### Covered Benefit: Network

#### PPO Plan (nationwide)
- Administered by Blue Cross and Blue Shield of La.
- Member pays 0%
- $0 co-payment
- Member pays 20% of contracted rate
- $45 specialist co-pay or $200 surgery co-pay
- Unlimited
- Member pays 10% of contracted rate
- $100 co-payment
- Member pays 20% of contracted rate
- Member pays 10% of contracted rate
- Member pays 0% of contracted rate
- $1,000 per person ($4,000 non-network)
- Member pays 10% of contracted rate
- $150 co-payment
- 30-day supply for one co-payment
- $100 per day
- Maintenance drugs: not subject to deductible; subject to $15 co-payment
- Unlimited
- $200 co-payment
- All above-listed services are paid by the member at $90 co-payment
- Member pays 20% of contracted rate
- Member pays 10% of contracted rate
- $15/$25 co-payment
- Same as above
- Member pays 0%
- $45 co-payment per visit
- 31-day supply for one copayment
- 93-day supply for three copayments
- Member pays 0%, deductible does not apply
- Specialty drugs: 33% co-insurance per 30-day fill
- $3,000 per family ($12,000 non-network)
- $25 co-payment - Preferred Brand
- Member pays 0% of contracted rate
- Member pays 10% of contracted rate
- Member pays 0% co-payment
- Not covered
- Member pays 50%; max $50 per 31-day fill; after $1,200 $10 co-payment - Generic
- $200 per day
- Not covered
- Member pays 50%; max $50 per 31-day fill; after $1,200 $50 co-payment
- $50 co-payment - Non-preferred Brand
- Not covered
- Member pays 0%
- $100 co-payment per day; $300 max per admission
- Member pays 10% of contracted rate
- Member pays 20% of contracted rate
- Member pays 20% of contracted rate
- Member pays 20% of contracted rate
- $600 maximum per admission
- Member pays 20% of contracted rate
- $150 co-payment per test (except maternity)
- Member pays 20% 1-2
- Member pays 20% 1-2
- Member pays 20% 1-2
- $20 co-insurance 1-2
- $15 co-payment
- Member pays 50%
- Limited to 150 visits per plan year
- Subject to deductible; co-payments:
  - $50 co-payment - Generic
  - $25 co-payment - Preferred Brand
  - $50 co-payment - Non-preferred Brand
  - Specialty drugs: 33% co-insurance per 30-day fill

#### CDHP-HSA (nationwide)**
- Administered by Blue Cross and Blue Shield of La.
- Must meet deductible before co-insurance applies
- Employee - $1,250
- Employee plus one (spouse or child) - $2,500
- Family - $3,000
- $1,000 per person ($4,000 non-network)
- Member pays 20% of contracted rate
- $200 per day 1-2
- Member pays 20% of contracted rate
- Member pays 20% of contracted rate
- Member pays 20% of contracted rate
- Member pays 20% of contracted rate
- $100 co-payment; waived if admitted
- Member pays 20% of contracted rate
- Member pays 20% of contracted rate
- $150 co-payment per test (except maternity)
- Member pays 20% 1-2
- Member pays 20% 1-2
- Member pays 20% 1-2
- $20 co-insurance 1-2
- $15 co-payment
- Member pays 50%
- Limited to 60 visits per plan year
- Subject to deductible; co-payments:
  - $50 co-payment - Generic
  - $25 co-payment - Preferred Brand
  - $50 co-payment - Non-preferred Brand
  - Specialty drugs: 33% co-insurance per 30-day fill

#### Medical Home HMO Plan (Regions 1,5,6,7,8,9)**
- Administered by Vantage Health Plan
- Unlimited
- None
- Subject to plan year deductible and co-insurance

#### Mail Order Prescription Drug Program
- Same as above
- Same as above
- Same as above
- Same as above
- 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

#### Covered Benefit: Non-Network

<table>
<thead>
<tr>
<th>Benefit</th>
<th>PPO Plan (nationwide)</th>
<th>HMO Plan (nationwide)</th>
<th>CDHP-HSA (nationwide)**</th>
<th>Medical Home HMO Plan (Regions 1,5,6,7,8,9)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Therapy</td>
<td>Member pays 10% of contracted rate</td>
<td>$15 co-payment</td>
<td>Member pays 20% of contracted rate, visit limits apply, see plan document</td>
<td>20% co-insurance 1-2</td>
</tr>
<tr>
<td>Oral Surgery (refer to plan document)</td>
<td>$25 co-payment</td>
<td>$25 co-payment</td>
<td>$20 co-insurance 1-2</td>
<td></td>
</tr>
<tr>
<td>Routine Mammogram</td>
<td>Member pays 0% of contracted rate</td>
<td>$0 co-payment</td>
<td>Member pays 0%; deductible does not apply</td>
<td>20% co-insurance 1-2</td>
</tr>
<tr>
<td>Routine PSA Screening</td>
<td>Member pays 0% of contracted rate</td>
<td>$0 co-payment</td>
<td>Member pays 0%; deductible does not apply</td>
<td>20% co-insurance 1-2</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Member pays 10% of contracted rate</td>
<td>$0 co-payment</td>
<td>Member pays 0% co-payment</td>
<td>$45 co-payment per visit 2</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Member pays 10% of negotiated rate</td>
<td>$0 co-payment</td>
<td>Member pays 0%; deductible does not apply</td>
<td>20% co-insurance 1-2</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>Member pays 20% of negotiated rate</td>
<td>$0 co-payment</td>
<td>Member pays 20% of contracted rate; 360 day limit 1-2</td>
<td>20% co-insurance 1-2</td>
</tr>
<tr>
<td>Preventive Care (Wellness)</td>
<td>Member pays 0% of contracted rate</td>
<td>$0 co-payment</td>
<td>Not covered</td>
<td>$90 co-payment</td>
</tr>
<tr>
<td>Annual Eye Exam</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Specialty drugs (Administered by Catamaran)</td>
</tr>
<tr>
<td>Prescription Drug Benefit In-Network (retail)</td>
<td>Member pays 50%; max $50 per 31-day fill, after $1,200</td>
<td>$0 co-payment</td>
<td>Subject to deductible; co-payments:</td>
<td>$45 specialist office visit co-payment 1-2</td>
</tr>
<tr>
<td></td>
<td>per person per plan year; co-pay $15 brand, $0 generic</td>
<td>$50 co-payment</td>
<td>- Low-cost generic: $3 co-payment per 30-day fill</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Preferred generics: $10 per 30-day fill</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Preferred brand: $45 co-payment per 30-day fill</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Non-preferred brand: $95 co-payment per 30-day fill</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Specialty drugs: $33 co-insurance per 30-day fill</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Administered by Catamaran)</td>
<td></td>
</tr>
<tr>
<td>mental Health/Substance Abuse Treatment - Inpatient</td>
<td>Member pays 10% of contracted rate</td>
<td>$100 co-payment per day; $300 max per admit</td>
<td>Member pays 20% of contracted rate</td>
<td>$200 co-payment per day, $600 maximum admission</td>
</tr>
<tr>
<td></td>
<td>(Administered by Blue Cross and Blue Shield of La.)</td>
<td></td>
<td>(Administered by Blue Cross and Blue Shield of La.)</td>
<td>(Administered by Vantage Health Plan)</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse Treatment - Outpatient</td>
<td>Member pays 10% of contracted rate</td>
<td>$15 office co-payment</td>
<td>Member pays 20% of contracted rate</td>
<td>$45 co-payment per visit</td>
</tr>
<tr>
<td></td>
<td>(Administered by Blue Cross and Blue Shield of La.)</td>
<td></td>
<td>(Administered by Blue Cross and Blue Shield of La.)</td>
<td>(Administered by Vantage Health Plan)</td>
</tr>
</tbody>
</table>

This chart is a summary of plan benefits. For full details, please refer to the official plan document.
## Maximum Out-of-Pocket Details

<table>
<thead>
<tr>
<th>PPO</th>
<th>Includes all eligible Copayments, Coinsurance Amounts and Deductibles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Active Employees</td>
</tr>
<tr>
<td></td>
<td>Network</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$1,500</td>
</tr>
<tr>
<td>Employee Plus One (Spouse or Child)</td>
<td>$3,000</td>
</tr>
<tr>
<td>Family of 3</td>
<td>$4,500</td>
</tr>
<tr>
<td>Family of 4</td>
<td>$5,500</td>
</tr>
<tr>
<td>Family of 5</td>
<td>$6,500</td>
</tr>
<tr>
<td>Family of 6</td>
<td>$7,500</td>
</tr>
<tr>
<td>Family of 7</td>
<td>$8,500</td>
</tr>
<tr>
<td>Family of 8</td>
<td>$9,500</td>
</tr>
<tr>
<td>Family of 9</td>
<td>$10,500</td>
</tr>
<tr>
<td>Family of 10</td>
<td>$11,500</td>
</tr>
<tr>
<td>Family of 11</td>
<td>$12,500</td>
</tr>
<tr>
<td>Family of 12 or More</td>
<td>$12,700</td>
</tr>
</tbody>
</table>

**Special Notes:**

- Out-of-pocket amounts for care received from Network and Non-Network Providers accrue to the Out-of-Pocket maximum.

When the maximum Out-of-Pocket amounts have been satisfied, as shown above, this Plan will pay 100% of the Allowable Charge toward eligible expenses for the remainder of the Plan Year.

Eligible expenses are reimbursed in accordance with a fee schedule of maximum allowable charges; not billed charges.

### CDHP

<table>
<thead>
<tr>
<th></th>
<th>Includes all eligible Coinsurance Amounts, Deductibles and Prescription Drug Co-Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Active Employees</td>
</tr>
<tr>
<td></td>
<td>Network</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$3,250</td>
</tr>
<tr>
<td>Employee Plus One (Spouse or Child)</td>
<td>$6,500</td>
</tr>
<tr>
<td>Family of 3</td>
<td>$9,000</td>
</tr>
<tr>
<td>Family of 4</td>
<td>$11,000</td>
</tr>
<tr>
<td>Family of 5 or more</td>
<td>$11,900</td>
</tr>
</tbody>
</table>

**Special Notes:**

- Out-of-Pocket amounts for services received from a Network Provider that accrue to the Out-of-Pocket Amount for Network Providers will not count toward the Out-of-Pocket Amount for Non-Network Providers.

- Out-of-Pocket amounts for services received from a Non-Network Provider that accrue to the Out-of-Pocket Amount for Non-Network Providers will not count toward the Out-of-Pocket Amount for Network Providers.

Eligible expenses are reimbursed in accordance with a fee schedule of maximum allowable charges; not billed charges.

---

This document was printed for the Office of Group Benefits in September 2013 by State Printing to inform state employees about benefits at a total cost of $1,290 for 25,000 copies (.2 cents each) under authority of the Division of Administration in accordance with standards for printing by state agencies established pursuant to La. R.S. 43:31.