



STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS



Dear Member,

The Office of Group Benefits (OGB) is dedicated to ensuring you have access to the best information to help you make informed decisions about your health care coverage. To assist you in this process, we are providing you with an informational flyer that compares the Magnolia Local Plus and Magnolia Access plans with the OGB-sponsored Medicare Advantage plans.

Understanding Your Choices

As an OGB member, you may choose to enroll in one of OGB's self-funded plans or in one of the OGB-sponsored Medicare Advantage plans. Each plan offers unique benefits and cost structures; we want to ensure you understand how these options may affect your health benefit costs and coverage.

The following flyer provides a detailed comparison of two of our most popular self-funded plans and the three OGB-sponsored Medicare Advantage plans. This flyer highlights key differences in coverage, costs, and potential savings. This comparison is designed to help you evaluate which plan might be the most advantageous for your individual needs and preferences.

Additionally, OGB offers Medicare retirees the opportunity to explore Medicare plans through Via Benefits. With Via Benefits, you can benefit from a Health Reimbursement Arrangement (HRA) that helps cover premiums, deductibles, copays, and other medical expenses. For more details on the plans available through Via Benefits, visit my.ViaBenefits.com/ogb or call 1-855-663-4228.

Making an Informed Decision

We want to remind you that enrollment in a Medicare Advantage plan is entirely optional. You are not required to switch from your current plan, and you have the flexibility to choose the plan that best meets your health care needs and financial situation. Remember, annual enrollment is a good time for you to reevaluate your health coverage costs and needs, and make a switch to another plan.

Should you have any questions, our customer service team is here to help. Please feel free to reach out to us at 1-800-272-8451 or OGB.CustomerService@la.gov.

Thank you for being a valued member of OGB. We look forward to continuing to serve you with high-quality care and support.

Sincerely,

Office of Group Benefits
Customer Service

2025 OGB Magnolia Health Plans Costs vs. 2025 OGB Medicare Advantage Health Plan Costs

	Magnolia Local Plus		Magnolia Open Access		Blue Advantage (HMO)	Humana Medicare Advantage Employer HMO	Peoples Health HMO-POS
Premium Rates							
Retiree (75%)	\$143.50		\$146.18		\$51.00 up to \$64.75 <i>varies by region</i>	\$20.69 up to \$62.93 <i>varies by region</i>	\$43.75
Retiree + 1 (75%)	\$257.24		\$262.74		\$102.00 up to \$129.50 <i>varies by region</i>	\$41.39 up to \$125.87 <i>varies by region</i>	\$87.50
In-Network Deductible							
	Before 03/01/2015	On or After 03/01/2015	Before 03/01/2015	On or After 03/01/2015	\$0	\$0	\$0
Retiree	\$0	\$400	\$300	\$900			
Retiree + 1	\$0	\$800	\$600	\$1,800			
Out-of-Network Deductible (OON)							
	Before 03/01/2015	On or After 03/01/2015	Before 03/01/2015	On or After 03/01/2015	No OON Coverage	No OON Coverage	\$1,632 Medicare-defined deductible for inpatient hospital care and inpatient mental health care; this is the 2024 value and may change for 2025 (released by Medicare in October)
Retiree	No OON Coverage	No OON Coverage	\$300	\$900			
Retiree + 1	No OON Coverage	No OON Coverage	\$600	\$1,800			
Medical Out-of-Pocket Maximum (In-Network) Medicare Primary Payer for at Least TWO Participants							
	Before 03/01/2015	On or After 03/01/2015	Before 03/01/2015	On or After 03/01/2015	\$2,000 per person	\$2,000 per person	\$2,500 for Medicare-covered Part A and Part B services
Retiree	\$500	\$1,500	\$1,300	\$1,500			
Retiree + 1	\$0	\$2,000	\$1,600	\$2,000			
Medical Out-of-Pocket Maximum (Out-of-Network- OON) Medicare Primary Payer for at Least TWO Participants							
	Before 03/01/2015	On or After 03/01/2015	Before 03/01/2015	On or After 03/01/2015	No OON Coverage	No OON Coverage	There is no out-of-pocket maximum; costs paid out-of-network are unlimited
Retiree	No OON Coverage	No OON Coverage	\$1,300	\$4,700			
Retiree + 1	No OON Coverage	No OON Coverage	\$1,600	\$8,500			
Prescription Out-of-Pocket Maximum - Applies to Each Covered Person (in accordance with federal requirements set by the IRA)							
	Before 03/01/2015	On or After 03/01/2015	Before 03/01/2015	On or After 03/01/2015	\$2,000	\$2,000	\$2,000
Each Covered Person	\$1,500	\$2,000	\$2,000	\$2,000			

2025 OGB Magnolia Health Plans Costs vs. 2025 OGB Medicare Advantage Health Plan Costs

	Magnolia Local Plus		Magnolia Open Access		Blue Advantage (HMO)	Humana Medicare Advantage Employer HMO	Peoples Health HMO-POS	
Physicians Services								
	In-Network	Out-of-Network	In-Network	Out-of-Network	\$0 copay	\$0 copay	In-Network	Out-of-Network
Primary Care Physician (PCP) Office Visit	\$25 copay	No Coverage	80% coverage; subject to deductible	80% coverage; subject to deductible			\$0 copay	\$0 copay
Specialist (SPC) Office Visit	\$50 copay	No Coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	\$20 copay	\$10 copay	\$10 copay	80% coverage
Emergency Room Care (Physician Services)	100% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	100% coverage	100% coverage	100% coverage
Outpatient Surgery/ Services (When billed as an office visit)	\$25 PCP or \$50 SPC copay	No Coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	PCP \$0 copay SPC \$10 copay	100% coverage after \$0 PCP copay per visit; 100% coverage after \$10 specialist copay per visit	80% coverage
Facility Services								
	In-Network	Out-of-Network	In-Network	Out-of-Network	\$50 copay; waived if admitted	\$50 copay; waived if admitted within 24 hours	In-Network	Out-of-Network
Emergency Room Care (Facility Charges)	\$200 copay per visit; waived if admitted	No Coverage	80% coverage; subject to deductible; \$200 copay per visit; waived if admitted	80% coverage; subject to deductible; \$200 copay per visit; waived if admitted			\$50 copay; waived if admitted	\$50 copay; waived if admitted within 24 hours
Outpatient Surgery/ Services (Hospital/facility)	100% coverage; after a \$100 facility copay per visit	No Coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage	100% coverage	100% coverage	80% coverage
Inpatient Services (Inpatient care, delivery, and inpatient short-term acute rehabilitation services)	\$100 copay per day max \$300 per admission	No Coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	\$50 copay per day (days 1-10)	\$50 copay per day (days 1 - 10)	\$50 copay per day (days 1-10)	Medicare-defined cost sharing: \$1,632 deductible for days 1 to 60, \$408 copay each day for days 61 to 90 and \$816 copay each day for days 91 to 150 (lifetime reserve day) for 2024; values may change for 2025 (released by Medicare in October)
Other Coverage								
	In-Network	Out-of-Network	In-Network	Out-of-Network	\$10 copay	\$10 copay	In-Network	Out-of-Network
Urgent Care Center	\$50 copay per visit	No Coverage	80% coverage; subject to deductible	80% coverage; subject to deductible			\$10 copay	\$10 copay

2025 OGB Magnolia Health Plans Costs vs. 2025 OGB Medicare Advantage Health Plan Costs

	Magnolia Local Plus		Magnolia Open Access		Blue Advantage (HMO)	Humana Medicare Advantage Employer HMO	Peoples Health HMO-POS	
Other Coverage								
	In-Network	Out-of-Network	In-Network	Out-of-Network			In-Network	Out-of-Network
Outpatient Acute Short-Term Rehabilitation Services (Physical therapy, speech therapy, occupational therapy, etc.)	\$25 copay per visit	No Coverage	80% coverage; subject to deductible	80% coverage; subject to deductible			\$0 copay for PT/OT/ST	\$0 copay for PT/OT/ST/Audiology
Chiropractic Care	\$25 copay per visit	No Coverage	80% coverage; subject to deductible	80% coverage; subject to deductible	\$20 copay	\$10 copay (Medicare Covered)	\$10 copay per visit	80% 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; subject to deductible	80% coverage; subject to deductible	95% coverage	DME Provider - 95% coverage Pharmacy - 100% coverage	95% coverage	80% coverage
Routine Vision Exam	No Coverage	No Coverage	No Coverage	No Coverage	100% coverage; one exam per year	100% coverage; one exam per year	100% coverage; one exam per year	No Coverage
Eye-wear	No Coverage	No Coverage	No Coverage	No Coverage	\$300 allowance for glasses and contact lenses per year	No Coverage	\$0 copay for one pair of standard lenses each year; plan pays up to \$200 every year for frames or contact lenses	No Coverage
Dental	No Coverage	No Coverage	No Coverage	No Coverage	\$0 copay for preventive dental (2 cleanings, 2 exams, 2 fluoride treatments and 1 x-ray); \$2,200 maximum benefit for preventive and comprehensive dental per year	\$500 maximum benefit coverage amount per year for all preventive and comprehensive benefits	Preventive: \$0 copay for oral exams, cleanings, and X-rays Comprehensive: \$0 copay or 50% coverage, depending on the service Covered up to \$2,000 per year, coverage frequency varies by service	Out-of-network dental services may have higher member costs.
Hearing Exam/Hearing Aids	No Coverage	No Coverage	No Coverage	No Coverage	\$0 copay for prescription hearing aids; Up to an \$800 maximum benefit per year	\$25 copay for 1 fitting/evaluation, routine hearing exam per year; \$2,000 max coverage for 2 hearing aids, every 3 years	\$10 copay for each Medicare-covered diagnostic hearing exam; \$0 copay for 1 routine hearing exam per year; plan pays up to a \$750 allowance for two hearing aids (combined for both ears) every year	80% coverage for each Medicare-covered diagnostic hearing exam; no coverage for routine hearing exam or hearing aids

2025 OGB Magnolia Health Plans Costs vs. 2025 OGB Medicare Advantage Health Plan Costs

	Magnolia Local Plus		Magnolia Open Access		Blue Advantage (HMO)	Humana Medicare Advantage Employer HMO	Peoples Health HMO-POS
Pharmacy							
	Before \$1,500 Threshold	After \$1,500 Threshold	Before \$1,500 Threshold	After \$1,500 Threshold			
Tier 1	Generic 50% up to \$30	Generic \$0 copay	Generic 50% up to \$30	Generic \$0 copay	Preferred Generic \$0 (3 months)	Generic/Preferred Generic \$0 copay <i>Cost share for a 30-day supply</i> <i>Cost share for a 90-day mail order amounts</i>	Preferred Generic \$0 copay
Tier 2	Preferred 50% up to \$55	Preferred \$20 copay	Preferred 50% up to \$55	Preferred \$20 copay	Generic \$0 (3 months)	Preferred Brand \$20 copay <i>Cost share for a 30-day supply</i> <i>Cost share for a 90-day mail order amounts</i>	Generic \$0 copay
Tier 3	Non-Preferred 65% up to \$80	Non-Preferred \$40 copay	Non-Preferred 65% up to \$80	Non-Preferred \$40 copay	Preferred Brand \$50 (3 months)	Non-Preferred Brand \$40 copay <i>Cost share for a 30-day supply</i> <i>Cost share for a 90-day mail order amounts</i>	Preferred Brand \$20 copay (30-day supply)
Tier 4	Specialty 50% up to \$80	Specialty \$40 copay	Specialty 50% up to \$80	Specialty \$40 copay	Non-Preferred Drug \$100 (3 months)	Specialty 20% coinsurance limited to 30-day supply <i>Cost share for a 30-day supply</i> <i>Cost share for a 90-day mail order amounts</i>	Non-Preferred Brand \$40 copay (30-day supply)
Tier 5	N/A	N/A	N/A	N/A	Specialty 20% coinsurance	N/A	Specialty 20% coinsurance

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage. The benefits outlined in this document were provided by Louisiana Blue, HMO Louisiana (Blue Advantage), Humana, and Peoples Health; OGB is not responsible for the accuracy of this information.

OGB Medicare retirees are also eligible to enroll in a Medicare plan through Via Benefits. For more information on plans available through Via Benefits, members should contact Via Benefits at 1-855-663-4228 or visit [my.ViaBenefits.com/ogb](https://my.viabenefits.com/ogb).

For Medicare retirees enrolled in either the Magnolia Local Plus or Magnolia Open Access plans, Medicare pays primary. Medicare will pay 80%. Blue Cross Blue Shield of Louisiana will then pay 80% of the remaining 20%. The plan member is responsible for the remainder after Medicare and BCBSLA pays.

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