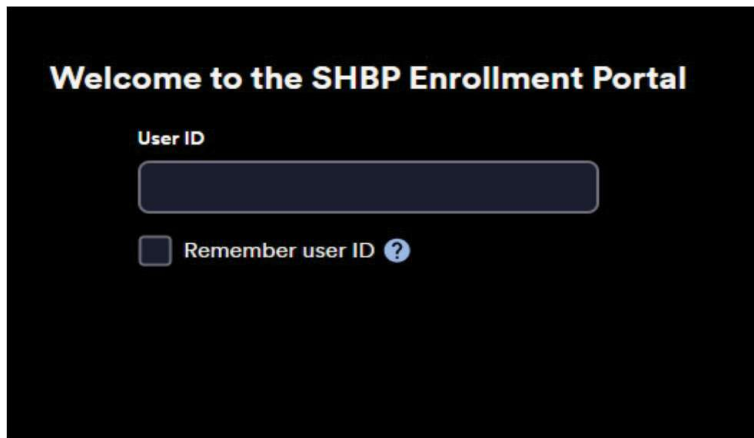


State Health Insurance

State Health Benefit Plan

As a full time employee, the State Health Benefit Plan available to you represents a significant component of your compensation package. **Your employer pays a significant portion of the premium towards your state health insurance!**



Enroll during the Fall at:

<https://myshbpga.adp.com>

Registration Code: **SHBP-GA**

All qualifying life events & enrollment must be submitted through the SHBP Portal or via phone with SHBP!

SHBP Wellness Portal

<https://bewellshbp.com>

SHBP Phone Number

(800) 610-1863

	You	You + Child(ren)	You + Spouse	You + Family
Anthem Gold	\$213.71	\$390.68	\$531.82	\$708.79
Anthem Silver	\$146.11	\$275.76	\$389.86	\$519.51
Anthem Bronze	\$92.12	\$183.97	\$276.48	\$368.33
Anthem HMO	\$177.21	\$328.63	\$455.17	\$606.59
UHC HMO	\$217.19	\$396.59	\$539.13	\$718.53
UHC HDHP	\$81.11	\$165.26	\$253.36	\$337.51
Kaiser HMO	\$177.21	\$328.63	\$455.17	\$606.59

Benefits Comparison Summary:

HRA Plans | January 1 - December 31, 2026

	Anthem Gold HRA Option		Anthem Silver HRA Option		Anthem Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	You Pay		You Pay		You Pay	
Deductible						
• You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
• You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
• You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
• You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
HRA credits will reduce 'You Pay' amounts						
Out-of-Pocket Maximum						
• You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
• You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
• You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
• You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000
HRA credits will reduce 'You Pay' amounts						
HRA Credits	The Plan Pays		The Plan Pays		The Plan Pays	
• You	\$400		\$200		\$100	
• You + Spouse	\$600		\$300		\$150	
• You + Child(ren)	\$600		\$300		\$150	
• You + Family	\$800		\$400		\$200	

	Anthem / UnitedHealthcare Statewide HMO Option	UnitedHealthcare HDHP Option		KP Regional HMO Option
	In-Network Only	In-Network	Out-of-Network	In-Network Only
Covered Services	You Pay	You Pay		You Pay
Deductible				
• You	\$1,300	\$3,500	\$7,000	\$0
• You + Spouse	\$1,950	\$7,000	\$14,000	\$0
• You + Child(ren)	\$1,950	\$7,000	\$14,000	\$0
• You + Family	\$2,600	\$7,000	\$14,000	\$0
Out-of-Pocket Maximum				
• You	\$4,000	\$6,450	\$12,900	\$6,350
• You + Spouse	\$6,500	\$12,900	\$25,800	\$12,700
• You + Child(ren)	\$6,500	\$12,900	\$25,800	\$12,700
• You + Family	\$9,000	\$12,900	\$25,800	\$12,700
HRA Credits	The Plan Pays	The Plan Pays		The Plan Pays
• You				
• You + Spouse				
• You + Child(ren)				
• You + Family				