Office of Group Benefits
State of Louisiana
P. O. Box 44036
Baton Rouge, LA 70804
www.groupbenefits.org

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Vision

OGB envisions itself as a leader in improving and preserving quality of life.

Mission

OGB will offer an employee benefits system that meets or exceeds industry standards and/or benchmarks.

OGB Area Customer Service Offices

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Lafayette, LA 70508
337.262.1357
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Lake Charles
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Suite 400
Metairie, LA 70002
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800.335.6208

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Monroe, LA 71201
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Shreveport, LA 71101
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TDD (hearing impaired)
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For Your
BENEFIT
STATE OF LOUISIANA • OFFICE OF GROUP BENEFITS
PPO • EPO • HMO

A Message from Tommy D. Teague

OGB Chief Executive Officer

Key information about your OGB health benefits

As health care costs continue to rise annually, the Office of Group Benefits works to hold down premiums and help our plan members get the most from the money they spend for medical care. Here are three things you need to know to keep your OGB health coverage and avoid substantial out-of-pocket medical expenses.

1. If you're enrolled in an OGB Medicare Advantage plan, it is important that you do not sign up for any other type of Medicare plan to avoid losing OGB health coverage.

Medicare allows each person to enroll in only ONE Medicare-type plan. Signing up for another Medicare plan will cancel coverage under your previous plan (in this case, your OGB Medicare Advantage plan), leaving you without OGB health coverage—and you will never have OGB health coverage again!

Once you are enrolled in an OGB Medicare Advantage plan, DO NOT purchase or enroll in:

- a Medicare supplemental plan;
- a plan that has Medicare Part D prescription drug coverage; or
- a Part D plan with drug coverage only.

If you wish to change to another OGB Medicare Advantage plan or return to a standard OGB health plan, you can do this only during OGB Medicare Advantage Fall Enrollment, which is open only to OGB plan members with Medicare Parts A and B and runs from November 15 through December 31, 2009.

2. Save money by using only doctors and hospitals in your health plan's network, including ancillary providers at network facilities, such as anesthesiologists, pathologists, radiologists, laboratories and emergency room doctors.

To avoid incurring medical costs not covered by your OGB health plan, it's important to be sure each physician or hospital who provides your medical care is a member of your plan's provider network before you receive treatment (except in an emergency).

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While almost all providers accept OGB coverage in payment for medical services rendered, non-network providers can require you to pay all charges not paid by your health plan. This means you must pay the difference between the negotiated rate your plan pays network providers and the actual charges billed by the non-network provider. Known as balance billing, this situation can result in thousands of dollars in unplanned medical expenses.

To avoid this, OGB urges you to:

- Make sure each doctor and hospital participates in your OGB health plan's network.
- Remember to check specialty providers at network facilities—anesthesiologists, pathologists, radiologists and emergency room physicians, known as ancillary providers.
- Check the online provider directories for OGB health plans found on the OGB website (**www.groupbenefits.org**) to find out if a doctor or hospital is in your plan's network:
  - Click on the Member link in the left menu;
  - Click on the Health Plans link in the left menu; and
  - Click on the Provider Directory for your health plan, which is searchable by provider or facility name, specialty, region, city or state and is updated regularly as changes occur. If you do not have a computer, visit any public library for free internet access and help from a friendly librarian, or call or visit an OGB Customer Service office.

OGB is aware of the lack of anesthesiologists in the PPO network in the Lake Charles area and the lack of some hospital-based ancillary providers in the EPO and HMO networks in north Louisiana because these providers have chosen not to contract with some health plans. However, plan members who receive medical care from non-network providers are responsible for payment of higher out-of-network charges incurred for these services and any balance remaining after claims are paid by your OGB health plan.

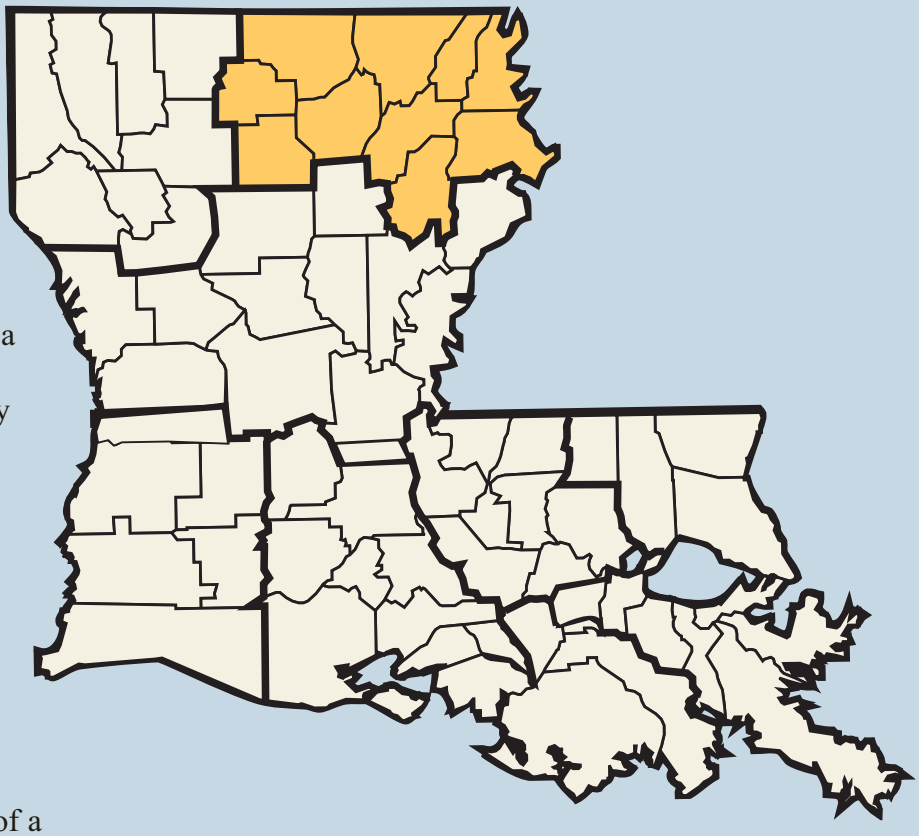
3. Inform your agency if you are a rehired retiree.

If you are a retired state or school board employee with OGB health coverage who returns to work full-time at a state agency or a school board covered by OGB, it is very important to let your hiring agency know. This determines whether your OGB health coverage is primary or secondary and affects the health plan premiums paid by you and your hiring agency. The re-employed retiree category covers retirees with and without Medicare.

If you have questions, phone OGB Customer Service toll-free at 1-800-272-8451 or call or visit your local OGB Customer Service office. (See list on page 8.)

OGB offers Medical Home HMO plan in northeast La.

The Office of Group Benefits strives to offer health plans for state employees that provide excellent coverage for the lowest possible premium. As health care costs continue to rise each year, the administration is exploring the medical home concept as an efficient model for delivery of health care.



Effective September 1, 2009, OGB will offer a fully-insured Medical Home HMO plan in northeast Louisiana with a network of primary care providers in East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Union and West Carroll parishes (Region 9).

Insured by Vantage Healthcare, it is available to OGB plan members who intend to obtain medical care from Vantage's network of primary care providers in these 10 parishes.

The Medical Home HMO plan is a variation of a closed HMO system with member co-payments and no deductible. It includes prescription drug coverage and mental health benefits. Each plan member designates a primary care physician who directs all medical care, including management of chronic conditions and diseases and referrals to all specialists (except obstetricians and gynecologists) and centers of excellence.

OGB Special Enrollment for the new plan, slated for July 15 through July 31 for plan members now covered by the PPO, EPO (UnitedHealthcare), HMO (Humana) and LSU First health plans, is underway as this newsletter is being printed. Coverage begins September 1 for the remainder of the 2009-10 plan year. As always, plan members enrolled in these three plans and the Medical Home HMO plan can transfer to a different plan during OGB Annual Enrollment in April 2010.

OGB plan members now enrolled in a Medicare Advantage plan can change plans for the 2010 calendar year during OGB Medicare Advantage Fall Enrollment from November 15 through December 31, 2009.

A comparison of medical benefits and premium rates for the new Medical Home HMO plan and OGB's PPO, EPO (UnitedHealthcare) and HMO (Humana) plans is posted on the Special Enrollment page of the OGB website (**www.groupbenefits.org**), along with a list of the 11 Special Enrollment meetings held in Region 9 during July.

If you have questions, call OGB Customer Service at 1-800-272-8451 (toll-free) or visit your local OGB Customer Service office (listed on page 8).

OGB Plan Member Survey

1. How useful are the newsletters to you?
___ Extremely useful
___ Very useful
___ Useful
___ Somewhat useful
___ Not useful

2. How easy to read are the newsletters?
___ Extremely easy to read
___ Very easy to read
___ Easy to read
___ Sometimes easy to read
___ Not easy to read

3. How often do you visit the OGB website?
___ Weekly
___ Several times a month
___ Monthly
___ Occasionally
___ Never

Please answer question 4 ONLY if you have never used the OGB website.

4. If you do not visit the OGB website, please mark the answer that best describes you.
___ I do not have Internet access at home
___ I did not know OGB had a website.
___ Other (please explain) _____

_____

_____

*Did you know you can access the Internet at your public library for free? Ask your librarian to help you visit the OGB website (**www.groupbenefits.org**), to check for news updates, access your claims information and read or print OGB publications.*

Please answer questions 5 – 8 ONLY if you have visited the OGB website.

5. How useful is the OGB website to you?
___ Extremely useful
___ Very useful
___ Useful
___ Somewhat useful
___ Not useful

6. Have you viewed the 10- minute Heath Care Savings Secrets video on the OGB website?
___ Yes ___ No

7. Have you used the OGB website to access your personal claim information?
___ Yes ___ No

8. Have you used the website to access OGB publications such as the PPO Plan Document, Helpful Information Book or newsletters?
___ Yes ___ No

9. Please rate the following publications by marking the appropriate number:

5 - Extremely useful
4 - Very useful
3 - Useful
2 - Somewhat useful
1 - Not useful

Helpful Information Book
5 4 3 2 1

Premium Rates & Plan Comparison
5 4 3 2 1

Flexible Spending Account Handbook (active employees only)
5 4 3 2 1

Flexible Benefits Plan Summary (active employees only)
5 4 3 2 1

For Our Retirees Booklet (retirees only)
5 4 3 2 1

10. Did you attend an OGB Annual Enrollment meeting in April 2009?
___ Yes ___ No

11. If you attended an OGB Annual Enrollment meeting, how useful was the information presented in choosing your health plan?
___ Extremely useful
___ Very useful
___ Useful
___ Somewhat useful
___ Not useful

12. How useful is OGB Customer Service to you?
___ Extremely useful
___ Very useful
___ Useful
___ Somewhat useful
___ Not useful
___ I have not called or visited OGB Customer Service

13. Overall, how satisfied are you with OGB's communication efforts with you?
___ Extremely Satisfied
___ Very Satisfied
___ Satisfied
___ Somewhat Satisfied
___ Not Satisfied

14. Is there anything OGB can do to improve our communication with you?

_____

_____

_____

_____

15. Are you retired?
___ Yes ___ No

Name (optional):

_____

Current or former state agency:

_____

_____

Thank you for completing this survey. Your opinion is important to us.

Mail your completed survey form by August 31 to:

OGB Communications Section
P.O. Box 44036
Baton Rouge, LA 70804

You can also complete the survey online via the OGB website (www.groupbenefits.org), by clicking the 2009 OGB Plan Member Survey link.

Catalyst Rx changes mail order prescription service to IPS

Effective July 1, the Catalyst Rx mail service pharmacy provider for PPO, EPO and HMO plan members changed from Walgreens Mail Service to Immediate Pharmaceutical Services (IPS). OGB plan members can access the company's fully secure, interactive IPS website to:

- Order refills;
- Check your order status;
- Track shipped orders;
- Receive email reminders before your next fill date;
- Request telephone notification when your order ships; and

Should something not transfer, IPS will contact your physician on your behalf to receive the prescription.

One-Time Enrollment

To begin receiving prescriptions by mail, you need to enroll with IPS—by mail, Internet or telephone.
Mail: Complete a Registration and Prescription Order Form and mail it to IPS. This form establishes your health, allergy and plan information with IPS.
Internet: Access the Catalyst Rx website **(www.catalystrx.com)**. Using the OGB plan member's Social Security number and birth date, log in to the member website and follow the instructions for New Enrollment on the Mail Service page to complete and submit an online enrollment form. Upon receipt, your enrollment will be processed within two business days.
Phone: Call Catalyst Rx toll-free at 1-866-358-9530. Enrollment is available Monday through Friday from 7 a.m. till 9 p.m. (CST) and Saturday from 8 a.m. until 4 p.m. (CST). Remember to have your health and allergy information as well as your prescription member ID card available prior to placing your call.

Submitting Prescriptions

Once you enroll, submitting new prescriptions is easy. Just send your completed Registration and Prescription Order Form to IPS along with a new prescription for any medications you wish to receive by mail. Each prescription can be written for up to a 90-day supply and must include the number of refills authorized by your physician (up to one year, if appropriate). If you do not have an original prescription to include with your enrollment, ask your physician to fax your prescription using the Prescription Fax Form found online. **The form must be faxed directly from your physician's office.**

Obtaining Refills

After you have enrolled and your prescriptions are established, you can order refills by mail, Internet or phone.
Mail: Mail the refill request slip you received with your previous order to IPS.
Internet: Register online at **www.catalystrx.com**. IPS requires a 48-hour processing time to activate your online account after initial registration.
Phone: Call Catalyst Rx toll-free at 1-866-358-9530 to access an automated refill service line, available 24 hours a day, seven days a week.

Remember to order your medications at least 14 days before your supply runs out to allow time for shipping and delivery, and include the appropriate co-payment with your order.

If you have questions, call Catalyst Rx Customer Service 24 hours a day, seven days a week, toll-free, at 1-866-358-9530.

Use Catalyst Rx website to compare prescription prices, access other useful info

Plan members enrolled in OGB's standard PPO, EPO and HMO health plans can check prices at area retail pharmacies using the prescription price comparison tool on the Catalyst Rx website. Catalyst Rx administers prescription drug benefits for OGB plan members.

Plan members can log in to the secure Catalyst Rx website to compare costs for both brand and generic drugs, with prices displayed from lowest to highest. The search results include the address and phone number of each pharmacy, along with maps and directions to each location.

The site also offers manufacturer guidelines for usage of each drug, therapeutic alternatives, details and forms to order prescriptions by mail, plus health and wellness information and a detailed prescription history for each OGB plan member. Plan members can also access a printable temporary ID card and printable claim and reimbursement forms.

Here's what to do...

- Go to **www.catalystrx.com**
- Enter the OGB plan member's Social Security number and date of birth, then press **Login.**
- Your personal member-specific home page will be displayed. Click on the options you choose.

If assistance is needed, contact Catalyst Rx Customer Service toll-free at 1-866-358-9530.

Two great OGB programs

OGB's goal is to help our plan members and their families stay healthy while making the most of the money they and OGB spend on health care. OGB offers two programs to assist you – the Living Well Louisiana *health management program (administered by Health Dialog) and the Diabetic Sense program (a CatalystRx program). These programs can help reduce your out-of-pocket health care costs while also helping to keep your OGB health plan healthy—which, in turn, helps keep your OGB health plan premiums as low as possible.*

Q. What is the Living Well Louisiana *health management program?*

A. The *Living Well Louisiana (LWL)* program helps eligible OGB plan members work together with their doctors to better manage these five ongoing health conditions:

- Diabetes;
- Heart disease;
- Heart failure;
- Asthma; and
- Chronic obstructive pulmonary disease (COPD).

The program is available to OGB plan members covered by the PPO, EPO (UnitedHealthcare) or HMO (Humana) health plans for whom Medicare is not the primary health coverage. To be eligible, a plan member must have been diagnosed with and receiving medical care for one or more of the five health conditions listed above.

Q. How does the program work and how much does it cost?

A. The *Living Well Louisiana* program offers access to health coaches 24 hours a day, seven days a week, plus printed and online educational materials and caring support—**at no additional cost** to you. *LWL* health coaches are specially trained registered nurses, pharmacists, respiratory therapists and dietitians. The *LWL* program also offers a prescription drug incentive to qualified plan members.

Q. What is the prescription drug incentive for LWL *participants?*

A. **The $1,200 out-of-pocket maximum is waived on drugs prescribed to eligible participants for treatment of the five conditions above. This means qualified plan members pay only $15 for brand-name drugs and $0 for generic drugs used to treat these conditions—but NOT other prescriptions.** This added benefit can save up to thousands of dollars each year!

Q. How can I qualify for the Living Well Louisiana *prescription drug incentive?*

A. Plan members must meet specific requirements to qualify, including claims processed by their OGB health plan that indicate a diagnosis of one or more of the conditions listed above and current and ongoing medical treatment for the condition or conditions. Participants must also be enrolled in the *Living Well Louisiana* program and remain actively engaged in working with *Living Well Louisiana* health coaches. **(When you are eligible for the prescription incentive, you will receive a letter from OGB congratulating you on your enrollment in the *Living Well Louisiana* program. This process can take up to several months from the time you enroll. Until then, you will not receive the *Living Well Louisiana* prescription drug incentive. The incentive is not retroactive and covers only prescriptions for the five conditions listed above.** The welcome packet of information you receive from Health Dialog should not be confused with the congratulations letter you receive from OGB indicating you are eligible for the prescription incentive.) OGB encourages eligible plan members who have been diagnosed with one or more of the five conditions listed above to call a *Living Well Louisiana* health coach toll-free at 1-800-383-0115 to enroll.

that help you stay healthy

Q. What is the Diabetic Sense *program and how can it help me?*

A. Living with diabetes can be an everyday challenge. You are the most important person in the management of your diabetes. To reduce your risk of diabetes-related complications and improve or maintain your quality of life, it's important to take an active role in working with your health care team through consistent blood glucose self-monitoring. The *Diabetic Sense* program encourages you to maintain a healthy, balanced lifestyle and take control of your diabetes by providing you with an accurate blood glucose monitoring system to check your blood sugar daily.

Q. How does the Diabetic Sense *program work?*

A. The program offers:

- Diabetic supplies (such as a glucometer, lancets, test strips and alcohol swabs) with a $0 co-payment;
- Convenient home delivery;
- Free glucometer exchange;
- Toll-free support hotline to diabetes specialists and registered pharmacists during business hours;
- Quarterly telephone testing reminders;
- Reorder reminders so you always have needed supplies on hand; and
- Educational materials.

Q. Who is eligible and how much does the Diabetic Sense *program cost?*

A. The program is available to PPO, EPO (UnitedHealthcare) or HMO (Humana) plan members diagnosed with diabetes. Because the *Diabetic Sense* program is part of your Catalyst Rx pharmacy benefit coverage, **at no additional cost** to you for participation. However, **standard co-payments apply for the purchase of insulin and other drugs prescribed for diabetes.**

Q. How can I enroll?

A. OGB encourages eligible OGB plan members to enroll in the *Diabetic Sense* program by calling 1-888-341-8582 (toll-free).

OGB plan members who transferred to a different health plan for 2009-10 will receive new ID cards. Plan members who did not change plans should continue using their current ID cards.

Availability of Notice of Privacy Practices

The Office of Group Benefits (OGB) maintains a Notice of Privacy Practices that tells you about the ways that we may collect, use, and disclose your protected health information and about your rights concerning your protected health information.

A copy of the notice is posted on OGB's website at **www.groupbenefits.org.** You can also obtain a copy of the notice by contacting an OGB Customer Service representative at 225-925-6625 in the Baton Rouge local calling area or 1-800-272-8451 (toll-free) outside the Baton Rouge local calling area. Or you can contact our HIPAA Compliance Unit as follows:

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