



# ENROLLMENT GUIDE FOR PLAN YEAR 2023

*For all members*

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ANNUAL ENROLLMENT

OCTOBER 1 – NOVEMBER 15, 2022

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[info.groupbenefits.org](https://info.groupbenefits.org)  
[annualenrollment.groupbenefits.org](https://annualenrollment.groupbenefits.org)  
[enroll.groupbenefits.org](https://enroll.groupbenefits.org)

## RESOURCES / CONTACT INFORMATION

If you have any questions about annual enrollment, visit [info.groupbenefits.org](http://info.groupbenefits.org) or call us at 1-800-272-8451. You can also contact our vendors with specific questions at the phone numbers below.

OGB Customer Service Hours: 8:00 AM - 4:30 PM Monday - Friday	1-800-272-8451	<a href="http://info.groupbenefits.org">info.groupbenefits.org</a>
Vendor	Customer Service	Website
Access Health (Access2Day) Hours: 9:00 AM - 5:00 PM (M - TH) 9:00 AM - 3:00 PM (Friday)	1-800-797-9503	<a href="http://access2dayhealth.com">access2dayhealth.com</a>
Blue Cross and Blue Shield of Louisiana Hours: 8:00 AM - 8:00 PM CT Monday - Friday	1-800-392-4089	<a href="http://www.bcbsla.com/ogb">www.bcbsla.com/ogb</a>
Blue Advantage HMO <b>Pre-enrollment</b> Hours: 8:00 AM - 8:00 PM CT Seven days a week (October - March) 8:00 AM - 8:00 PM CT Monday - Friday (April - September)	1-833-955-3821	<a href="https://blueadvantage.bcbsla.com/groups/OGB">https://blueadvantage.bcbsla.com/groups/OGB</a> Passcode: Stateofla
Blue Advantage HMO <b>Members</b> Hours: 8:00 AM - 8:00 PM CT Seven days a week (October - March) 8:00 AM - 8:00 PM CT Monday - Friday (April - September)	1-866-508-7145 (TTY: 711)	<a href="https://blueadvantage.bcbsla.com/medicare/memberportalhome">https://blueadvantage.bcbsla.com/medicare/memberportalhome</a>
Humana Hours: 7 a.m. – 7 p.m. CT Monday - Friday	1-877-889-9885 (TTY: 711)	<a href="http://www.Humana.com">www.Humana.com</a>
Peoples Health Hours: 8:00 AM - 8:00 PM CT Seven days a week	1-866-912-8304	<a href="http://www.peopleshealth.com/ogb">www.peopleshealth.com/ogb</a>
Vantage Hours: 8:00 AM - 8:00 PM CT Monday - Friday	1-888-823-1910	<a href="http://www.vhp-stategroup.com">www.vhp-stategroup.com</a>
Optum Financial Flexible Spending Arrangement Hours: 24 hours a day Monday - Friday	1-877-940-4169	<a href="http://optumfinancial.com">optumfinancial.com</a>
CVS Caremark Hours: 24 hours a day Seven days a week	1-877-300-1906 (After October 1, 2022)	<a href="http://www.caremark.com">www.caremark.com</a>
SilverScript Hours: 24 hours a day Seven days a week	1-888-996-0104 (After October 1, 2022)	<a href="http://www.caremark.com">www.caremark.com</a>
Additional Information	Member Services	Website
Centers for Medicare & Medicaid (CMS) 24 Hours a day / 7 days a week	1-800-633-4227	<a href="http://www.medicare.gov">www.medicare.gov</a>
Social Security Administration	1-800-772-1213	<a href="http://www.ssa.gov">www.ssa.gov</a>

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# Letter from the CEO

Dear OGB Members:

Selecting the right health plan is one of the most important decisions you can make. Annual enrollment is your opportunity to evaluate your health care needs and select the plan best suited to you and your eligible covered dependents. This guide contains an overview of the health plan options available to you.

Informational meetings for ALL members will be held in-person this year. The meeting schedules can be found on the next few pages of this booklet and on-line. **Please be sure to make note of new locations for the Lake Charles and Alexandria meetings.** We encourage you to attend a meeting so we can answer questions you may have.

Effective January 1, 2023, members enrolled in the Pelican HRA1000 and the Magnolia plans through Blue Cross Blue Shield of Louisiana will have a new Pharmacy Benefits Manager (PBM), CVS Caremark/SilverScript. Members may continue using their pharmacy of choice. CVS has more than 1,100 network pharmacies in Louisiana, **including more than 600 independent Louisiana pharmacies.** Members will be mailed a new ID card prior to January 1, 2023 and will have access to a digital ID card as well.

The ever-changing costs of healthcare require OGB to make occasional changes to our health plans in order to continue to provide our members with the coverage they are accustomed to. Therefore, effective January 1, 2023, premium rates for the Pelican and Magnolia plans will increase by 4.5%. Vantage has also informed OGB that they will increase rates on the Medical Home HMO plan by 5.94%. Additionally, life insurance rates will be changing. Some members will see an increase up to \$3.00 per \$1,000 coverage.

OGB plan members continue to have a wide variety of health plan options available to them. OGB will continue to offer active employees and retirees options through Blue Cross and Blue Shield of Louisiana and Vantage Health Plan. Medicare retirees also have several Medicare Advantage options available to them through HMO Louisiana, Humana, Peoples Health and Vantage. You can learn more about these options by attending an annual enrollment meeting or visiting the OGB annual enrollment website: [annualenrollment.groupbenefits.org](http://annualenrollment.groupbenefits.org).

**If you would like to remain in your current OGB health plan with the same covered dependents for the 2023 plan year, you do not need to do anything except to update your HSA or FSA contributions, as applicable.** Your current coverage will continue for the 2023 Plan Year. Remember, members enrolled in the Pelican HSA775 and/or FSA options will need to update their contributions for 2023.

More information on your health plan options, flexible spending arrangements, wellness programs and life insurance can be found on the OGB website, [info.groupbenefits.org](http://info.groupbenefits.org).

The Office of Group Benefits looks forward to continuing to serve you and your family in 2023.

Best regards,

Col. David W, Couvillon  
Chief Executive Officer  
Office of Group Benefits



# ACTIVE EMPLOYEE MEETINGS SCHEDULE



## Annual Enrollment is October 1 - November 15

Join us at any of the meetings listed below to get details about your options. **There are two classroom style presentations per day, each lasting about two hours.**

***LSU First benefits will not be discussed at these meetings. Please contact LSU for information regarding LSU First annual enrollment meetings.***

Interpreter for hearing-impaired members is available upon request.

***\*\*Please note new location of the Lake Charles & Alexandria Meetings.***

DATE	LOCATION	START TIMES
October 4	Lake Charles Civic Center - Contraband Room <b>** NEW LOCATION **</b> 900 Lakeshore Drive, Lake Charles, LA 70602	9:00 AM or 2:00 PM
October 7	SLU Student Union Annex Theater ( <b>Old Student Union</b> ) 303 Texas Ave., Hammond, LA 70402	9:00 AM or 2:00 PM
October 11	Houma - Terrebonne Civic Center 346 Civic Center Blvd., Houma, LA 70360	9:00 AM or 2:00 PM
October 11	Monroe Civic Center 401 Lea Joyner Expressway, Monroe, LA	9:00 AM or 2:00 PM
October 18	University of New Orleans (University Center Ballroom) 2000 Lakeshore Drive, New Orleans, LA 70148	9:00 AM or 2:00 PM
October 18	University of Louisiana-Lafayette Cecil J. Picard Center 200 East Devalcourt Street, Lafayette, LA 70506	9:00 AM or 2:00 PM
October 18	Alexandria Convention Center <b>** NEW LOCATION **</b> 2225 N MacArthur Dr., Alexandria, LA 71303	9:00 AM or 2:00 PM
October 25	State Police Headquarters Auditorium 7919 Independence Blvd., Baton Rouge, LA 70806	9:00 AM or 2:00 PM
November 1	Bossier City Civic Center 620 Benton Road, Bossier City, LA 71111	9:00 AM or 2:00 PM

# NON-MEDICARE RETIREE MEETINGS SCHEDULE



## Annual Enrollment is October 1 - November 15

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October 19	University of Louisiana-Lafayette Cecil J. Picard Center** 200 East Devalcourt Street, Lafayette, LA 70506	9:00 AM or 2:00 PM
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October 26	State Police Headquarters Auditorium 7919 Independence Blvd., Baton Rouge, LA 70806	9:00 AM or 2:00 PM
November 2	Bossier City Civic Center 620 Benton Road, Bossier City, LA 71111	9:00 AM or 2:00 PM

Visit [info.groupbenefits.org](http://info.groupbenefits.org) or call 1-800-272-8451 for more information.

# MEDICARE RETIREE MEETINGS SCHEDULE



## Annual Enrollment is October 1 - November 15

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DATE	LOCATION	START TIMES
October 6	Lake Charles Civic Center - Contraband Room <b>** NEW LOCATION**</b> 900 Lakeshore Drive, Lake Charles, LA 70602	9:00 AM or 2:00 PM
October 13	Houma - Terrebonne Civic Center 346 Civic Center Blvd., Houma, LA 70360	9:00 AM or 2:00 PM
October 13	Monroe Civic Center 401 Lea Joyner Expressway, Monroe, LA	9:00 AM or 2:00 PM
October 20	University of Louisiana-Lafayette Cecil J. Picard Center** 200 East Devalcourt Street, Lafayette, LA 70506	9:00 AM or 2:00 PM
October 20	University of New Orleans (University Center Ballroom) 2000 Lakeshore Drive, New Orleans, LA 70148	9:00 AM or 2:00 PM
October 20	Alexandria Convention Center <b>** NEW LOCATION**</b> 2225 N MacArthur Dr., Alexandria, LA 71303	9:00 AM or 2:00 PM
October 27	State Police Headquarters Auditorium 7919 Independence Blvd., Baton Rouge, LA 70806	9:00 AM or 2:00 PM
October 28	SLU Student Union Annex Theater ( <b>Old Student Union</b> ) 303 Texas Ave., Hammond, LA 70402	9:00 AM or 2:00 PM
November 3	Bossier City Civic Center 620 Benton Road, Bossier City, LA 71111	9:00 AM or 2:00 PM

Visit [info.groupbenefits.org](http://info.groupbenefits.org) or call 1-800-272-8451 for more information.







# GENERAL INFORMATION

*For all members*

# Annual Enrollment & Your Responsibilities



## Important Dates

[info.groupbenefits.org](http://info.groupbenefits.org)

- **October 1, 2022** – 2023 OGB annual enrollment begins
- **October 15, 2022**– 2023 Medicare Advantage Plan(s) enrollment begins
- **November 15, 2022** – OGB annual enrollment ends
- **December 7, 2022** – Medicare Advantage Plan(s) enrollment ends
- **January 1, 2023** –New plan year begins

## Your Responsibilities as an OGB Member

As an OGB member, you have comprehensive health benefit options available to you and your eligible dependents. It is your responsibility to make the best choice for you and your situation.

### During annual enrollment, you may:

- Enroll in a health plan
- Apply for Life Insurance (active employees only)
- Drop or add eligible dependents
- Discontinue OGB coverage
- Enroll in and determine the amount of your Health Savings Account contribution (if applicable)
- Enroll in and determine the amount of your Flexible Spending Arrangement contribution (if applicable)

### You are responsible for:

- If making or changing your selection – either on-line, using the enrollment paper form included in this guide (retirees only) or with your human resources department – do so no later than **November 15, 2022**.
- If adding dependents, active employees are responsible to provide documentation to their human resources department. Retirees should send documentation to OGB. Documentation includes birth certificates, marriage certificates and other acceptable legal or verification documents. (See OGB Plan-Recognized Qualified Life Events chart for appropriate documentation for each event.) Documentation should be submitted no later than **November 15, 2022**.
- Educating yourself on the Plan materials
- Reviewing all communications from OGB and your human resources department and taking the required actions.
- Verifying that your insurance premium deduction is correct.

**IMPORTANT!** If you would like to remain in your current OGB health and/or life insurance Plan with the same covered dependents for the 2023 Plan Year, you do not need to do anything. Your current coverage will continue for the 2023 Plan Year. **NOTE: Active members enrolled in the Pelican HSA775 and/or FSA options will need to update their elections for 2023.**



## Making Your Health Plan Selection

Choose one of the following enrollment options:

### LaGov vs. Non-LaGov

“LaGov” and “Non-LaGov” are agency classifications used by OGB. If you are uncertain about whether your agency is classified as LaGov or Non-LaGov, you should contact your human resources department.

ACTIVE EMPLOYEES, REHIRED RETIREES	OGB Annual Enrollment Portal	Louisiana Employees On-line (LEO)	Human Resources Department
Enroll in a new health plan with the same covered dependents as 2023	✓ (Non-LaGov employees only)	✓ (LaGov employees only)	✓
Enroll in a health plan with different or new covered dependents than 2023			✓
Elect or re-elect HSA contributions	✓ (Re-elect) (Non-LaGov employees only)	✓ (Re-elect) (LaGov employees only)	✓ (Elect)
Elect or re-elect FSA contributions	✓ (Non-LaGov employees only)	✓ (LaGov employees only)	✓
Apply for life insurance (Active Employees Only)			✓
Discontinue OGB health and/or life insurance coverage			✓

RETIREEES	OGB Annual Enrollment Portal	Annual Enrollment Form	OGB **
Enroll in a new health plan with the same covered dependents as 2023	✓	✓	✓**
Enroll in a health plan with different or new covered dependents than 2023			✓**
Discontinue OGB health and/or life insurance coverage			✓**

Access the web portal at [enroll.groupbenefits.org](http://enroll.groupbenefits.org).

\*\*For Retirees only, mail or fax a signed and dated letter to OGB with your change request. Be sure to include the primary plan member’s Social Security number or OGB member ID number. If adding a dependent, please include marriage certificate and/or birth certificate and any other required verification documents. **Please Note: If you are dropping your OGB coverage, you will not be able to get it back.**

**Mail to:** Office of Group Benefits, Annual Enrollment, P.O. Box 44036, Baton Rouge, LA 70804 or **Fax to:** (225) 342-9917 or (225) 342-9919.

## Making Changes During the Plan Year

Consider your benefit needs carefully and make the appropriate selection. You **will not** be able to make any health plan changes until the next annual enrollment period, unless you experience an *OGB Plan-Recognized Qualified Life Event* during the plan year.

You can review a full list of OGB Plan-Recognized Qualified Life Events at [info.groupbenefits.org](http://info.groupbenefits.org).

# Eligibility

## Dependents

The following people can be enrolled as dependents:

- Your legal Spouse
- Children until they reach the applicable attainment age

### Children are defined as:

- Natural child of the employee or legal spouse (i.e. - stepchild)
- Legally adopted child of the employee
- Child placed for adoption with employee
- Other non-spouse dependents until they reach the applicable attainment age

### Other Non-Spouse Dependents are defined as:

- Unmarried grandchild who resides with the (primary) Plan member and for whom the member has legal custody
- Unmarried child for whom the (primary) Plan member has court-ordered legal custody

### Dependent Eligibility Requirements:

The following requirements and associated documentation must be submitted to OGB in order to have your dependent covered under your OGB health plan:

- **Spouse**
  - Provide the following dependent verification documents to OGB within 30 days of eligibility:
    - A copy of the marriage certificate
- **Child**
  - Provide the following dependent verification documents to OGB within 30 days of eligibility:
    - Copy of child's birth certificate
- **Stepchild(ren)**
  - Provide the following dependent verification documents to OGB within 30 days of eligibility:
    - A copy of the marriage certificate between the member and biological parent
    - A copy of stepchild(ren)'s birth certificate
- **Legal Custody Dependent**
  - Legal custody must be granted by the court before the dependent(s) turns 18 years of age
  - Legal dependent(s) may remain covered until age 18
  - Provide the following dependent verification documents to OGB within 30 days of eligibility:
    - Copy of legal custody decree
    - Copy of dependent's birth certificate
- **Grandchildren**
  - Legal custody must be granted by the court before grandchild turns 18 years of age
  - Unmarried grandchild may remain covered until age 26
  - Provide the following dependent verification documents to OGB within 30 days of eligibility:
    - A copy of legal custody decree
    - A copy of grandchild(ren)'s birth certificate

**REMINDER!** To add a newborn as a dependent, you must complete an application for coverage and provide your human resources department (or OGB if you are a retiree) with a birth certificate or a copy of the birth letter within 30 days of the child's birth date. The birth letter will suffice as proof of parentage only if it contains the relationship of the child and the employee. If the birth certificate or birth letter is not timely received, enrollment cannot take place until the next annual enrollment period or the Plan member experiences another OGB Plan-Recognized Qualified Life Event that allows the child to be added.



## SUMMARY OF PLANS

*Active Employees, Non-Medicare Retirees & Rehired Retirees*



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Visit [info.groupbenefits.org](http://info.groupbenefits.org) or call 1-800-272-8451 for more information.

# Understanding Your Plan Options



## Pelican Plans

Pelican plans offer coverage within Blue Cross and Blue Shield’s nationwide network, as well as Out-of-Network to ensure members can receive care anywhere.

### Pelican HRA1000

The Pelican HRA1000 includes \$1,000 in annual employer contributions in a health reimbursement account for employee-only plans and \$2,000 for employee plus dependent(s) plans in a health reimbursement account that can be used to offset deductible and other out-of-pocket health care costs throughout the year. Any unused funds roll over each Plan Year up to the In-Network out-of-pocket maximum (if you remain enrolled in the Pelican HRA1000 plan), allowing members to build up balances that cover eligible medical expenses when they are incurred.

View Blue Cross’ network providers at [info.groupbenefits.org](http://info.groupbenefits.org).

	Employee Only	Employee + 1 (Spouse or child)	Employee + Children	Family
Annual Employer Contribution to HRA	\$1,000	\$2,000	\$2,000	\$2,000
Deductible (In-Network)	\$2,000	\$4,000	\$4,000	\$4,000
Deductible (Out-of-Network)	\$4,000	\$8,000	\$8,000	\$8,000
Out-of-pocket max (In-Network)	\$5,000	\$10,000	\$10,000	\$10,000
Out-of-pocket max (Out-of-Network)	\$10,000	\$20,000	\$20,000	\$20,000
Coinsurance (In-Network)	20%	20%	20%	20%
Coinsurance (Out-of-Network)	40%	40%	40%	40%

## Pharmacy Benefits

OGB uses a Formulary to help members select the most appropriate, lowest-cost options. The Formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred, or specialty brand drug.

Tier	Member Responsibility*
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>	
Generic	\$0 copay
Preferred	\$20 copay
Non-Preferred	\$40 copay
Specialty	\$40 copay

\*Member responsibility is for a prescription drug benefit of up to a 31-day supply.

## Pelican HSA775 (Active Employees Only)\*

The Pelican HSA775 offers our lowest premiums in addition to a separate health savings account funded by both employers and employees. Employers contribute \$200 to the HSA, then match any employee contributions up to an additional \$575. Employees can contribute to their HSA on a pre-tax basis, up to \$3,850 for an individual and \$7,750 for a family to cover out-of-pocket medical and pharmacy costs.

**A GB-79 form must be filled out each year during Annual Enrollment for the following year's contributions.**

*Tax implications may apply for certain members. (Visit [www.irs.gov](http://www.irs.gov) for more information.)*

**Active employees who are eligible for Medicare will no longer be able to contribute to their health savings account.**

Please see your HR representative for the GB-79 form or visit the OGB website at [info.groupbenefits.org/members](http://info.groupbenefits.org/members).

View Blue Cross' network providers at [info.groupbenefits.org](http://info.groupbenefits.org).

	Employee Only	Employee + 1 (Spouse or child)	Employee + Children	Family
Employer Contribution to HSA	\$200, plus up to \$575 dollar-for-dollar match of employee contributions			
Deductible (In-Network)	\$2,000	\$4,000	\$4,000	\$4,000
Deductible (Out-of-Network)	\$4,000	\$8,000	\$8,000	\$8,000
Out-of-pocket max (In-Network)	\$5,000	\$10,000	\$10,000	\$10,000
Out-of-pocket max (Out-of-Network)	\$10,000	\$20,000	\$20,000	\$20,000
Coinsurance (In-Network)	20%	20%	20%	20%
Coinsurance (Out-of-Network)	40%	40%	40%	40%

## Pharmacy Benefits – Express Scripts

Blue Cross works in partnership with Express Scripts® to administer your prescription drug program for the Pelican HSA775.

Tier	Member Responsibility**
Generic	\$10 copay (31-day supply)
Preferred	\$25 copay (31-day supply)
Non-Preferred	\$50 copay (31-day supply)
Specialty	\$50 copay (31-day supply)
<i>Subject to deductible and applicable copay. Maintenance medications are not subject to deductible.**</i>	

\*Active employees with Medicare Part A may face tax implications if they choose to open the HSA account.

\*\*For a complete list of maintenance medications, visit <https://www.bcbsla.com/ogb/pelican-hsa-775-active-employees>.



# ACCELERATE YOUR HEALTH SAVINGS

Combining a HealthEquity HSA with an HSA-qualified health plan delivers incredible benefits



## BUILD HEALTH SAVINGS

Choose a low premium health plan.

HSA-qualified health plans offer the lowest premiums, enabling you to unlock immediate savings. Just put the money you would have paid toward traditional premiums into your HSA. Voila! Long-term health savings.



## MAXIMIZE TAX SAVINGS

Pre-tax contributions help reduce your annual taxable income.

Your HSA earns tax-free interest and you never pay taxes or penalties when you withdraw HSA dollars for qualified expenses. See a full list of qualified medical expenses at [Learn.HealthEquity.com/QME](https://www.healthequity.com/QME)



## KEEP YOUR MONEY—FOREVER

Spend it. Save it. Invest it.<sup>2</sup> It's yours.

Unlike flexible spending accounts (FSA), money in your HSA rolls over year after year—even if you change employers or health plans.

### HSA triple-tax advantage<sup>1</sup>

- Make pre-tax contributions
- Grow tax-free interest earnings
- Enjoy tax-free distributions for qualified medical expenses



## SAVE FOR RETIREMENT

Your HealthEquity HSA works like a second 401(k).

Invest your HSA dollars into low-cost mutual funds, then watch your earnings grow tax-free. When you're 65, you can withdraw HSA dollars for any expense—you'll just need to pay regular income taxes. Of course, if you use that money for qualified medical expenses, you never pay taxes at all.<sup>3</sup>

<sup>1</sup>HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

<sup>2</sup>Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus.

<sup>3</sup>After age 65, if you withdraw funds for any purpose other than qualified medical expenses, you will be subject to income taxes. Funds withdrawn for qualified medical expenses will remain tax-free.

# MAYBE YOU'VE HAD AN HSA BEFORE, BUT YOU'VE NEVER HAD AN HSA LIKE THIS



## Get support 24/7

Call us day or night. Our US-based service team measures success by problems solved. We'll do whatever it takes.



## Say goodbye to hassle

Log in and manage everything via our simple mobile app.<sup>4</sup> Want to submit a claim? Easy. Just snap a photo and you're on your way.



## Stay informed

Check out our vast library of webinars, tutorials, videos, calculators, and more. You'll find tips and tricks to make the most of your HSA.

## JOIN FIVE MILLION+ HEALTH SAVERS

For more than two decades we've empowered some of the biggest companies in the world—and the smartest savers on the block.



Enroll today. Talk to your benefits team.

866.735.8195 | [HealthEquity.com/Learn](https://www.healthequity.com/learn)

<sup>4</sup>Accounts must be activated via the HealthEquity website in order to use the mobile app.  
HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life changing decisions.  
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## Pelican HRA1000 vs Pelican HSA775 – What’s the difference?

A Health Reimbursement Arrangement, or HRA, is an account that employers may fund to reimburse employees’ medical expenses, such as deductibles, medical copays and eligible medical costs up to a certain amount. The HRA funds are available as long as you remain employed by an OGB-participating employer.

A Health Savings Account, or HSA, is an employee-owned account used to pay for qualified medical expenses, including deductibles, medical copays, prescriptions and other eligible medical costs. To enroll in an OGB HSA, you must enroll in the Pelican HSA775. Both employees and employers can contribute to an HSA, but the funds are owned by the employee. The HSA funds are available even if you are no longer employed by an OGB-participating employer.

Pelican HRA1000	Pelican HSA775
<b>Funding</b>	
Employer funds HRA.	Employer and employee fund HSA.
Funds stay with OGB if an employee leaves an OGB-participating employer.	Funds belong to the employee when he/she leaves an OGB-participating employer.
Contributions are not taxable.	Contributions are made on a pre-tax basis.
Only employers may contribute.	Employers or employees may contribute.
<b>Flexibility</b>	
Employer selects maximum contribution, subject to certain IRS regulations.	IRS determines maximum contribution.
Must be paired with the Pelican HRA1000.	Must be paired with the Pelican HSA775.
Contributions are the same for each employee category.	Contributions are determined by employee and employer.
May be used with a General-Purpose FSA.	May be used only with a Limited-Purpose FSA.
<b>Simplicity</b>	
HRA claims processed by the HRA Claims Administrator.	Employee owns and manages account and submits expenses to the HSA trustee for reimbursement.
IRS regulations and the Pelican HRA1000 plan document govern expenses, funding and participation.	IRS regulations and OGB regulations govern expenses, funding and participation.
<b>Eligible Expenses</b>	
Can be used for medical expenses only.	Can be used for pharmacy and medical expenses.

To find out more about the benefits of having your own HSA, call our HSA provider, HealthEquity, at 866.735.8195 (24 by 7) or visit their website [learn.healthequity.com/ogb](https://learn.healthequity.com/ogb).



# Magnolia Plans

## Magnolia Local Plus (Nationwide In-Network Providers)

The Magnolia Local Plus option offers the benefit of Blue Cross and Blue Shield's nationwide In-Network providers. The Local Plus plan provides the predictability of copays rather than using employer funding to offset out-of-pocket costs.

Out-of-Network care is covered only in emergencies, and the member may be balance billed. View Blue Cross' network providers at [info.groupbenefits.org](http://info.groupbenefits.org).

Active Employees and Non-Medicare Retirees (retirement date ON or AFTER 3-1-2015)	Employee-Only	Employee + 1 (Spouse or Child)	Employee + Children	Family
Deductible (In-Network)	\$400	\$800	\$1,200	\$1,200
Deductible (Out-of-Network)	No coverage	No coverage	No coverage	No coverage
Out-of-pocket max (In-Network)	\$3,500	\$6,000	\$8,500	\$8,500
Out-of-pocket max (Out-of-Network)	No coverage	No coverage	No coverage	No coverage
Copay (In-Network) PCP/SPC	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50
Non-Medicare Retirees (retirement date BEFORE 3-1-2015)				
Deductible (In-Network)	\$0	\$0	\$0	\$0
Deductible (Out-of-Network)	No coverage	No coverage	No coverage	No coverage
Out-of-pocket max (In-Network)	\$2,000	\$3,000	\$4,000	\$4,000
Out-of-pocket max (Out-of-Network)	No coverage	No coverage	No coverage	No coverage
Copay (In-Network) PCP/SPC	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50

## Pharmacy Benefits

OGB uses a Formulary to help members select the most appropriate, lowest-cost options. The Formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred, or specialty brand drug.

Tier	Member Responsibility*
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):	
Generic	\$0 copay
Preferred	\$20 copay
Non-Preferred	\$40 copay
Specialty	\$40 copay

\*Member responsibility is for a prescription drug benefit of up to a 31-day supply.

## Magnolia Open Access (Nationwide Providers)

The Magnolia Open Access Plan offers coverage both inside and outside of Blue Cross and Blue Shield's nationwide network. It differs from the other Magnolia plans in that members enrolled in the Open Access Plan will not pay copays at physician visits. Instead, once a member's deductible is met, he or she will pay 10% of the allowable amount for In-Network care and 30% of the allowable amount for Out-of-Network care. Out-of-Network care may be balance billed.

Though the premiums for the Magnolia Open Access plan are higher than OGB's other plans, its moderate deductibles combined with a nationwide network make it an attractive plan for members who live out of state or travel regularly. View providers in Blue Cross' network providers at [info.groupbenefits.org](http://info.groupbenefits.org).

Active Employees and Non-Medicare Retirees (retirement date ON or AFTER 3-1-2015)	Employee-Only	Employee +1 (Spouse or Child)	Employee + Children	Family
Deductible (In-Network)	\$900	\$1,800	\$2,700	\$2,700
Deductible (Out-of-Network)	\$900	\$1,800	\$2,700	\$2,700
Out-of-pocket max (In-Network)	\$3,500	\$6,000	\$8,500	\$8,500
Out-of-pocket max (Out-of-Network)	\$4,700	\$8,500	\$12,250	\$12,250
Coinsurance (In-Network)	10%	10%	10%	10%
Coinsurance (Out-of-Network)	30%	30%	30%	30%
Non-Medicare Retirees (retirement date BEFORE 3-1-2015)				
Deductible (In-Network)	\$300	\$600	\$900	\$900
Deductible (Out-of-Network)	\$300	\$600	\$900	\$900
Out-of-pocket max (In-Network)	\$2,300 individual; plus \$1,300 per additional person up to 2; plus \$1,000 per additional person up to 10 people; \$13,700 for a family of 11+			
Out-of-pocket max (Out-of-Network)	\$4,300 individual; plus \$300 per additional person up to 2; \$13,700 for a family of 3+			
Coinsurance (In-Network)	10%	10%	10%	10%
Coinsurance (Out-of-Network)	30%	30%	30%	30%

## Pharmacy Benefits

OGB uses a Formulary to help members select the most appropriate, lowest-cost options. The Formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred, or specialty brand drug.

Tier	Member Responsibility*
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):	
Generic	\$0 copay
Preferred	\$20 copay
Non-Preferred	\$40 copay
Specialty	\$40 copay

\*Member responsibility is for a prescription drug benefit of up to a 31-day supply.

## Magnolia Local (Select, In-Network Provider Only Plan)

The Magnolia Local plan is a select, In-Network provider only plan for members who live in specific coverage areas. Magnolia Local is a health plan for members who want local access, affordable premiums and a new approach to healthcare. Out-of-Network care is covered only in emergencies, and the member may be balance-billed.

### What is different about Magnolia Local?

- **Your network of doctors and hospitals is more defined** than other plans. You still have a full network of primary care doctors, specialists and other healthcare providers in your area.
- **You have a coordinated care team** that talks to one another and helps you get the right care in the right place.
- **Staying in network is very important!**
- Where you live will determine which Magnolia Local network you will use.



### Before you choose Magnolia Local, consider this:

- Which doctors/clinics do you go to the most?
- Which clinics/hospitals are closest to where you live?
- Staying in network is very important! As long as you receive care within your network, you will pay less than if you receive care outside of the network.

### Magnolia Local has two networks: Community Blue & Blue Connect

Community Blue is a select, local network designed for members who live in the parishes of **Ascension, East Baton Rouge, Livingston, and West Baton Rouge**.

Blue Connect is a select, local network designed for members who live in the parishes of **Acadia, Bossier, Caddo, Evangeline, Iberia, Jefferson, Lafayette, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, and Vermilion**.

### Community Blue\* (for residents in the Baton Rouge Region)

You have access to many healthcare providers in the following regions:

#### Baton Rouge Region

- Baton Rouge General Medical Center
- Ochsner Medical Center Baton Rouge
- Ochsner Health and its affiliates
- The Baton Rouge Clinic\*\*
- Ochsner Clinic
- BR General Physicians Group
- Ochsner The Grove

*\*\*Excludes Gastroenterology physicians at the Baton Rouge Clinic*

To find a complete list of providers in this network, visit [www.bcbsla.com/ogb](http://www.bcbsla.com/ogb) and choose your member type under Magnolia Local. Click Find a Doctor, then Find a Community Blue Doctor.

### Blue Connect\* (New Orleans, Lafayette, St. Tammany and Shreveport/Bossier Regions)

You have access to many healthcare providers in the following regions, including:

#### Greater New Orleans Region

- Ochsner Health and its affiliates

#### Lafayette Region

- Ochsner Lafayette General and its affiliates
- Opelousas General Health System
- Ochsner Abrom Kaplan Memorial Hospital
- Abbeville General Hospital
- Iberia Medical Center

#### St. Tammany Region

- Ochsner Medical Center Northshore
- St. Tammany Hospital System
- Slidell Memorial Hospital

#### Shreveport/Bossier Region

- CHRISTUS Shreveport-Bossier Health System and its affiliates

To find a complete list of providers in this network, visit [www.bcbsla.com/ogb](http://www.bcbsla.com/ogb) and choose member type under Magnolia Local. Click Find a Doctor, then Find a Blue Connect Doctor.

\*Providers in the Community Blue and Blue Connect networks are subject to change. View Blue Cross and Blue Shield of Louisiana's network providers at [info.groupbenefits.org](http://info.groupbenefits.org).



**IMPORTANT! Magnolia Local is a perfect fit for some, but not others. We encourage you to carefully review the doctors/clinics/hospitals within the Community Blue and Blue Connect networks before selecting this option.**

**View providers in Blue Cross' network at [info.groupbenefits.org](http://info.groupbenefits.org).**

Active employees and Non-Medicare Retirees (retirement date ON or AFTER 3-1-2015)	Employee-Only	Employee + 1 (Spouse or Child)	Employee + Children	Family
Deductible (In-Network)	\$400	\$800	\$1,200	\$1,200
Deductible (Out-of-Network)	No coverage	No coverage	No coverage	No coverage
Out-of-pocket max (In-Network)	\$2,500	\$5,000	\$7,500	\$7,500
Out-of-pocket max (Out-of-Network)	No coverage	No coverage	No coverage	No coverage
Copay (In-Network) PCP/SPC	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50
Non-Medicare Retirees (retirement date BEFORE 3-1-2015)				
Deductible (In-Network)	\$0	\$0	\$0	\$0
Deductible (Out-of-Network)	No coverage	No coverage	No coverage	No coverage
Out-of-pocket max (In-Network)	\$1,000	\$2,000	\$3,000	\$3,000
Out-of-pocket max (Out-of-Network)	No coverage	No coverage	No coverage	No coverage
Copay (In-Network) PCP/SPC	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50

### Pharmacy Benefits

OGB uses a Formulary to help members select the most appropriate, lowest-cost options. The Formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred, or specialty brand drug.

Tier	Member Responsibility*
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):	
Generic	\$0 copay
Preferred	\$20 copay
Non-Preferred	\$40 copay
Specialty	\$40 copay

\*Member responsibility is for a prescription drug benefit of up to a 31-day supply.

We encourage you to make sure you choose a doctor or hospital in your provider network when you need healthcare. By choosing a network provider, you avoid the possibility of having your provider bill you for amounts in addition to applicable copays, coinsurance, deductibles and non-covered services. (Often referred to as Balance Billing.)



## Announcing our NEW Pharmacy Vendor

The Office of Group Benefits has a new pharmacy vendor for active members and their dependents and retirees and their dependents who are not eligible for Medicare who are enrolled in the following plans:

**Pelican HRA1000 \* Magnolia Local \* Magnolia Local Plus \* Magnolia Open Access**

### Over 1,100 network pharmacies in Louisiana

- Pharmacies other than CVS Pharmacy
- Over 600 independent Louisiana pharmacies
- Includes approximately 550 chain pharmacies such as Albertson's, Brookshire, Walgreens, Super 1 Pharmacy, Winn-Dixie and more!
- Over 65,000 pharmacies across the country

### Online and mobile resources

- Check Drug Cost and Coverage
- Pharmacy Locator

### No interruption in your prescription drug coverage

- Covered by Express Scripts through December 31, 2022
- Covered by CVS Caremark starting January 1, 2023

**New ID card** from Blue Cross Blue Shield of Louisiana by December 31, 2022

### No change in your prescription drug coverage.

- No deductible
- Same coinsurance with maximum copayments
- Same \$1,500 annual out-of-pocket threshold
- Same copayments after you reach OGB out-of-pocket threshold
- Same OGB combined medical and prescription drug annual out-of-pocket maximum



**CVS Caremark representatives will be at the annual enrollment meetings to answer your questions.**

### CVS Caremark Customer Care

*After October 1, 2022*

**1-877-300-1906**

Available 24 hours a day, 7 days a week

**[www.caremark.com](http://www.caremark.com)**

## Vantage Medical Home HMO

Vantage Medical Home HMO is a patient-centered approach to providing cost-effective and comprehensive primary health care for children, youth and adults. This plan creates partnerships between the individual patient and his or her personal physician and, when appropriate, the patient's family. This plan includes a preferred provider network, Affinity Health Network (AHN), which has lower copays for certain covered services as indicated by "AHN." This plan also includes Out-of-Network coverage.

Active employees and Non-Medicare Retirees (retirement date ON or AFTER 3-1-2015)	Employee-Only	Employee + 1 (Spouse or child)	Employee + Children	Family
Deductible (In-Network)	\$400	\$800	\$1,200	\$1,200
Deductible (Out-of-Network)	\$2,000	\$4,000	\$6,000	\$6,000
Copay – PCP (In-Network)	\$20 AHN/\$40	\$20 AHN/\$40	\$20 AHN/\$40	\$20 AHN/\$40
Copay – Specialist (In-Network)	\$45 AHN/\$65	\$45 AHN/\$65	\$45 AHN/\$65	\$45 AHN/\$65
Coinsurance – PCP (Out-of-Network)	50% coinsurance; subject to Out-of-Network deductible			
Coinsurance – Specialist (Out-of-Network)	50% coinsurance; subject to Out-of-Network deductible			
Out-of-pocket max (In-Network)	\$3,500	\$6,000	\$8,500	\$8,500
Out-of-pocket max (Out-of-Network)	Unlimited	Unlimited	Unlimited	Unlimited
Non-Medicare Retirees (retirement date BEFORE 3-1-2015)				
Deductible (In-Network)	\$0	\$0	\$0	\$0
Deductible (Out-of-Network)	\$2,000	\$4,000	\$6,000	\$6,000
Copay – PCP (In-Network)	\$20 AHN/\$40	\$20 AHN/\$40	\$20 AHN/\$40	\$20 AHN/\$40
Copay – Specialist (In-Network)	\$45 AHN/\$65	\$45 AHN/\$65	\$45 AHN/\$65	\$45 AHN/\$65
Coinsurance – PCP (Out-of-Network)	50% coinsurance; subject to Out-of-Network deductible			
Coinsurance – Specialist (Out-of-Network)	50% coinsurance; subject to Out-of-Network deductible			
Out-of-pocket max (In-Network)	\$2,000	\$3,000	\$4,000	\$4,000
Out-of-pocket max (Out-of-Network)	Unlimited	Unlimited	Unlimited	Unlimited

### In-Network Providers

View providers in Vantage Health Plan's networks at [www.vantagehealthplan.com/OGBCommercial](http://www.vantagehealthplan.com/OGBCommercial).

### Pharmacy Benefits

The Vantage Medical Home HMO prescription drug benefit has five copay levels. There is no prescription drug deductible. You may view the Vantage Rx Formulary at: [www.vantagehealthplan.com/OGBCommercial/Documents](http://www.vantagehealthplan.com/OGBCommercial/Documents).

Tier	Member Responsibility
Tier 1 Preferred Generics	\$0 AHN/ \$15
Tier 2 Non- Preferred Generics	\$40
Tier 3 Preferred Brand	\$75
Tier 4 Non-Preferred Brand	\$100
Tier 5 Specialty	\$150



# How to Enroll



During annual enrollment, members may make changes to their current health plans, renew their HSA and/or FSA contributions, switch to a new health plan or chose to do nothing. How you make these changes depends on your member status and agency classification.

## **LaGov vs. Non-LaGov**

“LaGov” and “Non-LaGov” are agency classifications used by OGB. If you are uncertain about whether your agency is classified as LaGov or Non-LaGov, you should contact your human resources department.

## Active, LaGov Employees

**There are two ways to change a health plan. Choose one that works best for you:**

1. Active, LaGov employees may change and/or update their elections through Louisiana Employees On-line (LEO).
  - Employees should expect to receive instructions for using LEO from their human resources department prior to the start of the annual enrollment period.
2. Contact your human resources department.

**NOTE: A paper enrollment form will NOT be accepted from active employees.**

## LaGov Rehired Retirees

LaGov rehired retirees may change and/or update their elections by contacting their human resources department.

## Active, Non-LaGov Employees

**There are two ways to change a health plan. Choose one that works best for you:**

1. Active, Non- LaGov employees may change and/or update their elections through OGB’s annual enrollment web portal - [enroll.groupbenefits.org](http://enroll.groupbenefits.org)
  - Employees will need their insurance cards and identification numbers (date of birth, Social Security number, etc.) to log in to the web portal.
2. Contact your human resources department.

NOTE: Adding and removing dependents cannot be completed through the web portal; FSA and HSA contributions must be renewed annually and can be completed through the web portal. **Paper enrollment forms will NOT be accepted from active employees.**

**IMPORTANT!** If you would like to remain in your current OGB health plan with the same covered dependents for the 2023 Plan Year, you do not need to do anything. Your coverage will continue for the 2023 Plan Year. **(Active Members enrolled in the HSA and/or FSA options will need to update their elections for 2023.)**

# How to Enroll



## Non-LaGov Rehired & Non-Medicare Retirees

**There are four ways to change a health plan. Choose one that works best for you :**

1. Non-LaGov rehired retirees and non-Medicare retirees may change and/or update their elections through OGB's annual enrollment web portal - [enroll.groupbenefits.org](https://enroll.groupbenefits.org)
  - Retirees will need their insurance cards and identification numbers (date of birth, Social Security number, etc.) to log in to the web portal.
2. Contact your human resources department.
3. Complete the annual enrollment form found on page 29 and return it to the address provided by November 15.
4. To enroll in a health plan with different or new covered dependents or to discontinue OGB coverage:
  - Non-Medicare Retirees\* can submit a dated and signed letter to OGB that includes:
    - the member's Social Security number;
    - new dependent's name, birth date and Social Security number; and
    - dependent verification documentation (i.e.- marriage and/or birth certificate).
    - **Please Note:** If you are dropping your OGB coverage entirely, you will not be able to get it back.
    - **Mail to:** Office of Group Benefits, Annual Enrollment, P.O. Box 44036, Baton Rouge, LA 70804; or
    - **Fax to:** (225) 342-9917 or (225) 342-9919.

*\*Rehired Retirees must see their HR department to add or drop dependents.*

**IMPORTANT!** If you would like to remain in your current OGB health plan with the same covered dependents for the 2023 Plan Year, you do not need to do anything. Your coverage will continue for the 2023 Plan Year. (**Active Members enrolled in the HSA and/or FSA options will need to update their elections for 2023.**)

OFFICE OF GROUP BENEFITS  
2023 ANNUAL ENROLLMENT FORM  
Non-Medicare Retirees and Rehired Retirees  
( Please PRINT Clearly )

Plan Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

NO ACTION IS NECESSARY IF YOU DO NOT WISH TO MAKE A CHANGE  
PLEASE MARK ONE AND ONLY ONE SELECTION BY PLACING AN (X) IN THE APPROPRIATE BOX

**Pelican HRA1000**  
*Administered by Blue Cross*

**Vantage Medical Home Health  
HMO (MHHP)**  
*Insured by Vantage Health*

**Magnolia Local Plus**  
*Administered by Blue Cross*

**Magnolia Open Access**  
*Administered by Blue Cross*

**Magnolia Local (Limited In-Network Provider  
Network)** *Administered by Blue Cross*

PLEASE MAIL OR FAX THIS FORM TO OGB BY NOVEMBER 15, 2022.

**By Mail:** Office of Group Benefits  
Annual Enrollment  
P.O. Box 44036  
Baton Rouge, LA 70804

**By Fax:** Office of Group Benefits  
Annual Enrollment  
(225) 342-9917  
or  
(225) 342-9919

\_\_\_\_\_  
**Plan Member's Signature** *(required)*

\_\_\_\_\_  
**Date**





# How to Read Your Benefits Comparison

Your Benefits Comparison has 3 main sections:

## Cost Comparison

**1** A comparison of the different Copays, Coinsurance, and Deductibles across offered plans. A Copay is a fixed payment for a covered service, and does not count toward your Deductible. A Coinsurance is the amount you pay for certain services after you have met your deductible. A Deductible is the amount you pay annually before your insurance begins to pay.

## Out-of-Pocket Comparison

**2** A comparison of the different Out-of-Pocket Maximums across offered plans. An Out-of-Pocket Maximum is the most you'll have to pay annually for health care services. Deductibles, Copays, Coinsurance and other medical expenses count toward your Out-of-Pocket Maximum. Your monthly premium does not.

## Plan Benefits Summary

**3** A high-level comparison of the benefits offered across each plan. Use to compare the different Copays, Coinsurance and Deductibles you may be responsible for when using different medical and pharmacy benefits. This comparison chart is a summary of plan features and is presented for general information only. For a complete list of plan features, please review the plan documents posted online at [info.groupbenefit.org](http://info.groupbenefit.org).

**Choose a Plan Structure and Network:** Some plan types allow you to use almost any doctor or health care facility. Others limit your choices, have no out-of-network coverage or charge you more if you use providers outside the network.

## Compare Out-of-Pocket Costs

You may want a plan with low out-of-pocket costs if:

- You see a doctor, such as a specialist, on a regular basis
- You frequently need emergency care
- You take expensive or brand-name medications on a regular basis
- You are expecting a baby, plan to have a baby, or have small children
- You have a planned surgery coming up
- You've recently been diagnosed with a chronic condition such as diabetes or cancer

You may want a plan with higher out-of-pocket costs if:

- You cannot afford a plan with lower out-of-pocket costs
- You are in good health and rarely see a doctor
- You rarely participate in activities with a high risk of injury

## Compare Covered Benefits

- Compare the Copay, Coinsurance and Deductible of any planned services or procedures for the upcoming plan year.
- See if your physician or preferred facility is covered under each plan by visiting [www.BCBSLA.com](http://www.BCBSLA.com) or [www.vhp-stategroup.com](http://www.vhp-stategroup.com)
- Review your prescription cost across plans by searching the formularies for each plan. If you are on maintenance medications, consider mail order to reduce costs.

**Active Employees and Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Pelican HSA775		Magnolia Local Plus	
Network	Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers	
Eligible OGB Members	Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)		Active Employees		Active Employees & Non-Medicare Retirees (retirement date on or after AFTER 3-1-2015)	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
	You Pay		You Pay		You Pay	
<b>Deductible</b>						
You	\$2,000	\$4,000	\$2,000	\$4,000	\$400	No Coverage
You + 1 (Spouse or child)	\$4,000	\$8,000	\$4,000	\$8,000	\$800	No Coverage
You + Children	\$4,000	\$8,000	\$4,000	\$8,000	\$1,200	No Coverage
You + Family	\$4,000	\$8,000	\$4,000	\$8,000	\$1,200	No Coverage
	HRA dollars will reduce this amount		HSA dollars will reduce this amount			
<b>Out-of-Pocket Maximum</b>						
You	\$5,000	\$10,000	\$5,000	\$10,000	\$3,500	No Coverage
You + 1 (Spouse or child)	\$10,000	\$20,000	\$10,000	\$20,000	\$6,000	No Coverage
You + Children	\$10,000	\$20,000	\$10,000	\$20,000	\$8,500	No Coverage
You + Family	\$10,000	\$20,000	\$10,000	\$20,000	\$8,500	No Coverage
State Funding	The Plan Pays		The Plan Pays		The Plan Pays	
You	\$1,000		\$775*		Not Available	
You + 1 (Spouse or child)	\$2,000		\$775*			
You + Children	\$2,000		\$775*			
You + Family	\$2,000		\$775*			
	Funding not applicable to Pharmacy Expenses.		*\$200, plus up to \$575 more dollar for dollar match of employee contributions <sup>5</sup>			
Physicians' Services	The Plan Pays		The Plan Pays		The Plan Pays	
<b>Primary Care Physician or Specialist Office</b> - Treatment of illness or injury	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC copay per visit	No Coverage

**Active Employees and Non-Medicare Retirees  
(RETIREMENT DATE ON or AFTER March 1, 2015)**

**Benefits Comparison**

**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Blue Cross and Blue Shield of Louisiana Preferred Care Provider & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Community Blue & Blue Connect		Affinity Health Network "AHN" and standard In-Network and Out-of-Network	
Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)		Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)		Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
You Pay		You Pay		You Pay	
Deductible					
\$900	\$900	\$400	No Coverage	\$400	\$2,000
\$1,800	\$1,800	\$800	No Coverage	\$800	\$4,000
\$2,700	\$2,700	\$1,200	No Coverage	\$1,200	\$6,000
\$2,700	\$2,700	\$1,200	No Coverage	\$1,200	\$6,000
Out-of-Pocket Maximum					
\$3,500	\$4,700	\$2,500	No Coverage	\$3,500	No Maximum
\$6,000	\$8,500	\$5,000	No Coverage	\$6,000	No Maximum
\$8,500	\$12,250	\$7,500	No Coverage	\$8,500	No Maximum
\$8,500	\$12,250	\$7,500	No Coverage	\$8,500	No Maximum
The Plan Pays		The Plan Pays		The Plan Pays	
Not Available		Not Available		Not Available	
The Plan Pays		The Plan Pays		The Plan Pays	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP or \$45 AHN/\$65 SPC copay per visit	50% coverage; subject to Out-of-Network Deductible

**Active Employees and Non-Medicare Retirees**

**(RETIREMENT DATE ON or AFTER March 1, 2015)**

**Benefits Comparison**

**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Pelican HSA775		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>Physicians' Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Maternity Care</b> (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$90 copay per pregnancy	No Coverage
<b>Physician Services Furnished in a Hospital</b> Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
<b>Preventative Care Primary Care Physician or Specialist Office or Clinic</b> For a complete list of benefits, refer to the Preventive and Wellness/ Routine Care in the Benefit Plan	100% coverage; <b>not</b> subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; <b>Not</b> subject to deductible	100% coverage; <b>not</b> subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; <b>Not</b> subject to deductible	100% coverage; <b>not</b> subject to deductible	No Coverage
<b>Physician Services for Emergency Room Care</b>	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible
<b>Allergy Shots and Serum</b> Copay per visit is applicable only to office visit	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100% after deductible	No Coverage
<b>Outpatient Surgery/ Services</b> When billed as office visits	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit	No Coverage
<b>Outpatient Surgery/ Services</b> When billed as outpatient surgery at a facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
<b>Hospital Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Inpatient Services</b> Inpatient care, delivery and inpatient short-term acute rehabilitation services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage



## Active Employees and Non-Medicare Retirees

**(RETIREMENT DATE ON or AFTER March 1, 2015)**

### Benefits Comparison

Benefits effective January 1, 2023 - December 31, 2023

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
The Plan Pays		The Plan Pays		The Plan Pays	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$90 copay per pregnancy	No Coverage	100% coverage after a \$20 AHN/\$40 copay per pregnancy	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
100% coverage; <b>not</b> subject to deductible	70% coverage; subject to deductible	100% coverage; <b>not</b> subject to deductible	No Coverage	100% coverage; not subject to In-Network deductible	50% coverage; not subject to Out-of-Network deductible
90% coverage; subject to deductible	90% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to In-Network deductible	100% coverage; subject to In-Network deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100% after deductible	No Coverage	80% coverage; subject to In-Network deductible	50% coverage; subject to Out-of-Network deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP or \$45 AHN/\$65 SPC office visit copay per visit	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
The Plan Pays		The Plan Pays		The Plan Pays	
90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 copay per day (days 1 - 5)	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$100 AHN/\$250 copay per day; max \$300 AHN/\$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible

## Active Employees and Non-Medicare Retirees

**(RETIREMENT DATE ON or AFTER March 1, 2015)**

### Benefits Comparison

**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Pelican HSA775		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>Hospital Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Outpatient Surgery/Services</b> Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 facility copay per visit	No Coverage
<b>Emergency Room - Hospital</b> (Facility) Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted
<b>Behavioral Health</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Mental Health and Substance Abuse</b> Inpatient Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage
<b>Mental Health and Substance Abuse</b> Outpatient Visits - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Other Coverage</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Outpatient Acute Short-Term Rehabilitation Services</b> Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Chiropractic Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Hearing Aid</b> Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	No Coverage
<b>Vision Exam (routine) and Eye Wear</b>	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
<b>Comprehensive Dental</b>	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
<b>Urgent Care Center</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$50 copay per visit	No Coverage
<b>Home Health Care Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage subject to deductible	No Coverage

**Active Employees and Non-Medicare Retirees**

**(RETIREMENT DATE ON or AFTER March 1, 2015)**

**Benefits Comparison**

**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$100 facility copay per visit	No Coverage	100% coverage after a \$100 AHN/\$250 copay; not subject to deductible	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible; \$200 copay per visit; waived if admitted	90% coverage; subject to deductible; \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after a \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 copay per day (days 1-5)	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$100 AHN/\$250 copay per day; max \$300 AHN/\$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP copay per visit	50% coverage; subject to Out-of-Network deductible
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 copay per visit	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$40 PCP copay per visit	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage; subject to deductible	No Coverage	80% coverage; subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	No Coverage	No Coverage	Exam: \$45 AHN/\$65 copay per visit; Eye-wear: 50% coinsurance, with a \$100 benefit max for all members; not subject to In-Network deductible	Exam: 50% coverage; subject to Out-of-Network Deductible; Eye-wear: 50% coinsurance, with a \$100 benefit max for all members; not subject to deductible
No Coverage	No Coverage	No Coverage	No Coverage	Preventive: 100% coverage, not subject to deductible; Basic/Major: 50% coinsurance, with a \$500 benefit max for all members; not subject to deductible	Preventive: 100% coverage, not subject to deductible; Basic/Major: 50% coinsurance, with a \$500 benefit max for all members; not subject to Out-of-Network deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$50 copay per visit	No Coverage	100% coverage after a \$65 copay per visit	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage subject to deductible	No Coverage	100% coverage; subject to In-Network deductible	No Coverage

**Active Employees and Non-Medicare Retirees**

**(RETIREMENT DATE ON or AFTER March 1, 2015)**

**Benefits Comparison**

**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Pelican HSA775		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Other Coverage	The Plan Pays		The Plan Pays		The Plan Pays	
<b>Skilled Nursing Facility Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage
<b>Hospice Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
<b>Durable Medical Equipment (DME) - Rental or Purchase</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year	No Coverage
<b>Transplant Services</b>	80% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	No Coverage	100% coverage; not subject to deductible	No Coverage
Pharmacy	You Pay		You Pay		You Pay	
Tier 1 - Generic	50% up to \$30 <sup>1</sup>		\$10; subject to deductible <sup>1</sup>		50% up to \$30 <sup>1</sup>	
Tier 2 - Preferred	50% up to \$55 <sup>1,2</sup>		\$25; subject to deductible <sup>1</sup>		50% up to \$55 <sup>1,2</sup>	
Tier 3 - Non-Preferred	65% up to \$80 <sup>1,2</sup>		\$50; subject to deductible <sup>1</sup>		65% up to \$80 <sup>1,2</sup>	
Tier 4 - Specialty	50% up to \$80 <sup>1,2</sup>		\$50; subject to deductible <sup>1</sup>		50% up to \$80 <sup>1,2</sup>	
90 day supply for maintenance drugs from mail order OR at participating 90-day retail network pharmacies	2.5 times the cost of applicable maximum copay		Applicable copay; Maintenance drugs not subject to deductible**		2.5 times the cost of applicable maximum copay	
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>						
Tier 1 - Generic	\$0 copay <sup>1</sup>		N/A		\$0 copay <sup>1</sup>	
Tier 2 - Preferred	\$20 copay <sup>1,2</sup>		N/A		\$20 copay <sup>1,2</sup>	
Tier 3 - Non-Preferred	\$40 copay <sup>1,2</sup>		N/A		\$40 copay <sup>1,2</sup>	
Tier 4 - Specialty	\$40 copay <sup>1,2</sup>		N/A		\$40 copay <sup>1,2</sup>	

**NOTE:** Prior Authorizations and Visit Limits may apply to some benefits - refer to your Plan Document for details.

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage.

\*\* For a complete list of maintenance medications visit: <https://www.bcbsla.com/ogb/pelican-hsa-775-active-employees>



## Active Employees and Non-Medicare Retirees

**(RETIREMENT DATE ON or AFTER March 1, 2015)**

### Benefits Comparison

**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$250 copay per day; max \$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to In-Network deductible	No Coverage
90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage of the first \$5,000 allowable; subject to deductible 100% in excess of \$5,000 per plan year	No Coverage	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year; subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage after \$250 copay per day; max \$750 per admission; not subject to In-Network deductible	No Coverage
<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>	
50% up to \$30 <sup>1</sup>		50% up to \$30 <sup>1</sup>		Tier 1 - Preferred Generics: \$0 AHN/\$15 copay <sup>3</sup> Tier 2 - Non-Preferred Generics: \$40 copay <sup>3</sup>	
50% up to \$55 <sup>1,2</sup>		50% up to \$55 <sup>1,2</sup>		Tier 3 - Preferred Brand: \$75 copay <sup>2,3</sup>	
65% up to \$80 <sup>1,2</sup>		65% up to \$80 <sup>1,2</sup>		Tier 4 - Non-Preferred Brand: \$100 copay <sup>2,3</sup>	
50% up to \$80 <sup>1,2</sup>		50% up to \$80 <sup>1,2</sup>		Tier 5 - Specialty: \$150 copay <sup>2,3</sup>	
2.5 the cost of applicable maximum copay		2.5 times the cost of applicable maximum copay		Tier I Preferred Generics: 100-day supply for \$0 copay at AHN; Tiers 1-4: 100-day supply for 3 copays; Tier 5 Specialty: 100-day mail-order not available	
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s)<sup>4</sup>:</b>					
\$0 copay <sup>1</sup>		\$0 copay <sup>1</sup>		N/A	
\$20 copay <sup>1,2</sup>		\$20 copay <sup>1,2</sup>		N/A	
\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>		N/A	
\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>		N/A	

<sup>1</sup> Prescription drug benefit - 31-day fill

<sup>2</sup> Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus copay for brand-name drug; cost difference does not apply to \$1,500 out-of-pocket threshold (if applicable).

<sup>3</sup> Prescription drug benefit - 30-day fill

<sup>4</sup>\$1,500 threshold does not apply to Vantage Medical Home HMO pharmacy benefits

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Magnolia Local Plus	
Network	Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers	
Eligible OGB Members	Non-Medicare Retirees (retirement date BEFORE 3-1-15)		Non-Medicare Retirees (retirement date BEFORE 3-1-15)	
	Network	Out-of-Network	Network	Out-of-Network
	You Pay		You Pay	
	<b>Deductible</b>			
You	\$2,000	\$4,000	\$0	No Coverage
You + 1 (Spouse or child)	\$4,000	\$8,000	\$0	
You + Children	\$4,000	\$8,000	\$0	
You + Family	\$4,000	\$8,000	\$0	
	HRA dollars will reduce this amount			
	<b>Out-of-Pocket Maximum</b>			
You	\$5,000	\$10,000	\$2,000	No Coverage
You + 1 (Spouse or child)	\$10,000	\$20,000	\$3,000	
You + Children	\$10,000	\$20,000	\$4,000	
You + Family	\$10,000	\$20,000	\$4,000	
<b>State Funding</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
You	\$1,000		Not Available	
You + 1 (Spouse or child)	\$2,000			
You + Children	\$2,000			
You + Family	\$2,000			
	Funding not applicable to Pharmacy Expenses.			
<b>Physicians' Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Primary Care Physician or Specialist Office - Treatment of illness or injury</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC copay per visit	No Coverage

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Blue Cross and Blue Shield of Louisiana Preferred Care Provider & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Community Blue & Blue Connect		Affinity Health Network "AHN" and standard In-Network and Out-of-Network	
Non-Medicare Retirees (retirement date BEFORE 3-1-15)		Non-Medicare Retirees (retirement date BEFORE 3-1-15)		Non-Medicare Retirees (retirement date BEFORE 3-1-15)	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
You Pay		You Pay		You Pay	
Deductible					
\$300		\$0		\$0	
\$600		\$0		\$2,000	
\$900		\$0		\$4,000	
\$900		\$0		\$6,000	
				\$6,000	
Out-of-Pocket Maximum					
\$2,300 individual; plus \$1,300 per additional person up to 2; plus \$1,000 per additional person up to 10 people; \$13,700 for a family of 11+		\$4,300 individual; plus \$3,000 per additional person up to 2; \$13,700 for a family of 3+		\$1,000	
				\$2,000	
				\$3,000	
				\$4,000	
				\$4,000	
The Plan Pays		The Plan Pays		The Plan Pays	
Not Available		Not Available		Not Available	
The Plan Pays		The Plan Pays		The Plan Pays	
90% coverage; subject to deductible		70% coverage; subject to deductible		100% coverage after a \$25 PCP or \$50 SPC copay per visit	
				No Coverage	
				100% coverage after a \$20 AHN/\$40 PCP or \$45 AHN/\$65 SPC copay per visit	
				50% coverage; subject to Out-of-Network Deductible	

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network
<b>Physicians' Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Maternity Care</b> (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$90 copay per pregnancy	No Coverage
<b>Physician Services Furnished in a Hospital</b> Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage	No Coverage
<b>Preventative Care Primary Care Physician or Specialist Office or Clinic</b> For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan	100% coverage; <b>not</b> subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; <b>not</b> subject to deductible	100% coverage	No Coverage
<b>Physician Services for Emergency Room Care</b>	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	100% coverage
<b>Allergy Shots and Serum</b> Copay per visit is applicable only to office visit	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100%	No Coverage
<b>Outpatient Surgery/Services</b> When billed as office visits	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit	No Coverage
<b>Outpatient Surgery/Services</b> When billed as outpatient surgery at a facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage	No Coverage
<b>Hospital Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Inpatient Services</b> Inpatient care, delivery and inpatient short-term acute rehabilitation services	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage



**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**

**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$90 copay per pregnancy	No Coverage	100% coverage after a \$20 AHN/\$40 copay per pregnancy	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage	No Coverage	100% coverage	50% coverage; subject to Out-of-Network Deductible
100% coverage; <b>not</b> subject to deductible	70% coverage; subject to deductible	100% coverage	No Coverage	100% coverage	50% coverage; not subject to Out-of-Network Deductible
90% coverage; subject to deductible	90% coverage; subject to deductible	100% coverage	100% coverage	100% coverage	100% coverage
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100%	No Coverage	80% coverage	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP or \$45 AHN/\$65 SPC office visit copay per visit	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage	No Coverage	100% coverage	50% coverage; subject to Out-of-Network Deductible
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 copay per day (days 1 - 5)	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$100 AHN/\$250 copay per day; max \$300 AHN/\$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network
<b>Hospital Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Outpatient Surgery/Services</b> Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 facility copay per visit	No Coverage
<b>Emergency Room - Hospital</b> (Facility) Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted
<b>Behavioral Health</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Mental Health and Substance Abuse</b> Inpatient Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage
<b>Mental Health and Substance Abuse</b> Outpatient Visits - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Other Coverage</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Outpatient Acute Short-Term Rehabilitation Services</b> Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Chiropractic Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Hearing Aid</b> Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	No Coverage	80% coverage	No Coverage
<b>Vision Exam (routine) and Eye Wear</b>	No Coverage	No Coverage	No Coverage	No Coverage
<b>Comprehensive Dental</b>	No coverage	No Coverage	No Coverage	No Coverage
<b>Urgent Care Center</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$50 copay per visit	No Coverage
<b>Home Health Care Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage	No Coverage

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$100 facility copay per visit	No Coverage	100% coverage after a \$100 AHN/\$250 copay	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible; \$200 copay per visit; waived if admitted	90% coverage; subject to deductible; \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after a \$200 copay per visit; waived if admitted	100% coverage after a \$200 copay per visit; waived if admitted
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 copay per day (days 1-5)	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$100 AHN/\$250 copay per day; max \$300 AHN/\$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP copay per visit	50% coverage; subject to Out-of-Network Deductible
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 copay per visit	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$40 PCP copay per visit	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage	No Coverage	80% coverage	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	No Coverage	No Coverage	Exam: \$45 AHN/\$65 copay per visit; Eye-wear: 50% co-insurance, with a \$100 benefit max for all members	Exam: 50% coverage; subject to Out-of-Network Deductible; Eye-wear: 50% coinsurance, with a \$100 benefit max for all members; not subject to Out-of-Network deductible
No Coverage	No Coverage	No Coverage	No Coverage	Preventive: 100% coverage; Basic/Major: 50% coinsurance, with a \$500 benefit max for all members	Preventive: 100% coverage, not subject to Out-of-Network deductible; Basic/Major: 50% coinsurance, with a \$500 benefit max for all members; not subject to Out-of-Network deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$50 copay per visit	No Coverage	100% coverage after a \$65 copay per visit	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage	No Coverage	100% coverage	No Coverage

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network
Other Coverage	The Plan Pays		The Plan Pays	
<b>Skilled Nursing Facility Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage
<b>Hospice Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage	No Coverage
<b>Durable Medical Equipment (DME) - Rental or Purchase</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year	No Coverage
<b>Transplant Services</b>	80% coverage; subject to deductible	No Coverage	100% coverage	No Coverage
Pharmacy	You Pay		You Pay	
Tier 1 - Generic	50% up to \$30 <sup>1</sup>		50% up to \$30 <sup>1</sup>	
Tier 2 - Preferred	50% up to \$55 <sup>1,2</sup>		50% up to \$55 <sup>1,2</sup>	
Tier 3 - Non-Preferred	65% up to \$80 <sup>1,2</sup>		65% up to \$80 <sup>1,2</sup>	
Tier 4 - Specialty	50% up to \$80 <sup>1,2</sup>		50% up to \$80 <sup>1,2</sup>	
90 day supply for maintenance drugs from mail order OR at participating 90-day retail network pharmacies	2.5 times the cost of applicable maximum co-payment		2.5 times the cost of applicable maximum co-payment	
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>				
Tier 1 - Generic	\$0 co-payment <sup>1</sup>		\$0 co-payment <sup>1</sup>	
Tier 2 - Preferred	\$20 co-payment <sup>1,2</sup>		\$20 co-payment <sup>1,2</sup>	
Tier 3 - Non-Preferred	\$40 co-payment <sup>1,2</sup>		\$40 co-payment <sup>1,2</sup>	
Tier 4 - Specialty	\$40 co-payment <sup>1,2</sup>		\$40 co-payment <sup>1,2</sup>	

**NOTE:** Prior Authorizations and Visit Limits may apply to some benefits - refer to your Plan Document for details.

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage.

**Non-Medicare Retirees  
(RETIREMENT DATE BEFORE March 1, 2015)**

**Benefits Comparison  
Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$250 copay per day; max \$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage	No Coverage	100% coverage	No Coverage
90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year	No Coverage	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage	No Coverage	100% coverage after \$250 copay per day; max \$750 per admission; not subject to In-Network deductible	No Coverage
<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>	
50% up to \$30 <sup>1</sup>		50% up to \$30 <sup>1</sup>		Tier 1 - Preferred Generics: \$0 AHN/\$15 copay <sup>3</sup> Tier 2 - Non-Preferred Generics: \$40 copay <sup>3</sup>	
50% up to \$55 <sup>1,2</sup>		50% up to \$55 <sup>1,2</sup>		Tier 3 - Preferred Brand: \$75 copay <sup>2,3</sup>	
65% up to \$80 <sup>1,2</sup>		65% up to \$80 <sup>1,2</sup>		Tier 4 - Non-Preferred Brand: \$100 copay <sup>2,3</sup>	
50% up to \$80 <sup>1,2</sup>		50% up to \$80 <sup>1,2</sup>		Tier 5 - Specialty: \$150 copay <sup>2,3</sup>	
2.5 times the cost of applicable maximum copay		2.5 times the cost of applicable maximum copay		Tier I Preferred Generics: 100-day supply for \$0 copay at AHN; Tiers 1-4: 100-day supply for 3 copays; Tier 5 Specialty: 100-day mail-order not available	
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s)*:</b>					
\$0 copay <sup>1</sup>		\$0 copay <sup>1</sup>		N/A	
\$20 copay <sup>1,2</sup>		\$20 copay <sup>1,2</sup>		N/A	
\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>		N/A	
\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>		N/A	

<sup>1</sup> Prescription drug benefit - 31-day fill

<sup>2</sup> Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus copay for brand-name drug; cost difference does not apply to \$1,500 out-of-pocket threshold. (if applicable)

<sup>3</sup> Prescription drug benefit - 30-day fill

\* \$1,500 threshold does not apply to Vantage Medical Home HMO pharmacy benefits



## NOTES

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# SUMMARY OF PLANS

*Medicare Retirees*

# MEDICARE RETIREE MEETINGS SCHEDULE



## Annual Enrollment is October 1 - November 15

Join us at any of the meetings listed below to get details about your options. **There are two classroom style presentations per day, each lasting about two hours.**

***LSU First benefits will not be discussed at these meetings. Please contact LSU for information regarding LSU First annual enrollment meetings.***

Interpreter for hearing-impaired members is available upon request.

***\*\*Please note new location of the Lake Charles & Alexandria Meetings.***

DATE	LOCATION	START TIMES
October 6	Lake Charles Civic Center - Contraband Room <b>** NEW LOCATION**</b> 900 Lakeshore Drive, Lake Charles, LA 70602	9:00 AM or 2:00 PM
October 13	Houma - Terrebonne Civic Center 346 Civic Center Blvd., Houma, LA 70360	9:00 AM or 2:00 PM
October 13	Monroe Civic Center 401 Lea Joyner Expressway, Monroe, LA	9:00 AM or 2:00 PM
October 20	University of Louisiana-Lafayette Cecil J. Picard Center** 200 East Devalcourt Street, Lafayette, LA 70506	9:00 AM or 2:00 PM
October 20	University of New Orleans (University Center Ballroom) 2000 Lakeshore Drive, New Orleans, LA 70148	9:00 AM or 2:00 PM
October 20	Alexandria Convention Center <b>** NEW LOCATION**</b> 2225 N MacArthur Dr., Alexandria, LA 71303	9:00 AM or 2:00 PM
October 27	State Police Headquarters Auditorium 7919 Independence Blvd., Baton Rouge, LA 70806	9:00 AM or 2:00 PM
October 28	SLU Student Union Annex Theater ( <b>Old Student Union</b> ) 303 Texas Ave., Hammond, LA 70402	9:00 AM or 2:00 PM
November 3	Bossier City Civic Center 620 Benton Road, Bossier City, LA 71111	9:00 AM or 2:00 PM

Visit [info.groupbenefits.org](http://info.groupbenefits.org) or call 1-800-272-8451 for more information.

# Medicare and Medicare Advantage



## Medicare Open Enrollment and OGB Annual Enrollment - What's the Difference?

Every year, retirees have the opportunity to change health plans during annual enrollment. Also during this time, retirees with both Medicare Part A and Part B can choose to transfer to a Medicare Advantage health plan or choose an OGB secondary plan. Both enrollments take place once a year with coverage beginning in January.

- Medicare Retirees enrolling in an OGB Secondary plan have until November 15, 2022 to make a selection.
- Medicare Retirees enrolling in a Medicare Advantage plan can make their selection between October 15 and December 7, 2022.
- All covered plan members must have Medicare parts A & B to enroll in a Medicare Advantage plan.
- **All OGB Blue Cross plans provide Part D coverage. If you are enrolled in one of these plans and you enroll in a separate Medicare Part D plan, you will automatically be dis-enrolled from the entire OGB plan.**

### IMPORTANT DATES

**OCTOBER 1 – NOVEMBER 15**

OGB ANNUAL ENROLLMENT

**OCTOBER 15 – DECEMBER 7**

MEDICARE PLANS OPEN ENROLLMENT

**JANUARY 1**

NEW PLAN YEAR BEGINS

## Medicare Advantage

You may decide to go with a Medicare Advantage plan (Part C). With this option, you get all your Medicare Part A and B coverage through an insurance company instead of directly through Medicare.

When you join a Medicare Advantage plan, you're still in the Medicare program, and you're still required to pay your monthly Medicare Part B premium; however, your medical services are covered and administered through a single policy.

### What are the advantages of enrolling in a Medicare Advantage plan?

- Most Medicare Advantage plans have low monthly premiums or no monthly premium.
- Some plans may provide more benefits than are covered under Medicare.
- You generally can enroll regardless of your medical history.

It's important to do your homework and compare plans. Medicare Advantage benefits and provider networks can vary from one plan to another. Before enrolling make sure that the benefits and rules of the plan you select meet your needs and budget.

**Be careful of TV advertisements and mail or phone solicitations for Medicare Advantage Plans. If you are unsure about any communication you receive concerning Medicare Advantage plans, call OGB Customer Service at 1-800-272-8451 for assistance. Our Customer Service staff will be able to tell you if the plan is an OGB sponsored plan or not.**

**IMPORTANT! If you choose an OGB-sponsored Medicare Advantage Plan, you will retain the option to return to an OGB-sponsored secondary plan during the next annual enrollment period. If you enroll in a Medicare Advantage Plan NOT sponsored by OGB, you will not be allowed to return to an OGB Plan. Both the member and covered dependent MUST maintain Medicare Parts A & B in order to be eligible for enrollment in a Medicare Advantage plan.**



## Via Benefits: Customize Your Insurance

Towers Watson's Via Benefits is an Individual Medicare Market Exchange offered to OGB retirees and spouses who have Medicare Parts A and B. Via Benefits offers a variety of medical, prescription drug, and dental plans based on an individual's provider preferences, prescription drug needs, geographic location and medical conditions. These plans may include Medicare Advantage, Medicare Supplement (or Medigap) and Medicare Part D Prescription Drug coverage.

## Plan Advice and Enrollment Assistance

Via Benefits gives you access to licensed benefit advisors and on-line tools combined with comprehensive knowledge of the Medicare market. Licensed benefit advisors are available to assist you before, during and after enrollment. You can contact benefit advisors at (855) 663-4228, Monday through Friday from 8:00 a.m. until 8:00 p.m. Central Standard Time.

## Program Eligibility

Via Benefits provides personalized assistance to help you make informed and confident enrollment decisions and choose the health plan or plans that best fit your medical needs and budget. You are eligible for coverage through Via Benefits if you are an OGB retiree with Medicare Parts A and B.

## Via Benefits Health Reimbursement Arrangement (HRA)

Retirees enrolled in a medical plan through Via Benefits receive a Health Reimbursement Arrangement. The Via Benefits HRA allows for tax-free reimbursement of qualifying medical expenses to the extent that funds are available in the HRA account. HRA qualified health care expenses include copayments, deductibles and coinsurance and medical, dental, prescription drug, plan premiums and Medicare B premiums. A single retiree will receive HRA credits of \$200 per month and a retiree plus spouse will receive HRA credits of \$300 per month from the agency from which the retiree retired.

## Compare Plans

Via Benefits offers a variety of tools to help you compare insurance plans and premiums. They also offer a Prescription Profiler™ that uses your current and projected medication expenses to determine which plans will have the lowest estimated annual out-of-pocket cost.

**To contact Via Benefits, please call (855) 663-4228** between 8:00 a.m. and 8:00 p.m. Central Standard Time, Monday through Friday or to use the on-line plan comparison program, visit: [my.ViaBenefits.com/ogb](http://my.ViaBenefits.com/ogb).

## Sampling of Plans Available through Via Benefits



**For a complete list of plans and providers visit: [my.ViaBenefits.com/ogb](http://my.ViaBenefits.com/ogb)**  
**Or call Via Benefits at 1-855-663-4228.**



## Medicare Advantage Backed by Blue!

Blue Cross and Blue Shield of Louisiana has been protecting Louisianans since 1934. With Blue Advantage (HMO), you have a local choice. Enjoy the ease of medical, hospital and prescription drug coverage along with dental, vision, hearing and fitness in one simple plan. Plus, you'll get extras like a prepaid Mastercard flex card to use at participating retailers for hearing aids, eyewear and over-the-counter supplies. Also, you'll enjoy no-cost online primary care provider visits and member rewards for completing select wellness activities, plus much more.

Medicare Plan Blue Advantage	
Covered Benefit	Blue Advantage HMO
Plan Year Deductible	\$0
Maximum Out-of-pocket Expense (In-Network)	\$2,000
Maximum Out-of-pocket Expense (Out-of-Network)	N/A
Office Visit - Primary Care / Specialist	\$5/\$20 copay per visit
Emergency Room	\$50 ER copay per visit
Inpatient Hospital	\$50 per day (days 1-10)
<b>Prescription Drugs (Part D)</b>	
Tier 1	\$5 copay
Tier 2	\$10 copay
Tier 3	\$25 copay
Tier 4	\$50 copay
Tier 5	20%
You may view the formulary at: Website: <a href="http://www.bcbsla.com/blueadvantage">www.bcbsla.com/blueadvantage</a>	
Additional Benefits	
Flex Card	\$925 total value (hearing aids, eyewear, OTC) on your Mastercard flex card to use at participating retailers
Preventive Dental	\$0 Copay for preventative services, limited to 2 visits per year (2 cleanings and 2 exam)
Eye-wear	\$225 allowance for one pair of frames or contact lenses per year
Over-the-Counter (OTC) Allowance	50 credits per quarter OTC benefits (includes over-the-counter drugs, incontinence supplies and other medical and first aid supplies)
On-line Primary Care Provider Visits	\$0 copay for on-line primary care provider visits (available on a computer, tablet and smartphone 24 hours a day, 7 days a week)
Nurse Help Line	24-hour nurse help line available to members

## Medicare Plan through Humana

Humana is pleased to offer the benefits below for 2023! Compare benefits and rates when you are choosing an OGB sponsored plan to determine what best fits your needs. Humana's HMO service area includes all parishes in Louisiana.

Would you like additional information? Call Humana: 877-889-9885 (TTY: 711), Mon-Fri, 7am – 7pm, CT

Medicare Plan through Humana	
Covered Benefit	Humana Medicare Advantage Employer HMO Plan
<b>Plan Year Deductible</b>	\$0
<b>Maximum Out-of-pocket Expense</b>	\$2,000
<b>Office Visit Primary Care / Specialist</b>	\$0 / \$10 copay per visit
<b>Emergency Room</b>	\$50 Copay; waived if admitted within 24 hours
<b>Inpatient Hospital</b>	\$50 Copay per day (days 1-10)
<b>Prescription Drugs (Part D)</b>	
Tier 1 - Preferred Generics and Generics	\$0
Tier 2 - Preferred Brand	\$20
Tier 3 - Non-Preferred Brand	\$40
Tier 4 - Specialty	20%
<b>You may view or request a formulary at: <a href="https://www.humana.com">Humana.com</a> or call Humana: 877-889-9885 (TTY: 711)</b>	
Additional Benefits	
<b>Transportation</b>	\$0 copayment Post-Discharge Transportation. For plan approved location up to 12 one-way trip(s) per facility discharge by car, van, wheelchair access vehicle. Benefit not to exceed 50 miles per trip.
<b>Routine Hearing Exam</b>	\$25 copay for fitting/evaluation, routine hearing exams up to 1 per year. \$2,000 maximum benefit coverage for hearing aids up to 2, every 3 years
<b>Routine Vision</b>	100% for routine exam, up to 1 per year
<b>Meals After Inpatient Stay</b>	28 meals available post-discharge
<b>Go365® by Humana</b>	Wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help them establish and maintain a healthy lifestyle
<b>Silver Sneakers</b>	A total health and physical activity program included in your plan at no extra cost. <a href="https://www.silversneakers.com">www.silversneakers.com</a>

## Medicare Plan through Peoples Health Plan

Peoples Health Medicare Advantage plans offer much more than Medicare, with extra benefits like vision and dental coverage, a free health club membership and access to other fitness resources through One Pass™, prescription drug coverage. As a Peoples Health Group Medicare member, you pay a premium in addition to paying your Medicare Part B premium; you receive 100 percent coverage for many services with NO Medicare deductibles.

Peoples Health was founded and is based in Louisiana and serves more than 91,000 members. Their plans offer coordinated, personalized service.

Medicare Plan through Peoples Health	
Covered Benefit	Peoples Health HMO-POS
<b>Plan Year Deductible</b>	\$0
<b>Maximum Out-of-pocket Expense (In-Network)</b>	\$2,500 for Medicare-covered Part A and Part B services
<b>Maximum Out-of-pocket Expense (Out-of-Network)</b>	There is no out-of-network maximum. Out-of-network services do not count towards the in-network maximum.
<b>Office Visit - Primary Care / Specialist</b>	\$0 / \$10 copay per visit with network providers
<b>Emergency Room</b>	\$50 copay per visit
<b>Inpatient Hospital</b>	\$50 copay per day (days 1-10) with network providers
<b>Prescription Drugs (Part D)</b>	
Tier 1	\$0 copay
Tier 2	\$0 copay
Tier 3	\$20 copay (30-day supply)
Tier 4	\$40 copay (30-day supply)
Tier 5	20% (limited to a 30-day supply)
You may view the Peoples Health list of covered drugs at <a href="http://www.peopleshealth.com/formulary">www.peopleshealth.com/formulary</a>	
Additional Benefits	
<b>Preventive Dental</b>	\$0 copay for covered services from network providers, including oral exams, cleanings, fluoride treatments and X-rays; coverage frequency varies by service.
<b>Comprehensive Dental</b>	\$0 copay for covered comprehensive services not normally covered by Medicare, from network providers. Covered up to \$2,000 per year for comprehensive and preventive services.
<b>Diagnostic Hearing Exam</b>	\$10 copay for each Medicare covered diagnostic hearing exam.
<b>Meal Benefit</b>	\$0 copay for home-delivered meals from the network meal provider after an eligible hospital stay. Restrictions apply.
<b>Respite Care</b>	\$0 copay for each session with the network respite care provider, up to 12 sessions every year. This benefit is for members diagnosed with dementia. Restrictions apply.
<b>Eye-wear</b>	\$0 copay for one pair of standard lenses and frames (or contact lenses, instead of lenses and frames) each year; plan pays up to \$200 every year for frames or contact lenses.

## Medicare Plans through Vantage Health Plan

For Medicare retirees who are 65 and over, Vantage offers several Medicare Advantage plans as an alternative to Medicare. One benefit to Vantage's Medicare Advantage plans is that a network of providers is already contracted with the plan throughout Louisiana. These physicians, hospitals and specialty medical facilities have already agreed to provide health care services to treat Medicare Advantage members.

Medicare Plans through Vantage Health Plan			
Covered Benefit	Vantage Premium 100 HMO-POS	Vantage Standard HMO-POS	Vantage Basic HMO-POS
<b>Plan Year Deductible</b>	N/A	N/A	N/A
<b>Maximum Out-of-pocket Expense</b>	\$0	\$4,900	\$5,900
<b>Office Visit Primary Care / Specialist</b>	\$0 Primary Care copay and \$0 Specialist copay per visit	\$0 Primary Care copay and \$45 or \$35 AHN* Specialist copay per visit	\$0 Primary Care copay and \$50 or \$35 AHN* Specialist copay per visit
<b>Emergency Room</b>	\$0	\$90 ER copay per visit worldwide coverage; Waived if admitted within 72 hours	\$90 ER copay per visit worldwide coverage; Waived if admitted within 72 hours
<b>Inpatient Hospital</b>	\$0 copay	100% coverage after \$270 copay per day for days 1-7 or \$0 copay for day 1, \$270 copay per day AHN* for days 2-7	100% coverage after \$318 copay per day for days 1-7 or \$0 copay for day 1, \$318 copay per day AHN* for days 2-7
<b>Prescription Drugs (Part D)</b>			
Tier 1 - Preferred Generics	\$5 copay, coverage through the GAP and Catastrophic Coverage stage	\$5 copay, coverage through the GAP and Catastrophic Coverage stage	\$8 copay, coverage through the GAP and Catastrophic Coverage stage
Tier 2 - Generics	\$14 copay, coverage through the GAP	\$14 copay, coverage through the GAP	\$16 copay
Tier 3 - Preferred Brand	\$47 copay, coverage through the GAP	\$47 copay, coverage through the GAP	\$47 copay
Tier 4 - Non-Preferred Brand	\$100 copay, coverage through the GAP	\$100 copay, after \$505 deductible, coverage through the GAP	\$100 copay, after \$505 deductible
Tier 5 - Specialty	33% coinsurance, coverage through the GAP	25% coinsurance, after \$480 deductible, coverage through the GAP	25% coinsurance, after \$480 deductible
<b>You may view the Vantage Medicare Advantage Rx Formulary at: <a href="http://www.vantagehealthplan.com/OGBMedicare/Documents">www.vantagehealthplan.com/OGBMedicare/Documents</a></b>			
Additional Benefits	Vantage Premium 100 HMO-POS	Vantage Standard HMO-POS	Vantage Basic HMO-POS
<b>Preventive Dental</b>	100% coverage with maximum benefit of \$400 every year	100% coverage with maximum benefit of \$400 every year	100% coverage with maximum benefit of \$400 every year
<b>Comprehensive Dental</b>	100% coverage with maximum benefit of \$2,450 every year for comprehensive dental	100% coverage with maximum benefit of \$1,500 every year for comprehensive dental	100% coverage with maximum benefit of \$950 every year for comprehensive dental
<b>Routine Hearing Exam</b>	\$0 copay	\$0 copay	\$0 copay
<b>Eye-wear</b>	0% coinsurance with maximum benefit of \$300 every year	0% coinsurance with maximum benefit of \$300 every year	0% coinsurance with maximum benefit of \$300 every year

# OGB Supplemental Health Plans



## Pelican HRA1000

The Pelican HRA1000 includes \$1,000 in annual employer contributions for employee-only plans and \$2,000 for employee plus dependent(s) plans in a health reimbursement account that can be used to offset deductible and other out-of-pocket health care costs throughout the year. Any unused funds rollover each plan year up to the In-Network out-of-pocket maximum (if you remain enrolled in the Pelican HRA1000 plan), allowing members to build up balances that cover eligible medical expenses when they happen.

View Blue Cross' network providers at [info.groupbenefits.org](http://info.groupbenefits.org).

	Retiree-Only	Retiree + 1 (Spouse or Child)	Retiree + Children	Family
Employer Contribution to HRA	\$1,000	\$2,000	\$2,000	\$2,000
Deductible (In-Network)	\$2,000	\$4,000	\$4,000	\$4,000
Deductible (Out-of-Network)	\$4,000	\$8,000	\$8,000	\$8,000
Out-of-pocket max (In-Network)	\$5,000	\$10,000	\$10,000	\$10,000
Out-of-pocket max (Out-of-Network)	\$10,000	\$20,000	\$20,000	\$20,000
Coinsurance (In-Network)	20%	20%	20%	20%
Coinsurance (Out-of-Network)	40%	40%	40%	40%

## Pharmacy Benefits

OGB uses a Formulary to help members select the most appropriate, lowest-cost options. The Formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred, or specialty brand drug.

Tier	Member Responsibility*
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>	
Generic	\$0 copay
Preferred	\$20 copay
Non-Preferred	\$40 copay
Specialty	\$40 copay

\*Member responsibility is for a prescription drug benefit of up to a 31-day supply.



# Magnolia Plans

## Magnolia Local Plus (Nationwide In-Network Providers)

The Magnolia Local Plus option offers the benefit of Blue Cross' nationwide In-Network providers.

The Local Plus plan provides the predictability of copays rather than using employer funding to offset out-of-pocket costs. Out-of-Network care is covered only in emergencies and the member may be balance-billed.

View Blue Cross' network providers at [info.groupbenefits.org](http://info.groupbenefits.org).

Medicare Retirees (retirement date BEFORE 3-1-2015)	Retiree-Only	Retiree + 1 (Spouse or Child)	Retiree + Children*	Family
Deductible (In-Network)	\$0	\$0	\$0	\$0
Deductible (Out-of-Network)	No Coverage	No Coverage	No Coverage	No Coverage
Out-of-pocket max (In-Network)	\$2,000	\$3,000	\$4,000	\$4,000
Out-of-pocket max (Out-of-Network)	No Coverage	No Coverage	No Coverage	No Coverage
Copay (In-Network)	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50
Medicare Retirees (retirement date ON or AFTER 3-1-2015)				
Deductible (In-Network)	\$400	\$800	\$1,200	\$1,200
Deductible (Out-of-Network)	No Coverage	No Coverage	No Coverage	No Coverage
Out-of-pocket max (In-Network)	\$3,500	\$6,000	\$8,500	\$8,500
Out-of-pocket max (Out-of-Network)	No Coverage	No Coverage	No Coverage	No Coverage
Copay (In-Network)	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50

## Pharmacy Benefits

OGB uses a Formulary to help members select the most appropriate, lowest-cost options. The Formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred, or specialty brand drug.

Tier	Member Responsibility*
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):	
Generic	\$0 copay
Preferred	\$20 copay
Non-Preferred	\$40 copay
Specialty	\$40 copay

\*Member responsibility is for a prescription drug benefit of up to a 31-day supply.

## Magnolia Open Access (Nationwide Providers)

The Magnolia Open Access Plan offers coverage both inside and outside of Blue Cross' nationwide network. It differs from the other Magnolia plans in that members enrolled in the Open Access Plan will not pay copays at physician visits. Instead, once a member's deductible is met, he or she will pay 20% of the allowable amount. Out-of-Network care may be balance billed.

We encourage you to make sure you choose a doctor or hospital in your provider network when you need healthcare. By choosing a network provider, you avoid the possibility of having your provider bill you for amounts in addition to applicable copays, coinsurance, deductibles and non-covered services. (Often referred to as Balance Billing)

Though the premiums for the Magnolia Open Access plan are higher than OGB's other plans, its moderate deductibles combined with a nationwide network make it an attractive plan for members who live out-of-state or travel regularly. View Blue Cross' network providers at [info.groupbenefits.org](http://info.groupbenefits.org).

<b>Medicare Retirees (retirement date BEFORE 3-1-2015)</b>	<b>Retiree-Only</b>	<b>Retiree + 1 (Spouse or Child)</b>	<b>Retiree + Children</b>	<b>Family</b>
Deductible (In and Out-of-Network)	\$300	\$600	\$900	\$900
Out-of-pocket max (In and Out-of-Network**)	\$3,300 individual; plus \$2,300 per additional person up to 2; plus \$2,000 per additional person up to 2 additional people; \$13,700 for a family of 5+			
Coinsurance (In-Network)	20%	20%	20%	20%
Coinsurance (Out-of-Network)	20%	20%	20%	20%
<b>Medicare Retirees (retirement date ON or AFTER 3-1-2015)</b>				
Deductible (In and Out-of-Network)	\$900	\$1,800	\$2,700	\$2,700
Out-of-pocket max (In-Network**)	\$3,500	\$6,000	\$8,500	\$8,500
Out-of-pocket max (Out-of-Network**)	\$4,700	\$8,500	\$12,250	\$12,250
Coinsurance (In-Network)	20%	20%	20%	20%
Coinsurance (Out-of-Network)	20%	20%	20%	20%

\*\*Eligible Expenses for services of a Network Provider that are applied to the Out-of-Pocket Maximum for Network Providers will apply to the Out-of-Pocket Maximum for Out-of-Network Providers. Eligible Expenses for services of Out-of-Network Providers that are applied to the Out-of-Pocket Maximum for Out-of-Network Providers will apply to the Out-of-Pocket Maximum for Network.

## Pharmacy Benefits

OGB uses a Formulary to help members select the most appropriate, lowest-cost options. The Formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred, or specialty brand drug.

Tier	Member Responsibility*
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>	
Generic	\$0 copay
Preferred	\$20 copay
Non-Preferred	\$40 copay
Specialty	\$40 copay

\*Member responsibility is for a prescription drug benefit of up to a 31-day supply.

## Retiree 100

Retired members and/or spouses in the Magnolia Open Access plan who have Medicare Part A and Part B as their primary insurer are eligible to participate in the Retiree 100 program. This supplemental plan serves as additional coverage for members who have extensive hospital bills and/or large amounts of physician charges due to a serious illness, accident or long-term chronic condition.

## Not All Expenses Are Eligible

Retiree 100 coordinates only those expenses considered eligible for reimbursement by both Medicare and the Magnolia Open Access plan and does not include prescription drugs.

## Premiums

The monthly premium for Retiree 100 is \$81.00 per person **in addition** to your monthly OGB premium. **There is no state contribution** toward the premium amount; you must pay the entire cost for Retiree 100 coverage.

## Enrollment

**If you are already retired**, you can enroll during the annual enrollment period held each year. Also, you can enroll within 30 days after the date you first became eligible for Medicare (Parts A and B). Coverage becomes effective on the first day of the month you became eligible for Medicare.

**Enrollment documents are available on the OGB website, [info.groupbenefits.org](http://info.groupbenefits.org).**

## Magnolia Local (Select, In-Network Provider Only Plan)

The Magnolia Local plan is a select, In-Network provider only plan for members who live in specific coverage areas. Magnolia Local is a health plan for members who want local access, affordable premiums and a new approach to healthcare.

Out-of-Network care is covered only in emergencies and the member may be balance-billed.

### What is different about Magnolia Local?

- **Your network of doctors and hospitals is more limited in service area** than other plans. You still have a full network of primary care doctors, specialists and other healthcare providers in your area.
- **You have a coordinated care team** that talks to one another and helps you get the right care in the right place.
- **Staying in network is very important!**
- Where you live will determine which Magnolia Local network you will use.



### Before you choose Magnolia Local, consider this:

- Which doctors/clinics do you go to the most?
- Which clinics/hospitals are closest to where you live?
- Staying in network is very important! As long as you receive care within your network, you will pay less than if you receive care outside of the network.

### Magnolia Local has two networks: Community Blue & Blue Connect

Community Blue is a select, local network designed for members who live in the parishes of **Ascension, East Baton Rouge, Livingston, and West Baton Rouge**.

Blue Connect is a select, local network designed for members who live in the parishes of **Acadia, Bossier, Caddo, Evangeline, Iberia, Jefferson, Lafayette, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, and Vermilion**.

#### Community Blue\* (for residents in the **Baton Rouge Region**)

You have access to many healthcare providers in following regions:

##### Baton Rouge Region

- Baton Rouge General Medical Center and Physicians Group
- Baton Rouge Clinic
- Ochsner Medical Center Baton Rouge
- Ochsner Clinic

##### Greater New Orleans Region

- Ochsner Health System and its affiliates

To find a complete list of providers in this network, visit [www.bcbsla.com/ogb](http://www.bcbsla.com/ogb) and choose your member type under Magnolia Local. Click Find a Doctor, then Find a Community Blue Doctor.

#### Blue Connect\* (for residents in the **New Orleans, Lafayette, St. Tammany and Shreveport/Bossier Regions**)

You have access to the many healthcare providers in the following regions:

##### Greater New Orleans Region

- Ochsner Health System and its affiliates

##### Lafayette Region

- Ochsner Lafayette General Health System and its affiliates
- Abbeville General Hospital
- Opelousas General Health System
- Iberia Medical Center
- Ochsner Abrom Kaplan Memorial Hospital

##### St. Tammany Region

- Ochsner Medical Center Northshore
- Slidell Memorial Hospital
- St. Tammany Parish Hospital

##### Shreveport/Bossier Region

- CHRISTUS Shreveport-Bossier Health System and its affiliates

To find a complete list of providers in this network, visit [www.bcbsla.com/ogb](http://www.bcbsla.com/ogb) and choose member type under Magnolia Local. Click Find a Doctor, then Find a Blue Connect Doctor.

\*Providers in the Community Blue and Blue Connect networks are subject to change. View Blue Cross and Blue Shield of Louisiana's network providers at [info.groupbenefits.org](http://info.groupbenefits.org).

**IMPORTANT! Magnolia Local is a perfect fit for some, but not others. We encourage you to carefully review the doctors/clinics/hospitals within the Community Blue and Blue Connect networks before selecting this option.**

**View providers in Blue Cross' network at [info.groupbenefits.org](http://info.groupbenefits.org).**

<b>Medicare Retirees (retirement date BEFORE 3-1-2015)</b>	<b>Retiree-Only</b>	<b>Retiree + 1 (Spouse or Child)</b>	<b>Retiree + Children*</b>	<b>Family</b>
Deductible (In-Network)	\$0	\$0	\$0	\$0
Deductible (Out-of-Network)	No Coverage	No Coverage	No Coverage	No Coverage
Out-of-pocket max (In-Network)	\$1,000	\$2,000	\$3,000	\$3,000
Out-of-pocket max (Out-of-Network)	No Coverage	No Coverage	No Coverage	No Coverage
Copay (In-Network)	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50
<b>Medicare Retirees (retirement date ON or AFTER 3-1-2015)</b>				
Deductible (In-Network)	\$400	\$800	\$1,200	\$1,200
Deductible (Out-of-Network)	No Coverage	No Coverage	No Coverage	No Coverage
Out-of-pocket max (In-Network)	\$2,500	\$5,000	\$7,500	\$7,500
Out-of-pocket max (Out-of-Network)	No Coverage	No Coverage	No Coverage	No Coverage
Copay (In-Network)	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50

### Pharmacy Benefits

OGB uses a Formulary to help members select the most appropriate, lowest-cost options. The Formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred, or specialty brand drug.

<b>Tier</b>	<b>Member Responsibility*</b>
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>	
Generic	\$0 copay
Preferred	\$20 copay
Non-Preferred	\$40 copay
Specialty	\$40 copay

\*Member responsibility is for a prescription drug benefit of up to a 31-day supply.

We encourage you to make sure you choose a doctor or hospital in your provider network when you need healthcare. By choosing a network provider, you avoid the possibility of having your provider bill you for amounts in addition to applicable copays, coinsurance, deductibles and non-covered services. (Often referred to as Balance Billing.)



# SilverScript®

## Announcing our NEW Medicare Pharmacy Vendor

SilverScript Employer PDP sponsored by the State of Louisiana Office of Group Benefits (SilverScript) will be the new prescription drug plan for retirees and their dependents who are eligible for Medicare and enrolled in the following plans:

**Pelican HRA1000 \* Magnolia Local \* Magnolia Local Plus \* Magnolia Open Access**

SilverScript is a Medicare Part D prescription drug plan with additional coverage provided by the Office of Group Benefits. The plan is provided by SilverScript Insurance Company® which is affiliated with CVS Caremark®, the Office of Group Benefits' new pharmacy benefit manager.

### Over 1,000 network pharmacies in Louisiana

- Pharmacies other than CVS Pharmacy
- Over 600 independent Louisiana pharmacies
- Includes approximately 550 chain pharmacies such as Albertson's, Brookshire, Walgreens, Super 1 Pharmacy, Winn-Dixie and more!
- Over 65,000 pharmacies across the country

### Online and mobile resources

- Check Drug Cost and Coverage
- Pharmacy Locator

**No interruption** in your prescription drug coverage.

- Covered by **Express Scripts Medicare** through December 31, 2022
- Covered by **SilverScript** starting January 1, 2023

**New ID card** from SilverScript by December 31, 2022.

**No change** in your prescription drug coverage.

- No deductible
- Same coinsurance with maximum copayments
- Same \$1,500 annual out-of-pocket cost threshold
- Same copayments after you reach OGB out-of-pocket threshold
- Same OGB combined medical and prescription drug annual out-of-pocket maximum



### Questions?

**SilverScript representatives will be at the annual enrollment meetings to answer your questions.**

### SilverScript Customer Care

*After October 1, 2022*

**1-888-996-0104**

Available 24 hours a day,  
7 days a week

TTY users should call 711.

**[www.caremark.com](http://www.caremark.com)**

## Vantage Medical Home HMO

Vantage Medical Home HMO is a patient-centered approach to providing cost-effective and comprehensive primary health care for children, youth and adults. This plan creates partnerships between the individual patient and his or her personal physician and, when appropriate, the patient's family. This plan includes a preferred provider network, Affinity Health Network (AHN), which has lower copays for certain covered services as indicated by "AHN." This plan also includes Out-of-Network coverage.

<b>Medicare Retirees (retirement date BEFORE 3-1-2015)</b>	<b>Employee-Only</b>	<b>Employee + 1 (Spouse or child)</b>	<b>Employee + Children</b>	<b>Family</b>
Deductible (In-Network)	\$0	\$0	\$0	\$0
Deductible (Out-of-Network)	\$2,000	\$4,000	\$6,000	\$6,000
Copay – PCP (In-Network)	\$20 AHN/\$40	\$20 AHN/\$40	\$20 AHN/\$40	\$20 AHN/\$40
Copay – Specialist (In-Network)	\$45 AHN/\$65	\$45 AHN/\$65	\$45 AHN/\$65	\$45 AHN/\$65
Coinsurance – PCP (Out-of-Network)	50% coinsurance; subject to Out-of-Network deductible			
Coinsurance – Specialist (Out of-Network)	50% coinsurance; subject to Out-of-Network deductible			
Out-of-pocket max (In-Network)	\$2,000	\$3,000	\$4,000	\$4,000
Out-of-pocket max (Out-of-Network)	Unlimited	Unlimited	Unlimited	Unlimited
<b>Medicare Retirees (retirement date ON or AFTER 3-1-2015)</b>				
Deductible (In-Network)	\$400	\$800	\$1,200	\$1,200
Deductible (Out-of-Network)	\$2,000	\$4,000	\$6,000	\$6,000
Copay – PCP (In-Network)	\$20 AHN/\$40	\$20 AHN/\$40	\$20 AHN/\$40	\$20 AHN/\$40
Copay – Specialist (In-Network)	\$45 AHN/\$65	\$45 AHN/\$65	\$45 AHN/\$65	\$45 AHN/\$65
Coinsurance – PCP (Out-of-Network)	50% coinsurance; subject to Out-of-Network deductible			
Coinsurance – Specialist (Out of-Network)	50% coinsurance; subject to Out-of-Network deductible			
Out-of-pocket max (In-Network)	\$3,500	\$6,000	\$8,500	\$8,500
Out-of-pocket max (Out-of-Network)	Unlimited	Unlimited	Unlimited	Unlimited

### In-Network Providers

View providers in Vantage Health Plan's networks at [www.vantagehealthplan.com/OGBCommercial](http://www.vantagehealthplan.com/OGBCommercial).

### Pharmacy Benefits

The Vantage Medical Home HMO prescription drug benefit has five copayment levels. There is no prescription drug deductible. You may view the Vantage Rx Formulary at: [www.vantagehealthplan.com/OGBCommercial/Documents](http://www.vantagehealthplan.com/OGBCommercial/Documents).

<b>Tier</b>	<b>Member Responsibility</b>
Tier 1 – Preferred Generics	\$0 AHN/ \$15
Tier 2 – Non- Preferred Generics	\$40
Tier 3 – Preferred Brand	\$75
Tier 4 – Non-Preferred Brand	\$100
Tier 5 - Specialty	\$150

# How to Enroll



## All Medicare Retirees

**There are four ways to change a health plan. Choose one that works best for you :**

1. Medicare retirees may change and/or update their elections through OGB's annual enrollment web portal - [enroll.groupbenefits.org](http://enroll.groupbenefits.org)
  - Retirees will need their insurance cards and identification numbers (date of birth, Social Security number, etc.) to log in to the web portal.
2. Contact your human resources department.
3. Complete the annual enrollment form found on page 67 and return it to the address provided by November 15.
4. To enroll in a health plan with different or new covered dependents or to discontinue OGB coverage:
  - Submit a dated and signed letter\* to OGB that includes:
    - the member's Social Security number;
    - new dependent's name, birth date and Social Security number; and
    - dependent verification documentation (i.e.- marriage and/or birth certificate).
    - **Please Note:** If you are dropping your OGB coverage entirely, you will not be able to get it back.
    - **Mail to:** Office of Group Benefits, Annual Enrollment, P.O. Box 44036, Baton Rouge, LA 70804; or
    - **Fax to:** (225) 342-9917 or (225) 342-9919.

*\*Rehired Retirees must see their HR department to add or drop dependents.*

**IMPORTANT! If you would like to remain in your current OGB health plan with the same covered dependents for the 2023 Plan Year, you do not need to do anything. Your coverage will continue for the 2023 Plan Year.**



OFFICE OF GROUP BENEFITS  
2023 ANNUAL ENROLLMENT FORM  
Retirees with Medicare  
(Please Print Clearly)

Plan Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

NO ACTION IS NECESSARY IF YOU DO NOT WISH TO MAKE A CHANGE

PLEASE MARK ONE AND ONLY ONE SELECTION BY PLACING AN (X) IN THE APPROPRIATE BOX

**OGB Secondary Plans for Retirees with Medicare**

**R** **Pelican HRA1000**  
*Administered by Blue Cross*

**L** **Magnolia Local (Limited In-Network Provider Network)** *Administered by Blue Cross*

**P** **Magnolia Local Plus**  
*Administered by Blue Cross*

**M** **Vantage Medical Home HMO (MHHP)**  
*Insured by Vantage Health Plan*

**A** **Magnolia Open Access**  
*Administered by Blue Cross*

**OGB Sponsored Medicare Advantage Plans**

**C** **Blue Advantage Medicare Advantage HMO Plan**  
Retiree and all covered dependents must have both Medicare A and Medicare B

**V** **Vantage Medicare Advantage Premium HMO-POS Plan**  
Retiree and all covered dependents must have both Medicare A and Medicare B

**G** **Humana HMO Medicare Advantage Plan**  
Retiree and all covered dependents must have both Medicare A and Medicare B

**S** **Vantage Standard Medicare Advantage HMO-POS Plan**  
Retiree and all covered dependents must have both Medicare A and Medicare B

**T** **Peoples Health Medicare Advantage HMO Plan**  
Retiree and all covered dependents must have both Medicare A and Medicare B

**B** **Vantage Basic Medicare Advantage Plan**  
Retiree and all covered dependents must have both Medicare A and Medicare B

PLEASE MAIL OR FAX THIS FORM TO OGB BY **NOVEMBER 15, 2022**.

**By Mail:** Office of Group Benefits  
Annual Enrollment  
P.O. Box 44036  
Baton Rouge, LA 70804

**By Fax:** Office of Group Benefits  
Annual Enrollment  
(225) 342-9917  
or  
(225) 342-9919

Plan Member's Signature (required)

Date





# How to Read Your Benefits Comparison

Your Benefits Comparison has 3 main sections:

## Cost Comparison

**1** A comparison of the different Copays, Coinsurance, and Deductibles across offered plans. A Copay is a fixed payment for a covered service, and does not count toward your Deductible. A Coinsurance is the amount you pay for certain services after you have met your deductible. A Deductible is the amount you pay annually before your insurance begins to pay.

## Out-of-Pocket Comparison

**2** A comparison of the different Out-of-Pocket Maximums across offered plans. An Out-of-Pocket Maximum is the most you'll have to pay annually for health care services. Deductibles, Copays, Coinsurance and other medical expenses count toward your Out-of-Pocket Maximum. Your monthly premium does not.

## Plan Benefits Summary

**3** A high-level comparison of the benefits offered across each plan. Use to compare the different Copays, Coinsurance and Deductibles you may be responsible for when using different medical and pharmacy benefits. This comparison chart is a summary of plan features and is presented for general information only. For a complete list of plan features, please review the plan documents posted online at [info.groupbenefit.org](http://info.groupbenefit.org).

**NOTE:** This section also breaks down plans for Medicare Advantage, plans for retirees with Medicare (retirement date before March 1, 2015), and plans for retirees with Medicare (retirement date ON or AFTER March 1, 2015)

**Choose a Plan Structure and Network:** Some plan types allow you to use almost any doctor or health care facility. Others limit your choices, have no out-of-network coverage or charge you more if you use providers outside the network.

## Compare Out-of-Pocket Costs

You may want a plan with low out-of-pocket costs if:

- You see a doctor, such as a specialist, on a regular basis
- You frequently need emergency care
- You take expensive or brand-name medications on a regular basis
- You have a planned surgery coming up
- You've recently been diagnosed with a chronic condition such as diabetes or cancer

You may want a plan with higher out-of-pocket costs if:

- You cannot afford a plan with lower out-of-pocket costs
- You are in good health and rarely see a doctor
- You rarely participate in activities with a high risk of injury

## Compare Covered Benefits

- Compare the Copay, Coinsurance and Deductible of any planned services or procedures for the upcoming plan year.
- See if your physician or preferred facility is covered under each plan by visiting [www.BCBSLA.com](http://www.BCBSLA.com) or [www.vhp-stategroup.com](http://www.vhp-stategroup.com)
- Review your prescription cost across plans by searching the formularies for each plan. If you are on maintenance medications, consider mail order to reduce costs.

**Medicare Advantage Plans  
Benefits Comparison  
Benefits effective January 1, 2023 - December 31, 2023**

	<b>Blue Advantage (HMO)</b>	<b>Humana Medicare Advantage Employer HMO</b>	<b>Peoples Health HMO-POS</b>
	Network	Network	Network
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Deductible</b>			
You	\$0	\$0	\$0
You + 1 (Spouse)	\$0	\$0	\$0
You + Children	\$0	\$0	\$0
You + Family	\$0	\$0	\$0
<b>Out-of-Pocket Maximum</b>			
You	\$2,000 per member	\$2,000 per member	\$2,500 per member for Medicare-covered Part A and Part B services
You + 1 (Spouse or child)			
You + Children			
You + Family			
<b>State Funding</b>		<b>The Plan Pays</b>	
You	Not Available	Not Available	Not Available
You + 1 (Spouse or child)			
You + Children			
You + Family			
<b>Physicians' Services</b>		<b>The Plan Pays</b>	
<b>Primary Care Physician or Specialist Office Visit-</b> Treatment of illness or injury	100% coverage after a \$5 PCP copay or \$20 SPC copay	PCP -100% after \$0 Copay Specialist - 100% after \$10 Copay	100% coverage after a \$0 PCP or \$10 specialist copay per visit.
<b>Medicare A &amp; B Covered Preventative Care in a Primary Care Physician or Specialist Office or Clinic</b> For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan	100% coverage	100% coverage	100% coverage
<b>Physician Services for Emergency Room Care</b>	100% coverage	100% coverage	100% coverage
<b>Allergy Shots and Serum</b>	100% coverage after \$5 copay	PCP -100% after \$0 Copay Specialist - 100% after \$10 Copay	95% coverage
<b>Outpatient Surgery/Services</b> when billed as office visits	100% coverage	PCP - 100% after \$0 Copay Specialist - 100% after \$10 Copay	100% coverage
<b>Inpatient Services</b> Inpatient care, delivery and inpatient short-term acute rehabilitation services	100% coverage after \$50 copay per day (days 1-10)	100% after \$50 copay per day (days 1 - 10)	100% coverage after \$50 copay per day (days 1-10)
<b>Outpatient Surgery/Services</b> Hospital/Facility	100% coverage	100% coverage	100% coverage
<b>Emergency Room Care - Hospital</b> Treatment of an emergency medical condition or injury	100% coverage after \$50 copay; waived if admitted	100% after \$50 copay; waived if admitted within 24 hours	100% coverage after \$50 copay per visit; waived if admitted within 24 hours

**Medicare Advantage Plans  
Benefits Comparison  
Benefits effective January 1, 2023 - December 31, 2023**

Vantage Premium 100 HMO-POS	Vantage Standard HMO-POS	Vantage Basic HMO-POS
Network	Network	Network
<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Deductible</b>		
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
<b>Out-of-Pocket Maximum</b>		
\$0 per member	\$4,900 per member	\$5,900 per member
Not Available	Not Available	Not Available
100% coverage after a \$0 PCP copay and \$0 or \$0 SPC copay per visit	100% coverage after a \$0 PCP copay and \$45 or \$35 AHN* SPC copay per visit	100% coverage after a \$0 PCP copay and \$50 or \$35 AHN* SPC copay per visit
100% coverage	100% coverage	100% coverage
100% coverage	100% coverage	100% coverage
100% coverage	80% coverage	80% coverage
100% coverage	100% coverage	100% coverage
\$0 copay	100% coverage after \$270 copay per day for days 1-7 or \$0 copay for day 1, \$270 copay per day AHN* for days 2-7	100% coverage after \$318 copay per day for days 1-7 or \$0 copay for day 1, \$318 copay per day AHN* for days 2-7
\$0 copay	100% coverage after \$250 or \$150 AHN* copay per visit	100% coverage after \$350 or \$250 AHN* copay per visit
\$0 copay	100% coverage after \$90 copay per visit; waived if admitted within 72 hours	100% coverage after \$90 copay per visit; waived if admitted within 72 hours

**Medicare Advantage Plans  
Benefits Comparison  
Benefits effective January 1, 2023 - December 31, 2023**

	<b>Blue Advantage (HMO)</b>	<b>Humana Medicare Advantage Employer HMO</b>	<b>Peoples Health HMO-POS</b>
	Network	Network	Network
<b>Behavioral Health</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>
<b>Mental Health and Substance Abuse Inpatient Facility</b>	100% after \$25 copay days 1-5	100% after \$25 copay per day (days 1 - 5) 190 day lifetime limit in a psychiatric facility	100% coverage after \$25 copay per day (days 1-5)
<b>Mental Health and Substance Abuse Outpatient Visits - Professional</b>	100% coverage after mental health outpatient \$10 copay / substance abuse outpatient \$20 copay	100% coverage	100% coverage
<b>Other Coverage</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>
<b>Outpatient Acute Short-Term Rehabilitation Services</b> Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	100% coverage	100% coverage	100% coverage
<b>Chiropractic Care</b>	100% coverage after \$20 copay	100% after \$10 copay (Medicare Covered)	100% coverage after a \$10 copay per visit.
<b>Vision Exam (routine)</b>	100% coverage; one exam per year	100% coverage; one exam per year.	100% coverage; 1 exam per year
<b>Urgent Care Center</b>	100% coverage after \$10 copay	100% coverage after \$10 copay per visit	100% coverage after \$5 copay per visit
<b>Home Health Care Services</b>	100% coverage	100% (Excludes Personal Home Care)	100% coverage
<b>Skilled Nursing Facility Services</b>	100% coverage after \$0 copay for days 1-20 and \$25 for days 21-100	100% per day (days 1 - 20); \$25 copay per day (days 21 - 100)	100% coverage days 1-20 100% coverage after \$25 copay per day, days 21+
<b>Hospice Care</b>	Covered by Medicare	Covered by Medicare	Covered by Medicare
<b>Durable Medical Equipment (DME) –Rental or Purchase</b>	95% coverage	DME Provider - 95% coverage Pharmacy - 100% coverage	95% coverage
<b>Transplant Services</b>	100% coverage after \$50 copay per day (days 1-10)	See Inpatient Services; requires prior authorization	100% coverage after \$50 copay per day (days 1-10)
<b>Pharmacy</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Tier 1 - Preferred Generic</b>	\$0 (3 months)	\$0 copay	\$0 copay
<b>Tier 2 - Generic</b>	\$0 (3 months)	\$0 copay	\$0 copay
<b>Tier 3 - Preferred Brand</b>	\$50 (3 months)	\$20 copay	\$20 copay (30-day supply)
<b>Tier 4 - Non-Preferred Drug</b>	\$100 (3 months)	\$40 copay	\$40 copay (30-day supply)
<b>Tier 5 - Specialty Tier</b>	20% coinsurance	20% coinsurance	20% coinsurance (limited to a 30-day supply)

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage.

The benefits outlined in this document were provided by HMO Louisiana, Humana, Peoples Health and Vantage Health Plan. OGB is not responsible for the accuracy of this information.

**NOTE:** Prior authorizations, visit limits and age and/or time restrictions may apply to some benefits - refer to your official plan document for details.  
All services are subject to the terms of the Plan document.



**Medicare Advantage Plans  
Benefits Comparison  
Benefits effective January 1, 2023 - December 31, 2023**

Vantage Premium 100 HMO-POS	Vantage Standard HMO-POS	Vantage Basic HMO-POS
Network	Network	Network
<b>The Plan Pays</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>
\$0 copay	100% coverage after \$467 copay per day (days 1-4)	100% coverage after \$467 copay per day (days 1-4)
\$0 copay	100% coverage after \$0 AHN copay or \$30 copay	100% coverage after \$0 AHN copay or \$40 copay
<b>The Plan Pays</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>
\$0 copay	100% coverage after \$0 AHN per visit or \$10 copay	100% coverage after \$0 AHN per visit or \$20 copay
\$0 copay	100% coverage after a \$20 copay per visit	100% coverage after a \$20 copay per visit.
100% coverage; 1 exam per year	100% coverage; 1 exam per year	100% coverage; 1 exam per year
\$0 copay	100% coverage after \$60 copay per visit	100% coverage after \$60 copay per visit
100% coverage	100% coverage	100% coverage
\$0 copay	100% coverage after \$0 copay (days 1-20); \$188 copay per day (days 21-100)	100% coverage after \$0 copay (days 1-20); \$188 copay per day (days 21-100)
Covered by Medicare	Covered by Medicare	Covered by Medicare
\$0 copay	80% coverage	80% coverage
\$0 copay	100% coverage after \$270/day copay (days 1-7)	100% coverage after \$318/day copay (days 1-7)
<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
\$5 copay, coverage through the GAP and Catastrophic Coverage stage	\$5 copay, coverage through the GAP and Catastrophic Coverage stage	\$8 copay, coverage through the GAP and Catastrophic Coverage stage
\$14 copay, coverage through the GAP	\$14 copay, coverage through the GAP	\$16 copay
\$47 copay, coverage through the GAP	\$47 copay, coverage through the GAP	\$47 copay
\$100 copay, coverage through the GAP	\$100 copay, after \$505 deductible, coverage through the GAP	\$100 copay, after \$505 deductible
33% coinsurance, coverage through the GAP	25% coinsurance, after \$480 deductible, coverage through the GAP	25% coinsurance, after \$480 deductible

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Magnolia Local Plus	
Network	Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers	
Eligible OGB Members	Medicare Retirees (retirement date BEFORE 3/1/2015)		Medicare Retirees (retirement date BEFORE 3/1/2015)	
	Network	Out-of-Network	Network	Out-of-Network
	You Pay		You Pay	
Deductible				
You	\$2,000	\$4,000	\$0	No Coverage
You + 1 (Spouse or child)	\$4,000	\$8,000	\$0	
You + Children	\$4,000	\$8,000	\$0	
You + Family	\$4,000	\$8,000	\$0	
		HRA dollars will reduce this amount		
Out-of-Pocket Maximum				
You	\$5,000	\$10,000	\$2,000	No Coverage
You + 1 (Spouse or child)	\$10,000	\$20,000	\$3,000	
You + Children	\$10,000	\$20,000	\$4,000	
You + Family	\$10,000	\$20,000	\$4,000	
State Funding	The Plan Pays		The Plan Pays	
You	\$1,000		Not Available	
You + 1 (Spouse or child)	\$2,000			
You + Children	\$2,000			
You + Family	\$2,000			
		Funding not applicable to Pharmacy Expenses.		
Physicians' Services	The Plan Pays		The Plan Pays	
<b>Primary Care Physician or Specialist Office - Treatment of illness or injury</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC copay per visit	No Coverage

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Blue Cross and Blue Shield of Louisiana Preferred Care Provider & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Community Blue & Blue Connect		Affinity Health Network "AHN" and standard In-Network and Out-of-Network	
Medicare Retirees (retirement date BEFORE 3/1/2015)		Medicare Retirees (retirement date BEFORE 3/1/2015)		Medicare Retirees (retirement date BEFORE 3/1/2015)	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
You Pay		You Pay		You Pay	
Deductible					
	\$300	\$0	No Coverage	\$0	\$2,000
	\$600	\$0		\$0	\$4,000
	\$900	\$0		\$0	\$6,000
	\$900	\$0		\$0	\$6,000
Out-of-Pocket Maximum					
\$3,300 individual; plus \$2,300 per additional person up to 2; plus \$2,000 per additional person up to 2 additional people; \$13,700 for a family of 5+		\$1,000	No Coverage	\$2,000	No Maximum
		\$2,000		\$3,000	No Maximum
		\$3,000		\$4,000	No Maximum
		\$3,000		\$4,000	No Maximum
The Plan Pays		The Plan Pays		The Plan Pays	
Not Available		Not Available		Not Available	
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP or \$45 AHN/\$65 SPC copay per visit	50% coverage; subject to Out-of-Network Deductible

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network
Physicians' Services	The Plan Pays		The Plan Pays	
<b>Maternity Care</b> (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$90 copay per pregnancy	No Coverage
<b>Physician Services Furnished in a Hospital</b> Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage	No Coverage
<b>Preventative Care Primary Care Physician or Specialist Office or Clinic</b> For a complete list of benefits, refer to the Preventive and Wellness/ Routine Care in the Benefit Plan	100% coverage; <b>not</b> subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; <b>not</b> subject to deductible	100% coverage	No Coverage
<b>Physician Services for Emergency Room Care</b>	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	100% coverage
<b>Allergy Shots and Serum</b> Copay per visit is applicable only to office visit	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100%	No Coverage
<b>Outpatient Surgery/ Services</b> When billed as office visits	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit	No Coverage
<b>Outpatient Surgery/ Services</b> When billed as outpatient surgery at a facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage	No Coverage
Hospital Services	The Plan Pays		The Plan Pays	
<b>Inpatient Services</b> Inpatient care, delivery and inpatient short-term acute rehabilitation services	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$90 copay per pregnancy	No Coverage	100% coverage after a \$20 AHN/\$40 copay per pregnancy	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	No Coverage	100% coverage	50% coverage; subject to Out-of-Network Deductible
100% coverage; <b>not</b> subject to deductible	80% coverage; subject to deductible	100% coverage	No Coverage	100% coverage	50% coverage; not subject to Out-of-Network deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	100% coverage	100% coverage	100% coverage
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100%	No Coverage	80% coverage	50% coverage; subject to Out-of-Network deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP or \$45 AHN/\$65 SPC office visit copay per visit	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	No Coverage	100% coverage	50% coverage; subject to Out-of-Network Deductible
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$100 AHN/\$250 copay per day; max \$300 AHN/\$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible



**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network
<b>Hospital Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Outpatient Surgery/Services</b> Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 facility copay per visit	No Coverage
<b>Emergency Room - Hospital</b> (Facility) Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted
<b>Behavioral Health</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Mental Health and Substance Abuse</b> Inpatient Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage
<b>Mental Health and Substance Abuse</b> Outpatient Visits - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Other Coverage</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Outpatient Acute Short-Term Rehabilitation Services</b> Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Chiropractic Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Hearing Aid</b> Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	No Coverage	80% coverage	No Coverage
<b>Vision Exam (routine) and Eye Wear</b>	No Coverage	No Coverage	No Coverage	No Coverage
<b>Comprehensive Dental</b>	No Coverage	No Coverage	No Coverage	No Coverage
<b>Urgent Care Center</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$50 copay per visit	No Coverage
<b>Home Health Care Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage	No Coverage

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 facility copay per visit	No Coverage	100% coverage after a \$100 AHN/\$250 copay	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible; \$200 copay per visit; waived if admitted	80% coverage; subject to deductible; \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after a \$200 copay per visit; waived if admitted	100% coverage after a \$200 copay per visit; waived if admitted
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$100 AHN/\$250 copay per day; max \$300 AHN/\$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP copay per visit	50% coverage; subject to Out-of-Network Deductible
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 copay per visit	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$40 PCP copay per visit	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage	No Coverage	80% coverage	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	No Coverage	No Coverage	Exam: \$45 AHN/\$65 copay per visit; Eye-wear: 50% coinsurance, with a \$100 benefit max for all members; not subject to In-Network deductible	Exam: 50% coverage; subject to Out-of-Network Deductible; Eye-wear: 50% coinsurance, with a \$100 benefit max for all members; not subject to Out-of-network deductible
No Coverage	No Coverage	No Coverage	No Coverage	Preventive: 100% coverage; Basic/Major: 50% coinsurance, with a \$500 benefit max for all members	Preventive: 100% coverage, not subject to Out-of-Network deductible; Basic/Major: 50% coinsurance, with a \$500 benefit max for all members; not subject to Out-of-Network deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after a \$50 copay per visit	No Coverage	100% coverage after a \$65 copay per visit	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	100% coverage	No Coverage	100% coverage	No Coverage

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network
<b>Other Coverage</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Skilled Nursing Facility Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage
<b>Hospice Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage	No Coverage
<b>Durable Medical Equipment (DME) - Rental or Purchase</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year;	No Coverage
<b>Transplant Services</b>	80% coverage; subject to deductible	No Coverage	100% coverage	No Coverage
<b>Pharmacy</b>	<b>You Pay</b>		<b>You Pay</b>	
Tier 1 - Generic	50% up to \$30 <sup>1</sup>		50% up to \$30 <sup>1</sup>	
Tier 2 - Preferred	50% up to \$55 <sup>1,2</sup>		50% up to \$55 <sup>1,2</sup>	
Tier 3 - Non-Preferred	65% up to \$80 <sup>1,2</sup>		65% up to \$80 <sup>1,2</sup>	
Tier 4 - Specialty	50% up to \$80 <sup>1,2</sup>		50% up to \$80 <sup>1,2</sup>	
90 day supply for maintenance drugs from mail order OR at participating 90-day retail network pharmacies	2.5 times the cost of applicable maximum copay		2.5 times the cost of applicable maximum copay	
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>				
Tier 1 - Generic	\$0 copay <sup>1</sup>		\$0 copay <sup>1</sup>	
Tier 2 - Preferred	\$20 copay <sup>1,2</sup>		\$20 copay <sup>1,2</sup>	
Tier 3 - Non-Preferred	\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>	
Tier 4 - Specialty	\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>	

**NOTE:** Prior Authorizations and Visit Limits may apply to some benefits - refer to your Plan Document for details. This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage.

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$250 copay per day; max \$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	100% coverage	No Coverage	100% coverage	No Coverage
80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year	No Coverage	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year	50% coverage; subject to Out-of-Network deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	No Coverage	100% coverage after \$250 copay per day; max \$750 per admission; not subject to In-Network deductible	No Coverage
<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>	
50% up to \$30 <sup>1</sup>		50% up to \$30 <sup>1</sup>		Tier 1 - Preferred Generics: \$0 AHN/\$15 copay <sup>3</sup> Tier 2 - Non-Preferred Generics: \$40 copay <sup>3</sup>	
50% up to \$55 <sup>1,2</sup>		50% up to \$55 <sup>1,2</sup>		Tier 3 - Preferred Brand: \$75 copay <sup>2,3</sup>	
65% up to \$80 <sup>1,2</sup>		65% up to \$80 <sup>1,2</sup>		Tier 4 - Non-Preferred Brand: \$100 copay <sup>2,3</sup>	
50% up to \$80 <sup>1,2</sup>		50% up to \$80 <sup>1,2</sup>		Tier 5 - Specialty: \$150 copay <sup>2,3</sup>	
2.5 times the cost of applicable maximum copay		2.5 times the cost of applicable maximum copay		Tier I Preferred Generics: 100-day supply for \$0 copay at AHN; Tiers 1-4: 100-day supply for 3 copays; Tier 5 Specialty: 100-day mail-order not available	
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s)*:</b>					
\$0 copay <sup>1</sup>		\$0 copay <sup>1</sup>		N/A	
\$20 copay <sup>1,2</sup>		\$20 copay <sup>1,2</sup>		N/A	
\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>		N/A	
\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>		N/A	

<sup>1</sup> Prescription drug benefit - 31-day fill

<sup>2</sup> Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus copay for brand-name drug; cost difference does not apply to \$1,500 out-of-pocket threshold (if applicable).

<sup>3</sup> Prescription drug benefit - 30-day fill

\* \$1,500 threshold does not apply to Vantage Medical Home HMO pharmacy benefits

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	<b>Pelican HRA1000</b>		<b>Magnolia Local Plus</b>	
Network	Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers	
Eligible OGB Members	Medicare Retirees (retirement date ON or AFTER 3/1/2015)		Medicare Retirees (retirement date ON or AFTER 3/1/2015)	
	<b>Network</b>	<b>Out-of-Network</b>	<b>Network</b>	<b>Out-of-Network</b>
	<b>You Pay</b>		<b>You Pay</b>	
	<b>Deductible</b>			
You	\$2,000	\$4,000	\$400	No Coverage
You + 1 (Spouse or child)	\$4,000	\$8,000	\$800	No Coverage
You + Children	\$4,000	\$8,000	\$1,200	No Coverage
You + Family	\$4,000	\$8,000	\$1,200	No Coverage
	HRA dollars will reduce this amount			
	<b>Out-of-Pocket Maximum</b>			
You	\$5,000	\$10,000	\$3,500	No Coverage
You + 1 (Spouse or child)	\$10,000	\$20,000	\$6,000	No Coverage
You + Children	\$10,000	\$20,000	\$8,500	No Coverage
You + Family	\$10,000	\$20,000	\$8,500	No Coverage
<b>State Funding</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
You	\$1,000		Not Available	
You + 1 (Spouse or child)	\$2,000			
You + Children	\$2,000			
You + Family	\$2,000			
	Funding not applicable to Pharmacy Expenses.			
<b>Physicians' Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Primary Care Physician or Specialist Office - Treatment of illness or injury</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC copay per visit	No Coverage



**Retirees with Medicare  
(RETIREMENT DATE ON or AFTER March 1, 2015)**

**Benefits Comparison**

**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Blue Cross and Blue Shield of Louisiana Preferred Care Provider & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Community Blue & Blue Connect		Affinity Health Network "AHN" and standard In-Network and Out-of-Network	
Medicare Retirees (retirement date ON or AFTER 3/1/2015)		Medicare Retirees (retirement date ON or AFTER 3/1/2015)		Medicare Retirees (retirement date ON or AFTER 3/1/2015)	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
You Pay		You Pay		You Pay	
Deductible					
\$900	\$900	\$400	No Coverage	\$400	\$2,000
\$1,800	\$1,800	\$800	No Coverage	\$800	\$4,000
\$2,700	\$2,700	\$1,200	No Coverage	\$1,200	\$6,000
\$2,700	\$2,700	\$1,200	No Coverage	\$1,200	\$6,000
Out-of-Pocket Maximum					
\$3,500	\$4,700	\$2,500	No Coverage	\$3,500	No Maximum
\$6,000	\$8,500	\$5,000	No Coverage	\$6,000	No Maximum
\$8,500	\$12,250	\$7,500	No Coverage	\$8,500	No Maximum
\$8,500	\$12,250	\$7,500	No Coverage	\$8,500	No Maximum
The Plan Pays		The Plan Pays		The Plan Pays	
Not Available		Not Available		Not Available	
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP or \$45 AHN/\$65 SPC copay per visit	50% coverage; subject to Out-of-Network Deductible

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network
<b>Physicians' Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Maternity Care</b> (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$90 copay per pregnancy	No Coverage
<b>Physician Services Furnished in a Hospital</b> Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
<b>Preventative Care Primary Care Physician or Specialist Office or Clinic</b> For a complete list of benefits, refer to the Preventive and Wellness/ Routine Care in the Benefit Plan	100% coverage; <b>not</b> subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; <b>not</b> subject to deductible	100% coverage; <b>not</b> subject to deductible	No Coverage
<b>Physician Services for Emergency Room Care</b>	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible
<b>Allergy Shots and Serum</b> Copay per visit is applicable only to office visit	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100% after deductible	No Coverage
<b>Outpatient Surgery/ Services</b> When billed as office visits	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit	No Coverage
<b>Outpatient Surgery/ Services</b> When billed as outpatient surgery at a facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
<b>Hospital Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Inpatient Services</b> Inpatient care, delivery and inpatient short-term acute rehabilitation services	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$90 copay per pregnancy	No Coverage	100% coverage after a \$20 AHN/\$40 copay per pregnancy	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
100% coverage; <b>not</b> subject to deductible	80% coverage; subject to deductible	100% coverage; <b>not</b> subject to deductible	No Coverage	100% coverage; not subject to In-Network deductible	50% coverage; not subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to In-Network deductible	100% coverage; subject to In-Network deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100% after deductible	No Coverage	80% coverage; subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP or \$45 AHN/\$65 SPC office visit copay per visit	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible + \$50 copay per day (days 1 - 5)	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$100 AHN/\$250 copay per day; max \$300 AHN/\$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network
<b>Hospital Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Outpatient Surgery/Services</b> Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 facility copay per visit	No Coverage
<b>Emergency Room - Hospital (Facility)</b> Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted
<b>Behavioral Health</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Mental Health and Substance Abuse</b> Inpatient Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage
<b>Mental Health and Substance Abuse</b> Outpatient Visits - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Other Coverage</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Outpatient Acute Short-Term Rehabilitation Services</b> Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Chiropractic Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
<b>Hearing Aid</b> Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	No Coverage
<b>Vision Exam (routine) and Eye Wear</b>	No Coverage	No Coverage	No Coverage	No Coverage
<b>Comprehensive Dental</b>	No Coverage	No Coverage	No Coverage	No Coverage
<b>Urgent Care Center</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$50 copay per visit	No Coverage
<b>Home Health Care Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage subject to deductible	No Coverage

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 facility copay per visit	No Coverage	100% coverage after a \$100 AHN/\$250 copay; not subject to deductible	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible ; \$200 copay per visit; waived if admitted	80% coverage; subject to deductible ; \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after a \$200 copay per visit; waived if admitted	100% coverage after a \$200 copay per visit; waived if admitted
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible + \$50 copay per day (days 1-5)	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$100 AHN/\$250 copay per day; max \$300 AHN/\$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 PCP copay per visit	50% coverage; subject to Out-of-Network Deductible
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$20 AHN/\$40 copay per visit	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage	100% coverage after a \$40 PCP copay per visit	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	No Coverage	80% coverage; subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	No Coverage	No Coverage	Exam: \$45 AHN/\$65 copay per visit; Eye-wear: 50% coinsurance, with a \$100 benefit max for all members; not subject to In-Network deductible	Exam: 50% coverage; subject to Out-of-Network Deductible; Eye-wear: 50% coinsurance, with a \$100 benefit max for all members; not subject to Out-of-Network deductible
No Coverage	No Coverage	No Coverage	No Coverage	Preventive: 100% coverage; Basic/Major: 50% coinsurance, with a \$500 benefit max for all members	Preventive: 100% coverage, not subject to deductible; Basic/Major: 50% coinsurance, with a \$500 benefit max for all members; not subject to deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after a \$50 copay per visit	No Coverage	100% coverage after a \$65 copay per visit	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	100% coverage subject to deductible	No Coverage	100% coverage; subject to In-Network deductible	No Coverage

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

	Pelican HRA1000		Magnolia Local Plus	
	Network	Out-of-Network	Network	Out-of-Network
<b>Other Coverage</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Skilled Nursing Facility Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage
<b>Hospice Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
<b>Durable Medical Equipment (DME) - Rental or Purchase</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year	No Coverage
<b>Transplant Services</b>	80% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage
<b>Pharmacy</b>	<b>You Pay</b>		<b>You Pay</b>	
Tier 1 - Generic	50% up to \$30 <sup>1</sup>		50% up to \$30 <sup>1</sup>	
Tier 2 - Preferred	50% up to \$55 <sup>1,2</sup>		50% up to \$55 <sup>1,2</sup>	
Tier 3 - Non-Preferred	65% up to \$80 <sup>1,2</sup>		65% up to \$80 <sup>1,2</sup>	
Tier 4 - Specialty	50% up to \$80 <sup>1,2</sup>		50% up to \$80 <sup>1,2</sup>	
90 day supply for maintenance drugs from mail order OR at participating 90-day retail network pharmacies	2.5 times the cost of applicable maximum copay		2.5 times the cost of applicable maximum copay	
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>				
Tier 1 - Generic	\$0 copay <sup>1</sup>		\$0 copay <sup>1</sup>	
Tier 2 - Preferred	\$20 copay <sup>1,2</sup>		\$20 copay <sup>1,2</sup>	
Tier 3 - Non-Preferred	\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>	
Tier 4 - Specialty	\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>	

**NOTE:** Prior Authorizations and Visit Limits may apply to some benefits - refer to your Plan Document for details.  
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**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2023 - December 31, 2023**

Magnolia Open Access		Magnolia Local		Vantage Medical Home HMO	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	100% coverage after \$250 copay per day; max \$750 per admission; not subject to In-Network deductible	50% coverage; subject to Out-of-Network deductible
No Coverage	No Coverage	100% coverage; subject to deductible	No Coverage	100% coverage; subject to In-Network deductible	No Coverage
80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage of the first \$5,000 allowable subject to deductible; 100% in excess of \$5,000 per plan year	No Coverage	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year; subject to In-Network deductible	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage after \$250 copay per day; max \$750 per admission; not subject to In-Network deductible	No Coverage
<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>	
50% up to \$30 <sup>1</sup>		50% up to \$30 <sup>1</sup>		Tier 1 - Preferred Generics: \$0 AHN/\$15 copay <sup>3</sup> Tier 2 - Non-Preferred Generics: \$40 copay <sup>3</sup>	
50% up to \$55 <sup>1,2</sup>		50% up to \$55 <sup>1,2</sup>		Tier 3 - Preferred Brand: \$75 copay <sup>2,3</sup>	
65% up to \$80 <sup>1,2</sup>		65% up to \$80 <sup>1,2</sup>		Tier 4 - Non-Preferred Brand: \$100 copay <sup>2,3</sup>	
50% up to \$80 <sup>1,2</sup>		50% up to \$80 <sup>1,2</sup>		Tier 5 - Specialty: \$150 copay <sup>2,3</sup>	
2.5 times the cost of applicable maximum copay		2.5 times the cost of applicable maximum copay		Tier I Preferred Generics: 100-day supply for \$0 copay at AHN; Tiers 1-4: 100-day supply for 3 copays; Tier 5 Specialty: 100-day mail-order not available	
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s)*:</b>					
\$0 copay <sup>1</sup>		\$0 copay <sup>1</sup>		N/A	
\$20 copay <sup>1,2</sup>		\$20 copay <sup>1,2</sup>		N/A	
\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>		N/A	
\$40 copay <sup>1,2</sup>		\$40 copay <sup>1,2</sup>		N/A	

<sup>1</sup> Prescription drug benefit - 31-day fill

<sup>2</sup> Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus copay for brand-name drug; cost difference does not apply to \$1,500 out-of-pocket threshold. (if applicable)

<sup>3</sup> Prescription drug benefit - 30-day fill

\*\$1,500 threshold does not apply to Vantage Medical Home HMO pharmacy benefits





**ACCESS2DAY HEALTH**  
*BLUE CROSS BLUE SHIELD OF LOUISIANA HEALTH PLAN MEMBERS*

The Office of Group Benefits has partnered with Access2day Health clinics to deliver primary and urgent care **at no additional cost for members** enrolled in the following plans\*:

**Pelican HRA1000 | Magnolia Local | Magnolia Local Plus | Magnolia Open Access**

*\*Benefit not available to those on HSA plans due to federal regulations.*

Members and their qualified dependents on these 4 health plans receive urgent care and primary care services with:



**NO**  
Copay



**NO**  
Out-of-Pocket  
Expenses



**NO**  
Appointment  
Necessary



**NO**  
Extended  
Wait Times

**Treatments available at Access Health clinics include, but are not limited to:**

- Respiratory Conditions
- Fractures
- Head, Eye & Ear Conditions
- Lacerations & Cuts
- Digestive & Urinary Conditions
- Skin, Hair & Nail Conditions
- Preventative Health Care
- Basic Lab Work
- Vaccinations & Shots
- Routine Physicals
- Screening Panels
- Specialty Referrals

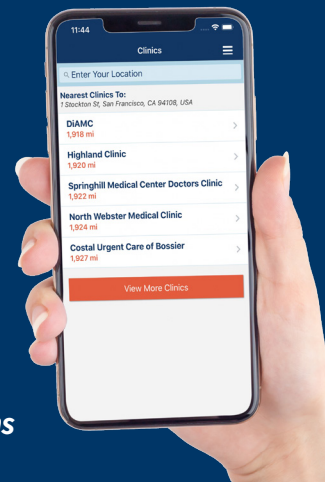


**Find the clinic nearest you!**

**Access2day has more than 90 clinic locations across Louisiana!**



Download the Clinic Finder App or visit [access2dayhealth.com/locations](https://access2dayhealth.com/locations)







## OTHER BENEFIT OFFERINGS

**OGB offers more than health insurance. We also offer term life insurance and several flexible spending options, outlined in this section.**

## Life Insurance

OGB offers two fully-insured term life insurance plan options for employees and retirees. Details about the plans and the corresponding amounts of dependent insurance offered under each plan are noted below.

<b>Basic Life - All Employees other than Members of Boards and Commissions</b>			
<b>Option 1</b>		<b>Option 2</b>	
Employee	\$5,000	Employee	\$5,000
Spouse	\$1,000	Spouse	\$2,000
Each Dependent	\$500	Each Dependent	\$1,000

<b>Basic Plus Supplemental - All Employees other than Members of Boards and Commissions</b>			
<b>Option 1</b>		<b>Option 2</b>	
Employee	Schedule to max of \$50,000*	Employee	Schedule to max of \$50,000*
Spouse	\$2,000	Spouse	\$4,000
Each Dependent	\$1,000	Each Dependent	\$2,000

\* Amount based on employee's annual salary

<b>Basic Life - All Members of Boards and Commissions</b>			
<b>Option 1</b>		<b>Option 2</b>	
Employee	\$5,000	Employee	\$5,000
Spouse	\$1,000	Spouse	\$2,000
Each Dependent	\$500	Each Dependent	\$1,000

<b>Basic Plus Supplemental - All Members of Boards and Commissions</b>			
<b>Option 1</b>		<b>Option 2</b>	
Employee	\$20,000	Employee	\$20,000
Spouse	\$2,000	Spouse	\$4,000
Each Dependent	\$1,000	Each Dependent	\$2,000

\* Amount based on employee's annual salary

For a complete Basic and Supplemental Life Insurance schedule visit [info.groupbenefits.org](http://info.groupbenefits.org).



## Important Notes

- Once enrolled in life insurance, you do not have to re-enroll every year. Your coverage elections will be continued each year until you make a change, salary changes or turn 65.
  - Members enrolled in life insurance coverage will automatically have 25 percent reduced coverage on January 1 following their 65th birthday. Another automatic 25 percent reduction in coverage will take effect on January 1 following their 70th birthday. Premium rates will be reduced accordingly.
- Newly hired employees who apply for life insurance within 30 days of employment are eligible for life insurance without providing evidence of insurability.
- Existing Active Employees may only apply for life insurance during OGB annual enrollment. These employees may be required to provide evidence of insurability to the insurer.
- Members currently enrolled who wish to add dependent life coverage for a spouse can do so within 30 days of marriage or by providing evidence of insurability during annual enrollment. Eligible dependent children can be added without providing evidence of insurability to the insurer.
- Member pays 50 percent of their life insurance premium and 100 percent of dependent life insurance premium

## Who is Eligible?

### Basic and Basic Plus Supplemental Plans

- Full-Time Employees
- Retirees who took coverage into retirement

### Dependent Life

- Covered employee's legal Spouse
- Your Other Eligible Dependents up to applicable attainment age

## Portability of Life Insurance

Members can take advantage of the portability provision and continue coverage at group rates. This coverage is for terminated employees and employees whose face amount is reduced. Such coverage will be at a higher rate, and the state will not contribute any portion of the premium. The insurer will determine premium rates. You do not need to submit an evidence of insurability form to continue coverage. The insurer must receive the application no later than 31-days from the date their Optional Employee Term Life Coverage ends.

## Accidental Death and Dismemberment Benefits

If retired, coverage for accidental death and dismemberment automatically terminates on the last day of the month of the covered person's 70th birthday. If the member is still actively employed at age 70, coverage terminates at midnight on the last day of the month in which retirement occurs.

## Death Notification

Please notify the human resources office at the member's agency (or former agency, if retired) when a member or covered dependent dies. A certified copy of the death certificate must be provided to the member's agency.

## Conversion of Life Insurance

Employees may convert life coverage when employment or eligibility ends, subject to the "Conversion" section of your Contract/Booklet Certificate. No Evidence of Insurability is needed. Accidental Death & Dismemberment coverage cannot be converted. In most cases, the insurer must receive the signed Notice of Group Life Conversion Privilege form within 31-days from the date their Optional Employee Term Life Coverage ends..

# Discover the benefits of flexible spending accounts



Set aside pre-tax dollars to pay for eligible care expenses

Flexible spending accounts are a smart way to plan for and pay eligible care costs. Get to know the three kinds of accounts. You may enroll in one, two or all three, as long as you meet the criteria. Choose what fits you best.

## Flexible spending account (FSA)

An Optum Financial® FSA is smart because you can set aside pre-tax dollars to save and pay for eligible health care expenses. Whenever you need to pay out of pocket for eligible health care costs, just use your Optum Financial payment card. You will want to keep receipts from your doctors, dentists, clinics, pharmacies and hospitals for all eligible health care expenses. That way, you have proof if you need to verify that all of your FSA expenses meet IRS requirements for eligibility.

Each year, you have to use all of the money in your FSA, or you will lose what is left in it at the end of the plan year. It's important to think about how much you spend on health care before you decide how much to contribute. Some plans may have a grace period extension. When you contribute to an FSA, you don't have to pay federal income taxes on the money you put into your account. That means you may actually lower the federal income tax you pay.

How much can you save? If your annual income is \$45,000, you can **save \$593 a year** in taxes.

	With FSA	No FSA
Annual pay	\$45,000	\$45,000
Pre-tax FSA contribution	-\$2,000	-\$0
Taxable income	\$43,000	\$45,000
Combined federal, state and Social Security taxes	-\$12,750	-\$13,343
After-tax dollars spent on eligible expenses	-\$0	-\$2,000
Spendable income	\$30,251	\$29,658
<b>Tax savings</b>	<b>\$593*</b>	<b>\$0</b>

## You may be able to use your FSA to pay for:

- Diagnostic tests and devices
- Doctor's visits
- Hearing aids and batteries
- Physical therapy
- Prescriptions
- Smoking cessation programs

This is only a partial list. For more information, check out the qualified medical expense tool on [optumfinancial.com](https://optumfinancial.com).



## Limited purpose flexible spending account (LPFSA)

If you have a health savings account (HSA), you can pair it with a limited purpose FSA that covers only dental and vision expenses. Having two accounts allows you to maximize your tax savings by contributing pre-tax funds to both accounts, up to the maximum limits.

By using your limited purpose FSA for dental and vision, you're able to save your HSA balance. Since your HSA may have interest earnings and investment options, you can save and potentially grow your money for the future.

## Dependent care flexible spending account (DCFSA)

The DCFSA provides tax savings for the care of your children, a disabled spouse or legally dependent parent during your working hours. So your family is completely taken care of while you're busy on the job.

With a DCFSA, you can **save an average of \$1,482 a year.**

	With DCFSA	No DCFSA
Annual pay	\$45,000	\$45,000
Pre-tax FSA contribution	-\$5,000	-\$0
Taxable income	\$40,000	\$45,000
Combined federal, state and Social Security taxes	\$11,860	\$13,343
After-tax dollars spent on eligible expenses	-\$0	\$5,000
Spendable income	\$28,140	\$26,658
<b>Tax savings for the year</b>	<b>\$1,482*</b>	<b>\$0</b>

## For children under 13, eligible DCFSA expenses include:

- Before- and after-school care
- Day care and preschool
- Summer and holiday camp
- Babysitter, nanny or au pair

You can also use your account for adult dependents who need care, including expenses for an in-home caregiver.

## How do I get started?



**1.** Choose which account(s) are best for you.



**2.** Decide how much you want to set aside for eligible expenses during the plan year, within allowable limits.



**3.** Sign up during open enrollment. Your contributions will be withheld from each paycheck, before taxes, and credited to your account.



**4.** Start using your account on the first day of the plan year and enjoy the tax-advantaged savings.

# Optum Financial®

\* Combined tax rate of 29.65% (22% + 7.65% FICA). Results and amounts will vary depending on your particular circumstances.

Flexible spending accounts (FSAs), dependent care assistance programs (DCAPs), health reimbursement arrangements (HRAs), Commuter and Parking Benefits, Tuition Assistance Plans, Adoption Assistance Plans, Surrogacy Assistance Plans, Wellness Benefits, and Lifestyle Accounts (collectively, "Employer-Sponsored Plans") are administered on behalf of your plan sponsor by Optum Financial, Inc. or ConnectYourCare, LLC (collectively, "Optum Financial") and are subject to eligibility and restrictions. Employer-Sponsored Plans are not individually owned and amounts available under the Employer-Sponsored Plan are not FDIC insured.

This communication is not intended as tax or legal advice. Please contact a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions. Federal and state laws and regulations and the design of your plan are subject to change.

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## Alternative Coverage



### Louisiana Children's Health Insurance Program (LaCHIP)

LaCHIP is a health insurance program designed to bring quality health care to currently uninsured youth up to the age of 19 in Louisiana. Certain dependents can qualify for coverage under LaCHIP using higher income standards. LaCHIP provides Medicaid coverage for doctor visits for primary care as well as preventive and emergency care, immunizations, prescription medications, hospitalization, home health care and many other health services. LaCHIP provides health care coverage for the dependents of Louisiana's working families with moderate and low incomes. A renewal of coverage is done after each 12-month period.

For complete information about eligibility and benefits, call toll free 1-877-2LaCHIP (1-877-252-2447). Representatives are available Monday - Friday 7:00 a.m. to 5:00 p.m. Central Time. You may also learn more by visiting the Louisiana Department of Health (LDH) website at [ldh.la.gov](http://ldh.la.gov).

### Health Insurance Marketplace

You may also qualify for a lower cost health insurance plan through the Health Insurance Marketplace under the Affordable Care Act. To find out if you qualify, visit [www.healthcare.gov](http://www.healthcare.gov).

## Legal



### Special Enrollment under HIPAA

Under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), if you originally decline enrollment for yourself or your eligible dependents (including your spouse) for certain reasons, or if certain events occur, you may in the future be able to enroll yourself and your dependents in an OGB health plan under HIPAA special enrollment, provided that you request enrollment within 30 days after the qualified life event, or such longer period allowed by federal law. The HIPAA special enrollment events are defined by federal law.

If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, or other events defined by federal HIPAA law, you may be able to enroll yourself and your eligible dependents under special enrollment, provided that you request enrollment within 30 days of acquiring the new dependent. The effective date of coverage for adding a dependent under such special enrollment is the date of the event. You can review the list of OGB Plan-Recognized Qualified Life Events at [info.groupbenefits.org](http://info.groupbenefits.org).

### COBRA - Continuation of Coverage

COBRA gives a plan participant and eligible dependents the right to choose to continue OGB health plan coverage for limited periods of time when coverage is lost under circumstances, defined by federal law, such as certain voluntary or involuntary job loss, reduction in hours worked, transition between jobs, death, divorce, and other life events. Individuals who choose COBRA continuation coverage are required to pay 102% of the entire premium for coverage in most situations. Contact your human resources representative of your employing agency.

# Terms and Conditions



*In this section, "I" refers to the covered employee/retiree.*

I understand that it is my responsibility to review the most recent enrollment guide. It is my responsibility to review any applicable Plan communications that are available and applicable to me (including plan documents posted electronically at [info.groupbenefits.com](http://info.groupbenefits.com)) at the time of my decision, and to determine the OGB option that best meets my or my family's health coverage needs.

I also understand that it is my responsibility to review the following bullets and understand which of the bullets apply to my situation:

- I understand that providers may at any time join or discontinue participation in the network for an OGB health plan, and this is not an OGB Plan-Recognized Qualified Life Event.
- I understand that the costs of prescription drugs may change during a Plan Year and that these changes are not an OGB Plan-Recognized Qualified Life Event.
- I understand that once I have made an election, I will not be able to change that election until the next annual enrollment period, unless I have an OGB Plan-Recognized Qualified Life Event.
- I understand that by electing coverage I am authorizing my employer to deduct from my compensation or monthly check the applicable premium for the plan option I have selected.
- I understand that I will have to pay premiums for the plan option I select, and that coverage for any newly added dependents will start only if I provide the required verification documentation for those dependents by the applicable deadline. Newly-acquired dependent coverage for HIPAA Special Enrollment Events is retroactive to the date of the OGB Plan-Recognized Qualified Life Event if verified by the applicable deadline.
- I understand that I am responsible for the cost of benefits used by me or my covered dependent(s) after the termination date of coverage.
- I understand that it is my responsibility to verify that the correct deduction is taken from my compensation and to immediately notify my employer if it is not correct.
- I understand that if I miss the deadline to add a dependent or submit verification documentation, I will not be able to add the dependent until the next annual enrollment period, or until I experience a subsequent OGB Plan-Recognized Qualified Life Event that would enable me to make such a change.
- I understand that intentional misrepresentation or fraudulent falsification of information (including verification documentation submitted when dependents are added) may subject me to penalties and possible legal action and, in the case of adding dependents, may result in termination of coverage and recovery of payments made by OGB for ineligible dependents.
- I understand that by enrolling in an OGB plan, I am attesting that the information I provide is true and correct to the best of my knowledge, under penalty of law.
- This enrollment guide is presented for general information only. It does not constitute legal advice. It is not a benefit plan, nor is it intended to be construed as a benefit plan document. If there is any inconsistency between this guide and the benefit plan documents and Schedule of Benefits, the FINAL benefit plan documents and Schedule of Benefits will govern the benefits and plan payments.







# RATE SHEETS

# OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

Rates effective January 1, 2023 (75% employer participation level)

For a complete list of premium rates at all employer participation levels please visit [info.groupbenefits.org](http://info.groupbenefits.org).



	Magnolia Open Access						Magnolia Local						Magnolia Local Plus						Pelican HSA775						Pelican HRA1000						Vantage Medical Home HMO																	
	Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross			Administered by Blue Cross		
	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium									
<b>ACTIVE EMPLOYEE</b>																																																
ENROLLEE ONLY	640.34	213.38	853.72	522.08	173.98	696.06	615.96	205.28	821.24	222.60	74.16	296.76	384.86	128.26	513.12	652.80	217.52	870.32																														
ENROLLEE + 1 (SPOUSE)	1,120.22	693.26	1,813.48	913.26	565.24	1,478.50	1,077.52	666.74	1,744.26	389.48	241.02	630.50	673.24	416.64	1,089.88	1,141.84	706.58	1,848.42																														
ENROLLEE + 1 (CHILD)	734.12	307.18	1,041.30	598.50	250.40	848.90	706.10	295.44	1,001.54	255.28	106.88	362.16	441.30	184.72	626.02	748.34	313.06	1,061.40																														
ENROLLEE + CHILDREN	734.12	307.18	1,041.30	598.50	250.40	848.90	706.10	295.44	1,001.54	255.28	106.88	362.16	441.30	184.72	626.02	748.34	313.06	1,061.40																														
FAMILY	1,169.78	742.78	1,912.56	953.66	605.66	1,559.32	1,125.16	714.38	1,839.54	406.64	258.18	664.82	703.00	446.36	1,149.36	1,192.34	757.04	1,949.38																														
<b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b>																																																
ENROLLEE ONLY	1,375.02	213.38	1,588.40	1,121.04	173.98	1,295.02	1,327.48	205.28	1,532.76	N/A	N/A	N/A	N/A	128.26	954.70	1,406.80	217.52	1,624.32																														
ENROLLEE + 1 (SPOUSE)	2,111.60	693.26	2,804.86	1,721.50	565.24	2,286.74	2,039.70	666.74	2,706.44	N/A	N/A	N/A	N/A	416.64	1,685.74	2,161.54	706.58	2,869.32																														
ENROLLEE + 1 (CHILD)	1,462.08	307.18	1,769.26	1,192.08	250.40	1,442.48	1,411.94	295.44	1,707.38	N/A	N/A	N/A	N/A	184.72	1,063.76	1,496.32	313.06	1,809.38																														
ENROLLEE + CHILDREN	1,462.08	307.18	1,769.26	1,192.08	250.40	1,442.48	1,411.94	295.44	1,707.38	N/A	N/A	N/A	N/A	184.72	1,063.76	1,496.32	313.06	1,809.38																														
FAMILY	2,093.42	697.82	2,791.24	1,706.74	588.92	2,275.66	2,020.10	673.36	2,693.46	N/A	N/A	N/A	N/A	419.36	1,677.40	2,140.76	713.58	2,854.34																														
<b>RETIREE WITH 1 MEDICARE</b>																																																
ENROLLEE ONLY	387.40	129.12	516.52	315.82	105.28	421.10	380.32	126.76	507.08	N/A	N/A	N/A	N/A	77.62	310.46	403.06	134.32	537.38																														
ENROLLEE + 1 (SPOUSE)	1,431.38	477.08	1,908.46	1,166.98	388.96	1,555.94	1,389.94	463.34	1,853.28	N/A	N/A	N/A	N/A	286.72	1,147.00	1,473.00	490.98	1,963.98																														
ENROLLEE + 1 (CHILD)	670.52	223.52	894.04	546.66	182.22	728.88	654.18	218.08	872.26	N/A	N/A	N/A	N/A	134.34	537.52	693.34	231.06	924.40																														
ENROLLEE + CHILDREN	670.52	223.52	894.04	546.66	182.22	728.88	654.18	218.08	872.26	N/A	N/A	N/A	N/A	134.34	537.52	693.34	231.06	924.40																														
FAMILY	1,907.20	695.66	2,542.86	1,554.90	518.28	2,073.18	1,850.10	616.68	2,466.78	N/A	N/A	N/A	N/A	382.04	1,528.14	1,960.62	653.52	2,614.14																														
<b>RETIREE WITH 2 MEDICARE</b>																																																
ENROLLEE + 1 (SPOUSE)	696.42	232.08	928.50	567.76	189.22	756.98	681.74	227.22	908.96	N/A	N/A	N/A	N/A	139.48	558.04	722.44	240.80	963.24																														
FAMILY	862.20	287.40	1,149.60	702.98	234.30	937.28	844.04	281.34	1,125.38	N/A	N/A	N/A	N/A	172.72	690.88	894.46	298.14	1,192.60																														
<b>C.O.B.R.A.</b>																																																
ENROLLEE ONLY	-	870.80	870.80	-	709.96	709.96	-	837.68	837.68	-	302.72	302.72	-	523.40	523.40	-	887.72	887.72																														
ENROLLEE + 1 (SPOUSE)	-	1,849.72	1,849.72	-	1,508.08	1,508.08	-	1,779.12	1,779.12	-	643.08	643.08	-	1,111.66	1,111.66	-	1,885.38	1,885.38																														
ENROLLEE + 1 (CHILD)	-	1,062.10	1,062.10	-	865.86	865.86	-	1,021.60	1,021.60	-	369.40	369.40	-	638.54	638.54	-	1,082.60	1,082.60																														
ENROLLEE + CHILDREN	-	1,062.10	1,062.10	-	865.86	865.86	-	1,021.60	1,021.60	-	369.40	369.40	-	638.54	638.54	-	1,082.60	1,082.60																														
FAMILY	-	1,950.78	1,950.78	-	1,590.48	1,590.48	-	1,876.30	1,876.30	-	678.12	678.12	-	1,172.32	1,172.32	-	1,988.38	1,988.38																														
<b>DISABILITY C.O.B.R.A.</b>																																																
ENROLLEE ONLY	-	1,280.58	1,280.58	-	1,044.08	1,044.08	-	1,231.86	1,231.86	-	445.14	445.14	-	769.68	769.68	-	1,305.48	1,305.48																														
ENROLLEE + 1 (SPOUSE)	-	2,720.22	2,720.22	-	2,217.76	2,217.76	-	2,616.40	2,616.40	-	945.76	945.76	-	1,634.82	1,634.82	-	2,772.64	2,772.64																														
ENROLLEE + 1 (CHILD)	-	1,561.94	1,561.94	-	1,273.34	1,273.34	-	1,502.32	1,502.32	-	543.24	543.24	-	939.04	939.04	-	1,592.10	1,592.10																														
ENROLLEE + CHILDREN	-	1,561.94	1,561.94	-	1,273.34	1,273.34	-	1,502.32	1,502.32	-	543.24	543.24	-	939.04	939.04	-	1,592.10	1,592.10																														
FAMILY	-	2,868.84	2,868.84	-	2,338.98	2,338.98	-	2,759.32	2,759.32	-	997.24	997.24	-	1,724.04	1,724.04	-	2,924.08	2,924.08																														

NOTE: 1) The breakdown between the State Share and the Employee Share amounts shown may not be accurate for certain school board employees due to local funding that affects agency funding, which affects agency contributions. Total Premium amounts are correct for all non-risk rated agencies.  
 2) The breakdown between the State Share and Employee Share amounts shown for retirees without Medicare coverage is determined based upon the requirements of LA R.S. 42:851(C)(3), which supersedes the requirements of LA R.S. 42:851(E)(1).  
 3) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.





OFFICE OF GROUP BENEFITS

**OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES  
PARISH & CITY SCHOOL BOARDS ONLY**

Rates effective January 1, 2023 (75% employer participation level)

For a complete list of premium rates at all employer participation levels please visit [info.groupbenefits.org](http://info.groupbenefits.org).

	Magnolia Local Administered by Blue Cross				Magnolia Local Plus Administered by Blue Cross				Pelican HSA775 Administered by Blue Cross				Pelican HRA1000 Administered by Blue Cross				Vantage Medical Home HMO Insured by Vantage Health Plan			
	State Share	Total Premium	Employee Share	Total Premium	State Share	Total Premium	Employee Share	Total Premium	State Share	Total Premium	Employee Share	Total Premium	State Share	Total Premium	Employee Share	Total Premium	State Share	Total Premium	Employee Share	Total Premium
<b>ACTIVE EMPLOYEE</b>																				
ENROLLEE ONLY	640.34	213.38	853.72	522.08	173.98	696.06	615.96	205.28	821.24	222.60	74.16	296.76	456.04	152.00	608.04	652.80	217.52	870.32		
ENROLLEE + 1 (SPOUSE)	1,120.22	693.26	1,813.48	913.26	565.24	1,478.50	1,077.52	666.74	1,744.26	389.48	241.02	630.50	797.78	493.72	1,291.50	1,141.84	706.58	1,848.42		
ENROLLEE + 1 (CHILD)	734.12	307.18	1,041.30	598.50	250.40	848.90	706.10	295.44	1,001.54	255.28	106.88	362.16	522.96	218.88	741.84	748.34	313.06	1,061.40		
ENROLLEE + CHILDREN	734.12	307.18	1,041.30	598.50	250.40	848.90	706.10	295.44	1,001.54	255.28	106.88	362.16	522.96	218.88	741.84	748.34	313.06	1,061.40		
FAMILY	1,169.78	742.78	1,912.56	953.66	605.66	1,559.32	1,125.16	714.38	1,839.54	406.64	258.18	664.82	833.02	528.94	1,361.96	1,192.34	757.04	1,949.38		
<b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b>																				
ENROLLEE ONLY	1,375.02	213.38	1,588.40	1,121.04	173.98	1,295.02	1,327.48	205.28	1,532.76	N/A	N/A	N/A	802.70	152.00	954.70	1,406.80	217.52	1,624.32		
ENROLLEE + 1 (SPOUSE)	2,111.60	693.26	2,804.86	1,721.50	565.24	2,286.74	2,039.70	666.74	2,706.44	N/A	N/A	N/A	1,264.30	421.44	1,685.74	2,161.54	706.58	2,868.12		
ENROLLEE + 1 (CHILD)	1,462.08	307.18	1,769.26	1,192.08	250.40	1,442.48	1,411.94	295.44	1,707.38	N/A	N/A	N/A	844.88	218.88	1,063.76	1,496.32	313.06	1,809.38		
ENROLLEE + CHILDREN	1,462.08	307.18	1,769.26	1,192.08	250.40	1,442.48	1,411.94	295.44	1,707.38	N/A	N/A	N/A	844.88	218.88	1,063.76	1,496.32	313.06	1,809.38		
FAMILY	2,093.44	697.80	2,791.24	1,706.74	588.92	2,275.66	2,020.08	673.38	2,693.46	N/A	N/A	N/A	1,258.04	419.36	1,677.40	2,140.76	713.58	2,854.34		
<b>RETIREE WITH 1 MEDICARE</b>																				
ENROLLEE ONLY	387.40	129.12	516.52	315.82	105.28	421.10	380.32	126.76	507.08	N/A	N/A	N/A	232.84	77.62	310.46	403.06	134.32	537.38		
ENROLLEE + 1 (SPOUSE)	1,431.38	477.08	1,908.46	1,166.98	388.96	1,555.94	1,389.94	463.34	1,853.28	N/A	N/A	N/A	860.28	286.72	1,147.00	1,473.00	490.98	1,963.98		
ENROLLEE + 1 (CHILD)	670.52	223.52	894.04	546.66	182.22	728.88	654.18	218.08	872.26	N/A	N/A	N/A	403.18	134.34	537.52	693.34	231.06	924.40		
ENROLLEE + CHILDREN	670.52	223.52	894.04	546.66	182.22	728.88	654.18	218.08	872.26	N/A	N/A	N/A	403.18	134.34	537.52	693.34	231.06	924.40		
FAMILY	1,907.20	695.66	2,542.86	1,554.90	518.28	2,073.18	1,850.10	616.68	2,466.78	N/A	N/A	N/A	1,146.10	382.04	1,528.14	1,960.62	653.52	2,614.14		
<b>RETIREE WITH 2 MEDICARE</b>																				
ENROLLEE + 1 (SPOUSE)	696.42	232.08	928.50	567.76	189.22	756.98	681.74	227.22	908.96	N/A	N/A	N/A	418.56	139.48	558.04	722.44	240.80	963.24		
FAMILY	862.20	287.40	1,149.60	702.98	234.30	937.28	844.04	281.34	1,125.38	N/A	N/A	N/A	518.16	172.72	690.88	894.46	298.14	1,197.60		
<b>C.O.B.R.A.</b>																				
ENROLLEE ONLY	-	870.80	870.80	-	709.96	709.96	-	837.68	837.68	-	302.72	302.72	-	620.20	620.20	-	887.72	887.72		
ENROLLEE + 1 (SPOUSE)	-	1,849.72	1,849.72	-	1,508.08	1,508.08	-	1,779.12	1,779.12	-	643.08	643.08	-	1,317.30	1,317.30	-	1,885.38	1,885.38		
ENROLLEE + 1 (CHILD)	-	1,062.10	1,062.10	-	865.86	865.86	-	1,021.60	1,021.60	-	369.40	369.40	-	756.66	756.66	-	1,082.60	1,082.60		
ENROLLEE + CHILDREN	-	1,062.10	1,062.10	-	865.86	865.86	-	1,021.60	1,021.60	-	369.40	369.40	-	756.66	756.66	-	1,082.60	1,082.60		
FAMILY	-	1,950.78	1,950.78	-	1,590.48	1,590.48	-	1,876.30	1,876.30	-	678.12	678.12	-	1,389.20	1,389.20	-	1,988.38	1,988.38		
<b>DISABILITY C.O.B.R.A.</b>																				
ENROLLEE ONLY	-	1,280.58	1,280.58	-	1,044.08	1,044.08	-	1,231.86	1,231.86	-	445.14	445.14	-	912.06	912.06	-	1,305.48	1,305.48		
ENROLLEE + 1 (SPOUSE)	-	2,720.22	2,720.22	-	2,217.76	2,217.76	-	2,616.38	2,616.38	-	945.74	945.74	-	1,937.26	1,937.26	-	2,772.64	2,772.64		
ENROLLEE + 1 (CHILD)	-	1,561.96	1,561.96	-	1,273.36	1,273.36	-	1,502.34	1,502.34	-	543.24	543.24	-	1,112.76	1,112.76	-	1,592.10	1,592.10		
ENROLLEE + CHILDREN	-	1,561.96	1,561.96	-	1,273.36	1,273.36	-	1,502.34	1,502.34	-	543.24	543.24	-	1,112.76	1,112.76	-	1,592.10	1,592.10		
FAMILY	-	2,868.84	2,868.84	-	2,339.00	2,339.00	-	2,759.30	2,759.30	-	997.24	997.24	-	2,042.94	2,042.94	-	2,924.08	2,924.08		

NOTE: 1) The breakdown between the State Share and Employee Share amounts shown for retirees without Medicare coverage is determined based upon the requirements of LA R.S. 42:851(C)(3), which supersedes the requirements of LA R.S. 42:851(E)(1).

2) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.

3) Monthly premium rates shown apply to charter schools that participate in the OGB program and are under the jurisdiction of a city or parish school board.



OFFICE OF GROUP BENEFITS

**OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES**

*Rates for Medicare Advantage plans effective January 1, 2023 (75% employer participation level)*

*For a complete list of rates at all participation levels please visit [info.groupbenefits.org](http://info.groupbenefits.org).*

Blue Advantage HMO Insured by HMO Louisiana (Region 1)		Blue Advantage HMO Insured by HMO Louisiana (Region 2)		Blue Advantage HMO Insured by HMO Louisiana (Regions 3, 4)		Blue Advantage HMO Insured by HMO Louisiana (Region 5)		Blue Advantage HMO Insured by HMO Louisiana (Regions 6, 7, 8)						
State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium			
117.75	39.25	157.00	150.00	50.00	200.00	135.00	45.00	180.00	157.50	52.50	210.00	191.25	63.75	255.00
235.50	78.50	314.00	300.00	100.00	400.00	270.00	90.00	360.00	315.00	105.00	420.00	382.50	127.50	510.00

**RETIREE WITH 1 MEDICARE**

**ENROLLEE ONLY**

**RETIREE WITH 2 MEDICARE**

**ENROLLEE + 1 (SPOUSE)**

Blue Advantage HMO Insured by HMO Louisiana (Region 9)		Peoples Health HMO-POS Insured by Peoples Health (All Regions)		Vantage Premium Insured by Vantage Health (All Regions)		Vantage Standard Insured by Vantage Health (All Regions)		Vantage Basic Insured by Vantage Health (All Regions)						
State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium			
146.25	48.75	195.00	120.00	40.00	160.00	140.25	46.75	187.00	114.00	38.00	152.00	54.00	18.00	72.00
292.50	97.50	390.00	240.00	80.00	320.00	280.50	93.50	374.00	228.00	76.00	304.00	108.00	36.00	144.00

**RETIREE WITH 1 MEDICARE**

**ENROLLEE ONLY**

**RETIREE WITH 2 MEDICARE**

**ENROLLEE + 1 (SPOUSE)**

- Region 1: Orleans, Saint Bernard, Plaquemines and Jefferson Parishes
- Region 2: East Baton Rouge, West Baton Rouge, Livingston, Ascension, Iberville, Pointe Coupee, East Feliciana and West Feliciana Parishes
- Region 3: Lafourche, Saint John, Saint Charles, Saint James, Assumption and Terrebonne Parishes
- Region 4: Lafayette, Evangeline, Saint Landry, Acadia, Saint Martin, Iberia, Vermilion and Saint Mary Parishes
- Region 5: Beauregard, Allen, Calcasieu, Jefferson Davis and Cameron Parishes
- Region 6: Vernon, Sabine, Natchitoches, Winn, Grant, Rapides, LaSalle, Catahoula, Concordia and Avoyelles Parishes
- Region 7: Caddo, Bossier, Webster, Claiborne, Bienville, Red River and DeSoto Parishes
- Region 8: Ouachita, Union, Lincoln, Jackson, Caldwell, Richland, Morehouse, Franklin, West Carroll, East Carroll, Madison and Tensas Parishes
- Region 9: Washington, Saint Helena and Tangipahoa Parishes



OFFICE OF GROUP BENEFITS

**OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES**

Rates for Medicare Advantage plans effective January 1, 2023 (75% employer participation level)

For a complete list of rates at all participation levels please visit [info.groupbenefits.org](http://info.groupbenefits.org).

Humana HMO Insured by Humana (Region 1)		Humana HMO Insured by Humana (Region 2)		Humana HMO Insured by Humana (Region 3)		Humana HMO Insured by Humana (Region 4)		Humana HMO Insured by Humana (Region 5)					
State Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium			
13.12	17.50	121.48	40.50	161.98	95.04	31.68	126.72	111.75	37.25	149.00	106.50	35.50	142.00
26.25	35.00	242.97	80.99	323.96	190.08	63.36	253.44	223.50	74.50	298.00	213.00	71.00	284.00

Humana HMO Insured by Humana (Region 6)		Humana HMO Insured by Humana (Region 7)		Humana HMO Insured by Humana (Region 8)		Humana HMO Insured by Humana (Region 9)							
State Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium						
149.90	199.87	155.20	51.74	206.94	147.13	49.05	196.18	145.59	48.53	194.12	291.18	97.06	388.24
299.80	399.74	310.41	103.47	413.88	294.27	98.09	392.36	291.18	97.06	388.24			

- Region 1: Orleans, Saint Bernard, Plaquemines and Jefferson Parishes
- Region 2: East Baton Rouge, West Baton Rouge, Livingston, Ascension, Iberville, Pointe Coupee, East Feliciana and West Feliciana Parishes
- Region 3: Lafourche, Saint John, Saint Charles, Saint James, Assumption and Terrebonne Parishes
- Region 4: Lafayette, Evangeline, Saint Landry, Acadia, Saint Martin, Iberia, Vermilion and Saint Mary Parishes
- Region 5: Beauregard, Allen, Calcasieu, Jefferson Davis and Cameron Parishes
- Region 6: Vernon, Sabine, Natchitoches, Winn, Grant, Rapides, LaSalle, Catahoula, Concordia and Avoyelles Parishes
- Region 7: Caddo, Bossier, Webster, Claiborne, Bienville, Red River and DeSoto Parishes
- Region 8: Ouachita, Union, Lincoln, Jackson, Caldwell, Richland, Morehouse, Franklin, West Carroll, Madison and Tensas Parishes
- Region 9: Washington, Saint Tammany, Saint Helena and Tangipahoa Parishes







# Glossary

## Glossary

This list defines many common healthcare terms you might not know. Knowing these terms can help you choose a plan that meets your needs. Some of these words are common with many types of insurance. This glossary explains what the words and phrases mean for health insurance.

**Allowed Amount** - The highest amount your plan will cover (pay) for a service.

**Annual Enrollment Period** - A certain period of time when you can join a health plan or enroll in a Medicare plan. During that time, the plan must allow all eligible individuals to join. For people who receive coverage from their employer or association, the enrollment period usually occurs once a year or whenever you experience a life change (getting married, having/adopting a child).

**Balance Billing** - When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

**Brand Name Drugs** - A drug sold by a drug company under a specific name or trademark and that is protected by a patent. Brand name drugs may be available by prescription or over-the-counter.

**Claim** - A request for payment that you or your health care provider submits to your health, life or flexible benefits insurer when you get items or services you think are covered.

**Centers for Medicare & Medicaid Services (CMS)** - Formerly known as the Health Care Financing Administration (HCFA), CMS is the United States government agency responsible for administering Medicare and Medicaid. **Consolidated Omnibus Budget Reconciliation Act (COBRA)** - A Federal law that may allow you to temporarily keep health coverage after your employment ends, you lose coverage as a dependent of the covered employee, or another qualifying event.

**Coinsurance** - A certain percent you must pay each benefit period after you have paid your deductible. This payment is for covered services only. You may still have to pay a copay.

*Example: Your plan might cover 90 percent of your medical bill. You will have to pay the other 10 percent. The 10 percent is the coinsurance.*

**Copay** - The amount you pay to a healthcare provider at the time you receive services. You may have to pay a copay for each covered visit to your doctor, depending on your plan. Not all plans have a copay.

**Deductible** - The amount you pay for your healthcare services before your health insurer pays. Deductibles are based on your benefit period (typically a year at a time).

*Example: If your plan has a \$2,000 annual deductible, you will be expected to pay the first \$2,000 toward your healthcare services. After you reach \$2,000, your health insurer will cover the rest of the costs.*

**Durable Medical Equipment (DME)** - Equipment and supplies ordered by a healthcare provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs or crutches.

**Explanation of Benefits (EOB)** - A statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.

**End-Stage Renal Disease (ESRD)** - Permanent kidney failure that requires a regular course of dialysis (a medical procedure that performs the work healthy kidneys would do if they could) or a kidney transplant.

**Flexible Benefits Plan** - A benefit program that offers employees a choice between various benefits including cash, life insurance, health insurance, vacations, retirement plans, and child care. Although a common core of benefits may be required, you can choose how your remaining benefit dollars are to be allocated for each type of benefit from the total amount promised by the employer. Sometimes you can contribute more for additional coverage. Premium Conversion is known as a Cafeteria plan or IRS 125 Plan.

**Flexible Spending Arrangement (FSA)** - An FSA is set up through an employer plan. It lets you set aside pre-tax money for common medical costs and dependent care. FSA funds must be used by the end of the calendar year. A few common FSA-qualified costs include:

- Copays for doctors' visits, chiropractor and psychological sessions
- Hospital fees, medical tests and services (like X-rays and screenings)
- Physical rehabilitation
- Dental and orthodontic expenses (like cleaning, fillings and braces)
- Inpatient treatment for alcohol or drug addiction
- Vaccines (immunizations) and flu shots

(All subject to appropriate supporting documentation being submitted.)

**Formulary** - A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

**Generic Drugs** - A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. The Food and Drug Administration (FDA) rates these drugs to be as safe and effective as brand-name drugs.

**Health Reimbursement Arrangement (HRA)** - An account that lets an employer set aside funds for healthcare costs. These funds must be used to reimburse Covered Services paid for by employees who participate.

**Health Savings Account (HSA)** - An account that lets you save for future medical costs. Money put in the account is not subject to federal income tax when deposited. Funds can build up and be used year-to-year. They are not required to be spent in a single year. Tax/IRS rules apply.

**Inpatient Services** - Services received when admitted to a hospital and a room and board charge is made.

**Medicare** - A Federal health insurance program for people who are age 65 or older and certain younger people with disabilities. It also covers people with permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD.

**Medicare Annual Enrollment** - The period each year when a person may enroll in a Medicare plan. The enrollment period is October 15 to December 7.

**Medicare Advantage** - A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

**Medicare-Approved Amount** - Also called "Medicare-approved charge." This is the amount Medicare will pay for certain medical services or equipment. Generally you are responsible for paying 20% of the Medicare-approved amount.



**Medicare Broker with HRA** - is an OGB sponsored plan that allows Medicare retirees to personalize their plan choice. (Retiree and Spouse can choose different plans according to their needs.) The retiree receives a subsidy in the form of a Health Reimbursement Arrangement (HRA) that they can use for premium and for other Federally qualified medical and drug expenses.

**Medicare Part D** - A program that helps pay for prescription drugs for people with Medicare who join a plan that includes Medicare prescription drug coverage. There are two ways to get Medicare prescription drug coverage: through a Medicare Prescription Drug Plan, or a Medicare Advantage Plan that includes drug coverage. These plans are offered by insurance companies and other private companies approved by Medicare.

**Medigap Policy** - Medicare supplement insurance sold by private insurance companies to fill “gaps” in Original Medicare Plan coverage. Except in Massachusetts, Minnesota, and Wisconsin, there are 12 standardized plans labeled Plan A through Plan L. Medigap policies only work with the Original Medicare Plan (Parts A and B).

**Network** - The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Network Provider/In-Network Provider** - A healthcare provider who is part of a plan’s network.

**Out-of-Network Provider/Out-of-Network Provider** - A healthcare provider who is not part of a plan’s network. Costs associated with Out-of-Network providers may be higher or not covered by your plan.

**OGB Plan-Recognized Qualified Life Event (QLE)** - An event defined by OGB that allows for a change in health and/or life insurance coverage or FSA benefits outside of annual enrollment.

**Out-of-Pocket Cost** - Cost you must pay. Out-of-pocket costs vary by plan and each plan has a maximum out-of-pocket (MOOP) cost. Consult your plan for more information.

**Preferred Provider** - A provider who has a contract with your health insurer or plan to provide services to you at a discount.

**Preventive Care** - Services that prevent illness or detect illness at an early stage, such as flu shots and screening mammograms. Under the ACA, all plans are required to provide free preventive care.

**Primary Care Physician (PCP)** - A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

**Prior Authorization** - Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

**Specialist** - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

**Summary of Benefits and Coverage (SBC)** - An easy-to-read summary that lets you make apples-to-apples comparisons of costs and coverage between health plans. You can compare options based on price, benefits, and other features that may be important to you.

**Urgent Care** - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

**Wellness Programs** - A program intended to improve and promote health and fitness that’s usually offered through the work place, although insurance plans can offer them directly to their enrollees. Some examples of wellness programs include programs to help you stop smoking, diabetes management programs, weight loss programs, and preventative health screenings.

**Listed below are common health care acronyms that are used throughout this Guide.**

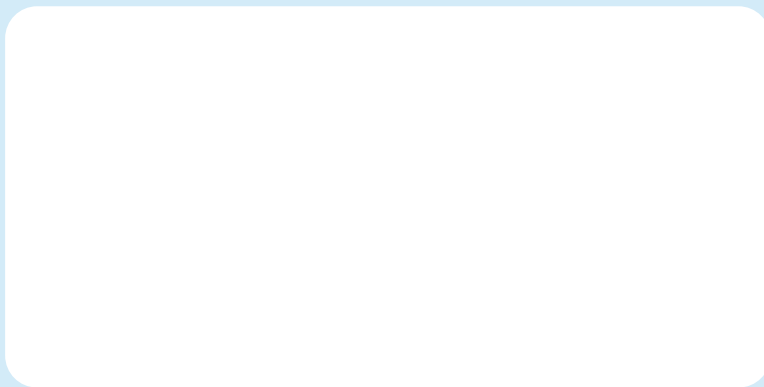
BCBSLA– Blue Cross Blue Shield of Louisiana	CMS – Centers for Medicare & Medicaid Services
EOB – Explanation of Benefits	FSA – Flexible Spending Arrangement
HIPAA – Health Insurance Portability & Accountability Act	HRA – Health Reimbursement Arrangement
HSA – Health Savings Account	MA – Medicare Advantage
OGB – Office of Group Benefits	PAC – Pre-Admission Certification
PBM – Pharmacy Benefits Manager	PCP – Primary Care Physician
PHI – Protected Health Information	POS – Point of Service
SPC – Specialist	



State of Louisiana  
**Office of Group Benefits**  
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Baton Rouge, LA 70804  
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