



SPECIAL ENROLLMENT

For Magnolia Open Access and Magnolia Local
Plus Plan Members

April 10 - 30, 2015

specialenrollment.groupbenefits.org

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OGB Special Enrollment Overview



The Office of Group Benefits (OGB) is committed to providing affordable, quality healthcare coverage to our members and their dependents. To continue to provide this level of coverage, a premium increase is necessary. This increase will take effect July 1, 2015 and will affect each plan differently.

Current Plan	Percent Increase	Can I Switch Plans?	What Plan Can I Switch To?
Magnolia Local Plus	12%	Yes	Pelican HSA 775, Pelican HRA 1000, Magnolia Local
Magnolia Open Access	10%	Yes	Pelican HSA 775, Pelican HRA 1000, Magnolia Local, Magnolia Local Plus
Magnolia Local	4%	No	N/A
Pelican HSA 775	4%	No	N/A
Pelican HRA 1000	4%	No	N/A

Visit specialenrollment.groupbenefits.org to see rates effective July 1, 2015.

A special enrollment period is being held to give members currently enrolled in the Magnolia Local Plus and Magnolia Open Access plans an opportunity to enroll in a lower premium plan effective July 1.

The special enrollment period will end Thursday, April 30, 2015.

NO ACTION IS REQUIRED IF YOU DO NOT WISH TO MAKE ANY PLAN CHANGE.

Ways to Lower Your Premium

1. **Enroll in a health plan with a lower premium**
2. **Change your level of coverage to lower your premium by removing dependent coverage**
3. **Cancel your OGB coverage**

If you choose to change to one of the allowable plan options identified in the chart above, any co-pays or coinsurance incurred through June 30 will be credited to your new out-of-pocket maximum. Amounts paid against the deductible through June 30 will be credited to your new deductible as well as the out-of-pocket maximum.

The employer contribution for the HRA 1000 is \$1,000 for employee only and \$2,000 for families. This contribution is available to offset medical claims costs only. The employer contribution for the Pelican HSA 775 is \$200 plus up to \$575 in matching funds. The Pelican HSA 775 plan is only available to active employees.

How to Submit Your Lower Premium Plan Choice:

If you would like to enroll in one of the lower premium plans effective July 1, please complete the appropriate form found on page 11 or 13 and mail, fax or email it to OGB. Your form must be received by OGB or postmarked on or before April 30, 2015 to be eligible for this special enrollment.

Summary of Plans— Understanding Your Plan Options



Pelican Plans

OGB's Pelican plans offer low premiums in combination with employer contributions to create the most affordable options for members.

Pelican HRA 1000

The Pelican HRA 1000 includes \$1,000 in employer contributions for employee-only plans and \$2,000 for family plans in a health reimbursement account that can be used to offset deductible and other out-of-pocket health care costs throughout the year. Any unused funds rollover up to the in-network out-of-pocket maximum, allowing members to build up balances that cover eligible medical expenses when they happen.

	Employee Only	Employee + 1 (Spouse)	Employee + 1 (Child)	Employee + Children	Family
Monthly Premiums (employee share)	\$102.46	\$332.80	\$147.55	\$147.55	\$356.55
Employer Contribution to HRA	\$1,000	\$2,000	\$2,000	\$2,000	\$2,000
Deductible (in-network)	\$2,000	\$4,000	\$4,000	\$4,000	\$4,000
Deductible (out-of-network)	\$4,000	\$8,000	\$8,000	\$8,000	\$8,000
Out-of-pocket max (in-network)	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000
Out-of-pocket max (out-of-network)	\$10,000	\$20,000	\$20,000	\$20,000	\$20,000
Coinsurance (in-network)	20%	20%	20%	20%	20%
Coinsurance (out-of-network)	40%	40%	40%	40%	40%

**Premium rates listed are at 75% participation. Other rates can be found at specialenrollment.groupbenefits.org.*

Pharmacy Benefits - MedImpact

The Pelican HRA 1000 uses the MedImpact formulary to help members select the most appropriate, lowest-cost options for prescriptions. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand name drug or specialty drug.

Tier	Member Responsibility
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
Once you pay \$1,500, the following co-pays apply:	
Generic	\$0 co-pay
Preferred	\$20 co-pay
Non-Preferred	\$40 co-pay
Specialty	\$40 co-pay

Pelican HSA 775

The Pelican HSA 775 offers our lowest premiums in addition to a health savings account funded by both employers and employees. Employers contribute \$200 to the Pelican HSA, then match any employee contributions up to \$575. Employees can contribute additional funds on an annual pre-tax basis, up to \$2,575 for an individual and \$5,875 for a family to cover out-of-pocket medical and pharmacy costs.

	Employee Only	Employee + 1 (Spouse)	Employee + 1 (Child)	Employee + Children	Family
Monthly Premiums (employee share)	\$59.24	\$192.52	\$85.36	\$85.36	\$206.25
Employer Contribution to HSA	\$200, plus up to \$575 more dollar-for-dollar match of employee contributions				
Deductible (in-network)	\$2,000	\$4,000	\$4,000	\$4,000	\$4,000
Deductible (out-of-network)	\$4,000	\$8,000	\$8,000	\$8,000	\$8,000
Out-of-pocket max (in-network)	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000
Out-of-pocket max (out-of-network)	\$10,000	\$20,000	\$20,000	\$20,000	\$20,000
Coinsurance (in-network)	20%	20%	20%	20%	20%
Coinsurance (out-of-network)	40%	40%	40%	40%	40%

**Premium rates listed are at 75% participation. Other rates can be found at specialenrollment.groupbenefits.org.*

Pharmacy Benefits – Express Scripts

BCBS works in partnership with Express Scripts® to administer your prescription drug program for the Pelican HSA 775. Prescriptions are subject to the plan deductible with the exception of maintenance medications. For a list of maintenance medications covered visit www.bcbsla.com/docs/ESI_Maintenance_Preventive_Drug_List.pdf.

Tier	Member Responsibility*
Generic	\$10 co-pay
Preferred	\$25 co-pay
Non-Preferred	\$50 co-pay
Specialty	\$50 co-pay
<i>*Subject to deductible and applicable co-payment. Maintenance drugs not subject to deductible</i>	

IMPORTANT! There are special IRS rules that apply when a person enrolls in an HSA mid-year. If you choose to enroll in the HSA effective July 1, 2015 through December 31, 2015, you MUST re-enroll in the HSA for the 2016 year in order to make contributions to the HSA for 2015. If you do not enroll in the HSA for 2016, then any amounts contributed to the HSA for you in 2015 will be taxable income to you and subject to a 10% penalty (except in the case of disability or death).

HRA vs HSA – what’s the difference?

A Health Reimbursement Arrangement, or HRA, is an account that employers use to reimburse employees’ medical expenses, such as deductibles, medical co-pays and eligible medical costs. The HRA funds are available as long as you remain employed by an OGB-participating employer.

A Health Savings Account, or HSA, is an employee-owned account used to pay for qualified medical expenses, including deductibles, medical co-pays, prescriptions and other eligible medical costs. To enroll in an OGB HSA, you must enroll in the Pelican HSA 775. Both employees and employers can contribute to a HSA, but the funds are owned by the employee. The HSA funds are available even if you are no longer employed by an OGB-participating employer.

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.

IMPORTANT! Premium rates and a summary of benefits and coverage can be found on the OGB website at specialenrollment.groupbenefits.org.

Magnolia Plans

Magnolia Local

The Magnolia Local plan is a traditional plan that offers \$25 primary care co-pays and \$50 specialty care co-pays for members who live in specific coverage areas. Community Blue and Blue Connect networks in Shreveport, New Orleans and Baton Rouge are available for OGB members.

This plan is ideal for members who live in the parishes within the available networks and don't plan to utilize out-of-network care. However, out-of-network care is provided in emergencies.

Community Blue

Community Blue is a select, local network designed for members who live in the **Baton Rouge** (East & West Baton Rouge and Ascension Parishes) and **Shreveport communities** (Caddo and Bossier Parishes). This means healthcare providers work as a team led by a primary care doctor.

BlueConnect

BlueConnect is a select, local network designed for members who live in the **New Orleans community** (Orleans and Jefferson Parishes). BlueConnect is a great health plan for people who want local access, a new approach to health and a lower priced insurance plan.

	Employee-Only	Employee + 1 (Spouse)	Employee + 1 (Child)	Employee + Children	Family
Monthly Premiums (employee share)	\$138.98	\$451.48	\$200.01	\$200.01	\$483.77
Deductible (<i>in-network</i>)	\$400	\$800	\$800	\$1,200	\$1,200
Deductible (<i>out-of-network</i>)	No coverage	No coverage	No coverage	No coverage	No coverage
Out-of-pocket max (<i>in-network</i>)	\$2,500	\$5,000	\$5,000	\$7,500	\$7,500
Out-of-pocket max (<i>out-of-network</i>)	No coverage	No coverage	No coverage	No coverage	No coverage
Co-Payment (<i>in-network</i>) PCP/SPC	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50
Co-Payment (<i>out-of-network</i>)	No coverage	No coverage	No coverage	No coverage	No coverage

**Premium rates listed are at 75% participation. Other rates can be found at specialenrollment.groupbenefits.org.*

To see which doctors and hospitals are in your network, visit www.bcbsla.com/FindCare/Pages/DoctorandHospitalSearch.aspx and select either Community Blue or Blue Connect from the drop down menu. You may also call Blue Cross at 1-800-392-4089 for assistance.

Magnolia Local Plus

The Magnolia Local Plus option offers the same coverage as the Magnolia Local plan, with the benefit of a nationwide network. The Local Plus option offers \$25 primary care co-pays and \$50 specialty care co-pays for OGB members in any region.

The Local Plus plan is ideal for members who prefer the predictability of co-payments rather than using employer funding to offset out-of-pocket costs.

This plan provides care in Blue Cross's nationwide network. Out-of-network care is provided in emergencies.

	Employee-Only	Employee + 1 (Spouse)	Employee + 1 (Child)	Employee + Children	Family
Monthly Premiums (employee share)	\$157.11	\$510.27	\$226.11	\$226.11	\$546.74
Deductible (<i>in-network</i>)	\$400	\$800	\$800	\$1,200	\$1,200
Deductible (<i>out-of-network</i>)	No coverage	No coverage	No coverage	No coverage	No coverage
Out-of-pocket max (<i>in-network</i>)	\$2,500	\$5,000	\$5,000	\$7,500	\$7,500
Out-of-pocket max (<i>out-of-network</i>)	No coverage	No coverage	No coverage	No coverage	No coverage
Co-Payment (<i>in-network</i>) PCP/SPC	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50
Co- Payment (<i>out-of-network</i>)	No coverage	No coverage	No coverage	No coverage	No coverage

*Premium rates listed are at 75% participation. Other rates can be found at specialenrollment.groupbenefits.org.

Magnolia Open Access

The Magnolia Open Access Plan offers coverage both inside and outside of Blue Cross's nationwide network. It differs from the other Magnolia plans in that members enrolled in the open access plan will not pay co-payments at physician visits. Instead, once a member's deductible is met, he or she will pay a co-insurance.

Though the premiums for the open access plan are higher than OGB's other plans, its moderate deductibles combined with a nationwide network make it an attractive plan for members who live out of state or travel regularly.

	Employee-Only	Employee + 1 (Spouse)	Employee + 1 (Child)	Employee + Children	Family
Monthly Premiums (employee share)	\$163.33	\$530.55	\$235.09	\$235.09	\$568.48
Deductible (<i>in-network</i>)	\$900	\$1,800	\$1,800	\$2,700	\$2,700
Deductible (<i>out-of-network</i>)	\$900	\$1,800	\$1,800	\$2,700	\$2,700
Out-of-pocket max (<i>in-network</i>)	\$2,500	\$5,000	\$5,000	\$7,500	\$7,500
Out-of-pocket max (<i>out-of-network</i>)	\$3,700	\$7,500	\$7,500	\$11,250	\$11,250
Co-Insurance (<i>in-network</i>)	10%	10%	10%	10%	10%
Co-Insurance (<i>out-of-network</i>)	30%	30%	30%	30%	30%

*Premium rates listed are at 75% participation. Other rates can be found at specialenrollment.groupbenefits.org.

IMPORTANT! There are times when a provider may work at a hospital, but not for the hospital. In those cases, health care services may be provided to you at a network health care facility by providers who are not in your health plan provider network. You may be responsible for payment of all or part of the fees for those out-of-network services, in addition to applicable amounts due for co-payments, coinsurance, deductibles and non-covered services.

Pharmacy Benefits – MedImpact (All Magnolia Plans)

OGB uses the MedImpact formulary to help members select the most appropriate, lowest-cost options. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a co-pay or co-insurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand name drug, or specialty drug.

Tier	Member Responsibility
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
Once you pay \$1,500, the following co-pays apply:	
Generic	\$0 co-pay
Preferred	\$20 co-pay
Non-Preferred	\$40 co-pay
Specialty	\$40 co-pay

RESOURCES / CONTACT INFORMATION

If you have any questions about special enrollment, visit www.specialenrollment.groupbenefits.org or call us at **1-800-272-8451**. You can also contact our providers with specific questions at the phone numbers below.

OGB Customer Service Hours: 8:00 AM - 4:30 PM Monday - Friday	1-800-272-8451	www.groupbenefits.org
Vendor	Customer Service	Website
Blue Cross Blue Shield of Louisiana Hours: 8:00 AM - 5:00 PM CT Monday - Friday	1-800-392-4089	www.bcbsla.com/ogb
MedImpact Hours: 24 Hours Seven Days a Week	1-800-910-1831	https://mp.medimpact.com/ogb
Express Scripts Hours: 24 Hours Seven Days a Week	1-800-282-2881	www.express-scripts.com

Terms and Conditions



In this section, “I” refers to the covered employee.

I understand that it is my responsibility to review the most recent decision guide. It is my responsibility to review any applicable Plan documents that are available and applicable to me (including plan documents posted electronically at www.groupbenefits.com) at the time of my decision, and to determine the OGB option that best meets my or my family’s health care needs.

I also understand that it is my responsibility to review the following bullets and understand which of the bullets apply to my situation:

- I understand that providers may join or discontinue participation in a vendor’s network, and this is not a Qualifying Event.
- I understand that the costs of prescription drugs may change during a Plan Year and that these changes are not a Qualifying Event.
- I understand that once I have made an election, I will not be able to change that election until the next annual enrollment period, unless I have a Qualifying Event.
- I understand that by electing coverage I am authorizing my employer to deduct from my monthly check the applicable premium for the plan option I have selected.
- I understand that I will have to pay premiums for the plan option I select,
- I understand that it is my responsibility to verify that the correct deduction is taken and to immediately notify my employer if it is not correct.
- I understand that if I experience a Qualifying Event, I must elect to make the change to my plan option by the applicable deadline (in most cases, within 30 days of the Qualifying Event) in order for the corresponding monthly premium to apply for the remainder of the Plan Year. I understand that the rules governing these Qualifying Events and their deadlines are provided in the Plan documents.
- I understand that healthcare services may be provided to me at a network facility by facility-based physicians who are not in my health plan. I may be responsible for payment of all or part of the fees for those Out-of-Network services, in addition to applicable amounts due for co-payments, co-insurance, deductibles and non-covered services.
- I understand that by enrolling in an OGB plan, I am attesting that the information I provide is true and correct to the best of my knowledge, under penalty of law.

NOTES



SPECIAL ENROLLMENT FORM
FOR CURRENT MAGNOLIA LOCAL PLUS MEMBERS

(Please PRINT Clearly)

Plan Member's Name: _____

Address: _____

City, State, ZIP: _____

SSN: _____ **Phone:** () _____

NO ACTION IS NEEDED IF YOU DO NOT WISH TO MAKE ANY CHANGES TO LOWER YOUR PREMIUM.

You have the option of making changes to lower your premium during this special enrollment, which ends April 30, 2015. Any changes made during this time will become effective July 1, 2015. Plan options that are available to you are:

PLEASE MARK ONE AND ONLY ONE SELECTION BY PLACING AN (X) IN THE APPROPRIATE BOX

Pelican HRA 1000

Pelican HSA 775 (Active employees only)
Administered by Blue Cross

Magnolia Local - Narrow In-Network Coverage - Only available to residents of Ascension, Bossier, Caddo, East & West Baton Rouge, Jefferson and Orleans Parishes

Monthly contribution to HSA
\$ _____ (A blank space will indicate \$0)

You have the option of dropping (not adding) a dependent(s) during this special enrollment period, only if this change would result in a lower premium. (See rate sheet.)

Yes, I wish to drop a dependent(s). Their coverage will terminate on June 30, 2015.

Name _____ **Date of Birth** _____

Name _____ **Date of Birth** _____

Name _____ **Date of Birth** _____

PLEASE MAIL, FAX OR EMAIL THIS FORM TO OGB BY APRIL 30, 2015.

IF YOU HAVE ANY QUESTIONS ABOUT SPECIAL ENROLLMENT, PLEASE CONTACT OGB

AT 1-800-272-8451 (MON. - FRI. 8:00 A.M. - 4:30 P.M.)

IF YOU HAVE SPECIFIC PLAN QUESTIONS, PLEASE CONTACT BCBSLA: 1-800-392-4089 (MON. - FRI. 8:00 A.M. - 5:00 P.M.)

By Mail: Office of Group Benefits
Special Enrollment
P.O. Box 66678
Baton Rouge, LA 70896

By Fax: Office of Group Benefits
Special Enrollment
(225) 342-9917 or (225) 342-9919

By email: specialenrollment.ogb@la.gov

Plan Member's Signature (required)

Date



SPECIAL ENROLLMENT FORM
FOR CURRENT MAGNOLIA OPEN ACCESS MEMBERS
(Please PRINT Clearly)

Plan Member's Name: _____

Address: _____

City, State, ZIP: _____

SSN: _____ **Phone:** () _____

NO ACTION IS NEEDED IF YOU DO NOT WISH TO MAKE ANY CHANGES TO LOWER YOUR PREMIUM.
You have the option of making changes to lower your premium during this special enrollment, which ends April 30, 2015. Any changes made during this time will become effective July 1, 2015. Plan options that are available to you are:

PLEASE MARK ONE AND ONLY ONE SELECTION BY PLACING AN (X) IN THE APPROPRIATE BOX

Magnolia Local - Narrow In-Network Coverage - Only available to residents of Ascension, Bossier, Caddo, East & West Baton Rouge, Jefferson and Orleans Parishes

Magnolia Local Plus - In-Network Coverage Only

Pelican HRA 1000

Pelican HSA 775 (Active employees only)
\$ _____ **Monthly contribution to HSA**
(A blank space will indicate \$0)

You have the option of dropping (not adding) a dependent(s) during this special enrollment period, only if this change would result in a lower premium. (See rate sheet.)

Yes, I wish to drop a dependent(s). Their coverage will terminate on June 30, 2015.

Name _____ **Date of Birth** _____

Name _____ **Date of Birth** _____

Name _____ **Date of Birth** _____

PLEASE MAIL, FAX OR EMAIL THIS FORM TO OGB BY **APRIL 30, 2015.**

IF YOU HAVE ANY QUESTIONS ABOUT SPECIAL ENROLLMENT, PLEASE CONTACT OGB
AT 1-800-272-8451 (MON. - FRI. 8:00 A.M. - 4:30 P.M.)

IF YOU HAVE SPECIFIC PLAN QUESTIONS, PLEASE CONTACT BCBSLA: 1-800-392-4089 (MON. - FRI. 8:00 A.M. - 5:00 P.M.)

By Mail: Office of Group Benefits
Special Enrollment
P.O. Box 66678
Baton Rouge, LA 70896

By Fax: Office of Group Benefits
Special Enrollment
(225) 342-9917 or (225) 342-9919

By email: specialenrollment.ogb@la.gov

Plan Member's Signature *(required)*

Date

