Actives and Retirees without Medicare Benefits Comparison: Pelican HRA1000, Pelican HSA775, Magnolia Local, Magnolia Local Plus, Magnolia Open Access, Vantage Medical Home

January 1, 2015 - December 31, 2015

	Pelican HRA 1000		Pelican HSA775		Magnolia Local	
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		Blue Cross Blue Shield of Louisiana Community Blue & Blue Connect	
Eligible OGB Members	Actives & Retirees without Medicare		Actives		Actives & Retirees without Medicare	
	Network	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**
	You Pay		**You Pay**		**You Pay**	
	Deductible					
You	$2,000	$4,000	$2,000	$4,000	$500	No Coverage
You + Spouse	$4,000	$8,000	$4,000	$8,000	$1,500	No Coverage
You + Child (ren)	$4,000	$8,000	$4,000	$8,000	$1,500	No Coverage
You + Family	$4,000	$8,000	$4,000	$8,000	$1,500	No Coverage
	HRA dollars will reduce this amount		HSA dollars will reduce this amount			
	Out of Pocket Maximum					
You	$5,000	$10,000	$5,000	$10,000	$3,000	No Coverage
You + Spouse	$10,000	$20,000	$10,000	$20,000	$9,000	No Coverage
You + Child (ren)	$10,000	$20,000	$10,000	$20,000	$9,000	No Coverage
You + Family	$10,000	$20,000	$10,000	$20,000	$9,000	No Coverage
State Funding	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
You	$1,000		$775*		Not Available	
You + Spouse	$2,000		$775*			
You + Child (ren)	$2,000		$775*			
You + Family	$2,000		$775*			
	Funding not applicable to Pharmacy Expenses.		$200, plus up to $575 more dollar for dollar match of employee contributions*			
Physicians' Services	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Primary Care Physician or Specialist Office Treatment of illness or injury	80% coverage; subject to deductible	60% coverage; subject to deductible	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

Actives and Retirees without Medicare Benefits Comparison: Pelican HRA1000, Pelican HSA775, Magnolia Local, Magnolia Local Plus, Magnolia Open Access, Vantage Medical Home

January 1, 2015 - December 31, 2015

Magnolia Local Plus		Magnolia Open Access		Vantage Medical Home	
Blue Cross Blue Shield of Louisiana Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of Louisiana Preferred Care Provider & BCBS National Providers		Statewide HMO plan offered in all regions of Louisiana	
Actives & Retirees without Medicare		Actives & Retirees without Medicare		Actives & Retirees without Medicare	
Network	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**
You Pay		**You Pay**		**You Pay**	
Deductible					
$500	No Coverage	$1,000	$1,000	$500	$1,500
$1,500	No Coverage	$3,000	$3,000	$1,500	$3,000
$1,500	No Coverage	$3,000	$3,000	$1,500	$3,000
$1,500	No Coverage	$3,000	$3,000	$1,500	$3,000
Out of Pocket Maximum					
$3,000	No Coverage	$3,000	$4,000	$3,000	Unlimited
$9,000	No Coverage	$9,000	$12,000	$9,000	Unlimited
$9,000	No Coverage	$9,000	$12,000	$9,000	Unlimited
$9,000	No Coverage	$9,000	$12,000	$9,000	Unlimited
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

Actives and Retirees without Medicare Benefits Comparison: Pelican HRA1000, Pelican HSA775, Magnolia Local, Magnolia Local Plus, Magnolia Open Access, Vantage Medical Home

January 1, 2015 - December 31, 2015

	Pelican HRA 1000		Pelican HSA775		Magnolia Local	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Physicians' Services	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Maternity Care (prenatal, deliver and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	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	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	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; **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; **not** subject to deductible	No Coverage
Physician Services for Emergency Room Care	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible
Allergy Shots and Serum Co-payment per visit is applicable only to office visit	80% coverage; subject to deductible	60% coverage; subject to deductible	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% after deductible	No Coverage
Outpatient Surgery/ Services When billed as office visits	80% coverage; subject to deductible	60% coverage; subject to deductible	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	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
Hospital Services	**The Plan Pays**		**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	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

Actives and Retirees without Medicare Benefits Comparison: Pelican HRA1000, Pelican HSA775, Magnolia Local, Magnolia Local Plus, Magnolia Open Access, Vantage Medical Home

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**	
Maternity Care (prenatal, deliver and postpartum)	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
Physician Services Furnished in a Hospital Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to deductible	50% coverage; subject to deductible
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	No Coverage	100% coverage; **not** subject to deductible	70% coverage; subject to deductible	100% coverage; **not** subject to deductible	50% coverage; subject to deductible
Physician Services for Emergency Room Care	100% coverage; subject to deductible	100% coverage; subject to deductible	90% coverage; subject to deductible	90% coverage; subject to deductible	100% coverage; subject to deductible	50% coverage; subject to deductible
Allergy Shots and Serum Co-payment per visit is applicable only to office visit	100% coverage after a $25 PCP or $50 SPC per office visit co-payment per visit; shots and serum 100% after deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage; subject to deductible	50% coverage; subject to deductible
Outpatient Surgery/ Services When billed as office visits	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
Outpatient Surgery/ Services When billed as outpatient surgery at a facility	100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to deductible	50% coverage; subject to deductible
Hospital Services	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Inpatient Services Inpatient care, delivery and inpatient short-term acute rehabilitation services	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

Actives and Retirees without Medicare Benefits Comparison: Pelican HRA1000, Pelican HSA775, Magnolia Local, Magnolia Local Plus, Magnolia Open Access, Vantage Medical Home

January 1, 2015 - December 31, 2015

	Pelican HRA 1000		Pelican HSA775		Magnolia Local	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Hospital Services	The Plan Pays		The Plan Pays		The Plan Pays	
Outpatient Surgery/Services Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	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	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		The Plan Pays	
Mental Health and Substance Abuse Inpatient Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	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	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		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	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	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; subject to deductible	No Coverage	80% coverage; subject to deductible	No Coverage
Vision Exam (routine)	No Coverage					
Urgent Care Center	80% coverage; subject to deductible	60% coverage; subject to deductible	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	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage

Actives and Retirees without Medicare Benefits Comparison: Pelican HRA1000, Pelican HSA775, Magnolia Local, Magnolia Local Plus, Magnolia Open Access, Vantage Medical Home

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 90% coverage; subject to deductible	90% coverage; subject to deductible	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; subject to deductible	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 subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage; subject to deductible	50% coverage; subject to deductible

Actives and Retirees without Medicare Benefits Comparison: Pelican HRA1000, Pelican HSA775, Magnolia Local, Magnolia Local Plus, Magnolia Open Access, Vantage Medical Home

January 1, 2015 - December 31, 2015

	Pelican HRA 1000		Pelican HSA775		Magnolia Local	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Hospital Services	The Plan Pays		The Plan Pays		The Plan Pays	
Skilled Nursing Facility Services	80% coverage; subject to deductible	60% coverage; subject to deductible	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	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
Durable Medical Equipment (DME) - Rental or Purchase	80% coverage; subject to deductible	60% coverage; subject to deductible	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; subject to deductible	No Coverage
Transplant Services	80% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage
Pharmacy	You Pay		You Pay		You Pay	
Tier 1 - Generic	50% up to $30 [1]		$10; subject to deductible [1]		50% up to $30 [1]	
Tier 2 - Preferred	50% up to $55 [1,2]		$25; subject to deductible [1]		50% up to $55 [1,2]	
Tier 3 - Non-Preferred	65% up to $80 [1,2]		$50; subject to deductible [1]		65% up to $80 [1,2]	
Tier 4 - Specialty	50% up to $80 [1,2]		$50; subject to deductible [1]		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		Applicable co-payment; Maintenance drugs not subject to deductible		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]	

	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; subject to deductible	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; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage; subject to deductible	50% coverage; subject to deductible
	100% coverage; subject to deductible	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.

[1] Prescription drug benefit - 31 day fill; [2] Member 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; [3] Prescription drug benefit - 30 day fill

** Benefits available for Affinity Health Network Providers*