If you are not accessed the Tobacco surcharge based on your answer and you fail to notify the SHBP that you or a covered family member begins using tobacco, SHBP considers this intentional misrepresentation.

Intentional misrepresentation in response to the Tobacco Surcharge question or failure to notify SHBP of changes to your response to the Tobacco Surcharge question will have significant consequences. Active members will lose SHBP coverage for 12 months beginning on the date that your false response or failure to notify SHBP is discovered. Retirees will permanently lose their SHBP coverage with no right to reinstatement.

Have you or any of your covered dependents used tobacco products in the last 60 days?

☐ Yes

☒ No



Making Your Open Enrollment Election

After you complete the Tobacco Surcharge survey or if you previously declared your tobacco usage, you will navigate to the Kaiser Work Zip Code Question shown in screenshot below.

Kaiser Work Zip Code Question

SHBP members may be eligible to enroll in the Kaiser regional HMO Plan Option through his/her home or work zip codes. Based on your home zip code, you are not eligible to enroll in the Kaiser regional HMO Plan Option.

Enter your work zip code in the text box below to determine if you are eligible to enroll in the Kaiser regional HMO Plan Option. If you are eligible, the Kaiser regional HMO Plan Option will appear in the list of plan options on the Health Benefits page. If you are not eligible, the Kaiser regional HMO Plan Option will not be listed.

Enter your work zip code here:

Please select an answer to continue

Making Your Open Enrollment Election

After you complete the Tobacco Surcharge survey; Kaiser Work Zip Code question; or if you previously declared your tobacco usage, you will navigate to Review Your Info as shown in screenshot below.

The screenshot shows a web interface for reviewing enrollment information. On the left is a sidebar with three items: 'Survey Questions', 'Review Your Info' (which is highlighted), and 'Enroll in Benefits'. A red arrow points from 'Enroll in Benefits' to the main content area. The main content area has a header 'Review Your Info' and a sub-header 'Review your info to check if any changes are needed before you enroll.' Below this is a button '+ Add new dependent' with a red arrow pointing to it. The main content area also displays information for 'JOHN E DOEONE', including 'You Self', 'Covered For', and 'Beneficiary Allocations'. A 'View' button is at the bottom of the main content area. A horizontal scrollbar is visible at the bottom of the page.

Survey Questions

Review Your Info

Enroll in Benefits

Days left to make changes
Event Date: Jan 1, 2024

Review your info to check if any changes are needed before you enroll.

+ Add new dependent

JOHN E DOEONE

You Self

Covered For
This person is not enrolled in any benefits

Beneficiary Allocations:
Allocations cannot be assigned to the primary insured

View

Making Your Open Enrollment Election

Select Who Is Covered. You also must ensure you indicate who should be covered under the **Covered Individuals** section. If applicable, select any eligible dependents you would like to continue covering in Plan Year 2024.

Note: Any eligible dependents you fail to select will not be covered in Plan Year 2024, which means their coverage is effective through December 31, 2023 and terminates effective January 1, 2024.

Health Coverage



Health Coverage

Make your health benefit coverage election by clicking the radio button for the desired Plan Option and Tier. Your current election is highlighted in green. If you select coverage other than You Only, then you must specify the dependents you want to cover in the *Your Dependents* section below.

[Read more](#) ↓

Covered Individuals

☒ JOHN E DOEONE
You

☒ Jane Doeone
Spouse

7 Plans Available

Selected

Anthem BCBS Silver

Per Month
\$307.47

Selected plan

Anthem BCBS Gold

Per Month
\$436.33




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OF COMMUNITY HEALTH**

Making Your Open Enrollment Election

Next, to select your plan hover over and click on the 'Select plan' button. Also, be sure to use your vertical scroll bar to see all plans available to you.

Health Coverage

 **Health Coverage**

Make your health benefit coverage election by clicking the radio button for the desired Plan Option and Tier. Your current election is highlighted in green. If you select coverage other than You Only, then you must specify the dependents you want to cover in the *Your Dependents* section below

[Read more](#)

Covered Individuals

☒ JOHN E DOEONE
You

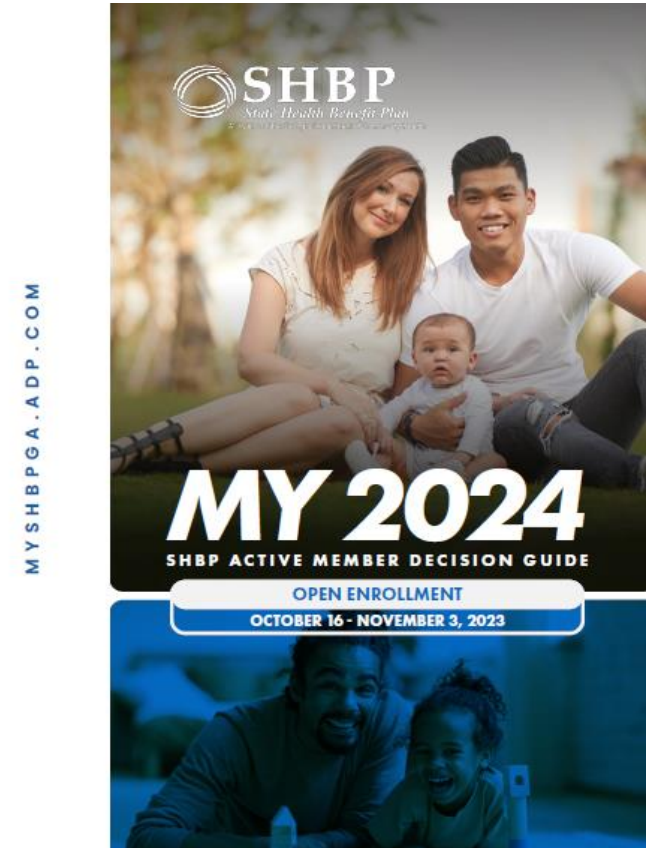
7 Plans Available

Anthem BCBS Gold	Per Month \$175.68
Select plan	
Anthem BCBS Silver	Per Month \$114.32
Select plan	
Anthem BCBS Bronze	Per Month \$76.58
Select plan	

Making Your Open Enrollment Election

Note: To learn additional information regarding our plan options, you may also:

1. View the Active Decision Guide and available on our website here <https://shbp.georgia.gov/enrollment/open-enrollment> and/or,
2. Contact the medical vendor (i.e., Anthem, Kaiser, or UnitedHealthcare) offering the plan option directly via the contact information in the Active Decision Guide and available on our website here: <https://shbp.georgia.gov/plan-options-programs>.



Making Your Open Enrollment Election

After you elect Coverage or Waive Coverage, you will navigate to the **Save Your Election** page. This page provides an overview of the election being saved including plan option, cost and covered dependents. If you need to make changes, click **Save and Return to all Benefits**.

Save Your Health Coverage Election

Pending

This pending coverage requires approval before becoming effective.

Anthem BCBS Silver

Effective Date: To be updated after approval

\$307.47

Show price breakdown

Guaranteed

You are guaranteed the coverage below until the pending coverage is approved and becomes effective.

Anthem BCBS Silver

Effective Date: Jan 1, 2024

\$114.32

Show price breakdown

Covered Individuals

Coverage Level (You Only)

JOHN E DOEONE


You

Jane Doeone

Dependent Pending

Spouse

Your election will take effect pending approval.

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OF COMMUNITY HEALTH**


Save and return to all benefits

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Making Your Open Enrollment Election

Enroll in Benefits

Your Elections (2)

 Days left to make changes
Event Date: Jan 1, 2024

Estimated Cost ⓘ Per Month
\$194.32

⚠ To save your elections, select Confirm elections.

✓ Your Elections (2)



Health Coverage

⚠ Pending

⚠ This pending coverage requires approval before becoming effective.

Anthem BCBS Silver

Effective Date: To be updated after approval

\$307.47

[Show price breakdown](#)

Covered Individuals (You and Spouse)
You and Jane Doeone are covered

✓ Guaranteed

🔔 You are guaranteed the coverage below until the pending coverage is approved and becomes effective.

Anthem BCBS Silver

Effective Date: Jan 1, 2024

\$114.32

[Show price breakdown](#)

Covered Individuals (You Only)
You are covered

[→ Change plan](#)



Making Your Open Enrollment Election

If you are satisfied with your coverage election(s) as well as any covered dependent(s) page as shown in the next screenshot. Here you can review your elections, including any pending elections as applicable, and estimated costs. Select:

1. **“Finish Later,”**
2. **“Back”** to make changes, or
3. **“Confirm Elections”** to complete your enrollment for January 1, 2024.

Finish later

← Back

Confirm elections →

Making Your Open Enrollment Election

The final step to confirm your elections is the **I AGREE AND CONFIRM ELECTIONS** page. You must select **I AGREE AND CONFIRM ELECTIONS** at the bottom of the page to complete your election.

Failure to select **I AGREE AND CONFIRM ELECTIONS** will result in you remaining in the same Coverage status that you were enrolled in during the 2023 Plan Year.

Agree and Confirm Elections

I understand that it is my responsibility to review the Active Member Decision Guide to determine the State Health Benefit Plan (SHBP) plan option that best meets my or my family's healthcare needs. I should also review the State of Georgia Rules and Regulations governing the SHBP, Eligibility and Enrollment Provisions, Summary Plan Description and Evidence of Coverage and other SHBP Plan Documents on the State Health Benefit Plan website at <https://shbp.georgia.gov/plan-documents>

At a minimum, SHBP recommends that I consider the following:

- Current provider(s) participating in the vendor network of the Plan Option I have selected;
- Confirmation of the distance I will have to travel to see a participating provider;
- The cost of my prescription drugs under the Plan Option selected; and
- The office visit co-pay, deductibles, co-insurance and out-of-pocket maximums, as applicable, for the Plan Option selected.

I understand that providers may join and discontinue participation in a vendor's network and that the costs of prescription drugs may change during a Plan Year.

I have selected the correct tier based upon the confirmed dependents I wish to cover and understand the dependent verification documentation I must provide for each newly added dependent. Generally, Newly added dependents, will be placed in a pending status until: 1) the required documentation is submitted within 45 days of the New Hire Event, Open Enrollment or other Qualifying Event proving they are eligible for coverage, or 2) until the deadline to provide the documentation has passed, whichever occurs first.

I must provide SHBP with a valid Taxpayer Identification Number (TIN) for myself and my dependents upon enrolling in SHBP coverage. The most common type of TIN is a Social Security Number (SSN), but for individuals who are not eligible for a SSN, members may submit an Individual Taxpayer Identification Number (ITIN) or Adoption Taxpayer Identification Number (ATIN).

I understand that I must have a confirmation number for my health benefit selection to be valid.

I authorize my employer to deduct from my monthly wages the applicable monthly premium for the plan option and coverage tier I have selected and any applicable tobacco surcharge.

I understand that I MUST pay premiums required for the plan option and tier I have selected, and that coverage for any newly added dependents will start as of the coverage effective date.

I understand that I must truthfully answer the Tobacco Surcharge question. It is my responsibility to immediately notify SHBP if my answer to the Tobacco Surcharge question changes. Intentional misrepresentations in my answer to the surcharge question or my failure to notify SHBP if my answer to the surcharge question changes will have significant consequences, including loss of SHBP coverage for 12 months from the date of my incorrect answer or the date of my failure to notify SHBP is discovered.

I understand that intentional misrepresentation or falsification of information (including verification documentation submitted when dependents are added) may result in termination of my coverage and will subject me to penalties and possible legal action and, in the case of adding dependents, may result in termination of coverage retroactive to the dependent's effective date and recovery of payments made by SHBP for ineligible dependents.

I understand that my ability to make changes in the Plan option and tier must comply with the Internal Revenue Code, Section 125, which mandates requirements for cafeteria programs offering pre-tax premiums. Unless I experience a Qualifying Event and declare the event by the deadline (in most cases, within 31 days of the Qualifying Event), my current Plan option and tier and associated monthly premium will continue to apply.

Cancel

I agree and confirm elections



Your Completed Open Enrollment Election

This is what you can expect to see once you've completed your election.

Here you can download your confirmation statement and/or exit the open enrollment election process.

Open Enrollment/Retiree Option Change Period

Enroll in Benefits

Your Elections (2) Personal Info (2)

75 Days left to make changes
Event Date: Jan 1, 2024

Estimated Cost Per Month
\$194.32

✓ You have completed your enrollment.
Confirmation # 66476186
Event Date: Jan 01, 2024
Last Confirmed Date: Oct 18, 2023

Download confirmation

✓ Your Elections (2)

Health Coverage

Pending

This pending coverage requires approval before becoming effective.
Anthem BCBS Silver
Effective Date: To be updated after approval
\$307.47
Show price breakdown

Guaranteed

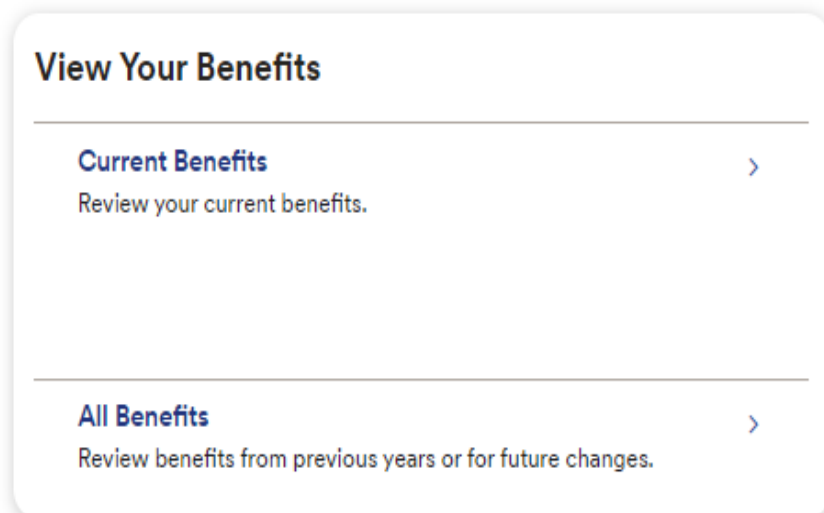
You are guaranteed the coverage below until the pending coverage is approved and becomes effective.
Anthem BCBS Silver
Effective Date: Jan 1, 2024
\$114.32
Show price breakdown

Exit and return to benefits →

Viewing Your Benefits

In addition to making your Open Enrollment elections, the **View Your Benefits** Tile under the Your Benefits Dashboard allows you to view your current and prior year's benefits.

Your Benefits



- **Current Benefits** shows your current coverage elections for 2023.
- **All Benefits** shows your prior elections and current election changes made in 2023, as applicable.



Viewing Your Benefits

Below is a screenshot showing an Active Member's Current Benefits.

Current Benefits

Your Elections (0) **Waived Benefits (2)** **Personal Info (1)**

The information below reflects your most recent coverage election and includes pending elections (if any).

Estimated Cost Per Month **\$0.00** This estimate is based on the cost of the plan today, it may change in the future. For example, when benefits that are shown as 'pending' change status. [Download](#)

Waived Benefits (2)

Health Coverage
Effective Date: Jul 1, 2023

☒ Currently Enrolled

Waived **\$0.00**
No Coverage [Show price breakdown](#)

Tobacco Surcharge
Effective Date: Jul 1, 2023

☒ Currently Enrolled

Waived **\$0.00**
None [Show price breakdown](#)

[Close](#)


Viewing Your Benefits

Now that we've viewed Current Benefits, select **All Benefits** to view your prior Events and corresponding elections. For example, this member's screenshot includes an Open Enrollment/Retiree Option Change Period Event.

Confirmation Statements


2024

[Open Enrollment/Retiree Option Change Period](#)
Event Date: January 1, 2024

Download 

2023

[New Hires or Newly Eligible Employees](#)
Event Date: June 1, 2023

Download 

Close

To view their election, the member clicks the download icon on the right of the Open Enrollment Event.

Viewing Your Benefits

The downloaded document is a Confirmation Statement. To navigate back to the Your Benefits Tile, just close the window.

Confirmation Statement Open Enrollment/Retiree Option Change Period

JOHN E DOEONE
123 FELTON ST
MARLBOROUGH, GA 19876 US

Confirmation 66476186 on
Oct 18, 2023 1:11:57 PM EDT
Event on Jan 01, 2024

Per Month = \$194.32

This estimate is based on the cost of the plan today, it may change in the future.
For example, when benefits that are shown as 'pending' change status.

PLANS

PLAN COST





Health Coverage, *Pending*

Anthem BCBS Silver

Total Cost: \$307.47

Coverage: You, Jane Doeone

 You are guaranteed the coverage below until the pending coverage is approved and becomes effective.

 **Anthem BCBS Silver**

Effective Date: Jan 01, 2024

Coverage: You

\$114.32

Before-tax: \$114.32



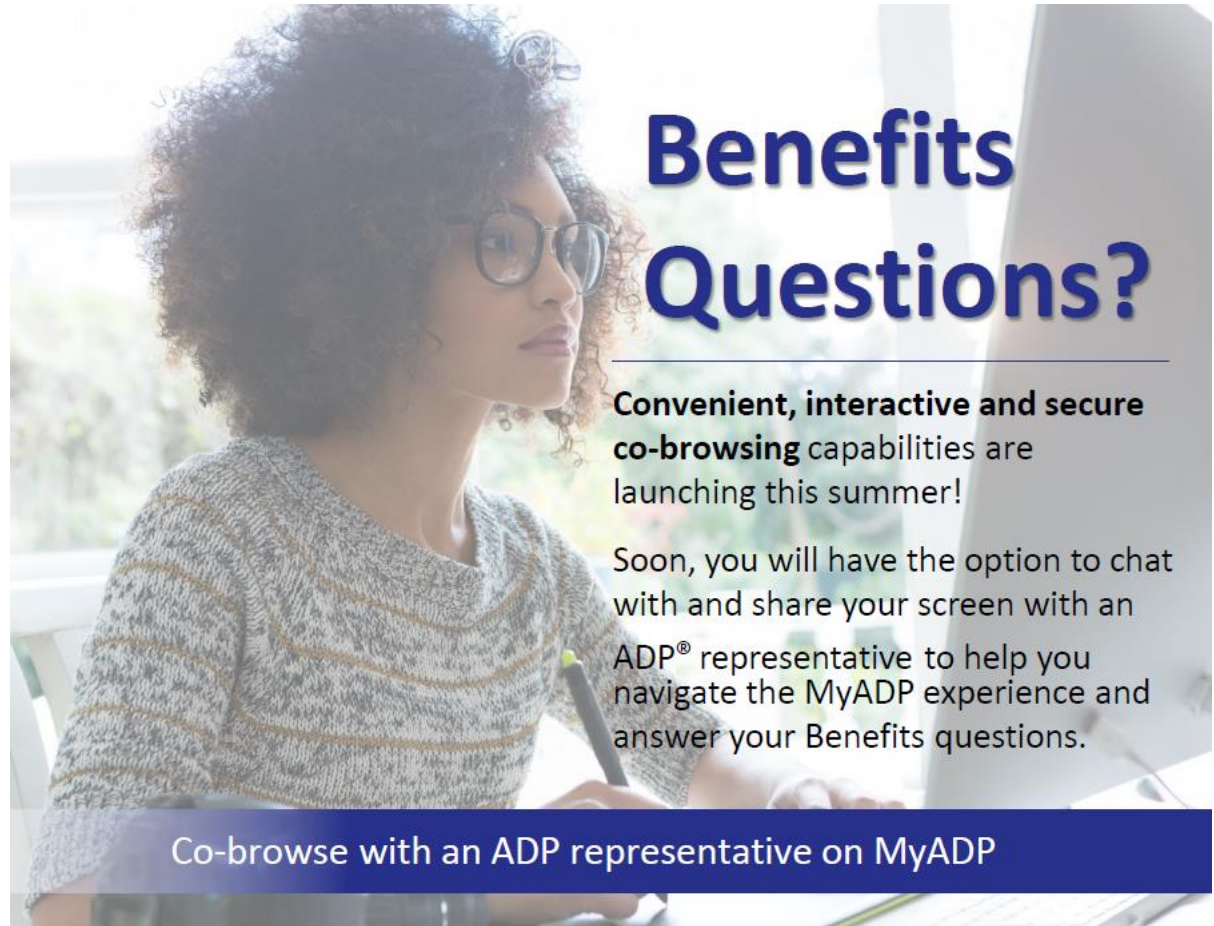
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Need Help?

SHBP continues to offer the **Co-Browse with a Representative** feature for the upcoming Open Enrollment and Retiree Option Change Period. This will allow you to interact directly with an SHBP Member Services Representative when you log into the Portal.

This is how **Co-Browse with a Representative** works:

- You will have the option to share your screen with SHBP Member Services Representative to help you navigate the SHBP Enrollment Portal through a view-only tool and answer your benefits questions.



Benefits Questions?

Convenient, interactive and secure co-browsing capabilities are launching this summer!

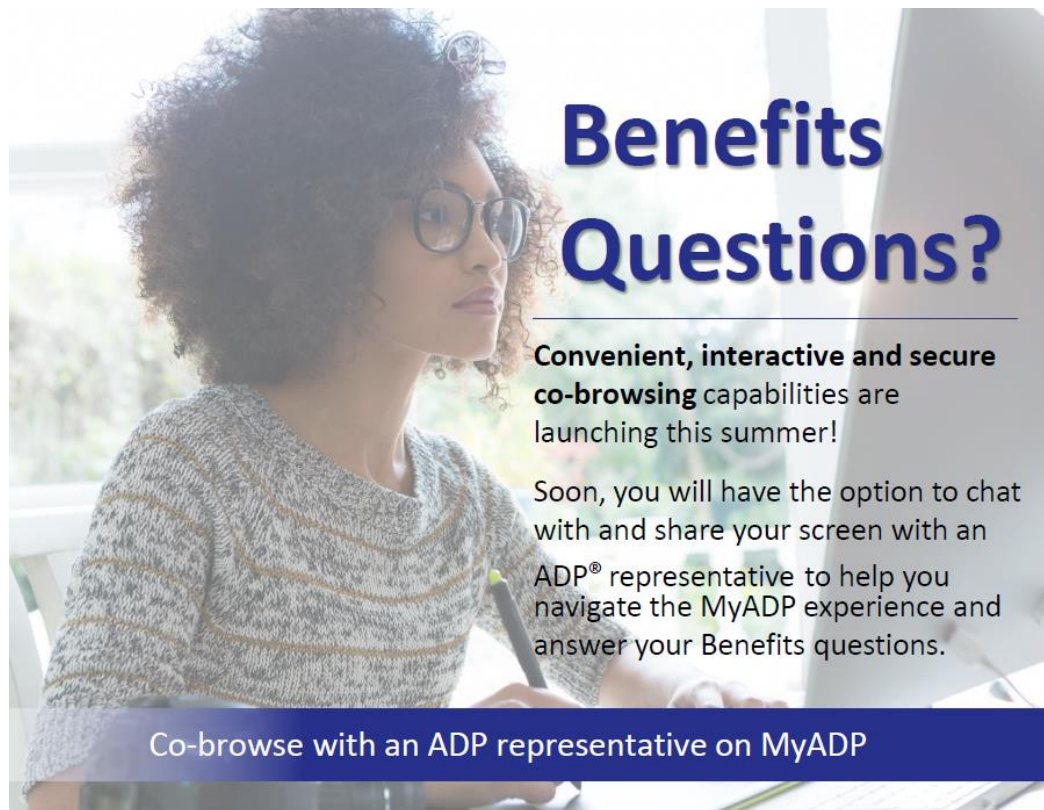
Soon, you will have the option to chat with and share your screen with an ADP® representative to help you navigate the MyADP experience and answer your Benefits questions.

Co-browse with an ADP representative on MyADP



Need Help?

- Co-browse is built into the SHBP Enrollment Portal and allows you to give an SHBP Member Services Representative access to view your Enrollment Portal session with you.
- The SHBP Member Services Representative will have access to highlight, point and scroll within the SHBP Enrollment Portal to assist you.
- The SHBP Member Services Representative will not be able to see any other information on your laptop or desktop. ADP's built-in security mechanism will grey out all portions of the screen other than the SHBP Enrollment Portal.



Benefits Questions?

Convenient, interactive and secure co-browsing capabilities are launching this summer!

Soon, you will have the option to chat with and share your screen with an ADP® representative to help you navigate the MyADP experience and answer your Benefits questions.

Co-browse with an ADP representative on MyADP



Need Help?

SHBP Enrollment Portal is Available 24 Hours a Day/7 Days a Week:

mySHBPga.adp.com

- Members can elect coverage at home, on vacation, and anywhere convenient with a computer.
- The **Co-Browse with a Representative** feature will allow you to work with a representative when you log into the Portal

SHBP Member Services Email: SHBPservicecenter@adp.com

- You may email any questions you have to an SHBP Representative 24 hours a day, seven days a week.
- Email responses will be sent within 1-2 business days during normal business hours below.

SHBP Member Services Saturday Hours are Back October 21, 2023 through November 18, 2023!

- Monday – Friday 8:30 a.m. to 7:30 p.m. ET, Saturday 8:00 a.m. to 5:00 p.m. ET
- Too busy to wait? When the call center has high call volumes, you will be prompted to take advantage of **Virtual Holds** and **Scheduled Callbacks**.

Thank You!

