



Frequently Asked Questions

Q: When and how can I enroll?

A: Annual enrollment begins October 1 and ends October 31. Employees and retirees can enroll in one of three ways:

1. By visiting the online enrollment portal
2. By completing a paper enrollment form
3. By contacting human resources if you are an active employee or OGB if you are a retiree

Q: When can I review the new plans?

A: Active employees and retirees will be invited to attend any of 41 meetings around the state to get more information on the new plans and answers to any questions. If they are unable to attend one of the meetings, OGB is offering several webinars throughout October. Additionally, all plan members will receive a full decision guide and annual enrollment form in the mail with detailed information on all available plans. Beginning in mid-September, OGB will launch an annual enrollment website that offers plan details as well as an out-of-pocket cost calculator that will help members select the best plan for their circumstances. Finally, OGB plans to attend the Retired State Employee Association in October and is working with agency human resource departments to ensure everyone who works with members is fully trained and able to answer questions on the new plan offerings.

Q: A recent editorial said OGB's fund balance would have a zero balance by the end of the year. Is that true?

A: No. OGB's actuary predicts that OGB will have a \$118 million fund balance and a \$243 million cash balance at the end of FY15. That number is within OGB's target range for a healthy balance and is entirely appropriate for a plan of OGB's size.

OGB and its actuary have developed a formula for calculating an appropriate target balance. A variety of factors were used in the calculation and the recommendation was based on best practices of funds maintained by other insurance entities and the National Association of Insurance Commissioner's risk based capital standards for health insurance companies. Using those standards, an appropriate balance falls between the highest monthly disbursement during the past six months and two times OGB's average monthly disbursements during the same period. That puts a target balance currently at somewhere between \$113 million and \$226 million.

Q: A recent editorial said that if I break my leg, it'll cost me a month's pay. Is that true?

A: No. That information comes from an LFO report that went through several worst-case scenarios regarding OGB's plans. The broken leg scenario assumed that the member changed from the current HMO co-pay plan to the new Open Access deductible and co-insurance plan. OGB will continue to offer the same types of plans including a co-pay (HMO) plan, so it would be more accurate to illustrate the scenario based on ALL available options including comparing the current HMO to the new co-pay plan. Let's take a look at how that same scenario would play out if we made the proper comparison.

		Current HMO		New Local Plus Plan	
	Cost	Health Plan Pays	Member Pays	Health Plan Pays	Member Pays
Emergency Room plus three days inpatient hospital bill	\$17,000	\$16,700	\$300	\$16,700	\$300
Home Health Bill	\$3,000	\$3,000	\$0	\$2,500	\$500
Total	\$20,000	\$19,700	\$300	\$19,200	\$800

As you can see from the above information, if a member enrolls in the Magnolia Local Plus co-pay plan, the difference from year-to-year is \$500, not the \$2,600 that would be incurred if they switch a deductible plan. This \$500 difference from today is due to the addition of the small deductible that only applies when the co-pay does not.

Q: Is my network changing?

A: If you are enrolled in a Blue Cross plan, you will have access to the same nationwide network as last year. The only exception is if you choose to enroll in the Magnolia Local plan, which offers lower premiums in exchange for a local network in Baton Rouge, Shreveport or New Orleans.

Q: Why do our plans have new names?

A: As OGB added more plan offerings of the same plan type (multiple HMO plans, multiple CDHPs), it became confusing to name them the way we did in the past (HMO, PPO, CDHP). This year we categorized them and offered more details about plan specifics in the name. For example, the Pelican HRA 100 offers a \$1000 employer contribution into a health reimbursement account.

It's important that you take the time to review each of the 2015 offerings to ensure you are selecting the right coverage for your circumstances. The out-of-pocket cost calculator can help you see how each plan could affect your out-of-pocket costs depending on the type of care you need.

Q: Are you forcing me to move plans?

A: OGB is still offering HMO, PPO and consumer-driven health plans in 2015. While none of the 2015 plans are exactly the same as the plans offered in 2014, some of the choices are very similar. Because we are offering new options, we are requiring that all OGB members make a plan selection for 2015. If you are currently enrolled in a plan and do not make a selection by the end of the enrollment period, you will be moved into the Pelican HRA 1000 – a new, low premium plan that offers a nationwide network, state funding and an employer contribution that can be used to offsets out-of-pocket costs.

Q: Are you getting rid of the HMO plan?

A: No. OGB's HMO plan is historically its most popular. A similar plan will still be available as the Magnolia Local Plus option, with a few changes from the 2014 HMO offering. One is the addition of a deductible.

This year, there will be a \$500 deductible for in-network coverage for employee-only plans and a \$1,500 deductible for family plans. Additionally, OGB's Magnolia Local Plus option will not offer out-of-network coverage. However, unlike traditional HMO plans, OGB's Local Plus option offers coverage in a nationwide network, making it easy to stay in-network for care.

Q: What does it mean when there is no out-of-network coverage available?

A: Out-of-network coverage is coverage outside of your available network. OGB's plans offer Blue Cross's nationwide network, making it easy to stay in-network for your care. Several OGB plans also offer options for out-of-network care, including OGB's Pelican plans and the Magnolia Open Access plan. No matter which plan you choose, emergencies are covered both in and out of network.