

# ANNUAL ENROLLMENT

Benefits

# Annual Enrollment Period

- Annual enrollment period for health insurance begins October 1 through November 15, 2016; annual enrollment period for dental, vision, AFLAC and flexible spending account begins October 1 through December 2, 2016.
- Health plan changes become effective January 1, 2017
- Changes to Dental, Vision, AFLAC, and Health Care Spending Accounts are effective January 1<sup>st</sup>

# What Can You do?

- ✓ Change from one OGB Plan to another
- ✓ Change becomes effective January 1, 2017
- ✓ 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](http://HumanResources.Louisiana.edu)

# Wellness Resources

- Wellness Services
  - available with all OGB plans
- Catapult Health Wellness Screenings
- Counseling and Testing
- Recreational Sports/Bourgeois Hall
- Blue 365
- Wellness Wednesdays

# Affordable Care Act

- Shop for Marketplace plans at [healthcare.gov](https://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 Site

[Groupbenefits.org](http://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

- Vantage health plan

# Magnolia Open Access

- Provider list at [www.bcbsla.com/OGB](http://www.bcbsla.com/OGB)
- Employee pays 10% of eligible, in-network, expenses after deductible is satisfied
- Provisions for non-network providers
- **Magnolia Open Access Schedule of Benefits**

Monthly Premiums	12 month	10 month	Plan Year Deductible (in network)
Enrollee	175.56	210.67	900.00
Enrollee with Spouse	570.34	684.41	1,800.00
Enrollee + 1 child	252.72	303.26	1,800.00
Enrollee + children	252.72	303.26	2,700.00
Family	611.10	733.32	2,700.00

# Magnolia Local Plus

- Provider list [www.bcbsla.com/OGB](http://www.bcbsla.com/OGB)
- \$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
- For services with no co-pay, plan pays 80% eligible, in-network expenses after deductible is satisfied
- [Magnolia Local Plus Schedule of Benefits](#)

Monthly Premiums	12 month	10 month	Plan Year Deductible (in network)
Enrollee	168.88	202.65	400.00
Enrollee with Spouse	548.54	658.25	800.00
Enrollee + 1 child	243.06	291.67	800.00
Enrollee + children	243.06	291.67	1,200.00
Family	587.74	705.29	1,200.00

# Magnolia Local

- Provider list [www.bcbsla.com/OGB](http://www.bcbsla.com/OGB)
- Plan is a limited, In-Network provider only plan for members who live in specific coverage areas. Out-of-network care is covered only in emergencies and the member may be balanced billed. Co-payment provisions same as Magnolia Local Plus
- [Magnolia Local Schedule of Benefits](#)

Monthly Premiums	12 month	10 month	Plan Year Deductible (in network)
Enrollee	143.14	171.77	400.00
Enrollee with Spouse	465.02	558.02	800.00
Enrollee + 1 child	206.00	247.20	800.00
Enrollee + children	206.00	247.20	1,200.00
Family	498.28	597.94	1,200.00

# Pelican HRA 1000

- Provider list [www.bcbsla.com/OGB](http://www.bcbsla.com/OGB)
- Plan pays 80% of eligible, in-network expenses after deductible is satisfied
- Provisions for non-network providers
- University contributes \$1,000 per year toward deductible
- [Pelican HRA 1000 Schedule of Benefits](#)
- [Pelican HRA Information](#)

Monthly Premiums	12 month	10 month	Plan Year Deductible (in network)
Enrollee	105.52	126.62	2,000.00
Enrollee with Spouse	342.78	411.33	4,000.00
Enrollee + 1 child	151.96	182.35	4,000.00
Enrollee + children	151.96	182.35	4,000.00
Family	367.24	440.69	4,000.00

# Prescription Drugs

## Magnolia Plans & Pelican HRA 1000

- Administered by MedImpact
- Must purchase generic drugs if available
- Employee pays 50% of cost of generic prescriptions
- After \$1,500 per person per plan year:
  - \$40 maximum co-pay for brand name drug
  - \$0 co-pay for generic drugs
  - Free Diabetic supplies if enrolled in Diabetic Sense program:

Call (800) 363-9159 to enroll

# Pelican HSA 775

- Provider list [www.bcbsla.com/OGB](http://www.bcbsla.com/OGB)
- Deposits to HSA are matched up to \$575/year
- Debit card with HSA funds to use for medical expenses
- Plan pays 80% of eligible expenses for in-network providers, after deductible is satisfied
- [Pelican HSA Information](#)

Monthly Premiums	12 month	10 month	Plan Year Deductible (in network)
Enrollee	61.00	73.20	2,000.00
Enrollee with Spouse	198.28	237.94	4,000.00
Enrollee + 1 child	87.92	105.50	4,000.00
Enrollee + children	87.92	105.50	4,000.00
Family	212.42	254.90	4,000.00

# Prescription Drugs

## Pelican HSA 775

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



# HRA vs. HSA

Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)
<b>Funding</b>	
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
<b>Flexibility</b>	
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
<b>Simplicity</b>	
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
<b>Eligible expenses</b>	
Can be used for medical expenses only	Can be used for pharmacy and medical expenses

# Vantage Medical Home HMO

- Provider list [www.VHP-StateGroup.com](http://www.VHP-StateGroup.com)
- \$10 Co-pay at primary care physician, \$45 co-pay at specialist, \$100 co-pay per day at hospital with maximum of \$300 per hospital stay.
- Plan pays 80% for in-network providers after deductible is satisfied
- Provisions for non-network providers

Monthly Premiums	12 month	10 month	Plan Year Deductible (in network)
Enrollee	167.72	201.26	500.00
Enrollee with Spouse	544.76	653.71	1,500.00
Enrollee + 1 child	241.38	289.66	1,500.00
Enrollee + children	241.38	289.66	1,500.00
Family	583.68	700.42	1,500.00

# 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.

# Health Condition Guides

- [Condition topics](#)

# Vendor Contact Information

Blue Cross Blue Shield of Louisiana

1-800-392-4089

[www.bcbsla.com/ogb](http://www.bcbsla.com/ogb)

Vantage Health Plan

1-888-823-1910

[www.vhp-stategroup.com](http://www.vhp-stategroup.com)

MedImpact/Medicare Generations RX

1-800-788-2949

<https://mp.medimpact.com/ogb>

1-877-633-7943

[www.medicaregenerationrx.com/ogb](http://www.medicaregenerationrx.com/ogb)

# OGB Contact Information

[www.groupbenefits.org](http://www.groupbenefits.org)

[www.annualenrollment.groupbenefits.org](http://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



# 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 (OGB)

- **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 \$2,550/year
- Yearly fee involved - \$36.00
- Enrollment must be completed each year

# 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](http://www.voya.com)
- Local Representative: Simone S. Bauer
- [ssbauer@voyafa.com](mailto:ssbauer@voyafa.com)
- (337) 322-5304

# TIAA-Cref

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

# Valic

- [valic.com](http://valic.com)
- Local Representative: Nicholas J. Grove
- [nicholas.grove@valic.com](mailto: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 15, 2016**
  - to change from one OGB plan to another
- Open enrollment: **December 2, 2016**
  - 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