

OGB Medical Benefits Comparison for Active Employees and Non-Medicare Retirees

Effective January 1, 2014

| COVERED BENEFIT: IN-NETWORK | PPO Plan (nationwide) <i>Administered by Blue Cross and Blue Shield of La.</i> | HMO Plan (nationwide) <i>Administered by Blue Cross and Blue Shield of La.</i> | CDHP-HSA (nationwide)** <i>Administered by Blue Cross and Blue Shield of La.</i> | Medical Home HMO Plan (Regions 1,5,6,7,8,9)¹¹ <i>Insured by Vantage Health Plan</i> |
|---|--|--|--|---|
| Lifetime Maximum Benefit (all eligible expenses) Plan Year Deductible - Employees and Dependents | Unlimited \$500 active; \$300 retired Family unit maximum: 3 individual deductibles | Unlimited None | Unlimited Must meet deductible before co-insurance applies » Employee - \$1,250 » Employee plus one (spouse or child) - \$2,500 * » Family - \$3,000 * | Unlimited None |
| Maximum Out-Pocket Expense In-Network <i>Includes all eligible co-insurance, co-payments and deductibles</i> | <i>See the table on the back of this sheet</i> | » \$1000 per person » \$3000 per family | <i>See the table on the back of this sheet</i> | » \$1,000 per person » \$3,000 per family |
| Hospital Services - Inpatient Surgeon, Anesthesia, Lab, X-rays & Injections Hospital Emergency Room (facility only) | Member pays 10% of contracted rate ^{1,2} Member pays 10% of contracted rate ¹ \$150 separate deductible; waived if admitted Member pays 10% of contracted rate ¹ | \$100 per day ² ; \$300 maximum per admission \$0 co-payment \$100 co-payment; waived if admitted (hospital co-payment applies) ² | Member pays 20% of contracted rate ^{1,2} Member pays 20% of contracted rate ¹ Member pays 20% of contracted rate ¹ (prior authorization if admitted) | \$200 per day ² ; \$600 maximum per admission \$0 co-pay ⁹ \$150 co-payment; waived if admitted |
| Ambulatory Surgical Facilities Physician Visits Maternity (physician only) MRI/CAT Scan Sonograms Chemotherapy/Radiation Therapy Pre-Admission Testing Dialysis Cardiac Rehabilitation Therapy Physical and Occupational Therapy | Member pays 10% of contracted rate ¹ Member pays 10% of contracted rate ¹ Member pays 10% of contracted rate ¹ Member pays 10% of contracted rate ¹ Member pays 10% of contracted rate ¹ Member pays 10% of contracted rate ¹ Member pays 10% of contracted rate ¹ Member pays 10% of contracted rate ¹ Member pays 10% of contracted rate ^{1,7} Member pays 10% of contracted rate ^{1,5} | \$100 co-payment \$15 PCP/\$25 specialist (no referral required) \$90 co-payment \$50 co-payment ² \$25 co-payment \$15 co-payment \$0 co-payment \$0 co-payment \$15/\$25 co-payment \$15 co-payment | Member pays 20% of contracted rate ¹ Member pays 20% of contracted rate ¹ Member pays 20% of contracted rate ¹ Member pays 20% of contracted rate ¹ Member pays 20% of contracted rate ¹ Member pays 20% of contracted rate ¹ Member pays 20% of contracted rate ¹ Member pays 20% of contracted rate ¹ Member pays 20% of contracted rate ^{1,7} Member pays 20% of contracted rate, visit limits apply, see plan document ¹ | \$200 co-payment ² \$5 PCP/\$45 specialist (no referral required) \$5 co-pay for initial visit only (no auth required) \$150 co-payment per test ² \$150 co-payment per test ² (except maternity) Member pays 20% ² Member pays 0% 20% co-insurance ² \$45 co-payment per visit ² 20% co-insurance ^{2,10} |
| Speech Therapy Oral Surgery (refer to plan document) Routine Pap Test Routine Mammogram Routine PSA Screening Durable Medical Equipment | Member pays 10% of contracted rate ^{1,2,6} Member pays 0% of contracted rate Member pays 0% of contracted rate ³ Member pays 0% of contracted rate ³ Member pays 0% of contracted rate ³ Member pays 10% of contracted rate ¹ | \$15 co-payment ² \$25 co-payment \$0 co-payment ³ \$0 co-payment ³ \$0 co-payment ³ Member pays 20% of contracted rate up to \$5,000, then payable at 100% ² | Member pays 20% of contracted rate ^{1,6} Member pays 20% of contracted rate ¹ Member pays 0%, deductible does not apply ³ Member pays 0%, deductible does not apply ³ Member pays 0%, deductible does not apply ³ Member pays 20% of contracted rate ^{1,2} | 20% co-insurance ^{2,10} \$45 specialist co-pay or \$200 surgery co-pay ² Member pays 0% ³ Member pays 0% ³ Member pays 0% ³ 20% co-insurance ² |
| Home Health Care | Member pays 10% of negotiated rate ¹ | \$0 co-payment Limited to 150 visits per plan year ² | Member pays 20% of contracted rate ^{1,2} Limited to 60 visits per plan year | 20% co-insurance ² |
| Hospice Care Preventive Care (Wellness) Annual Eye Exam Prescription Drug Benefit In-Network (retail) | Member pays 20% of negotiated rate ¹ Member pays 0% of contracted rate ³ Not covered Member pays 50%; max \$50 per 31-day fill; after \$1,200 per person per plan year, co-pay \$15 brand, \$0 generic NOTE: Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus 50 percent co-pay for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (Administered by MedImpact) | \$0 co-payment ² \$0 co-payment \$15/\$25 co-payment ³ Member pays 50%; max \$50 per 31-day fill; after \$1,200 per person per plan year, co-pay \$15 brand, \$0 generic NOTE: Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus 50 percent co-pay for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (Administered by MedImpact) | Member pays 20% of contracted rate; 360 day limit ^{1,2} Member pays 0%, deductible does not apply ³ Not covered » Level 1 - Generic; 31-day supply; \$10 co-pay ¹ » Level 2 - Preferred brand; 31-day supply; \$25 co-pay ¹ » Level 3 - Non-preferred brand; 31-day supply; \$50 co-pay ¹ » Level 4 - Specialty; 31-day supply; \$50 co-pay ¹ » Maintenance drugs: 31-day supply; not subject to deductible; subject to applicable co-payment levels 1 through 4 above (Administered by Express Scripts) | 20% co-insurance ² \$0 co-payment \$45 specialist office visit co-payment ³ » Low-cost generic: \$3 co-payment per 30-day fill » Non-preferred generics: \$10 per 30-day fill » Preferred brand: \$45 co-payment per 30-day fill » Non-preferred brand: \$95 co-payment per 30-day fill » Specialty drugs: 33% co-insurance per 30-day fill (Administered by Catamaran) |
| Mail Order Prescription Drug Program | Same as above | Same as above | » Level 1 - Generic; 90-day supply; \$10 co-payment ¹ » Level 2 - Preferred Brand; 90-day supply; \$25 co-pay ¹ » Level 3 - Non-Preferred Brand; 90-day supply; \$50 co-pay ¹ » Level 4 - Specialty; 90-day supply; \$50 co-pay ¹ » Maintenance drugs: 90-day supply; not subject to deductible; subject to applicable co-pay levels ¹ through 4 above (Administered by Express Scripts) | » 30-day supply for one co-payment » 60-day supply for two co-payments » 90-day supply for three co-payments » Not available for specialty drugs (Administered by Catamaran) |
| Mental Health/Substance Abuse Treatment - Inpatient Mental Health/Substance Abuse Treatment - Outpatient | Member pays 10% of contracted rate ^{1,2} (Administered by Blue Cross and Blue Shield of La.) Member pays 10% of contracted rate ¹ (Administered by Blue Cross and Blue Shield of La.) | \$100 co-payment per day; \$300 max per admit ² (Administered by Blue Cross and Blue Shield of La.) \$15 office visit co-payment (Administered by Blue Cross and Blue Shield of La.) | Member pays 20% of contracted rate ^{1,2} (Administered by Blue Cross and Blue Shield of La.) Member pays 20% of contracted rate ¹ (Administered by Blue Cross and Blue Shield of La.) | \$200 co-payment per day; \$600 maximum admission ² (Administered by Vantage Health Plan) \$45 co-payment per visit (Administered by Vantage Health Plan) |
| COVERED BENEFIT: OUT-OF-NETWORK | Member pays 30% of fee schedule ^{1,4} | Member pays 30% of fee schedule ⁴ Separate \$1,000 deductible | Member pays 30% of fee schedule ^{1,4} Wellness - Member pays 0% of fee schedule; deductible does not apply ^{3,4} | Worldwide emergency and urgent care covered at Tier 1 in-network benefit level; all other services require prior plan approval; separate deductible of \$1000 member/\$3000 family and 50% co-insurance applies ^{1,2,4} |

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

¹ Subject to plan year deductible and/or co-insurance

² Pre-authorization required

³ Age and/or time restrictions apply

⁴ Member pays difference between billed amount and fee schedule

⁵ Limited to 50 visits per year

⁶ Limited to 26 visits per year

⁷ Within 6 months of qualifying event

⁸ Member pays any amount above \$500 maximum

⁹ Not applicable to out-of-network hospital-based providers at in-network facilities. Provider can balance bill patient

¹⁰ Physical therapy maximum of 20 visits per year. Occupational and Speech Therapy combined for maximum 20 visits per plan year

¹¹ Tier I and Tier II networks available. All medical benefits shown are for the Tier I network. Tier II network benefits require an additional 20% coinsurance.

Health Savings Account (HSA): State contributes \$200 to each plan member's qualified HSA & matches up to \$575 per plan year in additional contributions. Refer to plan document for details.

* Employee-plus-one unit or family unit must satisfy total deductible before co-insurance applies

** Only active employees are eligible to enroll

Maximum Out-of-Pocket Details

PPO

| Includes all eligible Copayments, Coinsurance Amounts and Deductibles | | | | | |
|---|------------------|-------------|---------------------------|-------------|-------------------------|
| | Active Employees | | Retirees without Medicare | | Retirees with Medicare |
| | Network | Non-Network | Network | Non-Network | Network and Non-Network |
| Employee Only | \$1,500 | \$3,500 | \$1,300 | \$3,300 | \$2,300 |
| Employee Plus One (Spouse or Child) | \$3,000 | \$7,000 | \$2,600 | \$6,600 | \$4,600 |
| Family of 3 | \$4,500 | \$10,500 | \$3,900 | \$9,900 | \$6,900 |
| Family of 4 | \$5,500 | \$12,700 | \$4,900 | \$12,700 | \$8,900 |
| Family of 5 | \$6,500 | \$12,700 | \$5,900 | \$12,700 | \$10,900 |
| Family of 6 | \$7,500 | \$12,700 | \$6,900 | \$12,700 | \$12,700 |
| Family of 7 | \$8,500 | \$12,700 | \$7,900 | \$12,700 | \$12,700 |
| Family of 8 | \$9,500 | \$12,700 | \$8,900 | \$12,700 | \$12,700 |
| Family of 9 | \$10,500 | \$12,700 | \$9,900 | \$12,700 | \$12,700 |
| Family of 10 | \$11,500 | \$12,700 | \$10,900 | \$12,700 | \$12,700 |
| Family of 11 | \$12,500 | \$12,700 | \$11,900 | \$12,700 | \$12,700 |
| Family of 12 or More | \$12,700 | \$12,700 | \$12,700 | \$12,700 | \$12,700 |

Special Notes:

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

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

CDHP

| Includes all eligible Copayments, Coinsurance Amounts and Deductibles | | |
|---|------------------|-------------|
| | Active Employees | |
| | Network | Non-Network |
| Employee Only | \$3,250 | \$3,250 |
| Employee Plus One (Spouse or Child) | \$6,500 | \$6,500 |
| Family of 3 | \$9,000 | \$9,000 |
| Family of 4 | \$11,000 | \$11,000 |
| Family of 5 or more | \$11,900 | \$11,900 |

Special Notes:

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

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

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OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF PREMIUM RATES

Effective January 1, 2014

| | PPO <i>Administered by Blue Cross</i> | | | HMO <i>Administered by Blue Cross</i> | | | CDHP with HSA <i>Administered by Blue Cross</i> | | | Medical Home HMO <i>Regions 5, 6, 7, 8 & 9 Insured by Vantage Health Plan</i> | | |
|---|--|----------------|---------|--|----------------|---------|--|----------------|---------|--|----------------|---------|
| | State Share | Employee Share | Total | State Share | Employee Share | Total | State Share | Employee Share | Total | State Share | Employee Share | Total |
| ACTIVE EMPLOYEE | | | | | | | | | | | | |
| SINGLE | 424.30 | 141.42 | 565.72 | 400.86 | 133.62 | 534.48 | 329.38 | 109.78 | 439.16 | 424.30 | 148.46 | 572.76 |
| WITH SPOUSE | 742.26 | 459.38 | 1201.64 | 701.18 | 433.94 | 1135.12 | 576.18 | 356.58 | 932.76 | 742.26 | 457.46 | 1199.72 |
| WITH CHILDREN | 486.42 | 203.54 | 689.96 | 459.52 | 192.28 | 651.80 | 377.70 | 158.10 | 535.80 | 486.42 | 209.06 | 695.48 |
| FAMILY | 775.10 | 492.22 | 1267.32 | 732.18 | 464.94 | 1197.12 | 601.64 | 382.04 | 983.68 | 775.10 | 489.30 | 1264.40 |
| RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE | | | | | | | | | | | | |
| SINGLE | 911.10 | 141.42 | 1052.52 | 863.90 | 133.62 | 997.52 | N/A | N/A | N/A | 903.98 | 148.46 | 1052.44 |
| WITH SPOUSE | 1399.18 | 459.38 | 1858.56 | 1327.38 | 433.94 | 1761.32 | N/A | N/A | N/A | 1389.78 | 457.46 | 1847.24 |
| WITH CHILDREN | 968.82 | 203.54 | 1172.36 | 918.88 | 192.28 | 1111.16 | N/A | N/A | N/A | 961.64 | 209.06 | 1170.70 |
| FAMILY | 1387.14 | 462.38 | 1849.52 | 1314.66 | 438.22 | 1752.88 | N/A | N/A | N/A | 1378.74 | 459.58 | 1838.32 |
| RETIREE WITH 1 MEDICARE | | | | | | | | | | | | |
| SINGLE | 256.72 | 85.56 | 342.28 | 247.50 | 82.50 | 330.00 | N/A | N/A | N/A | 256.72 | 95.72 | 352.44 |
| WITH SPOUSE | 948.46 | 316.14 | 1264.60 | 904.56 | 301.52 | 1206.08 | N/A | N/A | N/A | 946.20 | 315.40 | 1261.60 |
| WITH CHILDREN | 444.30 | 148.10 | 592.40 | 425.76 | 141.92 | 567.68 | N/A | N/A | N/A | 444.30 | 154.66 | 598.96 |
| FAMILY | 1263.72 | 421.24 | 1684.96 | 1204.02 | 401.34 | 1605.36 | N/A | N/A | N/A | 1257.02 | 419.02 | 1676.04 |
| RETIREE WITH 2 MEDICARE | | | | | | | | | | | | |
| WITH SPOUSE | 461.44 | 153.80 | 615.24 | 443.68 | 147.88 | 591.56 | N/A | N/A | N/A | 461.44 | 159.86 | 621.30 |
| FAMILY | 571.32 | 190.44 | 761.76 | 549.30 | 183.10 | 732.40 | N/A | N/A | N/A | 571.32 | 194.44 | 765.76 |
| C.O.B.R.A. | | | | | | | | | | | | |
| SINGLE | 0.00 | 577.02 | 577.02 | 0.00 | 545.16 | 545.16 | 0.00 | 447.94 | 447.94 | 0.00 | 584.22 | 584.22 |
| WITH SPOUSE | 0.00 | 1225.66 | 1225.66 | 0.00 | 1157.82 | 1157.82 | 0.00 | 951.42 | 951.42 | 0.00 | 1223.70 | 1223.70 |
| WITH CHILDREN | 0.00 | 703.76 | 703.76 | 0.00 | 664.84 | 664.84 | 0.00 | 546.52 | 546.52 | 0.00 | 709.38 | 709.38 |
| FAMILY | 0.00 | 1292.66 | 1292.66 | 0.00 | 1221.06 | 1221.06 | 0.00 | 1003.34 | 1003.34 | 0.00 | 1289.68 | 1289.68 |
| DISABILITY C.O.B.R.A. | | | | | | | | | | | | |
| SINGLE | 0.00 | 848.58 | 848.58 | 0.00 | 801.72 | 801.72 | 0.00 | 658.74 | 658.74 | 0.00 | 859.14 | 859.14 |
| WITH SPOUSE | 0.00 | 1802.46 | 1802.46 | 0.00 | 1702.68 | 1702.68 | 0.00 | 1399.14 | 1399.14 | 0.00 | 1799.58 | 1799.58 |
| WITH CHILDREN | 0.00 | 1034.94 | 1034.94 | 0.00 | 977.70 | 977.70 | 0.00 | 803.70 | 803.70 | 0.00 | 1043.22 | 1043.22 |
| FAMILY | 0.00 | 1900.98 | 1900.98 | 0.00 | 1795.68 | 1795.68 | 0.00 | 1475.52 | 1475.52 | 0.00 | 1896.60 | 1896.60 |

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

Approved By: 08/28/2013