



ENROLLMENT GUIDE FOR PLAN YEAR 2016

For all members

ANNUAL ENROLLMENT

OCTOBER 1 – NOVEMBER 15, 2015

www.groupbenefits.org

RESOURCES / CONTACT INFORMATION

If you have any questions about annual enrollment, visit www.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	www.groupbenefits.org
Vendor	Customer Service	Website
Blue Cross and Blue Shield of Louisiana Hours: 8:00 AM - 5:00 PM CT Monday - Friday	1-800-392-4089	www.bcbsla.com/ogb
MedImpact Hours: 24 Hours Seven Days a Week	1-800-788-2949	https://mp.medimpact.com/ogb
Medicare Generations Rx Hours: 24 Hours Seven days a week	1-877-633-7943	www.medicaregenerationrx.com/ogb
OneExchange Hours: 7:00 AM - 8:00 PM CT Monday - Friday	1-855-663-4228	medicare.oneexchange.com/ogb
Peoples Health Hours: 8:00 AM - 8:00 PM CT Seven days a week	1-866-912-8304	www.peopleshealth.com
Vantage Hours: 8:00 AM - 8:00 PM CT Monday - Friday	1-888-823-1910	www.vhp-stategroup.com
Discovery Benefits Flexible Spending Arrangement Hours: 7:00 AM - 7:00 PM CT Monday - Friday	1-866-451-3399	www.discoverybenefits.com
Additional Information	Member Services	Website
Centers for Medicare & Medicaid (CMS) 24 Hours a day / 7 days a week	1-800-633-4227	www.medicare.gov
Social Security Administration	1-800-772-1213	www.ssa.gov

Letter from the CEO



Dear OGB Members:

Selecting the right health plan is one of the most important decisions you can make. Every October, the Office of Group Benefits (OGB) allows eligible employees and retirees the opportunity to review their health coverage and make changes. The information included in this guide will help you make a health plan selection that best suits you and your family.

OGB plan members continue to have a wide variety of health plan options. We will again offer the Blue Cross and Blue Shield of Louisiana Magnolia and Pelican plans in 2016. There will be **NO** changes to co-pays, coinsurance, deductibles and out-of-pocket maximums on any of the Magnolia or Pelican health plans.

For all members, we will continue to offer the Vantage Health Plan Medical Home HMO. For Medicare retirees, in addition to the above mentioned plans, we will continue to offer Peoples Health HMO-POS, OneExchange Medicare options, as well as the Vantage HMO-POS and Vantage Zero Premium HMO-POS plans. In addition, Vantage will have a new Medicare Advantage option, the Vantage Premium HMO-POS plan.

For the upcoming annual enrollment, it is important to note that if you would like to remain in your current OGB health plan with the same covered dependents for the 2016 plan year, you do not need to do anything. Your coverage will continue for the 2016 plan year. (Members enrolled in the HSA and/or FSA options will need to update their contributions for 2016.)

Should you wish to add or delete any eligible dependents, or make any change from your current plan, you will have the opportunity to do so from October 1 through November 15, 2015. If you choose to make a change this year, there are several ways to make your selection:

Active Plan Members:

- 1) The annual enrollment portal
- 2) Your human resources department

Retired Plan Members:

- 1) The annual enrollment portal
- 2) The paper annual enrollment form included in this guide
- 3) Other written communication with OGB if adding or deleting dependent(s)

This guide is divided into color coded sections based on your current status. Information for active employees, non-Medicare retirees and rehired retirees can be found in the green section. Information for Medicare retirees can be found in the orange section. Information contained in the blue, grey and purple sections is applicable to all members.

This guide contains an overview of the health plan options available to you. As always, you can find more information on your health plans, life insurance and wellness programs on our website www.groupbenefits.org.

The Office of Group Benefits looks forward to continuing to serve you and your family in 2016!

Best regards,

A handwritten signature in black ink, appearing to read 'Susan T. West', is written over a light blue background.

Susan T. West, MBA, CRM
Chief Executive Officer
Office of Group Benefits

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GENERAL INFORMATION

For all members

Annual Enrollment & Your Responsibilities



October 1 through November 15, 2015

www.groupbenefits.org

October 15 through December 7, 2015 (Medicare Advantage Plans)

Important Dates

- **October 1, 2015** – 2016 OGB annual enrollment begins
- **October 15, 2015** – 2016 Medicare Plan(s) enrollment begins
- **November 15, 2015** – OGB annual enrollment ends
- **December 7, 2015** – Medicare Plan(s) enrollment ends
- **January 1, 2016** – 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 family. It's your responsibility to make the best choice for you and your situation.

You are responsible for:

- Making your selection – either online, using the enrollment paper form included in this guide (retirees only) or with your human resources department – no later than **November 15, 2015**.
- For newly added 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 documents.
- 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.

During annual enrollment, you may:

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

IMPORTANT! If you would like to remain in your current OGB health plan with the same covered dependents for the 2016 plan year, you do not need to do anything. Your coverage will continue for the 2016 plan year. (Members enrolled in the HSA and/or FSA options will need to update their contributions for 2016.)

Making Your Health Plan Selection

Choose one of the following enrollment options:

ACTIVE EMPLOYEES	Annual Enrollment Portal	Annual Enrollment Form	Human Resources Department
Enroll in a new health plan with the same covered dependents as 2015	✓		✓
Enroll in a health plan with different or new covered dependents than 2015			✓
Elect HSA or FSA contributions	✓		✓
Discontinue OGB Coverage			✓

RETIREES	Annual Enrollment Portal	Annual Enrollment Form	OGB **
Enroll in a new health plan with the same covered dependents as 2015	✓	✓	✓**
Enroll in a health plan with different or new covered dependents than 2015			✓**
Discontinue OGB Coverage			✓**

Access the web portal at www.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.

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

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 a *Plan Recognized Qualified Life Event* during the plan year.

You can review a full list of plan recognized life events at www.groupbenefits.org.

COBRA Enrollment

For questions about COBRA enrollment, contact Discovery Benefits customer service at 1-866-451-3399.

Eligibility

For an **Active Employee**, if you are eligible to participate, but are not currently enrolled in one of OGB's health benefit plans, contact your human resources department for eligibility guidelines.

Dependents

The following people can be enrolled as dependents:

- Your legal spouse
- Your children until they reach age 26

Children are defined as:

- Natural child of the employee or legal spouse
- Legally adopted child of the employee or legal spouse
- Child placed for adoption
- Child by court ordered legal guardianship or court ordered custody

IMPORTANT! 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 received, enrollment cannot take place until the next annual enrollment period.

Over-Age Dependents or Continued Coverage

A covered child under age 26 who is or becomes incapable of self-sustaining employment may be eligible to continue coverage as an over-age dependent, if the Office of Group Benefits receives the required medical documents verifying the child's incapacity before he or she reaches age 26. See your summary of benefits and coverage for documentation required to establish eligibility.

Military Reserve Members

Certain provisions have been made for military reserve members. If you are on active military duty, consult your Plan Document for specific eligibility criteria and required documentation. Plan documents can be found on OGB's website at www.groupbenefits.org.

New Hires

Effective Date of Coverage for Eligible New Hires

The effective date of coverage for eligible new hires whose employment begins on the first of the month will be the first day of the following month. If employment begins on the second day of the month or later, coverage is effective the first day of the next month after 30 days of employment.

Example: **New Hires:** If employment begins: **September 1** | Coverage begins: **October 1**
New Hires: If employment begins: **September 2** | Coverage begins: **November 1**

Dependent Verification

If adding a dependent you must provide proof of the legal relationship. Without that documentation, your enrollment cannot be completed. Acceptable documents include: your marriage certificate, birth letter or birth certificate, legal adoption papers, court ordered custody or court ordered legal guardianship papers, if applicable.



SUMMARY OF PLANS

Active Employees, Non-Medicare Retirees & Rehired Retirees

You're invited to learn more



Office of Group Benefits

Annual Enrollment is October 1 - November 15

Join us at any of the meetings listed below to get details about your options. These meetings are for **Active Employees and non-Medicare Retirees** only.

DATE	LOCATION	START TIME
October 1	R.W. Johnson Conference Center (Franklinton Primary School) 610 T.W. Barker Drive, Franklinton, LA 70438	10:00 AM 4:00 PM
October 6	BREC's Independence Park Theatre 7800 Independence Blvd., Baton Rouge, LA 70806	9:00 AM* 2:00 PM
October 6	Lake Charles Civic Center 900 Lakeshore Drive, Lake Charles, LA 70602	9:00 AM 2:00 PM
October 7	Bossier City Civic Center 620 Benton Road, Bossier City, LA 71111	9:00 AM 2:00 PM
October 13	West Monroe Civic Center 901 Ridge Ave., West Monroe, LA 71291	9:00 AM 2:00 PM
October 13	Greater Covington Center Fuhrmann Auditorium 317 N. Jefferson Ave, Covington, LA 70433	9:00 AM 2:00 PM
October 15	University of New Orleans (University Center Ballroom) 2000 Lakeshore Drive, New Orleans, LA 70148	9:00 AM 2:00 PM
October 19	Sai Hotel and Convention Center 2301 N. MacArthur Dr., Alexandria, LA 71301	9:00 AM 2:00 PM
October 20	Houma - Terrebonne Civic Center 346 Civic Center Blvd., Houma, LA 70360	9:00 AM 2:00 PM
October 20	Heymann Center 1373 South College Rd., Lafayette, LA 70503	9:00 AM 2:00 PM

Visit www.groupbenefits.org or call 1-800-272-8451 for more information.

*meeting with an interpreter for hearing-impaired members

Understanding Your Plan Options



Pelican Plans

OGB's Pelican plans offer low premiums in combination with employer contributions to create the most affordable options for members.

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 HRA 1000 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, allowing members to build up balances that cover eligible medical expenses when they happen.

View Blue Cross' network providers at www.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 - MedImpact

The Pelican HRA 1000 uses the MedImpact formulary to help members select the most appropriate, lowest-cost options for prescriptions. 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 co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred drug 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
Once you pay \$1,500, the following co-pays apply:	
Generic	\$0 co-pay
Preferred	\$20 co-pay
Non-Preferred	\$40 co-pay
Specialty	\$40 co-pay

Pelican HSA775 (Active Employees Only)*

The Pelican HSA 775 offers our lowest premiums in addition to a health savings account funded by both employers and employees. Employers contribute \$200 to the Pelican HSA, then match any employee contributions up to \$575. Employees can contribute to their HSA on a pre-tax basis, up to \$3,350 for an individual and \$6,750 for a family to cover out-of-pocket medical and pharmacy costs.

The HSA differs from the HRA in that the money in an HSA follows the member even if he or she changes jobs or retires. Unused funds can remain in your HSA account and earn interest – tax-free – from year to year.

Upon enrollment in the Pelican HSA 775, an HSA account will be opened for you. HSA accounts can be opened through the enrollment portal or with your human resources department.

View Blue Cross' network providers at www.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 HSA 775.

Tier	Member Responsibility**
Generic	\$10 co-pay
Preferred	\$25 co-pay
Non-Preferred	\$50 co-pay
Specialty	\$50 co-pay
<i>**Subject to deductible and applicable co-payment. Maintenance medications not subject to deductible**</i>	

**For a complete list of maintenance medications visit www.bcbsla.com/State/pages/PharmacyBenefits.aspx.

*Active employees with Medicare Part A are not eligible for this plan.

HRA vs HSA – What’s the difference?

A Health Reimbursement Arrangement, or HRA, is an account that employers use to reimburse employees’ medical expenses, such as deductibles, medical co-pays and eligible medical costs. 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 co-pays, prescriptions and other eligible medical costs. To enroll in an OGB HSA, you must enroll in the Pelican HSA 775. 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.

Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)
Funding	
Employer funds HRA.	Employer and employee funds HSA.
Funds stay with the employer if an employee leaves an OGB-participating employer.	Funds go with 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.
Flexibility	
Employer selects maximum contribution.	IRS determines maximum contribution.
Must be paired with the Pelican HRA 1000.	Must be paired with the Pelican HSA 775.
Contributions are the same for each employee.	Contributions are determined by employee and employer.
May be used with a General-Purpose FSA.	May be used only with a Limited-Purpose FSA.
Simplicity	
HRA claims processed by the claims administrator.	Employee manages account and submits expenses to the HSA trustee for reimbursement.
IRS regulations and the Pelican HRA 1000 plan document govern expenses, funding and participation.	IRS regulations govern expenses, funding and participation.
Eligible Expenses	
Can be used for medical expenses only.	Can be used for pharmacy and medical expenses.

Magnolia Plans

Magnolia plans offer lower deductibles than the Pelican plans in exchange for higher premiums.

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 co-payments rather than using employer funding to offset out-of-pocket costs.

Out-of-Network care is covered only in emergencies and may be balanced billed. View Blue Cross’ network providers at www.groupbenefits.org.

Active Employees and Non-Medicare Retirees (retirement date 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
Co-Payment (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
Co-Payment (in-network) PCP/SPC	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50

Pharmacy Benefits – MedImpact

The Magnolia Local Plus plan uses the MedImpact 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 co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred drug 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
Once you pay \$1,500, the following co-pays apply:	
Generic	\$0 co-pay
Preferred	\$20 co-pay
Non-Preferred	\$40 co-pay
Specialty	\$40 co-pay

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 co-payments 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 balanced 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 www.groupbenefits.org.

Active Employees & Non-Medicare Retirees (retirement date 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)	\$2,500	\$5,000	\$7,500	\$7,500
Out-of-pocket max (out-of-network)	\$3,700	\$7,500	\$11,250	\$11,250
Co-Insurance (in-network)	10%	10%	10%	10%
Co-Insurance (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)	\$1,300 individual; plus \$1,300 per additional person up to 2; plus \$1,000 per additional person up to 10 people; \$12,700 for a family of 12+			
Out-of-pocket max (out-of-network)	\$3,300 individual; plus \$3,000 per additional person up to 2; \$12,700 for a family of 4+			
Co-Insurance (in-network)	10%	10%	10%	10%
Co-Insurance (out-of-network)	30%	30%	30%	30%

Pharmacy Benefits – MedImpact

The Magnolia Open Access plan uses the MedImpact 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 co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred drug 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
Once you pay \$1,500, the following co-pays apply:	
Generic	\$0 co-pay
Preferred	\$20 co-pay
Non-Preferred	\$40 co-pay
Specialty	\$40 co-pay

Magnolia Local (Limited In-Network Provider Only Plan)

The Magnolia Local plan is a limited provider in-network 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 health care. Out-of-network care is covered only in emergencies and may be balanced 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!**
- Your residence 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 is split up into two networks: Community Blue & Blue Connect

Community Blue is a select, local network designed for members who live in the parishes of East Baton Rouge, West Baton Rouge, Ascension, Bossier & Caddo. BlueConnect is a select, local network designed for members who live in the parishes of Jefferson, Orleans & St. Tammany.

Community Blue*

You have access to the following hospitals in the Baton Rouge and Shreveport regions:

Baton Rouge

- Baton Rouge General Hospital

Shreveport

- CHRISTUS Schumpert of Shreveport

To find physicians in this network visit www.bcbsla.com/ogb and select Community Blue under OGB Find Care.

Blue Connect*

You have access to the following hospitals in the Greater New Orleans and St. Tammany regions:

Greater New Orleans

- Ochsner Health System

St. Tammany

- Ochsner Medical Center Northshore
- St. Tammany Parish Hospital

To find physicians in this network visit www.bcbsla.com/ogb and select Blue Connect under OGB Find Care.

*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 www.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 www.groupbenefits.org.

Active employees and Non-Medicare Retirees (retirement date 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
Co-Payment (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
Co-Payment (in-network) PCP/SPC	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50

Pharmacy Benefits – MedImpact

OGB uses the MedImpact 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 co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred drug, 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
Once you pay \$1,500, the following co-pays apply:	
Generic	\$0 co-pay
Preferred	\$20 co-pay
Non-Preferred	\$40 co-pay
Specialty	\$40 co-pay

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 copayments for certain covered services as indicated by “AHN.” This plan also includes Out-of-Network coverage.

	Employee-Only	Employee + 1 (Spouse or child)	Employee + Children	Family
Deductible (Tier I)	\$400	\$800	\$1,200	\$1,200
Deductible (Tier II & Out-of-Network)	\$1,500	\$3,000	\$4,500	\$4,500
Co-Payment – PCP (Tier I)	\$10 AHN/\$20	\$10 AHN/\$20	\$10 AHN/\$20	\$10 AHN/\$20
Co-Payment – Specialist (Tier I)	\$35 AHN/\$45	\$35 AHN/\$45	\$35 AHN/\$45	\$35 AHN/\$45
Coinsurance – PCP (Out-of-Network)	50% coverage; subject to Out-of-Network deductible			
Co-insurance – Specialist (Out of-Network)	50% coverage; subject to Out-of-Network deductible			
Out-of-pocket max (Tier I)	Tier I: \$2,500	Tier I: \$5,000	Tier I: \$7,500	Tier I: \$7,500
Out-of-pocket max (Tier II & Out-of-Network)	Unlimited	Unlimited	Unlimited	Unlimited

Tier I Providers

Members seeing Tier I providers pay the Tier I co-pays, co-insurance and deductible as listed in the Certificate of Coverage and Cost Share Schedule. Tier I consists of two networks:

- A preferred provider network, Affinity Health Network (AHN), which has lower co-payments for certain covered services as indicated by “AHN,” and
- A standard provider network.

View providers in Vantage Health Plan’s networks at www.vantagehealthplan.com/OGBCommercial

Tier II Providers

Members who choose to see these providers will have to pay an additional 20 % coinsurance in addition to their Tier I cost share, after the applicable deductible is met. View Tier II providers at www.vantagehealthplan.com/Provider/TierIINetwork

Pharmacy Benefits

The Vantage Medical Home HMO prescription drug benefit has five co-payment levels. There is no prescription drug deductible.

Tier	Member Responsibility
Tier 1 Preferred Generics	\$5
Tier 2 Non- Preferred Generics	\$20
Tier 3 Preferred Brand	\$50
Tier 4 Non-Preferred Brand	\$80
Tier 5 Specialty	\$150

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 copayments, coinsurance, deductibles and non-covered services. (Often referred to as Balance Billing)



How to Enroll

IMPORTANT! If you would like to remain in your current OGB health plan with the same covered dependents for the 2016 plan year, you do not need to do anything. Your coverage will continue for the 2016 plan year. (Members enrolled in the HSA and/or FSA options will need to update their contributions for 2016.)

COBRA Enrollment

For questions about COBRA enrollment, contact Discovery Benefits customer service at 1-866-451-3399.

ACTIVE EMPLOYEES:

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

1. Visit www.groupbenefits.org to use the annual enrollment portal.
 - Changing health plans but maintaining the same covered dependents:
 - Follow the links from the OGB homepage to the annual enrollment portal
 - Enter your Member ID from your current health ID card and the last four digits of your social security number
 - Make your selection
 - Enter your HSA and/or FSA contribution if applicable
 - Select SUBMIT - **IMPORTANT! You MUST hit submit in order for your selection to be valid.**
 - Print/Save confirmation page
2. Contact your human resources department.

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

NON-MEDICARE & REHIRED RETIREES:

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

1. Visit www.groupbenefits.org to use the annual enrollment portal.
 - Changing health plans but maintaining the same covered dependents:
 - Follow the links from the OGB homepage to the annual enrollment portal
 - Enter your Member ID from your current health ID card and the last four digits of your social security number
 - Make your selection
 - Select Submit - **IMPORTANT! You MUST hit submit in order for your selection to be valid.**
 - Print/Save confirmation page
2. Complete the annual enrollment form and return it to the address provided by November 15.
3. To enroll in a health plan with different or new covered dependents or to discontinue OGB coverage:
 - Retirees - submit a dated and signed letter to OGB that includes:
 - the member's social security number
 - new dependent's name, birthdate and social security number
 - dependent verification documentation (i.e.- marriage and/or birth certificate)

OFFICE OF GROUP BENEFITS
2016 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

Magnolia Local (Limited Provider Network)
Administered by Blue Cross

Magnolia Local Plus
Administered by Blue Cross

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

Magnolia Open Access
Administered by Blue Cross

PLEASE MAIL OR FAX THIS FORM TO OGB BY NOVEMBER 15, 2015.

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

Plan Member's Signature *(required)*

Date

NOTES

Active Employees and Non-Medicare Retirees (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Pelican HSA 775		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 AFTER 3-1-2015)		Active Employees		Active Employees & Non-Medicare Retirees (retirement date AFTER 3-1-2015)	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
	You Pay		You Pay		You Pay	
Deductible						
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			
Out of Pocket Maximum						
You	\$5,000	\$10,000	\$5,000	\$10,000	\$2,500	No Coverage
You + 1 (Spouse or child)	\$10,000	\$20,000	\$10,000	\$20,000	\$5,000	No Coverage
You + Children	\$10,000	\$20,000	\$10,000	\$20,000	\$7,500	No Coverage
You + Family	\$10,000	\$20,000	\$10,000	\$20,000	\$7,500	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 annual contributions*			
Physicians' Services	The Plan Pays		The Plan Pays		The Plan Pays	
Primary Care Physician or Specialist Office - 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 co-payment per visit	No Coverage

Active Employees and Non-Medicare Retirees (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
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		Tier I (Affinity Health Network "AHN" and standard), Tier II, and Out-of-Network	
Active Employees & Non-Medicare Retirees (retirement date AFTER 3-1-2015)		Active Employees & Non-Medicare Retirees (retirement date AFTER 3-1-2015)		Active Employees & Non-Medicare Retirees (retirement date AFTER 3-1-2015)	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
You Pay		You Pay		You Pay	
Deductible					
\$900	\$900	\$400	No Coverage	\$400	\$1,500
\$1,800	\$1,800	\$800	No Coverage	\$800	\$3,000
\$2,700	\$2,700	\$1,200	No Coverage	\$1,200	\$4,500
\$2,700	\$2,700	\$1,200	No Coverage	\$1,200	\$4,500
Out of Pocket Maximum					
\$2,500	\$3,700	\$2,500	No Coverage	\$2,500	No Maximum
\$5,000	\$7,500	\$5,000	No Coverage	\$5,000	No Maximum
\$7,500	\$11,250	\$7,500	No Coverage	\$7,500	No Maximum
\$7,500	\$11,250	\$7,500	No Coverage	\$7,500	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 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC co-payment per visit	50% coverage; subject to Out-of-Network Deductible

Active Employees and Non-Medicare Retirees (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Pelican HSA 775		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Physicians' Services	The Plan Pays		The Plan Pays		The Plan Pays	
Maternity Care (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 co-payment per pregnancy	No Coverage
Physician Services Furnished in a Hospital 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
Preventative Care Primary Care Physician or Specialist Office or Clinic For a complete list of benefits, refer to the Preventive and Wellness/ Routine Care in the Benefit Plan	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; Not subject to deductible	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; Not subject to deductible	100% coverage; not subject to deductible	No Coverage
Physician Services for Emergency Room Care	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
Allergy Shots and Serum Co-payment 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 co-payment per visit; shots and serum 100% after deductible	No Coverage
Outpatient Surgery/ Services 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 co-payment per visit	No Coverage
Outpatient Surgery/ Services 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
Hospital Services	The Plan Pays		The Plan Pays		The Plan Pays	
Inpatient Services 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 co-payment per day max \$300 per admission	No Coverage

Active Employees and Non-Medicare Retirees (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-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 co-payment per pregnancy	No Coverage	100% coverage after a \$10 AHN/\$20 co-payment 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 Tier I deductible	50% coverage; subject to Out-of-Network Deductible
100% coverage; not subject to deductible	70% coverage; subject to deductible	100% coverage; not subject to deductible	No Coverage	100% coverage; not subject to deductible	50% coverage; 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 Tier I 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 co-payment per visit; shots and serum 100% after deductible	No Coverage	80% coverage; subject to Tier I deductible	50% coverage; subject to Tier II/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 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC office visit co-payment 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 Tier I 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 co-payment per day (days 1 - 5)	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network Deductible

Active Employees and Non-Medicare Retirees (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Pelican HSA 775		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Hospital Services	The Plan Pays		The Plan Pays		The Plan Pays	
Outpatient Surgery/ Services 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 co-payment per visit	No Coverage
Emergency Room Care - Hospital 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 \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted
Behavioral Health	The Plan Pays		The Plan Pays		The Plan Pays	
Mental Health and Substance Abuse 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 co-payment per day max \$300 per admission	No Coverage
Mental Health and Substance Abuse 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 co-payment per visit	No Coverage
Other Coverage	The Plan Pays		The Plan Pays		The Plan Pays	
Outpatient Acute Short-Term Rehabilitation Services 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 co-payment per visit	No Coverage
Chiropractic Care	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 co-payment per visit	No Coverage
Hearing Aid 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
Vision Exam (routine)	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Urgent Care Center	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 co-payment per visit	No Coverage
Home Health Care Services	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 AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
The Plan Pays		The Plan Pays		The Plan Pays	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$100 facility co-payment per visit	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible; \$150 co-payment per visit; waived if admitted	90% coverage; subject to deductible; \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after a \$150 co-payment per visit; waived if admitted	100% coverage after \$15 co-payment per visit; not subject to deductible
The Plan Pays		The Plan Pays		The Plan Pays	
90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 co-payment per day (days 1-5)	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC co-payment per visit	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	100% coverage; after a \$25 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 co-payment 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 co-payment per visit	No Coverage	100% coverage after a \$20 PCP co-payment 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 Tier I deductible	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	No Coverage	No Coverage	100% coverage; after a \$35 AHN/\$45 co-payment per visit	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$50 co-payment per visit	No Coverage	100% coverage; after a \$50 co-payment 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 Tier I deductible	No Coverage

Active Employees and Non-Medicare Retirees (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Pelican HSA 775		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Other Coverage	The Plan Pays		The Plan Pays		The Plan Pays	
Skilled Nursing Facility 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 co-payment per day max \$300 per admission	No Coverage
Hospice Care	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
Durable Medical Equipment (DME) - Rental or Purchase	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
Transplant Services	80% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage
Pharmacy	You Pay		You Pay		You Pay	
Tier 1 - Generic	50% up to \$30 ¹		\$10; subject to deductible ¹		50% up to \$30 ¹	
Tier 2 - Preferred	50% up to \$55 ^{1,2}		\$25; subject to deductible ¹		50% up to \$55 ^{1,2}	
Tier 3 - Non-Preferred	65% up to \$80 ^{1,2}		\$50; subject to deductible ¹		65% up to \$80 ^{1,2}	
Tier 4 - Specialty	50% up to \$80 ^{1,2}		\$50; subject to deductible ¹		50% up to \$80 ^{1,2}	
90 day supply for maintenance drugs from mail order OR at participating 90-day retail network pharmacies	2.5 times the cost of your applicable co-payment		Applicable co-payment; Maintenance drugs not subject to deductible**		2.5 times the cost of your applicable co-payment	
After the out-of-pocket threshold amount of \$1,500 is met:						
Tier 1 - Generic	\$0 co-payment ¹		-		\$0 co-payment ¹	
Tier 2 - Preferred	\$20 co-payment ^{1,2}		-		\$20 co-payment ^{1,2}	
Tier 3 - Non-Preferred	\$40 co-payment ^{1,2}		-		\$40 co-payment ^{1,2}	
Tier 4 - Specialty	\$40 co-payment ^{1,2}		-		\$40 co-payment ^{1,2}	

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 www.bcbsla.com/state/pages/pharmacybenefits.aspx

Active Employees and Non-Medicare Retirees (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
The Plan Pays		The Plan Pays		The Plan Pays	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after \$100 co-payment per day max \$300 per admission	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 Tier I 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 Tier I 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 \$100 co-payment per day, max \$300 per admission; subject to Tier I deductible	No Coverage
You Pay		You Pay		You Pay	
50% up to \$30 ¹		50% up to \$30 ¹		Tier 1 - Preferred Generics Tier 2 - Non-Preferred Generics	\$5 co-payment ³ \$20 co-payment ³
50% up to \$55 ^{1,2}		50% up to \$55 ^{1,2}		Tier 3 - Preferred Brand	\$50 co-payment ^{2,3}
65% up to \$80 ^{1,2}		65% up to \$80 ^{1,2}		Tier 4 - Non-Preferred Brand	\$80 co-payment ^{2,3}
50% up to \$80 ^{1,2}		50% up to \$80 ^{1,2}		Tier 5 - Specialty	\$150 co-payment ^{2,3}
2.5 the cost of your applicable co-payment		2.5 times the cost of your applicable co-payment		Tier I Preferred Generics \$0 AHN co-pay; 30-day supply for 1 co-pay; 60-day supply for 2 co-pays; 90-day supply for 3 co-pays – All tiers but Tier 5 Specialty	
After the out-of-pocket threshold amount of \$1,500 is met*:					
\$0 co-payment ¹		\$0 co-payment ¹		N/A	
\$20 co-payment ^{1,2}		\$20 co-payment ^{1,2}		N/A	
\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}		N/A	
\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}		N/A	

¹ Prescription drug benefit - 31 day fill

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

³ Prescription drug benefit - 30 day fill

*\$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, 2016 - December 31, 2016

	Pelican HRA 1000		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	Non-Network	Network	Non-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	\$1,000	No Coverage
You + 1 (Spouse or child)	\$10,000	\$20,000	\$2,000	
You + Children	\$10,000	\$20,000	\$3,000	
You + Family	\$10,000	\$20,000	\$3,000	
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	
Primary Care Physician or Specialist Office - Treatment of illness or injury	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC co-payment per visit	No Coverage

Non-Medicare Retirees (RETIREMENT DATE BEFORE March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
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		Tier I (Affinity Health Network "AHN" and standard), Tier II, 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	Non-Network	Network	Non-Network	Tier I Network	Non-Network
You Pay		You Pay		You Pay	
\$300		\$0	No Coverage	\$400	\$1,500
\$600		\$0		\$800	\$3,000
\$900		\$0		\$1,200	\$4,500
\$900		\$0		\$1,200	\$4,500
Out of Pocket Maximum					
\$1,300 individual; plus \$1,300 per additional person up to 2; plus \$1,000 per additional person up to 10 people; \$12,700 for a family of 12+	\$3,300 individual; plus \$3,000 per additional person up to 2; \$12,700 for a family of 4+	\$1,000	No Coverage	\$2,500	No Maximum
		\$2,000		\$5,000	No Maximum
		\$3,000		\$7,500	No Maximum
		\$3,000		\$7,500	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 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC co-payment 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, 2016 - December 31, 2016

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network
Physicians' Services	The Plan Pays		The Plan Pays	
Maternity Care (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$90 co-payment per pregnancy	No Coverage
Physician Services Furnished in a Hospital 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
Preventative Care Primary Care Physician or Specialist Office or Clinic For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; not subject to deductible	100% coverage	No Coverage
Physician Services for Emergency Room Care	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	100% coverage
Allergy Shots and Serum Co-payment 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 co-payment per visit; shots and serum 100%	No Coverage
Outpatient Surgery/Services 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 co-payment per visit	No Coverage
Outpatient Surgery/Services 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	
Inpatient Services 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 co-payment per day max \$300 per admission	No Coverage

Non-Medicare Retirees (RETIREMENT DATE BEFORE March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-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 co-payment per pregnancy	No Coverage	100% coverage after a \$10 AHN/\$20 co-payment 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; subject to Tier I deductible	50% coverage; subject to Out-of-Network Deductible
100% coverage; not subject to deductible	70% coverage; subject to deductible	100% coverage	No Coverage	100% coverage; not subject to deductible	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	90% coverage; subject to deductible	100% coverage	100% coverage	100% coverage; subject to Tier I 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 co-payment per visit; shots and serum 100%	No Coverage	80% coverage; subject to Tier I 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 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC office visit co-payment 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; subject to Tier I 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 co-payment per day (days 1 - 5)	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network Deductible

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

Benefits Comparison

Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network
Hospital Services	The Plan Pays		The Plan Pays	
Outpatient Surgery/Services Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 facility co- payment per visit	No Coverage
Emergency Room Care - Hospital Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted
Behavioral Health	The Plan Pays		The Plan Pays	
Mental Health and Substance Abuse Inpatient Facility	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
Mental Health and Substance Abuse Outpatient Visits - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage
Other Coverage	The Plan Pays		The Plan Pays	
Outpatient Acute Short-Term Rehabilitation Services 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 co-payment per visit	No Coverage
Chiropractic Care	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage
Hearing Aid Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	No Coverage	80% coverage	No Coverage
Vision Exam (routine)	No Coverage	No Coverage	No Coverage	No Coverage
Urgent Care Center	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$50 co-payment per visit	No Coverage
Home Health Care Services	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, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
The Plan Pays		The Plan Pays		The Plan Pays	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$100 facility co-payment per visit	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible; \$150 co-payment per visit; waived if admitted	90% coverage; subject to deductible; \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after a \$150 co-payment per visit; waived if admitted	100% coverage after a \$150 co-payment per visit; not subject to deductible
The Plan Pays		The Plan Pays		The Plan Pays	
90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 co-payment per day (days 1-5)	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC co-payment per visit	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	100% coverage; after a \$25 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 co-payment 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 co-payment per visit	No Coverage	100% coverage after a \$20 PCP co-payment 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; subject to Tier I deductible	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	No Coverage	No Coverage	100% coverage; after a \$35 AHN/\$45 co-payment per visit	50% coverage; subject to Out-of-Network Deductible
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$50 co-payment per visit	No Coverage	100% coverage; after a \$50 co-payment 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; subject to Tier I deductible	No Coverage

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

Benefits Comparison

Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network
Other Coverage	The Plan Pays		The Plan Pays	
Skilled Nursing Facility Services	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
Hospice Care	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage	No Coverage
Durable Medical Equipment (DME) - Rental or Purchase	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
Transplant Services	80% coverage; subject to deductible	No Coverage	100% coverage	No Coverage
Pharmacy	You Pay		You Pay	
Tier 1 - Generic	50% up to \$30 ¹		50% up to \$30 ¹	
Tier 2 - Preferred	50% up to \$55 ^{1,2}		50% up to \$55 ^{1,2}	
Tier 3 - Non-Preferred	65% up to \$80 ^{1,2}		65% up to \$80 ^{1,2}	
Tier 4 - Specialty	50% up to \$80 ^{1,2}		50% up to \$80 ^{1,2}	
90 day supply for maintenance drugs from mail order OR at participating 90-day retail network pharmacies	2.5 times the cost of your applicable co-payment		2.5 times the cost of your applicable co-payment	
After the out-of-pocket threshold amount of \$1,500 is met:				
Tier 1 - Generic	\$0 co-payment ¹		\$0 co-payment ¹	
Tier 2 - Preferred	\$20 co-payment ^{1,2}		\$20 co-payment ^{1,2}	
Tier 3 - Non-Preferred	\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}	
Tier 4 - Specialty	\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}	
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, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
The Plan Pays		The Plan Pays		The Plan Pays	
90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after \$100 co-payment per day max \$300 per admission	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage	No Coverage	100% coverage; subject to Tier I deductible	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; subject to Tier I deductible	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 \$100 co-payment per day, max \$300 per admission; subject to Tier I deductible	No Coverage
You Pay		You Pay		You Pay	
50% up to \$30 ¹		50% up to \$30 ¹		Tier 1 - Preferred Generics Tier 2 - Non-Preferred Generics	\$5 co-payment ³ \$20 co-payment ³
50% up to \$55 ^{1,2}		50% up to \$55 ^{1,2}		Tier 3 - Preferred Brand	\$50 co-payment ^{2,3}
65% up to \$80 ^{1,2}		65% up to \$80 ^{1,2}		Tier 4 - Non-Preferred Brand	\$80 co-payment ^{2,3}
50% up to \$80 ^{1,2}		50% up to \$80 ^{1,2}		Tier 5 - Specialty	\$150 co-payment ^{2,3}
2.5 times the cost of your applicable co-payment		2.5 times the cost of your applicable co-payment		Tier I Preferred Generics \$0 AHN co-pay; 30-day supply for 1 co-pay; 60-day supply for 2 co-pays; 90-day supply for 3 co-pays – All tiers but Tier 5 Specialty	
After the out-of-pocket threshold amount of \$1,500 is met*:					
\$0 co-payment ¹		\$0 co-payment ¹		N/A	
\$20 co-payment ^{1,2}		\$20 co-payment ^{1,2}		N/A	
\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}		N/A	
\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}		N/A	

¹ Prescription drug benefit - 31 day fill

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

³ Prescription drug benefit - 30 day fill

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

NOTES



SUMMARY OF PLANS

Medicare Retirees

You're invited to learn more



Office of Group Benefits

Annual Enrollment is October 1 - November 15

Join us at any of the meetings listed below to get details about your options. These meetings are for **Medicare Retirees** only.

DATE	LOCATION	START TIME
October 2	R.W. Johnson Conference Center (Franklinton Primary School) 610 T.W. Barker Drive, Franklinton, LA 70438	10:00 AM 4:00 PM
October 7	BREC's Independence Park Theatre 7800 Independence Blvd., Baton Rouge, LA 70806	9:00 AM* 2:00 PM
October 7	Lake Charles Civic Center 900 Lakeshore Drive, Lake Charles, LA 70602	9:00 AM 2:00 PM
October 8	Bossier City Civic Center 620 Benton Road, Bossier City, LA 71111	9:00 AM 2:00 PM
October 14	West Monroe Civic Center 901 Ridge Ave., West Monroe, LA 71291	9:00 AM 2:00 PM
October 14	Greater Covington Center Fuhrmann Auditorium 317 N. Jefferson Ave, Covington, LA 70433	9:00 AM 2:00 PM
October 16	University of New Orleans (University Center Ballroom) 2000 Lakeshore Drive, New Orleans, LA 70148	9:00 AM 2:00 PM
October 20	Sai Hotel and Convention Center 2301 N. MacArthur Dr., Alexandria, LA 71301	9:00 AM 2:00 PM
October 21	Heymann Center 1373 South College Rd., Lafayette, LA 70503	9:00 AM 2:00 PM
October 21	Houma - Terrebonne Civic Center 346 Civic Center Blvd., Houma, LA 70360	9:00 AM 2:00 PM

Visit www.groupbenefits.org or call 1-800-272-8451 for more information.

*meeting with an interpreter for hearing-impaired members

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, 2015 to make a selection.
- Medicare Retirees enrolling in a Medicare Advantage plan can make their selection between October 15 and December 7, 2015.

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 the 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.

IMPORTANT! If you choose an OGB sponsored Medicare Plan, you will retain the option to return to an OGB sponsored plan during the next annual enrollment period. Both the member and covered dependent MUST have Medicare A & B in order to be eligible for enrollment in a Medicare plan.

OneExchange: Customize your insurance

Towers Watson's OneExchange is an Individual Medicare Market Exchange offered to OGB retirees and spouses who have Medicare Parts A and B. OneExchange 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

OneExchange gives you access to licensed benefit advisors and online 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

OneExchange 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 OneExchange if you are a Retiree with Medicare Parts A and B.

OneExchange Health Reimbursement Arrangement (HRA)

Retirees enrolled in a medical plan through OneExchange receive a Health Reimbursement Arrangement. The OneExchange 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 co-payments, 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 you retired.

Compare Plans

OneExchange 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 OneExchange, 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 online plan comparison program, visit: medicare.oneexchange.com/ogb.

Sampling of Plans Available through OneExchange



SILVERSCRIPT®

UnitedHealthcare



Humana

DELTA DENTAL

For a complete list of plans and providers visit: medicare.oneexchange.com/ogb
Or call OneExchange at 1-855-663-4228.

Medicare Plan through Peoples Health Plan

Peoples Health Medicare Advantage plans offer much more than Medicare, with extra benefits like vision and dental coverage, free health club membership and 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 Southeast Louisiana and serves more than 55,000 members. Their plans feature a member-centered model of care that offers coordinated, personalized service.

Covered Benefit	Peoples Health HMO-POS
Plan Year Deductible	\$0
Maximum Out-of-pocket Expense (In-Network)	\$2,500
Maximum Out-of-pocket Expense (Out-of-Network)	20%
Office Visit - Primary Care / Specialist	\$5 / \$10 copay per visit
Emergency Room	\$50 ER copay per visit
Inpatient Hospital	\$50 per day (days 1-10)
Prescription Drugs (Part D)	
Tier 1	\$0 co-pay
Tier 2	\$0 co-pay
Tier 3	\$20 co-pay (30-day supply)
Tier 4	\$40 co-pay (30-day supply)
Tier 5	20%
Additional Benefits	
Preventive Dental	100% for select services (including one set of X-rays per year and one exam and cleaning every six months)
Comprehensive Dental	Up to \$2,000 per year for comprehensive services. A \$50 deductible applies for comprehensive dental services not normally covered by Medicare. Co-pays vary.
Routine Hearing Exam	100% coverage after \$10 co-payment for each Medicare covered diagnostic hearing exam.
Eyewear	100% coverage for one pair of eyeglasses or contact lenses each year.

Medicare Plans through Vantage Health Plan

For Medicare retirees who are 65 and over, Vantage offers several great 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 HMO-POS	Vantage HMO-POS	Vantage Zero-Premium HMO-POS
Plan Year Deductible	N/A	N/A	N/A
Maximum Out-of-pocket Expense	\$2,000	\$3,000	\$6,700
Office Visit Primary Care / Specialist	\$5 or \$0 AHN co-pay and \$20 or \$10 AHN co-pay per visit	\$10 or \$0 AHN co-pay and \$40 or \$30 AHN co-pay per visit	\$15 or \$5 AHN co-pay and \$50 or \$40 AHN co-pay per visit
Emergency Room	\$50 ER co-pay per visit worldwide coverage; Waived if admitted	\$75 ER co-pay per visit worldwide coverage; Waived if admitted	\$75 ER co-pay per visit worldwide coverage; Waived if admitted
Inpatient Hospital	\$50 /day for days 1-5	\$300/day or \$150/day AHN* for days 1-5	\$345/day or \$200/day AHN* for days 1-5
Prescription Drugs (Part D)			
Tier 1 - Preferred Generics	\$5 co-pay	\$4 co-pay	\$4 co-pay
Tier 2 - Non-Preferred Generics	\$10 copay	\$10 co-pay	\$10 co-pay
Tier 3 - Preferred Brand	\$25 co-pay	\$47 co-pay	\$47 co-pay
Tier 4 - Non-Preferred Brand	\$50 co-pay	\$100 co-pay	\$100 co-pay; after \$125 deductible
Tier 5 - Specialty	20% coinsurance	33% coinsurance	25% coinsurance, after \$125 deductible
Additional Benefits	Vantage Premium HMO-POS	Vantage HMO-POS	Vantage Zero-Premium HMO-POS
Preventive Dental	100% coverage with maximum benefit of \$150 every six months	100% coverage with maximum benefit of \$150 every six months	100% coverage with maximum benefit of \$200 every year
Comprehensive Dental	100% coverage with maximum benefit of \$300 every year for dentures and dental plates	100% coverage with maximum benefit of \$300 every year for dentures and dental plates	Not Available
Routine Hearing Exam	100% coverage with maximum benefit of \$40 every year	100% coverage with maximum benefit of \$40 every year	100% coverage with maximum benefit of \$40 every year
Eyewear	80% coverage with maximum benefit of \$100 every year	80% coverage with maximum benefit of \$100 every year	80% coverage with maximum benefit of \$100 every year

OGB Secondary Plans to Medicare



Pelican HRA1000

The Pelican HRA 1000 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, allowing members to build up balances that cover eligible medical expenses when they happen.

View Blue Cross' network providers at www.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 - MedImpact

The Pelican HRA 1000 uses the MedImpact formulary to help members select the most appropriate, lowest-cost options for prescriptions. 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 co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred drug 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
Once you pay \$1,500, the following co-pays apply:	
Generic	\$0 co-pay
Preferred	\$20 co-pay
Non-Preferred	\$40 co-pay
Specialty	\$40 co-pay

Magnolia Plans

Magnolia plans offer lower deductibles than the Pelican plans in exchange for higher premiums.

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 co-payments rather than using employer funding to offset out-of-pocket costs. Out-of-Network care is covered only in emergencies and may be balanced billed.

View Blue Cross' network providers at www.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)	\$1,000	\$2,000	\$3,000	\$3,000
Out-of-pocket max (Out-of-network)	No Coverage	No Coverage	No Coverage	No Coverage
Co-Payment (In-network)	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50
Medicare Retirees (retirement date 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)	\$2,500	\$5,000	\$7,500	\$7,500
Out-of-pocket max (Out-of-network)	No Coverage	No Coverage	No Coverage	No Coverage
Co-Payment (In-network)	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50

Pharmacy Benefits – Medicare Generation Rx

OGB uses the Medicare Generation Rx 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 co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred drug, 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
Once you pay \$1,500, the following co-pays apply:	
Generic	\$0 co-pay
Preferred	\$20 co-pay
Non-Preferred	\$40 co-pay
Specialty	\$40 co-pay

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 co-payments 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 balanced 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 copayments, 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 www.groupbenefits.org.

Medicare Retirees (retirement date BEFORE 3-1-2015)	Retiree-Only	Retiree + 1 (Spouse or Child)	Retiree + Children	Family
Deductible (In and Out-of-network)	\$300	\$600	\$900	\$900
Out-of-pocket max (In and Out-of-network**)	\$2,300 individual; plus \$2,300 per additional person up to 2; plus \$2,000 per additional person up to 2 additional people; \$12,700 for a family of 5+			
Co-Insurance (In-network)	20%	20%	20%	20%
Co-Insurance (Out-of-network)	20%	20%	20%	20%
Medicare Retirees (retirement date AFTER 3-1-2015)				
Deductible (In and Out-of-network)	\$900	\$1,800	\$2,700	\$2,700
Out-of-pocket max (In-network**)	\$2,500	\$5,000	\$7,500	\$7,500
Out-of-pocket max (out-of-network**)	\$3,700	\$7,500	\$11,250	\$11,250
Co-Insurance (In-network)	20%	20%	20%	20%
Co-Insurance (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 Non-Network Providers. Eligible Expenses for services of Non-Network Providers that are applied to the Out-of-Pocket Maximum for Non-Network Providers will apply to the Out-of-Pocket Maximum for Network.

Pharmacy Benefits – Medicare Generation Rx

OGB uses the Medicare Generation Rx 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 co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred drug, 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
Once you pay \$1,500, the following co-pays apply:	
Generic	\$0 co-pay
Preferred	\$20 co-pay
Non-Preferred	\$40 co-pay
Specialty	\$40 co-pay

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 \$39.00 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, www.groupbenefits.org.

Magnolia Local (Limited In-Network Provider Only Plan)

The Magnolia Local plan is a limited provider in-network 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 health care. Out-of-network care is covered only in emergencies and may be balanced 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!**
- Your residence will determine which Magnolia Local network you will use.

Before you choose Magnolia Local, consider this:

- Which doctors/clinics to 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 is split up into two networks: Community Blue & Blue Connect

Community Blue is a select, local network designed for members who live in the parishes of East Baton Rouge, West Baton Rouge, Ascension, Bossier & Caddo. BlueConnect is a select, local network designed for members who live in the parishes of Jefferson, Orleans & St. Tammany.

Community Blue

You have access to the following hospitals in the Baton Rouge and Shreveport regions:

Baton Rouge

- Baton Rouge Clinic

Shreveport

- CHRISTUS Schumpert of Shreveport

To find physicians in this network visit www.bcbsla.com/ogb and select Community Blue under OGB Find Care.

Blue Connect*

You have access to the following hospitals in the Greater New Orleans and St. Tammany regions:

Greater New Orleans

- Ochsner Health System

St. Tammany

- Ochsner Medical Center Northshore
- St. Tammany Parish Hospital

To find physicians in this network visit www.bcbsla.com/ogb and select Blue Connect under OGB Find Care.

*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 www.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 www.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)	\$1,000	\$2,000	\$3,000	\$3,000
Out-of-pocket max (Out-of-network)	No Coverage	No Coverage	No Coverage	No Coverage
Co-Payment (In-network)	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50
Medicare Retirees (retirement date 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)	\$2,500	\$5,000	\$7,500	\$7,500
Out-of-pocket max (Out-of-network)	No Coverage	No Coverage	No Coverage	No Coverage
Co-Payment (In-network)	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50

Pharmacy Benefits – MedImpact

OGB uses the MedImpact 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 co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred, non-preferred drug, 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
Once you pay \$1,500, the following co-pays apply:	
Generic	\$0 co-pay
Preferred	\$20 co-pay
Non-Preferred	\$40 co-pay
Specialty	\$40 co-pay

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 copayments for certain covered services as indicated by “AHN.” This plan also includes Out-of-Network coverage.

	Employee-Only	Employee + 1 (Spouse or child)	Employee + Children	Family
Employer Contribution to HRA/HSA	\$0	\$0	\$0	\$0
Deductible (Tier I)	\$400	\$800	\$1,200	\$1,200
Deductible (Tier II & Out-of-Network)	\$1,500	\$3,000	\$4,500	\$4,500
Co-Payment – PCP (Tier I)	\$10 AHN/\$20	\$10 AHN/\$20	\$10 AHN/\$20	\$10 AHN/\$20
Co-Payment – Specialist (Tier I)	\$35 AHN/\$45	\$35 AHN/\$45	\$35 AHN/\$45	\$35 AHN/\$45
Coinsurance – PCP (Out-of-Network)	50% coverage; subject to Out-of-Network deductible			
Co-insurance – Specialist (Out of-Network)	50% coverage; subject to Out-of-Network deductible			
Out-of-pocket max (Tier I)	Tier I: \$2,500	Tier I: \$5,000	Tier I: \$7,500	Tier I: \$7,500
Out-of-pocket max (Tier II & Out-of-Network)	Unlimited	Unlimited	Unlimited	Unlimited

Tier I Providers

Members seeing Tier I providers pay the Tier I co-pays, co-insurance and deductibles as listed in the Certificate of Coverage and Cost Share Schedule. Tier I consists of two networks:

- A preferred provider network, Affinity Health Network (AHN), which has lower co-payments for certain covered services as indicated by “AHN,” and
- A standard provider network.

View providers in Vantage Health Plan’s networks at www.vantagehealthplan.com/OGBCommercial

Tier II Providers

Members who choose to see these providers will have to pay an additional 20 % coinsurance in addition to their Tier I cost share, after the applicable deductible is met. View Tier II providers at www.vantagehealthplan.com/Provider/TierIINetwork

Pharmacy Benefits

The Vantage Medical Home HMO prescription drug benefit has five co-payment levels. There is no prescription drug deductible.

Tier	Member Responsibility
Tier 1 – Preferred Generics	\$5
Tier 2 – Non- Preferred Generics	\$20
Tier 3 – Preferred Brand	\$50
Tier 4 – Non-Preferred Brand	\$80
Tier 5 - Specialty	\$150

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 co-payments, coinsurance, deductibles and non-covered services. (Often referred to as Balance Billing)

How to Enroll



IMPORTANT! If you would like to remain in your current OGB health plan with the same covered dependents for the 2016 plan year, you do not need to do anything. Your coverage will continue for the 2016 plan year.

COBRA Enrollment

For questions about COBRA enrollment, contact Discovery Benefits customer service at 1-866-451-3399.

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

1. Visit www.groupbenefits.org to use the annual enrollment portal.
 - Changing health plans but maintaining the same covered dependents:
 - Follow the links from the OGB homepage to the annual enrollment portal
 - Enter your Member ID from your current ID card and the last four digits of your social security number
 - Make your selection
 - Select SUBMIT - **IMPORTANT! You MUST hit submit in order for your selection to be valid.**
 - Print/Save confirmation page

IMPORTANT! You MUST hit submit in order for your selection to be valid. We encourage you to print off a confirmation page for your records.

2. Complete the annual enrollment form and return it to the address provided by November 15.
3. To enroll in a health plan with different or new covered dependents or to discontinue OGB coverage:
 - Retirees - 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
 - dependent verification documentation (i.e.- marriage and/or birth certificate)

OFFICE OF GROUP BENEFITS
2015 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

Pelican HRA1000
Administered by Blue Cross

Magnolia Local (Limited Provider Network) Administered by Blue Cross

Magnolia Local Plus
Administered by Blue Cross

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

Magnolia Open Access
Administered by Blue Cross

OGB Sponsored Medicare Advantage Plans

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

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

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

One Exchange*
Retiree and all covered dependents must have both Medicare A and Medicare B
(*Enrollment is conducted through **One Exchange**. Please call 1-855-663-4228 or visit medicare.oneexchange.com/ogb) to enroll.

Vantage Medicare Advantage Zero Premium 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, 2015.**

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

Plan Member's Signature (required)

Date

**Medicare Advantage Plans
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016**

	Vantage Premium HMO-POS	Vantage HMO-POS	Vantage Zero-Premium HMO-POS	Peoples Health HMO-POS
	Network	Network	Network	Network
	You Pay	You Pay	You Pay	You Pay
Deductible				
You	\$0	\$0	\$0	\$0
You + 1 (Spouse or child)	\$0	\$0	\$0	\$0
You + Children	\$0	\$0	\$0	\$0
You + Family	\$0	\$0	\$0	\$0
Out of Pocket Maximum				
You	\$2,000 per member	\$3,000 per member	\$6,700 per member	\$2,500 per member
You + 1 (Spouse or child)				
You + Children				
You + Family				
State Funding	The Plan Pays		The Plan Pays	
You	Not Available	Not Available	Not Available	Not Available
You + 1 (Spouse or child)				
You + Children				
You + Family				
Physicians' Services	The Plan Pays		The Plan Pays	
Primary Care Physician or Specialist Office - Treatment of illness or injury	100% coverage after a \$5 or \$0 AHN PCP co-payment and \$20 or \$10 AHN SPC co-payment per visit	100% coverage after a \$10 or \$0 AHN PCP co-payment and \$40 or \$30 AHN SPC co-payment per visit	100% coverage after a \$15 or \$5 AHN PCP co-payment and \$50 or \$40 AHN SPC co-payment per visit	100% coverage after a \$5 PCP or \$10 SPC co-payment per visit.
Preventative Care Primary Care Physician or Specialist Office or Clinic For a complete list of benefits, refer to the Preventive and Wellness/ Routine Care in the Benefit Plan	100% coverage	100% coverage	100% coverage	100% coverage
Physician Services for Emergency Room Care	100% coverage	100% coverage	100% coverage	100% coverage
Allergy Shots and Serum	80% coverage	80% coverage	80% coverage	95% coverage
Outpatient Surgery/Services when billed as office visits	100% coverage	100% coverage	100% coverage	100% coverage
Inpatient Services Inpatient care, delivery and inpatient short-term acute rehabilitation services	100% coverage after \$50 co-payment per day (days 1-10)	100% coverage after \$300 or \$150 AHN co-payment per day (days 1-5)	100% coverage after \$345 or \$200 AHN co-payment per day (days 1-5)	100% coverage after \$50 co-payment per day (days 1-10)
Outpatient Surgery/Services Hospital/Facility	100% coverage	100% coverage after \$300 or \$150 AHN co-payment per visit	100% coverage \$450 or \$200 AHN co-payment per visit	100% coverage
Emergency Room Care - Hospital Treatment of an emergency medical condition or injury	100% coverage after \$50 co-payment per visit; waived if admitted	100% coverage after \$75 co-payment per visit; waived if admitted	100% coverage after \$75 co-payment per visit; waived if admitted	100% coverage after \$50 co-payment per visit; waived if admitted

**Medicare Advantage Plans
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016**

	Vantage Premium HMO-POS	Vantage HMO-POS	Vantage Zero-Premium HMO-POS	Peoples Health HMO-POS
	Network	Network	Network	Network
Behavioral Health	The Plan Pays	The Plan Pays	The Plan Pays	The Plan Pays
Mental Health and Substance Abuse Inpatient Facility	100% coverage after \$25 co-payment per day (days 1-5)	100% coverage after \$390 co-payment per day (days 1-4)	100% coverage after \$390 co-payment per day (days 1-4)	100% coverage after \$25 co-payment per day (days 1-5)
Mental Health and Substance Abuse Outpatient Visits - Professional	100% coverage after \$10 co-payment per mental health visit and \$20 co-payment per substance abuse visit	100% coverage after \$40 co-payment per visit	100% coverage after \$40 co-payment per visit	100% coverage
Other Coverage	The Plan Pays	The Plan Pays	The Plan Pays	The Plan Pays
Outpatient Acute Short-Term Rehabilitation Services Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	100% coverage, subject to Medicare maximum	100% coverage after \$25AHN/ \$40 co-payment per visit subject to Medicare maximum	100% coverage after \$25AHN/ \$40 co-payment per visit subject to Medicare maximum	100% coverage; subject to Medicare maximum
Chiropractic Care	100% coverage after a \$20 co-payment per visit	100% coverage after a \$20 co-payment per visit	100% coverage after a \$20 co-payment per visit.	100% coverage after a \$10 co-payment per visit.
Vision Exam (routine)	100% coverage; 1 exam per year	100% coverage; 1 exam per year	100% coverage; 1 exam per year	100% coverage after \$15 co-payment; 1 exam per year
Urgent Care Center	100% coverage after \$10 co-payment per visit	100% coverage after \$65 co-payment per visit	100% coverage after \$65 co-payment per visit	100% coverage after \$10 co-payment per visit
Home Health Care Services	100% coverage	100% coverage	100% coverage	100% coverage
Skilled Nursing Facility Services	100% coverage after \$0 co-payment (days 1-20); \$25 co-payment per day (days 21-100)	100% coverage after \$0 co-payment (days 1-20); \$160 co-payment per day (days 21-100)	100% coverage after \$0 co-payment (days 1-20); \$160 co-payment per day (days 21-100)	100% coverage after \$0 co-payment (days 1-20); \$25 co-payment per day (days 21+)
Hospice Care	Covered by Medicare	Covered by Medicare	Covered by Medicare	Covered by Medicare
Durable Medical Equipment (DME) –Rental or Purchase	95% coverage	80% coverage	80% coverage	95% coverage
Transplant Services	100% coverage after \$50 co-payment per day (days 1-10)	100% coverage after \$300 or \$150 AHN co-payment per day (days 1-5)	100% coverage after \$345 or \$200 AHN co-payment per day (days 1-5)	100% coverage after \$50 co-payment per day (days 1-10)
Pharmacy	You Pay	You Pay	You Pay	You Pay
Tier 1 - Preferred Generic	\$5 co-payment	\$4 co-payment	\$4 co-payment	\$0 co-payment
Tier 2 - Non-Preferred Generic	\$10 co-payment	\$10 co-payment	\$10 co-payment	\$0 co-payment
Tier 3 - Preferred Brand	\$25 co-payment	\$47 co-payment	\$47 co-payment	\$20 co-payment
Tier 4 - Non-Preferred Brand	\$50 co-payment	\$100 co-payment	\$100 co-payment; after \$125 deductible	\$40 co-payment
Tier 5 - Specialty	20% co-insurance	33% co-insurance	25% co-insurance; after \$125 deductible	20% co-insurance

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 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 deductibles/co-payments/coinsurance, if Medicare Deductibles have not been met

Retirees with Medicare (RETIREMENT DATE BEFORE March 1, 2015)

Benefits Comparison

Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		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	Non-Network	Network	Non-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	\$1,000	No Coverage
You + 1 (Spouse or child)	\$10,000	\$20,000	\$2,000	
You + Children	\$10,000	\$20,000	\$3,000	
You + Family	\$10,000	\$20,000	\$3,000	
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	
Primary Care Physician or Specialist Office - Treatment of illness or injury	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC co-payment per visit	No Coverage

Retirees with Medicare (RETIREMENT DATE BEFORE March 1, 2015)

Benefits Comparison

Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
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		Tier I (Affinity Health Network "AHN" and standard), Tier II, and Out-of-Network	
Medicare Retirees (retirement date BEFORE 3/1/2015)		Medicare Retirees (retirement date BEFORE 3/1/2015)		Medicare Retirees	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
You Pay		You Pay		You Pay	
\$300		\$0	No Coverage	\$0	\$1,500
\$600		\$0		\$0	\$3,000
\$900		\$0		\$0	\$4,500
\$900		\$0		\$0	\$4,500
Out of Pocket Maximum					
\$2,300 individual; plus \$2,300 per additional person up to 2; plus \$2,000 per additional person up to 2 additional people; \$12,700 for a family of 5+		\$1,000	No Coverage	\$1,000	No Maximum
		\$2,000		\$2,000	No Maximum
		\$3,000		\$3,000	No Maximum
		\$3,000		\$3,000	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 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC co-payment 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, 2016 - December 31, 2016

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network
Physicians' Services	The Plan Pays		The Plan Pays	
Maternity Care (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$90 co-payment per pregnancy	No Coverage
Physician Services Furnished in a Hospital 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
Preventative Care Primary Care Physician or Specialist Office or Clinic For a complete list of benefits, refer to the Preventive and Wellness/ Routine Care in the Benefit Plan	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; not subject to deductible	100% coverage	No Coverage
Physician Services for Emergency Room Care	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	100% coverage
Allergy Shots and Serum Co-payment 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 co-payment per visit; shots and serum 100%	No Coverage
Outpatient Surgery/ Services 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 co-payment per visit	No Coverage
Outpatient Surgery/ Services 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	
Inpatient Services 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 co-payment per day max \$300 per admission	No Coverage

Retirees with Medicare (RETIREMENT DATE BEFORE March 1, 2015)

Benefits Comparison

Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$90 co-payment per pregnancy	No Coverage	100% coverage after a \$10 AHN/\$20 co-payment 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; subject to Tier I deductible	50% coverage; subject to Out-of-Network Deductible
100% coverage; not subject to deductible	80% coverage; subject to deductible	100% coverage	No Coverage	100% coverage; not subject to deductible	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	100% coverage	100% coverage; subject to Tier I 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 co-payment per visit; shots and serum 100%	No Coverage	80% coverage; subject to Tier I 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 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC office visit co-payment 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; subject to Tier I deductible	50% coverage; subject to Out-of-Network Deductible
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network Deductible

Retirees with Medicare (RETIREMENT DATE BEFORE March 1, 2015)

Benefits Comparison

Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network
Hospital Services	The Plan Pays		The Plan Pays	
Outpatient Surgery/ Services Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 facility co-payment per visit	No Coverage
Emergency Room Care - Hospital Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted
Behavioral Health	The Plan Pays		The Plan Pays	
Mental Health and Substance Abuse Inpatient Facility	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
Mental Health and Substance Abuse Outpatient Visits - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage
Other Coverage	The Plan Pays		The Plan Pays	
Outpatient Acute Short-Term Rehabilitation Services 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 co-payment per visit	No Coverage
Chiropractic Care	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage
Hearing Aid Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	No Coverage	80% coverage	No Coverage
Vision Exam (routine)	No Coverage	No Coverage	No Coverage	No Coverage
Urgent Care Center	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$50 co-payment per visit	No Coverage
Home Health Care Services	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, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 facility co-payment per visit	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible; \$150 co-payment per visit; waived if admitted	80% coverage; subject to deductible; \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after a \$150 co-payment per visit; waived if admitted	100% coverage after a \$150 co-payment per visit; not subject to deductible
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC co-payment per visit	50% coverage; subject to Out-of-Network Deductible
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 co-payment 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 co-payment per visit	No Coverage	100% coverage after a \$20 PCP co-payment 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; subject to Tier I deductible	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	No Coverage	No Coverage	100% coverage; after a \$35 AHN/\$45 co-payment per visit	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after a \$50 co-payment per visit	No Coverage	100% coverage; after a \$50 co-payment per visit	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	100% coverage	No Coverage	100% coverage; subject to Tier I deductible	No Coverage

Retirees with Medicare (RETIREMENT DATE BEFORE March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network
Other Coverage	The Plan Pays		The Plan Pays	
Skilled Nursing Facility Services	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
Hospice Care	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage	No Coverage
Durable Medical Equipment (DME) - Rental or Purchase	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
Transplant Services	80% coverage; subject to deductible	No Coverage	100% coverage	No Coverage
Pharmacy	You Pay		You Pay	
Tier 1 - Generic	50% up to \$30 ¹		50% up to \$30 ¹	
Tier 2 - Preferred	50% up to \$55 ^{1,2}		50% up to \$55 ^{1,2}	
Tier 3 - Non-Preferred	65% up to \$80 ^{1,2}		65% up to \$80 ^{1,2}	
Tier 4 - Specialty	50% up to \$80 ^{1,2}		50% up to \$80 ^{1,2}	
90 day supply for maintenance drugs from mail order OR at participating 90-day retail network pharmacies	2.5 times the cost of your applicable co-payment		2.5 times the cost of your applicable co-payment	
After the out-of-pocket threshold amount of \$1,500 is met:				
Tier 1 - Generic	\$0 co-payment ¹		\$0 co-payment ¹	
Tier 2 - Preferred	\$20 co-payment ^{1,2}		\$20 co-payment ^{1,2}	
Tier 3 - Non-Preferred	\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}	
Tier 4 - Specialty	\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}	

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, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after \$50 AHN/\$100 co-payment per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	100% coverage	No Coverage	100% coverage; subject to Tier I deductible	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; subject to Tier I deductible	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 \$100 copayment per day, max \$300 per admission; subject to Tier I deductible	No Coverage
You Pay		You Pay		You Pay	
50% up to \$30 ¹		50% up to \$30 ¹		Tier 1 - Preferred Generics Tier 2 - Non-Preferred Generics	\$5 co-payment ³ \$20 co-payment ³
50% up to \$55 ^{1,2}		50% up to \$55 ^{1,2}		Tier 3 - Preferred Brand	\$50 co-payment ^{2,3}
65% up to \$80 ^{1,2}		65% up to \$80 ^{1,2}		Tier 4 - Non-Preferred Brand	\$80 co-payment ^{2,3}
50% up to \$80 ^{1,2}		50% up to \$80 ^{1,2}		Tier 5 - Specialty	\$150 co-payment ^{2,3}
2.5 times the cost of your applicable co-payment		2.5 times the cost of your applicable co-payment		Tier I Preferred Generics \$0 AHN co-pay; 30-day supply for 1 co-pay; 60-day supply for 2 co-pays; 90-day supply for 3 co-pays – All tiers but Tier 5 Specialty	
After the out-of-pocket threshold amount of \$1,500 is met*:					
\$0 co-payment ¹		\$0 co-payment ¹		N/A	
\$20 co-payment ^{1,2}		\$20 co-payment ^{1,2}		N/A	
\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}		N/A	
\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}		N/A	

¹ Prescription drug benefit - 31 day fill

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

³ Prescription drug benefit - 30 day fill

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

Retirees with Medicare (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		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 AFTER 3/1/2015)		Medicare Retirees (retirement date AFTER 3/1/2015)	
	Network	Non-Network	Network	Non-Network
	You Pay		You Pay	
	Deductible			
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			
	Out of Pocket Maximum			
You	\$5,000	\$10,000	\$2,500	No Coverage
You + 1 (Spouse or child)	\$10,000	\$20,000	\$5,000	No Coverage
You + Children	\$10,000	\$20,000	\$7,500	No Coverage
You + Family	\$10,000	\$20,000	\$7,500	No Coverage
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	
Primary Care Physician or Specialist Office - Treatment of illness or injury	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC co-payment per visit	No Coverage

Retirees with Medicare (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
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		Tier I (Affinity Health Network "AHN" and standard), Tier II, and Out-of-Network	
Medicare Retirees (retirement date AFTER 3/1/2015)		Medicare Retirees (retirement date AFTER 3/1/2015)		Medicare Retirees	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
You Pay		You Pay		You Pay	
Deductible					
\$900	\$900	\$400	No Coverage	\$400	\$1,500
\$1,800	\$1,800	\$800	No Coverage	\$800	\$3,000
\$2,700	\$2,700	\$1,200	No Coverage	\$1,200	\$4,500
\$2,700	\$2,700	\$1,200	No Coverage	\$1,200	\$4,500
Out of Pocket Maximum					
\$2,500	\$3,700	\$2,500	No Coverage	\$2,500	No Maximum
\$5,000	\$7,500	\$5,000	No Coverage	\$5,000	No Maximum
\$7,500	\$11,250	\$7,500	No Coverage	\$7,500	No Maximum
\$7,500	\$11,250	\$7,500	No Coverage	\$7,500	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 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC co-payment per visit	50% coverage; subject to Out-of-Network Deductible

Retirees with Medicare (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network
Physicians' Services	The Plan Pays		The Plan Pays	
Maternity Care (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$90 co-payment per pregnancy	No Coverage
Physician Services Furnished in a Hospital 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
Preventative Care Primary Care Physician or Specialist Office or Clinic For a complete list of benefits, refer to the Preventive and Wellness/ Routine Care in the Benefit Plan	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; not subject to deductible	100% coverage; not subject to deductible	No Coverage
Physician Services for Emergency Room Care	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible
Allergy Shots and Serum Co-payment 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 co-payment per visit; shots and serum 100% after deductible	No Coverage
Outpatient Surgery/ Services 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 co- payment per visit	No Coverage
Outpatient Surgery/ Services 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
Hospital Services	The Plan Pays		The Plan Pays	
Inpatient Services 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 co-payment per day max \$300 per admission	No Coverage

Retirees with Medicare (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$90 co-payment per pregnancy	No Coverage	100% coverage after a \$10 AHN/\$20 co-payment 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 Tier I deductible	50% coverage; subject to Out-of-Network Deductible
100% coverage; not subject to deductible	80% coverage; subject to deductible	100% coverage; not subject to deductible	No Coverage	100% coverage; not subject to deductible	50% coverage; 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 Tier I 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 co-payment per visit; shots and serum 100% after deductible	No Coverage	80% coverage; subject to Tier I 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 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC office visit co-payment 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 Tier I deductible	50% coverage; subject to Out-of-Network Deductible
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible + \$50 co-payment per day (days 1 - 5)	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network Deductible

Retirees with Medicare (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network
Hospital Services	The Plan Pays		The Plan Pays	
Outpatient Surgery/ Services Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 facility co-payment per visit	No Coverage
Emergency Room Care - Hospital Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted
Behavioral Health	The Plan Pays		The Plan Pays	
Mental Health and Substance Abuse Inpatient Facility	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
Mental Health and Substance Abuse Outpatient Visits - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage
Other Coverage	The Plan Pays		The Plan Pays	
Outpatient Acute Short-Term Rehabilitation Services 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 co-payment per visit	No Coverage
Chiropractic Care	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage
Hearing Aid Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	No Coverage
Vision Exam (routine)	No Coverage	No Coverage	No Coverage	No Coverage
Urgent Care Center	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$50 co-payment per visit	No Coverage
Home Health Care Services	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage subject to deductible	No Coverage

Retirees with Medicare (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 facility co-payment per visit	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment; not subject to deductible	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible ; \$150 co-payment per visit; waived if admitted	80% coverage; subject to deductible ; \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after \$150 co-payment per visit; waived if admitted	100% coverage after a \$150 co-payment per visit; waived if admitted	100% coverage after a \$150 co-payment per visit; not subject to deductible
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible + \$50 co-payment per day (days 1-5)	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after a \$50 AHN/\$100 co-payment per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC co-payment per visit	50% coverage; subject to Out-of-Network Deductible
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No Coverage	100% coverage after a \$10 AHN/\$20 copayment 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 co-payment per visit	No Coverage	100% coverage after a \$20 PCP co-payment 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 Tier I deductible	50% coverage; subject to Out-of-Network Deductible
No Coverage	No Coverage	No Coverage	No Coverage	100% coverage; after a \$35AHN/\$45 co-payment per visit	50% coverage; subject to Out-of-Network Deductible
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after a \$50 co-payment per visit	No Coverage	100% coverage; after a \$50 co-payment 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 Tier I deductible	No Coverage

Retirees with Medicare (RETIREMENT DATE AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

	Pelican HRA 1000		Magnolia Local Plus	
	Network	Non-Network	Network	Non-Network
Other Coverage	The Plan Pays		The Plan Pays	
Skilled Nursing Facility Services	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
Hospice Care	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
Durable Medical Equipment (DME) - Rental or Purchase	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
Transplant Services	80% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage
Pharmacy	You Pay		You Pay	
Tier 1 - Generic	50% up to \$30 ¹		50% up to \$30 ¹	
Tier 2 - Preferred	50% up to \$55 ^{1,2}		50% up to \$55 ^{1,2}	
Tier 3 - Non-Preferred	65% up to \$80 ^{1,2}		65% up to \$80 ^{1,2}	
Tier 4 - Specialty	50% up to \$80 ^{1,2}		50% up to \$80 ^{1,2}	
90 day supply for maintenance drugs from mail order OR at participating 90-day retail network pharmacies	2.5 times the cost of your applicable co-payment		2.5 times the cost of your applicable co-payment	
After the out-of-pocket threshold amount of \$1,500 is met:				
Tier 1 - Generic	\$0 co-payment ¹		\$0 co-payment ¹	
Tier 2 - Preferred	\$20 co-payment ^{1,2}		\$20 co-payment ^{1,2}	
Tier 3 - Non-Preferred	\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}	
Tier 4 - Specialty	\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}	
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 AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016

Magnolia Open Access		Magnolia Local		Vantage Medical Home	
Network	Non-Network	Network	Non-Network	Tier I Network	Non-Network
The Plan Pays		The Plan Pays		The Plan Pays	
80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$100 co-payment per day max \$300 per admission	No Coverage	100% coverage after \$50 AHN/\$100 co-payment per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network deductible
No Coverage	No Coverage	100% coverage; subject to deductible	No Coverage	100% coverage; subject to Tier I 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 Tier I 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 \$100 copayment per day, max \$300 per admission; subject to Tier I deductible	No Coverage
You Pay		You Pay		You Pay	
50% up to \$30 ¹		50% up to \$30 ¹		"Tier 1 - Preferred Generics"	\$5 co-payment ³ \$20 co-payment ³
50% up to \$55 ^{1,2}		50% up to \$55 ^{1,2}		Tier 2 - Non-Preferred Generics"	\$50 co-payment ^{2,3}
65% up to \$80 ^{1,2}		65% up to \$80 ^{1,2}		Tier 3 - Preferred Brand	\$80 co-payment ^{2,3}
50% up to \$80 ^{1,2}		50% up to \$80 ^{1,2}		Tier 4 - Non-Preferred Brand	\$150 co-payment ^{2,3}
2.5 times the cost of your applicable co-payment		2.5 times the cost of your applicable co-payment		30-day supply for 1 co-pay; 60-day supply for 2 co-pays; 90-day supply for 3 co-pays – All tiers but Tier 5 Specialty	
After the out-of-pocket threshold amount of \$1,500 is met*:					
\$0 co-payment ¹		\$0 co-payment ¹		N/A	
\$20 co-payment ^{1,2}		\$20 co-payment ^{1,2}		N/A	
\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}		N/A	
\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}		N/A	

¹ Prescription drug benefit - 31 day fill

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

³ Prescription drug benefit - 30 day fill

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

NOTES



OTHER BENEFIT OFFERINGS

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

Life Insurance - Prudential

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

Basic Life			
Option 1		Option 2	
Employee	\$5,000	Employee	\$5,000
Spouse	\$1,000	Spouse	\$2,000
Each Child	\$500	Each Child	\$1,000
Dependent Life	Employee pays \$0.98/mo.	Dependent Life	Employee pays \$1.96/mo.

Basic Plus Supplemental			
Option 1		Option 2	
Employee	Schedule to max of \$50,000*	Employee	Schedule to max of \$50,000*
Spouse	\$2,000	Spouse	\$4,000
Each Child	\$1,000	Each Child	\$2,000
Dependent Life	Employee pays \$1.96/mo.	Dependent Life	Employee pays \$3.92/mo.

* Amount based on employee's annual salary

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 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 by providing evidence of insurability. Eligible dependent children can be added without providing evidence of insurability to the insurer.
- Member pays 50 percent of their life premium and 100 percent of dependent life 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 covered children up to age 26.

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 employment terminates or face amount is reduced.

Accidental Death and Dismemberment Benefits

If retired, coverage for accidental death and dismemberment automatically terminates on January 1 following 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.

For a complete Basic and Supplemental Life Insurance schedule visit www.groupbenefits.org.

Flexible Benefits Program

Give yourself a pay raise this year! You could save money and reduce your taxes by enrolling in one or more of these benefits.

Option	Description	Consider if:	Do you have to re-enroll each year?
Premium Conversion*	Your eligible premiums are paid with pre-tax dollars through payroll deductions.	You want to increase your take-home pay	No
General-Purpose Health Care Flexible Spending Arrangement (GPFSA)	Allows you to pay with pre-tax dollars certain qualifying medical care expenses for you, your spouse, and your eligible tax dependent children.	You pay out-of-pocket medical expenses, such as health plan co-pays, health plan deductibles, vision expenses, dental expenses, etc.	Yes
Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA)	Allows you to pay with pre-tax dollars dental and vision expenses for you, your spouse, and your eligible tax dependent children, while you maintain your eligibility to contribute to your HSA.	You are enrolled in the Pelican HSA775	Yes
Dependent Care Flexible Spending Arrangement (DCFSA)	Allows you to pay with pre-tax dollars eligible dependent care expenses for your child or for a spouse, parent, or other dependent who is incapable of self-care.	You pay for the care of your eligible dependent(s) while you are at work.	Yes

*All employees of agencies that participate in the OGB administered Flexible Benefits Plan will automatically be enrolled in the Premium Conversion option. See the Flex Plan document for additional information.

Who is eligible?

Active, full-time employees (as defined by employer) are eligible. Current employees who experience a Plan Recognized Qualified Life Event, see the Flex Plan document for additional information.

New hires are eligible if they enroll in an OGB health plan; in an eligible voluntary insurance product; in OGB life insurance; or one of the other Flex Plan options **within 30 days of their hire date**. Your participation will be effective the first of the month after your first full calendar month of employment. For example: if your Date of Hire is August 20th, your Effective Date is October 1st.

Example: **New Hires:** If employment begins: **September 1** | Coverage begins: **October 1**
New Hires: If employment begins: **September 2** | Coverage begins: **November 1**

Rehired retirees who are employed as active, full-time employees are eligible to participate in the FSA if their annual elected amount is deducted from their active payroll check and as long as they are not enrolled in Medicare.

Employees can participate in the General-Purpose Health Care FSA, the Limited-Purpose Dental/Vision FSA or the Dependent Care FSA benefit even if they are not enrolled in an OGB health plan or the Premium Conversion benefit!

• New Annual FSA Enrollment Process:

- 1) Employees can enroll in FSAs on-line at the same time they enroll in their OGB health plan through the annual enrollment portal, or
- 2) Enroll through their HR Department.

NOTE: Retirees are not eligible to enroll in an FSA.

Bayou Health (LaCHIP)

LaCHIP is a health insurance program designed to bring quality health care to currently uninsured children and youth up to the age of 19 in Louisiana. Children 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 children 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 7:30 a.m. to 4:30 p.m. Central Time.

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.

Continuation of Coverage

Unless Continuation of Coverage is available and selected as provided in the relevant plan, an employee's coverage terminates as provided below:

- The employee's coverage and that of all his/her dependents automatically, and without notice, terminate at the end of the month in which his/her employment is terminated.
- The employee's coverage and that of all his/her dependents automatically, and without notice, will terminate at the end of the month in which his/her coverage is terminated.
- The coverage of the employee's spouse will terminate automatically, and without notice, on the day of the final decree of divorce or other legal termination of marriage occurred.
- The coverage of a dependent will terminate automatically, and without notice, on the day which the dependent ceases to be an eligible dependent.
- The coverage of a dependent grandchild for whom the enrollee does not have court-ordered legal custody or court ordered legal guardianship will terminate automatically, and without notice, at the end of the month in which the child's parent ceases or court ordered legal guardianship to be an eligible dependent.
- Upon the death of an employee, the coverage of all his/her surviving dependents will terminate on the last day of the month in which the employee's or retiree's death occurred.

Notice of Right to Continue Group Health Coverage - Special Enrollment under HIPAA

Under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), if you decline enrollment for yourself or your dependents (including your spouse) because of other coverage, you may in the future be able to enroll yourself and your dependents in an OGB health plan under special enrollment, provided that you request enrollment within 30 days after your other coverage ends.

If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents under special enrollment, provided that you request enrollment within 30 days of acquiring the new dependent. The effective date of coverage for adding or deleting a dependent under such special enrollment is the date of the event.

COBRA

COBRA gives you and your covered dependents the right to choose to continue OGB health plan coverage for limited periods of time when coverage is lost under circumstances such as 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 the entire premium for coverage in most situations.

Terms and Conditions



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

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 www.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 a 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 a 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 a 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 is retroactive to the date of the Plan Recognized Qualified Life Event if verified by the applicable deadline.
 - I understand that it is my responsibility to verify that the correct deduction is taken 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 open enrollment period, or until I experience a subsequent Plan Recognized Qualified Life Event that would enable me to make such a change.
- I understand that intentional misrepresentation or falsification of information (including verification documentation submitted when dependents are added) will subject me to penalties and possible legal action and, in the case of adding dependents, may result in termination of coverage retroactive to the dependent's effective date 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

OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF PREMIUM RATES

Rates effect January 1, 2016

School Board employee contributions may be different.



	Magnolia Open Access Administered by Blue Cross			Magnolia Local Administered by Blue Cross			Magnolia Local Plus Administered by Blue Cross			Pelican HSA 775 Administered by Blue Cross			Pelican HRA 1000 Administered by Blue Cross			Vantage Medical Home HMO Insured by Vantage Health Plan		
	State	Employee	Total	State	Employee	Total	State	Employee	Total	State	Employee	Total	State	Employee	Total	State	Employee	Total
	Share	Share		Share	Share		Share	Share		Share	Share		Share	Share		Share	Share	
ACTIVE EMPLOYEE																		
ENROLLEE ONLY	490.06	163.32	653.38	417.00	138.98	555.98	471.42	157.10	628.52	177.84	59.24	237.08	307.42	102.46	409.88	470.28	156.72	627.00
ENROLLEE + 1 (SPOUSE)	857.34	530.54	1,387.88	729.50	451.48	1,180.98	824.64	510.26	1,334.90	311.08	192.52	503.60	537.76	332.80	870.56	822.66	509.02	1,331.68
ENROLLEE + 1 (CHILD)	561.84	235.08	796.92	478.06	200.00	678.06	540.42	226.10	766.52	203.92	85.36	289.28	352.52	147.54	500.06	539.10	225.56	764.66
ENROLLEE + CHILDREN	561.84	235.08	796.92	478.06	200.00	678.06	540.42	226.10	766.52	203.92	85.36	289.28	352.52	147.54	500.06	539.10	225.56	764.66
FAMILY	895.26	568.48	1,463.74	761.78	483.76	1,245.54	861.10	546.74	1,407.84	324.82	206.24	531.06	561.52	356.54	918.06	859.02	545.42	1,404.44
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE																		
ENROLLEE ONLY	1,052.34	163.32	1,215.66	895.44	138.98	1,034.42	1,015.98	157.10	1,173.08	N/A	N/A	N/A	660.12	102.46	762.58	1,013.52	156.72	1,170.24
ENROLLEE + 1 (SPOUSE)	1,616.08	530.54	2,146.62	1,375.12	451.46	1,826.58	1,561.04	510.26	2,071.30	N/A	N/A	N/A	1,013.70	332.80	1,346.50	1,557.28	509.02	2,066.30
ENROLLEE + 1 (CHILD)	1,118.98	235.08	1,354.06	952.16	200.02	1,152.18	1,080.60	226.10	1,306.70	N/A	N/A	N/A	702.16	147.54	849.70	1,077.98	225.56	1,303.54
ENROLLEE + CHILDREN	1,118.98	235.08	1,354.06	952.16	200.02	1,152.18	1,080.60	226.10	1,306.70	N/A	N/A	N/A	702.16	147.54	849.70	1,077.98	225.56	1,303.54
FAMILY	1,602.14	534.04	2,136.18	1,363.28	454.42	1,817.70	1,546.04	515.34	2,061.38	N/A	N/A	N/A	1,004.88	334.96	1,339.84	1,542.30	514.10	2,056.40
RETIREE WITH 1 MEDICARE																		
ENROLLEE ONLY	296.52	98.82	395.34	252.30	84.09	336.39	291.07	97.02	388.09	N/A	N/A	N/A	185.99	62.00	247.99	290.36	96.78	387.14
ENROLLEE + 1 (SPOUSE)	1,095.47	365.15	1,460.62	932.15	310.70	1,242.85	1,063.76	354.60	1,418.36	N/A	N/A	N/A	687.15	229.04	916.19	1,061.18	353.74	1,414.92
ENROLLEE + 1 (CHILD)	513.17	171.07	684.24	436.66	145.56	582.22	500.70	166.90	667.60	N/A	N/A	N/A	322.03	107.33	429.36	499.48	166.50	665.98
ENROLLEE + CHILDREN	513.17	171.07	684.24	436.66	145.56	582.22	500.70	166.90	667.60	N/A	N/A	N/A	322.03	107.33	429.36	499.48	166.50	665.98
FAMILY	1,459.61	486.51	1,946.12	1,241.99	413.99	1,655.98	1,415.93	471.98	1,887.91	N/A	N/A	N/A	915.48	305.16	1,220.64	1,412.50	470.84	1,883.34
RETIREE WITH 2 MEDICARE																		
ENROLLEE + 1 (SPOUSE)	532.97	177.63	710.60	453.50	151.16	604.66	521.76	173.91	695.67	N/A	N/A	N/A	334.33	111.43	445.76	520.50	173.48	693.98
FAMILY	659.87	219.95	879.82	561.50	187.16	748.66	645.98	215.33	861.31	N/A	N/A	N/A	413.89	137.97	551.86	644.42	214.80	859.22
C.O.B.R.A.																		
ENROLLEE ONLY	-	597.52	597.52	-	537.76	537.76	-	637.47	637.47	-	479.35	479.35	-	524.79	524.79	-	639.54	639.54
ENROLLEE + 1 (SPOUSE)	-	1,268.99	1,268.99	-	1,142.09	1,142.09	-	1,353.86	1,353.86	-	1,018.04	1,018.04	-	1,114.56	1,114.56	-	1,358.32	1,358.32
ENROLLEE + 1 (CHILD)	-	728.67	728.67	-	655.80	655.80	-	777.40	777.40	-	584.57	584.57	-	639.99	639.99	-	779.96	779.96
ENROLLEE + CHILDREN	-	728.67	728.67	-	655.80	655.80	-	777.40	777.40	-	584.57	584.57	-	639.99	639.99	-	779.96	779.96
FAMILY	-	1,338.81	1,338.81	-	1,204.48	1,204.48	-	1,427.80	1,427.80	-	1,073.65	1,073.65	-	1,175.44	1,175.44	-	1,432.52	1,432.52
DISABILITY C.O.B.R.A.																		
ENROLLEE ONLY	-	878.70	878.70	-	790.83	790.83	-	937.46	937.46	-	704.93	704.93	-	771.75	771.75	-	940.50	940.50
ENROLLEE + 1 (SPOUSE)	-	1,866.17	1,866.17	-	1,679.55	1,679.55	-	1,990.97	1,990.97	-	1,497.12	1,497.12	-	1,639.07	1,639.07	-	1,997.52	1,997.52
ENROLLEE + 1 (CHILD)	-	1,071.57	1,071.57	-	964.41	964.41	-	1,143.24	1,143.24	-	859.67	859.67	-	941.16	941.16	-	1,147.00	1,147.00
ENROLLEE + CHILDREN	-	1,071.57	1,071.57	-	964.41	964.41	-	1,143.24	1,143.24	-	859.67	859.67	-	941.16	941.16	-	1,147.00	1,147.00
FAMILY	-	1,968.11	1,968.11	-	1,771.29	1,771.29	-	2,099.70	2,099.70	-	1,578.90	1,578.90	-	1,728.59	1,728.59	-	2,106.66	2,106.66

Rates listed at 75% participation rate; For a complete list of rates at all participation levels please visit www.groupbenefits.org
OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF PREMIUM RATES

Medicare Advantage plans rates effective January 1, 2016

School Board employee contributions may be different.



Peoples Health HMO-POS Insured by Peoples Health		Vantage Premium HMO-POS Insured by Vantage Health Plan		Vantage HMO-POS Insured by Vantage Health Plan		Vantage Zero Premium HMO-POS Insured by Vantage Health Plan	
State Share	Employee Share	State Share	Employee Share	State Share	Employee Share	State Share	Employee Share
Total		Total		Total		Total	
181.50	60.50	200.68	66.88	148.08	49.36	0.00	0.00
484.00		267.56		197.44		0.00	
RETIREE WITH 1 MEDICARE							
ENROLLEE ONLY		363.00	121.00	296.16	98.72	0.00	0.00
484.00		535.12		394.88		0.00	
RETIREE WITH 2 MEDICARE							
ENROLLEE + 1 (SPOUSE)		363.00	121.00	296.16	98.72	0.00	0.00
484.00		535.12		394.88		0.00	



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.

Affordable Care Act (ACA)- The comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name “Affordable Care Act” is used to refer to the final, amended version of the law.

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 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. It is made up of three agencies: the Center for Beneficiary Choices, the Center for Medicare Management, and the Center for Medicaid and State Operations.

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.

Copayment (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 health care 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. Also known as a Cafeteria plan or IRS 125 Plan.

Flexible Spending Arrangement (FSA) - An FSA is often 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 term-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

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 go to reimburse Covered Services paid for by employees who take part.

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.

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 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 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.

Non-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.

OneExchange- 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.

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 Account
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	



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