

OGB Medical Benefits Comparison for Retirees with Medicare Part A and Part B

Effective August 1, 2014

COVERED BENEFIT: NETWORK	PPO Plan (nationwide) <i>Administered by Blue Cross and Blue Shield of La.</i>	HMO Plan (nationwide) <i>Administered by Blue Cross and Blue Shield of La.</i>	Medical Home HMO Plan (Offered in regions 1,5,6,7,8,9)*, ** <i>Insured by Vantage Health Plan⁷</i>
Lifetime Maximum Benefit (all eligible expenses)	Unlimited	Unlimited	Unlimited
Plan Year Deductible - Employees and Dependents	\$300 retiree Family unit maximum: 3 individual deductions	In-network: None Out-of-network: Separate \$1,000 deductible per person; Separate \$3,000 deductible per family	None None
Maximum Out-Pocket Expense In-Network <i>Includes all eligible co-insurance, co-payments and deductibles</i>	<i>See the table on the back of this sheet</i>	\$1,000 per person (\$4,000 non-network) \$3,000 per family (\$12,000 non-network)	\$1,000 per person; \$3,000 per family
Hospital Services - Inpatient	Member pays 20% of Medicare coinsurance/deductible ¹	Member pays 0% of Medicare coinsurance/deductible ⁴	Member pays 0% of Medicare coinsurance/deductible
Surgeon, Anesthesia, Lab, X-rays & Injections	Member pays 20% of Medicare coinsurance/deductible ¹	Member pays 0% of Medicare coinsurance/deductible ⁴	Member pays 0% of Medicare coinsurance/deductible
Hospital Emergency Room <i>(Facility only - Authorization required after admission)</i>	\$150 separate co-payment; waived if admitted; Member pays 20% of Medicare coinsurance/deductible ¹	\$100 separate co-payment; waived if admitted ⁴	Member pays 0% of Medicare coinsurance/deductible
Ambulatory Surgical Facilities	Member pays 20% of Medicare coinsurance/deductible ^{1,2}	Member pays 0% of Medicare coinsurance/deductible ^{2,4}	Member pays 0% of Medicare coinsurance/deductible
Physician Visits	Member pays 20% of Medicare coinsurance/deductible ¹	Member pays 0% of Medicare coinsurance/deductible ⁴	Member pays 0% of Medicare coinsurance/deductible
MRI/CAT Scan	Member pays 20% of Medicare coinsurance/deductible ^{1,2}	Member pays 0% of Medicare coinsurance/deductible ^{2,4}	Member pays 0% of Medicare coinsurance/deductible
Sonograms - Outpatient	Member pays 20% of Medicare coinsurance/deductible ¹	Member pays 0% of Medicare coinsurance/deductible ⁴	Member pays 0% of Medicare coinsurance/deductible
Chemotherapy and Radiation Therapy	Member pays 20% of Medicare coinsurance/deductible ¹	Member pays 0% of Medicare coinsurance/deductible ⁴	Member pays 0% of Medicare coinsurance/deductible
Dialysis	Member pays 20% of Medicare coinsurance/deductible ^{1,2}	Member pays 0% of Medicare coinsurance/deductible ^{2,4}	Member pays 0% of Medicare coinsurance/deductible
Cardiac Rehabilitation Therapy	Member pays 20% of Medicare coinsurance/deductible ^{1,2,3}	Member pays 0% of Medicare coinsurance/deductible ^{2,3,4}	Member pays 0% of Medicare coinsurance/deductible ²
Physical and Occupational Therapy	Member pays 20% of Medicare coinsurance/deductible ^{1,2,3,6} Requires prior authorization after 50 visits	Member pays 0% of Medicare coinsurance/deductible ^{2,4,6} Requires prior authorization after 50 visits	Member pays 0% of Medicare coinsurance/deductible
Speech Therapy	Member pays 20% of Medicare coinsurance/deductible ¹	Member pays 0% of Medicare coinsurance/deductible ⁴	Member pays 0% of Medicare coinsurance/deductible
Oral Surgery (refer to plan document)	Member pays 0% of fee schedule	Member pays 0% of Medicare coinsurance/deductible ⁴	Member pays 0% of Medicare coinsurance/deductible
Routine Pap Test	Member pays 0% of contracted rate; age and/or time restrictions apply	Member pays 0% of contracted rate; age and/or time restrictions apply	Member pays 0% of Medicare coinsurance/deductible
Routine Mammogram	Member pays 0% of contracted rate; age and/or time restrictions apply	Member pays 0% of contracted rate; age and/or time restrictions apply	Member pays 0% of Medicare coinsurance/deductible
Routine PSA Screening	Member pays 0% of contracted rate; age and/or time restrictions apply	Member pays 0% of contracted rate; age and/or time restrictions apply	Member pays 0% of Medicare coinsurance/deductible
Durable Medical Equipment	Member pays 20% of Medicare coinsurance/deductible ^{1,2}	Member pays 0% of Medicare coinsurance/deductible ^{2,4}	Member pays 0% of Medicare coinsurance/deductible
Home Health Care	Non-covered benefit ^{1,2} Limited to 60 visits per benefit period	Non-covered benefit ² Limited to 60 visits per benefit period	Member pays 0% of Medicare coinsurance/deductible
Hospice Care	Non-covered benefit ^{1,2} Limited to 180 days per benefit period	Non-covered benefit ² Limited to 180 days per benefit period	Member pays 0% of Medicare coinsurance/deductible
Urgent Care	Member pays 20% of Medicare coinsurance/deductible ¹	Member pays 0% of Medicare coinsurance/deductible ⁴	Member pays 0% of Medicare coinsurance/deductible
Ambulance	Member pays 20% of Medicare coinsurance/deductible ^{1,5}	Member pays 0% of Medicare coinsurance/deductible ^{4,5}	Member pays 0% of Medicare coinsurance/deductible
Preventive Care (Wellness)	Member pays 0% of contracted rate; age and/or time restrictions apply	Member pays 0% of contracted rate; age and/or time restrictions apply	Member pays 0% of Medicare coinsurance/deductible
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 <i>(Administered by MedImpact)</i> Plan member is enrolled automatically in OGB's Medicare Part D plan with wrap-around coverage	Member pays 50%; max \$50 per 31-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic <i>(Administered by MedImpact)</i> Plan member is enrolled automatically in OGB's Medicare Part D plan with wrap-around coverage	» Low-cost generic: \$3 co-payment per 30-day fill » Non-preferred generics: \$10 per 30-day fill » Preferred brand: \$45 co-payment per 30-day fill » Non-preferred brand: \$95 co-payment per 30-day fill » Specialty drugs: 33% co-insurance per 30-day fill <i>(Administered by Catamaran)</i>
Mail Order Prescription Drug Program	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) <i>(Administered by Catamaran)</i>
Mental Health/Substance Abuse Treatment - Inpatient	Member pays 20% of Medicare coinsurance/deductible ^{1,2}	Member pays 0% of Medicare coinsurance/deductible ^{2,4}	Member pays 0% of Medicare coinsurance/deductible
Mental Health/Substance Abuse Treatment - Outpatient	Member pays 20% of Medicare coinsurance/deductible ¹	Member pays 0% of Medicare coinsurance/deductible ⁴	Member pays 0% of Medicare coinsurance/deductible
COVERED BENEFIT: NON-NETWORK			

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

¹ Subject to plan year deductible

² Pre-authorization required

³ Age and/or time restrictions apply

⁴ Member subject to co-pays/co-insurance if Medicare deductibles have not been met

⁵ See plan document for details

⁶ Occupational and Physical Therapy combined for maximum 50 visits per plan year. Visit limits do not apply when services are provided for autism spectrum disorders.

⁷ The benefits outlined in this column were provided by Vantage Health Plan. OGB is not responsible for the accuracy of this information.

* 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.

** If a Vantage member has Medicare as primary coverage, Vantage coordinates with Medicare as follows:

- For medical benefits, Vantage pays lesser of Medicare patient responsibility or Vantage allowable

- Certain Vantage member cost-share amounts (co-pays and Tier 1 co-insurance) are waived

- All pre-authorization requirements for in-network medical benefits are waived for members with Medicare primary

*** All co-pays are waived; separate deductible of \$1,000 member/\$3,000 family and 50% co-insurance apply

Maximum Out-of-Pocket Details

PPO

Includes all eligible Copayments, Coinsurance Amounts and Deductibles

Retirees with Medicare

Network and Non-Network

Employee Only	\$2,300
Employee Plus One (Spouse or Child)	\$4,600
Family of 3	\$6,900
Family of 4	\$8,900
Family of 5	\$10,900
Family of 6 or more	\$12,700

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.

This benefit comparison and rate schedule is presented for general information only. It is a summary illustration of benefits and is not a guarantee of coverage. Please see the official Blue Cross Blue Shield of Louisiana benefit plan document and schedule of benefits for complete coverage information.



OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF PREMIUM RATES

Effective July 1, 2014

Regions 5, 6, 7, 8 & 9
Medical Home HMO
Insured by Vantage Health Plan

PPO
Administered by Blue Cross
HMO
Administered by Blue Cross

Insured by Vantage Health Plan

	PPO			HMO			Medical Home HMO		
	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total
ACTIVE EMPLOYEE									
SINGLE	445.52	148.48	594.00	420.92	140.28	561.20	424.30	148.46	572.76
WITH SPOUSE	779.40	482.32	1261.72	736.28	455.60	1191.88	742.26	457.46	1199.72
WITH CHILDREN	510.76	213.72	724.48	482.52	201.88	684.40	486.42	209.06	695.48
FAMILY	813.88	516.80	1330.68	768.84	488.16	1257.00	775.10	489.30	1264.40
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE									
SINGLE	956.67	148.48	1105.15	907.12	140.28	1047.40	903.98	148.46	1052.44
WITH SPOUSE	1469.17	482.32	1951.49	1393.79	455.60	1849.39	1389.78	457.46	1847.24
WITH CHILDREN	1017.26	213.72	1230.98	964.83	201.88	1166.71	961.64	209.06	1170.70
FAMILY	1456.50	485.50	1942.00	1380.39	460.13	1840.52	1378.74	459.58	1838.32
RETIREE WITH 1 MEDICARE									
SINGLE	269.56	89.84	359.40	259.88	86.63	346.51	256.72	95.72	352.44
WITH SPOUSE	995.88	331.96	1327.84	949.79	316.60	1266.39	946.20	315.40	1261.60
WITH CHILDREN	466.52	155.52	622.04	447.05	149.02	596.07	444.30	154.66	598.96
FAMILY	1326.92	442.28	1769.20	1264.22	421.41	1685.63	1257.02	419.02	1676.04
RETIREE WITH 2 MEDICARE									
WITH SPOUSE	484.52	161.48	646.00	465.86	155.27	621.13	461.44	159.86	621.30
FAMILY	599.88	199.96	799.84	576.77	192.26	769.03	571.32	194.44	765.76
C.O.B.R.A.									
SINGLE	0.00	577.02	577.02	0.00	545.16	545.16	0.00	584.22	584.22
WITH SPOUSE	0.00	1225.66	1225.66	0.00	1157.82	1157.82	0.00	1223.70	1223.70
WITH CHILDREN	0.00	703.76	703.76	0.00	664.84	664.84	0.00	709.38	709.38
FAMILY	0.00	1292.66	1292.66	0.00	1221.06	1221.06	0.00	1289.68	1289.68
DISABILITY C.O.B.R.A.									
SINGLE	0.00	848.58	848.58	0.00	801.72	801.72	0.00	859.14	859.14
WITH SPOUSE	0.00	1802.46	1802.46	0.00	1702.68	1702.68	0.00	1799.58	1799.58
WITH CHILDREN	0.00	1034.94	1034.94	0.00	977.70	977.70	0.00	1043.22	1043.22
FAMILY	0.00	1900.98	1900.98	0.00	1795.68	1795.68	0.00	1896.60	1896.60

NOTE: 1) The breakdown between State Share and Employee Share may not be accurate for certain school board employees due to local funding that affects agency contributions. Total premium columns are correct for all agencies.
2) All plan members who retired on or after July 1, 1997, must have Medicare Parts A and B to qualify for reduced premium rates.

Approved