



Retiree Monthly Rate Charts*

The State Health Benefit Plan (SHBP) has two rate structures for Retirees (i.e., Annuitant Subsidy Policies), including: 1) Annuitant Basic Subsidy Policy (Basic Policy) and 2) Annuitant Years of Service Subsidy Policy (YOS Policy). Retirees may visit the Retiree Rates section of the SHBP website to determine which Policy they are subject to at shbp.georgia.gov/member-rates/retiree-rates.

If you are subject to the YOS Policy, your monthly rate is based on your Years of Service in a State Retirement System (e.g., ERS or TRS). To determine your monthly rate under the YOS Policy, please refer to the Annuitant Years of Service Subsidy Policy section of the SHBP website at shbp.georgia.gov/member-rates/retiree-rates/annuitant-years-service-subsidy-rates.

If you are enrolled in a Split Plan Option, i.e., where you and your covered dependents are not eligible for the same plan option and must be enrolled in different plan options, you may visit the Retiree Rates section of the SHBP website to determine your monthly rate at shbp.georgia.gov/member-rates/retiree-rates.

*The monthly rates on the three (3) charts below are applicable to Retirees subject to the Basic Policy.

STATE HEALTH BENEFIT PLAN ANNUITANT BASIC SUBSIDY AGE 65 OR OLDER WITH MEDICARE ADVANTAGE (PART B SUBMITTED TO SHBP) SUBSIDIZED RATES JANUARY 1 - DECEMBER 31, 2023					
<i>An additional 2 percent administration fee will be added to members SHBP bill directly.</i>					
		ANTHEM MA Plans		UHC MA Plans	
		MA PREM	MA STD	MA PREM	MA STD
Retiree					
	Retiree with Part B	\$298.68	\$146.15	\$148.22	\$0.00
Retiree & Spouse					
	Retiree with Part B and Spouse<65 without Part B				
	Retiree<65 without Part B and Spouse with Part B				
	Retiree & Spouse both with Part B	\$597.36	\$292.30	\$296.44	\$0.00
Retiree & Child(ren) - child(ren) with Part B					
	Retiree< 65 without Part B and Child(ren) with Part B				
	Retiree <65 with Part B and Child(ren) with Part B	\$597.36	\$292.30	\$296.44	\$0.00
Family Child(ren) - child(ren) with Part B					
	Retiree with Part B, Spouse<65 without Part B and Child(ren) with Part B				
	Retiree<65 without Part B, Spouse with Part B and Child(ren) with Part B				
	Retiree & Spouse both with Part B with Child(ren) with Part B	\$896.04	\$438.45	\$444.66	\$0.00
	Retiree & Spouse both < 65 with child(ren) with Part B				



**STATE HEALTH BENEFIT PLAN
 ANNUITANT BASIC SUBSIDY UNDER 65 RATES
 JANUARY 1 - DECEMBER 31, 2023**

An additional 2 percent administration fee will be added to members SHBP bill directly.

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
Anthem Gold	\$175.68	\$320.11	\$436.33	\$580.76
Anthem Silver	\$114.32	\$215.80	\$307.47	\$408.95
Anthem Bronze	\$76.58	\$151.64	\$228.22	\$303.28
Anthem HMO	\$143.03	\$264.61	\$367.76	\$489.34
UHC HMO	\$174.49	\$318.09	\$433.83	\$577.43
UHC HDHP	\$61.83	\$126.57	\$197.24	\$261.98
Kaiser HMO	\$154.13	\$283.60	\$391.49	\$520.96

**STATE HEALTH BENEFIT PLAN
 ANNUITANT BASIC SUBSIDY AGE 65+
 (NON-MEDICARE ADVANTAGE) UNSUBSIDIZED RATES
 JANUARY 1 - DECEMBER 31, 2023**

An additional 2 percent administration fee will be added to members SHBP bill directly.

	YOU	YOU + SPOUSE
Anthem Gold	\$1,703.79	\$3,407.58
Anthem Silver	\$1,560.71	\$3,121.42
Anthem Bronze	\$1,466.67	\$2,933.34
Anthem HMO	\$1,623.88	\$3,247.76
UHC HMO	\$1,711.27	\$3,422.54
UHC HDHP	\$1,426.80	\$2,853.60
Kaiser HMO	\$745.32	\$1,565.17