

| Retirees(before March 1, 2015) without Medicare Benefits Comparison: Pelican HRA1000, Magnolia Local, Magnolia Local Plus, Magnolia Open Access, Vantage Medical Home | | | | |
|---|--|---|---|---------------|
| Blue Cross Blue Shield benefits effective March 1, 2015 - December 31, 2015 | | | | |
| Vantage Medical Home benefits effective January 1, 2015 - December 31, 2015 | | | | |
| | Pelican HRA 1000 | | Magnolia Local | |
| Network | Blue Cross Blue Shield of Louisiana Preferred Care Providers & BCBS National Providers | | Blue Cross Blue Shield of Louisiana Community Blue & Blue Connect | |
| Eligible OGB Members | Retirees without Medicare | | Retirees without Medicare | |
| | Network | Non-Network | Network | Non-Network |
| | You Pay | | You Pay | |
| | Deductible | | | |
| You | \$2,000 | \$4,000 | \$0 | No Coverage |
| You + Spouse | \$4,000 | \$8,000 | \$0 | |
| You + Child(ren) | \$4,000 | \$8,000 | \$0 | |
| You + Family | \$4,000 | \$8,000 | \$0 | |
| | HRA dollars will reduce this amount | | | |
| | Out-of-Pocket Maximum | | | |
| You | \$5,000 | \$10,000 | \$1,000 | No Coverage |
| You + Spouse | \$10,000 | \$20,000 | \$2,000 | |
| You + Child(ren) | \$10,000 | \$20,000 | \$3,000 | |
| You + Family | \$10,000 | \$20,000 | \$3,000 | |
| | The Plan Pays | | The Plan Pays | |
| You | \$1,000 | | Not Available | |
| You + Spouse | \$2,000 | | | |
| You + Child(ren) | \$2,000 | | | |
| You + Family | \$2,000 | | | |
| | Funding not applicable to Pharmacy Expenses | | | |
| Physicians' Services | The Plan Pays | | The Plan Pays | |
| Primary Care Physician or Specialist Office <i>Treatment of illness or injury</i> | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage after a \$25 PCP or \$50 SPC co-payment per visit | No coverage |
| Maternity Care <i>Prenatal, delivery and postpartum</i> | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage after a \$90 co-payment per pregnancy | No coverage |
| Physician Services Furnished in a Hospital <i>Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist</i> | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage | No coverage |
| Preventative Care Primary Care Physician or Specialist Office or Clinic <i>For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan</i> | 100% coverage; not subject to deductible | 100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount | 100% coverage | No coverage |
| Physician Services for Emergency Room Care | 80% coverage; subject to deductible | 80% coverage; subject to deductible | 100% coverage | 100% coverage |

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| Blue Cross Blue Shield benefits effective March 1, 2015 - December 31, 2015 | | | | | | |
| Vantage Medical Home benefits effective January 1, 2015 - December 31, 2015 | | | | | | |
| | Magnolia Local Plus | | Magnolia Open Access | | Vantage Medical Home | |
| Network | Blue Cross Blue Shield of Louisiana Preferred Care Providers & BCBS National Providers | | Blue Cross Blue Shield of Louisiana Preferred Care Providers & BCBS National Providers | | Statewide HMO plan offered in all regions of Louisiana | |
| Eligible OGB Members | Retirees without Medicare | | Retirees without Medicare | | Retirees without Medicare | |
| | Network | Non-Network | Network | Non-Network | Network | Non-Network |
| | You Pay | | You Pay | | You Pay | |
| | Deductible | | | | | |
| | \$0 | No coverage | \$300 | \$500 | \$1,500 | |
| | \$0 | | \$600 | \$1,500 | \$3,000 | |
| | \$0 | | \$900 | \$1,500 | \$3,000 | |
| | \$0 | | \$900 | \$1,500 | \$3,000 | |
| | Out-of-Pocket Maximum | | | | | |
| | \$1,000 | No coverage | \$1,300 individual; plus \$1,300 per additional person up to 2; plus \$1,000 per additional person up to 10 people; \$12,700 for a family of 12+ | \$3,300 individual; plus \$3,300 per additional person up to 2; \$12,700 for a family of 4+ | \$3,000 | Unlimited |
| | \$2,000 | | \$9,000 | | | |
| | \$3,000 | | \$9,000 | | | |
| | \$3,000 | | \$9,000 | | | |
| | The Plan Pays | | The Plan Pays | | The Plan Pays | |
| | Not Available | | Not Available | | Not Available | |
| | The Plan Pays | | The Plan Pays | | The Plan Pays | |
| | 100% coverage after a \$25 PCP or \$50 SPC co-payment per visit | No coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage; after a \$0*/\$10 PCP or \$35*/\$45 SPC co-payment per visit | 50% coverage; subject to deductible |
| | 100% coverage after a \$90 co-payment per pregnancy | No coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage; after a \$0*/\$10 co-payment per pregnancy | 50% coverage; subject to deductible |
| | 100% coverage | No coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage; subject to deductible | 50% coverage; subject to deductible |
| | 100% coverage | No coverage | 90% coverage; not subject to deductible | 70% coverage; subject to deductible | 100% coverage; not subject to deductible | 50% coverage; subject to deductible |
| | 100% coverage | 100% coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage; subject to deductible | 50% coverage; subject to deductible |

| Retirees(prior to March 1, 2015) without Medicare Benefits Comparison: Pelican HRA1000, Magnolia Local, Magnolia Local Plus, Magnolia Open Access, Vantage Medical Home | | | | |
|--|---|---|--|---------------|
| Blue Cross Blue Shield benefits effective March 1, 2015 - December 31, 2015 | | | | |
| Vantage Medical Home benefits effective January 1, 2015 - December 31, 2015 | | | | |
| | Pelican HRA 1000 | | Magnolia Local | |
| | Network | Non-Network | Network | Non-Network |
| Physicians' Services | The Plan Pays | | The Plan Pays | |
| Maternity Care (prenatal, deliver and postpartum) | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage after a \$90 co-payment per pregnancy | No Coverage |
| Physician Services Furnished in a Hospital Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist. | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage | No Coverage |
| Preventative Care Primary Care Physician or Specialist Office or Clinic For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan | 100% coverage; not subject to deductible | 100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount | 100% coverage; | No Coverage |
| Physician Services for Emergency Room Care | 80% coverage; subject to deductible | 80% coverage; subject to deductible | 100% coverage | 100% coverage |
| Allergy Shots and Serum Co-payment per visit is applicable only to office visit | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage after a \$25 PCP or \$50 SPC per office visit co-payment per visit; shots and serum 100% | No Coverage |
| Outpatient Surgery/Services When billed as office visits | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage; after a \$25 PCP or \$50 SPC per office visit co-payment per visit | No Coverage |
| Outpatient Surgery/Services When billed as outpatient surgery at a facility | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage | No Coverage |
| Hospital Services | The Plan Pays | | The Plan Pays | |
| Inpatient Services Inpatient care, delivery and inpatient short-term acute rehabilitation services | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage; after a \$100 co-payment per day max \$300 per admission | No Coverage |

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|---|---------------------|---|--|---|-------------------------------------|-------------|
| Blue Cross Blue Shield benefits effective March 1, 2015 - December 31, 2015 | | | | | | |
| Vantage Medical Home benefits effective January 1, 2015 - December 31, 2015 | | | | | | |
| | Magnolia Local Plus | | Magnolia Open Access | | Vantage Medical Home | |
| | Network | Non-Network | Network | Non-Network | Network | Non-Network |
| Physicians' Services | The Plan Pays | | The Plan Pays | | The Plan Pays | |
| 100% coverage; after a \$90 co-payment per pregnancy | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage after a \$0*/\$10 co-payment per pregnancy | 50% coverage; subject to deductible | |
| 100% coverage; | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage; subject to deductible | 50% coverage; subject to deductible | |
| 100% coverage | No Coverage | 100% coverage; not subject to deductible | 70% coverage; subject to deductible | 100% coverage; not subject to deductible | 50% coverage; subject to deductible | |
| 100% coverage | 100% coverage | 90% coverage; subject to deductible | 90% coverage; subject to deductible | 100% coverage; subject to deductible | 50% coverage; subject to deductible | |
| 100% coverage after a \$25 PCP or \$50 SPC per office visit co-payment per visit; shots and serum 100% | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 80% coverage; subject to deductible | 50% coverage; subject to deductible | |
| 100% coverage after a \$25 PCP or \$50 SPC per office visit co-payment per visit | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage; subject to deductible | 50% coverage; subject to deductible | |
| 100% coverage | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage; subject to deductible | 50% coverage; subject to deductible | |
| Physicians' Services | The Plan Pays | | The Plan Pays | | The Plan Pays | |
| 100% coverage; after a \$100 co-payment per day max \$300 per admission | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible + \$50 co-payment per day (days 1 - 5) | 100% coverage after a \$100*/\$300 co-payment per day max \$300*/\$900 per admission; subject to deductible | 50% coverage; subject to deductible | |

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|---|-------------------------------------|-------------------------------------|---|--|
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| Vantage Medical Home benefits effective January 1, 2015 - December 31, 2015 | | | | |
| | Pelican HRA 1000 | | Magnolia Local | |
| | Network | Non-Network | Network | Non-Network |
| Hospital Services | The Plan Pays | | The Plan Pays | |
| Outpatient Surgery/Services Hospital / Facility | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage; after a \$100 facility co-payment per visit | No Coverage |
| Emergency Room Care - Hospital Treatment of an emergency medical condition or injury | 80% coverage; subject to deductible | 80% coverage; subject to deductible | 100% coverage after \$150 co-payment per visit; waived if admitted | 100% coverage after \$150 co-payment per visit; waived if admitted |
| Behavioral Health | The Plan Pays | | The Plan Pays | |
| Mental Health and Substance Abuse Inpatient Facility | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage; after a \$100 co-payment per day max \$300 per admission | No Coverage |
| Mental Health and Substance Abuse Outpatient Visits - Professional | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage; after a \$25 co-payment per visit | No Coverage |
| Other Coverage | The Plan Pays | | The Plan Pays | |
| Outpatient Acute Short-Term Rehabilitation Services Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage; after a \$25 co-payment per visit | No Coverage |
| Chiropractic Care | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage; after a \$25 co-payment per visit | No Coverage |
| Hearing Aid Not covered for individuals age eighteen (18) and older | 80% coverage; subject to deductible | No Coverage | 80% coverage | No Coverage |
| Vision Exam (routine) | No Coverage | | | |
| Urgent Care Center | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage; after a \$50 co-payment per visit | No Coverage |
| Home Health Care Services | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage | No Coverage |

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| Blue Cross Blue Shield benefits effective March 1, 2015 - December 31, 2015 | | | | | | |
| Vantage Medical Home benefits effective January 1, 2015 - December 31, 2015 | | | | | | |
| | Magnolia Local Plus | | Magnolia Open Access | | Vantage Medical Home | |
| | Network | Non-Network | Network | Non-Network | Network | Non-Network |
| | The Plan Pays | | The Plan Pays | | The Plan Pays | |
| 100% coverage; after a \$100 facility co-payment per visit | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage after a \$100*/\$300 co-payment per visit; subject to deductible | 50% coverage; subject to deductible | |
| 100% coverage after \$150 co-payment per visit; waived if admitted | 100% coverage after \$150 co-payment per visit; waived if admitted | \$150 co-payment per visit; waived if admitted | | 100% coverage after a \$200 co-payment per visit; subject to deductible | 100% coverage after a \$200 co-payment per visit; subject to deductible | |
| | The Plan Pays | | The Plan Pays | | The Plan Pays | |
| 100% coverage after \$100 co-payment per day max \$300 per admission | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible + \$50 co-payment per day (days 1-5) | 100% coverage; after a \$300 co-payment per day max \$900 per admission; subject to deductible | 50% coverage; subject to deductible | |
| 100% coverage; after a \$25 co-payment per visit | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage; after a \$10 PCP or \$45 SPC per co-payment per visit | 50% coverage; subject to deductible | |
| | The Plan Pays | | The Plan Pays | | The Plan Pays | |
| 100% coverage; after a \$25 co-payment per visit | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 80% coverage; subject to deductible | 50% coverage; subject to deductible | |
| 100% coverage; after a \$25 co-payment per visit | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage; after a \$10 co-payment per visit | 50% coverage; subject to deductible | |
| 80% coverage | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 80% coverage; subject to deductible | 50% coverage; subject to deductible | |
| | No Coverage | | | | 100% coverage; after a \$45 co-payment per visit | 50% coverage; subject to deductible |
| 100% coverage after a \$50 co-payment per visit | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage after a \$45 co-payment per visit | 50% coverage; subject to deductible | |
| 100% coverage | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 80% coverage; subject to deductible | 50% coverage; subject to deductible | |

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| Blue Cross Blue Shield benefits effective March 1, 2015 - December 31, 2015 Vantage Medical Home benefits effective January 1, 2015 - December 31, 2015 | | | | |
| | Pelican HRA 1000 | | Magnolia Local | |
| | Network | Non-Network | Network | Non-Network |
| Hospital Services | The Plan Pays | | The Plan Pays | |
| Skilled Nursing Facility Services | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage; after a \$100 co-payment per day max \$300 per admission | No Coverage |
| Hospice Care | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 100% coverage | No Coverage |
| Durable Medical Equipment (DME) - Rental or Purchase | 80% coverage; subject to deductible | 60% coverage; subject to deductible | 80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year; | No Coverage |
| Transplant Services | 80% coverage; subject to deductible | No Coverage | 100% coverage | No Coverage |
| Pharmacy | You Pay | | You Pay | |
| Tier 1 - Generic | 50% up to \$30 ¹ | | 50% up to \$30 ¹ | |
| Tier 2 - Preferred | 50% up to \$55 ^{1,2} | | 50% up to \$55 ^{1,2} | |
| Tier 3 - Non-Preferred | 65% up to \$80 ^{1,2} | | 65% up to \$80 ^{1,2} | |
| Tier 4 - Specialty | 50% up to \$80 ^{1,2} | | 50% up to \$80 ^{1,2} | |
| 90 day supplies for maintenance drugs from mail order OR at participating 90-day retail network pharmacies | Two and a half times the cost of your applicable co-payment | | Two and a half times the cost of your applicable co-payment | |
| After the out-of-pocket amount of \$1,500 is met: | | | | |
| Tier 1 - Generic | \$0 co-payment ¹ | | \$0 co-payment ¹ | |
| Tier 2 - Preferred | \$20 co-payment ^{1,2} | | \$20 co-payment ^{1,2} | |
| Tier 3 - Non-Preferred | \$40 co-payment ^{1,2} | | \$40 co-payment ^{1,2} | |
| Tier 4 - Specialty | \$40 co-payment ^{1,2} | | \$40 co-payment ^{1,2} | |

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|---|-------------|---|-------------------------------------|---|-------------------------------------|
| Blue Cross Blue Shield benefits effective March 1, 2015 - December 31, 2015 Vantage Medical Home benefits effective January 1, 2015 - December 31, 2015 | | | | | |
| Magnolia Local Plus | | Magnolia Open Access | | Vantage Medical Home | |
| Network | Non-Network | Network | Non-Network | Network | Non-Network |
| The Plan Pays | | The Plan Pays | | The Plan Pays | |
| 100% coverage; after \$100 co-payment per day max \$300 per admission | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 100% coverage after a \$50 co-payment per day | 50% coverage; subject to deductible |
| 100% coverage | No Coverage | 80% coverage; subject to deductible | 70% coverage; subject to deductible | 80% coverage; subject to deductible | 50% coverage; subject to deductible |
| 80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year; | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 80% coverage; subject to deductible | 50% coverage; subject to deductible |
| 100% coverage | No Coverage | 90% coverage; subject to deductible | 70% coverage; subject to deductible | 80% coverage; subject to deductible | No Coverage |
| You Pay | | You Pay | | You Pay | |
| 50% up to \$30 ¹ | | 50% up to \$30 ¹ | | Low Cost Generics - \$3 co-payment ³ Non Preferred Generics - \$10 co-payment ³ | |
| 50% up to \$55 ^{1,2} | | 50% up to \$55 ^{1,2} | | \$45 co-payment ³ | |
| 65% up to \$80 ^{1,2} | | 65% up to \$80 ^{1,2} | | \$95 co-payment ³ | |
| 50% up to \$80 ^{1,2} | | 50% up to \$80 ^{1,2} | | 33% up to \$150 ³ | |
| Two and a half times the cost of your applicable co-payment | | Two and a half times the cost of your applicable co-payment | | 30-day supply for 1 co-pay; 60-day supply for 2 co-pays; 90-day supply for 3 co-pays – All tiers but Tier 5 | |
| After the out-of-pocket amount of \$1,500 is met: | | | | | |
| \$0 co-payment ¹ | | \$0 co-payment ¹ | | – | |
| \$20 co-payment ^{1,2} | | \$20 co-payment ^{1,2} | | – | |
| \$40 co-payment ^{1,2} | | \$40 co-payment ^{1,2} | | – | |
| \$40 co-payment ^{1,2} | | \$40 co-payment ^{1,2} | | – | |

NOTE: Prior Authorizations and Visit Limits may apply to some benefits - refer to your Plan Document for details

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage. For full details of the plan, refer to the official plan document. Benefits outlined in the Vantage Medical Home column were provided by Vantage Health Plan. OGB is not responsible for the accuracy of this information.

¹Prescription drug benefit - 31 day fill; ²Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus co-pay for brand-name drug; cost difference does not apply to \$1,500 out of pocket max; ³Prescription drug benefit - 30 day fill

*Benefits available for Affinity Health Network Providers