

Effective July 1, 2011

# OGB Medical Benefits Comparison for Active Employees & Non-Medicare Retirees

<b>COVERED BENEFIT: IN-NETWORK</b>	<b>PPO Plan (statewide)</b> <i>Administered by OGB</i>	<b>HMO Plan (nationwide)</b> <i>Administered by Blue Cross &amp; Blue Shield of LA</i>	<b>Medical Home HMO Plan (statewide; PCP must be in Region 9)</b> <i>Insured by Vantage Health Plan</i>	<b>CDHP-HSA (nationwide)</b> <i>Consumer Driven Health Plan with Health Savings Account**</i> <i>Administered by UnitedHealthcare</i>	<b>Regional HMO Plan (Regions 6, 7, 8 &amp; 9)</b> <i>Insured by Vantage Health Plan</i>
Lifetime Maximum Benefit (all eligible expenses)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Plan Year Deductible Employees & Dependents	\$500 active; \$300 retired Family unit maximum: 3 individual deductibles	None	None	Must meet deductible before co-insurance applies Employee - \$1,250 Employee plus one (spouse or child) - \$2,500 * Family - \$3,000 * Employee - \$3,250; including deductible Employee plus one (spouse or child) - \$6,500; including deductible Family - \$9,000 for 3 members; \$11,000 for 4 members; \$11,900 for 5 or more due to statutory maximum; including deductible Member pays 20% of contracted rate <sup>1,2,9</sup>	None
Maximum Out-Pocket Expense In-Network	\$1000 per person	\$1000 per person; \$3000 per family	N/A		\$1,000 per person; \$3,000 per family
Hospital Services (inpatient)	Member pays 10% of contracted rate <sup>1,2,9</sup>	\$100 per day <sup>2</sup> \$300 maximum per admission	\$100 per day <sup>2</sup> \$300 maximum per admission Member pays 0%	Member pays 20% of contracted rate <sup>1,2</sup>	\$100 per day <sup>2</sup> \$300 maximum per admission Member pays 0%
Surgeon, Anesthesia, Lab, X-rays & Injections	Member pays 10% of contracted rate <sup>1</sup>	\$100 co-payment \$0 co-payment	\$100 co-payment; waived if admitted (hospital co-payment applies) <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>	\$100 co-payment; waived if admitted (hospital co-payment applies) <sup>2</sup>
Hospital Emergency Room (facility only)	\$150 separate deductible; waived if admitted Member pays 10% of contracted rate <sup>1</sup>	\$100 co-payment; waived if admitted (hospital co-payment applies) <sup>2</sup>	\$100 co-payment; waived if admitted (hospital co-payment applies) <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>	\$100 co-payment; waived if admitted (hospital co-payment applies) <sup>2</sup>
Ambulatory Surgical Facilities	Member pays 10% of contracted rate <sup>1</sup>	\$100 co-payment	\$100 co-payment <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>	\$100 co-payment <sup>2</sup>
Physician Visits	Member pays 10% of contracted rate <sup>1</sup>	\$15 PCP/\$25 specialist (no referral required)	\$10 PCP/\$25 specialist (referral required for most specialists)	Member pays 20% of contracted rate <sup>1</sup>	\$15 PCP/\$25 specialist (referral required for most specialists)
Maternity (physician only)	Member pays 10% of contracted rate <sup>1</sup>	\$90 co-payment	\$10 co-pay for initial visit only (no referral required)	Member pays 20% of contracted rate <sup>1</sup>	\$90 co-payment for initial visit only (no referral required)
MRI/CAT Scan	Member pays 10% of contracted rate <sup>1,2</sup>	\$50 co-payment <sup>2</sup>	\$50 co-payment per procedure <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>	\$50 co-payment <sup>2</sup>
Sonograms	Member pays 10% of contracted rate <sup>1</sup>	\$25 co-payment	Member pays 0%	Member pays 20% of contracted rate <sup>1,2</sup>	\$25 co-payment
Chemical/Radiation Therapy	Member pays 10% of contracted rate <sup>1</sup>	\$15 co-payment	Member pays 0% <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>	\$15 co-payment <sup>2</sup>
Pre-Admission Testing	Member pays 10% of contracted rate <sup>1</sup>	\$0 co-payment	Member pays 0%	Member pays 20% of contracted rate <sup>1,2</sup>	\$0 co-payment
Dialysis	Member pays 10% of contracted rate <sup>1</sup>	\$0 co-payment	Member pays 0% <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>	\$0 co-payment <sup>2</sup>
Cardiac Rehabilitation Therapy	Member pays 10% of contracted rate <sup>1,7</sup>	\$15/\$25 co-payment	20% co-insurance <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2,7</sup>	\$15/\$25 co-payment <sup>2</sup>
Physical and Occupational Therapy	Member pays 10% of contracted rate <sup>1,5</sup>	\$15 co-payment	20% co-insurance <sup>2,10</sup>	Member pays 20% of contracted rate <sup>1,2,5</sup>	\$15 co-payment <sup>2,10</sup>
Speech Therapy <sup>2</sup>	Member pays 10% of contracted rate <sup>1,6</sup>	\$15 co-payment	20% co-insurance <sup>10</sup>	Member pays 20% of contracted rate <sup>1,6</sup>	\$15 co-payment <sup>10</sup>
Oral Surgery ( <i>Refer to plan document</i> )	Member pays 0% of contracted rate	\$25 co-payment	20% co-insurance <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>	\$25 co-payment <sup>2</sup>
Routine Pap Test	Member pays 0% of contracted rate <sup>3</sup>	\$0 co-payment <sup>3</sup>	Member pays 0% <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>	\$0 co-payment <sup>3</sup>
Routine Mammogram	Member pays 0% of contracted rate <sup>3</sup>	\$0 co-payment <sup>3</sup>	Member pays 0% <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>	\$0 co-payment <sup>3</sup>
Routine PSA Screening	Member pays 0% of contracted rate <sup>3</sup>	\$0 co-payment <sup>3</sup>	Member pays 0% <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>	\$0 co-payment <sup>3</sup>
Durable Medical Equipment	Member pays 10% of contracted rate <sup>1</sup>	Member pays 20% of contracted rate <sup>2</sup>	20% co-insurance; \$50,000 lifetime maximum <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>	20% co-insurance; \$50,000 lifetime maximum <sup>2</sup>
Home Health Care <sup>2</sup>	Case management required Member pays 30% of negotiated rate <sup>1</sup>	\$0 co-payment Limited to 150 visits per plan year	Member pays 0% No visit limit	Member pays 20% of contracted rate <sup>1</sup>	\$0 co-payment Limited to 150 visits per plan year
Hospice Care <sup>2</sup>	Member pays 20% of negotiated rate	\$0 co-payment	Member pays 0%	Member pays 20% of contracted rate <sup>1</sup>	\$0 co-payment
Preventive Care (Wellness) (See OGB website for list of preventive care services)	Member pays 0% of contracted rate <sup>3</sup> <b>\$500 limit no longer applies</b>	\$0 co-payment	\$0 co-payment	Member pays 0%, deductible does not apply <sup>3</sup>	\$0 co-payment
Annual Eye Exam	Not covered	\$15/\$25 co-payment <sup>3</sup>	\$25 specialist office visit co-payment; one visit every 2 plan years <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>	\$15/\$25 co-payment; one visit every 2 plan years <sup>3</sup>
Prescription Drug Benefit In-Network (Retail)	Member pays 50%; max \$50 per 30-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic <b>NOTE: Plan member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug &amp; generic drug, plus 50 percent co-pay for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (Administered by Catalyst Rx)</b>	Member pays 50%; max \$50 per 30-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic <b>NOTE: Plan member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug &amp; generic drug, plus 50 percent co-pay for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (Administered by Catalyst Rx)</b>	Generic: \$5 co-payment per 30-day fill Preferred brand: \$25 co-payment per 30-day fill Non-preferred brand: \$50 co-payment per 30-day fill Specialty drugs: 20% co-insurance up to \$100 per Rx per 30-day fill (Administered by VHP's Catalyst Rx)	Level 1 - Generic; 31-day supply; \$10 co-payment <sup>1</sup> Level 2 - Preferred brand; 31-day supply; \$25 co-payment <sup>1</sup> Level 3 - Non-preferred brand; 31-day supply; \$50 co-payment <sup>1</sup> Level 4 - Specialty; 31-day supply; \$50 co-payment <sup>1</sup> Maintenance drugs: 31-day supply; not subject to deductible; subject to applicable co-payment levels 1 through 4 above; refer to myuhc.com for Maintenance Medication List (Administered by UHC's PrescriptionSolutions)	Member pays 50%; max \$50 per 30-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic <b>NOTE: Plan member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug &amp; generic drug, plus 50 percent co-pay for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (Administered by Catalyst Rx)</b> Same as above
Mail Order Prescription Drug Program	Same as above	Same as above	30-day supply for one co-payment 60-day supply for two co-payments 90-day supply for three co-payments	Level 1 - Generic; 90-day supply; \$10 co-payment <sup>1</sup> Level 2 - Preferred Brand; 90-day supply; \$25 co-payment <sup>1</sup> Level 3 - Non-preferred Brand; 90-day supply; \$50 co-payment <sup>1</sup> Level 4 - Specialty; 90-day supply; \$50 co-payment <sup>1</sup> Maintenance drugs: 90-day supply; not subject to deductible; subject to applicable co-payment levels 1 through 4 above; refer to myuhc.com for Maintenance Medication List (Administered by UHC's PrescriptionSolutions)	Same as above
Mental Health/Substance Abuse - Inpatient <sup>2</sup>	Member pays 10% of contracted rate <sup>1</sup> (Administered by ValueOptions)	\$100 co-payment per day; \$300 max per admit (Administered by ValueOptions)	100% after \$100 co-payment per day for first three days (Administered by Vantage Health Plan)	Member pays 20% of contracted rate <sup>1</sup> (Administered by OptumHealth)	\$100 co-payment per day; \$300 maximum per admission (Administered by Vantage Health Plan)
Mental Health/Substance Abuse - Outpatient	Member pays 10% of contracted rate <sup>1</sup> (Administered by ValueOptions)	\$25 office visit co-payment (Administered by ValueOptions)	100% after \$25 co-payment per office visit <sup>2</sup> (Administered by Vantage Health Plan)	Member pays 20% of contracted rate <sup>1</sup> (Administered by OptumHealth)	\$25 office visit co-payment <sup>2</sup> (Administered by Vantage Health Plan)
<b>COVERED BENEFIT: OUT-OF-NETWORK</b>					
Member resides in Louisiana	Member pays 30% of fee schedule <sup>1,4</sup>	Member pays 30% of fee schedule <sup>4</sup> Separate \$1,000 deductible	Emergency & urgent care covered worldwide at in-network benefit level; all other services require prior plan approval	Member pays 30% of fee schedule <sup>1,2,4</sup> Wellness benefits - Member pays 0% of contracted rate; deductible does not apply <sup>3,4</sup>	Member pays 30% of Vantage Allowable after separate \$1000 deductible <sup>4</sup>
Member resides outside Louisiana	Member pays 10% of fee schedule <sup>1,4</sup>	Member pays 30% of fee schedule <sup>4</sup> Separate \$1,000 deductible	Emergency & urgent care covered worldwide at in-network benefit level; all other services require prior plan approval	Member pays 30% of fee schedule <sup>1,2,4</sup> Wellness benefits - Member pays 0% of contracted rate; deductible does not apply <sup>3,4</sup>	Member pays 30% of Vantage Allowable after separate \$1000 deductible <sup>4</sup>

<sup>1</sup> Subject to plan year deductible and/or co-insurance

<sup>2</sup> Pre-authorization required

<sup>3</sup> Age and/or time restrictions apply

<sup>4</sup> Member pays difference between billed amount and fee schedule

<sup>5</sup> Limited to 50 visits per year

<sup>6</sup> Limited to 26 visits per year

<sup>7</sup> Within 6 months of qualifying event

<sup>8</sup> Member pays any amount above \$500 maximum

<sup>9</sup> Not applicable to hospital-based ancillary providers at in-network facilities. Provider can balance bill patient

<sup>10</sup> Occupational and Speech Therapy combined for maximum 20 visits per plan year

**This comparison chart is a summary of plan features. For full details of the plan, refer to the official plan document.**

**Health Savings Account (HSA):** State contributes \$100 to each plan member's qualified HSA & matches up to \$400 per plan year in additional contributions. State makes one-time contribution of half of deductible amount for 2011 6-month plan year (7/1/11 - 12/31/11). **Refer to plan document for details.**

\* Employee-plus-one unit or family unit must satisfy **total** deductible before co-insurance applies

\*\* Only active employees are eligible



# OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF PREMIUM RATES Effective July 1, 2011



**Office of Group Benefits**  
State of Louisiana  
P.O. Box 44036  
Baton Rouge, LA 70804  
[www.groupbenefits.org](http://www.groupbenefits.org)

Office of Group Benefits  
Annual Enrollment 2011

	<u>PPO</u> <i>Administered by OGB</i>			<u>HMO</u> <i>Administered by Blue Cross</i>			<u>CDHP with HSA</u> <i>Administered by UnitedHealthcare</i>			<u>Region 9</u> <i>(10 northeast LA parishes)</i> <u>Medical Home HMO</u> <i>Insured by Vantage Health Plan</i>			<u>Regions 6, 7, 8 &amp; 9</u> <i>(Baton Rouge, Alexandria, Shreveport &amp; Monroe)</i> <u>Regional HMO</u> <i>Insured by Vantage Health Plan</i>		
	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total
<b>ACTIVE EMPLOYEE</b>															
SINGLE	442.36	147.44	589.80	417.90	139.30	557.20	343.38	114.46	457.84	426.94	142.30	569.24	414.96	138.32	553.28
WITH SPOUSE	773.82	478.90	1252.72	730.98	452.38	1183.36	600.66	371.74	972.40	746.86	462.22	1209.08	717.48	440.84	1158.32
WITH CHILDREN	507.12	212.20	719.32	479.06	200.46	679.52	393.74	164.82	558.56	489.56	204.92	694.48	474.18	197.54	671.72
FAMILY	808.06	513.14	1321.20	763.30	484.70	1248.00	627.20	398.28	1025.48	779.88	495.24	1275.12	748.70	472.06	1220.76
<b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b>															
SINGLE	949.80	147.44	1097.24	900.62	139.30	1039.92	N/A	N/A	N/A	916.50	142.30	1058.80	877.88	138.32	1016.20
WITH SPOUSE	1458.66	478.90	1937.56	1383.86	452.38	1836.24	N/A	N/A	N/A	1407.74	462.22	1869.96	1342.40	440.84	1783.24
WITH CHILDREN	1010.00	212.20	1222.20	957.94	200.46	1158.40	N/A	N/A	N/A	974.56	204.92	1179.48	932.78	197.54	1130.32
FAMILY	1446.12	482.04	1928.16	1370.58	456.86	1827.44	N/A	N/A	N/A	1395.66	465.22	1860.88	1330.98	443.66	1774.64
<b>RETIREE WITH 1 MEDICARE</b>															
SINGLE	267.60	89.20	356.80	258.04	86.00	344.04	N/A	N/A	N/A	258.30	86.10	344.40	255.52	85.16	340.68
WITH SPOUSE	988.78	329.58	1318.36	943.00	314.32	1257.32	N/A	N/A	N/A	954.18	318.06	1272.24	913.56	304.52	1218.08
WITH CHILDREN	463.20	154.40	617.60	443.86	147.94	591.80	N/A	N/A	N/A	447.00	149.00	596.00	433.96	144.64	578.60
FAMILY	1317.46	439.14	1756.60	1255.20	418.40	1673.60	N/A	N/A	N/A	1271.40	423.80	1695.20	1213.50	404.50	1618.00
<b>RETIREE WITH 2 MEDICARE</b>															
WITH SPOUSE	481.02	160.34	641.36	462.52	154.16	616.68	N/A	N/A	N/A	464.08	154.68	618.76	450.10	150.02	600.12
FAMILY	595.60	198.52	794.12	572.68	190.88	763.56	N/A	N/A	N/A	574.66	191.54	766.20	554.64	184.88	739.52
<b>C.O.B.R.A.</b>															
SINGLE	0.00	569.82	569.82	0.00	538.32	538.32	N/A	N/A	N/A	0.00	542.64	542.64	0.00	564.04	564.04
WITH SPOUSE	0.00	1210.30	1210.30	0.00	1143.28	1143.28	N/A	N/A	N/A	0.00	1152.84	1152.84	0.00	1181.46	1181.46
WITH CHILDREN	0.00	694.96	694.96	0.00	656.52	656.52	N/A	N/A	N/A	0.00	661.80	661.80	0.00	684.62	684.62
FAMILY	0.00	1276.44	1276.44	0.00	1205.72	1205.72	N/A	N/A	N/A	0.00	1215.60	1215.60	0.00	1244.98	1244.98
<b>DISABILITY C.O.B.R.A.</b>															
SINGLE	0.00	839.96	839.96	0.00	791.64	791.64	N/A	N/A	N/A	0.00	800.12	800.12	0.00	824.58	824.58
WITH SPOUSE	0.00	1779.84	1779.84	0.00	1681.28	1681.28	N/A	N/A	N/A	0.00	1694.96	1694.96	0.00	1729.96	1729.96
WITH CHILDREN	0.00	1021.98	1021.98	0.00	965.44	965.44	N/A	N/A	N/A	0.00	973.04	973.04	0.00	999.52	999.52
FAMILY	0.00	1877.10	1877.10	0.00	1773.12	1773.12	N/A	N/A	N/A	0.00	1787.52	1787.52	0.00	1823.62	1823.62

NOTE: 1) The breakdown between State Share and Employee Share may not be accurate for certain School Board employees due to local funding that affects agency funding that affects agency contributions. Total premium columns are correct for all agencies.  
2) All plan members who retired on or after July 1, 1997, must have Medicare Parts A and B to qualify for reduced premium rates.  
3) COBRA rates for the PPO, HMO and MH-HMO plans have remained unchanged from July 1, 2010, for the 6-month plan year in accordance with federal guidelines.

Approved by:

3/17/2011

## OGB Annual Enrollment set for April 1 - 30

The Office of Group Benefits is holding Annual Enrollment from April 1 through 30, 2011. Flexible Benefits Annual Enrollment takes place April 1 through May 13 (and may end earlier for some agencies).

There are important changes for the upcoming plan year:

- There will be a short 6-month plan year (July 1 through December 31, 2011) for 2011. This will enable OGB to change to a plan year that coincides with the calendar year (January 1 through December 31) beginning in 2012. The short plan year also applies to Flexible Benefits.
- OGB will offer a new Limited-Purpose Flexible Spending Arrangement (LPFSA) that allows plan members to use pre-tax dollars to pay eligible out-of-pocket dental and vision medical expenses only. Plan members cannot participate in the General-Purpose FSA and the Limited-Purpose FSA at the same time.
- For plan members who enrolled in the Consumer Driven health plan with a Health Savings Account option (CDHP-HSA), the deductible amount will reset on July 1, 2011, which means plan members will have only 6 months to meet the same annual deductible. For the short 6-month plan year from July 1 through December 31, 2011, the state's contribution will increase.
- Effective July 1, 2011, the pre-existing condition (PEC) exclusion will no longer apply to any employee or dependent under age 19.
- Effective July 1, 2011, OGB will offer coverage for dependent children up to age 26, regardless of student, marital or tax status. A covered child under age 26 who is or becomes incapable of self-sustaining employment is eligible to continue coverage as an overage dependent if OGB receives required medical documents verifying his or her incapacity before he or she reaches age 26. The definition of incapacity has been broadened to include mental and physical incapacity.

OGB is holding a Special Enrollment April 1 through July 31 to enable employees and retirees to enroll or re-enroll eligible children who had reached the previous maximum age for coverage effective July 1 with no pre-existing condition exclusion. Any such child enrolled after July 31 is considered a late applicant, and a pre-existing condition exclusion applies if the child is age 19 or older.

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