

Retirees(after March 1, 2015) with Medicare Benefits Comparison: Pelican HRA1000, Magnolia Local, Magnolia Local Plus, Magnolia Open Access, Vantage Medical Home				
Blue Cross Blue Shield benefits effective March 1, 2015 - December 31, 2015				
Vantage Medical Home benefits effective January 1, 2015 - December 31, 2015				
	Pelican HRA 1000		Magnolia Local	
<b>Network</b>	Blue Cross Blue Shield of Louisiana Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of Louisiana Community Blue & Blue Connect	
<b>Eligible OGB Members</b>	Retirees with Medicare		Retirees with Medicare	
	Network	Non-Network	Network	Non-Network
<b>You Pay</b>			<b>You Pay</b>	
<b>Deductible</b>				
<b>You</b>	\$2,000	\$4,000	\$400	No Coverage
<b>You + Spouse</b>	\$4,000	\$8,000	\$800	
<b>You + Child(ren)</b>	\$4,000	\$8,000	\$1,200	
<b>You + Family</b>	\$4,000	\$8,000	\$1,200	
	HRA dollars will reduce this amount			
<b>Out-of-Pocket Maximum</b>				
<b>You</b>	\$5,000	\$10,000	\$2,500	No Coverage
<b>You + Spouse</b>	\$10,000	\$20,000	\$5,000	
<b>You + Child(ren)</b>	\$10,000	\$20,000	\$7,500	
<b>You + Family</b>	\$10,000	\$20,000	\$7,500	
<b>State Funding</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>You</b>	\$1,000		Not Available	
<b>You + Spouse</b>	\$2,000			
<b>You + Child(ren)</b>	\$2,000			
<b>You + Family</b>	\$2,000			
	Funding not applicable to Pharmacy Expenses			
<b>Physicians' Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>	
<b>Primary Care Physician or Specialist Office</b> <i>Treatment of illness or injury</i>	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
<b>Maternity Care</b> <i>Prenatal, delivery and postpartum</i>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$90 co-payment per pregnancy	No coverage
<b>Physician Services Furnished in a Hospital</b> <i>Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist</i>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No coverage
<b>Preventative Care Primary Care Physician or Specialist Office or Clinic</b> <i>For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan</i>	80% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount	100% coverage; not subject to deductible	No coverage
<b>Physician Services for Emergency Room Care</b>	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible

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	Magnolia Local Plus		Magnolia Open Access		Vantage Medical Home	
	Blue Cross Blue Shield of Louisiana Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of Louisiana Preferred Care Providers & BCBS National Providers		Statewide HMO plan offered in all regions of Louisiana	
	Retirees with Medicare		Retirees with Medicare		Retirees with Medicare	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>You Pay</b>			<b>You Pay</b>		<b>You Pay</b>	
<b>Deductible</b>						
\$400	No coverage		\$900	\$500	\$1,500	
\$800			\$1,800	\$1,500	\$3,000	
\$1,200			\$2,700	\$1,500	\$3,000	
\$1,200			\$2,700	\$1,500	\$3,000	
<b>Out-of-Pocket Maximum</b>						
\$2,500	No coverage		\$2,500	\$3,700	\$3,000	Unlimited
\$5,000			\$5,000	\$7,500	\$9,000	
\$7,500			\$7,500	\$11,250	\$9,000	
\$7,500			\$7,500	\$11,250	\$9,000	
<b>The Plan Pays</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
Not Available	Not Available		Not Available		Not Available	
<b>The Plan Pays</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
100% coverage after a \$25 PCP or \$50 SPC co-payment per visit	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$0*/\$10 PCP or \$35*/\$45 SPC co-payment per visit	50% coverage; subject to deductible	
100% coverage after a \$90 co-payment per pregnancy	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$0*/\$10 co-payment per pregnancy	50% coverage; subject to deductible	
100% coverage; subject to deductible	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	50% coverage; subject to deductible	
100% coverage; not subject to deductible	No coverage	80% coverage; not subject to deductible	80% coverage; subject to deductible	100% coverage; not subject to deductible	50% coverage; subject to deductible	
100% coverage; subject to deductible	100% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	50% coverage; subject to deductible	

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<b>Eligible OGB Members</b>	Retirees with Medicare		Retirees with Medicare	
	Network	Non-Network	Network	Non-Network
<b>Physicians' Services</b>	The Plan Pays		The Plan Pays	
<b>Allergy Shots and Serum</b> <i>co-payment per visit is applicable only to visit</i>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 PCP or \$50 SPC co-payment per visit; shots and serum 100% after deductible	No coverage
<b>Outpatient Surgery/Services</b> <i>when billed as office visits</i>	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
<b>Outpatient Surgery/Services</b> <i>when billed as outpatient surgery at a facility</i>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No coverage
<b>Hospital Services</b>	The Plan Pays		The Plan Pays	
<b>Inpatient Services</b> <i>Inpatient care, delivery and inpatient short-term acute rehabilitation services</i>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after \$100 co-payment per day max \$300 per admission	No coverage
<b>Outpatient Surgery/Services</b> <i>Hospital / Facility</i>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 facility co-payment per visit	No coverage
<b>Emergency Room Care - Facility</b> <i>Treatment of an emergency medical condition or injury</i>	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$150 co-payment per visit; waived if admitted	100% coverage; after a \$150 co-payment per visit; waived if admitted
<b>Behavioral Health</b>	The Plan Pays		The Plan Pays	
<b>Mental Health and Substance Abuse Inpatient Facility</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after \$100 co-payment per day max \$300 per admission	No coverage
<b>Mental Health and Substance Abuse Outpatient Visits – Professional</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 co-payment per visit	No coverage
<b>Other Coverage</b>	The Plan Pays		The Plan Pays	
<b>Outpatient Acute Short-Term Rehabilitation Services</b> <i>Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services</i>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No coverage
<b>Chiropractic Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$25 co-payment per visit	No coverage

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	Retirees with Medicare		Retirees with Medicare		Retirees with Medicare	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Physicians' Services</b>	The Plan Pays		The Plan Pays		The Plan Pays	
	100% coverage; after a \$25 PCP or \$50 SPC co-payment per visit; shots and serum 100% after deductible	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	50% coverage; subject to deductible
	100% coverage; after a \$25 PCP or \$50 SPC co-payment per visit	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	50% coverage; subject to deductible
	100% coverage; subject to deductible	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	50% coverage; subject to deductible
<b>Hospital Services</b>	The Plan Pays		The Plan Pays		The Plan Pays	
	100% coverage; after \$100 co-payment per day max \$300 per admission	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after \$100*/\$300 co-payment per day max \$300*/\$900 per admission; subject to deductible	50% coverage; subject to deductible
	100% coverage; after a \$100 facility co-payment per visit	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after \$100*/\$300 co-payment per visit; subject to deductible	50% coverage; subject to deductible
	100% coverage; after a \$150 co-payment per visit; waived if admitted	100% coverage; after a \$150 co-payment per visit; waived if admitted	\$150 co-payment per visit; waived if admitted		100% coverage; after \$200 co-payment per visit; subject to deductible	100% coverage; after \$200 co-payment per visit; subject to deductible
	100% coverage; after \$100 co-payment per day max \$300 per admission	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after \$300 co-payment per visit; subject to deductible	50% coverage; subject to deductible
	100% coverage after a \$25 co-payment per visit	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$10 PCP or \$45 SPC co-payment per visit	50% coverage; subject to deductible
<b>Other Coverage</b>	The Plan Pays		The Plan Pays		The Plan Pays	
	100% coverage; after a \$25 co-payment per visit	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	50% coverage; subject to deductible
	100% coverage; after a \$25 co-payment per visit	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$10 co-payment per visit	50% coverage; subject to deductible

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<b>Eligible OGB Members</b>	Retirees with Medicare		Retirees with Medicare	
	Network	Non-Network	Network	Non-Network
<b>Other Coverage</b>	The Plan Pays		The Plan Pays	
<b>Hearing Aid - Not covered for individuals age eighteen (18) and older.</b>	80% coverage; subject to deductible	No coverage	80% coverage; subject to deductible	No coverage
<b>Vision Exam (routine)</b>	No coverage			
<b>Urgent Care Center</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$50 co-payment per visit	No coverage
<b>Home Health Care Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No coverage
<b>Skilled Nursing Facility Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after \$100 co-payment per day max \$300 per admission	No coverage
<b>Hospice Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No coverage
<b>Durable Medical Equipment (DME) - Rental or Purchase</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year; subject to deductible	No coverage
<b>Transplant Services</b>	80% coverage; subject to deductible	No coverage	100% coverage; subject to deductible	No coverage
<b>Pharmacy</b>	You Pay		You Pay	
<b>Tier 1 - Generic</b>	50% up to \$30 <sup>1</sup>		50% up to \$30 <sup>1</sup>	
<b>Tier 2 - Preferred</b>	50% up to \$55 <sup>1,2</sup>		50% up to \$55 <sup>1,2</sup>	
<b>Tier 3 - Non-Preferred</b>	65% up to \$80 <sup>1,2</sup>		65% up to \$80 <sup>1,2</sup>	
<b>Tier 4 - Specialty</b>	50% up to \$80 <sup>1,2</sup>		50% up to \$80 <sup>1,2</sup>	
<b>90 day supplies for maintenance drugs from mail order OR at participating 90 - day retail network pharmacies</b>	Two and a half times the cost of your applicable co-payment		Two and a half times the cost of your applicable co-payment	
	After the out-of-pocket amount of \$1,500 is met:			
<b>Tier 1 - Generic</b>	\$0 co-payment <sup>1</sup>		\$0 co-payment <sup>1</sup>	
<b>Tier 2 - Preferred</b>	\$20 co-payment <sup>1,2</sup>		\$20 co-payment <sup>1,2</sup>	
<b>Tier 3 - Non-Preferred</b>	\$40 co-payment <sup>1,2</sup>		\$40 co-payment <sup>1,2</sup>	
<b>Tier 4 - Specialty</b>	\$40 co-payment <sup>1,2</sup>		\$40 co-payment <sup>1,2</sup>	

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage. For full details of the plan, refer to the official plan document. Benefits outlined in the Vantage Medical Home column were provided by 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. For the Magnolia Local and Local Plus - all services are subject to deductibles/co-payments/coinsurance, if Medicare Deductibles have not been met.

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	Magnolia Local Plus		Magnolia Open Access		Vantage Medical Home	
<b>Network</b>	Blue Cross Blue Shield of Louisiana Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of Louisiana Preferred Care Providers & BCBS National Providers		Statewide HMO plan offered in all regions of Louisiana	
<b>Eligible OGB Members</b>	Retirees with Medicare		Retirees with Medicare		Retirees with Medicare	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Other Coverage</b>	The Plan Pays		The Plan Pays		The Plan Pays	
<b>Hearing Aid - Not covered for individuals age eighteen (18) and older.</b>	80% coverage; subject to deductible	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	50% coverage; subject to deductible
<b>Vision Exam (routine)</b>	No coverage				100% coverage; after a \$45 co-payment per visit	50% coverage; subject to deductible
<b>Urgent Care Center</b>	100% coverage; after a \$50 co-payment per visit	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$45 co-payment per visit	50% coverage; subject to deductible
<b>Home Health Care Services</b>	100% coverage; subject to deductible	No coverage	No coverage	No coverage	80% coverage; subject to deductible	50% coverage; subject to deductible
<b>Skilled Nursing Facility Services</b>	100% coverage; after \$100 co-payment per day max \$300 per admission	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after a \$50 co-payment per day	50% coverage; subject to deductible
<b>Hospice Care</b>	100% coverage; subject to deductible	No coverage	No coverage	No coverage	80% coverage; subject to deductible	50% coverage; subject to deductible
<b>Durable Medical Equipment (DME) - Rental or Purchase</b>	80% coverage; of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year; subject to deductible	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	50% coverage; subject to deductible
<b>Transplant Services</b>	100% coverage; subject to deductible	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	No coverage
<b>Pharmacy</b>	You Pay		You Pay		You Pay	
<b>Tier 1 - Generic</b>	50% up to \$30 <sup>1</sup>		50% up to \$30 <sup>1</sup>		Low Cost Generics –\$3 co-payment <sup>3</sup> Non-Preferred Generics –\$10 co-payment <sup>3</sup>	
<b>Tier 2 - Preferred</b>	50% up to \$55 <sup>1,2</sup>		50% up to \$55 <sup>1,2</sup>		–	
<b>Tier 3 - Non-Preferred</b>	65% up to \$80 <sup>1,2</sup>		65% up to \$80 <sup>1,2</sup>		–	
<b>Tier 4 - Specialty</b>	50% up to \$80 <sup>1,2</sup>		50% up to \$80 <sup>1,2</sup>		–	
<b>90 day supplies for maintenance drugs from mail order OR at participating 90 - day retail network pharmacies</b>	Two and a half times the cost of your applicable co-payment		Two and a half times the cost of your applicable co-payment		30-day supply for 1 copay; 60-day supply for 2 copays; 90-day supply for 3 copays - All Tiers but Tier 5	
	After the out-of-pocket amount of \$1,500 is met:					
<b>Tier 1 - Generic</b>	\$0 co-payment <sup>1</sup>		\$0 co-payment <sup>1</sup>		\$0 co-payment <sup>1</sup>	
<b>Tier 2 - Preferred</b>	\$20 co-payment <sup>1,2</sup>		\$20 co-payment <sup>1,2</sup>		\$20 co-payment <sup>1,2</sup>	
<b>Tier 3 - Non-Preferred</b>	\$40 co-payment <sup>1,2</sup>		\$40 co-payment <sup>1,2</sup>		\$40 co-payment <sup>1,2</sup>	
<b>Tier 4 - Specialty</b>	\$40 co-payment <sup>1,2</sup>		\$40 co-payment <sup>1,2</sup>		\$40 co-payment <sup>1,2</sup>	

If a Vantage member has Medicare as primary coverage, Vantage coordinates with Medicare as follows: - For medical benefits, Vantage pays lesser of Medicare patient responsibility or Vantage allowable; Certain Vantage member cost-share amounts (co-pays and Tier 1 co-insurance) are waived; all pre-authorization requirements for in-network medical benefits are waived for members with Medicare primary.

\* Benefits available for Affinity Health Network Providers

<sup>1</sup>Prescription drug benefit- 31-day fill; <sup>2</sup>Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus co-pay for brand-name drug; cost difference does not apply to \$1,500 out of pocket max.; <sup>3</sup>Prescription drug benefit - 30 day fill