



# ENROLLMENT GUIDE FOR PLAN YEAR 2025

*for all retirees*

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ANNUAL ENROLLMENT

OCTOBER 1 – NOVEMBER 15, 2024

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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   |
| Louisiana Blue<br>Hours: 8:00 AM - 8:00 PM CT<br>Monday - Friday   | 1-800-392-4089               | <a href="http://lablue.com/ogb">lablue.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/pine">https://blueadvantage.bcbsla.com/groups/pine</a> |
| 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://bcbslamemberportal.com/">https://bcbslamemberportal.com/</a>                           |
| 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>  |
| 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 AM – 8 PM CT, seven days a week<br>(October – March) and 8 AM – 8 PM CT<br>Monday – Friday (April – September)  | 1-866-877-5403               | <a href="http://www.peopleshealth.com/ogb">www.peopleshealth.com/ogb</a>                                |
| Via Benefits<br>8:00 AM - 8:00 PM CT<br>Monday - Friday  | 1-855-663-4228               | <a href="http://my.ViaBenefits.com/ogb">my.ViaBenefits.com/ogb</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)  | 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>  |

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                             | HRA – Health Reimbursement Arrangement         |
| HIPAA – Health Insurance Portability & Accountability Act | MA – Medicare Advantage                        |
| OGB – Office of Group Benefits                            | PBM – Pharmacy Benefits Manager                |
| PCP – Primary Care Physician                              | PHI – Protected Health Information             |
| POS – Point of Service                                    | SPC – Specialist                               |

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# Letter from the CEO

Dear OGB Members,

Annual enrollment is the perfect time to review your benefits to ensure you have coverage that meets your needs and budget. If you wish to maintain your current OGB health plan and covered dependents for 2025, no action is needed, as your coverage will automatically continue. If you would like to change or add benefits, you must do so during annual enrollment. This guide provides an overview of the available options.

Several in-person annual enrollment meetings will be available for retirees. These meetings will provide details about available OGB benefit options to help you make the best decisions for you and your family. The schedules for these meetings can be found in this booklet and online on the OGB website at [info.groupbenefits.org](http://info.groupbenefits.org).

In 2025, OGB will continue to offer a diverse range of health plan options through Louisiana Blue for active employees and retirees. In addition, new for 2025, OGB is offering Enhanced Basic group term life insurance, offering a maximum benefit of \$15,000 for the primary policyholder. During annual enrollment, retirees can reduce their benefit from Basic Plus Supplemental Coverage to Enhanced Basic without evidence of insurability, effective January 1, 2025. However, evidence of insurability is required to increase coverage from Basic to Enhanced Basic or Basic Plus Supplemental.

Over the past year, there has been a significant increase in the cost of providing healthcare services on a local and national level. We are diligently working on solutions to reduce the burden to our members while ensuring we maintain the coverage our members expect. Due to these elevated costs, premium rates for the Pelican and Magnolia plans will increase by 6.65% effective January 1, 2025.

For our Medicare retirees, the Inflation Reduction Act of 2022 will introduce several important changes for 2025. These updates are designed to offer financial relief by reducing drug costs and ensuring Medicare remains strong for the future. To get a detailed explanation of what these changes mean for you, please turn to page 36 of this booklet.

I encourage you to review your options in the Enrollment Guide. Take action to choose what is best for you and your family, knowing that our staff at OGB are working hard every day to maintain this valuable benefit. We look forward to serving you and your family in 2025.

Best regards,

A handwritten signature in blue ink that reads "Heath Williams".

Heath Williams  
Chief Executive Officer  
Office of Group Benefits

# 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.***

**Interpreter for hearing-impaired members is available upon request submitted 48 hours in advance. Contact Customer Service at 1-800-272-8451.**

| DATE       | LOCATION  | START TIMES              |
|------------|---|--------------------------|
| October 2  | Lake Charles Civic Center - Contraband Room<br>900 Lakeshore Drive, Lake Charles, LA 70602                  | 9:00 AM<br>or<br>2:00 PM |
| October 2  | Alexandria Convention Center<br>2225 N MacArthur Dr., Alexandria, LA 71303                                  | 9:00 AM<br>or<br>2:00 PM |
| October 4  | 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 9  | 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 15 | Monroe Civic Center<br>401 Lea Joyner Expressway, Monroe, LA  | 9:00 AM<br>or<br>2:00 PM |
| October 22 | 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 23 | State Police Headquarters Auditorium (BLDG. A)<br>7901 Independence Blvd., Baton Rouge, LA 70806            | 9:00 AM<br>or<br>2:00 PM |
| October 29 | Houma - Terrebonne Civic Center<br>346 Civic Center Blvd., Houma, LA 70360                                  | 9:00 AM<br>or<br>2:00 PM |
| October 29 | Bossier City Civic Center<br>620 Benton Road, Bossier City, LA 71111  | 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 submitted 48 hours in advance. Contact Customer Service at 1-800-272-8451.

| DATE       | LOCATION  | START TIMES              |
|------------|---|--------------------------|
| October 3  | Lake Charles Civic Center - Contraband Room<br>900 Lakeshore Drive, Lake Charles, LA 70602                  | 9:00 AM<br>or<br>2:00 PM |
| October 3  | Alexandria Convention Center<br>2225 N MacArthur Dr., Alexandria, LA 71303                                  | 9:00 AM<br>or<br>2:00 PM |
| October 10 | 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 16 | Monroe Civic Center<br>401 Lea Joyner Expressway, Monroe, LA  | 9:00 AM<br>or<br>2:00 PM |
| October 18 | 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 23 | 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 24 | State Police Training Academy Auditorium (BLDG. A)<br>7901 Independence Blvd., Baton Rouge, LA 70806        | 9:00 AM<br>or<br>2:00 PM |
| October 30 | Houma - Terrebonne Civic Center<br>346 Civic Center Blvd., Houma, LA 70360                                  | 9:00 AM<br>or<br>2:00 PM |
| October 30 | Bossier City Civic Center<br>620 Benton Road, Bossier City, LA 71111  | 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, 2024** – 2025 OGB annual enrollment begins
- **October 15, 2024** – 2025 Medicare Advantage Plan(s) enrollment begins
- **November 15, 2024** – OGB annual enrollment ends
- **December 7, 2024** – Medicare Advantage Plan(s) enrollment ends
- **January 1, 2025** – New plan year begins

## Your Responsibilities as an OGB Member

As an OGB member, you have access to comprehensive health benefit options for yourself and your eligible dependents. Here are some important points to keep in mind during annual enrollment:

### During Annual Enrollment, You May:

- Change your health plan selection.
- Apply for term life insurance or change term life insurance coverage. (Evidence of insurability may apply.)
- Drop or add eligible dependents.
- Discontinue OGB coverage.

### Your Responsibilities Include:

- Making or changing your selection by the deadline of November 15, 2024, either online or using the enrollment paper form provided.
- Providing documentation to OGB if adding dependents. This documentation may include birth certificates, marriage certificates, or other acceptable legal or verification documents. Ensure documentation is submitted by the November 15, 2024 deadline.
- Educating yourself on the Plan materials to understand your options and coverage.
- Reviewing all communications from OGB and taking the required actions promptly.
- Verifying that your insurance premium deduction is correct in January.

Taking these steps ensures that you make informed decisions about your healthcare coverage and that your enrollment information is accurate and up to date. If you have any questions or need assistance, don't hesitate to reach out to OGB for support.

**IMPORTANT!** If you would like to remain in your current OGB health and/or term life insurance Plan with the same covered dependents for the 2025 Plan Year, you do not need to do anything. Your current coverage will continue for the 2025 Plan Year.



## Making Your Health Plan Selection

Choose one of the following enrollment options:

| RETIREES   | OGB Annual Enrollment Portal | Annual Enrollment Form | OGB (email, mail or in-person) |
|--|------------------------------|------------------------|--------------------------------|
| Enroll in a new health plan with the same covered dependents as 2024   | ✓                            | ✓                      | ✓                              |
| Enroll in a health plan with different or new covered dependents than 2024                                   |                              |                        | ✓                              |
| Enroll in the new Enhanced Basic term life insurance option or make a change in term life insurance coverage |                              |                        |                                |
| Discontinue OGB health and/or term life insurance coverage   |                              |                        | ✓                              |

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

Retirees may mail, email 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
- **Email to:** [OGB.CustomerService@la.gov](mailto:OGB.CustomerService@la.gov)
- **Fax to:** (225) 342-9917 or (225) 342-9919

## Making Changes During the Plan Year

It's crucial to carefully consider your benefit needs and make the appropriate selection during the annual enrollment period. Keep in mind that once you've made your health plan selection, you will generally not be able to make changes until the next annual enrollment period, unless you experience an OGB Plan-Recognized Qualified Life Event during the plan year.

### What You Need to Know:

- **Annual Enrollment Limitation:** Changes to your health plan selection are typically limited to the annual enrollment period.
- **Exceptions for Qualified Life Events:** You may be eligible to make changes outside of the annual enrollment period if you experience an OGB Plan-Recognized Qualified Life Event during the plan year.
- **Understanding Qualified Life Events:** A Qualified Life Event is a significant life change that may affect your healthcare needs or eligibility for coverage. You can review a full list of OGB Plan-Recognized Qualified Life Events at [info.groupbenefits.org](http://info.groupbenefits.org).

### Take Action When Necessary:

- If you experience a Qualified Life Event, be sure to familiarize yourself with the process for making changes to your health plan.
- Promptly notify OGB of any Qualified Life Event and follow the required steps to update your coverage accordingly.

By staying informed about your options and understanding the circumstances under which you can make changes to your health plan, you can ensure that your coverage aligns with your evolving needs and life circumstances.

# Eligibility

## Dependents

The following people can be enrolled as dependents:

- Your legal spouse
- Children until they reach the applicable attainment age (unless an overage dependent)

### Children are defined as:

- Natural child of the retiree or legal spouse (i.e. - stepchild)
- Legally adopted child of the retiree
- Child placed for adoption with retiree
- 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 or
- 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 or birth letter
- **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 OGB 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

*Non-Medicare Retirees & Rehired Retirees*

# 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.**

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|------------|---|--------------------------|
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# Understanding Your Plan Options



## Pelican HRA1000

The Pelican HRA1000 plan is designed to provide financial support for your healthcare expenses through a health reimbursement account (HRA). Here are the key features of this plan:

- **Annual Employer Contributions:** Receive \$1,000 for employee-only plans and \$2,000 for employee plus dependent(s) plans deposited into your HRA each year.
- **Offset Healthcare Costs:** Use these funds to help cover your deductible and other out-of-pocket healthcare expenses throughout the year.
- **Rollover Benefits:** Any unused funds in your HRA will roll over to the next plan year, up to the In-Network out-of-pocket maximum, as long as you stay enrolled in the Pelican HRA1000 plan. This allows you to accumulate funds for future medical expenses. Funds are forfeited when you leave the HRA plan or the plan is no longer offered.
- **Nationwide Coverage:** Access Blue Cross and Blue Shield's extensive network of providers across the country, both in and out-of-network.
- **Provider Access:** Easily view and select from Louisiana Blue's network providers at [lablue.com/ogb](http://lablue.com/ogb).

The Pelican HRA1000 plan offers a practical way to manage and reduce your healthcare costs with the added benefit of building a financial cushion for future medical needs.

|                                     | Retiree Only | Family   |
|-------------------------------------|--------------|----------|
| Annual Employer Contribution to HRA | \$1,000      | \$2,000  |
| Deductible (In-Network)             | \$2,000      | \$4,000  |
| Deductible (Out-of-Network)         | \$4,000      | \$8,000  |
| Out-of-pocket max (In-Network)      | \$5,000      | \$10,000 |
| Out-of-pocket max (Out-of-Network)  | \$10,000     | \$20,000 |
| Coinsurance (In-Network)            | 20%          | 20%      |
| Coinsurance (Out-of-Network)        | 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 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 Local Plus (Nationwide In-Network Providers)

The Magnolia Local Plus plan offers comprehensive coverage with a focus on predictability and access to a broad network of providers. Here are the key features:

- **Nationwide In-Network Providers:** Access Blue Cross and Blue Shield's extensive network of In-Network providers across the country. There is no out-of-network coverage with this plan, except in the event of an emergency.
- **Predictable Costs:** Enjoy the consistency of copays for healthcare services instead of relying on employer funding to cover out-of-pocket expenses.
- **Emergency Coverage:** Out-of-Network care is covered only in emergencies, with the possibility of balance billing for any costs not covered by the insurance.
- **Provider Access:** Easily find and view Louisiana Blue's network providers at [lablue.com/ogb](http://lablue.com/ogb).

The Magnolia Local Plus plan is designed for those who prefer predictable copays and broad access to In-Network providers, ensuring comprehensive care with manageable costs.

| Non-Medicare Retirees (retirement date ON or AFTER 3-1-2015) | Retiree Only | Retiree + 1 (Spouse or Child) | Retiree + 2 or more |
|--|--------------|-------------------------------|---------------------|
| Deductible (In-Network)                                      | \$400        | \$800                         | \$1,200             |
| Deductible (Out-of-Network)                                  | No coverage  | No coverage                   | No coverage         |
| Out-of-pocket max (In-Network)                               | \$3,500      | \$6,000                       | \$8,500             |
| Out-of-pocket max (Out-of-Network)                           | No coverage  | No coverage                   | No coverage         |
| Copay (In-Network) PCP/SPC                                   | \$25 / \$50  | \$25 / \$50                   | \$25 / \$50         |
| Non-Medicare Retirees (retirement date BEFORE 3-1-2015)      |              |                               |                     |
| Deductible (In-Network)                                      | \$0          | \$0                           | \$0                 |
| Deductible (Out-of-Network)                                  | No coverage  | No coverage                   | No coverage         |
| Out-of-pocket max (In-Network)                               | \$2,000      | \$3,000                       | \$4,000             |
| Out-of-pocket max (Out-of-Network)                           | No coverage  | No coverage                   | No coverage         |
| Copay (In-Network) PCP/SPC                                   | \$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 flexible coverage with both In-Network and Out-of-Network options. Here's a summary of its features:

- **Nationwide Coverage:** Access to Blue Cross and Blue Shield's nationwide network of providers, offering flexibility for members who live out of state or travel frequently. Out-of-network coverage is available on this plan.
- **Cost Structure:** Instead of copays, you pay a percentage of costs after meeting your deductible:
  - **In-Network Care:** Pay 10% of the allowable amount after meeting the deductible.
  - **Out-of-Network Care:** Pay 30% of the allowable amount after meeting the deductible, with the potential for balance billing.
- **Provider Access:** To find and view Louisiana Blue's network providers, visit [lablue.com/ogb](http://lablue.com/ogb).

The Magnolia Open Access Plan is ideal for members who value extensive network access and flexibility, especially those who may need care while traveling or living out-of-state.

| Non-Medicare Retirees<br>(retirement date ON or AFTER 3-1-2015) | Retiree Only | Retiree +1<br>(Spouse or Child) | Retiree + 2 or more |
|---|--------------|---------------------------------|---------------------|
| Deductible (In-Network)   | \$900        | \$1,800                         | \$2,700             |
| Deductible (Out-of-Network)                                     | \$900        | \$1,800                         | \$2,700             |
| Out-of-pocket max (In-Network)                                  | \$3,500      | \$6,000                         | \$8,500             |
| Out-of-pocket max (Out-of-Network)                              | \$4,700      | \$8,500                         | \$12,250            |
| Coinsurance (In-Network)  | 10%          | 10%                             | 10%                 |
| Coinsurance (Out-of-Network)                                    | 30%          | 30%                             | 30%                 |
| Non-Medicare Retirees (retirement date BEFORE 3-1-2015)         |              |                                 |                     |
| Deductible (In-Network)   | \$300        | \$600                           | \$900               |
| Deductible (Out-of-Network)                                     | \$300        | \$600                           | \$900               |
| Out-of-pocket max (In-Network)                                  | \$2,300      | \$3,600                         | \$4,900             |
| Out-of-pocket max (Out-of-Network)                              | \$4,300      | \$7,600                         | \$10,900            |
| Coinsurance (In-Network)  | 10%          | 10%                             | 10%                 |
| Coinsurance (Out-of-Network)                                    | 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! There is NO out-of-network coverage with this plan, except in the event of an emergency.**
- 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
- The Baton Rouge Clinic
- Ochsner Clinic
- BR General Physicians Group
- Ochsner The Grove

To find a complete list of providers in this network, visit [lablue.com/ogb](http://lablue.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 Health System
- Slidell Memorial Hospital

##### Shreveport/Bossier Region

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

To find a complete list of providers in this network, visit [lablue.com/ogb](http://lablue.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 Louisiana Blue'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 Louisiana Blue's network at [lablue.com/ogb](http://lablue.com/ogb).**

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

# How to Enroll



## Non-Medicare Retirees

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

1. 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. Complete the annual enrollment form found on page 19 and return it to the address provided by November 15.
3. To enroll in a health plan with different or new covered dependents or to discontinue OGB coverage:
  - 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
    - **Email to:** OGB.CustomerService@la.gov; or
    - **Fax to:** (225) 342-9917 or (225) 342-9919.

*\*Rehired Retirees must see their HR department to for any coverage changes..*

**IMPORTANT!** If you would like to remain in your current OGB health plan with the same covered dependents for the 2025 Plan Year, you do not need to do anything. Your coverage will continue for the 2025 Plan Year.

**OFFICE OF GROUP BENEFITS**  
**2025 ANNUAL ENROLLMENT FORM**  
**Non-Medicare Retirees**  
( Please PRINT Clearly )

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

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

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

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

**Personal Email Address:** \_\_\_\_\_

**NO ACTION IS NECESSARY IF YOU DO NOT WISH TO MAKE A CHANGE.**  
**IF YOU WISH TO MAKE A CHANGE, PLEASE MARK ONE AND ONLY ONE SELECTION**  
**BY PLACING AN (X) IN THE APPROPRIATE BOX**

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

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

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

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

**PLEASE MAIL, FAX OR EMAIL THIS FORM TO OGB BY NOVEMBER 15, 2024.**

**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

**By Email:** OGB.CustomerService@la.gov

\_\_\_\_\_  
**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 on-line at [info.groupbenefits.org](http://info.groupbenefits.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 [lablue.com](http://lablue.com)
- Review your prescription cost across plans by searching the formularies. If you are on maintenance medications, consider mail order to reduce out-of-pocket costs. Visit [info.groupbenefits.org/pharmacy-benefits/](http://info.groupbenefits.org/pharmacy-benefits/) to see formularies for Caremark and SilverScript.

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Pelican Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION  | PELICAN HRA 1000<br>High Deductible Health Plan                              |  |
|---|--|--|
| <b>NETWORK</b>  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |  |
|   | IN-NETWORK   | OUT-OF-NETWORK   |
| <b>DEDUCTIBLE</b>   |  |  |
| RETIREE ONLY  | \$2,000  | \$4,000  |
| FAMILY  | \$4,000  | \$8,000  |
| <b>OUT-OF-POCKET MAXIMUM</b>  |  |  |
| RETIREE ONLY  | \$5,000  | \$10,000   |
| FAMILY  | \$10,000   | \$20,000   |
| <b>STATE FUNDING</b>  |  |  |
|   | <b>THE PLAN PAYS</b>   |  |
| EMPLOYEE ONLY   | <b>\$1,000</b>   |  |
| FAMILY  | <b>\$2,000</b>   |  |
|   | HRA Funding not applicable to pharmacy expenses.                             |  |
| COVERED SERVICES  | IN-NETWORK   | OUT-OF-NETWORK   |
| <b>PHYSICIANS' SERVICES</b>   |  |  |
| <b>Preventative Care</b><br><b>Primary Care Physician or Specialist Office or Clinic</b>  | 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;<br><b>Not</b> subject to deductible |
| <b>Primary Care Physician or Specialist Office</b> -<br>Treatment of illness or injury  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>Maternity Care</b><br>(prenatal, delivery and postpartum)  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>Physician Services Furnished in a Hospital</b><br>Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist. | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>Physician Services for Emergency Room Care</b>   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible  |
| <b>Outpatient Surgery/ Services</b><br>When billed as office visits   | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>Outpatient Surgery/ Services</b><br>When billed as outpatient surgery at a facility  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>HOSPITAL SERVICES</b>  |  |  |
| <b>Inpatient Services</b><br>Inpatient care, delivery and inpatient short-term acute rehabilitation services  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>Outpatient Surgery/Services</b><br>Hospital / Facility   | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |

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

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Pelican Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | PELICAN HRA1000<br>High Deductible Health Plan                               |  |
|--|--|--|
| <b>NETWORK</b>   | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |  |
| COVERED SERVICES   | IN-NETWORK   | OUT-OF-NETWORK                         |
| <b>HOSPITAL SERVICES</b>   |  |  |
| <b>Emergency Room - Hospital (Facility)</b><br>Treatment of an emergency medical condition or injury   | 80% coverage;<br>subject to deductible                                       | 80% coverage;<br>subject to deductible |
| <b>BEHAVIORAL HEALTH</b>   |  |  |
| <b>Mental Health and Substance Abuse</b><br>Inpatient Facility   | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Mental Health and Substance Abuse Outpatient Visits - Professional</b>  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>OTHER COVERAGE</b>  |  |  |
| <b>Outpatient Acute Short-Term Rehabilitation Services</b><br>Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services | 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 |
| <b>Urgent Care Center</b>  | 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 |
| <b>Skilled Nursing Facility Services</b>   | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Hospice Care</b>  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Durable Medical Equipment (DME)</b><br>Rental or Purchase   | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Hearing Aid</b><br>Not covered for individuals age eighteen (18) and older  | 80% coverage;<br>subject to deductible                                       | NO COVERAGE                            |
| <b>Transplant Services</b>   | 80% coverage;<br>subject to deductible                                       | NO COVERAGE                            |
| <b>PHARMACY</b>  |  |  |
| <b>Tier 1 - Generic</b>  | 50% up to \$30 <sup>1</sup>  |  |
| <b>Tier 2 - Preferred</b>  | 50% up to \$55 <sup>1,2</sup>  |  |
| <b>Tier 3 - Non-Preferred</b>  | 65% up to \$80 <sup>1,2</sup>  |  |
| <b>Tier 4 - Specialty</b>  | 50% up to \$80 <sup>1,2</sup>  |  |
| <b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>   |  |  |
| <b>Tier 1 - Generic</b>  | \$0 copay  |  |
| <b>Tier 2 - Preferred</b>  | \$20 copay   |  |
| <b>Tier 3 - Non-Preferred</b>  | \$40 copay   |  |
| <b>Tier 4 - Specialty</b>  | \$40 copay   |  |

<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).

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | MAGNOLIA LOCAL   |  | MAGNOLIA LOCAL PLUS  |  | MAGNOLIA OPEN ACCESS   |  |
|--|--|--|--|--|--|--|
| <b>NETWORK</b>   | Louisiana Blue<br>Community Blue & Blue Connect Providers                      |  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers   |  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |  |
|  | IN-NETWORK   | OUT-OF-NETWORK                             | IN-NETWORK   | OUT-OF-NETWORK                             | IN-NETWORK   | OUT-OF-NETWORK   |
| <b>DEDUCTIBLE</b>  |  |  |  |  |  |  |
| RETIREE ONLY   | \$0  | NO COVERAGE                                | \$0  | NO COVERAGE                                | \$300  |  |
| RETIREE + 1  | \$0  | NO COVERAGE                                | \$0  | NO COVERAGE                                | \$600  |  |
| RETIREE + 2 OR MORE  | \$0  | NO COVERAGE                                | \$0  | NO COVERAGE                                | \$900  |  |
| <b>OUT-OF-POCKET MAXIMUM</b>   |  |  |  |  |  |  |
| RETIREE ONLY   | \$1,000  | NO COVERAGE                                | \$2,000  | NO COVERAGE                                | \$2,300  | \$4,300  |
| RETIREE + 1  | \$2,000  | NO COVERAGE                                | \$3,000  | NO COVERAGE                                | \$3,600  | \$7,600  |
| RETIREE + 2 OR MORE  | \$3,000  | NO COVERAGE                                | \$4,000  | NO COVERAGE                                | \$4,900  | \$10,900   |
| <b>COVERED SERVICES</b>  | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>                      | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>                      | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>  |
| <b>PHYSICIANS' SERVICES</b>  |  |  |  |  |  |  |
| <b>Preventative Care<br/>Primary Care Physician<br/>or Specialist Office or<br/>Clinic</b>   | 100% coverage;<br>not subject to<br>deductible                                 | NO COVERAGE                                | 100% coverage;<br>not subject to<br>deductible                                 | NO COVERAGE                                | 100% coverage;<br>not subject to<br>deductible                               | 70% coverage;<br>subject to<br>deductible  |
| <b>Primary Care Physician<br/>or Specialist Office -<br/>Treatment of illness<br/>or injury</b>  | 100% coverage<br>after a \$25 PCP<br>or \$50 SPC copay                         | NO COVERAGE                                | 100% coverage<br>after a \$25 PCP or<br>\$50 SPC copay                         | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible  |
| <b>Maternity Care</b><br>(prenatal, delivery<br>and postpartum)  | 100% coverage;<br>after a \$90 copay<br>per pregnancy                          | NO COVERAGE                                | 100% coverage;<br>after a \$90 copay<br>per pregnancy                          | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible  |
| <b>Physician Services<br/>Furnished in a Hospital</b><br>Visits; surgery in general,<br>including charges by<br>surgeon,<br>anesthesiologist,<br>pathologist and<br>radiologist. | 100% coverage;<br>subject to<br>deductible                                     | NO COVERAGE                                | 100% coverage;<br>subject to<br>deductible                                     | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible  |
| <b>Physician Services for<br/>Emergency Room Care</b>  | 100% coverage;<br>subject to<br>deductible                                     | 100% coverage;<br>subject to<br>deductible | 100% coverage;<br>subject to<br>deductible                                     | 100% coverage;<br>subject to<br>deductible | 90% coverage;<br>subject to<br>deductible                                    | 90% coverage;<br>subject to<br>deductible  |
| <b>Outpatient Surgery/<br/>Services</b><br>When billed as office visit   | 100% coverage;<br>after a \$25 PCP<br>or \$50 SPC copay                        | NO COVERAGE                                | 100% coverage;<br>after a \$25 PCP or<br>\$50 SPC copay                        | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible  |
| <b>Outpatient Surgery/<br/>Services</b><br>When billed as<br>outpatient<br>surgery at a facility   | 100% coverage;<br>subject to<br>deductible                                     | NO COVERAGE                                | 100% coverage;<br>subject to<br>deductible                                     | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible  |
| <b>HOSPITAL SERVICES</b>   |  |  |  |  |  |  |
| <b>Inpatient Services</b><br>Inpatient care, delivery<br>and inpatient short-term<br>acute rehabilitation<br>services  | 100% coverage;<br>after a \$100<br>copay per day<br>max \$300 per<br>admission | NO COVERAGE                                | 100% coverage;<br>after a \$100<br>copay per day<br>max \$300 per<br>admission | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible +<br>\$50 copay per<br>day (days 1 - 50) |



**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | MAGNOLIA LOCAL  |   | MAGNOLIA LOCAL PLUS  |  | MAGNOLIA OPEN ACCESS  |   |
|--|---|---|--|--|---|---|
| NETWORK  | Louisiana Blue<br>Community Blue & Blue Connect Providers                   |   | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers   |  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers                  |   |
| COVERED SERVICES   | IN-NETWORK  | OUT-OF-NETWORK  | IN-NETWORK   | OUT-OF-NETWORK   | IN-NETWORK  | OUT-OF-NETWORK  |
| <b>HOSPITAL SERVICES</b>   |   |   |  |  |   |   |
| <b>Outpatient Surgery/<br/>Services</b><br>Hospital / Facility   | 100% coverage;<br>after a \$100 facility<br>copay per visit                 | NO COVERAGE   | 100% coverage;<br>after a \$100<br>facility copay per<br>visit                 | NO COVERAGE  | 90% coverage;<br>subject to<br>deductible   | 70% coverage;<br>subject to<br>deductible   |
| <b>Emergency Room -<br/>Hospital<br/>(Facility)</b><br>Treatment of an<br>emergency medical<br>condition or injury   | 100% coverage after<br>\$200 copay per visit;<br>waived if admitted         | 100% coverage<br>after \$200 copay<br>per visit;<br>waived if<br>admitted | 100% coverage<br>after \$200 copay<br>per visit; waived if<br>admitted         | 100% coverage<br>after \$200 copay<br>per visit; waived if<br>admitted | 90% coverage;<br>subject to<br>deductible; \$200<br>copay per<br>visit; waived if<br>admitted | 90% coverage;<br>subject<br>to deductible;<br>\$200 copay per<br>visit; waived if<br>admitted |
| <b>BEHAVIORAL HEALTH</b>   |   |   |  |  |   |   |
| <b>Mental Health and<br/>Substance<br/>Abuse</b><br>Inpatient Facility   | 100% coverage;<br>after a \$100 copay<br>per day max \$300<br>per admission | NO COVERAGE   | 100% coverage;<br>after a \$100<br>copay<br>per day max \$300<br>per admission | NO COVERAGE  | 90% coverage;<br>subject to<br>deductible   | 70% coverage;<br>subject to<br>deductible +<br>\$50 copay per<br>day (days -5)                |
| <b>Mental Health and<br/>Substance<br/>Abuse Outpatient<br/>Visits -<br/>Professional</b>  | 100% coverage;<br>after a \$25 copay<br>per visit                           | NO COVERAGE   | 100% coverage;<br>after a \$25 copay<br>per visit                              | NO COVERAGE  | 90% coverage;<br>subject to<br>deductible   | 70% coverage;<br>subject to<br>deductible   |
| <b>OTHER COVERAGE</b>  |   |   |  |  |   |   |
| <b>Outpatient Acute<br/>Short-Term<br/>Rehabilitation Services</b><br>Physical Therapy, Speech<br>Therapy, Occupational<br>Therapy, Other short<br>term rehabilitative<br>services | 100% coverage;<br>after a \$25 copay<br>per visit                           | NO COVERAGE   | 100% coverage;<br>after a \$25 copay<br>per visit                              | NO COVERAGE  | 90% coverage;<br>subject to<br>deductible   | 70% coverage;<br>subject to<br>deductible   |
| <b>Chiropractic Care</b>   | 100% coverage;<br>after a \$25 copay<br>per visit                           | NO COVERAGE   | 100% coverage;<br>after a \$25 copay<br>per visit                              | NO COVERAGE  | 90% coverage;<br>subject to<br>deductible   | 70% coverage;<br>subject to<br>deductible   |
| <b>Urgent Care Center</b>  | 100% coverage after<br>a \$50 copay per visit                               | NO COVERAGE   | 100% coverage<br>after a \$50 copay<br>per visit                               | NO COVERAGE  | 90% coverage;<br>subject to<br>deductible   | 70% coverage;<br>subject to<br>deductible   |
| <b>Home Health Care<br/>Services</b>   | 100% coverage<br>subject to<br>deductible                                   |   | 100% coverage<br>subject to<br>deductible                                      | NO COVERAGE  | 90% coverage;<br>subject<br>to deductible   | 70% coverage;<br>subject<br>to deductible   |
| <b>Skilled Nursing<br/>Facility Services</b>   | 100% coverage;<br>after a \$100 copay<br>per day max \$300<br>per admission |   | 100% coverage;<br>after a \$100<br>copay<br>per day max \$300<br>per admission | NO COVERAGE  | 90% coverage;<br>subject to<br>deductible   | 70% coverage;<br>subject to<br>deductible +<br>\$50 copay per<br>day (days 1 - 50)            |
| <b>Hospice Care</b>  | 100% coverage<br>subject to<br>deductible                                   | NO COVERAGE   | 100% coverage<br>subject to<br>deductible                                      | NO COVERAGE  | 80% coverage;<br>subject to<br>deductible   | 70% coverage;<br>subject to<br>deductible   |
| <b>Hearing Aid</b><br>Not covered for<br>individuals age<br>eighteen (18) and older  | 80% coverage;<br>subject to<br>deductible                                   | NO COVERAGE   | 80% coverage;<br>subject to<br>deductible                                      | NO COVERAGE  | 90% coverage;<br>subject to<br>deductible   | 70% coverage;<br>subject to<br>deductible   |

**Non-Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | MAGNOLIA LOCAL  |                       | MAGNOLIA LOCAL PLUS   |                       | MAGNOLIA OPEN ACCESS   |                                     |
|--|---|-----------------------|---|-----------------------|--|-------------------------------------|
| <b>NETWORK</b>   | Louisiana Blue<br>Community Blue & Blue Connect Providers   |                       | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers                                |                       | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |                                     |
| <b>COVERED SERVICES</b>  | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>               |
| <b>OTHER COVERAGE</b>  |   |                       |   |                       |  |                                     |
| <b>Durable Medical Equipment (DME) - Rental or Purchase</b>  | 80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year | NO COVERAGE           | 80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year | NO COVERAGE           | 90% coverage; subject to deductible  | 70% coverage; subject to deductible |
| <b>Transplant Services</b>   | 100% coverage; subject to deductible  | NO COVERAGE           | 100% coverage; subject to deductible  | NO COVERAGE           | 90% coverage; subject to deductible  | 70% coverage; subject to deductible |
| <b>PHARMACY</b>  |   |                       |   |                       |  |                                     |
| <b>Tier 1 - Generic</b>  | 50% up to \$30 <sup>1</sup>   |                       |   |                       |  |                                     |
| <b>Tier 2 - Preferred</b>  | 50% up to \$55 <sup>1,2</sup>   |                       |   |                       |  |                                     |
| <b>Tier 3 - Non-Preferred</b>  | 65% up to \$80 <sup>1,2</sup>   |                       |   |                       |  |                                     |
| <b>Tier 4 - Specialty</b>  | 50% up to \$80 <sup>1,2</sup>   |                       |   |                       |  |                                     |
| <b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b> |   |                       |   |                       |  |                                     |
| <b>Tier 1 - Generic</b>  | \$0 copay   |                       |   |                       |  |                                     |
| <b>Tier 2 - Preferred</b>  | \$20 copay  |                       |   |                       |  |                                     |
| <b>Tier 3 - Non-Preferred</b>  | \$40 copay  |                       |   |                       |  |                                     |
| <b>Tier 4 - Specialty</b>  | \$40 copay  |                       |   |                       |  |                                     |

<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).

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

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

**Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Pelican Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION  | PELICAN HRA1000<br>High Deductible Health Plan                               |   |
|---|--|---|
| <b>NETWORK</b>  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |   |
|   | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>DEDUCTIBLE</b>   |  |   |
| RETIREE ONLY  | \$2,000  | \$4,000   |
| FAMILY  | \$4,000  | \$8,000   |
| <b>OUT-OF-POCKET MAXIMUM</b>  |  |   |
| RETIREE ONLY  | \$5,000  | \$10,000  |
| FAMILY  | \$10,000   | \$20,000  |
| <b>STATE FUNDING</b>  |  |   |
|   | <b>THE PLAN PAYS</b>   |   |
| RETIREE ONLY  | <b>\$1,000</b>   |   |
| FAMILY  | <b>\$2,000</b>   |   |
|   | HRA Funding not applicable to pharmacy expenses.                             |   |
| COVERED SERVICES  | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>PHYSICIANS' SERVICES</b>   |  |   |
| <b>Preventative Care</b><br><b>Primary Care Physician or Specialist Office or Clinic</b><br>For a complete list of benefits, refer to the Preventive and Wellness/Routine | 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 |
| <b>Primary Care Physician or Specialist Office -</b><br>Treatment of illness or injury  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>Maternity Care</b><br>(prenatal, delivery and postpartum)  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>Physician Services Furnished in a Hospital</b><br>Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.             | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>Physician Services for Emergency Room Care</b>   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible   |
| <b>Outpatient Surgery/ Services</b><br>When billed as office visits   | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>Outpatient Surgery/ Services</b><br>When billed as outpatient surgery at a facility  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>HOSPITAL SERVICES</b>  |  |   |
| <b>Inpatient Services</b><br>Inpatient care, delivery and inpatient short-term acute rehabilitation services  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |

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

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

**Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Pelican Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | PELICAN HRA1000<br>High Deductible Health Plan                               |  |
|--|--|--|
| NETWORK  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |  |
| COVERED SERVICES   | IN-NETWORK   | OUT-OF-NETWORK                         |
| <b>HOSPITAL SERVICES</b>   |  |  |
| <b>Outpatient Surgery/Services</b><br>Hospital / Facility  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Emergency Room - Hospital (Facility)</b><br>Treatment of an emergency medical condition or injury   | 80% coverage;<br>subject to deductible                                       | 80% coverage;<br>subject to deductible |
| <b>BEHAVIORAL HEALTH</b>   |  |  |
| <b>Mental Health and Substance Abuse</b><br>Inpatient Facility   | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Mental Health and Substance Abuse Outpatient Visits - Professional</b>  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>OTHER COVERAGE</b>  |  |  |
| <b>Outpatient Acute Short-Term Rehabilitation Services</b><br>Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services | 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 |
| <b>Urgent Care Center</b>  | 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 |
| <b>Skilled Nursing Facility Services</b>   | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Hospice Care</b>  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Durable Medical Equipment (DME) - Rental or Purchase</b>  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Hearing Aid</b><br>Not covered for individuals age eighteen (18) and older  | 80% coverage;<br>subject to deductible                                       | NO COVERAGE                            |
| <b>Transplant Services</b>   | 80% coverage;<br>subject to deductible                                       | NO COVERAGE                            |
| <b>PHARMACY</b>  |  |  |
| <b>Tier 1 - Generic</b>  | 50% up to \$30 <sup>1</sup>  |  |
| <b>Tier 2 - Preferred</b>  | 50% up to \$55 <sup>1,2</sup>  |  |
| <b>Tier 3 - Non-Preferred</b>  | 65% up to \$80 <sup>1,2</sup>  |  |
| <b>Tier 4 - Specialty</b>  | 50% up to \$80 <sup>1,2</sup>  |  |
| <b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>   |  |  |
| <b>Tier 1 - Generic</b>  | \$0 copay  |  |
| <b>Tier 2 - Preferred</b>  | \$20 copay   |  |
| <b>Tier 3 - Non-Preferred</b>  | \$40 copay   |  |
| <b>Tier 4 - Specialty</b>  | \$40 copay   |  |

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

**Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION  | MAGNOLIA LOCAL   |  | MAGNOLIA LOCAL PLUS  |  | MAGNOLIA OPEN ACCESS   |   |
|---|--|--|--|--|--|---|
| <b>NETWORK</b>  | Louisiana Blue<br>Community Blue & Blue Connect Providers            |  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |   |
|   | IN-NETWORK   | OUT-OF-NETWORK                             | IN-NETWORK   | OUT-OF-NETWORK                             | IN-NETWORK   | OUT-OF-NETWORK                            |
| <b>DEDUCTIBLE</b>   |  |  |  |  |  |   |
| RETIREE ONLY  | \$400  | NO COVERAGE                                | \$400  | NO COVERAGE                                | \$900  | \$900                                     |
| RETIREE + 1   | \$800  | NO COVERAGE                                | \$800  | NO COVERAGE                                | \$1,800  | \$1,800                                   |
| RETIREE + 2 OR MORE   | \$1,200  | NO COVERAGE                                | \$1,200  | NO COVERAGE                                | \$2,700  | \$2,700                                   |
| <b>OUT-OF-POCKET MAXIMUM</b>  |  |  |  |  |  |   |
| RETIREE ONLY  | \$2,500  | NO COVERAGE                                | \$3,500  | NO COVERAGE                                | \$3,500  | \$4,700                                   |
| RETIREE + 1   | \$5,000  | NO COVERAGE                                | \$6,000  | NO COVERAGE                                | \$6,000  | \$8,500                                   |
| RETIREE + 2 OR MORE   | \$7,500  | NO COVERAGE                                | \$8,500  | NO COVERAGE                                | \$8,500  | \$12,250                                  |
| <b>COVERED SERVICES</b>   | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>                      | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>                      | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>                     |
| <b>PHYSICIANS' SERVICES</b>   |  |  |  |  |  |   |
| <b>Preventative Care<br/>Primary Care Physician<br/>or Specialist Office or<br/>Clinic</b><br>For a complete list of<br>benefits, refer to the<br>Preventive and Wellness/<br>Routine | 100% coverage;<br>not subject to<br>deductible                       | NO COVERAGE                                | 100% coverage;<br>not subject to<br>deductible                               | NO COVERAGE                                | 100% coverage;<br>not subject to<br>deductible                               | 70% coverage;<br>subject to<br>deductible |
| <b>Primary Care Physician<br/>or Specialist Office -<br/>Treatment of illness<br/>or injury</b>   | 100% coverage<br>after a \$25 PCP or<br>\$50 SPC copay per<br>visit  | NO COVERAGE                                | 100% coverage<br>after a \$25 PCP<br>or \$50 SPC copay<br>per visit          | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible |
| <b>Maternity Care</b><br>(prenatal, delivery<br>and postpartum)   | 100% coverage;<br>after a \$90 copay<br>per<br>pregnancy             | NO COVERAGE                                | 100% coverage;<br>after a \$90 copay<br>per<br>pregnancy                     | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible |
| <b>Physician Services<br/>Furnished in a Hospital</b><br>Visits; surgery in general,<br>including charges by<br>surgeon,<br>anesthesiologist,<br>pathologist and<br>radiologist.      | 100% coverage;<br>subject to<br>deductible                           | NO COVERAGE                                | 100% coverage;<br>subject to<br>deductible                                   | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible |
| <b>Physician Services for<br/>Emergency Room Care</b>   | 100% coverage;<br>subject to<br>deductible                           | 100% coverage;<br>subject to<br>deductible | 100% coverage;<br>subject to<br>deductible                                   | 100% coverage;<br>subject to<br>deductible | 90% coverage;<br>subject to<br>deductible                                    | 90% coverage;<br>subject to<br>deductible |
| <b>Outpatient Surgery/<br/>Services</b><br>When billed as office<br>visits  | 100% coverage;<br>after a \$25 PCP or<br>\$50 SPC copay per<br>visit | NO COVERAGE                                | 100% coverage;<br>after a \$25 PCP<br>or \$50 SPC copay<br>per visit         | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible |
| <b>Outpatient Surgery/<br/>Services</b><br>When billed as<br>outpatient surgery at a<br>facility  | 100% coverage;<br>subject to<br>deductible                           | NO COVERAGE                                | 100% coverage;<br>subject to<br>deductible                                   | NO COVERAGE                                | 90% coverage;<br>subject to<br>deductible                                    | 70% coverage;<br>subject to<br>deductible |

**Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | MAGNOLIA LOCAL   |   | MAGNOLIA LOCAL PLUS  |   | MAGNOLIA OPEN ACCESS   |  |
|--|--|---|--|---|--|--|
| <b>NETWORK</b>   | Louisiana Blue<br>Community Blue & Blue Connect Providers          |   | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |   | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers   |  |
| COVERED SERVICES   | IN-NETWORK   | OUT-OF-NETWORK  | IN-NETWORK   | OUT-OF-NETWORK  | IN-NETWORK   | OUT-OF-NETWORK   |
| <b>HOSPITAL SERVICES</b>   |  |   |  |   |  |  |
| <b>Inpatient Services</b><br>Inpatient care, delivery and inpatient short-term acute rehabilitation services   | 100% coverage; after a \$100 copay per day max \$300 per admission | NO COVERAGE   | 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)         |
| <b>Outpatient Surgery/ Services</b><br>Hospital / Facility   | 100% coverage; after a \$100 facility copay per visit              | NO COVERAGE   | 100% coverage; after a \$100 facility copay per visit                        | NO COVERAGE   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  |
| <b>Emergency Room - Hospital (Facility)</b><br>Treatment of an emergency medical condition or injury   | 100% coverage after \$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                | 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 |
| <b>BEHAVIORAL HEALTH</b>   |  |   |  |   |  |  |
| <b>Mental Health and Substance Abuse</b><br>Inpatient Facility   | 100% coverage; after a \$100 copay per day max \$300 per admission | NO COVERAGE   | 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 -5)             |
| <b>Mental Health and Substance Abuse Outpatient Visits - Professional</b>  | 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  |
| <b>OTHER COVERAGE</b>  |  |   |  |   |  |  |
| <b>Outpatient Acute Short-Term Rehabilitation Services</b><br>Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services | 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  |
| <b>Chiropractic Care</b>   | 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  |
| <b>Urgent Care Center</b>  | 100% coverage after a \$50 copay per visit                         | NO COVERAGE   | 100% coverage after a \$50 copay per visit                                   | NO COVERAGE   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  |
| <b>Home Health Care Services</b>   | 100% coverage subject to deductible                                | NO COVERAGE   | 100% coverage subject to deductible  | NO COVERAGE   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  |
| <b>Skilled Nursing Facility Services</b>   | 100% coverage; after a \$100 copay per day max \$300 per admission | NO COVERAGE   | 100% coverage; after a \$100 copay per day max \$300 per admission           | NO COVERAGE   | 90% coverage; subject to deductible  | 70% coverage; subject to deductible  |
| <b>Hospice Care</b>  | 100% coverage subject to deductible                                | NO COVERAGE   | 100% coverage subject to deductible  | NO COVERAGE   | 80% coverage; subject to deductible  | 70% coverage; subject to deductible  |

**Non-Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | MAGNOLIA LOCAL  |                       | MAGNOLIA LOCAL PLUS   |                       | MAGNOLIA OPEN ACCESS   |                                     |
|--|---|-----------------------|---|-----------------------|--|-------------------------------------|
| <b>NETWORK</b>   | Louisiana Blue<br>Community Blue & Blue Connect Providers   |                       | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers                                |                       | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |                                     |
| <b>COVERED SERVICES</b>  | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>               |
| <b>OTHER COVERAGE</b>  |   |                       |   |                       |  |                                     |
| <b>Durable Medical Equipment (DME) - Rental or Purchase</b>  | 80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year | NO COVERAGE           | 80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year | NO COVERAGE           | 90% coverage; subject to deductible  | 70% coverage; subject to deductible |
| <b>Hearing Aid</b><br>Not covered for individuals age eighteen (18) and older                              | 80% coverage; subject to deductible   | NO COVERAGE           | 80% coverage; subject to deductible   | NO COVERAGE           | 90% coverage; subject to deductible  | 70% coverage; subject to deductible |
| <b>Transplant Services</b>   | 100% coverage; subject to deductible  | NO COVERAGE           | 100% coverage; subject to deductible  | NO COVERAGE           | 90% coverage; subject to deductible  | 70% coverage; subject to deductible |
| <b>PHARMACY</b>  |   |                       |   |                       |  |                                     |
| <b>Tier 1 - Generic</b>  | 50% up to \$30 <sup>1</sup>   |                       |   |                       |  |                                     |
| <b>Tier 2 - Preferred</b>  | 50% up to \$55 <sup>1,2</sup>   |                       |   |                       |  |                                     |
| <b>Tier 3 - Non-Preferred</b>  | 65% up to \$80 <sup>1,2</sup>   |                       |   |                       |  |                                     |
| <b>Tier 4 - Specialty</b>  | 50% up to \$80 <sup>1,2</sup>   |                       |   |                       |  |                                     |
| <b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b> |   |                       |   |                       |  |                                     |
| <b>Tier 1 - Generic</b>  | \$0 copay   |                       |   |                       |  |                                     |
| <b>Tier 2 - Preferred</b>  | \$20 copay  |                       |   |                       |  |                                     |
| <b>Tier 3 - Non-Preferred</b>  | \$40 copay  |                       |   |                       |  |                                     |
| <b>Tier 4 - Specialty</b>  | \$40 copay  |                       |   |                       |  |                                     |

<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).

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

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







# 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 submitted 48 hours in advance. Contact Customer Service at 1-800-272-8451.**

| DATE       | LOCATION  | START TIMES              |
|------------|---|--------------------------|
| October 3  | Lake Charles Civic Center - Contraband Room<br>900 Lakeshore Drive, Lake Charles, LA 70602                  | 9:00 AM<br>or<br>2:00 PM |
| October 3  | Alexandria Convention Center<br>2225 N MacArthur Dr., Alexandria, LA 71303                                  | 9:00 AM<br>or<br>2:00 PM |
| October 10 | 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 16 | Monroe Civic Center<br>401 Lea Joyner Expressway, Monroe, LA  | 9:00 AM<br>or<br>2:00 PM |
| October 18 | 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 23 | 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 24 | State Police Training Academy Auditorium (BLDG. A)<br>7901 Independence Blvd., Baton Rouge, LA 70806        | 9:00 AM<br>or<br>2:00 PM |
| October 30 | Houma - Terrebonne Civic Center<br>346 Civic Center Blvd., Houma, LA 70360                                  | 9:00 AM<br>or<br>2:00 PM |
| October 30 | Bossier City Civic Center<br>620 Benton Road, Bossier City, LA 71111  | 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



## Important Information for Retirees: Annual Enrollment Periods for 2025

### Annual Enrollment Opportunities:

- Retiree Plan Changes: Retirees can change their health plans during the annual enrollment period each year.
- Medicare Options: Retirees with both Medicare Part A and Part B have two choices:
  - Transfer to a Medicare Advantage health plan.
  - Choose an OGB secondary plan.

### Enrollment Periods:

- **OGB Secondary Plan Enrollment:** Medicare retirees have until November 15, 2024, to select an OGB secondary plan.
- **Medicare Advantage Plan Enrollment:** Medicare retirees can enroll in a Medicare Advantage plan from October 15 to December 7, 2024.

### Eligibility Requirements:

- **Medicare Parts A & B:** All plan members must have Medicare Parts A and B to enroll in a Medicare Advantage plan.

### Important Note on Part D Coverage:

- **Part D Coverage:** All OGB Blue Cross plans include Part D coverage.
- **Dis-enrollment Warning:** If you enroll in a separate Medicare Part D plan while already enrolled in an OGB Blue Cross plan, you will be automatically dis-enrolled from the entire OGB plan.

Ensure you make informed decisions during these enrollment periods to maintain the healthcare coverage that best meets your needs.

## Medicare Advantage Plans

Choosing a Medicare Advantage plan (Part C) can offer comprehensive coverage and streamlined administration of your Medicare benefits. Here's what you need to know:

- **Consolidated Coverage:** With a Medicare Advantage plan, you receive all your Medicare Part A and B coverage through an insurance company instead of directly through Medicare. This includes hospital insurance (Part A) and medical insurance (Part B) benefits.
- **Single Policy Administration:** Your medical services, including hospital stays, doctor visits, and other healthcare services, are covered and administered through a single policy provided by the insurance company offering the Medicare Advantage plan.
- **Medicare Program Membership:** Enrolling in a Medicare Advantage plan keeps you within the Medicare program. You're still required to pay your monthly Medicare Part B premium.
- **Additional Benefits:** Many Medicare Advantage plans offer additional benefits beyond original Medicare, such as prescription drug coverage, vision, dental, and wellness programs.

By choosing a Medicare Advantage plan, you can simplify your healthcare coverage and potentially gain access to additional benefits tailored to your needs. It's essential to review the specifics of each plan to ensure it aligns with your healthcare requirements and preferences.

**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 another OGB-sponsored 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-sponsored 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.**

# Inflation Reduction Act (IRA) of 2022



## What is the Inflation Reduction Act (IRA) of 2022 and what does it mean for Medicare retirees?

The Inflation Reduction Act (IRA) brings significant changes to Medicare that aim to enhance the program's benefits and affordability for millions of people. Here's a breakdown of the key improvements:

- **Expansion of Benefits:** The IRA introduces new benefits and coverage options for Medicare recipients, ensuring they have access to a broader range of treatments and services.
- **Lower Drug Costs:** One of the major components of the IRA is the reduction in prescription drug costs. This includes measures to negotiate lower prices for certain high-cost medications and limit out-of-pocket expenses for beneficiaries.
- **Stable Prescription Drug Premiums:** The IRA includes provisions to keep prescription drug premiums stable, helping to prevent significant cost increases for Medicare recipients.
- **Strengthening Medicare:** The act is designed to improve the overall strength and sustainability of the Medicare program, ensuring that it can continue to provide essential services and support to beneficiaries in the future.

Overall, the IRA aims to make Medicare more affordable and effective, providing crucial financial relief and access to care for its beneficiaries.

## Key Benefits of the Inflation Reduction Act for Medicare Beneficiaries

- **Insulin Cost Cap:**  
\$35 Per Month: Medicare beneficiaries will pay no more than \$35 per month for each covered insulin prescription. This significant reduction aims to make insulin more affordable for those managing diabetes.
- **Access to Adult Vaccines Without Cost-Sharing:**  
Recommended adult vaccines will be available to Medicare beneficiaries without any cost-sharing. This includes vaccines such as the shingles, pneumococcal, and COVID-19 vaccines, helping to ensure that seniors receive essential preventive care without financial barriers.
- **Yearly Cap on Out-of-Pocket Prescription Drug Costs:**  
Starting in 2025, Medicare beneficiaries will have a cap of \$2,000 on their out-of-pocket spending for prescription drugs. This cap provides financial protection and predictability for those with high medication costs.
- **Expansion of the Low-Income Subsidy Program (LIS or "Extra Help"):**  
The income threshold for the low-income subsidy program (also known as "Extra Help") will be expanded to cover individuals and families with incomes up to 150% of the federal poverty level. This expansion means more low-income beneficiaries will qualify for assistance with their Medicare Part D prescription drug plan costs, including premiums, deductibles, and co-pays.
- **The Medicare Prescription Payment Plan**  
The Medicare Prescription Payment Plan is a new payment plan that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments throughout the Plan year (January – December). **This payment plan might help you manage your expenses\*, but it will not save you money or lower your drug costs.** "Extra Help" from Medicare, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members for whom Medicare pays primary are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer the Medicare Prescription Payment Plan. Participation in the Medicare Prescription Payment Plan is completely optional. Visit [Medicare.gov](https://www.medicare.gov) to learn more and find out if this payment plan is right for you. You will receive more information in the mail regarding this payment plan.

**\*Please Note:** If a member fails to pay the monthly amount, their participation in the Medicare Prescription Payment Plan will be terminated and the member will revert to the usual cost sharing in place. The member will still owe the amount they failed to pay. Additionally, the member may be prevented from participating in the Medicare Prescription Payment Plan in the future.

For more information about the Inflation Reduction Act and how these changes will affect you, visit [www.medicare.gov](https://www.medicare.gov).

## Via Benefits: Tailor Your Insurance to Fit Your Needs

Willis Towers Watson's Via Benefits is a personalized Medicare Exchange designed for OGB retirees and their spouses who have Medicare Parts A and B. This platform provides a wide range of medical, prescription drug, and dental plans tailored to your provider preferences, prescription needs, location, and medical conditions. Options include Medicare Advantage, Medicare Supplement (Medigap), and Medicare Part D Prescription Drug coverage.

### Expert Advice and Enrollment Support

Via Benefits offers access to licensed benefit advisors and online tools with extensive knowledge of the Medicare market. Advisors are available to assist you throughout the enrollment process and beyond. Contact them at (855) 663-4228, Monday through Friday, from 8:00 a.m. to 8:00 p.m. Central Time.

### Eligibility

To qualify for Via Benefits, you must be an OGB retiree with Medicare Parts A and B. The service provides personalized help to ensure you choose the health plan that best meets your needs and budget.

### Health Reimbursement Arrangement (HRA)

If you enroll in a medical plan through Via Benefits, you'll receive a Health Reimbursement Arrangement (HRA). This tax-free account allows you to be reimbursed for qualified medical expenses such as copayments, deductibles, coinsurance, and premiums, including Medicare B premiums. A single retiree receives \$200 per month, while a retiree with a spouse gets \$300 per month in HRA credits from the agency they retired from. The annual reimbursement limit is \$2,400 for member only coverage and \$3,600 member plus dependent coverage. Any unused funds can be rolled over into the next plan year. If a member ends participate in the plan any unused funds will be forfeited.

### Plan Comparison Tools

Via Benefits provides various tools to help you compare insurance plans and premiums, including the Prescription Profiler™. This tool assesses your current and future medication costs to help you find plans with the lowest estimated annual out-of-pocket expenses.

### For More Information

Call Via Benefits at (855) 663-4228 between 8:00 a.m. and 8:00 p.m. Central Time, Monday through Friday, or visit the online plan comparison tool at [my.ViaBenefits.com/ogb](https://my.ViaBenefits.com/ogb).

### Sampling of Plans Available through Via Benefits



For a complete list of plans and providers visit: [my.ViaBenefits.com/ogb](https://my.ViaBenefits.com/ogb)

Or call Via Benefits at 1-855-663-4228.

## Medicare Advantage Backed by Blue!

Louisiana Blue has been a trusted protector of Louisianans' health since 1934. With Blue adVantage (HMO), you can access a comprehensive, local healthcare plan that combines medical, hospital and prescription drug coverage with additional benefits such as dental, vision, hearing, and fitness services — all in one convenient package.

Key features of Blue adVantage (HMO) include:

- **Comprehensive Coverage:** Integrated medical, hospital, and prescription drug coverage.
- **Additional Health Services:** Coverage for dental, vision, hearing, and fitness needs.
- **Prepaid Flex Card:** Use this card at participating retailers for hearing aids, eye wear, and over-the-counter supplies.
- **No-Cost Online Visits:** Free online primary care provider visits for easy access to care.
- **Member Rewards:** Earn rewards for completing select wellness activities.
- **Local Choice:** A plan designed to meet the needs of Louisiana residents with local support and services.

Choose Blue adVantage (HMO) for a straightforward, all-encompassing healthcare plan that offers extra perks and the reliability of Louisiana Blue's longstanding commitment to health and wellness.

| Medicare Plan Blue adVantage   |   |
|--|---|
| Covered Benefit  | Blue adVantage HMO  |
| Plan Year Deductible   | \$0   |
| Maximum Out-of-pocket Expense (In-Network)   | \$2,000   |
| Maximum Out-of-pocket Expense (Out-of-Network)   | N/A   |
| Office Visit - Primary Care / Specialist   | \$0/\$20 copay per visit  |
| Emergency Room   | \$50 ER copay per visit   |
| Inpatient Hospital   | \$50 per day (days 1-10)  |
| <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://lablue.com/blueadvantage">lablue.com/blueadvantage</a> |   |
| Additional Benefits  |   |
| Hearing Aids   | \$0 copay for prescription hearing aids;<br>Up to an \$800 maximum benefit per year   |
| Dental   | \$0 copay for preventive dental, includes 2 cleanings, 2 exams, 2 fluoride treatments and 1 x-ray; \$2,200 maximum benefit for preventive and comprehensive dental per year |
| Eye-wear   | \$300 allowance for glasses or contact lenses per year  |
| Over-the-Counter (OTC) Allowance   | \$50 per quarter OTC benefit (includes over-the-counter health-related items)   |
| On-line Primary Care Provider Visits   | \$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 excited to present the benefits available for 2025! When selecting an OGB-sponsored plan, make sure to compare benefits and rates to find the option that best suits your needs. Humana's HMO service area covers all parishes in Louisiana, ensuring comprehensive local coverage.

Key Features of Humana's 2025 HMO Plan:

- **Statewide Coverage:** Available across all parishes in Louisiana.
- **Comprehensive Benefits:** Inclusive coverage for medical, hospital, and prescription drug needs.
- **Additional Services:** May include dental, vision, hearing, and wellness programs.

For more detailed information or to get your questions answered:

Call Humana: 877-889-9885 (TTY: 711), Monday to Friday, 7 am – 8 pm 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) - \$2,000 out-of-pocket maximum on prescription drugs</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

The Peoples Health plan for Office of Group Benefits offers all the benefits covered by Medicare, plus additional benefits like:

- Part D Rx drug coverage with \$0 tier 1 & tier 2 generics
- Complimentary fitness center membership
- Respite care for members diagnosed with dementia
- Routine dental, hearing and vision care
- \$0 meals after eligible hospital stays

Founded in Louisiana, Peoples Health offers coordinated and personalized service tailored to your needs. Peoples Health has served OGB retirees since 2008.

| 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 ; 20% coinsurance per visit with out-of-network providers   |
| <b>Emergency Room</b>   | \$50 copay per visit, including for worldwide emergency services  |
| <b>Inpatient Hospital</b>   | \$50 copay per day (days 1-10) with network providers; Medicare-defined cost sharing with out-of-network providers, \$1,632 deductible for days 1 to 60, \$408 copay each day for days 61 to 90 and \$816 copay each day for days 91 to 150 (lifetime reserve day) for 2024; values may change for 2025 (released by Medicare in October) |
| <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% coinsurance   |
| 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 oral exams, cleanings, and X-rays from network providers; coverage frequency varies by service. Out-of-network dental services may have higher member costs.  |
| <b>Comprehensive Dental</b>   | \$0 copay - 50% coinsurance for comprehensive services from network providers; coverage frequency varies by service. Covered up to \$2,000 per year for comprehensive and preventive services. Out-of-network dental services may have higher member costs  |
| <b>Diagnostic Hearing Exam</b>  | \$10 copay for each Medicare-covered diagnostic hearing exam from network providers; 20% coinsurance for each Medicare-covered exam from out-of-network providers.  |
| <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 each year from network providers; plan pays up to \$200 every year for frames or contact lenses from network providers.   |



# OGB Secondary Health Plans



## Pelican HRA1000

The Pelican HRA1000 plan is designed to provide financial support for your healthcare expenses through a health reimbursement account (HRA). Here are the key features of this plan:

- **Annual Employer Contributions:** Receive \$1,000 for employee-only plans and \$2,000 for employee plus dependent(s) plans deposited into your HRA each year.
- **Offset Healthcare Costs:** Use these funds to help cover your deductible and other out-of-pocket healthcare expenses throughout the year.
- **Rollover Benefits:** Any unused funds in your HRA will roll over to the next plan year, up to the In-Network out-of-pocket maximum, as long as you stay enrolled in the Pelican HRA1000 plan. This allows you to accumulate funds for future medical expenses. Funds are forfeited when you leave the HRA plan or the plan is no longer offered.
- **Provider Access:** Easily view and select from Louisiana Blue's network providers at [lablue.com/ogb](http://lablue.com/ogb).

The Pelican HRA1000 plan offers a practical way to manage and reduce your healthcare costs with the added benefit of building a financial cushion for future medical needs.

| Medicare Retirees (when Medicare is primary payer ONE participant)                                |            |                |
|---|------------|----------------|
|   | IN-NETWORK | OUT-OF-NETWORK |
| <b>DEDUCTIBLES</b>  |            |                |
| Retiree Only  | \$2,000    | \$4,000        |
| Family  | \$4,000    | \$8,000        |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |            |                |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |            |                |
| Retiree Only  | \$3,000    | \$10,000       |
| Family  | \$8,000    | \$20,000       |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |            |                |
| Each Covered Person   | \$2,000    |                |
| Medicare Retirees (when Medicare is primary payer for TWO participants)                           |            |                |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |            |                |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |            |                |
| Family  | \$6,000    | \$20,000       |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |            |                |
| Each Covered Person   | \$2,000    |                |
| Medicare Retirees (when Medicare is primary payer for THREE participants)                         |            |                |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |            |                |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |            |                |
| Family  | \$4,000    | \$20,000       |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |            |                |
| Each Covered Person   | \$2,000    |                |
| <b>COINSURANCE (Once deductible has been met)</b>   |            |                |
| Each Covered Person   | 20%        | 40%            |

See page 47 for information on pharmacy benefits for this plan.

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

The Magnolia Local Plus plan offers comprehensive coverage with a focus on predictability and access to a broad network of providers. Here are the key features:

- **Nationwide In-Network Providers:** Access Blue Cross and Blue Shield's extensive network of In-Network providers across the country.
- **Predictable Costs:** Enjoy the consistency of copays for healthcare services instead of relying on employer funding to cover out-of-pocket expenses.
- **Emergency Coverage:** Out-of-Network care is covered only in emergencies, with the possibility of balance billing for any costs not covered by the insurance.
- **Provider Access:** Easily find and view Louisiana Blue's network providers at [lablue.com/ogb](http://lablue.com/ogb).

| <b>Medicare Retirees (when Medicare is primary payer ONE participant)</b>                         |                                      |                       |                                 |                       |
|---|--------------------------------------|-----------------------|---------------------------------|-----------------------|
|   | <b>Retirees ON or AFTER 3/1/2015</b> |                       | <b>Retirees BEFORE 3/1/2015</b> |                       |
|   | <b>IN-NETWORK</b>                    | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>               | <b>OUT-OF-NETWORK</b> |
| <b>DEDUCTIBLES</b>  |                                      |                       |                                 |                       |
| Retiree Only  | \$400                                | No Coverage           | \$0                             | No Coverage           |
| Retiree + 1   | \$800                                | No Coverage           | \$0                             | No Coverage           |
| Retiree + 2 or more   | \$1,200                              | No Coverage           | \$0                             | No Coverage           |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |                                      |                       |                                 |                       |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |                                      |                       |                                 |                       |
| Retiree Only  | \$1,500                              | No Coverage           | \$500                           | No Coverage           |
| Retiree + 1   | \$4,000                              | No Coverage           | \$1,500                         | No Coverage           |
| Retiree + 2 or more   | \$6,500                              | No Coverage           | \$2,500                         | No Coverage           |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |                                      |                       |                                 |                       |
| Each Covered Person   | \$2,000                              |                       | \$1,500                         |                       |
| <b>Medicare Retirees (when Medicare is primary payer for TWO participants)</b>                    |                                      |                       |                                 |                       |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |                                      |                       |                                 |                       |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |                                      |                       |                                 |                       |
| Retiree + 1   | \$2,000                              | No Coverage           | \$0                             | No Coverage           |
| Retiree + 2 or more   | \$4,000                              | No Coverage           | \$1,000                         | No Coverage           |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |                                      |                       |                                 |                       |
| Each Covered Person   | \$2,000                              |                       | \$1,500                         |                       |
| <b>Medicare Retirees (when Medicare is primary payer for THREE participants)</b>                  |                                      |                       |                                 |                       |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |                                      |                       |                                 |                       |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |                                      |                       |                                 |                       |
| Retiree + 2 or more   | \$2,500                              | No Coverage           | \$0                             | No Coverage           |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |                                      |                       |                                 |                       |
| Each Covered Person   | \$2,000                              |                       | \$1,500                         |                       |
| <b>COPAYS</b>   |                                      |                       |                                 |                       |
| Primary Care Physician (PCP)  | \$25                                 | No Coverage           | \$25                            | No Coverage           |
| Specialist (SPC)  | \$50                                 | No Coverage           | \$50                            | No Coverage           |

See page 47 for information on pharmacy benefits for this plan.

## Magnolia Open Access (Nationwide Providers)

The Magnolia Open Access Plan offers flexible coverage with both In-Network and Out-of-Network options. Here's a summary of its features:

- **Nationwide Coverage:** Access to Blue Cross and Blue Shield's nationwide network of providers, offering flexibility for members who live out of state or travel frequently.
- **Cost Structure:** Instead of copays, you pay a percentage of costs after meeting your deductible:
  - **In-Network Care:** Pay 10% of the allowable amount after meeting the deductible.
  - **Out-of-Network Care:** Pay 30% of the allowable amount after meeting the deductible, with the potential for balance billing.
- **Provider Access:** To find and view Louisiana Blue's network providers, visit [lablue.com/ogb](http://lablue.com/ogb).

| Medicare Retirees (when Medicare is primary payer ONE participant)                                |   |                |  |                |  |     |
|---|---|----------------|--|----------------|--|-----|
|   | Retirees ON or AFTER 3/1/2015<br>With or Without Medicare |                | Retirees BEFORE 3/1/2015<br>Without Medicare |                | Retirees BEFORE<br>3/1/2015<br>With Medicare |     |
|   | IN-NETWORK  | OUT-OF-NETWORK | IN-NETWORK                                   | OUT-OF-NETWORK | IN-NETWORK &<br>OUT-OF-NETWORK               |     |
| <b>DEDUCTIBLES</b>  |   |                |  |                |  |     |
| Retiree Only  | \$900   | \$900          |  | \$300          | \$300  |     |
| Retiree + 1   | \$1,800   | \$1,800        |  | \$600          | \$300  |     |
| Retiree + 2 or more   | \$2,700   | \$2,700        |  | \$900          | \$300  |     |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |   |                |  |                |  |     |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |   |                |  |                |  |     |
| Retiree Only  | \$1,500   | \$4,700        | \$2,300***                                   | \$4,300***     | \$1,300                                      |     |
| Retiree + 1   | \$4,000   | \$8,500        | \$1,600                                      | \$7,600        | \$3,600                                      |     |
| Retiree + 2 or more   | \$6,500   | \$12,250       | \$2,900                                      | \$10,900       | \$5,900                                      |     |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |   |                |  |                |  |     |
| Each Covered Person   | \$2,000   |                | \$2,000                                      |                | \$2,000                                      |     |
| Medicare Retirees (when Medicare is primary payer for TWO participants)                           |   |                |  |                |  |     |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |   |                |  |                |  |     |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |   |                |  |                |  |     |
| Retiree + 1   | \$2,000   | \$8,500        | Not Applicable                               | Not Applicable | \$1,600                                      |     |
| Retiree + 2 or more   | \$4,500   | \$12,250       | \$900  | \$10,900       | \$3,900                                      |     |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |   |                |  |                |  |     |
| Each Covered Person   | \$2,000   |                | \$2,000                                      |                | \$2,000                                      |     |
| Medicare Retirees (when Medicare is primary payer for THREE participants)                         |   |                |  |                |  |     |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |   |                |  |                |  |     |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |   |                |  |                |  |     |
| Retiree + 2 or more   | \$2,500   | \$12,250       | \$0  | \$10,900       | \$1,900                                      |     |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |   |                |  |                |  |     |
| Each Covered Person   | \$2,000   |                | \$2,000                                      |                | \$2,000                                      |     |
| <b>COINSURANCE (Once deductible has been met)</b>   |   |                |  |                |  |     |
| Each Covered Person   | 20%   | 20%            | 20%  | 20%            | 20%  | 20% |

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.

## Retiree 100 Program Overview:

The Retiree 100 program is designed to provide supplemental coverage for retired members and/or spouses enrolled in the Magnolia Open Access plan who have Medicare Part A and Part B as their primary insurer. Here are the key details:

### Coverage Purpose:

- **Supplemental Coverage:** Retiree 100 serves as additional coverage for members facing extensive hospital bills or large physician charges due to serious illness, accidents, or long-term chronic conditions.

### Eligibility and Coverage:

- **Eligible Expenses:** Retiree 100 coordinates expenses eligible for reimbursement by both Medicare and the Magnolia Open Access plan. It does not include coverage for prescription drugs.
- **Premiums:** The monthly premium for Retiree 100 is \$81.00 per person, paid in addition to your monthly OGB premium. There is no state contribution towards the premium; the entire cost must be covered by the member.
- **Enrollment:** Retired members can enroll during the annual enrollment period held each year or within 30 days after becoming eligible for Medicare (Parts A and B). Coverage becomes effective on the first day of the month the member became eligible for Medicare.

### Important Considerations:

- Retiree 100 is designed to provide additional financial support for significant medical expenses not fully covered by Medicare and the Magnolia Open Access plan.
- It's crucial to assess your healthcare needs and financial situation to determine if Retiree 100 is the right choice for you.

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

*\*\*Medical Out-of-Pocket Maximum applies to medical expenditures for all Plan Participants and to Prescription expenditures for Plan Participants when OGB is the primary payer. Prescription Out-of-Pocket Maximum applies to each Plan Participant when Medicare is the primary payer.*

*\*\*\*Separate Prescription Out-Of-Pocket Maximum does not apply to retirees without Medicare.*

## 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

To find a complete list of providers in this network, visit [lablue.com/ogb](http://lablue.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 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 Health System
- Slidell Memorial Hospital

##### Shreveport/Bossier Region

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

To find a complete list of providers in this network, visit [lablue.com/ogb](http://lablue.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 Louisiana Blue's network providers at [lablue.com/ogb](http://lablue.com/ogb).

**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 Louisiana Blue's network at [lablue.com/ogb](http://lablue.com/ogb).**

| <b>Medicare Retirees (when Medicare is primary payer ONE participant)</b>                         |                                      |                       |                                 |                       |
|---|--------------------------------------|-----------------------|---------------------------------|-----------------------|
|   | <b>Retirees ON or AFTER 3/1/2015</b> |                       | <b>Retirees BEFORE 3/1/2015</b> |                       |
|   | <b>IN-NETWORK</b>                    | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>               | <b>OUT-OF-NETWORK</b> |
| <b>DEDUCTIBLES</b>  |                                      |                       |                                 |                       |
| Retiree Only  | \$400                                | No Coverage           | \$0                             | No Coverage           |
| Retiree + 1   | \$800                                | No Coverage           | \$0                             | No Coverage           |
| Retiree + 2 or more   | \$1,200                              | No Coverage           | \$0                             | No Coverage           |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |                                      |                       |                                 |                       |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |                                      |                       |                                 |                       |
| Retiree Only  | \$500                                | No Coverage           | \$0                             | No Coverage           |
| Retiree + 1   | \$3,000                              | No Coverage           | \$1,000                         | No Coverage           |
| Retiree + 2 or more   | \$5,500                              | No Coverage           | \$2,000                         | No Coverage           |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |                                      |                       |                                 |                       |
| Each Covered Person   | \$2,000                              |                       | \$1,000                         |                       |
| <b>Medicare Retirees (when Medicare is primary payer for TWO participants)</b>                    |                                      |                       |                                 |                       |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |                                      |                       |                                 |                       |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |                                      |                       |                                 |                       |
| Retiree + 1   | \$1,000                              | No Coverage           | \$0                             | No Coverage           |
| Retiree + 2 or more   | \$3,500                              | No Coverage           | \$1,000                         | No Coverage           |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |                                      |                       |                                 |                       |
| Each Covered Person   | \$2,000                              |                       | \$1,000                         |                       |
| <b>Medicare Retirees (when Medicare is primary payer for THREE participants)</b>                  |                                      |                       |                                 |                       |
| <b>OUT-OF-POCKET MAXIMUMS</b>   |                                      |                       |                                 |                       |
| <b>Medical Out-of-pocket max (applies to each covered person)**</b>                               |                                      |                       |                                 |                       |
| Retiree + 2 or more   | \$1,500                              | No Coverage           | \$0                             | No Coverage           |
| <b>Prescription Out-of-pocket max (applies to each covered person when Medicare pays primary)</b> |                                      |                       |                                 |                       |
| Each Covered Person   | \$2,000                              |                       | \$1,000                         |                       |
| <b>COPAYS</b>   |                                      |                       |                                 |                       |
| Primary Care Physician (PCP)  | \$25                                 | No Coverage           | \$25                            | No Coverage           |
| Specialist (SPC)  | \$50                                 | No Coverage           | \$50                            | No Coverage           |

See page 47 for information on pharmacy benefits for this plan.

## Pharmacy Benefits

SilverScript® serves as the Medicare Part D drug coverage for OGB retirees with Medicare who are enrolled in eligible Louisiana Blue Pelican or Magnolia health plans. Here's what you need to know about SilverScript®:

### Automatic Enrollment:

- When you provide OGB with a copy of your Medicare card, you are automatically signed up for SilverScript®.
- There's no need to sign up for a separate Medicare Part D plan.

### Formulary and Cost Sharing:

- OGB utilizes a Formulary to assist members in selecting the most appropriate and cost-effective prescription drug options.
- The Formulary is regularly reviewed to reassess drug tiers based on the current prescription drug market.
- The amount members pay for their prescriptions depends on whether they receive generic, preferred, non-preferred, or specialty brand drugs.

| 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.

For detailed information on the SilverScript® formulary or to verify if a specific drug is covered, you have a couple of options:

1. Online: Visit the SilverScript® website at [info.caremark.com/oe/ogbmedicarex](http://info.caremark.com/oe/ogbmedicarex) to access the formulary and related resources.
2. Contact SilverScript® Customer Care: You can reach SilverScript® customer care representatives 24 hours a day, 7 days a week by calling 1-888-996-0104. They can assist you with any questions or concerns you may have regarding your prescription drug coverage.

These resources are available to ensure that OGB retirees with Medicare have access to comprehensive information and support regarding their prescription drug benefits through SilverScript®.

## The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs\*.** "Extra Help" from Medicare, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. Visit Medicare.gov to find out if this payment option is right for you.

**\*Please Note:** If a member fails to pay the monthly amount, their participation in the program will be terminated and the member will revert to the usual cost sharing in place **AND** the member *may* be prevented from participating in the plan in the future.

# How to Enroll



## All Medicare Retirees

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

### **1. Online Enrollment Portal:**

- Visit OGB's annual enrollment web portal at [enroll.groupbenefits.org](http://enroll.groupbenefits.org).
- Log in using your insurance cards and identification numbers, such as your date of birth and Social Security number.
- Follow the prompts to change or update your health plan selections.

*This method is convenient for those who prefer to manage their enrollment online.*

### **2. Annual Enrollment Form:**

- Complete the annual enrollment form provided by OGB (found on page 51 of the enrollment materials).
- Ensure all required information is filled out accurately.
- Return the form to the address provided by the specified deadline, which is November 15.

*This option is suitable for those who prefer to submit physical paperwork.*

### **3. Written Letter Submission:**

- Draft a dated and signed letter to OGB detailing the changes or updates you wish to make to your health plan.
- Include your Social Security number and any new dependent information, such as name, birth date, and Social Security number.
- Attach any necessary dependent verification documentation, such as marriage or birth certificates.
- Submit the letter via mail, email, or fax to the Office of Group Benefits using the following contact details:
  - Mail to: Office of Group Benefits, Annual Enrollment, P.O. Box 44036, Baton Rouge, LA 70804
  - Email to: [OGB.CustomerService@la.gov](mailto:OGB.CustomerService@la.gov)
  - Fax to: (225) 342-9917 or (225) 342-9919

*This method offers flexibility for those who prefer written communication.*

**Please note:** If you choose to discontinue your OGB coverage entirely, it's important to understand that you may not be able to reinstate it in the future.

**IMPORTANT! If you would like to remain in your current OGB health plan with the same covered dependents for the 2025 Plan Year, you do not need to do anything. Your coverage will continue for the 2025 Plan Year.**



OFFICE OF GROUP BENEFITS  
2025 ANNUAL ENROLLMENT FORM  
Retirees with Medicare  
(Please Print Clearly)

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

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

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

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

Personal email address: \_\_\_\_\_

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

**IF YOU 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, 2024.**

**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

**By Email:** [OGB.CustomerService@la.gov](mailto:OGB.CustomerService@la.gov)

\_\_\_\_\_  
**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 on-line at [info.groupbenefits.org](http://info.groupbenefits.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 [lablue.com](http://lablue.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, 2025 - December 31, 2025**

|  | <b>Blue adVantage (HMO)</b>   | <b>Humana Medicare Advantage Employer HMO</b>  | <b>Peoples Health HMO-POS</b>  |
|--|---|--|--|
|  | Network   | Network  | Network<br><i>Some services are covered out-of-network.</i>                                      |
|  | <b>You Pay</b>  | <b>You Pay</b>   | <b>You Pay</b>   |
| RETIREE  | \$0   | \$0  | \$0  |
| RETIREE + 1  | \$0   | \$0  | \$0  |
| RETIREE  | \$2,000 per member  | \$2,000 per member   | \$2,500 per member for Medicare-covered Part A and Part B services                               |
| RETIREE + 1  |   |  |  |
| <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 \$0 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 \$0 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 after \$0 PCP copay per visit; 100% coverage after \$10 specialist copay per visit |
| <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                     |
| <b>Behavioral Health</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  |

**Medicare Advantage Plans  
Benefits Comparison  
Benefits effective January 1, 2025 - December 31, 2025**

|  | <b>Blue adVantage (HMO)</b>  | <b>Humana Medicare Advantage Employer HMO</b>                     | <b>Peoples Health HMO-POS</b>  |
|--|--|---|--|
|  | Network  | Network   | Network<br><i>Some services are covered out-of-network.</i>  |
| <b>Other Coverage</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 \$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) for the inpatient stay associated with the transplant |
| <b>Pharmacy</b>  | <b>You Pay</b>   |   |  |
| <b>Tier 1 - Preferred Generic</b>  | \$0 (3 months)   | \$0 copay<br><b>(Generic/Preferred Generic)</b>                   | \$0 copay  |
| <b>Tier 2 - Generic</b>  | \$0 (3 months)   | \$20 copay<br><b>(Preferred Brand)</b>                            | \$0 copay  |
| <b>Tier 3 - Preferred Brand</b>  | \$50 (3 months)  | \$40 copay<br><b>(Non-Preferred Brand)</b>                        | \$20 copay (30-day supply)   |
| <b>Tier 4 - Non-Preferred Drug</b>   | \$100 (3 months)   | 20% coinsurance<br><b>(Specialty)</b><br>Limited to 30-day supply | \$40 copay (30-day supply)   |
| <b>Tier 5 - Specialty Tier</b>   | 20% coinsurance  | N/A   | 20% coinsurance  |

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 (Blue Advantage), Humana, and Peoples Health; 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.

**Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Pelican Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION  | PELICAN HRA1000  |  |
|---|--|--|
| <b>NETWORK</b>  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |  |
|   | IN-NETWORK   | OUT-OF-NETWORK   |
| <b>DEDUCTIBLE</b>   |  |  |
| RETIREE ONLY  | \$2,000  | \$4,000  |
| FAMILY  | \$4,000  | \$8,000  |
| <b>MEDICAL OUT-OF-POCKET MAXIMUM - APPLIES TO EACH COVERED PERSON</b>   |  |  |
| RETIREE ONLY  | \$3,000  | \$10,000   |
| FAMILY (Medicare Paying Primary for ONE)  | \$8,000  | \$20,000   |
| FAMILY (Medicare Paying Primary for TWO)  | \$6,000  | \$20,000   |
| FAMILY (Medicare Paying Primary for THREE)  | \$4,000  | \$20,000   |
| <b>PRESCRIPTION OUT-OF-POCKET MAXIMUM - APPLIES TO EACH COVERED PERSON</b>  |  |  |
| EACH COVERED PERSON   | \$2,000  |  |
| <b>STATE FUNDING</b>  |  |  |
|   | <b>THE PLAN PAYS</b>   |  |
| RETIREE ONLY  | <b>\$1,000</b>   |  |
| FAMILY  | <b>\$2,000</b>   |  |
|   | Funding not applicable to pharmacy expenses.                                 |  |
| COVERED SERVICES  | IN-NETWORK   | OUT-OF-NETWORK   |
| <b>PHYSICIANS' SERVICES</b>   |  |  |
| <b>Preventative Care</b><br><b>Primary Care Physician or Specialist Office or Clinic</b>  | 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;<br><b>Not</b> subject to deductible |
| <b>Primary Care Physician or Specialist Office</b> -<br>Treatment of illness or injury  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>Maternity Care</b><br>(prenatal, delivery and postpartum)  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>Physician Services Furnished in a Hospital</b><br>Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist. | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>Physician Services for Emergency Room Care</b>   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible  |
| <b>Outpatient Surgery/ Services</b><br>When billed as office visit  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>Outpatient Surgery/ Services</b><br>When billed as outpatient surgery at a facility  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |
| <b>HOSPITAL SERVICES</b>  |  |  |
| <b>Inpatient Services</b><br>Inpatient care, delivery and inpatient short-term acute rehabilitation services  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible  |

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

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

**Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Pelican Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | PELICAN HRA1000  |  |
|--|--|--|
| <b>NETWORK</b>   | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |  |
| COVERED SERVICES   | IN-NETWORK   | OUT-OF-NETWORK                         |
| HOSPITAL SERVICES  |  |  |
| <b>Outpatient Surgery/Services</b><br>Hospital / Facility  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Emergency Room - Hospital (Facility)</b><br>Treatment of an emergency medical condition or injury   | 80% coverage;<br>subject to deductible                                       | 80% coverage;<br>subject to deductible |
| BEHAVIORAL HEALTH  |  |  |
| <b>Mental Health and Substance Abuse</b><br>Inpatient Facility   | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Mental Health and Substance Abuse Outpatient Visits - Professional</b>  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| OTHER COVERAGE   |  |  |
| <b>Outpatient Acute Short-Term Rehabilitation Services</b><br>Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services | 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 |
| <b>Urgent Care Center</b>  | 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 |
| <b>Skilled Nursing Facility Services</b>   | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Hospice Care</b>  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Durable Medical Equipment (DME)</b><br>Rental or Purchase   | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Hearing Aid</b><br>Not covered for individuals age eighteen (18) and older  | 80% coverage;<br>subject to deductible                                       | NO COVERAGE                            |
| <b>Transplant Services</b>   | 80% coverage;<br>subject to deductible                                       | NO COVERAGE                            |
| PHARMACY   |  |  |
| <b>Tier 1 - Generic</b>  | 50% up to \$30 <sup>1</sup>  |  |
| <b>Tier 2 - Preferred</b>  | 50% up to \$55 <sup>1,2</sup>  |  |
| <b>Tier 3 - Non-Preferred</b>  | 65% up to \$80 <sup>1,2</sup>  |  |
| <b>Tier 4 - Specialty</b>  | 50% up to \$80 <sup>1,2</sup>  |  |
| After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):  |  |  |
| <b>Tier 1 - Generic</b>  | \$0 copay  |  |
| <b>Tier 2 - Preferred</b>  | \$20 copay   |  |
| <b>Tier 3 - Non-Preferred</b>  | \$40 copay   |  |
| <b>Tier 4 - Specialty</b>  | \$40 copay   |  |

<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).

**Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION  | MAGNOLIA LOCAL  |                       | MAGNOLIA LOCAL PLUS  |                       | MAGNOLIA OPEN ACCESS   |   |
|---|---|-----------------------|--|-----------------------|--|---|
| <b>NETWORK</b>  | Louisiana Blue<br>Community Blue & Blue Connect Providers           |                       | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |                       | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |   |
|   | IN-NETWORK  | OUT-OF-NETWORK        | IN-NETWORK   | OUT-OF-NETWORK        | IN-NETWORK   | OUT-OF-NETWORK                            |
| <b>DEDUCTIBLE</b>   |   |                       |  |                       |  |   |
| RETIREE ONLY  | \$0   | NO COVERAGE           | \$0  | NO COVERAGE           | \$300  |   |
| RETIREE + 1   | \$0   | NO COVERAGE           | \$0  | NO COVERAGE           | \$600  |   |
| RETIREE + 2 OR MORE   | \$0   | NO COVERAGE           | \$0  | NO COVERAGE           | \$900  |   |
| <b>MEDICAL OUT-OF-POCKET MAXIMUM - MEDICARE PRIMARY PAYER FOR AT LEAST ONE PARTICIPANT</b>  |   |                       |  |                       |  |   |
| RETIREE ONLY  | \$0   | NO COVERAGE           | \$500  | NO COVERAGE           | \$1,300  |   |
| RETIREE + 1   | \$1,000   | NO COVERAGE           | \$1,500  | NO COVERAGE           | \$3,600  |   |
| RETIREE + 2 OR MORE   | \$2,000   | NO COVERAGE           | \$2,500  | NO COVERAGE           | \$5,900  |   |
| <b>MEDICAL OUT-OF-POCKET MAXIMUM - MEDICARE PRIMARY PAYER FOR AT LEAST TWO PARTICIPANTS</b>   |   |                       |  |                       |  |   |
| RETIREE + 1   | \$0   | NO COVERAGE           | \$0  | NO COVERAGE           | \$1,600  |   |
| RETIREE + 2 OR MORE   | \$1,000   | NO COVERAGE           | \$1,500  | NO COVERAGE           | \$3,900  |   |
| <b>MEDICAL OUT-OF-POCKET MAXIMUM - MEDICARE PRIMARY PAYER FOR AT LEAST THREE PARTICIPANTS</b>   |   |                       |  |                       |  |   |
| RETIREE + 2 OR MORE   | \$0   | NO COVERAGE           | \$0  | NO COVERAGE           | \$1,900  |   |
| <b>PRESCRIPTION OUT-OF-POCKET MAXIMUM - APPLIES TO EACH COVERED PERSON</b>  |   |                       |  |                       |  |   |
| EACH COVERED PERSON   | \$1,000   |                       | \$1,500  |                       | \$2,000  |   |
| <b>COVERED SERVICES</b>   | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>                     |
| <b>PHYSICIANS' SERVICES</b>   |   |                       |  |                       |  |   |
| <b>Preventative Care<br/>Primary Care Physician<br/>or Specialist Office or<br/>Clinic</b><br>For a complete list of<br>benefits, refer to the<br>Preventive and Wellness/<br>Routine | 100% coverage;<br>not subject to<br>deductible                      | NO COVERAGE           | 100% coverage;<br>not subject to<br>deductible                               | NO COVERAGE           | 100% coverage;<br>not subject to<br>deductible                               | 80% coverage;<br>subject to<br>deductible |
| <b>Primary Care Physician<br/>or Specialist Office -<br/>Treatment of illness<br/>or injury</b>   | 100% coverage<br>after a \$25 PCP or<br>\$50 SPC copay per<br>visit | NO COVERAGE           | 100% coverage<br>after a \$25 PCP<br>or \$50 SPC copay<br>per visit          | NO COVERAGE           | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible |
| <b>Maternity Care</b><br>(prenatal, delivery<br>and postpartum)   | 100% coverage;<br>after a \$90 copay<br>per pregnancy               | NO COVERAGE           | 100% coverage;<br>after a \$90 copay<br>per pregnancy                        | NO COVERAGE           | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible |
| <b>Physician Services<br/>Furnished in a Hospital</b><br>Visits; surgery in general,<br>including charges by<br>surgeon,<br>anesthesiologist,<br>pathologist and<br>radiologist.      | 100% coverage;<br>subject to<br>deductible                          | NO COVERAGE           | 100% coverage;<br>subject to<br>deductible                                   | NO COVERAGE           | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible |



**Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | MAGNOLIA LOCAL   |   | MAGNOLIA LOCAL PLUS  |   | MAGNOLIA OPEN ACCESS   |  |
|--|--|---|--|---|--|--|
| NETWORK  | Louisiana Blue<br>Community Blue & Blue Connect Providers          |   | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |   | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers   |  |
| COVERED SERVICES   | IN-NETWORK   | OUT-OF-NETWORK  | IN-NETWORK   | OUT-OF-NETWORK  | IN-NETWORK   | OUT-OF-NETWORK   |
| <b>PHYSICIANS' SERVICES</b>  |  |   |  |   |  |  |
| <b>Physician Services for Emergency Room Care</b>  | 100% coverage; subject to deductible                               | 100% coverage; subject to deductible                          | 100% coverage; subject to deductible   | 100% coverage; subject to deductible                          | 80% coverage; subject to deductible  | 80% coverage; subject to deductible  |
| <b>Outpatient Surgery/ Services</b><br>When billed as office visits  | 100% coverage; after a \$25 PCP or \$50 SPC copay per visit        | NO COVERAGE   | 100% coverage; after a \$25 PCP or \$50 SPC copay per visit                  | NO COVERAGE   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible  |
| <b>HOSPITAL SERVICES</b>   |  |   |  |   |  |  |
| <b>Inpatient Services</b><br>Inpatient care, delivery and inpatient short-term acute rehabilitation services   | 100% coverage; after a \$100 copay per day max \$300 per admission | NO COVERAGE   | 100% coverage; after a \$100 copay per day max \$300 per admission           | NO COVERAGE   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible  |
| <b>Outpatient Surgery/ Services</b><br>Hospital / Facility   | 100% coverage; after a \$100 facility copay per visit              | NO COVERAGE   | 100% coverage; after a \$100 facility copay per visit                        | NO COVERAGE   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible  |
| <b>Emergency Room - Hospital (Facility)</b><br>Treatment of an emergency medical condition or injury   | 100% coverage after \$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                | 100% coverage after \$200 copay per visit; waived if admitted | 80% coverage; subject to deductible; \$200 copay per visit; waived if admitted | 80% coverage; subject to deductible; \$200 copay per visit; waived if admitted |
| <b>BEHAVIORAL HEALTH</b>   |  |   |  |   |  |  |
| <b>Mental Health and Substance Abuse</b><br>Inpatient Facility   | 100% coverage; after a \$100 copay per day max \$300 per admission | NO COVERAGE   | 100% coverage; after a \$100 copay per day max \$300 per admission           | NO COVERAGE   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible  |
| <b>Mental Health and Substance Abuse Outpatient Visits - Professional</b>  | 100% coverage; after a \$25 copay per visit                        | NO COVERAGE   | 100% coverage; after a \$25 copay per visit                                  | NO COVERAGE   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible  |
| <b>OTHER COVERAGE</b>  |  |   |  |   |  |  |
| <b>Outpatient Acute Short-Term Rehabilitation Services</b><br>Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services | 100% coverage; after a \$25 copay per visit                        | NO COVERAGE   | 100% coverage; after a \$25 copay per visit                                  | NO COVERAGE   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible  |
| <b>Chiropractic Care</b>   | 100% coverage; after a \$25 copay per visit                        | NO COVERAGE   | 100% coverage; after a \$25 copay per visit                                  | NO COVERAGE   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible  |

**Medicare Retirees**  
**(RETIREMENT DATE BEFORE March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | MAGNOLIA LOCAL  |                       | MAGNOLIA LOCAL PLUS   |                       | MAGNOLIA OPEN ACCESS   |                                     |
|--|---|-----------------------|---|-----------------------|--|-------------------------------------|
| <b>NETWORK</b>   | Louisiana Blue<br>Community Blue & Blue Connect Providers   |                       | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers                                |                       | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |                                     |
| <b>COVERED SERVICES</b>  | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>               |
| <b>OTHER COVERAGE</b>  |   |                       |   |                       |  |                                     |
| <b>Urgent Care Center</b>  | 100% coverage after a \$50 copay per visit  | NO COVERAGE           | 100% coverage after a \$50 copay per visit  | NO COVERAGE           | 80% coverage; subject to deductible  | 80% coverage; subject to deductible |
| <b>Home Health Care Services</b>   | 100% coverage subject to deductible   | NO COVERAGE           | 100% coverage subject to deductible   | NO COVERAGE           | NO COVERAGE  | NO COVERAGE                         |
| <b>Skilled Nursing Facility Services</b>   | 100% coverage; after a \$100 copay per day max \$300 per admission  | NO COVERAGE           | 100% coverage; after a \$100 copay per day max \$300 per admission  | NO COVERAGE           | 80% coverage; subject to deductible  | 80% coverage; subject to deductible |
| <b>Hospice Care</b>  | 100% coverage subject to deductible   | NO COVERAGE           | 100% coverage   | NO COVERAGE           | NO COVERAGE  | NO COVERAGE                         |
| <b>Durable Medical Equipment (DME) - Rental or Purchase</b>  | 80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year | NO COVERAGE           | 80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year | NO COVERAGE           | 80% coverage; subject to deductible  | 80% coverage; subject to deductible |
| <b>Hearing Aid</b><br>Not covered for individuals age eighteen (18) and older                              | 80% coverage; subject to deductible   | NO COVERAGE           | 80% coverage; subject to deductible   | NO COVERAGE           | 80% coverage; subject to deductible  | 80% coverage; subject to deductible |
| <b>Transplant Services</b>   | 100% coverage; subject to deductible  | NO COVERAGE           | 100% coverage; subject to deductible  | NO COVERAGE           | 80% coverage; subject to deductible  | 80% coverage; subject to deductible |
| <b>PHARMACY</b>  |   |                       |   |                       |  |                                     |
| <b>Tier 1 - Generic</b>  | 50% up to \$30 <sup>1</sup>   |                       |   |                       |  |                                     |
| <b>Tier 2 - Preferred</b>  | 50% up to \$55 <sup>1,2</sup>   |                       |   |                       |  |                                     |
| <b>Tier 3 - Non-Preferred</b>  | 65% up to \$80 <sup>1,2</sup>   |                       |   |                       |  |                                     |
| <b>Tier 4 - Specialty</b>  | 50% up to \$80 <sup>1,2</sup>   |                       |   |                       |  |                                     |
| <b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b> |   |                       |   |                       |  |                                     |
| <b>Tier 1 - Generic</b>  | \$0 copay   |                       |   |                       |  |                                     |
| <b>Tier 2 - Preferred</b>  | \$20 copay  |                       |   |                       |  |                                     |
| <b>Tier 3 - Non-Preferred</b>  | \$40 copay  |                       |   |                       |  |                                     |
| <b>Tier 4 - Specialty</b>  | \$40 copay  |                       |   |                       |  |                                     |

<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).

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

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

**Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Pelican Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION  | PELICAN HRA1000<br>HIGH DEDUCTIBLE HEALTH PLAN                               |   |
|---|--|---|
| <b>NETWORK</b>  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |   |
|   | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>DEDUCTIBLE</b>   |  |   |
| RETIREE ONLY  | \$2,000  | \$4,000   |
| FAMILY  | \$4,000  | \$8,000   |
| <b>MEDICAL OUT-OF-POCKET MAXIMUM - APPLIES TO EACH COVERED PERSON</b>   |  |   |
| RETIREE ONLY  | \$3,000  | \$10,000  |
| FAMILY (MEDICARE PRIMARY PAYER ON AT LEAST ONE )  | \$8,000  | \$20,000  |
| FAMILY (MEDICARE PRIMARY PAYER ON AT LEAST TWO )  | \$6,000  | \$20,000  |
| FAMILY (MEDICARE PRIMARY PAYER ON AT LEAST THREE )  | \$4,000  | \$20,000  |
| <b>PRESCRIPTION OUT-OF-POCKET MAXIMUM - APPLIES TO EACH COVERED PERSON</b>  |  |   |
| EACH COVERED PERSON   | \$2,000  |   |
| <b>STATE FUNDING</b>  |  |   |
|   | <b>THE PLAN PAYS</b>   |   |
| RETIREE ONLY  | <b>\$1,000</b>   |   |
| FAMILY  | <b>\$2,000</b>   |   |
|   | Funding not applicable to pharmacy Expenses.                                 |   |
| COVERED SERVICES  | IN-NETWORK   | OUT-OF-NETWORK  |
| <b>PHYSICIANS' SERVICES</b>   |  |   |
| <b>Preventative Care</b><br><b>Primary Care Physician or Specialist Office or Clinic</b><br>For a complete list of benefits, refer to the Preventive and Wellness/Routine | 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 |
| <b>Primary Care Physician or Specialist Office -</b><br>Treatment of illness or injury  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>Maternity Care</b><br>(prenatal, delivery and postpartum)  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>Physician Services</b><br><b>Furnished in a Hospital</b><br>Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.   | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>Physician Services for Emergency Room Care</b>   | 80% coverage; subject to deductible  | 80% coverage; subject to deductible   |
| <b>Outpatient Surgery/ Services</b><br>When billed as office visits   | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>Outpatient Surgery/ Services</b><br>When billed as outpatient surgery at a facility  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>HOSPITAL SERVICES</b>  |  |   |
| <b>Inpatient Services</b><br>Inpatient care, delivery and inpatient short-term acute rehabilitation services  | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>Outpatient Surgery/Services</b><br>Hospital / Facility   | 80% coverage; subject to deductible  | 60% coverage; subject to deductible   |
| <b>Emergency Room - Hospital (Facility)</b><br>Treatment of an emergency medical condition or injury  | 80% coverage; subject to deductible  | 80% coverage; subject to deductible   |

**Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Pelican Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | PELICAN HRA1000<br>High Deductible Plan                                      |  |
|--|--|--|
| NETWORK  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |  |
| COVERED SERVICES   | IN-NETWORK   | OUT-OF-NETWORK                         |
| <b>BEHAVIORAL HEALTH</b>   |  |  |
| <b>Mental Health and Substance Abuse</b><br>Inpatient Facility   | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Mental Health and Substance Abuse Outpatient Visits - Professional</b>  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>OTHER COVERAGE</b>  |  |  |
| <b>Outpatient Acute Short-Term Rehabilitation Services</b><br>Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services | 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 |
| <b>Urgent Care Center</b>  | 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 |
| <b>Skilled Nursing Facility Services</b>   | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Hospice Care</b>  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Durable Medical Equipment (DME) - Rental or Purchase</b>  | 80% coverage;<br>subject to deductible                                       | 60% coverage;<br>subject to deductible |
| <b>Hearing Aid</b><br>Not covered for individuals age eighteen (18) and older  | 80% coverage;<br>subject to deductible                                       | NO COVERAGE                            |
| <b>Transplant Services</b>   | 80% coverage;<br>subject to deductible                                       | NO COVERAGE                            |
| <b>PHARMACY</b>  |  |  |
| <b>Tier 1 - Generic</b>  | 50% up to \$30 <sup>1</sup>  |  |
| <b>Tier 2 - Preferred</b>  | 50% up to \$55 <sup>1,2</sup>  |  |
| <b>Tier 3 - Non-Preferred</b>  | 65% up to \$80 <sup>1,2</sup>  |  |
| <b>Tier 4 - Specialty</b>  | 50% up to \$80 <sup>1,2</sup>  |  |
| <b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>   |  |  |
| <b>Tier 1 - Generic</b>  | \$0 copay  |  |
| <b>Tier 2 - Preferred</b>  | \$20 copay   |  |
| <b>Tier 3 - Non-Preferred</b>  | \$40 copay   |  |
| <b>Tier 4 - Specialty</b>  | \$40 copay   |  |

<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).

**Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION  | MAGNOLIA LOCAL  |  | MAGNOLIA LOCAL PLUS  |  | MAGNOLIA OPEN ACCESS   |   |
|---|---|--|--|--|--|---|
| <b>NETWORK</b>  | Louisiana Blue<br>Community Blue & Blue Connect Providers           |  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |   |
|   | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b>                      | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>                      | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>                     |
| <b>DEDUCTIBLE</b>   |   |  |  |  |  |   |
| RETIREE ONLY  | \$400   | NO COVERAGE                                | \$400  | NO COVERAGE                                | \$900  | \$900                                     |
| RETIREE + 1   | \$800   | NO COVERAGE                                | \$800  | NO COVERAGE                                | \$1,800  | \$1,800                                   |
| RETIREE + 2 OR MORE   | \$1,200   | NO COVERAGE                                | \$1,200  | NO COVERAGE                                | \$2,700  | \$2,700                                   |
| <b>MEDICAL OUT-OF-POCKET MAXIMUM -MEDICARE PRIMARY PAYER FOR AT LEAST ONE PARTICIPANT</b>   |   |  |  |  |  |   |
| RETIREE   | \$500   | NO COVERAGE                                | \$1,500  | NO COVERAGE                                | \$1,500  | \$4,700                                   |
| RETIREE + 1   | \$3,000   | NO COVERAGE                                | \$4,000  | NO COVERAGE                                | \$4,000  | \$8,500                                   |
| RETIREE + 2 OR MORE   | \$5,500   | NO COVERAGE                                | \$6,500  | NO COVERAGE                                | \$6,500  | \$12,250                                  |
| <b>MEDICAL OUT-OF-POCKET MAXIMUM -MEDICARE PRIMARY PAYER FOR AT LEAST TWO PARTICIPANTS</b>  |   |  |  |  |  |   |
| RETIREE + 1   | \$1,000   | NO COVERAGE                                | \$2,000  | NO COVERAGE                                | \$2,000  | \$8,500                                   |
| RETIREE + 2 OR MORE   | \$3,500   | NO COVERAGE                                | \$4,000  | NO COVERAGE                                | \$4,500  | \$12,250                                  |
| <b>MEDICAL OUT-OF-POCKET MAXIMUM -MEDICARE PRIMARY PAYER FOR AT LEAST THREE PARTICIPANTS</b>  |   |  |  |  |  |   |
| RETIREE + 2 OR MORE   | \$1,500   | NO COVERAGE                                | \$2,500  | NO COVERAGE                                | \$2,500  | \$12,250                                  |
| <b>PRESCRIPTION OUT-OF-POCKET MAXIMUM -APPLIES TO EACH COVERED PERSON</b>   |   |  |  |  |  |   |
| EACH COVERED PERSON   | \$2,000   |  | \$2,000  |  | \$2,000  |   |
| <b>COVERED SERVICES</b>   | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b>                      | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>                      | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>                     |
| <b>PHYSICIANS' SERVICES</b>   |   |  |  |  |  |   |
| <b>Preventative Care<br/>Primary Care Physician<br/>or Specialist Office or<br/>Clinic</b><br>For a complete list of<br>benefits, refer to the<br>Preventive and Wellness/<br>Routine | 100% coverage   | NO COVERAGE                                | 100% coverage  | NO COVERAGE                                | 100% coverage;<br>not subject to<br>deductible                               | 80% coverage;<br>subject to<br>deductible |
| <b>Primary Care Physician<br/>or Specialist Office -<br/>Treatment of illness<br/>or injury</b>   | 100% coverage<br>after a \$25 PCP or<br>\$50 SPC copay per<br>visit | NO COVERAGE                                | 100% coverage<br>after a \$25 PCP<br>or \$50 SPC copay<br>per visit          | NO COVERAGE                                | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible |
| <b>Maternity Care</b><br>(prenatal, delivery<br>and postpartum)   | 100% coverage;<br>after a \$90 copay<br>per<br>pregnancy            | NO COVERAGE                                | 100% coverage;<br>after a \$90 copay<br>per<br>pregnancy                     | NO COVERAGE                                | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible |
| <b>Physician Services<br/>Furnished in a Hospital</b><br>Visits; surgery in general,<br>including charges by<br>surgeon,<br>anesthesiologist,<br>pathologist and<br>radiologist.      | 100% coverage   | NO COVERAGE                                | 100% coverage  | NO COVERAGE                                | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible |
| <b>Physician Services for<br/>Emergency Room Care</b>   | 100% coverage;<br>subject to<br>deductible                          | 100% coverage;<br>subject to<br>deductible | 100% coverage;<br>subject to<br>deductible                                   | 100% coverage;<br>subject to<br>deductible | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible |

**Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | MAGNOLIA LOCAL  |  | MAGNOLIA LOCAL PLUS  |   | MAGNOLIA OPEN ACCESS  |   |
|--|---|--|--|---|---|---|
| <b>NETWORK</b>   | Louisiana Blue<br>Community Blue & Blue Connect Providers                   |  | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |   | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers                  |   |
| COVERED SERVICES   | IN-NETWORK  | OUT-OF-NETWORK   | IN-NETWORK   | OUT-OF-NETWORK  | IN-NETWORK  | OUT-OF-NETWORK  |
| <b>PHYSICIANS' SERVICES</b>  |   |  |  |   |   |   |
| <b>Outpatient Surgery/ Services</b><br>When billed as office visits  | 100% coverage;<br>after a \$25 PCP or<br>\$50 SPC copay per<br>visit        | NO COVERAGE  | 100% coverage;<br>after a \$25 PCP or<br>\$50 SPC copay per<br>visit         | NO COVERAGE   | 80% coverage;<br>subject to<br>deductible   | 80% coverage;<br>subject to<br>deductible   |
| <b>Outpatient Surgery/ Services</b><br>When billed as<br>outpatient<br>surgery at a facility   | 100% coverage   | NO COVERAGE  | 100% coverage  | NO COVERAGE   | 80% coverage;<br>subject to<br>deductible   | 80% coverage;<br>subject to<br>deductible   |
| <b>HOSPITAL SERVICES</b>   |   |  |  |   |   |   |
| <b>Inpatient Services</b><br>Inpatient care, delivery<br>and inpatient short-term<br>acute rehabilitation<br>services  | 100% coverage;<br>after a \$100 copay<br>per day max \$300<br>per admission | NO COVERAGE  | 100% coverage;<br>after a \$100 copay<br>per day max \$300<br>per admission  | NO COVERAGE   | 80% coverage;<br>subject to<br>deductible   | 80% coverage;<br>subject to<br>deductible +<br>\$50 copay per<br>day (days 1 - 50)            |
| <b>Outpatient Surgery/ Services</b><br>Hospital / Facility   | 100% coverage;<br>after a \$100<br>facility<br>copay per visit              | NO COVERAGE  | 100% coverage;<br>after a \$100 facility<br>copay per visit                  | NO COVERAGE   | 80% coverage;<br>subject to<br>deductible   | 80% coverage;<br>subject to<br>deductible   |
| <b>Emergency Room - Hospital (Facility)</b><br>Treatment of an<br>emergency medical<br>condition or injury   | 100% coverage<br>after \$200 copay<br>per visit;<br>waived if admitted      | 100% coverage<br>after \$200 copay<br>per visit;<br>waived if admitted | 100% coverage<br>after \$200 copay<br>per visit;<br>waived if admitted       | 100% coverage<br>after \$200 copay<br>per visit;<br>waived if<br>admitted | 80% coverage;<br>subject to<br>deductible; \$200<br>copay per<br>visit; waived if<br>admitted | 80% coverage;<br>subject to<br>deductible; \$200<br>copay per<br>visit; waived if<br>admitted |
| <b>BEHAVIORAL HEALTH</b>   |   |  |  |   |   |   |
| <b>Mental Health and Substance Abuse</b><br>Inpatient Facility   | 100% coverage;<br>after a \$100 copay<br>per day max \$300<br>per admission | NO COVERAGE  | 100% coverage;<br>after a \$100 copay<br>per day max \$300<br>per admission  | NO COVERAGE   | 80% coverage;<br>subject to<br>deductible   | 80% coverage;<br>subject to<br>deductible +<br>\$50 copay per<br>day (days -5)                |
| <b>Mental Health and Substance Abuse Outpatient Visits - Professional</b>  | 100% coverage;<br>after a \$25 copay<br>per visit                           | NO COVERAGE  | 100% coverage;<br>after a \$25 copay<br>per visit                            | NO COVERAGE   | 80% coverage;<br>subject to<br>deductible   | 80% coverage;<br>subject to<br>deductible   |
| <b>OTHER COVERAGE</b>  |   |  |  |   |   |   |
| <b>Outpatient Acute Short-Term Rehabilitation Services</b><br>Physical Therapy, Speech<br>Therapy, Occupational<br>Therapy, Other short<br>term rehabilitative<br>services | 100% coverage;<br>after a \$25 copay<br>per visit                           | NO COVERAGE  | 100% coverage;<br>after a \$25 copay<br>per visit                            | NO COVERAGE   | 80% coverage;<br>subject to<br>deductible   | 80% coverage;<br>subject to<br>deductible   |
| <b>Chiropractic Care</b>   | 100% coverage;<br>after a \$25 copay<br>per visit                           | NO COVERAGE  | 100% coverage;<br>after a \$25 copay<br>per visit                            | NO COVERAGE   | 80% coverage;<br>subject to<br>deductible   | 80% coverage;<br>subject to<br>deductible   |

**Medicare Retirees**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2025 - December 31, 2025**

| HEALTH PLAN OPTION   | MAGNOLIA LOCAL  |                       | MAGNOLIA LOCAL PLUS   |                       | MAGNOLIA OPEN ACCESS   |  |
|--|---|-----------------------|---|-----------------------|--|--|
| <b>NETWORK</b>   | Louisiana Blue<br>Community Blue & Blue Connect Providers   |                       | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers  |                       | Louisiana Blue<br>Preferred Care Provider &<br>Blue Cross National Providers |  |
| <b>COVERED SERVICES</b>  | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b> | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>  |
| <b>OTHER COVERAGE</b>  |   |                       |   |                       |  |  |
| <b>Urgent Care Center</b>  | 100% coverage<br>after a \$50 copay<br>per visit  | NO COVERAGE           | 100% coverage<br>after a \$50 copay<br>per visit  | NO COVERAGE           | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible  |
| <b>Home Health Care Services</b>   | 100% coverage   | NO COVERAGE           | 100% coverage   | NO COVERAGE           | NO COVERAGE  | NO COVERAGE  |
| <b>Skilled Nursing Facility Services</b>   | 100% coverage;<br>after a \$100 copay<br>per day max \$300<br>per admission   | NO COVERAGE           | 100% coverage;<br>after a \$100 copay<br>per day max \$300<br>per admission   | NO COVERAGE           | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible +<br>\$50 copay per<br>day (days 1 - 50) |
| <b>Hospice Care</b>  | 100% coverage   | NO COVERAGE           | 100% coverage   | NO COVERAGE           | NO COVERAGE  | NO COVERAGE  |
| <b>Durable Medical Equipment (DME) - Rental or Purchase</b>  | 80% coverage of<br>the first \$5,000<br>allowable; subject<br>to deductible;<br>100% in excess of<br>\$5,000 per plan<br>year | NO COVERAGE           | 80% coverage of<br>the first \$5,000<br>allowable; subject<br>to deductible;<br>100% in excess of<br>\$5,000 per plan<br>year | NO COVERAGE           | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject<br>to deductible  |
| <b>Hearing Aid</b><br>Not covered for<br>individuals age<br>eighteen (18) and older                        | 80% coverage;<br>subject to<br>deductible   | NO COVERAGE           | 80% coverage;<br>subject to<br>deductible   | NO COVERAGE           | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible  |
| <b>Transplant Services</b>   | 100% coverage   | NO COVERAGE           | 100% coverage   | NO COVERAGE           | 80% coverage;<br>subject to<br>deductible                                    | 80% coverage;<br>subject to<br>deductible  |
| <b>PHARMACY</b>  |   |                       |   |                       |  |  |
| <b>Tier 1 - Generic</b>  | 50% up to \$30 <sup>1</sup>   |                       |   |                       |  |  |
| <b>Tier 2 - Preferred</b>  | 50% up to \$55 <sup>1,2</sup>   |                       |   |                       |  |  |
| <b>Tier 3 - Non-Preferred</b>  | 65% up to \$80 <sup>1,2</sup>   |                       |   |                       |  |  |
| <b>Tier 4 - Specialty</b>  | 50% up to \$80 <sup>1,2</sup>   |                       |   |                       |  |  |
| <b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b> |   |                       |   |                       |  |  |
| <b>Tier 1 - Generic</b>  | \$0 copay   |                       |   |                       |  |  |
| <b>Tier 2 - Preferred</b>  | \$20 copay  |                       |   |                       |  |  |
| <b>Tier 3 - Non-Preferred</b>  | \$40 copay  |                       |   |                       |  |  |
| <b>Tier 4 - Specialty</b>  | \$40 copay  |                       |   |                       |  |  |

<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).

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

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







## OTHER BENEFIT OFFERINGS

## Term life insurance

OGB offers three 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</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>Enhanced Basic</b>                             |                              |                 |                              |
| <b>Option 1</b>                                   |                              | <b>Option 2</b> |                              |
| Employee  | \$15,000                     | Employee        | \$15,000                     |
| Spouse  | \$1,000                      | Spouse          | \$2,000                      |
| Each Dependent                                    | \$500                        | Each Dependent  | \$1,000                      |
| <b>Basic Plus Supplemental</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                      |
| <b>* Amount based on employee's annual salary</b> |                              |                 |                              |

### Important Notes

- During Annual Enrollment, Plan members and dependents can enroll in Basic, Enhanced Basic, and Basic Supplemental Coverages.
- Once enrolled in term life insurance, you do not have to re-enroll every year. Your coverage elections will be continued each year until you make a change.
  - Members enrolled in term 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 adjusted accordingly.
  - Plan members should contact their HR departments to assist them with completing and submitting the Evidence of Insurability Form to Prudential for approval.
- 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 term life insurance premium and 100 percent of dependent term life insurance premium
- If the request for life coverage is approved, Prudential will provide the plan member and dependent spouse an EOI approval letter to give to their HR representative to submit to OGB. Coverage will begin either on 1/1/2025 or the 1st of the month after OGB receives the approval letter and GB01.
- Plan members can remove dependent Ex-spouses and step-children outside of the 30 days the qualified life event. Please submit a GB01 to your HR department, or send a letter to OGB, along with a copy of the Final judgment of Divorce. The effective date of coverage will be 1/1/2025.

## Who is Eligible?

### Basic, Enhanced 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

**Please Note:** Ex-Spouse(s) and step-children are no longer eligible for dependent life coverage. Plan member must drop dependent life coverages within 30 days. Submit a GB-01 and a copy of the final Judgment of Divorce Decree to OGB within 30 days of signed Judgment. **No life claim(s) will be paid on Ex-Spouse or step-children by Life Insurance company.**

## Portability of Term 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 Employee Term Life Coverage ends.

## Conversion of Term 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.

## Accidental Death and Dismemberment Benefits

Accidental Death & Dismemberment (AD&D) benefits are included for all active and retired employees through age sixty-nine (69). For those members who are actively employed at the age of 70 and older, the AD&D coverage will continue until the member retires. Upon retirement, the AD&D coverage will terminate at midnight on the last day of the month in which the member retired.

## Death Notification

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

For a complete Basic, Enhanced Basic and Basic Plus Supplemental Term life insurance rate schedule visit [info.groupbenefits.org](http://info.groupbenefits.org).

## Enhanced Basic Term Life Insurance

**There are three ways to change your life insurance. Choose one that works best for you :**

### **1. Written Letter Submission:**

- Draft a dated and signed letter to OGB detailing the changes or updates you wish to make to your life insurance plan.
- Submit the letter via mail, email, or fax to the Office of Group Benefits using the following contact details:
  - Mail to: Office of Group Benefits, Annual Enrollment, P.O. Box 44036, Baton Rouge, LA 70804
  - Email to: OGB.CustomerService@la.gov
  - Fax to: (225) 342-9917 or (225) 342-9919

### **2. Online Enrollment Portal:**

- Visit OGB's annual enrollment web portal at [enroll.groupbenefits.org](http://enroll.groupbenefits.org).
- Follow the prompts to change or update your life insurance plan selections.

### **3. Annual Enrollment Form:**

- Complete the annual enrollment term life designations form provided by OGB (found on page 77 of the enrollment guide).
- Ensure all required information is filled out accurately.
- Return the form to the address provided by the specified deadline, which is November 15.

If you are currently enrolled in Basic life coverage and seeking to enroll you and your covered spouse in the Enhanced Life plan, you and your covered dependent must complete the Evidence of Insurability Form (EOI). Please visit the link below or Scan the QR code to complete the EOI.

<https://gi.prudential.com/POGH/Controller/standalone?VR=WmR5RWxtZEZ3OTFHMWZlejI0ZmU3dz09>



Once you have submitted the EOI form if approved, an EOI approval letter will be issued to you and your covered spouse. When you receive the Prudential EOI Approval Letter, submit it to OGB along with the annual enrollment life designations form.

Changes made during Annual Enrollment are effective January 1st. Any Evidence of Insurability (EOI) approval letters received after January 1, the effective date of coverage will be the 1st of the month following OGB's receipt.

**Please Note**, if you choose to term your life coverage, you will not be able to re-enroll. All correspondence regarding annual enrollment life changes should be 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.

**IMPORTANT! If you would like to remain in your current OGB term life plan with the same covered dependents, you do not need to do anything. Your coverage will continue for the 2025 Plan Year.**

OFFICE OF GROUP BENEFITS  
2025 ANNUAL ENROLLMENT FORM  
TERM LIFE INSURANCE DESIGNATIONS  
( Please PRINT Clearly )

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

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

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

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

Personal email address: \_\_\_\_\_

2025 ANNUAL TERM LIFE DESIGNATIONS

BASIC LIFE TO ENHANCED BASIC LIFE

*Plan members enrolled in Basic Life will be required to complete evidence of insurability (EOI) to the insurer.*

2025 ANNUAL TERM LIFE DESIGNATIONS/CHANGES

BASIC PLUS SUPPLEMENTAL LIFE TO BASIC ENHANCED LIFE

BASIC PLUS SUPPLEMENTAL LIFE TO BASIC LIFE

*No EOI is required.*

2025 ANNUAL TERM LIFE DESIGNATIONS/CANCEL COVERAGE

BASIC LIFE

BASIC PLUS SUPPLEMENTAL LIFE

PLEASE MAIL OR FAX THIS FORM TO OGB BY **NOVEMBER 15, 2024.**

**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

**By Email:** OGB.CustomerService@la.gov

*Changes made during annual enrollment are effective January 1, 2025. For any EOI approvals received after January 1, 2025, coverage will be effective the month following OGB's receipt of the completed GB-01 form and the EOI approval letter.*

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

\_\_\_\_\_  
Date



## IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

---

Use this form to designate or make changes to the beneficiary(ies) of your Group Insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations and trusts. **Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract.**

### DEFINITIONS

You may find the following definitions helpful in completing this form:

**Primary Beneficiary(ies)** – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

**Contingent Beneficiary(ies)** – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

### INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

#### 1. EMPLOYEE INFORMATION

- All information in this section is required.
- Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer's group plan.
- Unless otherwise indicated in Section 2, the information supplied on the form will apply to all the Group Life coverage(s) issued by The Prudential Insurance Company of America to the group contract holder.

#### 2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and four contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract. **If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.**
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

**Individual:** "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe")
- Include the address, telephone number, social security number, relationship and Date of Birth for each individual listed.
- Indicate the percentage to be assigned to each individual.

**Estate:** "Estate of the Insured"

- Select "Other" as the Beneficiary Description and write "Estate" in the blank space provided.
- Indicate the percentage to be assigned to the Estate of the Insured.

**Corporation/Organization:** "ABC Charitable Organization"

- Select "Corporation/Organization" as the Beneficiary Description.
- Write the legal name of the corporation or organization in the space for the Beneficiary's First Name.
- Include the address, city and state, telephone number and tax ID number of operation for each organization or corporation listed.
- Indicate the percentage to be assigned to the corporation or organization.

**Trust:** "The John Doe Trust. A Trust with a trust agreement dated 1/1/99 whose Trustee is Jane Smith."

- Select "Trust" as the Beneficiary Description.
- Indicate the percentage to be assigned to the trust.
- Complete Section 3, Trust Designation.

#### 3. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary in Section 2. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

#### 4. AUTHORIZATION/SIGNATURE

- The employee must read, sign and date the authorization.
- Submit the completed form to your Benefits Administrator or Human Resources (as directed by your employer) and keep a copy for your records.



### Group Insurance Beneficiary Designation/Change

DATE: / /

#### 1. EMPLOYEE INFORMATION (please print)

|                                     |  |                  |  |       |  |                              |  |  |  |  |  |   |  |
|-------------------------------------|--|------------------|--|-------|--|------------------------------|--|--|--|--|--|---|--|
| Last Name                           |  | First Name       |  | MI    |  | Employee ID# (if applicable) |  | Marital Status (check one)<br><input type="checkbox"/> Married <input type="checkbox"/> Widowed<br><input type="checkbox"/> Single <input type="checkbox"/> Divorced |  | Gender (check one)<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |  | Has this insurance been assigned?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Address                             |  | City             |  | State |  | ZIP Code                     |  | Daytime Phone  |  | Home Phone   |  | Date of Birth   |  |
| Name of Employer/Group Policyholder |  | Group Policy No. |  | MI    |  | State                        |  | ZIP Code   |  | Daytime Phone  |  | Date of Retirement (if applicable)  |  |

Unless otherwise indicated below, this Beneficiary Designation/Change form applies to ALL coverages offered under my employer's group plan. This form applies only to  Basic Life  Basic AD&D  Optional Term Life  Optional AD&D  GUL  GVUL coverage(s).

2. BENEFICIARY DESIGNATION: I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following:

#### A. Primary Beneficiaries

| Beneficiary Description (check one)  | First Name | MI | Last Name | Address (include city, state, ZIP) | Relationship | Date of Birth | SSN/Tax ID Number | Phone | % Share |
|--|------------|----|-----------|------------------------------------|--------------|---------------|-------------------|-------|---------|
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____<br><input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____<br><input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____<br><input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____<br><input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____<br><input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <b>TOTAL: (Must equal 100%)</b>  |            |    |           |                                    |              |               |                   |       |         |

#### B. Contingent Beneficiaries

| Beneficiary Description (check one)  | First Name | MI | Last Name | Address (include city, state, ZIP) | Relationship | Date of Birth | SSN/Tax ID Number | Phone | % Share |
|--|------------|----|-----------|------------------------------------|--------------|---------------|-------------------|-------|---------|
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____<br><input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____<br><input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____<br><input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____<br><input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____<br><input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <b>TOTAL: (Must equal 100%)</b>  |            |    |           |                                    |              |               |                   |       |         |

#### 3. TRUST DESIGNATION - COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 2

|                                  |                                    |
|----------------------------------|------------------------------------|
| Trustee's Name (First, MI, Last) | Address (include city, state, ZIP) |
|                                  |                                    |
|                                  |                                    |

And successor(s) in trust, as Trustee(s) under \_\_\_\_\_ dated \_\_\_\_\_ as amended and executed by me and said Trustee.

\_\_\_\_\_ dated \_\_\_\_\_ as amended and executed by me and said Trustee.

Title of Agreement

Date of Agreement







## 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 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 online 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 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 ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS

Rates effective January 1, 2025 (75% 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<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 Share  | Employee Share | Total Premium | State Share | Employee Share                               | Total Premium | State Share | Employee Share | Total Premium                                     | State Share | Employee Share | Total Premium | State Share                                  | Employee Share | Total Premium | State Share | Employee Share                                | Total Premium |  |  |

|                        |            |          |            |            |          |            |            |          |            |          |          |          |          |          |            |  |  |  |
|------------------------|------------|----------|------------|------------|----------|------------|------------|----------|------------|----------|----------|----------|----------|----------|------------|--|--|--|
| <b>ACTIVE EMPLOYEE</b> |            |          |            |            |          |            |            |          |            |          |          |          |          |          |            |  |  |  |
| ENROLLEE ONLY          | \$724.92   | \$241.56 | \$966.48   | \$591.04   | \$196.96 | \$788.00   | \$697.32   | \$232.40 | \$929.72   | \$252.00 | \$83.96  | \$335.96 | \$435.70 | \$145.20 | \$580.90   |  |  |  |
| ENROLLEE + 1 (SPOUSE)  | \$1,268.18 | \$784.84 | \$2,053.02 | \$1,033.88 | \$639.90 | \$1,673.78 | \$1,219.86 | \$754.80 | \$1,974.66 | \$440.92 | \$272.86 | \$713.78 | \$762.16 | \$471.68 | \$1,233.84 |  |  |  |
| ENROLLEE + 1 (CHILD)   | \$831.08   | \$347.76 | \$1,178.84 | \$677.54   | \$283.48 | \$961.02   | \$799.38   | \$334.46 | \$1,133.84 | \$289.00 | \$121.00 | \$410.00 | \$499.60 | \$209.12 | \$708.72   |  |  |  |
| ENROLLEE + CHILDREN    | \$831.08   | \$347.76 | \$1,178.84 | \$677.54   | \$283.48 | \$961.02   | \$799.38   | \$334.46 | \$1,133.84 | \$289.00 | \$121.00 | \$410.00 | \$499.60 | \$209.12 | \$708.72   |  |  |  |
| FAMILY                 | \$1,324.28 | \$840.90 | \$2,165.18 | \$1,079.64 | \$685.66 | \$1,765.30 | \$1,273.80 | \$808.74 | \$2,082.54 | \$460.34 | \$292.28 | \$752.62 | \$795.86 | \$505.32 | \$1,301.18 |  |  |  |

|   |            |          |            |            |          |            |            |          |            |     |     |     |            |          |            |  |  |  |
|---|------------|----------|------------|------------|----------|------------|------------|----------|------------|-----|-----|-----|------------|----------|------------|--|--|--|
| <b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b> |            |          |            |            |          |            |            |          |            |     |     |     |            |          |            |  |  |  |
| ENROLLEE ONLY   | \$1,556.64 | \$241.56 | \$1,798.20 | \$1,269.12 | \$196.96 | \$1,466.08 | \$1,502.82 | \$232.40 | \$1,735.22 | N/A | N/A | N/A | \$935.62   | \$145.20 | \$1,080.82 |  |  |  |
| ENROLLEE + 1 (SPOUSE)                                     | \$2,390.52 | \$784.84 | \$3,175.36 | \$1,948.90 | \$639.90 | \$2,588.80 | \$2,309.12 | \$754.80 | \$3,063.92 | N/A | N/A | N/A | \$1,436.74 | \$471.68 | \$1,908.42 |  |  |  |
| ENROLLEE + 1 (CHILD)                                      | \$1,655.20 | \$347.76 | \$2,002.96 | \$1,349.54 | \$283.48 | \$1,633.02 | \$1,598.44 | \$334.46 | \$1,932.90 | N/A | N/A | N/A | \$995.16   | \$209.12 | \$1,204.28 |  |  |  |
| ENROLLEE + CHILDREN                                       | \$1,655.20 | \$347.76 | \$2,002.96 | \$1,349.54 | \$283.48 | \$1,633.02 | \$1,598.44 | \$334.46 | \$1,932.90 | N/A | N/A | N/A | \$995.16   | \$209.12 | \$1,204.28 |  |  |  |
| FAMILY  | \$2,369.96 | \$789.98 | \$3,159.94 | \$1,932.20 | \$644.06 | \$2,576.26 | \$2,286.92 | \$762.32 | \$3,049.24 | N/A | N/A | N/A | \$1,424.22 | \$474.74 | \$1,898.96 |  |  |  |

|                                |            |          |            |            |          |            |            |          |            |     |     |     |            |          |            |  |  |  |
|--------------------------------|------------|----------|------------|------------|----------|------------|------------|----------|------------|-----|-----|-----|------------|----------|------------|--|--|--|
| <b>RETIREE WITH 1 MEDICARE</b> |            |          |            |            |          |            |            |          |            |     |     |     |            |          |            |  |  |  |
| ENROLLEE ONLY                  | \$438.56   | \$146.18 | \$584.74   | \$357.52   | \$119.20 | \$476.72   | \$430.56   | \$143.50 | \$574.06   | N/A | N/A | N/A | \$263.60   | \$87.88  | \$351.48   |  |  |  |
| ENROLLEE + 1 (SPOUSE)          | \$1,620.46 | \$540.10 | \$2,160.56 | \$1,321.14 | \$440.34 | \$1,761.48 | \$1,573.54 | \$524.54 | \$2,098.08 | N/A | N/A | N/A | \$973.90   | \$324.60 | \$1,298.50 |  |  |  |
| ENROLLEE + 1 (CHILD)           | \$759.08   | \$253.04 | \$1,012.12 | \$618.88   | \$206.28 | \$825.16   | \$740.58   | \$246.90 | \$987.48   | N/A | N/A | N/A | \$456.44   | \$152.08 | \$608.52   |  |  |  |
| ENROLLEE + CHILDREN            | \$759.08   | \$253.04 | \$1,012.12 | \$618.88   | \$206.28 | \$825.16   | \$740.58   | \$246.90 | \$987.48   | N/A | N/A | N/A | \$456.44   | \$152.08 | \$608.52   |  |  |  |
| FAMILY                         | \$2,159.10 | \$719.64 | \$2,878.74 | \$1,760.28 | \$586.74 | \$2,347.02 | \$2,094.46 | \$698.14 | \$2,792.60 | N/A | N/A | N/A | \$1,297.50 | \$432.50 | \$1,730.00 |  |  |  |

|                                |          |          |            |          |          |            |          |          |            |     |     |     |          |          |          |  |  |  |
|--------------------------------|----------|----------|------------|----------|----------|------------|----------|----------|------------|-----|-----|-----|----------|----------|----------|--|--|--|
| <b>RETIREE WITH 2 MEDICARE</b> |          |          |            |          |          |            |          |          |            |     |     |     |          |          |          |  |  |  |
| ENROLLEE + 1 (SPOUSE)          | \$788.40 | \$262.74 | \$1,051.14 | \$642.76 | \$214.22 | \$856.98   | \$771.78 | \$257.24 | \$1,029.02 | N/A | N/A | N/A | \$473.86 | \$157.90 | \$631.76 |  |  |  |
| FAMILY                         | \$976.08 | \$325.36 | \$1,301.44 | \$795.84 | \$265.24 | \$1,061.08 | \$955.54 | \$318.50 | \$1,274.04 | N/A | N/A | N/A | \$586.58 | \$195.54 | \$782.12 |  |  |  |

|                       |        |            |            |        |            |            |        |            |            |        |          |          |        |            |            |  |  |  |
|-----------------------|--------|------------|------------|--------|------------|------------|--------|------------|------------|--------|----------|----------|--------|------------|------------|--|--|--|
| <b>C.O.B.R.A.</b>     |        |            |            |        |            |            |        |            |            |        |          |          |        |            |            |  |  |  |
| ENROLLEE ONLY         | \$0.00 | \$985.82   | \$985.82   | \$0.00 | \$803.74   | \$803.74   | \$0.00 | \$948.34   | \$948.34   | \$0.00 | \$342.70 | \$342.70 | \$0.00 | \$592.52   | \$592.52   |  |  |  |
| ENROLLEE + 1 (SPOUSE) | \$0.00 | \$2,094.06 | \$2,094.06 | \$0.00 | \$1,707.28 | \$1,707.28 | \$0.00 | \$2,014.12 | \$2,014.12 | \$0.00 | \$728.02 | \$728.02 | \$0.00 | \$1,258.50 | \$1,258.50 |  |  |  |
| ENROLLEE + 1 (CHILD)  | \$0.00 | \$1,202.40 | \$1,202.40 | \$0.00 | \$980.24   | \$980.24   | \$0.00 | \$1,156.54 | \$1,156.54 | \$0.00 | \$418.20 | \$418.20 | \$0.00 | \$722.90   | \$722.90   |  |  |  |
| ENROLLEE + CHILDREN   | \$0.00 | \$1,202.40 | \$1,202.40 | \$0.00 | \$980.24   | \$980.24   | \$0.00 | \$1,156.54 | \$1,156.54 | \$0.00 | \$418.20 | \$418.20 | \$0.00 | \$722.90   | \$722.90   |  |  |  |
| FAMILY                | \$0.00 | \$2,208.46 | \$2,208.46 | \$0.00 | \$1,800.58 | \$1,800.58 | \$0.00 | \$2,124.14 | \$2,124.14 | \$0.00 | \$767.68 | \$767.68 | \$0.00 | \$1,327.18 | \$1,327.18 |  |  |  |

|                              |        |            |            |        |            |            |        |            |            |        |            |            |        |            |            |  |  |  |
|------------------------------|--------|------------|------------|--------|------------|------------|--------|------------|------------|--------|------------|------------|--------|------------|------------|--|--|--|
| <b>DISABILITY C.O.B.R.A.</b> |        |            |            |        |            |            |        |            |            |        |            |            |        |            |            |  |  |  |
| ENROLLEE ONLY                | \$0.00 | \$1,449.74 | \$1,449.74 | \$0.00 | \$1,182.00 | \$1,182.00 | \$0.00 | \$1,394.58 | \$1,394.58 | \$0.00 | \$503.96   | \$503.96   | \$0.00 | \$871.36   | \$871.36   |  |  |  |
| ENROLLEE + 1 (SPOUSE)        | \$0.00 | \$3,079.52 | \$3,079.52 | \$0.00 | \$2,510.70 | \$2,510.70 | \$0.00 | \$2,962.02 | \$2,962.02 | \$0.00 | \$1,070.68 | \$1,070.68 | \$0.00 | \$1,850.76 | \$1,850.76 |  |  |  |
| ENROLLEE + 1 (CHILD)         | \$0.00 | \$1,768.26 | \$1,768.26 | \$0.00 | \$1,441.54 | \$1,441.54 | \$0.00 | \$1,700.76 | \$1,700.76 | \$0.00 | \$615.00   | \$615.00   | \$0.00 | \$1,063.06 | \$1,063.06 |  |  |  |
| ENROLLEE + CHILDREN          | \$0.00 | \$1,768.26 | \$1,768.26 | \$0.00 | \$1,441.54 | \$1,441.54 | \$0.00 | \$1,700.76 | \$1,700.76 | \$0.00 | \$615.00   | \$615.00   | \$0.00 | \$1,063.06 | \$1,063.06 |  |  |  |
| FAMILY                       | \$0.00 | \$3,247.80 | \$3,247.80 | \$0.00 | \$2,647.94 | \$2,647.94 | \$0.00 | \$3,123.80 | \$3,123.80 | \$0.00 | \$1,128.96 | \$1,128.96 | \$0.00 | \$1,951.76 | \$1,951.76 |  |  |  |

NOTE: 1) The breakdown between the State Share and the Employee Share amounts shown may not be accurate for certain school board employees due to local funding that affects agency contributions. Total Premium amounts are correct for all non-risk rated agencies.  
 2) The breakdown between the State Share and Employee Share amounts shown for retirees without Medicare coverage is determined based upon the requirements of LA R.S. 42:851(C)(3), which supersedes the requirements of LA R.S. 42:851(E)(1).  
 3) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.

## OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

## PARISH &amp; CITY SCHOOL BOARDS ONLY

Rates effective January 1, 2025 (75% 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<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 Share  | Employee Share | Total Premium | State Share | Employee Share                               | Total Premium | State Share | Employee Share | Total Premium                                     | State Share | Employee Share | Total Premium | State Share                                  | Employee Share | Total Premium | State Share | Employee Share                                | Total Premium | State Share | Employee Share | Total Premium |  |
| <b>ACTIVE EMPLOYEE</b>                                    |  |                |               |             |  |               |             |                |   |             |                |               |  |                |               |             |   |               |             |                |               |  |
| ENROLLEE ONLY   | \$724.92   | \$241.56       | \$966.48      | \$591.04    | \$196.96                                     | \$788.00      | \$697.32    | \$232.40       | \$929.72  | \$252.00    | \$83.96        | \$335.96      | \$516.30                                     | \$172.06       | \$688.36      |             |   |               |             |                |               |  |
| ENROLLEE + 1 (SPOUSE)                                     | \$1,268.18   | \$784.84       | \$2,053.02    | \$1,033.88  | \$639.90                                     | \$1,673.78    | \$1,219.86  | \$754.80       | \$1,974.66  | \$440.92    | \$272.86       | \$713.78      | \$903.14                                     | \$558.94       | \$1,462.08    |             |   |               |             |                |               |  |
| ENROLLEE + 1 (CHILD)                                      | \$831.08   | \$347.76       | \$1,178.84    | \$677.54    | \$283.48                                     | \$961.02      | \$799.38    | \$334.46       | \$1,133.84  | \$289.00    | \$121.00       | \$410.00      | \$592.02                                     | \$247.80       | \$839.82      |             |   |               |             |                |               |  |
| ENROLLEE + CHILDREN                                       | \$831.08   | \$347.76       | \$1,178.84    | \$677.54    | \$283.48                                     | \$961.02      | \$799.38    | \$334.46       | \$1,133.84  | \$289.00    | \$121.00       | \$410.00      | \$592.02                                     | \$247.80       | \$839.82      |             |   |               |             |                |               |  |
| FAMILY  | \$1,324.28   | \$840.90       | \$2,165.18    | \$1,079.64  | \$685.66                                     | \$1,765.30    | \$1,273.80  | \$808.74       | \$2,082.54  | \$460.34    | \$292.28       | \$752.62      | \$943.06                                     | \$598.80       | \$1,541.86    |             |   |               |             |                |               |  |
| <b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b> |  |                |               |             |  |               |             |                |   |             |                |               |  |                |               |             |   |               |             |                |               |  |
| ENROLLEE ONLY   | \$1,556.64   | \$241.56       | \$1,798.20    | \$1,269.12  | \$196.96                                     | \$1,466.08    | \$1,502.82  | \$232.40       | \$1,735.22  | N/A         | N/A            | N/A           | \$908.76                                     | \$172.06       | \$1,080.82    |             |   |               |             |                |               |  |
| ENROLLEE + 1 (SPOUSE)                                     | \$2,390.52   | \$784.84       | \$3,175.36    | \$1,948.90  | \$639.90                                     | \$2,588.80    | \$2,309.12  | \$754.80       | \$3,063.92  | N/A         | N/A            | N/A           | \$1,431.32                                   | \$477.10       | \$1,908.42    |             |   |               |             |                |               |  |
| ENROLLEE + 1 (CHILD)                                      | \$1,655.20   | \$347.76       | \$2,002.96    | \$1,349.54  | \$283.48                                     | \$1,633.02    | \$1,598.44  | \$334.46       | \$1,932.90  | N/A         | N/A            | N/A           | \$956.48                                     | \$247.80       | \$1,204.28    |             |   |               |             |                |               |  |
| ENROLLEE + CHILDREN                                       | \$1,655.20   | \$347.76       | \$2,002.96    | \$1,349.54  | \$283.48                                     | \$1,633.02    | \$1,598.44  | \$334.46       | \$1,932.90  | N/A         | N/A            | N/A           | \$956.48                                     | \$247.80       | \$1,204.28    |             |   |               |             |                |               |  |
| FAMILY  | \$2,369.96   | \$789.98       | \$3,159.94    | \$1,932.20  | \$644.06                                     | \$2,576.26    | \$2,286.92  | \$762.32       | \$3,049.24  | N/A         | N/A            | N/A           | \$1,424.22                                   | \$474.74       | \$1,898.96    |             |   |               |             |                |               |  |
| <b>RETIREE WITH 1 MEDICARE</b>                            |  |                |               |             |  |               |             |                |   |             |                |               |  |                |               |             |   |               |             |                |               |  |
| ENROLLEE ONLY   | \$438.56   | \$146.18       | \$584.74      | \$357.52    | \$119.20                                     | \$476.72      | \$430.56    | \$143.50       | \$574.06  | N/A         | N/A            | N/A           | \$263.60                                     | \$87.88        | \$351.48      |             |   |               |             |                |               |  |
| ENROLLEE + 1 (SPOUSE)                                     | \$1,620.46   | \$540.10       | \$2,160.56    | \$1,321.14  | \$440.34                                     | \$1,761.48    | \$1,573.54  | \$524.54       | \$2,098.08  | N/A         | N/A            | N/A           | \$973.90                                     | \$324.60       | \$1,298.50    |             |   |               |             |                |               |  |
| ENROLLEE + 1 (CHILD)                                      | \$759.08   | \$253.04       | \$1,012.12    | \$618.88    | \$206.28                                     | \$825.16      | \$740.58    | \$246.90       | \$987.48  | N/A         | N/A            | N/A           | \$456.44                                     | \$152.08       | \$608.52      |             |   |               |             |                |               |  |
| ENROLLEE + CHILDREN                                       | \$759.08   | \$253.04       | \$1,012.12    | \$618.88    | \$206.28                                     | \$825.16      | \$740.58    | \$246.90       | \$987.48  | N/A         | N/A            | N/A           | \$456.44                                     | \$152.08       | \$608.52      |             |   |               |             |                |               |  |
| FAMILY  | \$2,159.10   | \$719.64       | \$2,878.74    | \$1,760.28  | \$586.74                                     | \$2,347.02    | \$2,094.46  | \$698.14       | \$2,792.60  | N/A         | N/A            | N/A           | \$1,297.50                                   | \$432.50       | \$1,730.00    |             |   |               |             |                |               |  |
| <b>RETIREE WITH 2 MEDICARE</b>                            |  |                |               |             |  |               |             |                |   |             |                |               |  |                |               |             |   |               |             |                |               |  |
| ENROLLEE + 1 (SPOUSE)                                     | \$788.40   | \$262.74       | \$1,051.14    | \$642.76    | \$214.22                                     | \$856.98      | \$771.78    | \$257.24       | \$1,029.02  | N/A         | N/A            | N/A           | \$473.86                                     | \$157.90       | \$631.76      |             |   |               |             |                |               |  |
| FAMILY  | \$976.08   | \$325.36       | \$1,301.44    | \$795.84    | \$265.24                                     | \$1,061.08    | \$955.54    | \$318.50       | \$1,274.04  | N/A         | N/A            | N/A           | \$586.58                                     | \$195.54       | \$782.12      |             |   |               |             |                |               |  |
| <b>C.O.B.R.A.</b>   |  |                |               |             |  |               |             |                |   |             |                |               |  |                |               |             |   |               |             |                |               |  |
| ENROLLEE ONLY   | \$0.00   | \$985.82       | \$985.82      | \$0.00      | \$803.74                                     | \$803.74      | \$0.00      | \$948.34       | \$948.34  | \$0.00      | \$342.70       | \$342.70      | \$0.00                                       | \$702.12       | \$702.12      |             |   |               |             |                |               |  |
| ENROLLEE + 1 (SPOUSE)                                     | \$0.00   | \$2,094.06     | \$2,094.06    | \$0.00      | \$1,707.28                                   | \$1,707.28    | \$0.00      | \$2,014.12     | \$2,014.12  | \$0.00      | \$728.02       | \$728.02      | \$0.00                                       | \$1,491.30     | \$1,491.30    |             |   |               |             |                |               |  |
| ENROLLEE + 1 (CHILD)                                      | \$0.00   | \$1,202.40     | \$1,202.40    | \$0.00      | \$980.24                                     | \$980.24      | \$0.00      | \$1,156.54     | \$1,156.54  | \$0.00      | \$418.20       | \$418.20      | \$0.00                                       | \$856.62       | \$856.62      |             |   |               |             |                |               |  |
| ENROLLEE + CHILDREN                                       | \$0.00   | \$1,202.40     | \$1,202.40    | \$0.00      | \$980.24                                     | \$980.24      | \$0.00      | \$1,156.54     | \$1,156.54  | \$0.00      | \$418.20       | \$418.20      | \$0.00                                       | \$856.62       | \$856.62      |             |   |               |             |                |               |  |
| FAMILY  | \$0.00   | \$2,208.46     | \$2,208.46    | \$0.00      | \$1,800.58                                   | \$1,800.58    | \$0.00      | \$2,124.14     | \$2,124.14  | \$0.00      | \$767.68       | \$767.68      | \$0.00                                       | \$1,572.70     | \$1,572.70    |             |   |               |             |                |               |  |
| <b>DISABILITY C.O.B.R.A.</b>                              |  |                |               |             |  |               |             |                |   |             |                |               |  |                |               |             |   |               |             |                |               |  |
| ENROLLEE ONLY   | \$0.00   | \$1,449.74     | \$1,449.74    | \$0.00      | \$1,182.00                                   | \$1,182.00    | \$0.00      | \$1,394.58     | \$1,394.58  | \$0.00      | \$503.96       | \$503.96      | \$0.00                                       | \$1,032.54     | \$1,032.54    |             |   |               |             |                |               |  |
| ENROLLEE + 1 (SPOUSE)                                     | \$0.00   | \$3,079.52     | \$3,079.52    | \$0.00      | \$2,510.70                                   | \$2,510.70    | \$0.00      | \$2,962.02     | \$2,962.02  | \$0.00      | \$1,070.68     | \$1,070.68    | \$0.00                                       | \$2,193.12     | \$2,193.12    |             |   |               |             |                |               |  |
| ENROLLEE + 1 (CHILD)                                      | \$0.00   | \$1,768.26     | \$1,768.26    | \$0.00      | \$1,441.54                                   | \$1,441.54    | \$0.00      | \$1,700.76     | \$1,700.76  | \$0.00      | \$615.00       | \$615.00      | \$0.00                                       | \$1,259.74     | \$1,259.74    |             |   |               |             |                |               |  |
| ENROLLEE + CHILDREN                                       | \$0.00   | \$1,768.26     | \$1,768.26    | \$0.00      | \$1,441.54                                   | \$1,441.54    | \$0.00      | \$1,700.76     | \$1,700.76  | \$0.00      | \$615.00       | \$615.00      | \$0.00                                       | \$1,259.74     | \$1,259.74    |             |   |               |             |                |               |  |
| FAMILY  | \$0.00   | \$3,247.80     | \$3,247.80    | \$0.00      | \$2,647.94                                   | \$2,647.94    | \$0.00      | \$3,123.80     | \$3,123.80  | \$0.00      | \$1,128.96     | \$1,128.96    | \$0.00                                       | \$2,312.80     | \$2,312.80    |             |   |               |             |                |               |  |

NOTE: 1) The breakdown between the *State Share* and *Employee Share* amounts shown for retirees without Medicare coverage is determined based upon the requirements of LA R.S. 42:851(C)(3), which supersedes the requirements of LA R.S. 42:851(E)(1).

2) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.

3) Monthly premium rates shown apply to charter schools that participate in the OGB program and are under the jurisdiction of a city or parish school board.



OFFICE OF GROUP BENEFITS

**OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES**

Rates for Medicare Advantage plans effective January 1, 2025 (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 | State Share                             | Employee Share | Total Premium |
| \$62.09                                 | \$20.69        | \$82.78       | \$171.63                                | \$57.21        | \$228.84      | \$144.97                                | \$48.32        | \$193.29      | \$145.53                                | \$48.51        | \$194.04      | \$142.85                                | \$47.62        | \$190.47      |
| \$124.17                                | \$41.39        | \$165.56      | \$343.26                                | \$114.42       | \$457.68      | \$289.94                                | \$96.64        | \$386.58      | \$291.06                                | \$97.02        | \$388.08      | \$285.70                                | \$95.24        | \$380.94      |

| 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 | State Share  | Employee Share | Total Premium |
| \$181.18                                | \$60.39        | \$241.57      | \$188.81                                | \$62.93        | \$251.74      | \$188.67                                | \$62.89        | \$251.56      | \$170.26                                | \$56.75        | \$227.01      | \$131.25   | \$43.75        | \$175.00      |
| \$362.36                                | \$120.78       | \$483.14      | \$377.61                                | \$125.87       | \$503.48      | \$377.34                                | \$125.78       | \$503.12      | \$340.52                                | \$113.50       | \$454.02      | \$262.50   | \$87.50        | \$350.00      |

- Region 1: Orleans, Saint Bernard, Plaquemines 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: Beauregard, Allen, Calcasieu, Jefferson Davis and Cameron Parishes
- Region 6: Vernon, Sabine, Natchitoches, Winn, Grant, Rapides, LaSalle, Catahoula, Concordia and Avoyelles Parishes
- Region 7: Caddo, Bossier, Webster, Claiborne, Bienville, Red River and DeSoto Parishes
- Region 8: Ouachita, Union, Lincoln, Jackson, Caldwell, Richland, Morehouse, Franklin, West Carroll, Madison and Tensas Parishes
- Region 9: Washington, Saint Tammany, Saint Helena and Tangipahoa Parishes

**RETIREE WITH 1 MEDICARE**

**ENROLLEE ONLY**

**RETIREE WITH 2 MEDICARE**

**ENROLLEE + 1 (SPOUSE)**

**RETIREE WITH 1 MEDICARE**

**ENROLLEE ONLY**

**RETIREE WITH 2 MEDICARE**

**ENROLLEE + 1 (SPOUSE)**





OFFICE OF GROUP BENEFITS

**OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES**

Rates for Medicare Advantage plans effective January 1, 2025 (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 |          |          |          |
| \$153.00   | \$51.00        | \$204.00   | \$174.00    | \$58.00   | \$232.00      | \$156.00   | \$52.00        | \$208.00   | \$194.25    | \$64.75        | \$259.00      | \$183.00 | \$61.00  | \$244.00 |
| \$306.00   | \$102.00       | \$408.00   | \$348.00    | \$116.00  | \$464.00      | \$312.00   | \$104.00       | \$416.00   | \$388.50    | \$129.50       | \$518.00      | \$366.00 | \$122.00 | \$488.00 |

**RETIREE WITH 1 MEDICARE**

**ENROLLEE ONLY**

**RETIREE WITH 2 MEDICARE**

**ENROLLEE + 1 (SPOUSE)**

- Region 1: Orleans, Saint Bernard, Plaquemines 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: Beauregard, Allen, Calcasieu, Jefferson Davis and Cameron Parishes
- Region 6: Vernon, Sabine, Natchitoches, Winn, Grant, Rapides, LaSalle, Catahoula, Concordia and Avoyelles Parishes
- Region 7: Caddo, Bossier, Webster, Claiborne, Bienville, Red River and DeSoto Parishes
- Region 8: Ouachita, Union, Lincoln, Jackson, Caldwell, Richland, Morehouse, Franklin, West Carroll, Madison and Tensas Parishes
- Region 9: Washington, Saint Tammany, Saint Helena and Tangipahoa Parishes



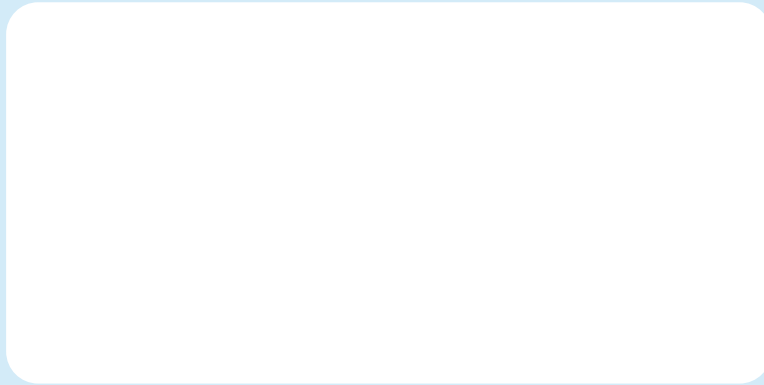




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**Office of Group Benefits**  
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