

Effective January 1, 2012

OGB Medical Benefits Comparison for Active Employees & Non-Medicare Retirees

COVERED BENEFIT: IN-NETWORK

PPO Plan (statewide) Administered by OGB

HMO Plan (nationwide) Administered by Blue Cross and Blue Shield of La.

Regional HMO Plan (Regions 6, 7, 8 & 9) ¹¹ Insured by Vantage Health Plan

Medical Home HMO Plan (statewide; PCP must be in Region 9) ¹¹ Insured by Vantage Health Plan

CDHP-HSA (nationwide) Consumer Driven Health Plan with Health Savings Account** Administered by UnitedHealthcare

Lifetime Maximum Benefit (all eligible expenses) Plan Year Deductible Employees & Dependents	Unlimited \$500 active; \$300 retired Family unit maximum: 3 individual deductibles	Unlimited None	Unlimited None	Unlimited None	Unlimited Must meet deductible before co-insurance applies Employee - \$1,250 Employee plus one (spouse or child) - \$2,500 * Family - \$3,000 * Employee - \$3,250; including deductible Employee plus one (spouse or child) - \$6,500; including deductible Family - \$9,000 for 3 members; \$11,000 for 4 members; \$11,900 for 5 or more due to statutory maximum; including deductible Member pays 20% of contracted rate ^{1,2,9}
Maximum Out-Pocket Expense In-Network	\$1000 per person	\$1000 per person; \$3000 per family	\$1,000 per person; \$3,000 per family	N/A	
Hospital Services (inpatient)	Member pays 10% of contracted rate ^{1,2,9}	\$100 per day ² \$300 maximum per admission	\$100 per day ² \$300 maximum per admission Member pays 0%	\$100 per day ² \$300 maximum per admission Member pays 0%	Member pays 20% of contracted rate ^{1,2}
Surgeon, Anesthesia, Lab, X-rays & Injections	Member pays 10% of contracted rate ¹	\$100 co-payment	\$100 co-payment; waived if admitted (hospital co-payment applies) ²	\$100 co-payment; waived if admitted (hospital co-payment applies) ²	Member pays 20% of contracted rate ^{1,2}
Hospital Emergency Room (facility only)	\$150 separate deductible; waived if admitted Member pays 10% of contracted rate ¹	\$100 co-payment; waived if admitted (hospital co-payment applies) ²	\$100 co-payment; waived if admitted (hospital co-payment applies) ²	\$100 co-payment; waived if admitted (hospital co-payment applies) ²	Member pays 20% of contracted rate ^{1,2}
Ambulatory Surgical Facilities	Member pays 10% of contracted rate ¹	\$100 co-payment	\$100 co-payment ²	\$100 co-payment ²	Member pays 20% of contracted rate ^{1,2}
Physician Visits	Member pays 10% of contracted rate ¹	\$15 PCP/\$25 specialist (no referral required)	\$15 PCP/\$25 specialist (referral required for most specialists)	\$10 PCP/\$25 specialist (referral required for most specialists)	Member pays 20% of contracted rate ¹
Maternity (physician only)	Member pays 10% of contracted rate ¹	\$90 co-payment	\$90 co-payment for initial visit only (no referral required)	\$10 co-pay for initial visit only (no referral required)	Member pays 20% of contracted rate ¹
MRI/CAT Scan	Member pays 10% of contracted rate ^{1,2}	\$50 co-payment ²	\$50 co-payment per test ²	\$50 co-payment per test ²	Member pays 20% of contracted rate ^{1,2}
Sonograms	Member pays 10% of contracted rate ¹	\$25 co-payment	\$25 co-payment ²	\$25 co-payment per treatment ²	Member pays 20% of contracted rate ^{1,2}
Chemical/Radiation Therapy	Member pays 10% of contracted rate ¹	\$15 co-payment	\$25 co-payment ²	\$25 co-payment ²	Member pays 20% of contracted rate ^{1,2}
Pre-Admission Testing	Member pays 10% of contracted rate ¹	\$0 co-payment	\$0 co-payment	Member pays 0%	Member pays 20% of contracted rate ^{1,2}
Dialysis	Member pays 10% of contracted rate ¹	\$0 co-payment	\$0 co-payment ²	Member pays 0% ²	Member pays 20% of contracted rate ^{1,2}
Cardiac Rehabilitation Therapy	Member pays 10% of contracted rate ^{1,7}	\$15/\$25 co-payment	\$15/\$25 co-payment ²	20% co-insurance ²	Member pays 20% of contracted rate ^{1,2,7}
Physical and Occupational Therapy	Member pays 10% of contracted rate ^{1,5}	\$15 co-payment	\$15 co-payment ^{2,10}	20% co-insurance ^{2,10}	Member pays 20% of contracted rate ^{1,2,5}
Speech Therapy ²	Member pays 10% of contracted rate ^{1,6}	\$15 co-payment	\$15 co-payment ¹⁰	20% co-insurance ¹⁰	Member pays 20% of contracted rate ^{1,6}
Oral Surgery (Refer to plan document)	Member pays 0% of contracted rate	\$25 co-payment	\$25 co-payment ²	20% co-insurance ²	Member pays 20% of contracted rate ^{1,2}
Routine Pap Test	Member pays 0% of contracted rate ³	\$0 co-payment ³	\$0 co-payment ³	Member pays 0% ³	Member pays 0%, deductible does not apply ³
Routine Mammogram	Member pays 0% of contracted rate ³	\$0 co-payment ³	\$0 co-payment ³	Member pays 0% ³	Member pays 0%, deductible does not apply ³
Routine PSA Screening	Member pays 0% of contracted rate ³	\$0 co-payment ³	\$0 co-payment ³	Member pays 0% ³	Member pays 0%, deductible does not apply ³
Durable Medical Equipment	Member pays 10% of contracted rate ¹	Member pays 20% of contracted rate ²	20% co-insurance; \$50,000 lifetime maximum ²	20% co-insurance; \$50,000 lifetime maximum ²	Member pays 20% of contracted rate ^{1,2}
Home Health Care ²	Case management required Member pays 30% of negotiated rate ¹	\$0 co-payment Limited to 150 visits per plan year	\$0 co-payment No visit limit	Member pays 0% No visit limit	Member pays 20% of contracted rate ¹
Hospice Care ²	Member pays 20% of negotiated rate	\$0 co-payment	\$0 co-payment	Member pays 0%	Member pays 20% of contracted rate ¹
Preventive Care (Wellness) (See OGB website for list of preventive care services)	Member pays 0% of contracted rate ³ \$500 limit no longer applies	\$0 co-payment	\$0 co-payment	\$0 co-payment	Member pays 0%, deductible does not apply ³
Annual Eye Exam	Not covered	\$15/\$25 co-payment ³	\$15/\$25 co-payment; one visit every plan year ³	\$25 specialist office visit co-payment; one visit every plan year ³	Member pays 0%, deductible does not apply ³
Prescription Drug Benefit In-Network (Retail)	Member pays 50%; max \$50 per 31-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic NOTE: Plan member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus 50 percent co-pay for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (Administered by Catalyst Rx) Same as above	Member pays 50%; max \$50 per 31-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic NOTE: Plan member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus 50 percent co-pay for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (Administered by Catalyst Rx) Same as above	Member pays 50%; max \$50 per 30-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic NOTE: Plan member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus 50 percent co-pay for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (Administered by VHP's Catalyst Rx) Same as above	Generic: \$5 co-payment per 30-day fill Preferred brand: \$30 co-payment per 30-day fill Non-preferred brand: \$50 co-payment per 30-day fill Specialty drugs: 20% co-insurance <i>(Administered by VHP's Catalyst Rx)</i>	Level 1 - Generic; 31-day supply; \$10 co-payment ¹ Level 2 - Preferred brand; 31-day supply; \$25 co-payment ¹ Level 3 - Non-preferred brand; 31-day supply; \$50 co-payment ¹ Level 4 - Specialty; 31-day supply; \$50 co-payment ¹ Maintenance drugs: 31-day supply; not subject to deductible; subject to applicable co-payment levels 1 through 4 above; refer to myuhc.com for Maintenance Medication List <i>(Administered by UHC's PrescriptionSolutions)</i> Level 1 - Generic; 90-day supply; \$10 co-payment ¹ Level 2 - Preferred Brand; 90-day supply; \$25 co-payment ¹ Level 3 - Non-preferred Brand; 90-day supply; \$50 co-payment ¹ Level 4 - Specialty; 90-day supply; \$50 co-payment ¹ Maintenance drugs: 90-day supply; not subject to deductible; subject to applicable co-payment levels 1 through 4 above; refer to myuhc.com for Maintenance Medication List <i>(Administered by UHC's PrescriptionSolutions)</i>
Mail Order Prescription Drug Program				30-day supply for one co-payment 60-day supply for two co-payments 90-day supply for three co-payments	
Mental Health/Substance Abuse - Inpatient ²	Member pays 10% of contracted rate ¹ <i>(Administered by ValueOptions)</i>	\$100 co-payment per day; \$300 max per admit <i>(Administered by ValueOptions)</i>	\$100 co-payment per day; \$300 maximum per admission <i>(Administered by Vantage Health Plan)</i>	\$100 co-payment per day; \$300 maximum per admission <i>(Administered by Vantage Health Plan)</i>	Member pays 20% of contracted rate ¹ <i>(Administered by OptumHealth)</i>
Mental Health/Substance Abuse - Outpatient	Member pays 10% of contracted rate ¹ <i>(Administered by ValueOptions)</i>	\$15 office visit co-payment <i>(Administered by ValueOptions)</i>	\$25 office visit co-payment ² <i>(Administered by Vantage Health Plan)</i>	\$25 co-payment per office visit ² <i>(Administered by Vantage Health Plan)</i>	Member pays 20% of contracted rate ¹ <i>(Administered by OptumHealth)</i>
COVERED BENEFIT: OUT-OF-NETWORK					
Member resides in Louisiana	Member pays 30% of fee schedule ^{1,4}	Member pays 30% of fee schedule ⁴ Separate \$1,000 deductible	Out-of-state and worldwide emergency and urgent care covered at Tier 1 in-network benefit level; all other services require prior plan approval	Out-of-State and worldwide emergency and urgent care covered at Tier 1 in-network benefit level; all other services require prior plan approval	Member pays 30% of fee schedule ^{1,2,4} Wellness benefits - Member pays 0% of contracted rate; deductible does not apply ^{3,4}
Member resides outside Louisiana	Member pays 10% of fee schedule ^{1,4}	Member pays 30% of fee schedule ⁴ Separate \$1,000 deductible	Emergency and urgent care covered worldwide at Tier I in-network benefit level; all other services require prior plan approval	Emergency and urgent care covered worldwide at Tier I in-network benefit level; all other services require prior plan approval	Member pays 30% of fee schedule ^{1,2,4} Wellness benefits - Member pays 0% of contracted rate; deductible does not apply ^{3,4}

¹ Subject to plan year deductible and/or co-insurance

² Pre-authorization required

³ Age and/or time restrictions apply

⁴ Member pays difference between billed amount and fee schedule

⁵ Limited to 50 visits per year

⁶ Limited to 26 visits per year

⁷ Within 6 months of qualifying event

⁸ Member pays any amount above \$500 maximum

⁹ Not applicable to hospital-based ancillary providers at in-network facilities. Provider can balance bill patient

¹⁰ Occupational and Speech Therapy combined for maximum 20 visits per plan year

¹¹ Tier I and Tier II networks available. All medical benefits shown are for the Tier I network. Tier II network benefits require an additional 20% coinsurance.

**This comparison chart is a summary of plan features.
For full details of the plan, refer to the official plan document.**

Health Savings Account (HSA): State contributes \$100 to each plan member's qualified HSA & matches up to \$400 per plan year in additional contributions. Refer to plan document for details.

* Employee-plus-one unit or family unit must satisfy total deductible before co-insurance applies

** Only active employees are eligible