

A RESOLUTION

State Health Benefit Plan — Benefit Design Changes

WHEREAS, the State Health Benefit Plan (the “SHBP”) is comprised of three health insurance plans, each supported by its own fund: 1) a plan for State employees (O.C.G.A. § 45-18-2), 2) a plan for teachers (O.C.G.A. § 20-2-881), and 3) a plan for non-certificated public school employees (O.C.G.A. § 20-2-911); and

WHEREAS, O.C.G.A. §§ 45-18-12, 20-2-891, and 20-2-918 provide that each health insurance fund is available without fiscal year limitations for premiums, subscription charge, benefits, and administration costs; and

WHEREAS, SHBP Regulation 111-4-1-.10(1) authorizes the Board of Community Health (the “Board”) to establish benefit schedules for Options in compliance with the goals set forth by O.C.G.A. §§ 45-18-3, 20-2-883, and 20-2-913; and

WHEREAS, SHBP Regulation 111-4-1-.10(3)(b) authorizes the Board to modify its Benefits and Coverage at any time, subject only to reasonable advance notice to its Members; and

WHEREAS, SHBP Regulation 111-4-1-.10(1)(b) authorizes the Commissioner to interpret the general schedules into specific benefit language for inclusion in the Summary Plan Description and for use by the TPA in adjudicating claim payments; and

WHEREAS, O.C.G.A. §§ 45-18-2(b), 20-2-885(c) and 20-2-915(c) provide that coverage under the SHBP shall be subordinated to coverage available to covered retirees who are eligible to participate in the insurance program operated by or on behalf of the federal government under the provisions of 42 U.S.C.A. 1395, commonly known as Medicare; and

WHEREAS, Exhibit One describes the proposed medical and prescription benefit changes to the existing plan designs; and

WHEREAS, the Board desires to adopt the proposed benefit changes set forth in Exhibit One beginning Calendar Year 2014;

NOW, THEREFORE, BE IT ORDERED by the Board that the proposed benefit changes set forth in Exhibit One are adopted beginning with the Members’ effective date of coverage in Calendar Year 2014;

BE IT FURTHER ORDERED by the Board that the Commissioner shall execute and amend agreements and take other actions necessary to implement these benefit options beginning Calendar Year 2014.

Resolved this 27th day of January, 2014, in public session.

Norman L. Boyd w/p CLR

Norman L. Boyd, Chairman

Jamie E. Pennington w/p CLR

Jamie E. Pennington, Secretary

Exhibit 1: Benefit Design Changes

1. Replace pharmacy coinsurance with copays.
2. Apply office visit and emergency room copays, as applicable, across all plans for the following services:
 - a). Primary Care (Family Practice, General Practice, Internal Medicine, Pediatrics, OB/GYN)
 - b). Specialist
 - c). Emergency Room Visits
 - d). Urgent Care Visits
 - e). Rehabilitation Outpatient Services (Physical Therapy, Occupational Therapy, Speech Therapy, Pulmonary Rehabilitation, Cardiac Rehabilitation)