ANNUAL ENROLLMENT

Benefits

What Can You do?

- ✓ Change from one OGB Plan to another
- ✓ Change becomes effective January 1, 2014
- ✓ 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
- WellnessWorks through Lourdes
- Wellness Wednesdays

Affordable Care Act

- Shop for Marketplace plans at <u>healthcare.gov</u>
- 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

Office of Group Benefits

- ✓ No Premium Changes
- ✓ No Changes to Plans
- ✓ PPO and HMO plan members will receive new cards
- ✓ Prescription Administrator for PPO and HMO Changing to MedImpact

Office of Group Benefits Site

Groupbenefits.org

Health Insurance

- State pays 75% of employee's premium, and 50% of spouse and/or family members premium
 - -Married couples who work for state agencies must split coverage to realize premium savings
- Office of Group Benefits
 - 3 Plan options: PPO, HMO, Consumer Driven HP-HSA (CDHP-HSA)
 - All administered by Blue Cross/Blue Shield of LA
- Marriage license required for spouse coverage
- Birth certificates required for coverage of dependent children age 26 and under
- Social security numbers and dates of birth are required for all covered dependents
- All plans offer Preventive Care (Wellness) benefits at no charge, subject to plan allowances
- Referrals not required for Specialist visits

Provider List for all Plans

•bcbsla.com/OGB

Plan Member Out-of-Pocket Expense

	Out-of-Network		
	PPO	нмо	CDHP-HSA
Louisiana resident	30% of fee schedule*	\$1,000 deductible 30% of reasonable & customary charge*	30% of fee schedule*
Out-of-state resident	Same as Louisiana resident *	Same as Louisiana resident*	Same as Louisiana resident*
* Plan member owes deductible, co-pay, co-insurance and balance of billed charges			

Preferred Provider Organization (PPO)

- Provider list at <u>bcbsla.com/OGB</u>
- \$500 deductible per person, per year
- Employee pays 10% of the first \$10,000 of eligible expenses after deductible is satisfied
- Plan pays 100% of remaining eligible expenses for plan year

Employee Portion of Premium

	12 month	10 month
Single	141.42	169.70
With Spouse	459.38	551.26
With Child(ren)	203.54	244.25
Family	492.22	590.66

OGB HMO Preferred Care

- Provider list <u>bcbsla.com/OGB</u>
- \$15 co-pay for primary care physician
- \$25 co-pay for specialist
- \$100 per day co-pay for hospital, maximum \$300 co-pay per stay

Employee Portion of Premium

	12 month	10 month
Single	133.62	160.34
With Spouse	433.94	520.73
With Child(ren)	192.28	230.74
Family	464.94	557.93

Prescription Drugs PPO & HMO

- Administered by MedImpact
- Employee pays 50% of prescription cost
- Maximum co-payment of \$50 per 31-day fill
- After \$1,200 per person per plan year:
 - \$15 co-pay for brand name drug
 - \$0 co-pay for generic drugs
- Must purchase generic drugs if available
- Free Diabetic supplies if enrolled in Diabetic Sense program
 - Call 1-888-341-8582 to enroll

Consumer Driven Health Plan/Health Savings Account

- Provider list <u>bcbsla.com/OGB</u>
- \$1,250 deductible per person, per year
- Deposits to HSA are matched up to \$575/year
- Plan pays 80% of eligible expenses, thereafter

Employee Portion of Premium

	12 month	10 month
Single	109.78	131.74
With Spouse	356.58	427.90
With Child(ren)	158.10	189.72
Family	382.04	458.45

Prescription Drugs CDHP with HSA

- Administered by Express Scripts
- Generic Drug \$10 co-pay
- Preferred brand drug \$25 co-pay
- Non-preferred brand-name drug \$50 copay
- Specialty drug \$50 co-pay
- Maintenance drugs not subject to deductible

Mental Health & Substance Abuse Treatment

- Administered by Magellan Behavioral Health
- 1-800-523-6435
- PPO: Member pays 10% of contracted rate for treatment of Mental Health & Substance Abuse
- HMO: Member pays \$100 co-pay for Mental Health & Substance abuse treatment - \$300 maximum per admission
- CD-HP: Member pays 20% of contracted rate for Mental Health & Substance abuse treatment

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.

Vision Insurance

- Monthly premium for Employee only = \$7.17
- Monthly premium for Employee plus Family = \$18.10
- Co-payments for in-network services

This is merely a summary of benefits. Limitations and exclusions apply

- Allowances for out-of-network services
- <u>eyemedvisioncare.com</u>

BENEFIT HIGHLIGHTS		Eyemed Acce	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	
Benefit Frequency	Exam Lenses Frames	12 Months** 12 Months** 12 Months**	12 Months** 12 Months** 12 Months**	

Dental Insurance

- Monthly premium for Employee only = \$35.87
- Monthly premium for Employee plus Family = \$96.99
- 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

- <u>Salary conversion</u>—-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)
- <u>Flexible Spending Accounts</u>—allow employee to set aside pre-taxed funds from gross salary for eligible payments made to <u>health care</u> or <u>dependent care</u> providers.
 - Employee estimates expenses that are not reimbursed by insurance to providers such as dental, vision, copayments, 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 15 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

ING

- Ingretirementplans.com/custom/laorp
- Local Representative: Simone S. Bauer
- simone@benefitplanninggroup.net
- (337) 322-5304

TIAA-Cref

- http://www1.tiaacref.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: ING, Valic, TIAA-Cref, and Fidelity
- 457 Provider: LA Deferred Compensation

Due Dates

- Annual enrollment: October 31, 2013
 - -to change from one OGB plan to another
- Open enrollment: December 6, 2013
 - -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