DECISION GUIDE FOR PLAN YEAR 2015

For active employees & retirees without Medicare

ANNUAL ENROLLMENT | OCTOBER 1 – 31, 2014

www.groupbenefits.org

RESOURCES / CONTACT INFORMATION

If you have any questions about annual enrollment, visit *www.groupbenefits.org* or call us at **1-800-272-8451.** You can also contact our providers with specific questions at the phone numbers below.

OGB Customer Service **Annual Enrollment Hours:** 7:00 AM - 7:00 PM Monday - Saturday	1-800-272-8451	www.groupbenefits.org
Vendor	**Customer Service**	**Website**
Blue Cross Blue Shield of Louisiana **Hours:** 8:00 AM - 5:00 PM CT Monday - Friday	1-800-392-4089	www.bcbsla.com/ogb
Vantage **Hours:** 8:00 AM - 8:00 PM CT Monday - Friday	1-888-823-1910	www.vhp-stategroup.com
MedImpact **Hours:** 24 Hours Seven Days a Week	1-800-910-1831	https://mp.medimpact.com/ogb
Additional Information	**Member Services**	**Website**
Flexible Spending Account **Discovery Benefits (Effective 1/1/2015)** **Hours:** 7:00 AM - 7:00 PM CT Monday - Friday	1-866-451-3399	www.discoverybenefits.com

Listed below are common health care acronyms that are used throughout this Decision Guide.

BCBS – Blue Cross Blue Shield of Louisiana	**EOB** – Explanation of Benefits
CMS – Centers for Medicare & Medicaid Services	**HIPAA** – Health Insurance Portability & Accountability Act
FSA – Flexible Spending Account	**HSA** – Health Savings Account
HRA – Health Reimbursement Arrangement	**OGB** – Office of Group Benefits
MA – Medicare Advantage	**PBM** – Pharmacy Benefits Manager
PAC – Pre-Admission Certification	**PHI** – Protected Health Information
PCP – Primary Care Physician	**SPC** – Specialist
POS – Point of Service	

Letter from the CEO

Dear OGB Members:

Selecting the right health plan is one of the most important decisions you will make all year. That's why every October, the Office of Group Benefits (OGB) allows eligible employees, retirees and their families to select or change health coverage. We offer some of the most comprehensive benefit plans in the region, which is why 92 percent of eligible members choose to enroll in one of our plans.

Over the last few years, the health care industry has changed dramatically. The impact of the Affordable Care Act, an aging population, and the rising cost of health care have made it necessary for OGB to make changes that help us provide better service and care to our members.

This year, OGB has developed an all new set of plans that offer members a variety of coverage options. Whether you are looking for low premiums, a large coverage network, or predictable co-payments, we have options that work for you and your family and have developed tools that will help you make the best choice for your circumstances.

This year you are required to make a selection during the annual enrollment period. If you are currently enrolled in a plan and do not make a selection by the end of the enrollment period, you will be enrolled into the Pelican HRA 1000 – a new, low premium plan that offers a nationwide network and employer contribution that can be used to offset out-of-pocket costs.

Once you select the best plan for your situation, enroll in one of three ways:

1) The annual enrollment portal
2) The paper annual enrollment form on page 18
3) Your human resources department

This guide outlines the new plans for the 2015 plan year and provides links and instructions on how to access other helpful tools you can use to better understand your options.

Helping you live a better life by ensuring you and your family have affordable, quality coverage is what OGB is all about. The OGB team looks forward to continuing to serve you in 2015!

Warmest regards,

Susan T. West, *MBA, CRM*
Chief Executive Officer
Office of Group Benefits

Table of Contents

Annual Enrollment & Your Responsibilities

October 1 through October 31, 2014 *www.groupbenefits.org*

Important Dates

- **October 1, 2014** – 2015 plan year annual enrollment begins
- **October 31, 2014** – Annual enrollment ends
- **January 1, 2015** – Plan changes begin

Your Responsibilities as an OGB Member

As an OGB member, you have exceptional benefit options available to you and your family. It's your responsibility to understand your options and make the best choice for you and your situation.

You are responsible for:

- Making your selection – either online, using the enrollment paper form included in this guide or with your human resources department – no later than **October 31, 2014**. **If you are a current OGB member and do not make a selection, you will be enrolled in the Pelican HRA 1000 plan – a new, low premium plan that offers a wide coverage network and a state contribution that can be used to offset out-of-pocket costs. You will not have a chance to change plans until next year's annual enrollment.** If you wish to cancel your OGB coverage, contact your human resources department.
- Enrolling and providing documentation to your human resources department for your dependents, including birth certificates, marriage certificates and other information if you are adding or changing dependents.
- Reading and understanding the plan materials.
- Reviewing all communications from OGB, and your human resources department and taking the required actions.
- Attending a regional meeting if you have questions or would like more information on this year's offerings. Bring this guide with you to the meeting.
- Verifying that your payroll deduction is correct.
- Notifying your human resources department if your address changes or if you or your covered spouse or dependent gain Medicare eligibility within the time limits set by OGB, including gaining coverage as a result of End Stage Renal Disease.

During annual enrollment, you may:

- Enroll in a health plan
- Drop or add dependents
- Discontinue OGB coverage
- Determine the amount of your HSA contribution
- Enroll or change contribution to flexible spending account

Making Your Health Plan Selection for 2015

Before you finalize your selection, we encourage you to review the plans described in this guide, discuss them with your family and choose a program that is best for you and your individual circumstances. Only you can decide which plan meets your needs.

How to Make Your 2015 Selection – Go online today!

All plan members must re-enroll by either using the annual enrollment web portal, submitting the completed annual enrollment form, or by visiting your human resources department. Access the web portal at *www.annualenrollment.groupbenefits.org.*

The simplest way to enroll is through the enrollment portal at *www.annualenrollment.groupbenefits.org.* However, there are two specific situations that the online portal cannot accommodate. You must visit your human resources department if you are discontinuing your OGB coverage or if you are adding or removing dependents to your plan for 2015. The chart below details when each enrollment option is available.

Making Changes During the Plan Year

This year, we have made enrollment easier than ever. Choose **one of the following options** depending on your needs: enroll online through the enrollment portal, submit a paper form or visit your human resources department or contact OGB.

	Annual Enrollment Portal	Annual Enrollment Form	Human Resources Department or OGB
Enroll in a health plan with the same covered dependents as 2014	✔	✔	✔
Enroll in a health plan with different or new covered dependents than 2014			✔
Elect HSA or FSA contributions	✔		✔
Discontinue OGB Coverage			✔

If you cannot access the annual enrollment portal, you may make your plan selection using the annual enrollment form on page 18 or by contacting your human resources department.

No matter how you choose to enroll, be sure to do it by October 31, 2014. **If you are currently enrolled in an OGB plan and do not make a selection for 2015, you will be enrolled in the Pelican HRA 1000.**

See the How to Enroll section on page 16 for instructions on how to use the annual enrollment portal and page 40 for a list of HR departments and their telephone numbers.

Making Changes During the Plan Year

Consider your benefit needs carefully and make the appropriate selection. Your selection will remain in effect for the entire calendar year. You **will not** have an opportunity to add or drop dependents until the next annual enrollment period, unless you experience a Qualifying Event during the plan year.

Qualifying Events include, but are not limited to:

- Birth or adoption of a child, or placement for adoption
- Death of spouse or child, only if the dependent is currently enrolled
- Your spouse's or dependent's loss of eligibility for other group health insurance
- Marriage or divorce (once divorced, your ex-spouse is not eligible for dependent coverage under OGB)
- Medicare eligibility

You can review a full list of qualifying events at *www.IRS.gov*.

Eligibility

If you are eligible to participate, but not currently enrolled in one of OGB's health insurance plans, your eligibility documentation must be submitted to your human resources department. Contact your human resources department for eligibility guidelines.

Dependents

The following people can be enrolled as dependents:

- Your legal spouse
- Children until they reach age 26 (*Coverage ends the last day of their birthday month*)

Children are defined as:

- Natural child of employee or legal spouse
- Legally adopted child
- Child in employee's home under legal guardianship or custody. A grandchild whose parent is a covered dependent or for whom employee has legal guardianship or custody.

IMPORTANT! When a newborn is added as a dependent, you must provide your human resources department with a birth certificate or a copy of the birth letter within 30 days of the child's birth date. The birth letter will suffice as proof of parentage **only if** it contains the relationship of the child and the employee, and a copy is received within 30 days of birth. If the birth certificate or birth letter is not received, enrollment cannot take place until the next annual enrollment period.

Military Reserve Members

Certain provisions have been made for military reserve members. If you are on active military duty, consult your Plan Document for specific eligibility criteria and required documentation. Plan documents can be found on OGB's website at *www.groupbenefits.org*.

New Hires & Transfers

Effective Date of Coverage for New Hires and Transfers

The effective date of coverage for new hires whose employment begins on the first of the month will be the first day of the following month. If employment begins on the second day of the month or later, coverage is effective the first day of the next month after 30 days of employment. An employee who transfers employment should complete a transfer form within 30 days.

Example: **New Hires:** If employment begins: **September 1** | Coverage begins: **October 1**
Transfers: If employment begins **September 1** | Coverage begins: **September 1**

New Hires: If employment begins: **September 2** | Coverage begins: **November 1**
Transfers: If employment begins **September 2** | Coverage begins: **October 1**

Dependent Verification

You must provide your human resources department with proof of the legal relationship of each covered dependent. Without that documentation, your enrollment cannot be completed. Acceptable documents include: your marriage license, birth letter or birth certificate, legal adoption or custody papers, if applicable, for each covered dependent.

Your agency will verify the eligibility of dependents. No late applications will be accepted.

Over-Age Dependents or Continued Coverage

A covered child under age 26 who is or becomes incapable of self-sustaining employment may be eligible to continue coverage as an over-age dependent, if your human resources department receives the required medical documents verifying the child's incapacity before he or she reaches age 26. ***See your plan document for documentation required to establish eligibility.***

Summary of Plans– Understanding Your Plan Options

Effective January 1, active OGB members and retirees without Medicare will have several plan options. Below is a checklist that outlines some of the features available with each option.

The following pages provide more detail about each plan choice. A full benefits comparison is available on page 31.

	Pelican HRA 1000	Active Only Pelican HSA 775	Magnolia Local	Magnolia Local Plus	Magnolia Open Access	Vantage Medical Home HMO
Employer Contribution to HRA or HSA	✓	✓				
Out-of-network Coverage	✓	✓			✓	✓
Disease management program	✓	✓	✓	✓	✓	✓
Wellness program	✓	✓	✓	✓	✓	✓
Wellness visits covered 100%	✓	✓	✓	✓	✓	✓
Emergency coverage	✓	✓	✓	✓	✓	✓
Routine vision coverage						✓
Routine dental coverage						✓

IMPORTANT! There are times when a provider may work at a hospital, but not for the hospital. In those cases, health care services may be provided to you at a network health care facility by providers who are not in your health plan provider network. You may be responsible for payment of all or part of the fees for those out-of-network services, in addition to applicable amounts due for co-payments, coinsurance, deductibles and non-covered services.

Specific information about in-network and out-of-network physicians can be found at your health plan's website or customer service line.

Pelican Plans

OGB's Pelican plans offer low premiums in combination with employer contributions to create the most affordable options for members in 2015.

Pelican plans offer coverage within Blue Cross's nationwide network as well as out-of-network to ensure members can receive care anywhere. View providers in Blue Cross's network at www.groupbenefits.org.

Pelican HRA 1000

The Pelican HRA 1000 includes $1,000 in employer contributions for employee-only plans and $2,000 for family plans in a health reimbursement account that can be used to offset deductible and other out-of-pocket health care costs throughout the year. Any unused funds rollover up to the in-network out-of-pocket maximum, allowing members to build up balances that cover eligible medical expenses when they happen.

Pelican plans offer coverage within Blue Cross's nationwide network as well as out-of-network to ensure members can receive care anywhere. View providers in Blue Cross's network at **www.groupbenefits.org.**

Current members who do not make a selection for 2015 will be enrolled in the Pelican HRA 1000.

	Employee Only	Employee + Spouse	Employee + Children	Family
Monthly Premiums (employee share)	$98.52	$320.00	$141.88	$342.84
Employer Contribution to HRA	$1,000	$2,000	$2,000	$2,000
Deductible (in-network)	$2,000	$4,000	$4,000	$4,000
Deductible (out-of-network)	$4,000	$8,000	$8,000	$8,000
Out-of-pocket max (in-network)	$5,000	$10,000	$10,000	$10,000
Out-of-pocket max (out-of-network)	$10,000	$20,000	$20,000	$20,000
Coinsurance (in-network)	20%	20%	20%	20%
Coinsurance (out-of-network)	40%	40%	40%	40%

Pharmacy Benefits - MedImpact

The Pelican HRA 1000 uses the MedImpact formulary to help members select the most appropriate, lowest-cost options for prescriptions. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand name drug or specialty drug.

Tier	Member Responsibility
Generic	50% up to $30
Preferred	50% up to $55
Non-Preferred	65% up to $80
Specialty	50% up to $80
Once you pay $1,500, the following co-pays apply:	
Generic	$0 co-pay
Preferred	$20 co-pay
Non-Preferred	$40 co-pay
Specialty	$40 co-pay

Pelican HSA 775

The Pelican HSA 775 offers our lowest premiums in addition to a health savings account funded by both employers and employees. Employers contribute $200 to the Pelican HSA, then match any employee contributions up to $575. Employees can contribute additional funds on a pre-tax basis, up to $3,350, to cover out-of-pocket medical and pharmacy costs.

To receive these matching dollars, you must set up an HSA through Bancorp Bank by completing a MySmart$aver HSA application through your agency's human resources office. Unused funds can remain in your HSA account and earn interest – tax-free – from year to year. However, the HSA differs from the HRA in that the money in an HSA follows the member even if he or she changes jobs or retires.

Pelican plans offer coverage within Blue Cross's nationwide network as well as out-of-network to ensure members can receive care anywhere. View providers in Blue Cross's network at **www.groupbenefits.org**

IMPORTANT! Retirees are not eligible to enroll in the Pelican HSA 775.

	Employee Only	Employee + Spouse	Employee + Children	Family
Monthly Premiums (employee share)	$56.96	$185.12	$82.08	$198.32
Employer Contribution to HSA*	$200, plus up to $575 more dollar-for-dollar match of employee contributions			
Deductible (in-network)	$2,000	$4,000	$4,000	$4,000
Deductible (out-of-network)	$4,000	$8,000	$8,000	$8,000
Out-of-pocket max (in-network)	$5,000	$10,000	$10,000	$10,000
Out-of-pocket max (out-of-network)	$10,000	$20,000	$20,000	$20,000
Coinsurance (in-network)	20%	20%	20%	20%
Coinsurance (out-of-network)	40%	40%	40%	40%

*$3,350 maximum combined contribution for single in 2015 / *$6,650 maximum combined contribution for family in 2015

Pharmacy Benefits – Express Scripts

BCBS works in partnership with Express Scripts® to administer your prescription drug program for the Pelican HSA 775.

Tier	Member Responsibility*
Generic	$10 co-pay
Preferred	$25 co-pay
Non-Preferred	$50 co-pay
Specialty	$50 co-pay
**Subject to deductible and applicable co-payment*	

HRA vs HSA – what's the difference?

A Health Reimbursement Arrangement, or HRA, is an account that employers use to reimburse employees' medical expenses, such as deductibles, medical co-pays and eligible medical costs. The HRA funds are available as long as you remain employed by an OGB-participating employer.

A Health Savings Account, or HSA, is an employee-owned account used to pay for qualified medical expenses, including deductibles, medical co-pays, prescriptions and other eligible medical costs. To enroll in an OGB HSA, you must enroll in the Pelican HSA 775. Both employees and employers can contribute to a HSA, but the funds are owned by the employee. The HSA funds are available even if you are no longer employed by an OGB-participating employer.

Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)
Funding	
Employer funds HRA.	Employer and employee funds HSA.
Funds stay with the employer if an employee leaves an OGB-participating employer.	Funds go with the employee when he/she leaves an OGB-participating employer.
Contributions are not taxable.	Contributions are made on a pre-tax basis.
Only employers may contribute.	Employers or employees may contribute.
Flexibility	
Employer selects maximum contribution.	IRS determines maximum contribution.
Must be paired with the Pelican HRA 1000.	Must be paired with the Pelican HSA 775.
Contributions are the same for each employee.	Contributions are determined by employee and employer.
May be used with a General-Purpose FSA.	May be used only with a Limited-Purpose FSA.
Simplicity	
HRA claims processed by the claims administrator.	Employee manages account and submits expenses to the HSA trustee for reimbursement.
IRS regulations and the Pelican HRA 1000 plan document govern expenses, funding and participation.	IRS regulations govern expenses, funding and participation.
Eligible Expenses	
Can be used for medical expenses only.	Can be used for pharmacy and medical expenses.

Magnolia Plans

Magnolia plans offer lower deductibles than the Pelican plans in exchange for higher premiums.

Magnolia Local

The Magnolia Local plan is a traditional plan that offers $25 primary care co-pays (excluding wellness visits) and $50 specialty care co-pays for members who live in specific coverage areas. Community Blue and Blue Connect networks in Shreveport, New Orleans and Baton Rouge are available for OGB members.

This plan is ideal for members who live in the parishes within the available networks and don't plan to utilize out-of-network care. However, out-of-network care is provided in emergencies.

Community Blue

Community Blue is a select, local network designed for members who live in the **Baton Rouge** (East & West Baton Rouge and Ascension Parishes) and **Shreveport communities** (Caddo and Bossier Parishes). This means healthcare providers work as a team led by a primary care doctor.

BlueConnect

BlueConnect is a select, local network designed for members who live in the **New Orleans community** (Orleans and Jefferson Parishes). BlueConnect is a great health plan for people who want local access, a new approach to health and a lower priced insurance plan.

View providers in Blue Cross's network at **www.groupbenefits.org**.

	Employee-Only	Employee + Spouse	Employee + Children	Family
Monthly Premiums *(employee share)*	$133.64	$434.12	$192.32	$465.16
Employer Contribution to HRA/HSA	$0	$0	$0	$0
Deductible *(in-network)*	$500	$1,500	$1,500	$1,500
Deductible *(out-of-network)*	No coverage	No coverage	No coverage	No coverage
Out-of-pocket max *(in-network)*	$3,000	$9,000	$9,000	$9,000
Out-of-pocket max *(out-of-network)*	No coverage	No coverage	No coverage	No coverage
Co-Payment *(in-network) PCP/SPC*	$25 / $50	$25 / $50	$25 / $50	$25 / $50
Co- Payment *(out-of-network)*	No coverage	No coverage	No coverage	No coverage

Pharmacy Benefits – MedImpact

OGB uses the MedImpact formulary to help members select the most appropriate, lowest-cost options. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand name drug, or specialty drug.

Tier	Member Responsibility
Generic	50% up to $30
Preferred	50% up to $55
Non-Preferred	65% up to $80
Specialty	50% up to $80
Once you pay $1,500, the following co-pays apply:	
Generic	$0 co-pay
Preferred	$20 co-pay
Non-Preferred	$40 co-pay
Specialty	$40 co-pay

Magnolia Local Plus

The Magnolia Local Plus option offers the same coverage as the Magnolia Local plan, with the benefit of a nationwide network. The Local Plus option offers $25 primary care co-pays (excluding wellness visits) and $50 specialty care co-pays for OGB members in any region.

The Local Plus plan is ideal for members who prefer the predictability of co-payments rather than using employer funding to offset out-of-pocket costs.

This plan provides care in Blue Cross's nationwide network. Out-of-network care is provided in emergencies. View providers in Blue Cross's network at **www.groupbenefits.org.**

	Employee-Only	Employee + Spouse	Employee + Children	Family
Monthly Premiums *(employee share)*	$140.28	$455.60	$201.88	$488.16
Employer Contribution to HRA/HSA	$0	$0	$0	$0
Deductible *(in-network)*	$500	$1,500	$1,500	$1,500
Deductible *(out-of-network)*	No coverage	No coverage	No coverage	No coverage
Out-of-pocket max *(in-network)*	$3,000	$9,000	$9,000	$9,000
Out-of-pocket max *(out-of-network)*	No coverage	No coverage	No coverage	No coverage
Co-Payment *(in-network) PCP/SPC*	$25 / $50	$25 / $50	$25 / $50	$25 / $50
Co- Payment *(out-of-network)*	No coverage	No coverage	No coverage	No coverage

Pharmacy Benefits – MedImpact

The Magnolia Local Plus plan uses the MedImpact formulary to help members select the most appropriate, lowest-cost options. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand name drug or specialty drug.

Tier	Member Responsibility
Generic	50% up to $30
Preferred	50% up to $55
Non-Preferred	65% up to $80
Specialty	50% up to $80
Once you pay $1,500, the following co-pays apply:	
Generic	$0 co-pay
Preferred	$20 co-pay
Non-Preferred	$40 co-pay
Specialty	$40 co-pay

Magnolia Open Access

The Magnolia Open Access Plan offers coverage both inside and outside of Blue Cross's nationwide network. It differs from the other Magnolia plans in that members enrolled in the open access plan will not pay co-payments at physician visits. Instead, once a member's deductible is met, he or she will pay 10% of the overall bill for in-network care and 30% of the overall bill for out-of-network care.

Though the premiums for the open access plan are higher than OGB's other plans, its moderate deductibles combined with a nationwide network make it an attractive plan for members who live out of state or travel regularly. View providers in Blue Cross's network at **www.groupbenefits.org.**

	Employee-Only	Employee + Spouse	Employee + Children	Family
Monthly Premiums *(employee share)*	$148.48	$482.32	$213.72	$516.80
Employer Contribution to HRA/HSA	$0	$0	$0	$0
Deductible *(in-network)*	$1,000	$3,000	$3,000	$3,000
Deductible *(out-of-network)*	$1,000	$3,000	$3,000	$3,000
Out-of-pocket max *(in-network)*	$3,000	$9,000	$9,000	$9,000
Out-of-pocket max *(out-of-network)*	$4,000	$12,000	$12,000	$12,000
Co-Insurance *(in-network)*	10%	10%	10%	10%
Co-Insurance *(out-of-network)*	30%	30%	30%	30%

Pharmacy Benefits – MedImpact

The Magnolia Open Access plan uses the MedImpact formulary to help members select the most appropriate, lowest-cost options. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand name drug or specialty drug.

Tier	Member Responsibility
Generic	50% up to $30
Preferred	50% up to $55
Non-Preferred	65% up to $80
Specialty	50% up to $80
Once you pay $1,500, the following co-pays apply:	
Generic	$0 co-pay
Preferred	$20 co-pay
Non-Preferred	$40 co-pay
Specialty	$40 co-pay

Vantage Medical Home HMO

Vantage's Medical Home HMO is a patient-centered approach to providing cost-effective and comprehensive primary health care for children, youth and adults. This plan creates partnerships between the individual patient and his or her personal physician and, when appropriate, the patient's family.

	Employee-Only	Employee + Spouse	Employee + Children	Family
Monthly Premiums *(employee share)*	$140.28	$455.64	$201.88	$488.20
Employer Contribution to HRA/HSA	$0	$0	$0	$0
Deductible *(in-network)*	$500	$1,500	$1,500	$1,500
Deductible *(out-of-network)*	$1,500	$3,000	$3,000	$3,000
Out-of-pocket max *(in-network)*	Tier I: $3,000 Tier II: See Below	Tier I: $9,000 Tier II: See Below	Tier I: $9,000 Tier II: See Below	Tier I: $9,000 Tier II: See Below
Out-of-pocket max *(out-of-network)*	Unlimited	Unlimited	Unlimited	Unlimited

Tier I Providers

Most participating providers are Tier I providers. Members seeing Tier I providers pay the Tier I co-pays, co-insurance and deductibles as listed in the Certificate of Coverage. *(Affinity Health Network Providers)*

Tier II Providers

Tier II providers are participating providers whose cost may be higher than other similar participating providers. Members who choose to see these providers will have to pay an additional twenty (20) % coinsurance in addition to their Tier I cost share. There is no out-of-pocket maximum for Tier II services.

Pharmacy Benefits – Perform Rx

The Vantage Medical Home HMO prescription drug benefit for State Employees has five co-pay/coinsurance levels.

Tier	Member Responsibility
Tier 1 – Generic	Low Cost Generics – $3 Non-Preferred Generics –$10 co-payment
Tier 2 – Preferred	$45
Tier 3 – Non-Preferred	$95
Tier 4 – Specialty	33% up to $150 co-payment

Get more information about your pharmacy benefits by reviewing the benefit comparison summary on page 31 and visiting OGB's website at **www.groupbenefits.org.**

Out-of-Pocket Cost Calculator

There are several factors to consider when you select a health plan. Network coverage, prescription benefits and wellness programs all influence the value of the health care you receive. For many members, though, out-of-pocket cost is one of the most important considerations when selecting a plan.

OGB has developed a calculator that can help you better understand the out-of-pocket costs you can expect in each of the plans available to you. It allows you to make assumptions on the types and amounts of care you and your family will need over the next year and see how that care will impact your out-of-pocket responsibilities.

To use the decision tool:

- Visit **www.groupbenefits.org** and follow the link to the out-of-pocket calculator decision tool.
- Select the type of coverage you will need for the 2015 plan year: employee-only, employee + spouse, employee + children, or family coverage.
- Estimate the number of doctor visits, emergency visits, hospital stays and other types of care you and your family will need.
- Estimate the number and type of prescriptions you will fill.
- Estimate other types of care you may need.

Once you've made your assumptions, the calculator will provide you with an estimate for your out-of-pocket costs over the next year, including premiums, deductibles, co-pays and co-insurance. It will also show you the minimum and maximum out-of-pocket amounts for each plan as well as the funds that may rollover to the next year in your HRA or HSA.

TIP: Try several scenarios in the calculator to make sure you have a broad sense of how each type of coverage may affect your costs. Member needs typically vary from year to year, so don't assume that what you needed last year is exactly the same as what you will need in 2015.

IMPORTANT! This tool is intended to give you a general idea of how each plan works in various situations. It is not a budgeting tool or a guarantee of your future costs. There are many factors that go into the cost of care, including your network, provider selection and the specific services rendered. It's also important to remember that cost is only one factor that should influence your plan decision.

Access the calculator at **www.groupbenefits.org.**

How to Enroll

There are three ways to enroll in a health plan for 2015:

1. Visit **www.annualenrollment.groupbenefits.org** to use the annual enrollment portal.

   If you are enrolling in a health plan with the same covered dependents that were in your 2014 plan, you are eligible to use the annual enrollment portal to make your 2015 selection. To enroll on the annual enrollment portal:

   - Follow the links from the OGB homepage (www.groupbenefits.org) to the annual enrollment portal
   - Enter your Member ID from your current ID card and the last four digits of your social security number
   - Make your selection for the next plan year
   - Select a primary care physician - Where applicable
   - Enter your HSA and/or FSA contribution if applicable
   - Select Submit

IMPORTANT! You will not be able to change your plan selection after October 31, 2014. However, if you wish to change your plan selection during the annual enrollment period, simply visit the annual enrollment portal and select a new plan. Your most recent choice will be considered valid.

   If your address is incorrect, complete your enrollment through the portal and visit your human resources department to update your address.

2. Complete the annual enrollment form on page 18 and return it to the address provided by November 14. Form can only be signed between October 1 and October 31..

3. Contact your human resources department or OGB to enroll in a health plan with different or new covered dependents than 2014 or to discontinue OGB coverage. See page 40 for a list of contact numbers.

No matter how you choose to enroll, be sure to do it by October 31, 2014. **If you are currently enrolled in an OGB plan and do not make a selection for 2015, you will be enrolled in the Pelican HRA 1000.**

NOTES

OFFICE OF GROUP BENEFITS

2015 ANNUAL ENROLLMENT FORM

(Please PRINT Clearly)

Plan Member's Name: _____

Address: _____

City, State, ZIP: _____

SSN: _____ **Phone:** (_____) _____

PLEASE MARK ONE AND ONLY ONE SELECTION BY PLACING AN (X) IN THE APPROPRIATE BOX

If you are currently enrolled in a plan and do not make a selection by the end of the enrollment period, you will be moved into the Pelican HRA 1000 – a new, low premium plan that offers a nationwide network and employer contribution that can be used to offset out-of-pocket costs.

(Visit your Human Resources department to elect FSA and HSA payroll deductions.)

OGB Primary Plans for Active Employees & Non-Medicare Retirees

(Secondary Plans for Retirees with Medicare)

- ☐ **Pelican HRA 1000**
  Administered by Blue Cross
- ☐ **Pelican HSA 775 (for Active only)**
  Administered by Blue Cross
- ☐ **Vantage Medical Home Health HMO (MHHP)**
  Administered by Vantage Health
- ☐ **Magnolia Local Plan**
  Administered by Blue Cross
- ☐ **Magnolia Local Plus**
  Administered by Blue Cross
- ☐ **Magnolia Open Access**
  Administered by Blue Cross

OGB Plans for Retirees with Medicare Part A & Part B

- ☐ **Vantage Medicare Advantage HMO65 Plan**
  Retiree and all covered dependents must have both Medicare A and Medicare B
- ☐ **Peoples Health Medicare Advantage Plan**
  Retiree and all covered dependents must have both Medicare A and Medicare B
- ☐ **Vantage Medicare Advantage Zero Premium Plan**
  Retiree and all covered dependents must have both Medicare A and Medicare B
- ☐ **One Exchange***
  Retiree and all covered dependents must have both Medicare A and Medicare B
  *(*Enrollment is conducted through One Exchange)*

PLEASE MAIL OR FAX THIS FORM TO OGB BY NOVEMBER 14. FORM CAN ONLY BE SIGNED BETWEEN OCT. 1 & OCT. 31.

By Mail: Office of Group Benefits
Eligibility Division
P.O. Box 66678
Baton Rouge, LA 70896

By Fax: Office of Group Benefits
Eligibility Division
(225) 925-6333 or (225) 925-4074

_____ _____

Plan Member's Signature *(required)* **Date**

CUT ALONG DOTTED LINES

Live Better Louisiana

One of the keys to living a better life is managing your health. Preventing chronic disease can help you live a longer, more active life as well as save you thousands of dollars on health care. That's why OGB launched the Live Better Louisiana program in 2014. Live Better Louisiana provides resources to help you better monitor your health, understand your risk factors and make educated choices that keep you healthier – in addition to providing you with a discount on your insurance premiums beginning in 2016!

Participating in the Live Better program is simple. If you are enrolled in a Pelican or Magnolia plan, just complete the online personal health assessment questionnaire, then visit one of the on-site clinics in your area to receive a comprehensive personal health screening. It's absolutely no cost to you, and it could help you catch an illness or chronic condition before it becomes more serious.

Fill out your Personal Health Assessment (PHA) This confidential online questionnaire provides you with a picture of your overall health and measures health risks and behaviors. It also gives you a personalized risk report and action plan for health improvement, with recommendations and access to the appropriate resources.	**HOW DO I GET THERE?** If you have an online account, go to **www.BCBSLA.com/ogb** If you haven't yet activated your online account, go to **www.BCBSLA.com/activate** first.
Take your Preventive Onsite Health Checkup Blue Cross and Blue Shield of Louisiana has partnered with an industry leader, Catapult Health, to bring preventive checkups to sites near you all over the state. Access a calendar of events on the BCBS website where you can schedule a checkup with a licensed nurse practitioner and technician. You'll get lab-accurate diagnostic tests and receive a full, printed Personal Health Report with checkup results and recommendations.	**HOW DO I GET THERE?** Download and review this flier with more details and frequently asked questions about your checkup. Visit **www.TimeConfirm.com/OGB** to schedule your appointment.
Take Charge of your Own Health with a Wealth of Resources Live Better Louisiana gives you access to a wide range of healthful activities — some of which may even be suggested in your personal action plan. Blue Cross and Blue Shield of Louisiana also brings OGB plan members a number of wellness-related Discounts, and referrals into most appropriate health management programs for you.	**HOW DO I GET THERE?** Explore the Live Better Louisiana program offerings on the Blue Cross Blue Shield web page, as well as reading your Personal Health Report.

In Health: Blue Health Disease Management Program

The In Health: Blue Health Disease Management Program makes health coaches available to OGB plan members who have been diagnosed with one or more of these five ongoing health conditions—diabetes, coronary artery disease, heart failure, asthma or chronic obstructive pulmonary disease (COPD). Health coaches are specially trained health professionals who can offer health information and support and help you work with your doctor to manage your health.

The In Health: Blue Health Disease Management Program is available at no additional cost to OGB plan members who:

- are enrolled in any Magnolia or Pelican plan;
- do not have Medicare Part A and/or Part B as their primary health coverage; and
- have been diagnosed with diabetes, coronary artery disease, heart failure, asthma or chronic obstructive pulmonary disease (COPD).

OGB encourages eligible plan members to enroll and participate. Once you receive a welcome packet, you can call a health coach Monday-Friday, 8:00 a.m. -5:00 p.m. at (800) 363-9159 for information and support regarding any health concerns or questions you have.

The program offers:

- **Personal, caring service around the clock**

  You will receive responsive, caring service from a In Health: Blue Health Disease Management Program health coach, personalized to meet your specific health care needs.

- **Online health information and resources**

In Health: Blue Health Disease Management Program participants are eligible for OGB's prescription drug incentive. As long as you remain an active participant in the In Health: Blue Health Disease Management Program, OGB will waive the standard $1,500 out-of-pocket maximum on covered prescription drugs for the treatment of diabetes, heart disease, heart failure, asthma or chronic obstructive pulmonary disease (COPD). This means you will pay a reduced co-payment of $20 for brand name drugs (when a generic is not available) or $0 for generic drugs for a 31-day supply of medication used to treat one or more of these five conditions with which you have been diagnosed.

Active participation involves an ongoing relationship with In Health: Blue Health Disease Management Program health coaches, which includes an initial assessment and follow-up contacts via phone, mail and email for support and information to help you manage your health condition(s). As a participant in the In Health: Blue Health Disease Management Program, it is your responsibility to maintain a continuing relationship with In Health: Blue Health Disease Management Program health coaches. **If you fail to interact with a health coach at least once every three months, or if Medicare Part A and/or Part B become your primary health coverage, you will no longer be eligible to participate** in the In Health: Blue Health Disease Management Program **or receive the reduced co-pay on your applicable prescription drugs.**

If you have any questions or need additional information, contact a In Health: Blue Health Disease Management Program health coach toll-free at (800) 363-9159.

Vantage Health Plan - Disease Management Programs

Vantage Health Plan's Disease Management Programs (DMPs) are educational programs for members with certain chronic conditions. The purpose of the DMPs is to help members better self-manage their chronic conditions.

Once enrolled in one of the DMPs, a clinical pharmacist will contact the member to talk about their chronic conditions. The pharmacist will also send educational and health-reminder mailings, perform a complete medication review and offer daily self-care tips to help better manage their conditions and set health care goals.

Vantage Health Plan offers the following DMPs:

- Diabetes
- Heart Failure

Why should our members participate in Vantage Health Plan's DMP?

- It's available at no cost to members
- It's educational and supportive
- It builds on information they already have
- It will not conflict with provider intentions
- It's done over the phone and through the mail; members don't have to leave their home

If you have any questions or need additional information, call a Vantage Clinical Disease Management Pharmacist toll-free at (888) 316-7907.

Other Benefit Offerings

OGB offers more than health insurance. We also offer life insurance and several flexible spending options, outlined in this section.

Life Insurance - Prudential

OGB offers two fully-insured life insurance plans for employees and retirees through Prudential. Details about the plans and the corresponding amounts of dependent insurance offered under each plan are noted below.*

Basic Life			
Option 1		**Option 2**	
Employee	$5,000	Employee	$5,000
Spouse	$1,000	Spouse	$2,000
Each Child	$500	Each Child	$1,000
Dependent Life	Employee pays $0.98/mo.	Dependent Life	Employee pays $1.96/mo.

Basic Plus Supplemental			
Option 1		**Option 2**	
Employee	Schedule to max of $50,000*	Employee	Schedule to max of $50,000*
Spouse	$2,000	Spouse	$4,000
Each Child	$1,000	Each Child	$2,000
Dependent Life	Employee pays $1.96/mo.	Dependent Life	Employee pays $3.92/mo.

** Amount based on employee's annual salary*

Important Notes

- Once enrolled in life insurance, you do not have to re-enroll every year. Your coverage elections will be continued each year until you make a change or turn 65.
  - o Plan members enrolled in life insurance coverage will automatically have 25 percent reduced coverage on January 1 following their 65th birthday. Another automatic 25 percent reduction in coverage will take effect on January 1 following their 70th birthday. Premium rates will be reduced accordingly.
- Newly hired employees who enroll within 30 days of employment are eligible for life insurance without providing evidence of insurability.
- Employees who enroll in the life insurance plan after 30 days are required to supply evidence of insurability to the insurer.

- Plan members currently enrolled who wish to add dependent life coverage for a spouse can do so by providing evidence of insurability. Eligible dependent children can be added without providing evidence of insurability to the insurer.
- Employee pays 100 percent of dependent life premiums.

Accidental Death and Dismemberment

Who is Eligible?

Basic and Basic Plus Supplemental Plans

- Full-Time Employees
- Eligible Retirees

Dependent Life

- Covered employee's legal spouse.
- Your children up to age 26. Effective July 1, 2011, OGB health plans will cover dependents up to age 26 regardless of student, marital or tax status.

IMPORTANT! Keep your address current. Complete an address change document at your human resources department any time your residence changes, or go online in LEO to change your personal information.

LIFE INSURANCE - Table of Losses			
Accidental Loss	**Benefit**	**Accidental Loss**	**Benefit**
Life	100%	Both hands or both feet	100%
One hand/one foot	100%	Sight in both eyes	100%
One hand/sight in one eye	100%	One foot/sight in one eye	100%
Speech/hearing in both ears	100%	Quadriplegia	100%
Paraplegia	75%	One hand	50%
One foot	50%	Sight in one eye	50%
Hemiplegia	50%	Speech	50%
Hearing in both ears	50%	Thumb & index finger/same hand	50%

Continued Coverage for Dependent Children

A covered child under age 26 who is or becomes incapable of self-sustaining employment is eligible to continue coverage as an overage dependent if OGB receives required medical documents verifying his or her incapacity before he or she reaches age 26. The definition of incapacity has been broadened to include mental and physical incapacity.

Plan Changes at Age 65 and Age 70

Plan members enrolled in life insurance coverage will automatically have 25 percent reduced coverage on January 1 following their 65th birthday. Another automatic 25 percent reduction in coverage will take effect on January 1 following their 70th birthday. Premium rates will be reduced accordingly.

Portability

Terminated employees can take advantage of the portability provision and continue coverage at group rates. Such coverage will be at a higher rate, and the state will not contribute any portion of the premium. The insurer will determine premium rates. You do not need to submit an evidence of insurability form to continue coverage. You can apply for portability through the plan member's agency. The insurer must receive the application no later than 31 days from the date employment terminates. You may be eligible for preferred group rates. You must complete an evidence of insurability form and submit it to the insurer to find out if you are eligible for preferred rates.

Accidental Death and Dismemberment Benefits

If retired, coverage for accidental death and dismemberment automatically terminates on January 1 following the covered person's 70th birthday. If the plan member is still actively employed at age 70, coverage terminates at midnight on the last day of the month in which retirement occurs.

Death Notification

Please notify the human resources office at the plan member's agency (or former agency, if retired) when a plan member or covered dependent dies. A certified copy of the death certificate must be provided to the plan member's agency.

* *For a complete Basic and Supplemental Life Insurance schedule visit www.groupbenefits.org.*

Flexible Benefits Program

Give *yourself* a pay raise this year! You could save money and reduce your taxes by enrolling in one or more of these benefits. If applicable, this might produce lower Social Security benefits.

Option	Description	Consider if:	Do you have to re-enroll each year?
Premium Conversion	Your eligible premiums are paid with pre-tax dollars through payroll deductions.	You want to increase your take-home pay	No
General-Purpose Health Care Flexible Spending Arrangement (GPFSA)	Allows you to pay with pre-tax dollars certain qualifying medical care expenses for you, your spouse, and your eligible tax dependent children.	You pay out-of-pocket medical expenses, such as health plan co-pays, health plan deductibles, vision expenses, dental expenses, etc.	Yes
Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA)	Allows you to pay with pre-tax dollars dental and vision expenses for you, your spouse, and your eligible tax dependent children, while you maintain your eligibility to contribute to your HSA.	You are enrolled in the Pelican HSA 775	Yes
Dependent Care Flexible Spending Arrangement (DCFSA)	Allows you to pay with pre-tax dollars eligible dependent care expenses for your child or for a spouse, parent, or other dependent who is incapable of self-care.	You pay for the care of your eligible dependent(s) while you are at work.	Yes

By enrolling in one of the OGB offered health plans, you will become a participant in the Flex Plan and the Premium Conversion option. Participation in the Premium Conversion option allows you to pay your eligible premiums with pre-tax dollars through payroll deductions. By enrolling in a voluntary product that is eligible for Premium Conversion, you will become a participant in the Flex Plan and the Premium Conversion option, as well. Participation in the Flex Plan helps you pay less in taxes, which increases your spendable income.

Once you are enrolled in the Premium Conversion option, you will automatically continue in it from one year to the next year unless you choose to end participation during annual enrollment, or you experience an event recognized by the Internal Revenue Service that permits an exception to this annual election requirement. See the Flex Plan document for additional information.

Who is eligible?

Active, full-time employees (as defined by employer) are eligible if they are part of a participating payroll system.

New hires are eligible if they enroll in an OGB health plan; in an eligible voluntary insurance product; in OGB life insurance; or one of the other Flex Plan options **within 30 days of their hire date.**

NOTE: Enrollment in the Health Savings Account (HSA) option is limited to a Health Savings Account-eligible individual who has enrolled in the Pelican HSA 775 option and is not covered by any disqualifying non-high-deductible health plan.

Rehired retirees who are employed as active, full-time employees are eligible for all options through their active employment payroll deduction as long as they are not enrolled in Medicare.

Employees can participate in the General-Purpose Health Care FSA, the Limited-Purpose Dental/Vision FSA or the Dependent Care FSA benefit even if they are not enrolled in an OGB health plan or the Premium Conversion benefit!

- **New Annual FSA Enrollment Process:**

  1) Employees can enroll in FSAs on-line at the same time they enroll in their OGB health plan through the new annual enrollment portal, or
  2) Enroll through their HR Department.

- **New Eligibility Rule for all FSAs (Including General-Purpose and Limited-Purpose):**

  1) New hires must enroll within their first thirty (30) days of full-time employment, your participation will be effective the first of the following month after your first full calendar month of employment. For example: if your Date of Hire is August 20th, your Effective Date is October 1st.

  2) Current employees who experience an event recognized by the Internal Revenue Service, see the Flex Plan document for additional information.

Qualified Reservist Distribution (QRD)

A qualified reservist distribution (QRD) is a refund made to an employee of all or a portion of the balance remaining in the employee's unused General-Purpose Health Care Flexible Spending Arrangement (GPFSA) account or Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA) account. To qualify for a QRD, you must be a member of a military unit ordered or called to active duty for a period of 180 days or more.

Employees can make a request for distribution during the period that begins with the date they were called or ordered to active duty and ends on the last day of the Grace Period for the plan year. The amount of the

distribution is limited to the amount contributed to the GPFSA or the LPFSA as of the date of the QRD request, less any GPFSA or LPFSA reimbursements and prior QRDs. QRD request forms can be downloaded online.

NOTE: Enrollment in the Health Savings Account (HSA) option is limited to a Health Savings Account-eligible individual who has enrolled in the Pelican HSA 775 option and is not covered by any disqualifying non-high-deductible health plan.

Are You Retiring?

Notice to OGB Retirees Turning 65

If you are eligible for Medicare Part A premium-free (hospitalization insurance), you MUST also enroll in Medicare Part B (medical insurance) to receive OGB benefits on Medicare Part B claims.

- This does not apply to you if you reached age 65 before July 1, 2005.
- If you are retired, but not yet age 65, this will apply to you when you reach age 65.
- If you reached age 65 on or after July 1, 2005, but have not retired, this will apply to you when you retire.
- This applies to you and your covered spouse regardless of whether each of you has individual Medicare eligibility (under your own Social Security number) or one of you is eligible as a dependent of the other.
- You should visit the nearest Social Security Administration office about 90 days before you or your spouse reach age 65 to determine if you are eligible for Medicare coverage.
- If you are not eligible for Medicare Part A premium-free, obtain a letter or other written verification from the Social Security Administration confirming you are not eligible for Medicare. Send a copy to OGB at P.O. Box 66678, Baton Rouge, LA, 70896.

Coverage for Retirees

Your benefit coverage must be in effect immediately prior to your retirement to be eligible for retiree coverage. If you started participation or rejoined state service on or after January 1, 2002, the state subsidy of your premium is based on the number of years you have participated in an OGB health plan. This also applies to your surviving dependents who started coverage after July 1, 2002.

The participation schedule shown below is the timeline showing the number of years you must participate in an OGB health plan to receive a specific premium subsidy from the state.

Retiree Participation Schedule	
Years of OGB Plan Participation	**State's Share of Total Monthly Premium**
20 years or more	75 percent
15 years but less than 20 years	56 percent
10 years but less than 15 years	38 percent
less than 10 years	19 percent

Alternative Coverage

TRICARE Supplement for Eligible Military Members

The TRICARE Supplement Plan is an alternative to OGB coverage that is offered to employees and dependents who are eligible for OGB coverage and enrolled in TRICARE. The TRICARE Supplement Plan is not sponsored by OGB. The TRICARE Supplement Plan is sponsored by the American Military Retirees Association (AMRA) and is administered by the Association & Society Insurance Corporation. In general, to be eligible, the employee and dependents must each be under age 65, ineligible for Medicare and registered in the Defense Enrollment Eligibility Reporting System (DEERS).

For complete information about eligibility and benefits, contact **1-800-638-2610** or visit **www.asicorptricaresupp.com**.

LaCHIP

LaCHIP is a health insurance program designed to bring quality health care to currently uninsured children and youth up to the age of 19 in Louisiana. Children can qualify for coverage under LaCHIP using higher income standards. LaCHIP provides Medicaid coverage for doctor visits for primary care as well as preventive and emergency care, immunizations, prescription medications, hospitalization, home health care and many other health services. LaCHIP provides health care coverage for the children of Louisiana's working families with moderate and low incomes. A renewal of coverage is done after each 12-month period.

For complete information about eligibility and benefits, call toll-free **1-877-2LaCHIP** (1-877-252-2447). Representatives are available Monday-Friday 7:30 a.m. to 4:30 p.m. Central Time.

Health Insurance Marketplace

You may also qualify for a lower cost health insurance plan through the Health Insurance Marketplace under the Affordable Care Act. To find out if you qualify, visit **www.healthcare.gov**.

Legal

Continuation of Coverage

Unless Continuation of Coverage is available and selected as provided in this benefit plan, an employee's coverage terminates as provided below:

- The employee's coverage and that of all his dependents automatically, and without notice, terminates at the end of the month in which his/her employment is terminated.
- The coverage of the employee's spouse will terminate automatically, and without notice the date of a final decree of divorce or other legal termination of marriage.
- The coverage of a dependent will terminate automatically, and without notice, the date the Dependent ceases to be an eligible dependent.
- Upon the death of an employee, the coverage of all of his surviving dependents will terminate on the last day of the month in which the employee's or retiree's death occurred unless the surviving covered dependents elect to continue coverage.

Notice of Right to Continue Group Health Coverage - If You Have Coverage Outside of OGB

Special Enrollment under HIPAA

Under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), if you decline enrollment for yourself or your dependents (including your spouse) because of other coverage, you may in the future be able to enroll yourself and your dependents in this plan under special enrollment, provided that you request enrollment within 30 days after your other coverage ends.

- To qualify for this special enrollment, HIPAA requires the completion of a waiver of coverage at the time of initial eligibility.
- If you acquire a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents under special enrollment, provided that you request enrollment within 30 days of acquiring the new dependent.
- The effective date of coverage for special enrollment is the first of the month following the date OGB receives all required enrollment forms.
- The participation schedule applies to special enrollment provisions.

COBRA

COBRA gives you and your covered dependents the right to choose to continue group health coverage for limited periods of time when coverage is lost under circumstances such as voluntary or involuntary job loss, reduction in hours worked, transition between jobs, death, divorce, and other life events. Individuals who choose COBRA continuation coverage are required to pay the entire premium for coverage in most situations.

Terms and Conditions

IMPORTANT! In order to make any elections or changes to OGB coverage through the annual enrollment portal the enrollment form, or your human resources department, you must accept these terms and conditions. If your election is changed to the Pelican HRA 1000 plan without your affirmative action, you are deemed to have accepted these terms and conditions. Be sure to read these terms and conditions carefully before making your health elections or deciding to accept the Pelican HRA 1000 plan.

In this section, "I" refers to the covered employee or retiree.

I understand that it is my responsibility to review the most recent decision guide. It is my responsibility to review any applicable Plan documents that are available and applicable to me (including plan documents posted electronically at www.groupbenefits.com) at the time of my decision, and to determine the OGB option that best meets my or my family's health care needs.

I also understand that it is my responsibility to review the following bullets and understand which of the bullets apply to my situation:

- I understand that providers may join or discontinue participation in a vendor's network, and this is not a Qualifying Event.
- I understand that the costs of prescription drugs may change during a Plan Year and that these changes are not a Qualifying Event.
- I understand that once I have made an election and annual enrollment is concluded, I will not be able to change that election until the next annual enrollment period, unless I have a Qualifying Event.
- I understand that by electing coverage I am authorizing my employer to deduct from my monthly check the applicable premium for the plan option I have selected.
- I understand that if I do not enroll in one of the options identified, I will be enrolled in the Pelican HRA 1000.
- I understand that I will have to pay premiums for the plan option I select, and that coverage for any newly added dependents will start only if I provide the required verification documentation for those dependents by the applicable deadline. Dependent coverage is retroactive to the date of the Qualifying Event if verified within the applicable deadline.
- I understand that it is my responsibility to verify that the correct deduction is taken and to immediately notify my employer if it is not correct.
- I understand that if I experience a Qualifying Event I must elect to make the change to my plan option by the applicable deadline (in most cases, within 30 days of the Qualifying Event) in order for the corresponding monthly premium to apply for the remainder of the Plan Year. I understand that the rules governing these Qualifying Events and their deadlines are provided in the Plan documents.
- I understand that if I miss the deadline to add a dependent or submit verification documentation, I will not be able to add the dependent until the next annual enrollment period, or until I experience a Qualifying Event that would enable me to make such a change.
- I understand that intentional misrepresentation or falsification of information (including verification documentation submitted when dependents are added) will subject me to penalties and possible legal action and, in the case of adding dependents, may result in termination of coverage retroactive to the dependent's effective date and recovery of payments made by OGB for ineligible dependents.
- I understand that by enrolling in an OGB plan, I am attesting that the information I provide is true and correct to the best of my knowledge, under penalty of law.

NOTES

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
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; 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
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
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
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
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; 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
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

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		100% coverage after a $200 co-payment per visit; subject to deductible	100% coverage after a $200 co-payment per visit; subject to deductible
		90% coverage; subject to deductible	90% coverage; 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]	

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*

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 $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]		–	

OFFICIAL SCHEDULE OF PREMIUM RATES - *Effective January 1, 2015*

** For a complete list of rates at all participation levels please visit www.groupbenefits.org*

ogb	Magnolia Open Access Administered by Blue Cross			Magnolia Local Administered by Blue Cross			Magnolia Local Plus Administered by Blue Cross			Pelican HSA 775 Administered by Blue Cross			Pelican HRA 1000 Administered by Blue Cross			Vantage Medical Home HMO Insured by Vantage Health Plan		
	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total
ACTIVE EMPLOYEE																		
SINGLE	445.52	148.48	594.00	400.96	133.64	534.60	420.92	140.28	561.20	171.00	56.96	227.96	295.60	98.52	394.12	420.92	140.28	561.20
WITH SPOUSE	779.40	482.32	1,261.72	701.44	434.12	1,135.56	736.28	455.60	1,191.88	299.12	185.12	484.24	517.08	320.00	837.08	736.24	455.64	1,191.88
WITH CHILDREN	510.76	213.72	724.48	459.68	192.32	652.00	482.52	201.88	684.40	196.08	82.08	278.16	338.96	141.88	480.84	482.52	201.88	684.40
FAMILY	813.88	516.80	1,330.68	732.48	465.16	1,197.64	768.84	488.16	1,257.00	312.32	198.32	510.64	539.92	342.84	882.76	768.80	488.20	1,257.00
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE																		
SINGLE	956.67	148.48	1,105.15	861.00	133.64	994.64	907.12	140.28	1,047.40	N/A	N/A	N/A	634.73	98.52	733.25	907.10	140.30	1,047.40
WITH SPOUSE	1,469.17	482.32	1,951.49	1,322.23	434.11	1,756.34	1,393.79	455.60	1,849.39	N/A	N/A	N/A	974.71	320.01	1,294.72	1,393.75	455.64	1,849.39
WITH CHILDREN	1,017.26	213.72	1,230.98	915.54	192.34	1,107.88	964.83	201.88	1,166.71	N/A	N/A	N/A	675.15	141.88	817.03	964.83	201.89	1,166.72
FAMILY	1,456.50	485.50	1,942.00	1,310.85	436.95	1,747.80	1,380.39	460.13	1,840.52	N/A	N/A	N/A	966.24	322.08	1,288.32	1,380.39	460.13	1,840.52
RETIREE WITH 1 MEDICARE																		
SINGLE	269.56	89.84	359.40	242.60	80.85	323.45	259.88	86.63	346.51	N/A	N/A	N/A	178.84	59.61	238.45	259.88	86.62	346.50
WITH SPOUSE	995.88	331.96	1,327.84	896.30	298.75	1,195.05	949.79	316.60	1,266.39	N/A	N/A	N/A	660.72	220.23	880.95	949.79	316.59	1,266.38
WITH CHILDREN	466.52	155.52	622.04	419.87	139.96	559.83	447.05	149.02	596.07	N/A	N/A	N/A	309.64	103.21	412.85	447.05	149.01	596.06
FAMILY	1,326.92	442.28	1,769.20	1,194.22	398.07	1,592.29	1,264.22	421.41	1,685.63	N/A	N/A	N/A	880.27	293.42	1,173.69	1,264.22	421.41	1,685.63
RETIREE WITH 2 MEDICARE																		
WITH SPOUSE	484.52	161.48	646.00	436.06	145.34	581.40	465.86	155.27	621.13	N/A	N/A	N/A	321.47	107.15	428.62	465.87	155.27	621.14
FAMILY	599.88	199.96	799.84	539.90	179.97	719.87	576.77	192.26	769.03	N/A	N/A	N/A	397.97	132.66	530.63	576.77	192.25	769.02
C.O.B.R.A.																		
SINGLE	0.00	597.52	597.52	0.00	537.76	537.76	0.00	637.47	637.47	0.00	479.35	479.35	0.00	524.79	524.79	0.00	572.42	572.42
WITH SPOUSE	0.00	1,268.99	1,268.99	0.00	1,142.09	1,142.09	0.00	1,353.86	1,353.86	0.00	1,018.04	1,018.04	0.00	1,114.56	1,114.56	0.00	1,215.72	1,215.72
WITH CHILDREN	0.00	728.67	728.67	0.00	655.80	655.80	0.00	777.40	777.40	0.00	584.57	584.57	0.00	639.99	639.99	0.00	698.09	698.09
FAMILY	0.00	1,338.31	1,338.31	0.00	1,204.48	1,204.48	0.00	1,427.80	1,427.80	0.00	1,073.65	1,073.65	0.00	1,175.44	1,175.44	0.00	1,282.14	1,282.14
DISABILITY C.O.B.R.A.																		
SINGLE	0.00	878.70	878.70	0.00	790.83	790.83	0.00	937.46	937.46	0.00	704.93	704.93	0.00	771.75	771.75	0.00	841.80	841.80
WITH SPOUSE	0.00	1,866.17	1,866.17	0.00	1,679.55	1,679.55	0.00	1,990.97	1,990.97	0.00	1,497.12	1,497.12	0.00	1,639.07	1,639.07	0.00	1,787.82	1,787.82
WITH CHILDREN	0.00	1,071.57	1,071.57	0.00	964.41	964.41	0.00	1,143.24	1,143.24	0.00	859.67	859.67	0.00	941.16	941.16	0.00	1,026.60	1,026.60
FAMILY	0.00	1,968.11	1,968.11	0.00	1,771.29	1,771.29	0.00	2,099.70	2,099.70	0.00	1,578.90	1,578.90	0.00	1,728.59	1,728.59	0.00	1,885.50	1,885.50

State Agency Human Resource Phone Numbers

Agency	HR Phone Number
Division of Administration	(225) 342-6060
Agriculture and Forestry	(225) 922-1357
Attorney General	(225) 326-6729
Children & Family Services	(225) 342-4308
Civil Service	(225) 342-8274
Culture, Recreation and Tourism	(225) 342-0880
Economic Development	(225) 342-5411
Education	(225) 342-3774
Natural Resources / Environmental Quality Wildlife and Fisheries	(225) 342-2134
Governor	(225) 342-9882
Health and Hospitals	(225) 342-6477

Agency	HR Phone Number
Insurance	(225) 342-5325
Corrections	(225) 342-6620
Public Safety / Juvenile Justice Homeland Security/Emergency Preparedness	(225) 925-6067
Public Service Commission	(225) 342-4999
Revenue	(225) 219-2020
Secretary of State	(225) 925-4696
Transportation & Development	(225) 379-1259
Treasury	(225) 342-0030
Veterans Affairs	(225) 219-5014
Workforce Commission	(225) 342-3055

Non-State Agency Human Resource Phone Numbers

Agency	HR Phone Number
Judicial Administration office	(504) 310-2584
Louisiana State Law Institute	(225) 578-0206
District Judges Administration	(504) 310-2584
Supreme Court of Louisiana	(504) 310-2584
Court of Appeals First	(225) 382-3027
Orleans Parish District	(504) 310-2584
Second Circuit Court of Appeals	(318) 227-3704
State of Louisiana District Judges	(504) 310-2584
Court of Appeals Third Circuit	(337) 493-3011
Court of Appeals Fourth Circuit	(504) 412-6024
Court of Appeals Fifth Circuit	(504) 376-1471
Fourth Judicial District Court	(318) 361-2281
19th Judicial - Commission	(225) 388-2379
17th Judicial District Court	(985) 446-8427
18th Judicial District Court	(225) 343-4641
Judicial Administrator	(504) 310-2584
2nd Judicial District	(318) 263-7412
Florida Parish Juvenile Justice Commission	(985) 893-6292
Judges First Circuit Court	(504) 310-2584
Judges Fourth Circuit Court	(504) 310-2584
37th Judicial District Court	(318) 649-6404
Jefferson Parish Court	(504) 736-6131
Fifth Judicial District Court	(318) 435-7111
2nd Judicial District Court	(318) 259-3442
City Court Judges	(504) 310-2584
24th JDC Commissioners	(504) 364-3991
11th Judicial District	(318) 256-9789
Judges 2nd Circuit Court	(504) 310-2584
Judges 3rd Circuit Court	(504) 310-2584
Judges 5th Circuit Court	(504) 310-2584

New Orleans Redevelopment Authority	(504) 658-4417
State Senate	(225) 342-4451
Office of the Speaker	(225) 342-2455
Legislative Budgetary Control	(225) 342-9684
Vermilion Soil & Water Conservation District	(337) 893-5664 x 3
New Orleans City Park	(504) 483-9388
Louisiana Used Motor Commission	(225) 925-3879
The Port of South Louisiana	(985) 652-7012
La. Bd of Examiners of Cert. Shorthand Reporters	(225) 664-6868
Board of Architectural Examiners	(225) 925-4802
Real Estate Commission	(225) 925-1923 x 230
Louisiana Board of Pharmacy	(225) 925-6498
Louisiana Board of Chiropractic Examiners	(225) 765-2322
Louisiana Board Speech Lang Path Auth.	(225) 756-3480
La. Tax Free Shopping Commission	(504) 467-0723
Notarial Records Custodial Clerk of Civil Dist. Court of Orleans Parish	(504) 407-0000
Jury Commission Orleans Parish	(504) 658-9120
Criminal District Court	(504) 658-9120
Greater Baton Rouge Port Commission	(225) 342-1660
School Employee Retirement System	(225) 925-1801
La. State Employee Retirement System	(225) 922-0616
LSU – Baton Rouge	(225) 578-8730
LSU Medical School – New Orleans	(504) 568-7378
E. P. Nunez Community College	(504) 278-6488
Allen Parish School Board	(337) 639-4311
Assumption Parish School Board	(985) 369-7251
Avoyelles Parish School Board	(318) 240-0227

Beauregard Paris School Board	(337) 463-5551
Bienville Parish School Board	(318) 263-9416
Caldwell Parish School Board	(318) 649-2689
Cameron Parish School System	(337) 775-5784
Catahoula Parish School Board	(318) 774-5727
Claiborne Parish School Board	(318) 927-3502
Concordia Parish School Board	(318) 336-4226
East Carroll School Board	(318) 559-2222
East Feliciana Parish School Board	(225) 683-8277
Evangeline Parish School Board	(337) 363-7419
Franklin Parish School Board	(318) 435-9046
Grant Parish School Board	(318) 627-3274
Jackson Parish School Board	(318) 259-4456 x 23
Jefferson Parish Public School System	(504) 349-7870
Jefferson Davis Parish School Board	(337) 824-1834
LaSalle Parish School Board	(318) 992-7541
Livingston Parish Public Schools	(225) 686-4230
Madison Parish School Board	(318) 574-3616
Morehouse Parish School Board	(318) 283-3407
Natchitoches Parish School Board	(318) 352-2358
Ouachita Parish School Board	(318) 432-5234
Pointe Coupee Parish School Board	(225) 638-8674 x 4807
Rapides Parish School Board	(318) 449-3128
Red River Parish School Board	(318) 932-4081
Richland Parish School Board	(318) 728-5964
Sabine Parish School Board	(318) 256-9228 x 214
St. Bernard Parish School Board	(504) 301-2000
St. Helena Parish School District	(225) 222-6598
St. Landry Parish School Board	(337) 948-3657 x 248
Tangipahoa Parish School System	(985) 748-2416
Tensas Parish School Board	(318) 766-3269
Union Parish School Board	(318) 368-9715
Vernon Parish School Board	(337) 239-1624
Washington Parish School System	(985) 839-7773
Webster Parish School Board	(318) 377-7052
West Baton Rouge Parish School Board	(225) 343-8300
West Carroll Parish School Board	(318) 428-2378
Winn Parish School Board	(318) 628-6936
Bogalusa City Schools	(985) 281-2133
Monroe City Schools	(318) 325-0601
Avoyelles Public Charter School	(318) 253-6501
Delhi Charter School	(318) 878-7120
The Maxine Giardina Charter School	(985) 227-9500
V. B. Glencoe Charter School	(337) 923-6900
Sophie B. Wright Charter School	(504) 304-3923
D'Arbonne Woods Charter School	(318) 368-8051
Bayou Community Academy	(985) 447-9239
Outreach Community Development Corp dab JS Clark Leadership Academy	(225) 769-0669
Slaughter Community Charter School	(225) 387-5297 x 203
Downsville Charter School	(318) 982-5318
Northshore Charter School	(985) 732-0005
Louisiana Key Academy	(225) 298-1223

Beekman Charter School	(318) 281-7188
Delta Charter School	(318) 757-3202
Tallulah Education Center	(318) 574-0029
Northeast Claiborne Charter School	(318) 986-4537
New Orleans Exhibit Authority	(504) 582-3082
Louisiana Pilotage Fee Commission	(225) 590-3303
Atchafalaya Levee District	(225) 387-2249
Caddo Levee District	(318) 221-2654
South Lafourche Levee District	(985) 632-7554
Natchitoches Levee & Drainage District	(318) 352-2302
Fifth Louisiana Levee District	(318) 574-2206
Lafourche Levee District	(225) 265-7545
Lake Borgne Levee District	(504) 682-5941
Pontchartrain Levee District	(225) 869-9721
Red River/Atchafalaya & Boeuf Levee Dist.	(318) 443-9646
Amite River Basin Drainage & Water Conservation District	(225) 296-4900
SE LA Flood Protection Auth. - East	(504) 682-5941
SE LA Flood Protection Auth. – West	(504) 371-6849
North Lafourche Conservation, Levee & Drainage District	(985) 537-2244
West Jefferson Levee District	(504) 371-6866
St. Mary Levee District	(985) 380-5500
Orleans Levee District – Flood Division	(504) 286-3100
Non-Flood Protection Asset Manager Auth.	(504) 355-5990
Abbeville Harbor and Terminal	(337) 893-9465
Lake Providence Port Commission	(318) 559-2365
Morgan City Harbor	(985) 384-0850
Greater Lafourche Port Commission	(985) 632-6701
St. Bernard Port, Harbor and Terminal	(504) 277-8468
South Tangipahoa Parish Port Commission	(985) 386-9309
Board of Barber Examiners	(225) 925-1701
Louisiana State Board of Dentistry	(504) 568-8574
Board of C. P. A.'s	(504) 566-1244
La. State Licensing Board for Contractors	(225) 765-2301 x 233
Board of Examiners of Nursing Facility Administrators	(225) 295-8571
Louisiana State Board of Embalmers	(504) 838-5109
State Plumbing Board of LA	(225) 756-3434
LPC Board of Examiners	(225) 765-2515
State Board of Medical Examiners	(504) 568-7198
Louisiana Board of Examiners Psychology	(225) 925-6511
Louisiana Motor Vehicle Commission	(504) 838-5207
Louisiana Board of Massage Therapy	(225) 756-3488
Louisiana State Board of Nursing	(225) 755-7507
Board of Practical Nurse Examiners	(504) 838-5791
LA State Board Private Security Examiners	(225) 272-2310
Louisiana Board Veterinary Medicine	(225) 342-2176
Board of Physical Examiners	(337) 262-1043

Professional Eng & Land Survey	(225) 925-6291
LA Board Private Investigators	(225) 763-3556
LA State Board of Home Inspectors	(225) 248-1334
LA Cemetery Board	(504) 838-5267
Radiologic Technology Board	(504) 838-5231
Evangeline Parish Sales Tax Commission	(337) 363-3004
LA Board Wholesale Drug Dist	(225) 295-8567
LA Board of Certified Social Workers	(225) 756-3470
State Bd of Examiners Dietetics/Nutrition	(225) 756-3490
Parochial Employee Retirement	(225) 928-1361
Law Library of Louisiana	(504) 310-2584
Capital Area Water Conservation	(225) 922-1269
Calcasieu Soil & Water District	(337) 239-2193
Bouef Soil & Water Conservation	(318) 728-2081 x 3
Allen Soil & Water Conservation	(225) 922-1269
Crescent Soil & Water Conservation District	(985) 331-9084
LA Dept of AG – SWCD – Lafayette	(337) 262-6601
Dorcheat Soil & Water Conservation District	(318) 377-3950
Iberia Soil & Water Conservation District	(337) 369-6623
Madison Soil & Water	(225) 922-1269
D'Arbonne Soil & Water	(318) 368-8021
Gulf Coast Soil & Water	(337) 474-1583 x 3
Natchitoches Soil & Water	(318) 357-8366 x 3
Catahoula Parish Soil & Water	(318) 339-4239 x 3
New River Soil & Water	(225) 562-2335
Lower Delta Soil & Water	(225) 473-7638
Grant Soil & Water Conservation	(318) 627-3751
Rapides Soil & Water Conservation	(318) 473-7856
East Carroll Soil & Water	(318) 559-2604
Lafourche/Terrebonne Soil & Water	(985) 447-3871 x 3
Northeast Soil & Water	(318) 435-6743 x 3
St. Landry Soil & Water	(337) 942-2530 x 3
Red River Soil & Water	(225) 922-1269
St. Mary Soil & Water	(225) 922-1269
Tensas Concordia Soil & Water	(318) 757-2455
Desoto Soil & Water Conservation	(225) 922-1269
Evangeline Soil & Water	(225) 922-1269
Feliciana Soil & Water Conservation	(225) 683-5496
Sabine Soil & Water Conservation	(318) 256-3491
Upper Delta Soil & Water	(225) 638-7746 x 3
Avoyelles Soil & Water Conservation	(318) 253-9444
Terrebonne Levee & Conservation	(985) 868-8523
Tangipahoa – St. Helena Soil & Water	(985) 748-8751
Bayou Lafourche Fresh Water District	(985) 447-7155
Teche - Vermilion Fresh Water District	(337) 233-6902
Judicial Expense Fund	(504) 407-0370
Louisiana Housing Finance	(225) 342-6098
Housing Authority of Jonesboro	(318) 259-3125
Housing Authority of Ruston	(318) 255-3644
Housing Authority of Jefferson	(504) 347-4381

Jena Housing Authority	(318) 992-6413
Housing Authority of New Orleans	(504) 670-3368
Housing Authority of OLLA	(318) 495-5996
Housing Authority of East B. R.	(225) 923-8117
Louisiana Community Technical College	(225) 922-2239
LCTCS Greater Bayou Area South Central LA Tech College	(985) 380-2439 x 327
Central LA Tech Community College	(318) 487-5443 x 1154
LCTCS Greater Shreveport Area Northwest LA Tech College	(318) 371-3035 x 1211
Fire Fighters Retirement	(225) 925-4060
Municipal Police Employees Retirement	(225) 929-7411
Teachers Retirement System	(225) 925-6900
State Police Retirement System	(225) 295-8400
University of New Orleans Human Resource Management	(504) 280-7269
LSUHSC – Shreveport	(318) 675-5636
LSU – Shreveport	(318) 797-5279
Southern University – Baton Rouge	(225) 771-5951
Southern University – New Orleans	(504) 286-5272
Southern University – Shreveport	(318) 670-9230
Nicholls State University	(985) 448-4040
Grambling State University	(318) 274-2493
Louisiana Tech University – Personnel	(318) 257-2235
McNeese State University	(337) 475-5105
University of LA Monroe/ULM	(318) 342-3440
Northwestern State University	(318) 357-6266
Southeastern Louisiana University	(985) 549-3988
University of LA @ Lafayette	(337) 482-5895
Delgado Community College	(504) 762-3036
Baton Rouge Community College	(225) 216-8264
Bossier Community College	(318) 678-6175
South Louisiana Community College	(337) 521-8917
River Parishes Community College	(225) 675-0226
Louisiana Delta Community College	(318) 345-9108
Louisiana Community/ Technical College	(225) 922-2239
LA Comm & Tech College System Board Office	(225) 922-2239
LTC Fletcher Comm. College	(985) 448-7930
LTC Sowela Tech. Comm. College	(337) 421-6911
Sabine River Authority	(318) 256-4112
Patient Compensation Fund Oversight	(225) 362-5267
Legislative Auditor	(225) 339-3800
Legislative Fiscal Office	(225) 342-9684
Rapides Parish Housing Authority	(318) 793-4751
LA Naval War Memorial USS/KIDD	(225) 342-1942 x 11
Special Education District 1 Lafourche	(985) 632-5671

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