

Retirees(before 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	
Network	Blue Cross Blue Shield of Louisiana Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of Louisiana Community Blue & Blue Connect	
Eligible OGB Members	Retirees with Medicare		Retirees with Medicare	
	Network	Non-Network	Network	Non-Network
	You Pay		You Pay	
	Deductible			
You	\$2,000	\$4,000	\$0	No Coverage
You + Spouse	\$4,000	\$8,000	\$0	
You + Child(ren)	\$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 + Spouse	\$10,000	\$20,000	\$2,000	
You + Child(ren)	\$10,000	\$20,000	\$3,000	
You + Family	\$10,000	\$20,000	\$3,000	
	The Plan Pays		The Plan Pays	
You	\$1,000		Not Available	
You + Spouse	\$2,000			
You + Child(ren)	\$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 <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
Maternity Care <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
Physician Services Furnished in a Hospital <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
Preventative Care Primary Care Physician or Specialist Office or Clinic <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
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

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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
	You Pay		You Pay		You Pay	
	Deductible					
	\$0	No coverage	\$300	\$500	\$1,500	\$1,500
	\$0		\$600	\$1,500	\$3,000	\$3,000
	\$0		\$900	\$1,500	\$3,000	\$3,000
	\$0		\$900	\$1,500	\$3,000	\$3,000
	Out-of-Pocket Maximum					
	\$1,000	No coverage	\$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+		\$3,000	Unlimited
	\$2,000		\$9,000			
	\$3,000		\$9,000			
	\$3,000		\$9,000			
	The Plan Pays		The Plan Pays		The Plan Pays	
	Not Available		Not Available		Not Available	
	The Plan Pays		The Plan Pays		The Plan Pays	
	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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Eligible OGB Members	Retirees with Medicare		Retirees with Medicare	
	Network	Non-Network	Network	Non-Network
Physicians' Services	The Plan Pays		The Plan Pays	
Allergy Shots and Serum <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
Outpatient Surgery/Services <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
Outpatient Surgery/Services <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
Hospital Services	The Plan Pays		The Plan Pays	
Inpatient Services <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
Outpatient Surgery/Services <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
Emergency Room Care - Facility <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
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 \$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 <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
Chiropractic Care	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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	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
Physicians' Services	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
Hospital Services	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 a \$150 co-payment per visit; waived if admitted	100% coverage; after a \$150 co-payment per visit; waived if admitted	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; after \$200 co-payment per visit; subject to deductible	100% coverage; after \$200 co-payment per visit; subject to deductible
Behavioral Health	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 \$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
Other Coverage	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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Eligible OGB Members	Retirees with Medicare		Retirees with Medicare	
	Network	Non-Network	Network	Non-Network
Other Coverage	The Plan Pays		The Plan Pays	
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			
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
Skilled Nursing Facility Services	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after \$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; 100% in excess of \$5,000 per plan year; subject to deductible	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 supplies for maintenance drugs from mail order OR at participating 90 - day retail network pharmacies	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:			
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}	

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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Network	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
Eligible OGB Members	Retirees with Medicare		Retirees with Medicare		Retirees with Medicare
	Network	Non-Network	Network	Non-Network	Network
Other Coverage	The Plan Pays		The Plan Pays		The Plan Pays
Hearing Aid - Not covered for individuals age eighteen (18) and older.	80% coverage; subject to deductible	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible
Vision Exam (routine)	No coverage				100% coverage; after a \$45 co-payment per visit
Urgent Care Center	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
Home Health Care Services	100% coverage; subject to deductible	No coverage	No coverage	No coverage	80% coverage; subject to deductible
Skilled Nursing Facility Services	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
Hospice Care	100% coverage; subject to deductible	No coverage	No coverage	No coverage	80% coverage; subject to deductible
Durable Medical Equipment (DME) - Rental or Purchase	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
Transplant Services	100% coverage; subject to deductible	No coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible
Pharmacy	You Pay		You Pay		You Pay
Tier 1 - Generic	50% up to \$30 ¹		50% up to \$30 ¹		Low Cost Generics –\$3 co-payment ³ Non-Preferred Generics –\$10 co-payment ³
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 supplies for maintenance drugs from mail order OR at participating 90 - day retail network pharmacies	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:				
Tier 1 - Generic	\$0 co-payment ¹		\$0 co-payment ¹		\$0 co-payment ¹
Tier 2 - Preferred	\$20 co-payment ^{1,2}		\$20 co-payment ^{1,2}		\$20 co-payment ^{1,2}
Tier 3 - Non-Preferred	\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}
Tier 4 - Specialty	\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}		\$40 co-payment ^{1,2}

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

¹Prescription drug benefit- 31-day fill; ²Member 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.; ³Prescription drug benefit - 30 day fill