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 [healthcare.gov](http://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
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

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>HMO</th>
<th>CDHP-HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana resident</td>
<td>30% of fee schedule*</td>
<td>$1,000 deductible</td>
<td>30% of fee schedule*</td>
</tr>
<tr>
<td></td>
<td>30% of reasonable &amp; customary charge*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-state resident</td>
<td>Same as Louisiana resident *</td>
<td>Same as Louisiana resident*</td>
<td>Same as Louisiana resident*</td>
</tr>
</tbody>
</table>

* Plan member owes deductible, co-pay, co-insurance and balance of billed charges
Preferred Provider Organization (PPO)

- Provider list at [bcbsla.com/OGB](bcbsla.com/OGB)
- $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

<table>
<thead>
<tr>
<th></th>
<th>12 month</th>
<th>10 month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>141.42</td>
<td>169.70</td>
</tr>
<tr>
<td>With Spouse</td>
<td>459.38</td>
<td>551.26</td>
</tr>
<tr>
<td>With Child(ren)</td>
<td>203.54</td>
<td>244.25</td>
</tr>
<tr>
<td>Family</td>
<td>492.22</td>
<td>590.66</td>
</tr>
</tbody>
</table>
OGB HMO Preferred Care

- Provider list [bcbsla.com/OGB](bcbsla.com/OGB)
- $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

<table>
<thead>
<tr>
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<th>12 month</th>
<th>10 month</th>
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</thead>
<tbody>
<tr>
<td>Single</td>
<td>133.62</td>
<td>160.34</td>
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<tr>
<td>With Spouse</td>
<td>433.94</td>
<td>520.73</td>
</tr>
<tr>
<td>With Child(ren)</td>
<td>192.28</td>
<td>230.74</td>
</tr>
<tr>
<td>Family</td>
<td>464.94</td>
<td>557.93</td>
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</tbody>
</table>
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 [bcbsla.com/OGB](https://bcbsla.com/OGB)
- $1,250 deductible per person, per year
- Deposits to HSA are matched up to $575/year
- Plan pays 80% of eligible expenses, thereafter

<table>
<thead>
<tr>
<th></th>
<th>12 month</th>
<th>10 month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>109.78</td>
<td>131.74</td>
</tr>
<tr>
<td>With Spouse</td>
<td>356.58</td>
<td>427.90</td>
</tr>
<tr>
<td>With Child(ren)</td>
<td>158.10</td>
<td>189.72</td>
</tr>
<tr>
<td>Family</td>
<td>382.04</td>
<td>458.45</td>
</tr>
</tbody>
</table>
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 co-pay
- 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
- Allowances for out-of-network services
- eyemedvisioncare.com

<table>
<thead>
<tr>
<th>BENEFIT HIGHLIGHTS</th>
<th>DESCRIPTION</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Exam with dilation (as necessary)</td>
<td>$10 co-pay</td>
<td>$35 allowance</td>
</tr>
<tr>
<td>Contact Lens fit and follow-up</td>
<td>Contact lens fit and two follow-up visits are available once a comprehensive eye exam is complete.</td>
<td>Premium $0 co-pay</td>
<td>Premium $40 allowance</td>
</tr>
<tr>
<td>Frames</td>
<td>Any available frame at provider location</td>
<td>$130 frame allowance, 20% off balance over allowance</td>
<td>$72 allowance</td>
</tr>
<tr>
<td>Standard Plastic Lenses</td>
<td>Single, bifocal, trifocal</td>
<td>$10 co-pay, $15 co-pay, $10 co-pay</td>
<td>$25, $40, $55</td>
</tr>
<tr>
<td>Lens Options:</td>
<td>UV Coating</td>
<td>$15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tint (solid and gradient)</td>
<td>$15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standard scratch resistant coating</td>
<td>$15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standard polycarbonate</td>
<td>$40</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standard anti-reflective coating</td>
<td>$45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standard progressive (Add-on to bifocal)</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other add-ons and services</td>
<td>20% off retail</td>
<td>Discount available only at Network providers and retailers.</td>
</tr>
<tr>
<td>Contact Lenses: (Conventional and Disposable)</td>
<td>Material Only</td>
<td>$0 co-pay</td>
<td>$86 allowance</td>
</tr>
<tr>
<td></td>
<td>Medically necessary</td>
<td>$120 allowance</td>
<td></td>
</tr>
<tr>
<td>Benefit Frequency</td>
<td>Exam, lenses, frames</td>
<td>12 Months**</td>
<td>12 Months**</td>
</tr>
</tbody>
</table>

* Premium Contact Lens: Fitting all lens designs, materials and specialty fittings other than Standard (e.g., 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 = $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

- **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 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

• Local Representative: Cameron Pettigrew
• [cpettigrew@tiaa-cref.org](mailto: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