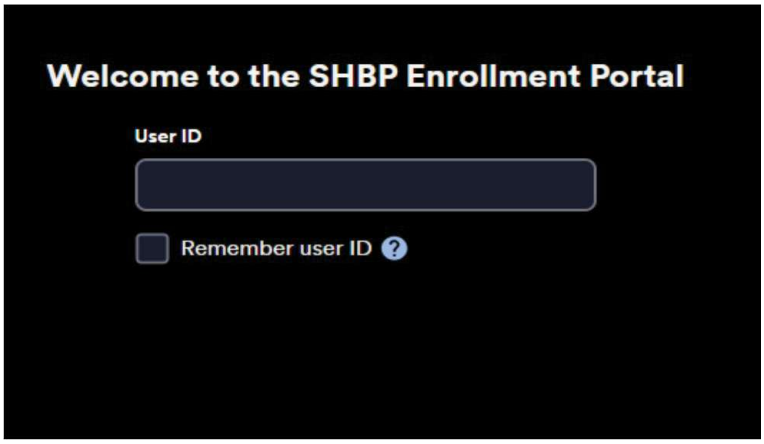
State Health Insurance

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

SHBP Decision Guide

https://shbp.georgia.gov

Your OneSource Solution, nor its associates represent Teachers Retirement System

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	N/A	N/A		N/A