



# ENROLLMENT GUIDE FOR PLAN YEAR 2024

*For all members*

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ANNUAL ENROLLMENT

OCTOBER 1 – NOVEMBER 15, 2023

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

## RESOURCES / CONTACT INFORMATION

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

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

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# Letter from the CEO

Dear OGB Members:

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

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

Effective January 1, 2024, the Vantage Medical Home HMO and Medicare Advantage health plans will no longer be available. **Your health coverage is NOT going away, but you will need to choose a new health plan option to begin after December 31, 2023.**

Also effective January 1, 2024, there will be changes to the OGB Flexible Spending Accounts (FSA) administration. TASC will be the new FLEXible Spending Arrangement administrator for 2024. You can find out more information about TASC on pages 88-89.

The ever-changing costs of healthcare require OGB to make occasional changes to our health plans in order to continue to provide our members with the coverage they are accustomed to. Therefore, effective January 1, 2024, premium rates for the Pelican and Magnolia plans will increase by 6.15%.

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

**If you would like to remain in your current OGB health plan with the same covered dependents for the 2024 plan year, you do not need to do anything except to update your HSA or FSA contributions, as applicable.** Your current coverage will continue for the 2024 Plan Year. Remember, members enrolled in the Pelican HSA775 and/or FSA options will need to update their contributions for 2024.

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

The Office of Group Benefits looks forward to continuing to serve you and your family in 2024.

Best regards,

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

# ACTIVE EMPLOYEE MEETING SCHEDULE



## Annual Enrollment is October 1 - November 15

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

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

Interpreter for hearing-impaired members is available upon request.

| DATE       | LOCATION  | START TIMES              |
|------------|---|--------------------------|
| October 3  | University of Louisiana-Lafayette Cecil J. Picard Center<br>200 East Devalcourt Street, Lafayette, LA 70506 | 9:00 AM<br>or<br>2:00 PM |
| October 3  | Bossier City Civic Center<br>620 Benton Road, Bossier City, LA 71111  | 9:00 AM<br>or<br>2:00 PM |
| October 10 | Monroe Civic Center<br>401 Lea Joyner Expressway, Monroe, LA  | 9:00 AM<br>or<br>2:00 PM |
| October 13 | SLU Student Union Annex Theater ( <b>Old Student Union</b> )<br>303 Texas Ave., Hammond, LA 70402           | 9:00 AM<br>or<br>2:00 PM |
| October 17 | State Police Training Academy Auditorium (BLDG. A)<br>7919 Independence Blvd., Baton Rouge, LA 70806        | 9:00 AM<br>or<br>2:00 PM |
| October 17 | Houma - Terrebonne Civic Center<br>346 Civic Center Blvd., Houma, LA 70360                                  | 9:00 AM<br>or<br>2:00 PM |
| October 24 | University of New Orleans (University Center Ballroom)<br>2000 Lakeshore Drive, New Orleans, LA 70148       | 9:00 AM<br>or<br>2:00 PM |
| October 24 | Alexandria Convention Center<br>2225 N MacArthur Dr., Alexandria, LA 71303                                  | 9:00 AM<br>or<br>2:00 PM |
| November 7 | Lake Charles Civic Center - Contraband Room<br>900 Lakeshore Drive, Lake Charles, LA 70602                  | 9:00 AM<br>or<br>2:00 PM |

# NON-MEDICARE RETIREE MEETINGS SCHEDULE



## Annual Enrollment is October 1 - November 15

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

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

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| DATE       | LOCATION  | START TIMES              |
|------------|---|--------------------------|
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| October 11 | Monroe Civic Center<br>401 Lea Joyner Expressway, Monroe, LA  | 9:00 AM<br>or<br>2:00 PM |
| October 18 | Houma - Terrebonne Civic Center<br>346 Civic Center Blvd., Houma, LA 70360                                  | 9:00 AM<br>or<br>2:00 PM |
| October 18 | State Police Training Academy Auditorium (BLDG. A)<br>7919 Independence Blvd., Baton Rouge, LA 70806        | 9:00 AM<br>or<br>2:00 PM |
| October 20 | SLU Student Union Annex Theater ( <b>Old Student Union</b> )<br>303 Texas Ave., Hammond, LA 70402           | 9:00 AM<br>or<br>2:00 PM |
| October 25 | Alexandria Convention Center<br>2225 N MacArthur Dr., Alexandria, LA 71303                                  | 9:00 AM<br>or<br>2:00 PM |
| October 25 | University of New Orleans (University Center Ballroom)<br>2000 Lakeshore Drive, New Orleans, LA 70148       | 9:00 AM<br>or<br>2:00 PM |
| November 8 | Lake Charles Civic Center - Contraband Room<br>900 Lakeshore Drive, Lake Charles, LA 70602                  | 9:00 AM<br>or<br>2:00 PM |

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

# MEDICARE RETIREE MEETINGS SCHEDULE



## Annual Enrollment is October 1 - November 15

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

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

Interpreter for hearing-impaired members is available upon request.

| DATE       | LOCATION  | START TIMES              |
|------------|---|--------------------------|
| October 5  | University of Louisiana-Lafayette Cecil J. Picard Center<br>200 East Devalcourt Street, Lafayette, LA 70506 | 9:00 AM<br>or<br>2:00 PM |
| October 5  | Bossier City Civic Center<br>620 Benton Road, Bossier City, LA 71111  | 9:00 AM<br>or<br>2:00 PM |
| October 12 | Monroe Civic Center<br>401 Lea Joyner Expressway, Monroe, LA  | 9:00 AM<br>or<br>2:00 PM |
| October 19 | Houma - Terrebonne Civic Center<br>346 Civic Center Blvd., Houma, LA 70360                                  | 9:00 AM<br>or<br>2:00 PM |
| October 19 | State Police Training Academy Auditorium (BLDG. A)<br>7919 Independence Blvd., Baton Rouge, LA 70806        | 9:00 AM<br>or<br>2:00 PM |
| October 26 | Alexandria Convention Center<br>2225 N MacArthur Dr., Alexandria, LA 71303                                  | 9:00 AM<br>or<br>2:00 PM |
| October 26 | University of New Orleans (University Center Ballroom)<br>2000 Lakeshore Drive, New Orleans, LA 70148       | 9:00 AM<br>or<br>2:00 PM |
| October 27 | SLU Student Union Annex Theater ( <b>Old Student Union</b> )<br>303 Texas Ave., Hammond, LA 70402           | 9:00 AM<br>or<br>2:00 PM |
| November 9 | Lake Charles Civic Center - Contraband Room<br>900 Lakeshore Drive, Lake Charles, LA 70602                  | 9:00 AM<br>or<br>2:00 PM |

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







# GENERAL INFORMATION

*For all members*

# Annual Enrollment & Your Responsibilities



## Important Dates

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

- **October 1, 2023** – 2024 OGB annual enrollment begins
- **October 15, 2023**– 2024 Medicare Advantage Plan(s) enrollment begins
- **November 15, 2023** – OGB annual enrollment ends
- **December 7, 2023** – Medicare Advantage Plan(s) enrollment ends
- **January 1, 2024** –New plan year begins

## Your Responsibilities as an OGB Member

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

### During annual enrollment, you may:

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

### You are responsible for:

- If making or changing your selection – either on-line, using the enrollment paper form included in this guide (retirees only) or with your human resources department – do so no later than **November 15, 2023**.
- If adding dependents, active employees are responsible to provide documentation to their human resources department. Retirees should send documentation to OGB. Documentation includes birth certificates, marriage certificates and other acceptable legal or verification documents. (See OGB Plan-Recognized Qualified Life Events chart for appropriate documentation for each event.) Documentation should be submitted no later than **November 15, 2023**.
- Educating yourself on the Plan materials
- Reviewing all communications from OGB and your human resources department and taking the required actions.
- Verifying that your insurance premium deduction is correct.

**IMPORTANT!** If you would like to remain in your current OGB health and/or life insurance Plan with the same covered dependents for the 2024 Plan Year, you do not need to do anything. Your current coverage will continue for the 2024 Plan Year. **NOTE: Active members enrolled in the Pelican HSA775 and/or FSA options will need to update their elections for 2024.**

# Making Your Health Plan Selection

Choose one of the following enrollment options:

## LaGov vs. Non-LaGov

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

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

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

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

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

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

## Making Changes During the Plan Year

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

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

# Eligibility

## Dependents

The following people can be enrolled as dependents:

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

### Children are defined as:

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

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

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

### Dependent Eligibility Requirements:

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

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

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



## SUMMARY OF PLANS

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

# ACTIVE EMPLOYEE MEETING SCHEDULE



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| October 18 | State Police Headquarters Auditorium (BLDG. A)<br>7919 Independence Blvd., Baton Rouge, LA 70806            | 9:00 AM<br>or<br>2:00 PM |
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# Understanding Your Plan Options



## Pelican Plans

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

### Pelican HRA1000

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

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

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

## Pharmacy Benefits

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

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

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



## Pelican HSA775 (Active Employees Only)\*

The Pelican HSA775 offers our lowest premiums in addition to a separate health savings account funded by both employers and employees. Employers contribute \$200 to the HSA, then match any employee contributions up to an additional \$575. Employees can contribute to their HSA on a pre-tax basis, up to \$4,150 for an individual and \$8,300 for a family to cover out-of-pocket medical and pharmacy costs.

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

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

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

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

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

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

## Pharmacy Benefits – Express Scripts

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

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

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

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

# ACCELERATE YOUR HEALTH SAVINGS

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



## BUILD HEALTH SAVINGS

Choose a low premium health plan.

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



## MAXIMIZE TAX SAVINGS

Pre-tax contributions help reduce your annual taxable income.

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



## KEEP YOUR MONEY—FOREVER

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

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

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

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



## SAVE FOR RETIREMENT

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

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

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

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

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

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



## Get support 24/7

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



## Say goodbye to hassle

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



## Stay informed

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

## JOIN FIVE MILLION+ HEALTH SAVERS

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



Enroll today. Talk to your benefits team.

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

<sup>4</sup>Accounts must be activated via the HealthEquity website in order to use the mobile app.  
HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life changing decisions.  
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# Magnolia Plans

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

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

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

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

## Pharmacy Benefits

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

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

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

## Magnolia Open Access (Nationwide Providers)

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

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

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

## Pharmacy Benefits

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

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

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

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

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

### What is different about Magnolia Local?

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



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

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

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

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

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

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

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

##### Baton Rouge Region

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

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

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

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

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

##### Greater New Orleans Region

- Ochsner Health and its affiliates

##### Lafayette Region

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

##### St. Tammany Region

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

##### Shreveport/Bossier Region

- CHRISTUS Shreveport-Bossier Health System and its affiliates

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

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

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

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

### Pharmacy Benefits

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

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

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

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

# How to Enroll



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

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

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

## Active, LaGov Employees

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

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

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

## LaGov Rehired Retirees

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

## Active, Non-LaGov Employees

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

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

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

**IMPORTANT!** If you would like to remain in your current OGB health plan with the same covered dependents for the 2024 Plan Year, you do not need to do anything. Your coverage will continue for the 2024 Plan Year. **(Active Members enrolled in the HSA and/or FSA options will need to update their elections for 2024.)**



# How to Enroll



## Non-LaGov Rehired & Non-Medicare Retirees

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

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

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

**IMPORTANT!** If you would like to remain in your current OGB health plan with the same covered dependents for the 2024 Plan Year, you do not need to do anything. Your coverage will continue for the 2024 Plan Year. **(Active Members enrolled in the HSA and/or FSA options will need to update their elections for 2024.)**



OFFICE OF GROUP BENEFITS  
2024 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 Plus**  
*Administered by Blue Cross*

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

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

PLEASE MAIL OR FAX THIS FORM TO OGB BY NOVEMBER 15, 2023.

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

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

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

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

CUT ALONG DOTTED LINES



# How to Read Your Benefits Comparison

Your Benefits Comparison has 3 main sections:

## Cost Comparison

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

## Out-of-Pocket Comparison

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

## Plan Benefits Summary

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

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

## Compare Out-of-Pocket Costs

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

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

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

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

## Compare Covered Benefits

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

**Active Employees and Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

|   | Pelican HRA1000  |                                     | Pelican HSA775   |                                     |
|---|--|-------------------------------------|--|-------------------------------------|
| 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  | Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)                  |                                     | Active Employees   |                                     |
|   | Network  | Out-of-Network                      | Network  | Out-of-Network                      |
|   | You Pay  |                                     | You Pay  |                                     |
| <b>Deductible</b>   |  |                                     |  |                                     |
| You   | \$2,000  | \$4,000                             | \$2,000  | \$4,000                             |
| You + 1 (Spouse or child)   | \$4,000  | \$8,000                             | \$4,000  | \$8,000                             |
| You + Children  | \$4,000  | \$8,000                             | \$4,000  | \$8,000                             |
| You + Family  | \$4,000  | \$8,000                             | \$4,000  | \$8,000                             |
|   | HRA dollars will reduce this amount  |                                     | HSA dollars will reduce this amount  |                                     |
| <b>Out-of-Pocket Maximum</b>  |  |                                     |  |                                     |
| You   | \$5,000  | \$10,000                            | \$5,000  | \$10,000                            |
| You + 1 (Spouse or child)   | \$10,000   | \$20,000                            | \$10,000   | \$20,000                            |
| You + Children  | \$10,000   | \$20,000                            | \$10,000   | \$20,000                            |
| You + Family  | \$10,000   | \$20,000                            | \$10,000   | \$20,000                            |
| <b>State Funding</b>  | The Plan Pays  |                                     | The Plan Pays  |                                     |
| You   | \$1,000  |                                     | \$775*   |                                     |
| You + 1 (Spouse or child)   | \$2,000  |                                     | \$775*   |                                     |
| You + Children  | \$2,000  |                                     | \$775*   |                                     |
| You + Family  | \$2,000  |                                     | \$775*   |                                     |
|   | Funding not applicable to Pharmacy Expenses.   |                                     | *\$200, plus up to \$575 more dollar for dollar match of employee contributions <sup>5</sup>     |                                     |
| <b>Physicians' Services</b>   | The Plan Pays  |                                     | The Plan Pays  |                                     |
| <b>Primary Care Physician or Specialist Office - Treatment of illness or injury</b> | 80% coverage; subject to deductible  | 60% coverage; subject to deductible | 80% coverage; subject to deductible  | 60% coverage; subject to deductible |

**Active Employees and Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Local Plus   |                | Magnolia Open Access  |                                     | Magnolia Local  |                |
|---|----------------|---|-------------------------------------|---|----------------|
| Blue Cross and Blue Shield of Louisiana Preferred Care Provider & Blue Cross National Providers |                | 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           |                |
| Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)                 |                | Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)                 |                                     | Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015) |                |
| Network   | Out-of-Network | Network   | Out-of-Network                      | Network   | Out-of-Network |
| You Pay   |                | You Pay   |                                     | You Pay   |                |
| Deductible  |                |   |                                     |   |                |
| \$400   | No Coverage    | \$900   | \$900                               | \$400   | No Coverage    |
| \$800   | No Coverage    | \$1,800   | \$1,800                             | \$800   | No Coverage    |
| \$1,200   | No Coverage    | \$2,700   | \$2,700                             | \$1,200   | No Coverage    |
| \$1,200   | No Coverage    | \$2,700   | \$2,700                             | \$1,200   | No Coverage    |
|   |                |   |                                     |   |                |
| Out-of-Pocket Maximum   |                |   |                                     |   |                |
| \$3,500   | No Coverage    | \$3,500   | \$4,700                             | \$2,500   | No Coverage    |
| \$6,000   | No Coverage    | \$6,000   | \$8,500                             | \$5,000   | No Coverage    |
| \$8,500   | No Coverage    | \$8,500   | \$12,250                            | \$7,500   | No Coverage    |
| \$8,500   | No Coverage    | \$8,500   | \$12,250                            | \$7,500   | No Coverage    |
|   |                |   |                                     |   |                |
| 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 copay per visit                                      | No Coverage    | 90% coverage; subject to deductible   | 70% coverage; subject to deductible | 100% coverage after a \$25 PCP or \$50 SPC copay per visit                      | No Coverage    |

**Active Employees and Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

|  | Pelican HRA1000                                    |  | Pelican HSA775                                     |  |
|--|--|--|--|--|
|  | Network  | Out-of-Network   | Network  | Out-of-Network   |
| <b>Physicians' Services</b>  | <b>The Plan Pays</b>                               |  | <b>The Plan Pays</b>                               |  |
| <b>Maternity Care</b><br>(prenatal, delivery and postpartum)   | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   |
| <b>Physician Services<br/>Furnished in a Hospital</b><br>Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.                                    | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   |
| <b>Preventative Care<br/>Primary Care Physician or<br/>Specialist Office or Clinic</b><br>For a complete list of benefits, refer to the Preventive and Wellness/<br>Routine Care in the Benefit Plan | 100% coverage;<br><b>not</b> subject to deductible | 100% of fee schedule amount.<br>Plan participant pays the difference between the billed amount and the fee schedule amount; <b>Not</b> subject to deductible | 100% coverage;<br><b>not</b> subject to deductible | 100% of fee schedule amount.<br>Plan participant pays the difference between the billed amount and the fee schedule amount; <b>Not</b> subject to deductible |
| <b>Physician Services for<br/>Emergency Room Care</b>  | 80% coverage;<br>subject to deductible             | 80% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible             | 80% coverage;<br>subject to deductible   |
| <b>Allergy Shots and Serum</b><br>Copay per visit is applicable only to office visit   | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   |
| <b>Outpatient Surgery/<br/>Services</b><br>When billed as office visits  | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   |
| <b>Outpatient Surgery/<br/>Services</b><br>When billed as outpatient surgery at a facility   | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   |
| <b>Hospital Services</b>   | <b>The Plan Pays</b>                               |  | <b>The Plan Pays</b>                               |  |
| <b>Inpatient Services</b><br>Inpatient care, delivery and inpatient short-term acute rehabilitation services   | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible             | 60% coverage;<br>subject to deductible   |



**Active Employees and Non-Medicare Retirees**

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

**Benefits Comparison**

**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Local Plus  |                                      | Magnolia Open Access                            |  | Magnolia Local   |                                      |
|--|--------------------------------------|---|--|--|--------------------------------------|
| Network  | Out-of-Network                       | Network   | Out-of-Network   | Network  | Out-of-Network                       |
| <b>The Plan Pays</b>   |                                      | <b>The Plan Pays</b>                            |  | <b>The Plan Pays</b>   |                                      |
| 100% coverage; after a \$90 copay per pregnancy  | No Coverage                          | 90% coverage; subject to deductible             | 70% coverage; subject to deductible                                    | 100% coverage; after a \$90 copay per pregnancy  | No Coverage                          |
| 100% coverage; subject to deductible   | No Coverage                          | 90% coverage; subject to deductible             | 70% coverage; subject to deductible                                    | 100% coverage; subject to deductible   | No Coverage                          |
| 100% coverage; <b>not</b> subject to deductible  | No Coverage                          | 100% coverage; <b>not</b> subject to deductible | 70% coverage; subject to deductible                                    | 100% coverage; <b>not</b> subject to deductible  | No Coverage                          |
| 100% coverage; subject to deductible   | 100% coverage; subject to deductible | 90% coverage; subject to deductible             | 90% coverage; subject to deductible                                    | 100% coverage; subject to deductible   | 100% coverage; subject to deductible |
| 100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100% after deductible | No Coverage                          | 90% coverage; subject to deductible             | 70% coverage; subject to deductible                                    | 100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100% after deductible | No Coverage                          |
| 100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit                                       | No Coverage                          | 90% coverage; subject to deductible             | 70% coverage; subject to deductible                                    | 100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit                                       | No Coverage                          |
| 100% coverage; subject to deductible   | No Coverage                          | 90% coverage; subject to deductible             | 70% coverage; subject to deductible                                    | 100% coverage; subject to deductible   | No Coverage                          |
| <b>The Plan Pays</b>   |                                      | <b>The Plan Pays</b>                            |  | <b>The Plan Pays</b>   |                                      |
| 100% coverage; after a \$100 copay per day max \$300 per admission   | No Coverage                          | 90% coverage; subject to deductible             | 70% coverage; subject to deductible + \$50 copay per day (days 1 - 50) | 100% coverage; after a \$100 copay per day max \$300 per admission   | No Coverage                          |

**Active Employees and Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

|  | Pelican HRA1000                        |  | Pelican HSA775                         |  |
|--|--|--|--|--|
|  | Network                                | Out-of-Network                         | Network                                | Out-of-Network                         |
| <b>Hospital Services</b>   | <b>The Plan Pays</b>                   |  | <b>The Plan Pays</b>                   |  |
| <b>Outpatient Surgery/Services</b><br>Hospital / Facility  | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible |
| <b>Emergency Room - Hospital</b><br>(Facility)<br>Treatment of an emergency<br>medical condition or injury   | 80% coverage;<br>subject to deductible | 80% coverage;<br>subject to deductible | 80% coverage;<br>subject to deductible | 80% coverage;<br>subject to deductible |
| <b>Behavioral Health</b>   | <b>The Plan Pays</b>                   |  | <b>The Plan Pays</b>                   |  |
| <b>Mental Health and Substance Abuse</b><br>Inpatient Facility   | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible |
| <b>Mental Health and Substance Abuse</b> Outpatient Visits -<br>Professional   | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible |
| <b>Other Coverage</b>  | <b>The Plan Pays</b>                   |  | <b>The Plan Pays</b>                   |  |
| <b>Outpatient Acute Short-Term Rehabilitation Services</b><br>Physical Therapy, Speech Therapy,<br>Occupational Therapy, Other<br>short term rehabilitative services | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible |
| <b>Chiropractic Care</b>   | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible |
| <b>Hearing Aid</b><br>Not covered for individuals age<br>eighteen (18) and older   | 80% coverage;<br>subject to deductible | No Coverage                            | 80% coverage;<br>subject to deductible | No Coverage                            |
| <b>Vision Exam (routine) and Eye Wear</b>  | No Coverage                            | No Coverage                            | No Coverage                            | No Coverage                            |
| <b>Comprehensive Dental</b>  | No Coverage                            | No Coverage                            | No Coverage                            | No Coverage                            |
| <b>Urgent Care Center</b>  | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible |
| <b>Home Health Care Services</b>   | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible | 80% coverage;<br>subject to deductible | 60% coverage;<br>subject to deductible |

**Active Employees and Non-Medicare Retirees**

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

**Benefits Comparison**

**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Local Plus  |   | Magnolia Open Access   |  | Magnolia Local   |   |
|--|---|--|--|--|---|
| Network  | Out-of-Network  | Network  | Out-of-Network   | Network  | Out-of-Network  |
| <b>The Plan Pays</b>   |   | <b>The Plan Pays</b>   |  | <b>The Plan Pays</b>   |   |
| 100% coverage; after a \$100 facility copay per visit              | No Coverage   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  | 100% coverage; after a \$100 facility copay per visit              | No Coverage   |
| 100% coverage after \$200 copay per visit; waived if admitted      | 100% coverage after \$200 copay per visit; waived if admitted | 90% coverage; subject to deductible; \$200 copay per visit; waived if admitted | 90% coverage; subject to deductible; \$200 copay per visit; waived if admitted | 100% coverage after \$200 copay per visit; waived if admitted      | 100% coverage after \$200 copay per visit; waived if admitted |
| <b>The Plan Pays</b>   |   | <b>The Plan Pays</b>   |  | <b>The Plan Pays</b>   |   |
| 100% coverage; after a \$100 copay per day max \$300 per admission | No Coverage   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible + \$50 copay per day (days 1-5)            | 100% coverage; after a \$100 copay per day max \$300 per admission | No Coverage   |
| 100% coverage; after a \$25 copay per visit                        | No Coverage   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  | 100% coverage; after a \$25 copay per visit                        | No Coverage   |
| <b>The Plan Pays</b>   |   | <b>The Plan Pays</b>   |  | <b>The Plan Pays</b>   |   |
| 100% coverage; after a \$25 copay per visit                        | No Coverage   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  | 100% coverage; after a \$25 copay per visit                        | No Coverage   |
| 100% coverage; after a \$25 copay per visit                        | No Coverage   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  | 100% coverage; after a \$25 copay per visit                        | No Coverage   |
| 80% coverage; subject to deductible                                | No Coverage   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  | 80% coverage; subject to deductible                                | No Coverage   |
| No Coverage  | No Coverage   | No Coverage  | No Coverage  | No Coverage  | No Coverage   |
| No Coverage  | No Coverage   | No Coverage  | No Coverage  | No Coverage  | No Coverage   |
| 100% coverage after a \$50 copay per visit                         | No Coverage   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  | 100% coverage after a \$50 copay per visit                         | No Coverage   |
| 100% coverage subject to deductible                                | No Coverage   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  | 100% coverage subject to deductible                                | No Coverage   |

**Active Employees and Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

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

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

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

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

**Benefits Comparison  
Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Local Plus  |                | Magnolia Open Access                     |                                     | Magnolia Local   |                |
|--|----------------|--|-------------------------------------|--|----------------|
| Network  | Out-of-Network | Network                                  | Out-of-Network                      | Network  | Out-of-Network |
| <b>The Plan Pays</b>   |                | <b>The Plan Pays</b>                     |                                     | <b>The Plan Pays</b>   |                |
| 100% coverage; after a \$100 copay per day max \$300 per admission   | No Coverage    | 90% coverage; subject to deductible      | 70% coverage; subject to deductible | 100% coverage; after a \$100 copay per day max \$300 per admission   | No Coverage    |
| 100% coverage; subject to deductible   | No Coverage    | 80% coverage; subject to deductible      | 70% coverage; subject to deductible | 100% coverage; subject to deductible   | No Coverage    |
| 80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year            | 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    |
| 100% coverage; not subject to deductible   | No Coverage    | 90% coverage; subject to deductible      | 70% coverage; subject to deductible | 100% coverage; subject to deductible   | No Coverage    |
| <b>You Pay</b>   |                | <b>You Pay</b>                           |                                     | <b>You Pay</b>   |                |
| 50% up to \$30 <sup>1</sup>  |                | 50% up to \$30 <sup>1</sup>              |                                     | 50% up to \$30 <sup>1</sup>  |                |
| 50% up to \$55 <sup>1,2</sup>  |                | 50% up to \$55 <sup>1,2</sup>            |                                     | 50% up to \$55 <sup>1,2</sup>  |                |
| 65% up to \$80 <sup>1,2</sup>  |                | 65% up to \$80 <sup>1,2</sup>            |                                     | 65% up to \$80 <sup>1,2</sup>  |                |
| 50% up to \$80 <sup>1,2</sup>  |                | 50% up to \$80 <sup>1,2</sup>            |                                     | 50% up to \$80 <sup>1,2</sup>  |                |
| 2.5 the cost of applicable maximum copay   |                | 2.5 the cost of applicable maximum copay |                                     | 2.5 times the cost of applicable maximum copay   |                |
| <b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s)<sup>4</sup>:</b> |                |  |                                     |  |                |
| \$0 copay <sup>1</sup>   |                | \$0 copay <sup>1</sup>                   |                                     | \$0 copay <sup>1</sup>   |                |
| \$20 copay <sup>1,2</sup>  |                | \$20 copay <sup>1,2</sup>                |                                     | \$20 copay <sup>1,2</sup>  |                |
| \$40 copay <sup>1,2</sup>  |                | \$40 copay <sup>1,2</sup>                |                                     | \$40 copay <sup>1,2</sup>  |                |
| \$40 copay <sup>1,2</sup>  |                | \$40 copay <sup>1,2</sup>                |                                     | \$40 copay <sup>1,2</sup>  |                |

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

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

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

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

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

**Benefits Comparison**

**Benefits effective January 1, 2024 - December 31, 2024**

| <b>Magnolia Open Access</b>  |   | <b>Magnolia Local</b>   |                |
|--|---|---|----------------|
| 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 |                |
| Non-Medicare Retirees (retirement date BEFORE 3-1-15)  |   | Non-Medicare Retirees (retirement date BEFORE 3-1-15)                 |                |
| Network  | Out-of-Network  | Network   | Out-of-Network |
| You Pay  |   | You Pay   |                |
| <b>Deductible</b>  |   |   |                |
|  | \$300   | \$0   | No Coverage    |
|  | \$600   | \$0   |                |
|  | \$900   | \$0   |                |
|  | \$900   | \$0   |                |
| <b>Out-of-Pocket Maximum</b>   |   |   |                |
| \$2,300 individual; plus \$1,300 per additional person up to 2; plus \$1,000 per additional person up to 10 people; \$13,700 for a family of 11+ | \$4,300 individual; plus \$3,000 per additional person up to 2; \$13,700 for a family of 3+ | \$1,000   | No Coverage    |
|  |   | \$2,000   |                |
|  |   | \$3,000   |                |
|  |   | \$3,000   |                |
| The Plan Pays  |   | The Plan Pays   |                |
| Not Available  |   | Not Available   |                |
| The Plan Pays  |   | The Plan Pays   |                |
| 90% coverage; subject to deductible  | 70% coverage; subject to deductible   | 100% coverage after a \$25 PCP or \$50 SPC copay per visit            | No Coverage    |

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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



**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Open Access                               |  | Magnolia Local  |                |
|--|--|---|----------------|
| Network  | Out-of-Network   | Network   | Out-of-Network |
| <b>The Plan Pays</b>                               |  | <b>The Plan Pays</b>  |                |
| 90% coverage;<br>subject to deductible             | 70% coverage;<br>subject to deductible                                   | 100% coverage;<br>after a \$90 copay per pregnancy  | No Coverage    |
| 90% coverage;<br>subject to deductible             | 70% coverage;<br>subject to deductible                                   | 100% coverage   | No Coverage    |
| 100% coverage;<br><b>not</b> subject to deductible | 70% coverage;<br>subject to deductible                                   | 100% coverage   | No Coverage    |
| 90% coverage;<br>subject to deductible             | 90% coverage;<br>subject to deductible                                   | 100% coverage   | 100% coverage  |
| 90% coverage; subject to deductible                | 70% coverage; subject to deductible                                      | 100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100% | No Coverage    |
| 90% coverage;<br>subject to deductible             | 70% coverage;<br>subject to deductible                                   | 100% coverage;<br>after a \$25 PCP or \$50 SPC per office visit copay per visit                   | No Coverage    |
| 90% coverage;<br>subject to deductible             | 70% coverage;<br>subject to deductible                                   | 100% coverage   | No Coverage    |
| <b>The Plan Pays</b>                               |  | <b>The Plan Pays</b>  |                |
| 90% coverage;<br>subject to deductible             | 70% coverage;<br>subject to deductible + \$50 copay per day (days 1 - 5) | 100% coverage;<br>after a \$100 copay per day max \$300 per admission                             | No Coverage    |

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Open Access   |   | Magnolia Local   |   |
|--|---|--|---|
| Network  | Out-of-Network  | Network  | Out-of-Network  |
| <b>The Plan Pays</b>   |   | <b>The Plan Pays</b>   |   |
| 90% coverage;<br>subject to deductible   | 70% coverage;<br>subject to deductible  | 100% coverage;<br>after a \$100 facility<br>copay per visit              | No Coverage   |
| 90% coverage; subject to deductible;<br>\$200 copay per visit; waived if<br>admitted | 90% coverage; subject to<br>deductible; \$200<br>copay per visit;<br>waived if admitted | 100% coverage after \$200 copay<br>per visit;<br>waived if admitted      | 100% coverage after \$200 copay<br>per visit;<br>waived if admitted |
| <b>The Plan Pays</b>   |   | <b>The Plan Pays</b>   |   |
| 90% coverage;<br>subject to deductible   | 70% coverage;<br>subject to deductible + \$50<br>copay per day (days 1-5)               | 100% coverage;<br>after a \$100 copay per day max \$300<br>per admission | No Coverage   |
| 90% coverage;<br>subject to deductible   | 70% coverage;<br>subject to deductible  | 100% coverage;<br>after a \$25 copay per visit                           | No Coverage   |
| <b>The Plan Pays</b>   |   | <b>The Plan Pays</b>   |   |
| 90% coverage;<br>subject to deductible   | 70% coverage;<br>subject to deductible  | 100% coverage;<br>after a \$25 copay per visit                           | No Coverage   |
| 90% coverage;<br>subject to deductible   | 70% coverage;<br>subject to deductible  | 100% coverage;<br>after a \$25 copay per visit                           | No Coverage   |
| 90% coverage;<br>subject to deductible   | 70% coverage;<br>subject to deductible  | 80% coverage   | No Coverage   |
| No Coverage  | No Coverage   | No Coverage  | No Coverage   |
| No Coverage  | No Coverage   | No Coverage  | No Coverage   |
| 90% coverage;<br>subject to deductible   | 70% coverage;<br>subject to deductible  | 100% coverage after a \$50 copay per<br>visit                            | No Coverage   |
| 90% coverage;<br>subject to deductible   | 70% coverage;<br>subject to deductible  | 100% coverage  | No Coverage   |

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

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

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

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

**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Open Access                           |  | Magnolia Local  |  |
|--|--|---|--|
| Network  | Out-of-Network                                 | Network   | Out-of-Network                                 |
| <b>The Plan Pays</b>                           |  | <b>The Plan Pays</b>  |  |
| 90% coverage;<br>subject to deductible         | 70% coverage;<br>subject to deductible         | 100% coverage;<br>after a \$100 copay per day max<br>\$300 per admission                                    | No Coverage                                    |
| 80% coverage;<br>subject to deductible         | 70% coverage;<br>subject to deductible         | 100% coverage   | No Coverage                                    |
| 90% coverage;<br>subject to deductible         | 70% coverage;<br>subject to deductible         | 80% coverage of the first \$5,000<br>allowable; 100% in excess of<br>\$5,000 per plan year                  | No Coverage                                    |
| 90% coverage;<br>subject to deductible         | 70% coverage;<br>subject to deductible         | 100% coverage   | No Coverage                                    |
| <b>You Pay</b>                                 |  | <b>You Pay</b>  |  |
| 50% up to \$30 <sup>1</sup>                    | 50% up to \$30 <sup>1</sup>                    | 50% up to \$55 <sup>1,2</sup>   | 50% up to \$55 <sup>1,2</sup>                  |
| 50% up to \$55 <sup>1,2</sup>                  | 50% up to \$55 <sup>1,2</sup>                  | 65% up to \$80 <sup>1,2</sup>   | 65% up to \$80 <sup>1,2</sup>                  |
| 65% up to \$80 <sup>1,2</sup>                  | 65% up to \$80 <sup>1,2</sup>                  | 50% up to \$80 <sup>1,2</sup>   | 50% up to \$80 <sup>1,2</sup>                  |
| 50% up to \$80 <sup>1,2</sup>                  | 50% up to \$80 <sup>1,2</sup>                  | 2.5 times the cost of applicable maximum copay  | 2.5 times the cost of applicable maximum copay |
| 2.5 times the cost of applicable maximum copay | 2.5 times the cost of applicable maximum copay | <b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s)*:</b> |  |
| \$0 copay <sup>1</sup>                         | \$0 copay <sup>1</sup>                         | \$0 copay <sup>1</sup>  | \$0 copay <sup>1</sup>                         |
| \$20 copay <sup>1,2</sup>                      | \$20 copay <sup>1,2</sup>                      | \$20 copay <sup>1,2</sup>   | \$20 copay <sup>1,2</sup>                      |
| \$40 copay <sup>1,2</sup>                      | \$40 copay <sup>1,2</sup>                      | \$40 copay <sup>1,2</sup>   | \$40 copay <sup>1,2</sup>                      |
| \$40 copay <sup>1,2</sup>                      | \$40 copay <sup>1,2</sup>                      | \$40 copay <sup>1,2</sup>   | \$40 copay <sup>1,2</sup>                      |

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

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

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





# SUMMARY OF PLANS

*Medicare Retirees*

# MEDICARE RETIREE MEETINGS SCHEDULE



## Annual Enrollment is October 1 - November 15

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

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

Interpreter for hearing-impaired members is available upon request.

| DATE       | LOCATION  | START TIMES              |
|------------|---|--------------------------|
| October 5  | University of Louisiana-Lafayette Cecil J. Picard Center<br>200 East Devalcourt Street, Lafayette, LA 70506 | 9:00 AM<br>or<br>2:00 PM |
| October 5  | Bossier City Civic Center<br>620 Benton Road, Bossier City, LA 71111  | 9:00 AM<br>or<br>2:00 PM |
| October 12 | Monroe Civic Center<br>401 Lea Joyner Expressway, Monroe, LA  | 9:00 AM<br>or<br>2:00 PM |
| October 19 | Houma - Terrebonne Civic Center<br>346 Civic Center Blvd., Houma, LA 70360                                  | 9:00 AM<br>or<br>2:00 PM |
| October 19 | State Police Headquarters Auditorium (BLDG. A)<br>7919 Independence Blvd., Baton Rouge, LA 70806            | 9:00 AM<br>or<br>2:00 PM |
| October 26 | Alexandria Convention Center<br>2225 N MacArthur Dr., Alexandria, LA 71303                                  | 9:00 AM<br>or<br>2:00 PM |
| October 26 | University of New Orleans (University Center Ballroom)<br>2000 Lakeshore Drive, New Orleans, LA 70148       | 9:00 AM<br>or<br>2:00 PM |
| October 27 | SLU Student Union Annex Theater ( <b>Old Student Union</b> )<br>303 Texas Ave., Hammond, LA 70402           | 9:00 AM<br>or<br>2:00 PM |
| November 9 | Lake Charles Civic Center - Contraband Room<br>900 Lakeshore Drive, Lake Charles, LA 70602                  | 9:00 AM<br>or<br>2:00 PM |

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



# Medicare and Medicare Advantage



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

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

- Medicare Retirees enrolling in an OGB Secondary plan have until November 15, 2023 to make a selection.
- Medicare Retirees enrolling in a Medicare Advantage plan can make their selection between October 15 and December 7, 2023.
- All covered plan members must have Medicare parts A & B to enroll in a Medicare Advantage plan.
- **All OGB Blue Cross plans provide Part D coverage. If you are enrolled in one of these plans and you enroll in a separate Medicare Part D plan, you will automatically be dis-enrolled from the entire OGB plan.**

### IMPORTANT DATES

**OCTOBER 1 – NOVEMBER 15**

OGB ANNUAL ENROLLMENT

**OCTOBER 15 – DECEMBER 7**

MEDICARE PLANS OPEN ENROLLMENT

**JANUARY 1**

NEW PLAN YEAR BEGINS

## Medicare Advantage

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

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

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

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

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

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

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

## Via Benefits: Customize Your Insurance

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

## Plan Advice and Enrollment Assistance

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

## Program Eligibility

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

## Via Benefits Health Reimbursement Arrangement (HRA)

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

## Compare Plans

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

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

## Sampling of Plans Available through Via Benefits



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

## Medicare Advantage Backed by Blue!

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

| Medicare Plan Blue Advantage   |  |  |
|--|--|--|
| Covered Benefit  | Blue adVantage HMO   | Blue adVantage HMO-POS   |
| <b>Plan Year Deductible</b>  | \$0  | \$0 in-network; \$500 out-of-network   |
| <b>Maximum Out-of-pocket Expense (In-Network)</b>  | \$2,000  | \$4,000  |
| <b>Maximum Out-of-pocket Expense (Out-of-Network)</b>  | N/A  |  |
| <b>Office Visit - Primary Care / Specialist</b>  | \$0/\$20 copay per visit   | In-network: \$0/\$35 copay per visit<br>Out-of-network: 50% coinsurance        |
| <b>Emergency Room</b>  | \$50 ER copay per visit  | In-network: \$90 ER copay per visit<br>Out-of-network: \$90 ER copay per visit |
| <b>Inpatient Hospital</b>  | \$50 per day (days 1-10)   | In-network: \$270 per day (days 1-7)<br>Out-of-network: 50% coinsurance        |
| <b>Prescription Drugs (Part D)</b>   |  |  |
| Tier 1   | \$0 copay  |  |
| Tier 2   | \$10 copay   |  |
| Tier 3   | \$25 copay   |  |
| Tier 4   | \$50 copay   |  |
| Tier 5   | 20%  |  |
| You may view the formulary at: Website: <a href="http://www.bcbsla.com/blueadvantage">www.bcbsla.com/blueadvantage</a> |  |  |
| Additional Benefits  |  |  |
| <b>Hearing Aids</b>  | \$0 copay for prescription hearing aids;<br>Up to an \$1,100 maximum benefit per year  |  |
| <b>Dental</b>  | \$0 copay for preventive dental, includes 2 cleanings, 2 exams, 2 fluoride treatments and 1 x-ray;<br>\$2,000 maximum benefit for preventive and comprehensive dental per year |  |
| <b>Eye-wear</b>  | \$300 allowance for glasses or contact lenses per year   |  |
| <b>Over-the-Counter (OTC) Allowance</b>  | \$100 per quarter OTC benefit (includes over-the-counter health-related items)   |  |
| <b>On-line Primary Care Provider Visits</b>  | \$0 copay for on-line primary care provider visits (available on a computer, tablet and smartphone 24 hours a day, 7 days a week) through BlueCare                             |  |

## Medicare Plan through Humana

Humana is pleased to offer the benefits below for 2024! Compare benefits and rates when you are choosing an OGB sponsored plan to determine what best fits your needs. Humana's HMO service area includes all parishes in Louisiana.

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

| Medicare Plan through Humana   |  |
|--|--|
| Covered Benefit  | Humana Medicare Advantage Employer HMO Plan  |
| <b>Plan Year Deductible</b>  | \$0  |
| <b>Maximum Out-of-pocket Expense</b>   | \$2,000  |
| <b>Office Visit<br/>Primary Care / Specialist</b>  | \$0 / \$10 copay per visit   |
| <b>Emergency Room</b>  | \$50 Copay; waived if admitted within 24 hours   |
| <b>Inpatient Hospital</b>  | \$50 Copay per day (days 1-10)   |
| <b>Prescription Drugs (Part D)</b>   |  |
| Tier 1 - Preferred Generics and Generics   | \$0  |
| Tier 2 - Preferred Brand   | \$20   |
| Tier 3 - Non-Preferred Brand   | \$40   |
| Tier 4 - Specialty   | 20%  |
| <b>You may view or request a formulary at: <a href="https://www.humana.com">Humana.com</a> or call Humana: 877-889-9885 (TTY: 711)</b> |  |
| Additional Benefits  |  |
| <b>Transportation</b>  | \$0 copayment Post-Discharge Transportation. For plan approved location up to 12 one-way trip(s) per facility discharge by car, van, wheelchair access vehicle. Benefit not to exceed 50 miles per trip. |
| <b>Routine Hearing Exam</b>  | \$25 copay for fitting/evaluation, routine hearing exams up to 1 per year. \$2,000 maximum benefit coverage for hearing aids up to 2, every 3 years  |
| <b>Routine Vision</b>  | 100% for routine exam, up to 1 per year  |
| <b>Meals After Inpatient Stay</b>  | 28 meals available post-discharge  |
| <b>Routine Dental</b>  | \$500 maximum benefit coverage amount per year for all preventive and comprehensive benefits.  |
| <b>Silver Sneakers</b>   | A total health and physical activity program included in your plan at no extra cost. <a href="https://www.silversneakers.com">www.silversneakers.com</a>   |

## Medicare Plan through Peoples Health Plan

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

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

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

# OGB Supplemental Health Plans



## Pelican HRA1000

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

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

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

## Pharmacy Benefits

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

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

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

# Magnolia Plans

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

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

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

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

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

## Pharmacy Benefits

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

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

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

## Magnolia Open Access (Nationwide Providers)

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

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

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

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

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

## Pharmacy Benefits

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



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

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

## Retiree 100

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

## Not All Expenses Are Eligible

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

## Premiums

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

## Enrollment

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

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

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

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

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

### What is different about Magnolia Local?

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



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

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

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

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

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

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

You have access to many healthcare providers in following regions:

##### Baton Rouge Region

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

*\*\*Bluebonnet, Mid City and Ascension locations \*\*\*Excludes Gastroenterology physicians at the Baton Rouge Clinic*

##### Greater New Orleans Region

- Ochsner Health System and its affiliates

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

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

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

##### Greater New Orleans Region

- Ochsner Health System and its affiliates

##### Lafayette Region

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

##### St. Tammany Region

- Slidell Memorial Hospital
- St. Tammany Parish Hospital

##### Shreveport/Bossier Region

- CHRISTUS Shreveport-Bossier Health System and its affiliates
- Ochsner LSU Health Shreveport

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

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

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

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

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

### Pharmacy Benefits

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

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

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

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

# How to Enroll



## All Medicare Retirees

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

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

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

**IMPORTANT! If you would like to remain in your current OGB health plan with the same covered dependents for the 2024 Plan Year, you do not need to do anything. Your coverage will continue for the 2024 Plan Year.**

OFFICE OF GROUP BENEFITS  
2024 ANNUAL ENROLLMENT FORM  
Retirees with Medicare  
(Please Print Clearly)

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

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

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

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

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

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

**OGB Secondary Plans for Retirees with Medicare**

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

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

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

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

**OGB Sponsored Medicare Advantage Plans**

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

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

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

**Via Benefits\***  
Retiree and all covered dependents must have both Medicare A and Medicare B (\*Enrollment is conducted through **Via Benefits. Please call 1-855-663-4228 or visit [my.ViaBenefits.com/ogb](https://my.ViaBenefits.com/ogb)** to enroll.)

PLEASE MAIL OR FAX THIS FORM TO OGB BY NOVEMBER 15, 2023.

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

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

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

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



# How to Read Your Benefits Comparison

Your Benefits Comparison has 3 main sections:

## Cost Comparison

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

## Out-of-Pocket Comparison

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

## Plan Benefits Summary

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

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

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

## Compare Out-of-Pocket Costs

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

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

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

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

## Compare Covered Benefits

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

**Medicare Advantage Plans  
Benefits Comparison  
Benefits effective January 1, 2024 - December 31, 2024**

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



**Medicare Advantage Plans  
Benefits Comparison  
Benefits effective January 1, 2024 - December 31, 2024**

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

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

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

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

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Open Access                               |                                     | Magnolia Local  |                |
|--|-------------------------------------|---|----------------|
| Network  | Out-of-Network                      | Network   | Out-of-Network |
| <b>The Plan Pays</b>                               |                                     | <b>The Plan Pays</b>  |                |
| 80% coverage; subject to deductible                | 80% coverage; subject to deductible | 100% coverage;<br>after a \$90 copay per pregnancy  | No Coverage    |
| 80% coverage; subject to deductible                | 80% coverage; subject to deductible | 100% coverage   | No Coverage    |
| 100% coverage;<br><b>not</b> subject to deductible | 80% coverage; subject to deductible | 100% coverage   | No Coverage    |
| 80% coverage; subject to deductible                | 80% coverage; subject to deductible | 100% coverage   | 100% coverage  |
| 80% coverage; subject to deductible                | 80% coverage; subject to deductible | 100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100% | No Coverage    |
| 80% coverage; subject to deductible                | 80% coverage; subject to deductible | 100% coverage;<br>after a \$25 PCP or \$50 SPC per office visit copay per visit                   | No Coverage    |
| 80% coverage; subject to deductible                | 80% coverage; subject to deductible | 100% coverage   | No Coverage    |
| <b>The Plan Pays</b>                               |                                     | <b>The Plan Pays</b>  |                |
| 80% coverage; subject to deductible                | 80% coverage; subject to deductible | 100% coverage;<br>after a \$100 copay per day max \$300 per admission                             | No Coverage    |

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Open Access   |  | Magnolia Local   |   |
|--|--|--|---|
| Network  | Out-of-Network   | Network  | Out-of-Network  |
| <b>The Plan Pays</b>   |  | <b>The Plan Pays</b>   |   |
| 80% coverage; subject to deductible  | 80% coverage; subject to deductible  | 100% coverage; after a \$100 facility copay per visit              | No Coverage   |
| 80% coverage; subject to deductible; \$200 copay per visit; waived if admitted | 80% coverage; subject to deductible; \$200 copay per visit; waived if admitted | 100% coverage after \$200 copay per visit; waived if admitted      | 100% coverage after \$200 copay per visit; waived if admitted |
| <b>The Plan Pays</b>   |  | <b>The Plan Pays</b>   |   |
| 80% coverage; subject to deductible  | 80% coverage; subject to deductible  | 100% coverage; after a \$100 copay per day max \$300 per admission | No Coverage   |
| 80% coverage; subject to deductible  | 80% coverage; subject to deductible  | 100% coverage; after a \$25 copay per visit                        | No Coverage   |
| <b>The Plan Pays</b>   |  | <b>The Plan Pays</b>   |   |
| 80% coverage; subject to deductible  | 80% coverage; subject to deductible  | 100% coverage; after a \$25 copay per visit                        | No Coverage   |
| 80% coverage; subject to deductible  | 80% coverage; subject to deductible  | 100% coverage; after a \$25 copay per visit                        | No Coverage   |
| 80% coverage; subject to deductible  | 80% coverage; subject to deductible  | 80% coverage   | No Coverage   |
| No Coverage  | No Coverage  | No Coverage  | No Coverage   |
| No Coverage  | No Coverage  | No Coverage  | No Coverage   |
| 80% coverage; subject to deductible  | 80% coverage; subject to deductible  | 100% coverage after a \$50 copay per visit                         | No Coverage   |
| No Coverage  | No Coverage  | 100% coverage  | No Coverage   |

**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

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



**Retirees with Medicare**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Open Access  |                                     | Magnolia Local   |                |
|---|-------------------------------------|--|----------------|
| Network   | Out-of-Network                      | Network  | Out-of-Network |
| <b>The Plan Pays</b>  |                                     | <b>The Plan Pays</b>   |                |
| 80% coverage; subject to deductible   | 80% coverage; subject to deductible | 100% coverage; after a \$100 copay per day max \$300 per admission                   | No Coverage    |
| No Coverage   | No Coverage                         | 100% coverage  | No Coverage    |
| 80% coverage; subject to deductible   | 80% coverage; subject to deductible | 80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year | No Coverage    |
| 80% coverage; subject to deductible   | 80% coverage; subject to deductible | 100% coverage  | No Coverage    |
| <b>You Pay</b>  |                                     | <b>You Pay</b>   |                |
| 50% up to \$30 <sup>1</sup>   |                                     | 50% up to \$30 <sup>1</sup>  |                |
| 50% up to \$55 <sup>1,2</sup>   |                                     | 50% up to \$55 <sup>1,2</sup>  |                |
| 65% up to \$80 <sup>1,2</sup>   |                                     | 65% up to \$80 <sup>1,2</sup>  |                |
| 50% up to \$80 <sup>1,2</sup>   |                                     | 50% up to \$80 <sup>1,2</sup>  |                |
| 2.5 times the cost of applicable maximum copay  |                                     | 2.5 times the cost of applicable maximum copay                                       |                |
| <b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s)*:</b> |                                     |  |                |
| \$0 copay <sup>1</sup>  |                                     | \$0 copay <sup>1</sup>   |                |
| \$20 copay <sup>1,2</sup>   |                                     | \$20 copay <sup>1,2</sup>  |                |
| \$40 copay <sup>1,2</sup>   |                                     | \$40 copay <sup>1,2</sup>  |                |
| \$40 copay <sup>1,2</sup>   |                                     | \$40 copay <sup>1,2</sup>  |                |

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

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

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

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| <b>Magnolia Open Access</b>   |                                     | <b>Magnolia Local</b>   |                       |
|---|-------------------------------------|---|-----------------------|
| 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 |                       |
| Medicare Retirees (retirement date ON or AFTER 3/1/2015)  |                                     | Medicare Retirees (retirement date ON or AFTER 3/1/2015)              |                       |
| <b>Network</b>  | <b>Out-of-Network</b>               | <b>Network</b>  | <b>Out-of-Network</b> |
| <b>You Pay</b>  |                                     | <b>You Pay</b>  |                       |
| <b>Deductible</b>   |                                     |   |                       |
| \$900   | \$900                               | \$400   | No Coverage           |
| \$1,800   | \$1,800                             | \$800   | No Coverage           |
| \$2,700   | \$2,700                             | \$1,200   | No Coverage           |
| \$2,700   | \$2,700                             | \$1,200   | No Coverage           |
|   |                                     |   |                       |
| <b>Out-of-Pocket Maximum</b>  |                                     |   |                       |
| \$3,500   | \$4,700                             | \$2,500   | No Coverage           |
| \$6,000   | \$8,500                             | \$5,000   | No Coverage           |
| \$8,500   | \$12,250                            | \$7,500   | No Coverage           |
| \$8,500   | \$12,250                            | \$7,500   | No Coverage           |
| <b>The Plan Pays</b>  |                                     | <b>The Plan Pays</b>  |                       |
| Not Available   |                                     | Not Available   |                       |
| <b>The Plan Pays</b>  |                                     | <b>The Plan Pays</b>  |                       |
| 80% coverage; subject to deductible   | 80% coverage; subject to deductible | 100% coverage after a \$25 PCP or \$50 SPC copay per visit            | No Coverage           |

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Open Access                               |   | Magnolia Local  |   |
|--|---|---|---|
| Network  | Out-of-Network  | Network   | Out-of-Network                          |
| <b>The Plan Pays</b>                               |   | <b>The Plan Pays</b>  |   |
| 80% coverage;<br>subject to deductible             | 80% coverage;<br>subject to deductible                                      | 100% coverage;<br>after a \$90<br>copay per pregnancy   | No Coverage                             |
| 80% coverage;<br>subject to deductible             | 80% coverage;<br>subject to deductible                                      | 100% coverage;<br>subject to deductible   | No Coverage                             |
| 100% coverage;<br><b>not</b> subject to deductible | 80% coverage;<br>subject to deductible                                      | 100% coverage;<br><b>not</b> subject to deductible  | No Coverage                             |
| 80% coverage;<br>subject to deductible             | 80% coverage;<br>subject to deductible                                      | 100% coverage;<br>subject to deductible   | 100% coverage;<br>subject to deductible |
| 80% coverage;<br>subject to deductible             | 80% coverage;<br>subject to deductible                                      | 100% coverage after a \$25 PCP or<br>\$50 SPC per office visit copay per<br>visit; shots and serum 100% after<br>deductible | No Coverage                             |
| 80% coverage;<br>subject to deductible             | 80% coverage;<br>subject to deductible                                      | 100% coverage;<br>after a \$25 PCP or \$50 SPC per office<br>visit copay per visit  | No Coverage                             |
| 80% coverage;<br>subject to deductible             | 80% coverage;<br>subject to deductible                                      | 100% coverage;<br>subject to deductible   | No Coverage                             |
| <b>The Plan Pays</b>                               |   | <b>The Plan Pays</b>  |   |
| 80% coverage;<br>subject to deductible             | 80% coverage;<br>subject to deductible + \$50<br>copay per day (days 1 - 5) | 100% coverage;<br>after a \$100 copay per day max<br>\$300 per admission  | No Coverage                             |

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Open Access  |  | Magnolia Local   |   |
|---|--|--|---|
| Network   | Out-of-Network   | Network  | Out-of-Network  |
| <b>The Plan Pays</b>  |  | <b>The Plan Pays</b>   |   |
| 80% coverage;<br>subject to deductible  | 80% coverage;<br>subject to deductible   | 100% coverage;<br>after a \$100 facility copay per visit                 | No Coverage   |
| 80% coverage;<br>subject to deductible ; \$200 copay per<br>visit; waived if admitted | 80% coverage;<br>subject to deductible ; \$200<br>copay per visit; waived<br>if admitted | 100% coverage after \$200 copay per<br>visit; waived<br>if admitted      | 100% coverage after \$200 copay per<br>visit; waived<br>if admitted |
| <b>The Plan Pays</b>  |  | <b>The Plan Pays</b>   |   |
| 80% coverage;<br>subject to deductible  | 80% coverage;<br>subject to deductible + \$50<br>copay per day (days 1-5)                | 100% coverage;<br>after a \$100 copay per day max \$300<br>per admission | No Coverage   |
| 80% coverage;<br>subject to deductible  | 80% coverage;<br>subject to deductible   | 100% coverage;<br>after a \$25 copay per visit                           | No Coverage   |
| <b>The Plan Pays</b>  |  | <b>The Plan Pays</b>   |   |
| 80% coverage;<br>subject to deductible  | 80% coverage;<br>subject to deductible   | 100% coverage;<br>after a \$25 copay per visit                           | No Coverage   |
| 80% coverage;<br>subject to deductible  | 80% coverage;<br>subject to deductible   | 100% coverage;<br>after a \$25 copay per visit                           | No Coverage   |
| 80% coverage;<br>subject to deductible  | 80% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible                                   | No Coverage   |
| No Coverage   | No Coverage  | No Coverage  | No Coverage   |
| No Coverage   | No Coverage  | No Coverage  | No Coverage   |
| 80% coverage;<br>subject to deductible  | 80% coverage;<br>subject to deductible   | 100% coverage after a \$50 copay<br>per visit                            | No Coverage   |
| No Coverage   | No Coverage  | 100% coverage subject to<br>deductible                                   | No Coverage   |

**Retirees with Medicare**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

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

**NOTE:** Prior Authorizations and Visit Limits may apply to some benefits - refer to your Plan Document for details.  
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 ON or AFTER March 1, 2015)**  
**Benefits Comparison**  
**Benefits effective January 1, 2024 - December 31, 2024**

| Magnolia Open Access   |  | Magnolia Local  |  |
|--|--|---|--|
| Network  | Out-of-Network                                 | Network   | Out-of-Network                                 |
| The Plan Pays  |  | The Plan Pays   |  |
| 80% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible         | 100% coverage;<br>after a \$100 copay per day max<br>\$300 per admission  | No Coverage                                    |
| No Coverage  | No Coverage                                    | 100% coverage; subject to<br>deductible   | No Coverage                                    |
| 80% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible         | 80% coverage of the first \$5,000<br>allowable subject to deductible;<br>100% in excess of \$5,000 per plan<br>year | No Coverage                                    |
| 80% coverage;<br>subject to deductible   | 80% coverage;<br>subject to deductible         | 100% coverage;<br>subject to deductible   | No Coverage                                    |
| You Pay  |  | You Pay   |  |
| 50% up to \$30 <sup>1</sup>  | 50% up to \$30 <sup>1</sup>                    | 50% up to \$30 <sup>1</sup>   | 50% up to \$30 <sup>1</sup>                    |
| 50% up to \$55 <sup>1,2</sup>  | 50% up to \$55 <sup>1,2</sup>                  | 50% up to \$55 <sup>1,2</sup>   | 50% up to \$55 <sup>1,2</sup>                  |
| 65% up to \$80 <sup>1,2</sup>  | 65% up to \$80 <sup>1,2</sup>                  | 65% up to \$80 <sup>1,2</sup>   | 65% up to \$80 <sup>1,2</sup>                  |
| 50% up to \$80 <sup>1,2</sup>  | 50% up to \$80 <sup>1,2</sup>                  | 50% up to \$80 <sup>1,2</sup>   | 50% up to \$80 <sup>1,2</sup>                  |
| 2.5 times the cost of applicable maximum copay   | 2.5 times the cost of applicable maximum copay | 2.5 times the cost of applicable maximum copay  | 2.5 times the cost of applicable maximum copay |
| After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s)*: |  |   |  |
| \$0 copay <sup>1</sup>   | \$0 copay <sup>1</sup>                         | \$0 copay <sup>1</sup>  | \$0 copay <sup>1</sup>                         |
| \$20 copay <sup>1,2</sup>  | \$20 copay <sup>1,2</sup>                      | \$20 copay <sup>1,2</sup>   | \$20 copay <sup>1,2</sup>                      |
| \$40 copay <sup>1,2</sup>  | \$40 copay <sup>1,2</sup>                      | \$40 copay <sup>1,2</sup>   | \$40 copay <sup>1,2</sup>                      |
| \$40 copay <sup>1,2</sup>  | \$40 copay <sup>1,2</sup>                      | \$40 copay <sup>1,2</sup>   | \$40 copay <sup>1,2</sup>                      |

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

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

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





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

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

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

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

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



**NO**  
Copay



**NO**  
Out-of-Pocket  
Expenses



**NO**  
Appointment  
Necessary



**NO**  
Extended  
Wait Times

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

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

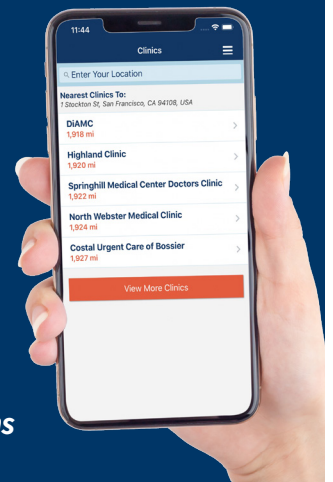


**Find the clinic nearest you!**

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



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





## OTHER BENEFIT OFFERINGS

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

## Life Insurance

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

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

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

\* Amount based on employee's annual salary

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

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

\* Amount based on employee's annual salary

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

## Important Notes

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

## Who is Eligible?

### Basic and Basic Plus Supplemental Plans

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

### Dependent Life

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

## Portability of Life Insurance

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

## Accidental Death and Dismemberment Benefits

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

## Death Notification

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

## Conversion of Life Insurance

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



# Save money with FSA pretax benefit accounts.



A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:

## HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions, vaccinations, and OTC
- Eye exams; prescription glasses/lenses

## DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

### TIPS


- Determine your elections based on your estimated out-of-pocket expenses for the year
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at [irs.gov](http://irs.gov)

## Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1.

With less tax taken, your take-home pay increases!

Consider this example: (for illustration only)

|   |  |   |  |
|---|--|---|--|
|  <p>Richard has:</p> <ul style="list-style-type: none"> <li>• Gross monthly pay of \$3,500</li> <li>• \$600 per month in eligible expenses</li> </ul> | Here is his net monthly take-home pay:   |   | <p>That's a net increase in take-home pay of <b>\$166 every month!</b></p> |
|   | <p><b>Without FSA</b><br/>(\$600 spent using post-tax dollars)</p> <p><b>\$1,932</b></p> | <p><b>With FSA</b><br/>(\$600 spent using pretax dollars)</p> <p><b>\$2,098</b></p> |  |

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at [www.tasconline.com/tasc-calculators](http://www.tasconline.com/tasc-calculators).



# How to participate.

It's easy to start saving with an FSA. Just follow 3 simple steps:

## 1. DECIDE how much you want to contribute.

Check with your employer for plan specifics and review at the IRS limits at [www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits).

The more you contribute, the lower your taxable income will be.

However, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. (A grace period or carryover option may be in place for your plan. Check with your employer for plan guidelines and allowances.)

## 2. ENROLL by completing the enrollment process.

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

## 3. ACCESS your funds easily using the TASC Card.

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast—within 12 hours—when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!

This Mastercard is administered by TASC, a registered agent of Pathward. Use of this card is authorized as set forth in your Cardholder Agreement. The card is issued by Pathward, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.

Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Google Play and the Google Play logo are trademarks of Google LLC.



### PLANNING TIPS

**START** by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

**COMPARE** your estimate to the IRS limits. If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

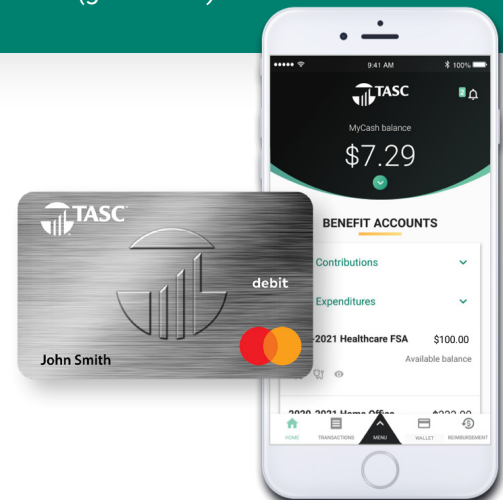
### SPECIAL FEATURES



**MyCash Account:** Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.



**TASC Mobile App:** Track and manage all benefits and access numerous helpful tools, anywhere and anytime! Search for "TASC" (green icon).



## Alternative Coverage



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

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

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

### Health Insurance Marketplace

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

## Legal



### Special Enrollment under HIPAA

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

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

### COBRA - Continuation of Coverage

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

# Terms and Conditions



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

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

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

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





**RATE SHEETS**

# OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

Rates effective January 1, 2024 (73% employer participation level)

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



| Magnolia Open Access<br>Administered by Blue Cross |                   |                  |                | Magnolia Local Plus<br>Administered by Blue Cross |                  |                |                   | Pelican HSA775<br>Administered by Blue Cross |                |                   |                  | Pelican HRA1000<br>Administered by Blue Cross |                   |                  |  |
|--|-------------------|------------------|----------------|---|------------------|----------------|-------------------|--|----------------|-------------------|------------------|---|-------------------|------------------|--|
| State<br>Share                                     | Employee<br>Share | Total<br>Premium | State<br>Share | Employee<br>Share                                 | Total<br>Premium | State<br>Share | Employee<br>Share | Total<br>Premium                             | State<br>Share | Employee<br>Share | Total<br>Premium | State<br>Share                                | Employee<br>Share | Total<br>Premium |  |

**ACTIVE EMPLOYEE**

|                       |            |          |            |          |            |            |          |            |          |          |          |          |          |            |
|-----------------------|------------|----------|------------|----------|------------|------------|----------|------------|----------|----------|----------|----------|----------|------------|
| ENROLLEE ONLY         | \$678.73   | \$236.50 | \$915.23   | \$184.68 | \$730.66   | \$603.84   | \$217.50 | \$821.34   | \$238.50 | \$78.72  | \$317.22 | \$408.54 | \$136.14 | \$544.68   |
| ENROLLEE + 1 (SPOUSE) | \$1,188.50 | \$765.90 | \$1,954.40 | \$665.00 | \$1,589.40 | \$1,143.80 | \$707.34 | \$1,851.14 | \$413.64 | \$255.84 | \$669.48 | \$714.64 | \$442.26 | \$1,156.90 |
| ENROLLEE + 1 (CHILD)  | \$778.26   | \$236.58 | \$1,014.84 | \$285.60 | \$801.30   | \$768.54   | \$213.60 | \$1,003.14 | \$778.58 | \$113.46 | \$891.64 | \$468.44 | \$294.08 | \$684.52   |
| ENROLLEE + CHILDREN   | \$778.26   | \$236.58 | \$1,014.84 | \$285.60 | \$801.30   | \$768.54   | \$213.60 | \$1,003.14 | \$778.58 | \$113.46 | \$891.64 | \$468.44 | \$294.08 | \$684.52   |
| FAMILY                | \$1,341.73 | \$768.46 | \$2,110.19 | \$842.90 | \$1,655.22 | \$1,194.36 | \$758.32 | \$1,952.68 | \$431.64 | \$291.06 | \$722.70 | \$766.32 | \$473.82 | \$1,240.14 |

**RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE**

|                       |            |          |            |          |            |            |          |            |     |     |     |            |          |            |
|-----------------------|------------|----------|------------|----------|------------|------------|----------|------------|-----|-----|-----|------------|----------|------------|
| ENROLLEE ONLY         | \$1,458.58 | \$236.50 | \$1,695.08 | \$184.68 | \$1,374.66 | \$1,409.12 | \$217.50 | \$1,627.02 | N/A | N/A | N/A | \$267.28   | \$136.14 | \$403.42   |
| ENROLLEE + 1 (SPOUSE) | \$2,341.46 | \$765.90 | \$3,107.36 | \$665.00 | \$2,432.36 | \$1,163.14 | \$707.34 | \$3,139.70 | N/A | N/A | N/A | \$1,247.16 | \$442.26 | \$1,789.42 |
| ENROLLEE + 1 (CHILD)  | \$1,551.58 | \$236.58 | \$1,788.16 | \$285.60 | \$1,502.56 | \$1,498.78 | \$213.60 | \$1,812.38 | N/A | N/A | N/A | \$267.28   | \$136.14 | \$403.42   |
| ENROLLEE + CHILDREN   | \$1,551.58 | \$236.58 | \$1,788.16 | \$285.60 | \$1,502.56 | \$1,498.78 | \$213.60 | \$1,812.38 | N/A | N/A | N/A | \$267.28   | \$136.14 | \$403.42   |
| FAMILY                | \$2,333.18 | \$768.73 | \$3,101.91 | \$842.90 | \$2,259.01 | \$1,144.32 | \$714.78 | \$3,023.80 | N/A | N/A | N/A | \$1,335.42 | \$442.26 | \$1,777.68 |

**RETIREE WITH 1 MEDICARE**

|                       |            |          |            |          |            |            |          |            |     |     |     |            |          |            |
|-----------------------|------------|----------|------------|----------|------------|------------|----------|------------|-----|-----|-----|------------|----------|------------|
| ENROLLEE ONLY         | \$411.22   | \$137.66 | \$548.88   | \$111.76 | \$447.00   | \$400.70   | \$134.56 | \$531.26   | N/A | N/A | N/A | \$247.16   | \$124.40 | \$371.56   |
| ENROLLEE + 1 (SPOUSE) | \$1,518.42 | \$236.42 | \$1,754.84 | \$412.88 | \$1,341.96 | \$1,475.42 | \$493.64 | \$1,867.26 | N/A | N/A | N/A | \$247.16   | \$124.40 | \$371.56   |
| ENROLLEE + 1 (CHILD)  | \$711.76   | \$237.26 | \$949.02   | \$388.42 | \$773.70   | \$694.40   | \$231.50 | \$925.20   | N/A | N/A | N/A | \$427.98   | \$214.60 | \$642.58   |
| ENROLLEE + CHILDREN   | \$711.76   | \$237.26 | \$949.02   | \$388.42 | \$773.70   | \$694.40   | \$231.50 | \$925.20   | N/A | N/A | N/A | \$427.98   | \$214.60 | \$642.58   |
| FAMILY                | \$2,024.48 | \$674.78 | \$2,699.26 | \$880.16 | \$2,168.10 | \$1,963.88 | \$664.60 | \$2,838.48 | N/A | N/A | N/A | \$1,216.58 | \$493.54 | \$1,710.12 |

**RETIREE WITH 2 MEDICARE**

|                       |          |          |            |          |          |          |          |            |     |     |     |          |          |          |
|-----------------------|----------|----------|------------|----------|----------|----------|----------|------------|-----|-----|-----|----------|----------|----------|
| ENROLLEE + 1 (SPOUSE) | \$738.24 | \$246.26 | \$984.50   | \$245.66 | \$800.54 | \$723.66 | \$241.20 | \$964.86   | N/A | N/A | N/A | \$444.30 | \$214.60 | \$658.90 |
| FAMILY                | \$915.22 | \$263.58 | \$1,178.80 | \$244.70 | \$934.10 | \$865.36 | \$294.64 | \$1,228.74 | N/A | N/A | N/A | \$500.02 | \$214.60 | \$714.62 |

**C.O.B.R.A.**

|                       |        |            |            |        |            |        |            |            |        |        |        |        |        |            |
|-----------------------|--------|------------|------------|--------|------------|--------|------------|------------|--------|--------|--------|--------|--------|------------|
| ENROLLEE ONLY         | \$0.00 | \$264.26   | \$264.26   | \$0.00 | \$264.22   | \$0.00 | \$0.00     | \$264.22   | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$264.22   |
| ENROLLEE + 1 (SPOUSE) | \$0.00 | \$1,963.48 | \$1,963.48 | \$0.00 | \$1,600.62 | \$0.00 | \$1,688.54 | \$1,888.54 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,888.02 |
| ENROLLEE + 1 (CHILD)  | \$0.00 | \$1,137.42 | \$1,137.42 | \$0.00 | \$818.12   | \$0.00 | \$1,044.42 | \$1,044.42 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$817.62   |
| ENROLLEE + CHILDREN   | \$0.00 | \$1,137.42 | \$1,137.42 | \$0.00 | \$818.12   | \$0.00 | \$1,044.42 | \$1,044.42 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$817.62   |
| FAMILY                | \$0.00 | \$2,070.78 | \$2,070.78 | \$0.00 | \$1,648.30 | \$0.00 | \$1,991.70 | \$1,991.70 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,991.42 |

**DISABILITY C.O.B.R.A.**

|                       |        |            |            |        |            |        |            |            |        |        |        |        |        |            |
|-----------------------|--------|------------|------------|--------|------------|--------|------------|------------|--------|--------|--------|--------|--------|------------|
| ENROLLEE ONLY         | \$0.00 | \$1,259.34 | \$1,259.34 | \$0.00 | \$1,168.30 | \$0.00 | \$1,207.62 | \$1,207.62 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,207.02 |
| ENROLLEE + 1 (SPOUSE) | \$0.00 | \$2,687.20 | \$2,687.20 | \$0.00 | \$2,354.14 | \$0.00 | \$2,777.32 | \$2,777.32 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,776.36 |
| ENROLLEE + 1 (CHILD)  | \$0.00 | \$1,658.00 | \$1,658.00 | \$0.00 | \$1,351.66 | \$0.00 | \$1,594.72 | \$1,594.72 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,594.78 |
| ENROLLEE + CHILDREN   | \$0.00 | \$1,658.00 | \$1,658.00 | \$0.00 | \$1,351.66 | \$0.00 | \$1,594.72 | \$1,594.72 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,594.78 |
| FAMILY                | \$0.00 | \$3,045.34 | \$3,045.34 | \$0.00 | \$2,482.84 | \$0.00 | \$2,929.02 | \$2,929.02 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,928.06 |

**NOTE:** If the individual between the retiree and the employee then amounts shown may not be accurate certain related beneficiaries due to local funding that affects agency funding - individual's agency contribution. Total Premium amounts are correct for all non-rib related agencies.

If the individual between the retiree and the employee then amounts shown for the retiree without Medicare coverage is determined upon the requirements of LA R.S. 46:202.3(3), which requires the requirements of LA R.S. 46:202.3(4).

If all plan members who retire after July 1, 2017 must have Medicare Part 2 and Part B to qualify for reduced premium rates.





**OFFICE OF GROUP BENEFITS**

**OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES**

*Rates for Medicare Advantage plans effective January 1, 2024 (75% employer participation level)*

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

| Humana HMO Insured by Humana (Region 1) |                | Humana HMO Insured by Humana (Region 2) |             | Humana HMO Insured by Humana (Region 3) |               | Humana HMO Insured by Humana (Region 4) |                | Humana HMO Insured by Humana (Region 5) |             |                |               |          |         |          |
|---|----------------|---|-------------|---|---------------|---|----------------|---|-------------|----------------|---------------|----------|---------|----------|
| State Share                             | Employee Share | Total Premium                           | State Share | Employee Share                          | Total Premium | State Share                             | Employee Share | Total Premium                           | State Share | Employee Share | Total Premium |          |         |          |
| \$25.58                                 | \$8.53         | \$34.11                                 | \$134.12    | \$44.71                                 | \$178.83      | \$109.02                                | \$36.34        | \$145.36                                | \$118.37    | \$39.46        | \$157.83      | \$118.38 | \$39.46 | \$157.84 |

**RETIREE WITH 1 MEDICARE**

**ENROLLEE ONLY**

**RETIREE WITH 2 MEDICARE**

**ENROLLEE + 1 (SPOUSE)**

| Humana HMO Insured by Humana (Region 6) |                | Humana HMO Insured by Humana (Region 7) |             | Humana HMO Insured by Humana (Region 8) |               | Humana HMO Insured by Humana (Region 9) |                | Peoples Health HMO-POS Insured by Peoples Health (All Regions) |             |                |               |          |         |          |
|---|----------------|---|-------------|---|---------------|---|----------------|--|-------------|----------------|---------------|----------|---------|----------|
| State Share                             | Employee Share | Total Premium                           | State Share | Employee Share                          | Total Premium | State Share                             | Employee Share | Total Premium  | State Share | Employee Share | Total Premium |          |         |          |
| \$51.17                                 | \$17.05        | \$68.22                                 | \$268.25    | \$89.41                                 | \$357.66      | \$218.04                                | \$72.68        | \$290.72   | \$236.75    | \$78.91        | \$315.66      | \$236.76 | \$78.92 | \$315.68 |

**RETIREE WITH 1 MEDICARE**

**ENROLLEE ONLY**

**RETIREE WITH 2 MEDICARE**

**ENROLLEE + 1 (SPOUSE)**

| Humana HMO Insured by Humana (Region 1) |                | Humana HMO Insured by Humana (Region 2) |             | Humana HMO Insured by Humana (Region 3) |               | Humana HMO Insured by Humana (Region 4) |                | Humana HMO Insured by Humana (Region 5) |             | Peoples Health HMO-POS Insured by Peoples Health (All Regions) |               |          |         |          |
|---|----------------|---|-------------|---|---------------|---|----------------|---|-------------|--|---------------|----------|---------|----------|
| State Share                             | Employee Share | Total Premium                           | State Share | Employee Share                          | Total Premium | State Share                             | Employee Share | Total Premium                           | State Share | Employee Share   | Total Premium |          |         |          |
| \$156.01                                | \$52.00        | \$208.01                                | \$168.06    | \$56.02                                 | \$224.08      | \$160.40                                | \$53.46        | \$213.86                                | \$152.96    | \$50.99  | \$203.95      | \$120.00 | \$40.00 | \$160.00 |
| \$312.01                                | \$104.01       | \$416.02                                | \$336.12    | \$112.04                                | \$448.16      | \$320.79                                | \$106.93       | \$427.72                                | \$305.92    | \$101.98   | \$407.90      | \$240.00 | \$80.00 | \$320.00 |

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





OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

Rates for Medicare Advantage plans effective January 1, 2024 (75% employer participation level)

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

| Blue Advantage HMO Insured by HMO Louisiana (Region 1) |                | Blue Advantage HMO Insured by HMO Louisiana (Region 2) |             | Blue Advantage HMO Insured by HMO Louisiana (Regions 3 & 4) |               | Blue Advantage HMO Insured by HMO Louisiana (Regions 5, 6, 7, & 8) |                | Blue Advantage HMO Insured by HMO Louisiana (Region 9) |             |                |               |
|--|----------------|--|-------------|---|---------------|--|----------------|--|-------------|----------------|---------------|
| State Share  | Employee Share | Total Premium  | State Share | Employee Share  | Total Premium | State Share  | Employee Share | Total Premium  | State Share | Employee Share | Total Premium |
| \$130.50   | \$43.50        | \$174.00   | \$162.75    | \$54.25   | \$217.00      | \$147.75   | \$49.25        | \$197.00   | \$170.25    | \$56.75        | \$227.00      |
| \$261.00   | \$87.00        | \$348.00   | \$325.50    | \$108.50  | \$434.00      | \$295.50   | \$98.50        | \$394.00   | \$340.50    | \$113.50       | \$454.00      |
| <b>RETIREE WITH 1 MEDICARE</b>                         |                |  |             |   |               |  |                |  |             |                |               |
| <b>ENROLLEE ONLY</b>                                   |                |  |             |   |               |  |                |  |             |                |               |
| <b>RETIREE WITH 2 MEDICARE</b>                         |                |  |             |   |               |  |                |  |             |                |               |
| <b>ENROLLEE + 1 (SPOUSE)</b>                           |                |  |             |   |               |  |                |  |             |                |               |

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





# Glossary

## Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(All subject to appropriate supporting documentation being submitted.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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