

Effective January 1, 2013

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

	<b>PPO Plan (nationwide)</b> <i>Administered by Blue Cross and Blue Shield of La.</i>	<b>HMO Plan (nationwide)</b> <i>Administered by Blue Cross and Blue Shield of La.</i>	<b>CDHP-HSA (nationwide)</b> <b>Consumer Driven Health Plan with Health Savings Account**</b> <i>Administered by Blue Cross and Blue Shield of La.</i>	<b>Medical Home HMO Plan (Regions 5, 6, 7, 8 &amp; 9; must choose a PCP)<sup>11</sup></b> <i>Insured by Vantage Health Plan</i>
<b>COVERED BENEFIT: IN-NETWORK</b>				
Lifetime Maximum Benefit (all eligible expenses)	Unlimited	Unlimited	Unlimited	Unlimited
Plan Year Deductible Employees & Dependents	\$500 active; \$300 retired Family unit maximum: 3 individual deductibles	None	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 <sup>1,2</sup>	None
Maximum Out-Pocket Expense In-Network	\$1000 per person	\$1000 per person; \$3000 per family		\$2,000 per person; \$6,000 per family
Hospital Services - Inpatient	Member pays 10% of contracted rate <sup>1,2</sup>	\$100 per day <sup>2</sup> \$300 maximum per admission		\$150 per day <sup>2,9</sup> \$450 maximum per admission
Surgeon, Anesthesia, Lab, X-rays & Injections	Member pays 10% of contracted rate <sup>1</sup>	\$0 co-payment	Member pays 20% of contracted rate <sup>1</sup> (surgeon requires prior authorization)	Member pays 0%, up to \$150 per day for diagnostic services
Hospital Emergency Room (facility only)	\$150 separate deductible; waived if admitted Member pays 10% of contracted rate <sup>1</sup>	\$100 co-payment; waived if admitted (hospital co-payment applies) <sup>2</sup>	Member pays 20% of contracted rate <sup>1</sup> (prior authorization if admitted)	\$100 co-payment; waived if admitted
Ambulatory Surgical Facilities	Member pays 10% of contracted rate <sup>1</sup>	\$100 co-payment	Member pays 20% of contracted rate <sup>1,2</sup>	\$150 co-payment <sup>2</sup>
Physician Visits	Member pays 10% of contracted rate <sup>1</sup>	\$15 PCP/\$25 specialist (no referral required)	Member pays 20% of contracted rate <sup>1</sup>	\$15 PCP/\$45 specialist (referral required for most specialists)
Maternity (physician only)	Member pays 10% of contracted rate <sup>1</sup>	\$90 co-payment	Member pays 20% of contracted rate <sup>1</sup>	\$90 co-pay for initial visit only (no referral required)
MRI/CAT Scan	Member pays 10% of contracted rate <sup>1,2</sup>	\$50 co-payment <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>	\$150 co-payment per test <sup>2</sup>
Sonograms	Member pays 10% of contracted rate <sup>1</sup>	\$25 co-payment	Member pays 20% of contracted rate <sup>1</sup>	\$150 co-payment per test <sup>2</sup>
Chemical/Radiation Therapy	Member pays 10% of contracted rate <sup>1</sup>	\$15 co-payment	Member pays 20% of contracted rate <sup>1</sup>	Member pays 20% <sup>2</sup>
Pre-Admission Testing	Member pays 10% of contracted rate <sup>1</sup>	\$0 co-payment	Member pays 20% of contracted rate <sup>1</sup>	Member pays 0%
Dialysis	Member pays 10% of contracted rate <sup>1</sup>	\$0 co-payment	Member pays 20% of contracted rate <sup>1</sup>	Member pays 0% <sup>2</sup>
Cardiac Rehabilitation Therapy	Member pays 10% of contracted rate <sup>1,7</sup>	\$15/\$25 co-payment	Member pays 20% of contracted rate <sup>1,7</sup>	\$45 co-payment per visit <sup>2</sup>
Physical and Occupational Therapy	Member pays 10% of contracted rate <sup>1,5</sup>	\$15 co-payment	Member pays 20% of contracted rate, visit limits apply, see plan document <sup>1</sup>	20% co-insurance <sup>2,10</sup>
Speech Therapy	Member pays 10% of contracted rate <sup>1,2,6</sup>	\$15 co-payment <sup>2</sup>	Member pays 20% of contracted rate <sup>1,6</sup>	20% co-insurance <sup>2,10</sup>
Oral Surgery (refer to plan document)	Member pays 0% of contracted rate	\$25 co-payment	Member pays 20% of contracted rate <sup>1,2</sup>	20% co-insurance <sup>2</sup>
Routine Pap Test	Member pays 0% of contracted rate <sup>3</sup>	\$0 co-payment <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>	Member pays 0% <sup>3</sup>
Routine Mammogram	Member pays 0% of contracted rate <sup>3</sup>	\$0 co-payment <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>	Member pays 0% <sup>3</sup>
Routine PSA Screening	Member pays 0% of contracted rate <sup>3</sup>	\$0 co-payment <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>	Member pays 0% <sup>3</sup>
Durable Medical Equipment	Member pays 10% of contracted rate <sup>1</sup>	Member pays 20% of contracted rate <sup>2</sup>	Member pays 20% of contracted rate <sup>1</sup>	20% co-insurance; \$50,000 lifetime max <sup>2</sup>
Home Health Care	Case management required Member pays 30% of negotiated rate <sup>1,2</sup>	\$0 co-payment Limited to 150 visits per plan year <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup> Limited to 60 visits per plan year	Member pays 0% <sup>2</sup> Limited to 150 days per plan year
Hospice Care	Member pays 20% of negotiated rate <sup>2</sup>	\$0 co-payment <sup>2</sup>	Member pays 20% of contracted rate; 360 day limit <sup>1,2</sup>	Member pays 0% <sup>2</sup>
Preventive Care (Wellness) (see OGB website for list of preventive care services)	Member pays 0% of contracted rate <sup>3</sup> <b>\$500 limit no longer applies</b>	\$0 co-payment	Member pays 0%, deductible does not apply <sup>3</sup>	\$0 co-payment
Annual Eye Exam	Not covered	\$15/\$25 co-payment <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>	\$45 specialist office visit co-payment; one visit every plan year <sup>3</sup>
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 <b>NOTE: Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug &amp; 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 Catamaran, formerly Catalyst Rx)</b>	Member pays 50%; max \$50 per 31-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic <b>NOTE: Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug &amp; 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 Catamaran, formerly Catalyst Rx)</b>	Level 1 - Generic; 31-day supply; \$10 co-payment <sup>1</sup> Level 2 - Preferred brand; 31-day supply; \$25 co-payment <sup>1</sup> Level 3 - Non-preferred brand; 31-day supply; \$50 co-payment <sup>1</sup> Level 4 - Specialty; 31-day supply; \$50 co-payment <sup>1</sup> Maintenance drugs: 31-day supply; not subject to deductible; subject to applicable co-payment levels 1 through 4 above (Administered by Express Scripts)	Generic: \$10 co-payment per 30-day fill Preferred brand: \$45 co-payment per 30-day fill Non-preferred brand: \$85 co-payment per 30-day fill Specialty drugs: 25% co-insurance per 30-day fill (Administered by Catamaran, formerly Catalyst Rx)
Mail Order Prescription Drug Program	Same as above	Same as above	Level 1 - Generic; 90-day supply; \$10 co-payment <sup>1</sup> Level 2 - Preferred Brand; 90-day supply; \$25 co-payment <sup>1</sup> Level 3 - Non-Preferred Brand; 90-day supply; \$50 co-payment <sup>1</sup> Level 4 - Specialty; 90-day supply; \$50 co-payment <sup>1</sup> Maintenance drugs: 90-day supply; not subject to deductible; subject to applicable co-payment levels 1 through 4 above (Administered by Express Scripts)	30-day supply for one co-payment 60-day supply for two co-payments 90-day supply for three co-payments (Not available for specialty drugs) (Administered by Catamaran, formerly Catalyst Rx)
Mental Health/Substance Abuse Treatment - Inpatient	Member pays 10% of contracted rate <sup>1,2</sup> (Administered by Blue Cross and Blue Shield of La.)	\$100 co-payment per day; \$300 max per admit <sup>2</sup> (Administered by Blue Cross and Blue Shield of La.)	Member pays 20% of contracted rate <sup>1,2</sup> (Administered by Blue Cross and Blue Shield of La.)	\$150 co-payment per day; \$450 maximum per admission <sup>2</sup> (Administered by Vantage Health Plan)
Mental Health/Substance Abuse Treatment - Outpatient	Member pays 10% of contracted rate <sup>1</sup> (Administered by Blue Cross and Blue Shield of La.)	\$15 office visit co-payment (Administered by Blue Cross and Blue Shield of La.)	Member pays 20% of contracted rate <sup>1,2</sup> (Administered by Blue Cross and Blue Shield of La.)	\$45 co-payment per visit <sup>2</sup> (Administered by Vantage Health Plan)
<b>COVERED BENEFIT: OUT-OF-NETWORK</b>				
	Member pays 30% of fee schedule <sup>1,4</sup>	Member pays 30% of fee schedule <sup>4</sup> Separate \$1,000 deductible	Member pays 30% of fee schedule <sup>1,4</sup> Wellness - Member pays 0% of fee schedule; deductible does not apply <sup>3,4</sup>	Worldwide emergency and urgent care covered at Tier 1 in-network benefit level; all other services require prior plan approval; separate deductible of \$1000 member/\$3000 family and 50% co-insurance applies <sup>4</sup>

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

<sup>2</sup> Pre-authorization required

<sup>3</sup> Age and/or time restrictions apply

<sup>4</sup> Member pays difference between billed amount and fee schedule

<sup>5</sup> Limited to 50 visits per year

<sup>6</sup> Limited to 26 visits per year

<sup>7</sup> Within 6 months of qualifying event

<sup>8</sup> Member pays any amount above \$500 maximum

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

<sup>10</sup> Occupational and Speech Therapy combined for maximum 20 visits per plan year

<sup>11</sup> 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 \$200 to each plan member's qualified HSA & matches up to \$575 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 to enroll