

ANNUAL ENROLLMENT

Benefits

Revised Annual Enrollment Period

- Annual enrollment period extended to November 30th
- Health plan changes become effective March 1st
- If you choose Vantage HMO plan, change becomes effective January 1st
- Changes to Dental, Vision, AFLAC, and Health Care Spending Accounts are effective January 1st

What Can You do?

- ✓ Change from one OGB Plan to another
- ✓ Change becomes effective March 1, 2015
- ✓ Enroll in or Cancel Dental Insurance
- ✓ Enroll in or Cancel Vision Insurance
- ✓ Enroll in or Cancel AFLAC Coverage
- ✓ Enroll in or Change amount of Cafeteria Plan deductions

Human Resources Site

- HumanResources.Louisiana.edu

Wellness Resources

- Wellness Services
 - available with all OGB plans
- Counseling and Testing
- Recreational Sports/Bourgeois Hall
- Blue 365
- Wellness Wednesdays
- Communicative Disorders

Affordable Care Act

- Shop for Marketplace plans at healthcare.gov
- Be aware of deductibles and out of pocket expenses
- Office of Group Benefits' plan offerings meet required standards
- Employees who are eligible for insurance through the University are not eligible for subsidized coverage through the Marketplace

Office of Group Benefits

- ✓ All new plan offerings
- ✓ All employees who are enrolled for 2014 **MUST** select a plan for 2015 or they will be moved into the Pelican HRA 1000.
- ✓ No opportunity to make changes until next year's annual enrollment period (except for a qualifying event)

Office of Group Benefits Site

Groupbenefits.org



Plan Comparison

This October, active OGB members and retirees without Medicare will have several plan options to choose from.

	Pelican HRA 1000	Pelican HSA 775 (Actives Only)	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						✓

Provider Network for Pelican and Magnolia Plans

- OGB Preferred Care
Network

Provider Network for Vantage Medical Home HMO

- vantagehealthplan

Current Plan

Similar 2015 Plan

HMO

Magnolia Local Plus

PPO

Magnolia Open Access

CD-HP

Pelican HSA 775

Magnolia Local Plus

- \$25 co-pay for primary care physician
- \$50 co-pay for specialist
- \$100 per day co-pay for hospital, maximum \$300 co-pay per stay
- Deductible: \$500/year for Single
 \$1,500/year for all others
- Out of network coverage only for emergencies

Employee Portion of Premium

	12 month	10 month
Single	140.28	168.34
With Spouse	455.60	546.72
With Child(ren)	201.88	242.26
Family	488.16	585.79

Magnolia Open Access

- Deductible: \$1,000/year for Single
 \$3,000/year for all others
- Coinsurance (in-network): 10%
- Coinsurance (out-of-network): 30%*

Employee Portion of Premium

	12 month	10 month
Single	148.48	178.18
With Spouse	482.32	578.78
With Child(ren)	213.72	256.46
Family	516.80	620.16

Prescription Drugs

Magnolia Plans

- Administered by MedImpact
- Must purchase generic drugs if available
- Employee pays 50% of cost of generic prescriptions
- Maximum co-payment of \$30 (generic) and \$80 (name brand) per 31-day fill
- After \$1,500 per person per plan year:
 - \$40 maximum co-pay for brand name drug
 - \$0 co-pay for generic drugs

Pelican HSA 775

- In Network Deductible:
\$2,000/year for Single; \$4,000/year for all others
- Out of Network Deductible:
\$4,000/year for Single; \$8,000/year for all others
- Deposits to HSA are matched up to \$575/year
- Coinsurance (in-network): 20%
- Coinsurance (out-of-network): 40%

Employee Portion of Premium

	12 month	10 month
Single	56.96	68.35
With Spouse	185.12	222.14
With Child(ren)	82.08	98.50
Family	198.32	237.98

Prescription Drugs

Pelican HSA 775

- Administered by Express Scripts
- Generic Drug - \$10 co-pay after deductible
- Brand Name - maximum \$50 co-payment after deductible

Pelican HRA 1000

- In Network Deductible:
\$2,000/year for Single; \$4,000/year for all others
- Out of Network Deductible:
\$4,000/year for Single; \$8,000/year for all others
- Employer contributes \$1,000/Single and \$2,000/all others to HRA
- Coinsurance (in-network): 20%
- Coinsurance (out-of-network): 40%*

Employee Portion of Premium

	12 month	10 month
Single	98.52	118.22
With Spouse	320.00	384.00
With Child(ren)	141.88	170.26
Family	342.84	411.41

Prescription Drugs

Pelican HRA 1000

- Administered by MedImpact
- Must purchase generic drugs if available
- Employee pays 50% of cost of generic prescriptions
- Maximum co-payment of \$30 (generic) and \$80 (name brand) per 31-day fill
- After \$1,500 per person per plan year:
 - \$40 maximum co-pay for brand name drug
 - \$0 co-pay for generic drugs

HRA vs. HSA

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

Vantage Medical Home HMO

- Affinity Health Network Providers
[vantagehealthplan - network providers](#)
- In Network Deductible:
\$500/year for Single; \$1,500/year for all others
- Out of Network Deductible:
\$1,500/year for Single; \$3,000/year for all others
- Coinsurance (in-network): 20%
- Coinsurance (out-of-network): 40%*

Employee Portion of Premium

	12 month	10 month
Single	140.28	168.34
With Spouse	455.64	546.77
With Child(ren)	201.88	242.26
Family	488.20	585.84

In Health: Blue Health Services

Health Management Program (formerly Living Well Louisiana)
For PPO and HMO Administered by Blue Cross

Diabetes

Heart Disease

Heart Failure

Asthma

COPD

Free health management program for active plan members (including rehired retirees without Medicare) and covered dependents diagnosed with 1 or more of these 5 ongoing health conditions.

To enroll or confirm your enrollment, call a **Blue Cross Health Coach** toll-free at 1-800-363-9159.



Vendor Contact Information

Blue Cross Blue Shield of Louisiana	Vantage Health Plan
<ul style="list-style-type: none">✓ 1-800-392-4089✓ www.bcbsla.com/ogb	<ul style="list-style-type: none">✓ 1-888-823-1910✓ www.vhp-stategroup.com
Peoples Health	OneExchange
<ul style="list-style-type: none">✓ 1-866-912-8304✓ www.peopleshealth.com	<ul style="list-style-type: none">1-855-663-4228medicare.oneexchange.com/ogb
MedImpact/Medicare Generations Rx	Discovery Benefits
<ul style="list-style-type: none">✓ 1-800-910-1831✓ https://mp.medimpact.com/ogb✓ 1-877-633-7943✓ www.medicaregenerationrx.com/ogb	<ul style="list-style-type: none">✓ 1-866-451-3399✓ www.discoverybenefits.com

OGB Contact Information

www.groupbenefits.org

www.annualenrollment.groupbenefits.org

Customer Service: 1-800-272-8451

Agency Services: 225-925-6951

Mailing Address:

OGB

P.O. Box 44036

Baton Rouge, LA 70804



Vision Insurance

- Monthly premium for Employee only = \$7.39
- Monthly premium for Employee plus Family = \$18.65
- Co-payments for in-network services
- Allowances for out-of-network services
- eyemedvisioncare.com

BENEFIT HIGHLIGHTS		Eyemed Access Network	
	DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK
Exam	Exam with dilation (as necessary)	\$10 Copay	\$35 allowance
Contact Lens fit and follow- up	Contact lens fit and two follow- up visits are available once a comprehensive eye exam is complete.	Standard \$0 copay Premium* 10% off retail then apply \$55 allowance	Standard \$40 allowance Premium*** \$40 allowance
Frames	Any available frame at provider location	\$130 frame allowance, 20% off balance over allowance	\$72 allowance
Standard Plastic Lenses	Single Bifocal Trifocal	\$10 copay \$10 copay \$10 copay	\$25 \$40 \$55
Lens Options:	UV Coating Tint (solid and gradient) Standard Scratch resistant coating Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (Add- on to bifocal) Other add-ons and services	\$15 \$15 \$15 \$40 \$45 \$75 20% off retail	Discount available only at Network providers and retailers.
Contact Lenses: (Conventional and Disposable)	Material Only Medically necessary	\$0 copay \$120 allowance 15% off balance over allowance (conventional only) Paid in full	\$96 allowance \$200 allowance
Benefit Frequency	Exam Lenses Frames	12 Months** 12 Months** 12 Months**	12 Months** 12 Months** 12 Months**
* Premium Contact Lens Fitting all lens designs, materials and specialty fittings other than Standard (ex. Toric, multifocal, etc.) ** Once in a 12 month period defined by last date of service. (Contact Lens in lieu of eye glass lenses). This is merely a summary of benefits. Limitations and exclusions apply			

Dental Insurance

- Monthly premium for Employee only = \$36.97
- Monthly premium for Employee plus Family = \$99.96
- Pays 80% for preventive services the first year and 100% thereafter
- Pays 50% for basic services after deductible; increases to 65% the second year, and 80% the third year and thereafter
- Pays 25% for major services after deductible; increases to 35% the second year, and 50% the third year and thereafter
- Pays 25% for orthodontia; increases to 35% the second year, and 50% thereafter
 - Limited to those under the age of 19

Dental Insurance (cont'd)

- Deductible is \$50 per person, per calendar year; (3) per family maximum
- Pays up to \$1,000 Annual Benefit per person
- Percentages of payment are based on reasonable and customary amounts

Supplemental Cancer Insurance

- Coverage through AFLAC
- Provides cash payments based on diagnosis and treatment of cancer
- Contact Representative Blake Adams at (337) 298-7459 for premiums and benefit information

Cafeteria Plan

- **Salary conversion**--allows premiums for health, life, AFLAC, dental, and vision insurance to be deducted from gross pay before tax.
 - If taxes are not paid on premiums, employee must continue selected coverage until the end of the tax year (12/31)
- **Flexible Spending Accounts**—allow employee to set aside pre-taxed funds from gross salary for eligible payments made to health care or dependent care providers.
 - Employee estimates expenses that are not reimbursed by insurance to providers such as dental, vision, co-payments, deductibles and/or daycare expenses.

Health Care Spending Account

- Yearly amount is divided equally between checks for calendar year
- Employees are reimbursed by submitting receipts for eligible expenses and completing claim form
- Account must be exhausted by March 15th of the following year or funds will be forfeited
- Maximum participation of \$2,500/year
- Monthly fee involved

Dependent Care Spending Account

- Allows employee to have pre-tax funds deducted from pay for eligible child care expenses
- Employee is reimbursed when receipt and claim form are submitted
- Reimbursement is allowed only after funds are deducted from pay
- Maximum \$5,000 per year OR \$2,500 per year if married and filing separately.
- Monthly fee involved

VOYA

- www.voya.com
- Local Representative: Simone S. Bauer
- ssbauer@voyafa.com
- (337) 322-5304

TIAA-Cref

- <http://www1.tiaa-cref.org/tcm/louisianaorp/>
- Local Representative: Cameron Pettigrew
- cpettigrew@tiaa-cref.org
- (866) 842-2951 ext. 257413

Valic

- valic.com
- Local Representative: Nicholas J. Grove
- nicholas.grove@valic.com
- (337) 344-4712

Tax Deferred Annuities

- 403(b) and 457 plans available for additional retirement savings
- 403(b) Providers: Voya, Valic, TIAA-Cref, and Fidelity
- 457 Provider: LA Deferred Compensation

Due Dates

- Annual enrollment: **November 30, 2014**
 - to change from one OGB plan to another
- Open enrollment: **December 5, 2014**
 - to enroll in or cancel Dental insurance
 - to enroll in or cancel Vision insurance
 - to enroll in or cancel AFLAC coverage
 - to enroll in or change the amount of Cafeteria Plan deductions

Frequently Asked Questions

- Why are the “rules” different for my colleague?
- Contribution limits for 403(b) and Deferred Comp.?
- Can I contribute to both?
- How far in advance must I complete my paperwork for retirement?
- Can I return to work as a Retiree?
- What is DROP? And am I eligible?

Retiree Association

- Our Partnership with employees does not end with retirement
- Retirees continue relationship with the University