



ENROLLMENT GUIDE FOR PLAN YEAR 2025

for active employees & rehired retirees

ANNUAL ENROLLMENT

OCTOBER 1 – NOVEMBER 15, 2024

info.groupbenefits.org
annualenrollment.groupbenefits.org
enroll.groupbenefits.org

RESOURCES / CONTACT INFORMATION

If you have any questions about annual enrollment, visit 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 Hours: 8:00 AM - 4:30 PM Monday - Friday	1-800-272-8451	info.groupbenefits.org
Vendor	Customer Service	Website
Louisiana Blue Hours: 8:00 AM - 8:00 PM CT Monday - Friday	1-800-392-4089	lablue.com/ogb
CVS Caremark Hours: 24 hours a day Seven days a week	1-877-300-1906	www.caremark.com
Express Scripts (ESI) - Pelican HSA775 Hours: 24 hours a day Seven Days a Week	1-866-781-7533	www.express-scripts.com
Health Equity Hours: 24 hours a day Seven days a week	1-866-346-5800	www.HealthEquity.com
TASC Hours: 24 hours a day Seven days a week	1-844-237-9222	www.tasconline.com
Additional Information	Member Services	Website
Centers for Medicare & Medicaid (CMS) 24 Hours a day / 7 days a week	1-800-633-4227	www.medicare.gov
Social Security Administration	1-800-772-1213	www.ssa.gov

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

BCBSLA– Blue Cross Blue Shield of Louisiana	CMS – Centers for Medicare & Medicaid Services
EOB – Explanation of Benefits	FSA – Flexible Spending Arrangement
HIPAA – Health Insurance Portability & Accountability Act	HRA – Health Reimbursement Arrangement
HSA – Health Savings Account	MA – Medicare Advantage
OGB – Office of Group Benefits	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,

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.

This year, annual enrollment meetings will be held virtually for active employees and several in-person 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.

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 coverage 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 to provide 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.

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
Best regards,

ACTIVE EMPLOYEE & REHIRED RETIREE MEETING SCHEDULE



Annual Enrollment is October 1 - November 15

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

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

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

DATE	LOCATION	START TIMES
Sept. 24	https://la-ogb.zoom.us/j/81567700442?pwd=v5VTjYxOJb56gnMXaVnbneP3OtyVwH.1 Passcode: 882447	9:00 AM
Sept. 24	https://la-ogb.zoom.us/j/81346302026?pwd=Eb347kelB0CwkJrvxC5a5JC604NzHM.1 Passcode: 374077	2:00 PM
Sept. 25	https://la-ogb.zoom.us/j/82909774496?pwd=rmbILaceX4oAEzZqcn6alAekdM1LHR.1 Passcode:	9:00 AM
Sept. 25	https://la-ogb.zoom.us/j/89642394774?pwd=IMCKe5bnepLy6gp0Lkmaq8etnDh1eVB.1 Passcode: 240723	2:00 PM
Sept. 26	https://la-ogb.zoom.us/j/89748010381?pwd=37T6o9lL3CDejNVAorAcVMrM0Gljj1.1 Passcode: 732059	9:00 AM
Sept. 26	https://la-ogb.zoom.us/j/88368283211?pwd=ctnq2hiJsrholHiPQ5rFz0Zh4c0a1.1 Passcode: 213557	2:00 PM

Visit info.groupbenefits.org or call 1-800-272-8451 for more information.

NOTES



GENERAL INFORMATION

For all members

Annual Enrollment & Your Responsibilities



Important Dates

- **October 1, 2024** – 2025 OGB annual enrollment begins
- **November 15, 2024** – OGB annual 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. (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 through your Human Resources department.
- 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:

LaGov vs. Non-LaGov

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

ACTIVE EMPLOYEES, REHIRED RETIREES	OGB Annual Enrollment Portal	Louisiana Employees On-line (LEO)	Human Resources Department
Enroll in a new health plan with the same covered dependents as 2024	✓ (Non-LaGov employees only)	✓ (LaGov employees only)	✓
Enroll in a health plan with different or new covered dependents than 2024			✓
Elect or re-elect HSA contributions	✓ (Re-elect) (Non-LaGov employees only)	✓ (Re-elect) (LaGov employees only)	✓ (Elect)
Elect or re-elect FSA contributions	✓ (Non-LaGov employees only)	✓ (LaGov employees only)	✓
Apply for term life insurance or make a change to term life insurance coverage			✓
Discontinue OGB health and/or term life insurance coverage			✓

Access the web portal at enroll.groupbenefits.org.

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.

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 they are classified as an overage dependent

Children are defined as:

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

Other Non-Spouse Dependents are defined as:

- Unmarried grandchild who resides with the Primary Plan Member and of whom the member has legal custody
- Unmarried child of 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 your human resources department with a birth certificate or a copy of the birth letter within 30 days of the child's birth date. The birth letter will suffice as proof of parentage only if it contains the relationship of the child and the employee. If the birth certificate or birth letter is not timely received, enrollment cannot take place until the next annual enrollment period or the Plan member experiences another OGB Plan-Recognized Qualified Life Event that allows the child to be added.



SUMMARY OF PLANS

Active Employees & Rehired Retirees

ACTIVE EMPLOYEE & REHIRED RETIREE MEETING SCHEDULE



Annual Enrollment is October 1 - November 15

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

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

Interpreter for hearing-impaired members is available upon request submitted

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

DATE	LOCATION	START TIMES
Sept. 24	https://la-ogb.zoom.us/j/81567700442?pwd=v5VTjYxOJb56gnMXaVnbneP3OtyVwH.1 Passcode: 882447	9:00 AM
Sept. 24	https://la-ogb.zoom.us/j/81346302026?pwd=Eb347kelB0CwkJrvxC5a5JC604NzHM.1 Passcode: 374077	2:00 PM
Sept. 25	https://la-ogb.zoom.us/j/82909774496?pwd=rmbLlAceX4oAEzZqcn6alAekdM1LHR.1 Passcode: 311613	9:00 AM
Sept. 25	https://la-ogb.zoom.us/j/89642394774?pwd=IMCKe5bnepLy6gp0Lkmaq8etnDh1eVB.1 Passcode: 240723	2:00 PM
Sept. 26	https://la-ogb.zoom.us/j/89748010381?pwd=37T6o9lL3CDejNVAorAcVMrM0Gljj1.1 Passcode: 732059	9:00 AM
Sept. 26	https://la-ogb.zoom.us/j/88368283211?pwd=ctnq2hiJsrbholHiPQ5rFz0Zh4c0a1.1 Passcode: 213557	2:00 PM

Visit info.groupbenefits.org or call 1-800-272-8451 for more information.

NOTES

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.
- **Provider Access:** Easily view and select from Louisiana Blue's network providers at 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.

	Employee 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 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.

Pelican HSA775 (Active Employees Only)*

The Pelican HSA775 plan offers the lowest premiums among our options and includes a separate health savings account (HSA) funded by both employers and employees. Here are the key features:

Employer and Employee Contributions:

- Employers contribute \$200 to the HSA.
- Employers also match any employee contributions up to an additional \$575.
- Employees can contribute to their HSA on a pre-tax basis.

Contribution Limits:

- Individuals can contribute up to \$4,300 annually to their HSA to cover out-of-pocket medical and pharmacy costs.
- Families can contribute up to \$8,550 to cover out-of-pocket medical and pharmacy costs.

Annual Enrollment Process:

- A Health Savings Account Enrollment & Payroll Deduction Election/Change Form (GB-79 form) must be filled out each year during Annual Enrollment for the following year's contributions.

Tax Implications:

- Tax implications may apply for certain members. Visit www.irs.gov for more information.

Medicare Eligibility:

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

Accessing the GB-79 Form:

- Contact your HR representative for the GB-79 form.
- Alternatively, visit the OGB website at info.groupbenefits.org/members.

Provider Access:

- View Louisiana Blue's network providers at lablue.com/ogb.

The Pelican HSA775 plan offers a combination of low premiums and a health savings account to help you manage your healthcare costs effectively. Be sure to consider this option carefully during Annual Enrollment to determine if it aligns with your needs and preferences.

	Employee Only	Family
Employer Contribution to HSA	\$200, plus up to \$575 dollar-for-dollar match of employee contributions	
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 – Express Scripts

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

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

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

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

Health Savings Account

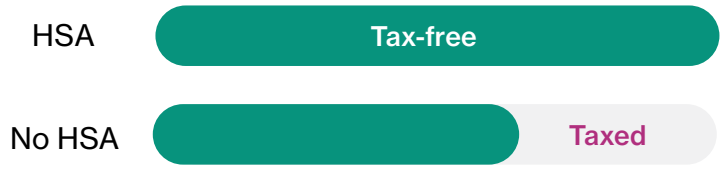
An HSA lets you save money for future healthcare costs while also saving on taxes. How? HSAs are the only benefit with a triple-tax advantage:¹ Tax-free contributions. Tax-free account growth. And tax-free spending on HSA-qualified expenses. It's your healthcare emergency safety net.

- ✓ No use-it-or-lose-it rule, HSAs rollover every year
- ✓ Available tax-free investing, just like a 401(k)²
- ✓ Requires an eligible high-deductible health plan (HDHP)





Don't tax your money. Max your money.

Get \$20 tax savings for every \$100 you contribute.³



2025 HSA Contribution Limits

 **\$4,300**
Individual plan

 **\$8,550**
Family plan

Members 55+ can contribute an extra \$1,000.

Spend tax-free.

There are thousands of HSA-qualified expenses. Here are just few:

- Medical
- Dental
- Vision
- Pharmacy
- Over-the-counter (OTC) medications
- Mental health services
- Lab fees



See how much
you can save.

HealthEquity.com/Learn/HSA

¹HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | ³Example for illustration only. Estimated savings are based on an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your taxable income and tax status. HealthEquity does not provide legal, tax or financial advice.

HSA vs FSA

Both accounts let you:

- ✓ Use pre-tax money to pay for qualified medical expenses, including dental and vision¹
- ✓ Make pre-tax payroll contributions
- ✓ Pay for your spouse and dependents too



Health Savings Account
**Save up to \$1,710²
 on taxes**



Healthcare Flexible Spending Account
**Save up to \$500³
 on taxes**

Fund availability	Funds available as you contribute	Get full annual amount on day 1 of plan year
Fund expiration	No use-it-or-lose-it, keep your money forever (even if you change health plans, jobs, or retire)	Funds eventually expire if you don't use them (though some employers offer grace period or carryover extensions)
Investing	Invest ⁴ your HSA tax-free, like a 401(k)	Cannot invest FSA funds or grow your account
Contribution changes	Change or update anytime	Only during enrollment or 'qualifying life event'
Health plan type	Requires HSA-qualified health plan	Works with any health plan type
Contribution limits⁵	\$8,550 (Family plan) \$4,300 (Individual plan)	\$3,200 (regardless of plan type)
Account compatibility (if offered by employer)	<ul style="list-style-type: none"> • Dependent Care FSA • Commuter Benefits • Limited Purpose FSA 	<ul style="list-style-type: none"> • Dependent Care FSA • Commuter Benefits • Health Reimbursement Arrangement



Discover more ways to save.
HealthEquity.com/Learn

¹FSA and HSA funds are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize FSA and HSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²Estimated potential tax savings are based on a \$8,300 family HSA contribution and 20% effective tax rate including applicable state and federal income taxes. Actual tax savings will vary based on your contribution amount and specific tax situation. | ³Estimated potential tax savings are based on a \$2,500 contribution and a 20% effective tax rate, including applicable state and federal income taxes. Actual tax savings will vary based on your specific tax situation. | ⁴Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | ⁵Contribution limits are accurate as of 11/09/2023 for FSA and 5/14/2024 for HSA. For the latest information, please visit: HealthEquity.com/Learn | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions. | Copyright © 2024 HealthEquity, Inc. All rights reserved. HSAvsFSA OE Flyer 5.14.2024

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.

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)	Employee Only	Employee + 1	Employee + 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 ³	\$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 ³	\$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.
- **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.

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 (retirement date ON or AFTER 3-1-2015)	Employee Only	Employee + 1	Employee + 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! Out-of-network coverage is provided only in the case 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
- 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 and choose your member type under Magnolia Local. Click Find a Doctor, then Find a Community Blue Doctor.

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

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

Greater New Orleans Region

- Ochsner Health and its affiliates

Lafayette Region

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

St. Tammany Region

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

Shreveport/Bossier Region

- CHRISTUS Shreveport-Bossier Health System and its affiliates

To find a complete list of providers in this network, visit 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.

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.

Active employees and Non-Medicare Retirees (retirement date ON or AFTER 3-1-2015)	Employee Only	Employee + 1	Employee + 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 ³	\$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 ³	\$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 - LaGov Employees



During annual enrollment, members have the flexibility to make changes to their current health plans, renew their HSA (Health Savings Account) and/or FSA (Flexible Spending Account) contributions, switch to a new health plan, or choose to maintain their current coverage. However, how you make these changes depends on your member status and agency classification, specifically whether you fall under "LaGov" or "Non-LaGov" classifications.

LaGov vs. Non-LaGov

- **LaGov:** This classification refers to agencies categorized as part of the Louisiana state government.
- **Non-LaGov:** This classification includes agencies that are not part of the Louisiana state government.

If you are uncertain about whether your agency is classified as LaGov or Non-LaGov, it's essential to contact your human resources department for clarification.

Active LaGov Employees

There are two ways for active employees to change their health plan:

1. Louisiana Employees Online (LEO):

- Active LaGov employees can change or update their health plan elections through Louisiana Employees Online (LEO).
- Instructions for using LEO will be provided by the human resources department prior to the start of the annual enrollment period.

2. Contact Your Human Resources Department:

- Alternatively, active employees can contact their human resources department for assistance with changing their health plan.

Important Note: Active employees should not submit a paper enrollment form to OGB. It will not be accepted.

Choose the method that works best for you to ensure a smooth and accurate transition or update to your health plan coverage. If you have any questions or need further assistance, your human resources department will be able to provide guidance.

LaGov Rehired Retirees

LaGov rehired retirees have the option to change or update their health plan elections by contacting their human resources department. If you fall into this category and wish to make changes to your health plan, reaching out to your Human Resources department is the appropriate course of action. They will provide guidance and assistance to ensure that your health plan elections are accurately updated according to your preferences and needs

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. (**Active Members enrolled in the HSA and/or FSA options will need to update their elections for 2025.**)

How to Enroll - Non-LaGov Employees



Active Non-LaGov Employees

For active Non-LaGov employees, there are two options to change their health plan:

1. OGB's Annual Enrollment Web Portal:

- Active Non-LaGov employees can change or update their health plan elections through OGB's annual enrollment web portal at enroll.groupbenefits.org.
- To access the web portal, employees will need their insurance cards and identification numbers, such as their date of birth and Social Security number.
- Please note that adding or removing dependents cannot be completed through the web portal. Adding or removing dependents must be completed through your Human Resources department. However, FSA (Flexible Spending Account) and HSA (Health Savings Account) contributions must be renewed annually and can be completed through the web portal.

2. Contact Your Human Resources Department:

- Alternatively, active Non-LaGov employees can contact their human resources department for assistance with changing their health plan.

Important Note: Paper enrollment forms will not be accepted from active employees. It's essential to utilize the designated channels provided to make changes to your health plan elections.

Choose the method that aligns with your preferences and needs to ensure a seamless process for updating your health plan coverage. If you have any questions or need further assistance, your human resources department will be able to provide guidance and support.

Non-LaGov Rehired Retirees

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

1. Non-LaGov Rehired Retirees:

- Change or update your elections through OGB's annual enrollment web portal at enroll.groupbenefits.org.
 - You will need your identification numbers (such as your date of birth, Social Security number, etc.) to log in to the web portal.

2. Contact Your Human Resources Department:

- Reach out to your human resources department for assistance with changing your health plan.

3. To Enroll in a Health Plan with Different or New Covered Dependents, or to Discontinue OGB Coverage:

- Rehired Retirees must see their Human Resources department to add or drop dependents or discontinue their OGB coverage.

NOTES

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.**

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/ogb
- 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.
 - Caremark: www.caremark.com
 - Pelican HSA775 Express Scripts: <https://lablue.com/ogb/pelican-hsa-775-active-employees>.

Active employees and Rehired 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 High Deductible Health Plan		PELICAN HSA775 High Deductible Health Plan	
NETWORK	Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE				
EMPLOYEE ONLY	\$2,000	\$4,000	\$2,000	\$4,000
FAMILY	\$4,000	\$8,000	\$4,000	\$8,000
OUT-OF-POCKET MAXIMUM				
EMPLOYEE ONLY	\$5,000	\$10,000	\$5,000	\$10,000
FAMILY	\$10,000	\$20,000	\$10,000	\$20,000
STATE FUNDING	THE PLAN PAYS		THE PLAN PAYS	
EMPLOYEE ONLY	\$1,000		\$775*	
FAMILY	\$2,000		\$775*	
	Funding not applicable to pharmacy Expenses.		*\$200, plus up to \$575 more dollar for dollar match of employee contributions ⁵	
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PHYSICIANS' SERVICES				
Preventative Care Primary Care Physician or Specialist Office or Clinic	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; Not subject to deductible	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; Not subject to deductible
Primary Care Physician or Specialist Office - Treatment of illness or injury	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Maternity Care (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Physician Services Furnished in a Hospital Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Physician Services for Emergency Room Care	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible
Outpatient Surgery/ Services When billed as office visits	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery/ Services When billed as outpatient surgery at a facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
HOSPITAL SERVICES				
Inpatient Services Inpatient care, delivery and inpatient short-term acute rehabilitation services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery/Services Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	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.

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

Active Employees and Rehired 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 High Deductible Health Plan		PELICAN HSA775 High Deductible Health Plan	
NETWORK	Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HOSPITAL SERVICES				
Emergency Room - Hospital (Facility) - Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible
BEHAVIORAL HEALTH				
Mental Health and Substance Abuse - Inpatient Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Mental Health and Substance Abuse Outpatient Visits - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
OTHER COVERAGE				
Outpatient Acute Short-Term Rehabilitation Services Physical Therapy, Speech Therapy, Occupational Therapy, etc.	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Chiropractic Care	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Urgent Care Center	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Home Health Care Services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Skilled Nursing Facility Services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Hospice Care	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Durable Medical Equipment (DME) - Rental or Purchase	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Hearing Aid Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	NO COVERAGE	80% coverage; subject to deductible	NO COVERAGE
Transplant Services	80% coverage; subject to deductible	NO COVERAGE	80% coverage; subject to deductible	NO COVERAGE
PHARMACY				
Tier 1 - Generic	50% up to \$30 ¹		\$10; subject to deductible ¹	
Tier 2 - Preferred	50% up to \$55 ^{1,2}		\$25; subject to deductible ¹	
Tier 3 - Non-Preferred	65% up to \$80 ^{1,2}		\$50; subject to deductible ¹	
Tier 4 - Specialty	50% up to \$80 ^{1,2}		\$50; subject to deductible ¹	
After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):				
Tier 1 - Generic	\$0 copay		Not Applicable	
Tier 2 - Preferred	\$20 copay		Not Applicable	
Tier 3 - Non-Preferred	\$40 copay		Not Applicable	
Tier 4 - Specialty	\$40 copay		Not Applicable	

¹Prescription drug benefit - 31-day fill

² 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).

Active Employees and Rehired 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	
NETWORK	Louisiana Blue Community Blue & Blue Connect Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE						
EMPLOYEE ONLY	\$400	NO COVERAGE	\$400	NO COVERAGE	\$900	\$900
EMPLOYEE + 1	\$800	NO COVERAGE	\$800	NO COVERAGE	\$1,800	\$1,800
EMPLOYEE + 2 OR MORE	\$1,200	NO COVERAGE	\$1,200	NO COVERAGE	\$2,700	\$2,700
OUT-OF-POCKET MAXIMUM						
EMPLOYEE ONLY	\$2,500	NO COVERAGE	\$3,500	NO COVERAGE	\$3,500	\$4,700
EMPLOYEE + 1	\$5,000	NO COVERAGE	\$6,000	NO COVERAGE	\$6,000	\$8,500
EMPLOYEE + 2 OR MORE	\$7,500	NO COVERAGE	\$8,500	NO COVERAGE	\$8,500	\$12,250
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PHYSICIANS' SERVICES						
Preventative Care Primary Care Physician or Specialist Office or Clinic	100% coverage; not subject to deductible	NO COVERAGE	100% coverage; not subject to deductible	NO COVERAGE	100% coverage; not subject to deductible	70% coverage; subject to deductible
Primary Care Physician or Specialist Office - Treatment of illness or injury	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	90% coverage; subject to deductible	70% coverage; subject to deductible
Maternity Care (prenatal, delivery and postpartum)	100% coverage; after a \$90 copay per pregnancy	NO COVERAGE	100% coverage; after a \$90 copay per pregnancy	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
Physician Services Furnished in a Hospital Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	100% coverage; subject to deductible	NO COVERAGE	100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
Physician Services for Emergency Room Care	100% coverage; subject to deductible	NO COVERAGE	100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	90% coverage; subject to deductible
Outpatient Surgery/ Services 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	90% coverage; subject to deductible	70% coverage; subject to deductible
Outpatient Surgery/ Services When billed as outpatient surgery at a facility	100% coverage; subject to deductible	NO COVERAGE	100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
HOSPITAL SERVICES						
Inpatient Services 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)
Outpatient Surgery/ Services 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

Active Employees and Rehired 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	
NETWORK	Louisiana Blue Community Blue & Blue Connect Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HOSPITAL SERVICES						
Emergency Room - Hospital (Facility) Treatment of an emergency medical condition or injury	100% coverage after \$200 copay per visit; waived if admitted	NO COVERAGE	100% coverage after \$200 copay per visit; waived if admitted	NO COVERAGE	90% coverage; subject to deductible; \$200 copay per visit; waived if admitted	90% coverage; subject to deductible; \$200 copay per visit; waived if admitted
BEHAVIORAL HEALTH						
Mental Health and Substance Abuse 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)
Mental Health and Substance Abuse Outpatient Visits - Professional	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
OTHER COVERAGE						
Outpatient Acute Short-Term Rehabilitation Services 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
Chiropractic Care	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
Urgent Care Center	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
Home Health Care Services	100% coverage subject to deductible	NO COVERAGE	100% coverage subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
Skilled Nursing Facility 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
Hospice Care	100% coverage subject to deductible	NO COVERAGE	100% coverage subject to deductible	NO COVERAGE	80% coverage; subject to deductible	70% coverage; subject to deductible
Durable Medical Equipment (DME) - Rental or Purchase	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

Active Employees and Rehired 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	
NETWORK	Louisiana Blue Community Blue & Blue Connect Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
OTHER COVERAGE						
Hearing Aid Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	NO COVERAGE	80% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
Transplant Services	100% coverage; subject to deductible	NO COVERAGE	100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
PHARMACY						
Tier 1 - Generic	50% up to \$30 ¹					
Tier 2 - Preferred	50% up to \$55 ^{1,2}					
Tier 3 - Non-Preferred	65% up to \$80 ^{1,2}					
Tier 4 - Specialty	50% up to \$80 ^{1,2}					
After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):						
Tier 1 - Generic	\$0 copay					
Tier 2 - Preferred	\$20 copay					
Tier 3 - Non-Preferred	\$40 copay					
Tier 4 - Specialty	\$40 copay					

¹ Prescription drug benefit - 31-day fill

² 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.

Rehired 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 High Deductible Health Plan		PELICAN HSA775 High Deductible Health Plan	
NETWORK	Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE				
EMPLOYEE ONLY	\$2,000	\$4,000	\$2,000	\$4,000
FAMILY	\$4,000	\$8,000	\$4,000	\$8,000
OUT-OF-POCKET MAXIMUM				
EMPLOYEE ONLY	\$5,000	\$10,000	\$5,000	\$10,000
FAMILY	\$10,000	\$20,000	\$10,000	\$20,000
STATE FUNDING				
	THE PLAN PAYS		THE PLAN PAYS	
EMPLOYEE ONLY	\$1,000		\$775*	
FAMILY	\$2,000		\$775*	
	Funding not applicable to pharmacy Expenses.		*\$200, plus up to \$575 more dollar for dollar match of employee contributions ⁵	
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PHYSICIANS' SERVICES				
Preventative Care Primary Care Physician or Specialist Office or Clinic	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; Not subject to deductible	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; Not subject to deductible
Primary Care Physician or Specialist Office - Treatment of illness or injury	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Maternity Care (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Physician Services Furnished in a Hospital Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Physician Services for Emergency Room Care	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible
Outpatient Surgery/ Services When billed as office visits	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery/ Services When billed as outpatient surgery at a facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
HOSPITAL SERVICES				
Inpatient Services Inpatient care, delivery and inpatient short-term acute rehabilitation services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery/Services Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	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.

³ PCP = Primary Care Provider; SPC = Specialist

Rehired 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 High Deductible Health Plan		PELICAN HSA775 High Deductible Health Plan	
NETWORK	Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HOSPITAL SERVICES				
Emergency Room - Hospital (Facility) Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible
BEHAVIORAL HEALTH				
Mental Health and Substance Abuse - Inpatient Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Mental Health and Substance Abuse Outpatient Visits - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
OTHER COVERAGE				
Outpatient Acute Short-Term Rehabilitation Services Physical Therapy, Speech Therapy, Occupational Therapy, etc.	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Chiropractic Care	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Urgent Care Center	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Home Health Care Services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Skilled Nursing Facility Services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Hospice Care	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Durable Medical Equipment (DME) - Rental or Purchase	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Hearing Aid Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	NO COVERAGE	80% coverage; subject to deductible	NO COVERAGE
Transplant Services	80% coverage; subject to deductible	NO COVERAGE	80% coverage; subject to deductible	NO COVERAGE
PHARMACY				
Tier 1 - Generic	50% up to \$30 ¹		\$10; subject to deductible ¹	
Tier 2 - Preferred	50% up to \$55 ^{1,2}		\$25; subject to deductible ¹	
Tier 3 - Non-Preferred	65% up to \$80 ^{1,2}		\$50; subject to deductible ¹	
Tier 4 - Specialty	50% up to \$80 ^{1,2}		\$50; subject to deductible ¹	
After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):				
Tier 1 - Generic	\$0 copay		Not Applicable	
Tier 2 - Preferred	\$20 copay		Not Applicable	
Tier 3 - Non-Preferred	\$40 copay		Not Applicable	
Tier 4 - Specialty	\$40 copay		Not Applicable	

¹ Prescription drug benefit - 31-day fill

² 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).

Rehired 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 Community Blue & Blue Connect Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE						
EMPLOYEE ONLY	\$0	NO COVERAGE	\$0	NO COVERAGE	\$300	
EMPLOYEE + 1	\$0	NO COVERAGE	\$0	NO COVERAGE	\$600	
EMPLOYEE + 2 OR MORE	\$0	NO COVERAGE	\$0	NO COVERAGE	\$900	
OUT-OF-POCKET MAXIMUM						
EMPLOYEE ONLY	\$1,000	NO COVERAGE	\$2,000	NO COVERAGE	\$2,300	\$4,300
EMPLOYEE + 1	\$2,000	NO COVERAGE	\$3,000	NO COVERAGE	\$3,600	\$7,600
EMPLOYEE + 2 OR MORE	\$3,000	NO COVERAGE	\$4,000	NO COVERAGE	\$4,900	\$10,900
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PHYSICIANS' SERVICES						
Preventative Care Primary Care Physician or Specialist Office or Clinic	100% coverage; not subject to deductible	NO COVERAGE	100% coverage; not subject to deductible	NO COVERAGE	100% coverage; not subject to deductible	70% coverage; subject to deductible
Primary Care Physician or Specialist Office - Treatment of illness or injury	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	90% coverage; subject to deductible	70% coverage; subject to deductible
Maternity Care (prenatal, delivery and postpartum)	100% coverage; after a \$90 copay per pregnancy	NO COVERAGE	100% coverage; after a \$90 copay per pregnancy	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
Physician Services Furnished in a Hospital Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	100% coverage; subject to deductible	NO COVERAGE	100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
Physician Services for Emergency Room Care	100% coverage; subject to deductible	NO COVERAGE	100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	90% coverage; subject to deductible
Outpatient Surgery/ Services 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	90% coverage; subject to deductible	70% coverage; subject to deductible
Outpatient Surgery/ Services When billed as outpatient surgery at a facility	100% coverage; subject to deductible	NO COVERAGE	100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
HOSPITAL SERVICES						
Inpatient Services 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)

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 Community Blue & Blue Connect Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HOSPITAL SERVICES						
Outpatient Surgery/ Services 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
Emergency Room - Hospital (Facility) Treatment of an emergency medical condition or injury	100% coverage after \$200 copay per visit; waived if admitted	NO COVERAGE	100% coverage after \$200 copay per visit; waived if admitted	NO COVERAGE	90% coverage; subject to deductible; \$200 copay per visit; waived if admitted	90% coverage; subject to deductible; \$200 copay per visit; waived if admitted
BEHAVIORAL HEALTH						
Mental Health and Substance Abuse 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 1-5)
Mental Health and Substance Abuse Outpatient Visits - Professional	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
OTHER COVERAGE						
Outpatient Acute Short-Term Rehabilitation Services 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
Chiropractic Care	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
Urgent Care Center	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
Home Health Care Services	100% coverage subject to deductible	NO COVERAGE	100% coverage subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
Skilled Nursing Facility 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
Hospice Care	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 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 Community Blue & Blue Connect Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
OTHER COVERAGE						
Durable Medical Equipment (DME) - Rental or Purchase	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
Hearing Aid Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	NO COVERAGE	80% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
Transplant Services	100% coverage; subject to deductible	NO COVERAGE	100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
PHARMACY						
Tier 1 - Generic	50% up to \$30 ¹					
Tier 2 - Preferred	50% up to \$55 ^{1,2}					
Tier 3 - Non-Preferred	65% up to \$80 ^{1,2}					
Tier 4 - Specialty	50% up to \$80 ^{1,2}					
After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):						
Tier 1 - Generic	\$0 copay					
Tier 2 - Preferred	\$20 copay					
Tier 3 - Non-Preferred	\$40 copay					
Tier 4 - Specialty	\$40 copay					

¹ Prescription drug benefit - 31-day fill

² 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).

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

NOTES



OTHER BENEFIT OFFERINGS

Term life insurance

Term life insurance

Life insurance through OGB is a term life policy not an individual policy; therefore, there is no cash value. OGB offers three term life insurance plans through Prudential. Details about the Basic Life, Enhanced Life and the Basic Plus Supplemental plans and the corresponding amounts of dependent insurance offered are noted below:

Basic Life			
Option 1		Option 2	
Employee	\$5,000	Employee	\$5,000
Spouse	\$1,000	Spouse	\$2,000
Each Dependent	\$500	Each Dependent	\$1,000
Enhanced Basic			
Option 1		Option 2	
Employee	\$15,000	Employee	\$15,000
Spouse	\$1,000	Spouse	\$2,000
Each Dependent	\$500	Each Dependent	\$1,000
Basic Plus Supplemental			
Option 1		Option 2	
Employee	Schedule to max of \$50,000*	Employee	Schedule to max of \$50,000*
Spouse	\$2,000	Spouse	\$4,000
Each Dependent	\$1,000	Each Dependent	\$2,000
* Amount based on employee's annual salary			

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, turn 65 or your salary changes.
 - 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 reduced accordingly.
- Newly hired employees who apply for term life insurance within 30 days of employment are eligible for term life insurance without providing evidence of insurability (EOI).
- Existing Active Employees may only apply for term life insurance during OGB annual enrollment. These employees may be required to provide evidence of insurability to the insurer.
 - 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 took place. Please submit a GB01 to your HR department 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.**

Please visit the link below or Scan the QR code to complete the EOI.

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



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

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

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) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		Has this insurance been assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State		ZIP Code		Daytime Phone		Home Phone		Date of Retirement (if applicable)	
Name of Employer/Group Policyholder		Group Policy No.		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 <input type="checkbox"/> Basic Life <input type="checkbox"/> Basic AD&D <input type="checkbox"/> Optional Term Life <input type="checkbox"/> Optional AD&D <input type="checkbox"/> GUL <input type="checkbox"/> 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 _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
TOTAL: (Must equal 100%)									

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 _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
TOTAL: (Must equal 100%)									

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



Group Insurance Beneficiary Designation/Change

4. AUTHORIZATION/SIGNATURE I authorize my plan administrator to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans. If designating a trust as a beneficiary, I understand Prudential assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), Prudential has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by Prudential at its Group Life Claim office. I agree that if Prudential makes any payment(s) to the Trustee(s) before notice is received, Prudential will not make payment(s) again.

Employee's Signature X _____ Date Signed _____

The employee must sign and date this form. The signature date must be the date the employee actually signed the form.

Group Life coverage(s) are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Group Variable Universal Life Insurance is distributed by Prudential Investment Management Services LLC, 655 Broad Street, 19TH Floor, Newark, NJ 07102, a registered broker/dealer and a Prudential Financial company. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. Contract provisions may vary by state. Contract series: 83500 (Term Life), 89579 (Group Variable Universal Life), 96945 (Group Universal Life).

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OTHER BENEFIT OFFERINGS
Flexible Spending Arrangement

Flexible Benefits Program *(Active Employees and Rehired Retirees)*

You could save money and reduce your taxes by enrolling in one or more of these benefits.

Option	Description	Consider if:	Do you have to re-enroll each year?
Premium Conversion*	Your eligible premiums are paid with pre-tax dollars through payroll deductions.	You want to increase your take-home pay	No
General-Purpose Health Care Flexible Spending Arrangement (GPFSA)	Allows you to pay with pre-tax dollars certain qualifying medical care expenses for you, your spouse, and your eligible tax dependents.	You pay out-of-pocket medical expenses, such as health plan copayments, health plan deductibles, vision expenses, dental expenses, etc.	Yes
Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA)	Allows you to pay with pre-tax dollars dental and vision expenses for you, your spouse, and your eligible tax dependents, while you maintain your eligibility to contribute to your HSA.	You are enrolled in the Pelican HSA775	Yes
Dependent Care Flexible Spending Arrangement (DCFSA)	Allows you to pay with pre-tax dollars eligible dependent care expenses for your eligible dependents under age 13 or for a spouse, parent, or other dependent who is incapable of self-care.	You pay for the care of your eligible dependent(s) while you are at work.	Yes

*All employees of agencies that participate in the OGB administered Flexible Benefits Plan will automatically be enrolled in the Premium Conversion option. See the Flex Plan document for additional information.

Who is eligible?

In general, active, full-time employees (as defined by employer) are eligible.

Rehired retirees who are employed as active, benefit-eligible employees are eligible to participate in the FSA if their annual elected amount is deducted from their active payroll check and as long as they are not enrolled in Medicare.

Employees can participate in the General-Purpose Health Care FSA, the Limited-Purpose Dental/Vision FSA or the Dependent Care FSA benefit even if they are not enrolled in an OGB health plan or the Premium Conversion benefit!

Annual FSA Enrollment Process:

1. Employees selecting an FSA for the first time must enroll through their Human Resources department by completing a Flexible Spending Arrangement Enrollment\Stop Form (GB-02).can enroll in FSAs on-line at the same time they enroll in their OGB health plan through the annual enrollment portal, or
2. Employees re-enrolling can use the appropriate annual enrollment portal (LEO for LaGov employees, OGB Portal for Non-LaGov employees) or submit a GB-02 to their Human Resources
3. Employees MUST re-enroll in their chosen FSA option EVERY YEAR.

NOTE: Total Administration Services Corporation (TASC) is the FSA Administrator for OGB. More Information about TASC can be found on the next two pages.



Save money with FSA pretax benefit accounts.



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

HEALTHCARE

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

DEPENDENT CARE

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

TIPS


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

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

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

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

Consider this example: (for illustration only)

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

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

How to participate.

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

1. DECIDE how much you want to contribute.

Check with your employer for plan specifics and review at the IRS limits at www.tasconline.com/benefits-limits.

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

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

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

2. ENROLL by completing the enrollment process.

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

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

3. ACCESS your funds easily using the TASC Card.

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

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

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

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

PLANNING TIPS

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

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

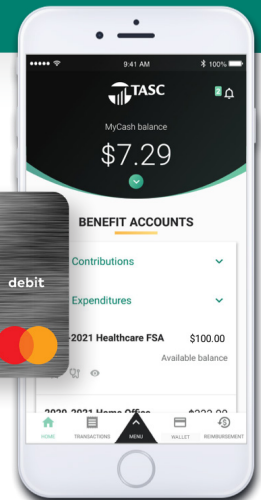
SPECIAL FEATURES



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



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





OTHER BENEFIT OFFERINGS
*Alternative Coverage, Legal Information
and Terms & Conditions*

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.

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.

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.

COBRA - Continuation of Coverage

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

Terms and Conditions



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

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

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

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

NOTES



RATE SHEETS



OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES PARISH & 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.

	Magnolia Open Access Administered by Blue Cross			Magnolia Local Administered by Blue Cross			Magnolia Local Plus Administered by Blue Cross			Pelican HSA775 Administered by Blue Cross			Pelican HRA1000 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
ACTIVE EMPLOYEE															
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
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE															
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
RETIREE WITH 1 MEDICARE															
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
RETIREE WITH 2 MEDICARE															
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
C.O.B.R.A.															
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
DISABILITY C.O.B.R.A.															
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.



OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

PARISH & 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.

	Magnolia Open Access Administered by Blue Cross				Magnolia Local Administered by Blue Cross				Magnolia Local Plus Administered by Blue Cross				Pelican HSA775 Administered by Blue Cross				Pelican HRA1000 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	
ACTIVE EMPLOYEE																						
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							
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE																						
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							
RETIREE WITH 1 MEDICARE																						
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							
RETIREE WITH 2 MEDICARE																						
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							
C.O.B.R.A.																						
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							
DISABILITY C.O.B.R.A.																						
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.

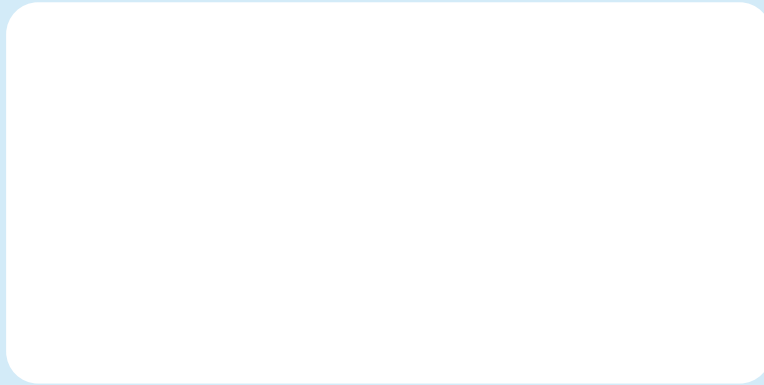
3) Monthly premium rates shown apply to charter schools that participate in the OGB program and are under the jurisdiction of a city or parish school board.



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