ANNUAL ENROLLMENT
Annual Enrollment Period

- For Health Insurance - begins October 1 through November 15, 2017.
- For Dental, Vision, AFLAC and Flexible Spending Account - begins October 1 through December 1, 2017.
- All changes effective January 1, 2018
What Can You do?

- Change from one OGB Plan to another
- Change becomes effective January 1, 2018
- Enroll in or Cancel Dental Insurance
- Enroll in or Cancel Vision Insurance
- Enroll in or Cancel AFLAC Coverage
- Enroll in or Change amount of Flexible Spending Plan deductions
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 though the Marketplace
OGB PLAN OPTIONS

OGB offers 5 self-insured plans through Blue Cross and Blue Shield of Louisiana:

- Pelican HRA1000
- Pelican HSA775
- Magnolia Local Plus
- Magnolia Open Access
- Magnolia Local

OGB also offers 1 fully insured plan through Vantage Health Plan:

- Vantage Medical Home HMO
This October, active OGB members and retirees without Medicare will have several plan options to choose from.

<table>
<thead>
<tr>
<th></th>
<th>Pelican HRA 1000</th>
<th>Pelican HSA 775 (Actives Only)</th>
<th>Magnolia Local</th>
<th>Magnolia Local Plus</th>
<th>Magnolia Open Access</th>
<th>Vantage Medical Home HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer contribution to HRA or HSA</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Out-of-network coverage</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Disease management program</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wellness program</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wellness visits covered 100%</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency coverage</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Routine vision coverage</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Routine dental coverage</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Magnolia Open Access

- Provider list at [www.bcbsla.com/OGB](http://www.bcbsla.com/OGB)
- Members enrolled will not pay copayments at physician visits.
- Once deductible is met, employee pays 10% of eligible, In-Network care and 30% of the allowable amount for Out-of-Network care.

- [Magnolia Open Access Schedule of Benefits](#)

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>12 month</th>
<th>10 month</th>
<th>Plan Year Deductible (in network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee</td>
<td>175.56</td>
<td>210.67</td>
<td>900.00</td>
</tr>
<tr>
<td>Enrollee with Spouse</td>
<td>570.34</td>
<td>684.41</td>
<td>1,800.00</td>
</tr>
<tr>
<td>Enrollee + 1 child</td>
<td>252.72</td>
<td>303.26</td>
<td>1,800.00</td>
</tr>
<tr>
<td>Enrollee + children</td>
<td>252.72</td>
<td>303.26</td>
<td>2,700.00</td>
</tr>
<tr>
<td>Family</td>
<td>611.10</td>
<td>733.32</td>
<td>2,700.00</td>
</tr>
</tbody>
</table>
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
- Out-of-Network care is covered only in emergencies, and the member may be balance billed
- **Magnolia Local Plus Schedule of Benefits**

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>12 month</th>
<th>10 month</th>
<th>Plan Year Deductible (in network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee</td>
<td>168.88</td>
<td>202.65</td>
<td>400.00</td>
</tr>
<tr>
<td>Enrollee with Spouse</td>
<td>548.54</td>
<td>658.25</td>
<td>800.00</td>
</tr>
<tr>
<td>Enrollee + 1 child</td>
<td>243.06</td>
<td>291.67</td>
<td>800.00</td>
</tr>
<tr>
<td>Enrollee + children</td>
<td>243.06</td>
<td>291.67</td>
<td>1,200.00</td>
</tr>
<tr>
<td>Family</td>
<td>587.74</td>
<td>705.29</td>
<td>1,200.00</td>
</tr>
</tbody>
</table>
Magnolia Local

- Provider list www.bcbsla.com/OGB
- Plan is a limited provider In-Network 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**

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>12 month</th>
<th>10 month</th>
<th>Plan Year Deductible (in network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee</td>
<td>143.14</td>
<td>171.77</td>
<td>400.00</td>
</tr>
<tr>
<td>Enrollee with Spouse</td>
<td>465.02</td>
<td>558.02</td>
<td>800.00</td>
</tr>
<tr>
<td>Enrollee + 1 child</td>
<td>206.00</td>
<td>247.20</td>
<td>800.00</td>
</tr>
<tr>
<td>Enrollee + children</td>
<td>206.00</td>
<td>247.20</td>
<td>1,200.00</td>
</tr>
<tr>
<td>Family</td>
<td>498.28</td>
<td>597.94</td>
<td>1,200.00</td>
</tr>
</tbody>
</table>
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 in a health reimbursement account for employee-only plans and $2,000 for employee plus dependent(s) in a health reimbursement account that can be used to offset deductible and other out-of-pocket health care costs.

- **Pelican HRA 1000 Schedule of Benefits**
- **Pelican HRA Information**

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>12 month</th>
<th>10 month</th>
<th>Plan Year Deductible (in network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee</td>
<td>105.52</td>
<td>126.62</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Enrollee with Spouse</td>
<td>342.78</td>
<td>411.33</td>
<td>4,000.00</td>
</tr>
<tr>
<td>Enrollee + 1 child</td>
<td>151.96</td>
<td>182.35</td>
<td>4,000.00</td>
</tr>
<tr>
<td>Enrollee + children</td>
<td>151.96</td>
<td>182.35</td>
<td>4,000.00</td>
</tr>
<tr>
<td>Family</td>
<td>367.24</td>
<td>440.69</td>
<td>4,000.00</td>
</tr>
</tbody>
</table>
**Pelican HSA 775**

- Provider list [www.bcbsla.com/OGB](http://www.bcbsla.com/OGB)
- Employers contribute $200 to the HSA
- Deposits are then 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
- You must fill out the GB-79 form annually; as well as any changes during the year
- **Pelican HSA Information**

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>12 month</th>
<th>10 month</th>
<th>Plan Year Deductible (in network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee</td>
<td>61.00</td>
<td>73.20</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Enrollee with Spouse</td>
<td>198.28</td>
<td>237.94</td>
<td>4,000.00</td>
</tr>
<tr>
<td>Enrollee + 1 child</td>
<td>87.92</td>
<td>105.50</td>
<td>4,000.00</td>
</tr>
<tr>
<td>Enrollee + children</td>
<td>87.92</td>
<td>105.50</td>
<td>4,000.00</td>
</tr>
<tr>
<td>Family</td>
<td>212.42</td>
<td>254.90</td>
<td>4,000.00</td>
</tr>
</tbody>
</table>
Provider Network for Pelican and Magnolia Plans

- **OGB Preferred Care Network**

Provider Network for Vantage Medical Home HMO

- **Vantage health plan**
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
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

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

- Provider list [www.VHP-StateGroup.com](http://www.VHP-StateGroup.com)
- This plan consist of 2 Networks, Affinity Health (AHN) and a standard provider network
- $10 (AHN) Co-pay at primary care physician and $20 for standard, $35 (AHN) co-pay at specialist and $45 for standard
- Provisions for non-network providers

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>12 month</th>
<th>10 month</th>
<th>Plan Year Deductible (in network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee</td>
<td>167.72</td>
<td>201.26</td>
<td>400.00</td>
</tr>
<tr>
<td>Enrollee + 1 (Spouse or Child)</td>
<td>544.76</td>
<td>653.71</td>
<td>800.00</td>
</tr>
<tr>
<td>Enrollee + children</td>
<td>241.38</td>
<td>289.66</td>
<td>1,200.00</td>
</tr>
<tr>
<td>Family</td>
<td>583.68</td>
<td>700.42</td>
<td>1,200.00</td>
</tr>
</tbody>
</table>
Dependents

The following people can be enrolled as dependents:

- Your legal Spouse
- Children until they reach the applicable attainment age
- Children are defined as:

<table>
<thead>
<tr>
<th>Dependent Child</th>
<th>Attainment Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Child of employee or legal spouse (i.e. - stepchild)</td>
<td>26</td>
</tr>
<tr>
<td>Legally adopted child of employee</td>
<td>26</td>
</tr>
<tr>
<td>Child placed for adoption with employee</td>
<td>26</td>
</tr>
<tr>
<td>Unmarried child for whom the (primary) Plan member has court ordered legal guardianship or court ordered legal custody</td>
<td>21 (24 if a full-time student)</td>
</tr>
<tr>
<td>Unmarried grandchild who resides with the (primary) Plan member and for whom the member has legal custody</td>
<td>21 (24 if a full-time student)</td>
</tr>
</tbody>
</table>
Dependents

• To add a newborn as a dependent, the member must provide human resources with a birth certificate or a copy of the birth letter, along with a completed GB-01, within 30 days of the child’s birth date.

• The birth letter will suffice as proof of parentage only if it contains the parentage of the child and the employee.

• If the birth certificate or birth letter is not received within 30 days, enrollment cannot take place until the next annual enrollment period or the member experiences a Plan-Recognized Qualified Life Event (QLE) that allows for addition of the child*
Dependent Verification

Members must provide human resources with proof of the legal relationship and eligibility of each newly eligible dependent. Without that documentation, enrollment cannot be completed.

Examples of acceptable documents for certain QLEs include:

- Marriage Certificate
- Birth letter or birth certificate
- Legal adoption or placement for adoption papers, court-ordered legal guardianship papers, if applicable
Dependent Verification

The following requirements and associated documentation must be submitted to OGB in order to have your dependent(s) covered under your OGB health plan:

**Stepchild(ren)**
- Provide the following dependent Verification documents to OGB within 30 days of eligibility:
  - Provide OGB with a copy of marriage certificate
  - Provide OGB with a copy of stepchild(ren)’s birth certificate
- Legal Custody/Guardianship Dependent
  - Legal custody must be granted before child turns 18 years of age
  - Unmarried child may remain covered until age 21 (24 if they are a full-time student)
  - Provide the following dependent Verification documents to OGB within 30
  - Copy of legal custody decree
  - Copy of child(ren)’s birth certificate
  - **Signed attestation form**
  - **Student verification** (if applicable -child(ren) between the ages of 21 -24)
Dependent Verification

The following requirements and associated documentation must be submitted to OGB in order to have your dependent(s) covered under your OGB health plan:

- **Grandchildren**
  - Legal custody must be granted before grandchild turns 18 years of age
  - Grandchild must reside with the Plan member
  - Unmarried grandchild may remain covered until age 21 (24 if they are a full-time student)
  - Provide the following dependent Verification documents to OGB within 30 days of eligibility:
    - Copy of legal custody decree
    - Copy of child(ren)’s birth certificate
    - Copy of child(ren)’s social security card
    - Signed attestation form
    - Student verification (if applicable – child(ren) between the ages of 21 and 24)
Flexible Benefits

What are Flexible Benefits?

• Flexible Benefits are tax-saving benefits
• They enable employees to save both state and federal income taxes on eligible payroll deductions for health care and dependent care
Flexible Spending Arrangement Options

Premium Conversion
• Allows Premiums for health, life, AFLAC, dental, and vision insurance to be deducted from gross pay before tax.

General-Purpose FSA (not available to Pelican HAS 775)

Limited-Purpose Dental/Vision FSA
• Money deducted from an employee’s pay and placed into an FSA is not subject to payroll taxes, resulting in substantial tax savings. Employees can participate in a Flexible Spending Arrangement even if they are not enrolled in an OGB health plan.

Dependent Care FSA
• For eligible dependent care expenses while you work
• Submission of dependent care expenses can be reduced by signing up for DCFSA recurring Expense Service
• Reimbursement is limited to current amount in account
• Minimum annual amount is $600, the maximum amount is dependent on the employee’s tax-filing status (see next slide)
• Must re-enroll each year to continue participation
• Must file IRS Form 2441
# Flexible Benefits Options

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Consider if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>General-Purpose Health Care Flexible Spending Arrangement (GPFSA)</td>
<td>Allows you to pay with pre-tax dollars certain qualifying medical care expenses for you, your spouse, and your eligible tax dependent children.</td>
<td>You pay out-of-pocket medical expenses, such as health plan co-pays, health plan deductibles, vision expenses, dental expenses, etc.</td>
</tr>
<tr>
<td>Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA)</td>
<td>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.</td>
<td>You are enrolled in the Pelican HSA775.</td>
</tr>
<tr>
<td>Dependent Care Flexible Spending Arrangement (DCFSA)</td>
<td>Allows you to pay with pretax dollars eligible dependent care expenses for your child or for a spouse, parent or other dependent who is incapable of self-care.</td>
<td>You pay for the care of your eligible dependent(s) while you are at work.</td>
</tr>
</tbody>
</table>

*The General-Purpose FSA & Limited-Purpose FSA maximum amount for 2017 is $2,600.*
### Dependent Care FSA

#### PLAN YEAR MAXIMUM AMOUNTS

<table>
<thead>
<tr>
<th>EMPLOYEE TAX STATUS</th>
<th>MAXIMUM AMOUNT</th>
<th>ALLOWED DEPENDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINGLE OR MARRIED FILING SEPARATELY</td>
<td>$2,500</td>
<td>Child under age 13; Older dependent incapable of self care</td>
</tr>
<tr>
<td>SINGLE HEAD OF HOUSEHOLD</td>
<td>$5,000</td>
<td>Child under age 13; Older dependent incapable of self care</td>
</tr>
<tr>
<td>MARRIED FILING JOINTLY</td>
<td>$5,000</td>
<td>Child under age 13; Older dependent incapable of self-care; Spouse incapable of self care</td>
</tr>
</tbody>
</table>
VISA Benefits Debit Card

- Can be used to pay providers who accept VISA for eligible expenses for GPFSA, LPFSA and DCFSA
- Full amount of General-Purpose FSA and Limited-Purpose FSA funds are available immediately
- Dependent Care FSA funds are available upon deposit
- Card is reloadable each year as long as the employee reenrolls
- Card is replaced before expiration date

Discovery Benefits
Contact Information:
- **Phone:** 1-866-451-3399
- **Email:** customerservice@discoverybenefits.com
- **Website:** www.DiscoveryBenefits.com
- **Fax:** 1-866-451-3245
OGB offers two fully-insured life insurance plans for employees and retirees through Prudential. Details about the Basic Life plan and the corresponding amounts of dependent insurance offered under the plan are noted below.*

<table>
<thead>
<tr>
<th>Basic Life</th>
<th>OPTION 1</th>
<th>OPTION 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$5,000</td>
<td>Employee</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,000</td>
<td>Spouse</td>
</tr>
<tr>
<td>Each Child</td>
<td>$500</td>
<td>Each Child</td>
</tr>
<tr>
<td>Dependent Life</td>
<td>Employee pays $0.96/month</td>
<td>Dependent Life</td>
</tr>
</tbody>
</table>

*Amount based on employee’s annual salary
Details about the **Basic Plus Supplemental** plan and the corresponding amounts of dependent insurance offered under the plan are noted below.

<table>
<thead>
<tr>
<th>Basic Plus Supplemental</th>
<th>OPTION 1</th>
<th>OPTION 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td>Schedule to max of $50,000**</td>
<td>Employee</td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td>$2,000</td>
<td>Spouse $4,000</td>
</tr>
<tr>
<td><strong>Each Child</strong></td>
<td>$1,000</td>
<td>Each Child $2,000</td>
</tr>
<tr>
<td><strong>Dependent Life</strong></td>
<td>Employee pays $1.92/month</td>
<td>Dependent Life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employee pays $3.84/month</td>
</tr>
</tbody>
</table>

**Amount based on employee’s annual salary**
Live Better Louisiana

What’s the Game Plan?

Online Personal Health Assessment

Preventive Onsite Health Checkup

At least $120 savings on 2018 health insurance premium with Blue Cross.
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
Vendor Contact Information

Blue Cross Blue Shield of Louisiana
1-800-392-4089
www.bcbsla.com/ogb

Vantage Health Plan
1-888-823-1910
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
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 premium and benefit information
Dental Insurance

• Underwritten by Metlife
• Monthly premium for Employee only = $37.09
• Monthly premium for Employee plus Family = $100.28
• Pays 100% for preventive services
• Pays 50% for Orthodontia
• Annual maximum benefits of $1,500.00
• Orthodontia maximum lifetime maximum $1,000.00
• Children's eligibility for dental coverage is from birth up to age 26
• Deductible is $50.00 per person
• Percentages of payment are based on reasonable and customary amounts

• www.metlife.com/mybenefits or www.metlife.com/dental
Vision Insurance

- Underwritten by MetLife
- Monthly premium for Employee only = $9.13
- Monthly premium for Employee plus Family = $21.42
- Co-payments for in-network services
- Allowances for out-of-network services
- Eye exam $10 copay
- Frame allowance $130
- www.Metlife.com/ vision
Long Term Disability Insurance

- Underwritten by MetLife
- Provides up to 60% of annual salary till age 65
- Maximum benefit of $6,000 per month
- Premium is based on salary
Tax Deferred Annuities

403(b) and 457 plans available for additional retirement savings

Provider Contacts:

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
Contact Information

• Human Resources Website: humanresources@Louisiana.edu

• Insurance/Flexible Spending Plan
  Malika Oubre 482-1014
  • malika@Louisiana.edu

• Office of Group Benefits 1-800-272-8451
• Blue Cross/Blue Shield Customer Service 1-800-392-4089
• MedImpact (Prescriptions) 1-800-910-1831
• Express Scripts (Prescriptions) 1-866-781-7533

• 403 (b) and/or Deferred Compensation
• Retirement questions
  Shekethia Williams 482-6248
  Shekethia.Williams@Louisiana.edu