



MEDICARE ADVANTAGE ENROLLMENT GUIDE FOR PLAN YEAR 2026

Medicare Retirees

RESOURCES / CONTACT INFORMATION

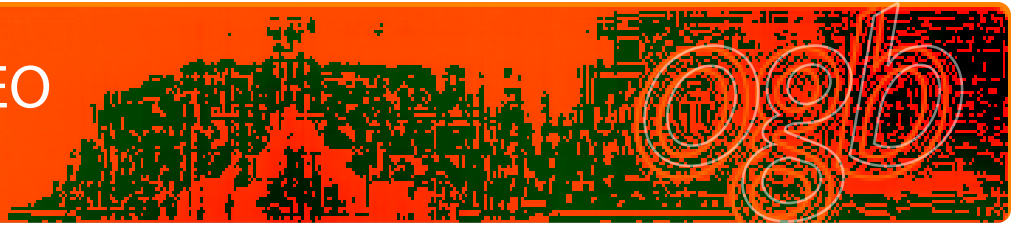
If you have any questions about annual enrollment, visit info.groupbenefits.org or call us at 1-800-272-8451. You can also contact our vendors with specific questions at the phone numbers below.

OGB Customer Service Hours: 8:00 AM - 4:30 PM Monday - Friday	1-800-272-8451	info.groupbenefits.org
Vendor	Customer Service	Website
Blue Advantage HMO Hours: 8:00 AM - 8:00 PM CT Seven days a week	1-866-508-7145 (TTY 711)	www.blueadvantage.bcbsla.com/ContactUS.aspx
Humana Hours: 7 a.m. – 7 p.m. CT Monday - Friday	1-877-889-9885 (TTY: 711)	www.Humana.com
Peoples Health Hours: 8:00 AM - 8:00 PM CT Seven days a week	1-866-912-8304	www.peopleshealth.com
Via Benefits Hours: 7:00 AM - 8:00 PM CT Monday - Friday	1-855-663-4228	my.ViaBenefits.com/ogb
Additional Information	Member Services	Website
Centers for Medicare & Medicaid (CMS) 24 Hours a day / 7 days a week	1-800-633-4227	www.medicare.gov
Social Security Administration	1-800-772-1213	www.ssa.gov

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Letter from the CEO



Dear OGB Enrollee,

When the OGB Annual Enrollment Guide went to print, contracts with our Medicare Advantage providers and the Medicare broker were still being finalized. Since then, we have completed some of those agreements and are now able to share this information with you in time for Annual Enrollment. Our goal is to ensure you have the details you need to review your options and make the best decision for your 2026 coverage.

For 2026, OGB will continue to offer Medicare Advantage plans through:

Blue Advantage

Humana

Peoples Health

We also received multiple bids for the Individual Medicare Marketplace with HRA contract. At the time of printing, those bids were still under review. Once a contract is awarded, we will send out additional information about the selected vendor.

In the following pages, you'll find details about each Medicare Advantage plan, along with an updated enrollment form. If you wish to make a change, simply complete the form and return it to OGB no later than December 7, 2025.

If you would like to keep your current health plan and covered dependents for 2026, no action is required—your coverage will automatically continue.

Thank you for being part of OGB. We appreciate the opportunity to serve you and are here to support you every step of the way.

Best regards,

Heath Williams
Chief Executive Officer
Office of Group Benefits

MEDICARE RETIREE MEETINGS SCHEDULE



Annual Enrollment is October 1 - November 15

Join us at any of the meetings listed below to get details about your options. **There are two classroom style presentations per day, each lasting about two hours.**

LSU First benefits will not be discussed at these meetings. Please contact LSU for information regarding LSU First annual enrollment meetings.

Interpreter for hearing-impaired members is available upon request submitted 48 hours in advance. Contact Customer Service at 1-800-272-8451.

****Please note new location of the Monroe & Hammond Meetings.****

DATE	LOCATION	START TIMES
October 1	University of Louisiana-Lafayette Cecil J. Picard Center 200 East Devalcourt Street, Lafayette, LA 70506	9:00 AM or 2:00 PM
October 1	Alexandria Convention Center 2225 N MacArthur Dr., Alexandria, LA 71303	9:00 AM or 2:00 PM
October 15	West Monroe Convention Center **NEW LOCATION** 901 Ridge Avenue, West Monroe, LA 71291	9:00 AM or 2:00 PM
October 15	State Police Training Academy Auditorium (BLDG. A) 7901 Independence Blvd., Baton Rouge, LA 70806	9:00 AM or 2:00 PM
October 22	Lake Charles Civic Center - Contraband Room 900 Lakeshore Drive, Lake Charles, LA 70602	9:00 AM or 2:00 PM
October 24	University of New Orleans (University Center Ballroom) 2000 Lakeshore Drive, New Orleans, LA 70148	9:00 AM or 2:00 PM
October 29	Southeastern Louisiana University Alumni Welcome Center 500 W University Ave, Hammond, LA 70401 **NEW LOCATION**	9:00 AM or 2:00 PM
October 29	Bossier City Civic Center 620 Benton Road, Bossier City, LA 71111	9:00 AM or 2:00 PM
November 5	Houma - Terrebonne Civic Center 346 Civic Center Blvd., Houma, LA 70360	9:00 AM or 2:00 PM

Visit info.groupbenefits.org or call 1-800-272-8451 for more information.

Medicare and Medicare Advantage



Important Information for Retirees: Annual Enrollment Periods for 2026

Annual Enrollment Opportunities:

- **Retiree Plan Changes:** Retirees can change their health plans during the annual enrollment period each year.
- **Medicare Options:** Retirees with both Medicare Part A and Part B have two choices:
 - Transfer to a Medicare Advantage health plan.
 - Choose an OGB secondary plan.

Enrollment Periods:

- **OGB Secondary Plan Enrollment:** Medicare retirees have until November 15, 2025, to select an OGB secondary plan.
- **Medicare Advantage Plan Enrollment:** Medicare retirees can enroll in a Medicare Advantage plan from October 15 to December 7, 2025.

Eligibility Requirements:

- **Medicare Parts A & B:** All plan members must have Medicare Parts A and B to enroll in a Medicare Advantage plan.

Important Note on Part D Coverage:

- **Part D Coverage:** All OGB Blue Cross plans include Part D coverage.
- **Dis-enrollment Warning:** If you enroll in a separate Medicare Part D plan while already enrolled in an OGB Blue Cross plan, you will be automatically dis-enrolled from the entire OGB plan.

Ensure you make informed decisions during these enrollment periods to maintain the healthcare coverage that best meets your needs.

Medicare Advantage Plans

Choosing a Medicare Advantage plan (Part C) can offer comprehensive coverage and streamlined administration of your Medicare benefits. Here's what you need to know:

- **Consolidated Coverage:** With a Medicare Advantage plan, you receive all your Medicare Part A and B coverage through an insurance company instead of directly through Medicare. This includes hospital insurance (Part A) and medical insurance (Part B) benefits.
- **Single Policy Administration:** Your medical services, including hospital stays, doctor visits, and other healthcare services, are covered and administered through a single policy provided by the insurance company offering the Medicare Advantage plan.
- **Medicare Program Membership:** Enrolling in a Medicare Advantage plan keeps you within the Medicare program. You're still required to pay your monthly Medicare Part B premium.
- **Additional Benefits:** Many Medicare Advantage plans offer additional benefits beyond original Medicare, such as prescription drug coverage, vision, dental, and wellness programs.

By choosing a Medicare Advantage plan, you can simplify your healthcare coverage and potentially gain access to additional benefits tailored to your needs. It's essential to review the specifics of each plan to ensure it aligns with your healthcare requirements and preferences.

Be careful of TV advertisements and mail or phone solicitations for Medicare Advantage Plans. If you are unsure about any communication you receive concerning Medicare Advantage plans, call OGB Customer Service at 1-800-272-8451 for assistance. Our Customer Service staff will be able to tell you if the plan is an OGB-sponsored plan or not.

IMPORTANT! If you choose an OGB-sponsored Medicare Advantage Plan, you will retain the option to return to another OGB-sponsored plan during the next annual enrollment period. If you enroll in a Medicare Advantage Plan NOT sponsored by OGB, you will not be allowed to return to an OGB-sponsored Plan. Both the member and covered dependent MUST maintain Medicare Parts A & B in order to be eligible for enrollment in a Medicare Advantage plan.

Medicare Advantage Backed by Blue!

Louisiana Blue has been a trusted protector of Louisianans' health since 1934. With Blue adVantage (HMO), you can access a comprehensive, local healthcare plan that combines medical, hospital and prescription drug coverage with additional benefits such as dental, vision, hearing, and fitness services — all in one convenient package.

Key features of Blue adVantage (HMO) include:

- **Comprehensive Coverage:** Integrated medical, hospital, and prescription drug coverage.
- **Additional Health Services:** Coverage for dental, vision, hearing, and fitness needs.
- **Prepaid Flex Card:** Use this card at participating retailers for eyewear and over-the-counter health-related products.
- **No-Cost Online Visits:** Free online primary care provider visits for easy access to care.
- **Member Rewards:** Earn rewards for completing select wellness activities.
- **Local Choice:** A plan designed to meet the needs of Louisiana residents with local support and services.

Medicare Plan Blue adVantage	
Covered Benefit	Blue adVantage HMO
Plan Year Deductible	\$0
Maximum Out-of-pocket Expense (In-Network)	\$2,000
Maximum Out-of-pocket Expense (Out-of-Network)	N/A
Office Visit - Primary Care / Specialist	\$0/\$20 copay per visit
Emergency Room	\$50 ER copay per visit
Inpatient Hospital	\$50 copay each day for days 1-10 and \$0 copay each day for days 11-90
Prescription Drugs (Part D)	
Tier 1	\$5 copay
Tier 2	\$10 copay
Tier 3	\$25 copay
Tier 4	\$50 copay
Tier 5	20%
You may view the formulary at: Website: lablue.com/blueadvantage	
Additional Benefits	
Hearing Aids	\$0 copay for routine hearing exam \$800 towards prescription hearing aids (once every 3 years)
Dental	\$0 copay for preventive dental, includes 2 cleanings, 2 exams, 2 fluoride treatments and 1 x-ray; \$2,200 maximum benefit for preventive and comprehensive dental per year
Eye-wear	\$300 allowance for glasses or contact lenses per year
Over-the-Counter (OTC) Allowance	\$50 per quarter OTC benefit for health-related products
On-line Primary Care Provider Visits	\$0 copay for qualifying online provider visits

Medicare Plan through Humana

Humana is excited to present the benefits available for 2026! When selecting an OGB-sponsored plan, make sure to compare benefits and rates to find the option that best suits your needs. Humana's HMO service area covers all parishes in Louisiana, ensuring comprehensive local coverage.

Key Features of Humana's 2026 HMO Plan:

- **Statewide Coverage:** Available across all parishes in Louisiana.
- **Comprehensive Benefits:** Inclusive coverage for medical, hospital, and prescription drug needs.
- **Additional Services:** Includes dental, vision, hearing, and wellness programs.

For more detailed information or to get your questions answered:

Call Humana: 877-889-9885 (TTY: 711), Monday to Friday, 7 am – 8 pm CT

Medicare Plan through Humana	
Covered Benefit	Humana Medicare Advantage Employer HMO Plan
Plan Year Deductible	\$0
Maximum Out-of-pocket Expense	\$2,000
Office Visit Primary Care / Specialist	\$0 / \$10 copay per visit
Emergency Room	\$50 Copay; waived if admitted within 24 hours
Inpatient Hospital	\$50 Copay per day (days 1-10)
Prescription Drugs (Part D) - \$2,100 out-of-pocket maximum on prescription drugs	
Tier 1 - Preferred Generics and Generics	\$0
Tier 2 - Preferred Brand	\$20
Tier 3 - Non-Preferred Brand	\$40
Tier 4 - Specialty	20%
You may view or request a formulary at: Humana.com or call Humana: 877-889-9885 (TTY: 711)	
Additional Benefits	
Transportation	\$0 copayment Post-Discharge Transportation. For plan approved location up to 12 one-way trip(s) per facility discharge by car, van, wheelchair access vehicle. Benefit not to exceed 50 miles per trip.
Routine Hearing Exam	\$25 copay for fitting/evaluation, routine hearing exams up to 1 per year. \$2,000 maximum benefit coverage for hearing aids up to 2, every 3 years
Routine Vision	100% for routine exam, up to 1 per year
Meals After Inpatient Stay	28 meals available post-discharge
Routine Dental	\$500 maximum benefit coverage amount per year for all preventive and comprehensive benefits.
Silver Sneakers	A total health and physical activity program included in your plan at no extra cost. www.silversneakers.com

Medicare Plan through Peoples Health Plan

The Peoples Health plan for Office of Group Benefits offers all the benefits covered by Medicare, plus additional benefits like:

- Part D Rx drug coverage with \$0 tier 1 & tier 2 generics
- Complimentary fitness center membership
- Respite care for members diagnosed with dementia
- Routine dental, hearing and vision care
- \$0 meals after eligible hospital stays

Founded in Louisiana, Peoples Health offers coordinated and personalized service tailored to your needs. Peoples Health has served OGB retirees since 2008.

Medicare Plan through Peoples Health	
Covered Benefit	Peoples Health HMO-POS
Plan Year Deductible	\$0
Maximum Out-of-pocket Expense (In-Network)	\$2,500 for Medicare-covered Part A and Part B services
Maximum Out-of-pocket Expense (Out-of-Network)	There is no out-of-network maximum. Out-of-network services do not count towards the in-network maximum.
Office Visit - Primary Care / Specialist	\$0 copay per visit with network primary care provider; \$10 specialist providers; referrals are required for in-network specialist physician services, occupational therapy, physical therapy, speech-language pathology therapy and other healthcare professional visits ; 20% coinsurance per visit with out-of-network providers
Emergency Room	\$50 copay per visit, including for worldwide emergency services
Inpatient Hospital	\$50 copay per day (days 1-10) with network providers; Medicare-defined cost-sharing with out-of-network providers, (released by Medicare in October 2025)
Prescription Drugs (Part D)	
Tier 1	\$0 copay
Tier 2	\$0 copay
Tier 3	\$20 copay (30-day supply)
Tier 4	\$40 copay (30-day supply)
Tier 5	20% coinsurance
You may view the Peoples Health list of covered drugs at www.peopleshealth.com	
Additional Benefits	
Preventive Dental	\$0 copay for oral exams, cleanings, and X-rays from network providers; coverage frequency varies. Out-of-network services may have higher costs.
Comprehensive Dental	\$0 copay - 50% coinsurance for comprehensive services from network providers; coverage frequency varies by service. Covered up to \$2,000 per year for comprehensive and preventive services. Out-of-network dental services may have higher costs
Diagnostic Hearing Exam	\$10 copay for each Medicare-covered diagnostic hearing exam and \$0 copay for each routine hearing exam from network providers; 20% coinsurance for each Medicare-covered exam from out-of-network providers.
Meal Benefit	\$0 copay for home-delivered meals from the network meal provider after an eligible hospital stay. Restrictions apply.
Respite Care	\$0 copay for each session with the network respite care provider, up to 12 sessions every year. This benefit is for members diagnosed with dementia. Restrictions apply.
Eye-wear	\$0 copay for one pair of standard lenses for routine correction each year from network providers; plan pays up to \$200 every year for frames or contact lenses from network providers.

How to Enroll



All Medicare Retirees

There are three ways to change a health plan. Choose one that works best for you:

1. Online Enrollment Portal:

- Visit OGB's annual enrollment web portal at enroll.groupbenefits.org.
- Log in using your insurance cards and identification numbers, such as your date of birth and Social Security number.
- Follow the prompts to change or update your health plan selections.

This method is convenient for those who prefer to manage their enrollment online.

2. Annual Enrollment Form:

- Complete the annual enrollment form provided by OGB (found on page 51 of the enrollment materials).
- Ensure all required information is filled out accurately.
- Return the form to the address provided by the specified deadline, which is November 15.

This option is suitable for those who prefer to submit physical paperwork.

3. Written Letter Submission:

- Draft a dated and signed letter to OGB detailing the changes or updates you wish to make to your health plan.
- Include your Social Security number and any new dependent information, such as name, birth date, and Social Security number.
- Attach any necessary dependent verification documentation, such as marriage or birth certificates.
- Submit the letter via mail, email, or fax to the Office of Group Benefits using the following contact details:
 - Mail to: Office of Group Benefits, Annual Enrollment, P.O. Box 44036, Baton Rouge, LA 70804
 - Email to: OGB.CustomerService@la.gov
 - Fax to: (225) 342-9917 or (225) 342-9919

This method offers flexibility for those who prefer written communication.

Please note: If you choose to discontinue your OGB coverage entirely, it's important to understand that you may not be able to reinstate it in the future.

IMPORTANT! If you would like to remain in your current OGB health plan with the same covered dependents for the 2026 Plan Year, you do not need to do anything. Your coverage will continue for the 2026 Plan Year.

OFFICE OF GROUP BENEFITS
2026 ANNUAL ENROLLMENT FORM
Retirees with Medicare
(Please Print Clearly)

Plan Member's Name: _____

Address: _____

City, State, ZIP: _____

SSN: _____ Phone: (____) _____

Personal email address: _____

NO ACTION IS NECESSARY IF YOU DO NOT WISH TO MAKE A CHANGE.

IF YOU WISH TO MAKE A CHANGE, PLEASE MARK ONE AND ONLY ONE SELECTION

BY PLACING AN (X) IN THE APPROPRIATE BOX

OGB Sponsored Medicare Advantage Plans

☐

**Blue adVantage Medicare Advantage
HMO Plan**

Retiree and all covered dependents must have both
Medicare A and Medicare B

☐

Humana HMO Medicare Advantage Plan

Retiree and all covered dependents must have both
Medicare A and Medicare B

☐

**Peoples Health Medicare Advantage HMO
Plan**

Retiree and all covered dependents must have both
Medicare A and Medicare B

Via Benefits*

Retiree and all covered dependents must have both Medicare A and Medicare B

(*Enrollment is conducted through Via Benefits.

Please call 1-855-663-4228 or visit my.ViaBenefits.com/ogb to enroll.)

PLEASE MAIL OR FAX THIS FORM TO OGB BY NOVEMBER 15, 2025.

By Mail: Office of Group Benefits
Annual Enrollment
P.O. Box 44036
Baton Rouge, LA 70804

By Email: OGB.CustomerService@la.gov

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

Plan Member's Signature (required)

Date

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How to Read Your Benefits Comparison

Your Benefits Comparison has 3 main sections:

Cost Comparison

1 A comparison of the different Copays, Coinsurance, and Deductibles across offered plans. A Copay is a fixed payment for a covered service, and does not count toward your Deductible. A Coinsurance is the amount you pay for certain services after you have met your deductible. A Deductible is the amount you pay annually before your insurance begins to pay.

Out-of-Pocket Comparison

2 A comparison of the different Out-of-Pocket Maximums across offered plans. An Out-of-Pocket Maximum is the most you'll have to pay annually for health care services. Deductibles, Copays, Coinsurance and other medical expenses count toward your Out-of-Pocket Maximum. Your monthly premium does not.

Plan Benefits Summary

3 A high-level comparison of the benefits offered across each plan. Use to compare the different Copays, Coinsurance and Deductibles you may be responsible for when using different medical and pharmacy benefits. **This comparison chart is a summary of plan features and is presented for general information only. For a complete list of plan features, please review the plan documents posted on-line at info.groupbenefits.org.**

NOTE: This section also breaks down plans for Medicare Advantage, plans for retirees with Medicare (retirement date before March 1, 2015), and plans for retirees with Medicare (retirement date ON or AFTER March 1, 2015)

Choose a Plan Structure and Network: Some plan types allow you to use almost any doctor or health care facility. Others limit your choices, have no out-of-network coverage or charge you more if you use providers outside the network.

Compare Out-of-Pocket Costs

You may want a plan with low out-of-pocket costs if:

- You see a doctor, such as a specialist, on a regular basis
- You frequently need emergency care
- You take expensive or brand-name medications on a regular basis
- You have a planned surgery coming up
- You've recently been diagnosed with a chronic condition such as diabetes or cancer

You may want a plan with higher out-of-pocket costs if:

- You cannot afford a plan with lower out-of-pocket costs
- You are in good health and rarely see a doctor
- You rarely participate in activities with a high risk of injury

Compare Covered Benefits

- Compare the Copay, Coinsurance and Deductible of any planned services or procedures for the upcoming plan year.
- See if your physician or preferred facility is covered under each plan by visiting lablue.com
- Review your prescription cost across plans by searching the formularies for each plan. If you are on maintenance medications, consider mail order to reduce costs.

Medicare Advantage HMO Plans
Benefits Comparison
Benefits effective January 1, 2026 - December 31, 2026

	Blue adVantage (HMO)	Humana Medicare Advantage Employer HMO	Peoples Health HMO-POS
	Network	Network	Network <i>Some services are covered out-of- network. Out-of-network costs vary.</i>
	You Pay	You Pay	You Pay
Deductible			
RETIREE	\$0	\$0	\$0
RETIREE + 1	\$0	\$0	\$0
Out-of-Pocket Maximum			
RETIREE	\$2,000 per member	\$2,000 per member	\$2,500 per member for Medicare-covered Part A and Part B services
RETIREE + 1			
Physicians’ Services	The Plan Pays		
Primary Care Physician or Specialist Office Visit- Treatment of illness or injury	100% coverage after a \$0 PCP copay or \$20 SPC copay	PCP -100% after \$0 Copay Specialist - 100% after \$10 Copay	100% coverage after \$0 PCP or \$10 specialist copay per visit.; referrals are required for in-network specialist physician services and other health care professional visits
Medicare A & B Covered Preventative Care in a Primary Care Physician or Specialist Office or Clinic For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan	100% coverage	100% coverage	100% coverage
Physician Services for Emergency Room Care	100% coverage	100% coverage	100% coverage
Allergy Shots and Serum	100% coverage after \$0 copay	PCP -100% after \$0 Copay Specialist - 100% after \$10 Copay	95% coverage
Outpatient Surgery/Services when billed as office visits	100% coverage	PCP - 100% after \$0 Copay Specialist - 100% after \$10 Copay	100% coverage after \$0 PCP copay per visit; 100% coverage after \$10 specialist copay per visit
Inpatient Services Inpatient care, delivery and inpatient short-term acute rehabilitation services	\$50 copay each day for days 1-10 and \$0 copay each day for days 11-90	100% after \$50 copay per day (days 1 - 10)	100% coverage after \$50 copay per day (days 1-10)
Outpatient Surgery/Services Hospital/Facility	100% coverage	100% coverage	100% coverage
Emergency Room Care - Hospital Treatment of an emergency medical condition or injury	100% coverage after \$50 copay; waived if admitted	100% after \$50 copay; waived if admitted within 24 hours	100% coverage after \$50 copay per visit; waived if admitted within 24 hours
Behavioral Health	The Plan Pays		
Mental Health and Substance Abuse Inpatient Facility	100% after \$25 copay days 1-5	100% after \$25 copay per day (days 1 - 5); 190 day lifetime limit in a psychiatric facility	100% coverage after \$25 copay per day (days 1-5)
Mental Health and Substance Abuse Outpatient Visits - Professional	100% coverage after mental health outpatient \$10 copay / substance abuse outpatient \$20 copay	100% coverage	100% coverage

Medicare Advantage HMO Plans
Benefits Comparison
Benefits effective January 1, 2026 - December 31, 2026

	Blue adVantage (HMO)	Humana Medicare Advantage Employer HMO	Peoples Health HMO-POS
	Network	Network	Network <i>Some services are covered out-of-network. Out-of-network costs vary.</i>
Other Coverage	The Plan Pays		
Outpatient Acute Short-Term Rehabilitation Services Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	100% coverage	100% coverage	100% coverage ; referrals are required for in-network occupational therapy, physical therapy and speech-language pathology therapy
Chiropractic Care	100% coverage after \$20 copay	100% after \$10 copay (Medicare Covered)	100% coverage after \$10 copay per visit
Vision Exam (routine)	100% coverage; one exam per year	100% coverage; one exam per year.	100% coverage; 1 exam per year
Urgent Care Center	100% coverage after \$10 copay	100% coverage after \$10 copay per visit	100% coverage after \$5 copay per visit
Home Health Care Services	100% coverage	100% (Excludes Personal Home Care)	100% coverage
Skilled Nursing Facility Services	100% coverage after \$0 copay for days 1-20 and \$25 for days 21-100	100% per day (days 1 - 20); \$25 copay per day (days 21 - 100)	100% coverage days 1-20 100% coverage after \$25 copay per day, days 21+
Hospice Care	Covered by Medicare	Covered by Medicare	Covered by Medicare
Durable Medical Equipment (DME) –Rental or Purchase	95% coverage	DME Provider - 95% coverage Pharmacy - 100% coverage	95% coverage
Transplant Services	100% coverage after \$50 copay per day (days 1-10)	See Inpatient Services; requires prior authorization	100% coverage after \$50 copay per day (days 1-10) for the inpatient stay associated with the transplant
Pharmacy	You Pay		
Tier 1 - Preferred Generic	\$5(3 months)	\$0 copay (Generic/Preferred Generic)	\$0 copay
Tier 2 - Generic	\$10 (3 months)	\$20 copay (Preferred Brand)	\$0 copay
Tier 3 - Preferred Brand	\$25 (3 months)	\$40 copay (Non-Preferred Brand)	\$20 copay (30-day supply)
Tier 4 - Non-Preferred Drug	\$50 (3 months)	20% coinsurance (Specialty) Limited to 30-day supply	\$40 copay (30-day supply)
Tier 5 - Specialty Tier	20% coinsurance	N/A	20% coinsurance

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage.

The benefits outlined in this document were provided by HMO Louisiana (Blue Advantage), Humana, and Peoples Health; OGB is not responsible for the accuracy of this information.

NOTE: Prior authorizations, visit limits and age and/or time restrictions may apply to some benefits - refer to your official plan document for details.

All services are subject to the terms of the Plan document.

NOTES

[illegible]




RATE SHEETS



OFFICE OF GROUP BENEFITS
MEMBER-ONLY SHARE OF MONTHLY PREMIUM RATES
ALL OGB-PARTICIPATING AGENCIES

Rates for Medicare Advantage plans effective January 1, 2026 (75% employer participation level)

	Humana HMO (Region 1)	Humana HMO (Region 2)	Humana HMO (Region 3)	Humana HMO (Region 4)	Humana HMO (Region 5)
	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$23.63	\$60.15	\$51.26	\$51.45	\$50.56
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$47.26	\$120.29	\$102.52	\$102.89	\$101.11
	Humana HMO (Region 6)	Humana HMO (Region 7)	Humana HMO (Region 8)	Humana HMO (Region 9)	Peoples Health HMO-POS (All Regions)
	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Peoples Health
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$63.33	\$65.87	\$65.83	\$59.69	\$94.51
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$126.66	\$131.74	\$131.65	\$119.38	\$189.02
	Blue Advantage HMO (Region 1)	Blue Advantage HMO (Region 2)	Blue Advantage HMO (Region 3)	Blue Advantage HMO (Region 4)	Blue Advantage HMO (Region 5)
	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$64.75	\$61.50	\$67.00	\$54.50	\$83.50
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$129.50	\$123.00	\$134.00	\$109.00	\$167.00
	Blue Advantage HMO (Regions 6, 7, & 8)	Blue Advantage HMO (Region 9)			
	Insured by HMO Louisiana	Insured by HMO Louisiana			
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$73.75	\$80.50			
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$147.50	\$161.00			


For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

- Region 1: Orleans, Saint Bernard, Plaquemines and Jefferson Parishes
- Region 2: East Baton Rouge, West Baton Rouge, Livingston, Ascension, Iberville, Pointe Coupee, East Feliciana and West Feliciana Parishes
- Region 3: Lafourche, Saint John, Saint Charles, Saint James, Assumption and Terrebonne Parishes
- Region 4: Lafayette, Evangeline, Saint Landry, Acadia, Saint Martin, Iberia, Vermilion and Saint Mary Parishes
- Region 5: Beauregard, Allen, Calcasieu, Jefferson Davis and Cameron Parishes
- Region 6: Vernon, Sabine, Natchitoches, Winn, Grant, Rapides, LaSalle, Catahoula, Concordia and Avoyelles Parishes
- Region 7: Caddo, Bossier, Webster, Claiborne, Bienville, Red River and DeSoto Parishes
- Region 8: Ouachita, Union, Lincoln, Jackson, Caldwell, Richland, Morehouse, Franklin, West Carroll, East Carroll, Madison and Tensas Parishes
- Region 9: Washington, Saint Tammany, Saint Helena and Tangipahoa Parishes



OFFICE OF GROUP BENEFITS
MEMBER-ONLY SHARE OF MONTHLY PREMIUM RATES
ALL OGB-PARTICIPATING AGENCIES

Rates for Medicare Advantage plans effective January 1, 2026 (56% employer participation level)

	Humana HMO (Region 1)	Humana HMO (Region 2)	Humana HMO (Region 3)	Humana HMO (Region 4)	Humana HMO (Region 5)
	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$41.59	\$105.86	\$90.22	\$90.55	\$88.98
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$83.19	\$211.72	\$180.44	\$181.10	\$177.95
	Humana HMO (Region 6)	Humana HMO (Region 7)	Humana HMO (Region 8)	Humana HMO (Region 9)	Peoples Health HMO-POS (All Regions)
	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Peoples Health
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$111.46	\$115.94	\$115.86	\$105.05	\$166.34
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$222.92	\$231.87	\$231.71	\$210.11	\$332.68
	Blue Advantage HMO (Region 1)	Blue Advantage HMO (Region 2)	Blue Advantage HMO (Region 3)	Blue Advantage HMO (Region 4)	Blue Advantage HMO (Region 5)
	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$113.96	\$108.24	\$117.92	\$95.92	\$146.96
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$227.92	\$216.48	\$235.84	\$191.84	\$293.92
	Blue Advantage HMO (Regions 6, 7, & 8)	Blue Advantage HMO (Region 9)			
	Insured by HMO Louisiana	Insured by HMO Louisiana			
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$129.80	\$141.68			
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$259.60	\$283.36			


For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

- Region 1: Orleans, Saint Bernard, Plaquemines and Jefferson Parishes
- Region 2: East Baton Rouge, West Baton Rouge, Livingston, Ascension, Iberville, Pointe Coupee, East Feliciana and West Feliciana Parishes
- Region 3: Lafourche, Saint John, Saint Charles, Saint James, Assumption and Terrebonne Parishes
- Region 4: Lafayette, Evangeline, Saint Landry, Acadia, Saint Martin, Iberia, Vermilion and Saint Mary Parishes
- Region 5: Beauregard, Allen, Calcasieu, Jefferson Davis and Cameron Parishes
- Region 6: Vernon, Sabine, Natchitoches, Winn, Grant, Rapides, LaSalle, Catahoula, Concordia and Avoyelles Parishes
- Region 7: Caddo, Bossier, Webster, Claiborne, Bienville, Red River and DeSoto Parishes
- Region 8: Ouachita, Union, Lincoln, Jackson, Caldwell, Richland, Morehouse, Franklin, West Carroll, East Carroll, Madison and Tensas Parishes
- Region 9: Washington, Saint Tammany, Saint Helena and Tangipahoa Parishes



OFFICE OF GROUP BENEFITS
MEMBER-ONLY SHARE OF MONTHLY PREMIUM RATES
ALL OGB-PARTICIPATING AGENCIES

Rates for Medicare Advantage plans effective January 1, 2026 (38% employer participation level)

	Humana HMO (Region 1)	Humana HMO (Region 2)	Humana HMO (Region 3)	Humana HMO (Region 4)	Humana HMO (Region 5)
	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$58.61	\$149.17	\$127.12	\$127.59	\$125.38
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$117.22	\$298.33	\$254.25	\$255.18	\$250.75
	Humana HMO (Region 6)	Humana HMO (Region 7)	Humana HMO (Region 8)	Humana HMO (Region 9)	Peoples Health HMO-POS (All Regions)
	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Peoples Health
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$157.06	\$163.36	\$163.25	\$148.03	\$234.38
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$314.12	\$326.73	\$326.50	\$296.06	\$468.77
	Blue Advantage HMO (Region 1)	Blue Advantage HMO (Region 2)	Blue Advantage HMO (Region 3)	Blue Advantage HMO (Region 4)	Blue Advantage HMO (Region 5)
	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$160.58	\$152.52	\$166.16	\$135.16	\$207.08
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$321.16	\$305.04	\$332.32	\$270.32	\$414.16
	Blue Advantage HMO (Regions 6, 7, & 8)	Blue Advantage HMO (Region 9)			
	Insured by HMO Louisiana	Insured by HMO Louisiana			
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$182.90	\$199.64			
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$365.80	\$399.28			

For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

Region 1: Orleans, Saint Bernard, Plaquemines and Jefferson Parishes

Region 2: East Baton Rouge, West Baton Rouge, Livingston, Ascension, Iberville, Pointe Coupee, East Feliciana and West Feliciana Parishes

Region 3: Lafourche, Saint John, Saint Charles, Saint James, Assumption and Terrebonne Parishes

Region 4: Lafayette, Evangeline, Saint Landry, Acadia, Saint Martin, Iberia, Vermilion and Saint Mary Parishes

Region 5: Beauregard, Allen, Calcasieu, Jefferson Davis and Cameron Parishes

Region 6: Vernon, Sabine, Natchitoches, Winn, Grant, Rapides, LaSalle, Catahoula, Concordia and Avoyelles Parishes

Region 7: Caddo, Bossier, Webster, Claiborne, Bienville, Red River and DeSoto Parishes


Region 8: Ouachita, Union, Lincoln, Jackson, Caldwell, Richland, Morehouse, Franklin, West Carroll, East Carroll, Madison and Tensas Parishes

Region 9: Washington, Saint Tammany, Saint Helena and Tangipahoa Parishes



OFFICE OF GROUP BENEFITS
MEMBER-ONLY SHARE OF MONTHLY PREMIUM RATES
ALL OGB-PARTICIPATING AGENCIES

Rates for Medicare Advantage plans effective January 1, 2026 (19% employer participation level)

	Humana HMO (Region 1)	Humana HMO (Region 2)	Humana HMO (Region 3)	Humana HMO (Region 4)	Humana HMO (Region 5)
	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$76.57	\$194.88	\$166.08	\$166.69	\$163.80
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$153.14	\$389.76	\$332.16	\$333.38	\$327.60
	Humana HMO (Region 6)	Humana HMO (Region 7)	Humana HMO (Region 8)	Humana HMO (Region 9)	Peoples Health HMO-POS (All Regions)
	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Humana	Insured by Peoples Health
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$205.19	\$213.43	\$213.28	\$193.40	\$306.21
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$410.38	\$426.85	\$426.56	\$386.79	\$612.42
	Blue Advantage HMO (Region 1)	Blue Advantage HMO (Region 2)	Blue Advantage HMO (Region 3)	Blue Advantage HMO (Region 4)	Blue Advantage HMO (Region 5)
	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana	Insured by HMO Louisiana
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$209.79	\$199.26	\$217.08	\$176.58	\$270.54
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$419.58	\$398.52	\$434.16	\$353.16	\$541.08
	Blue Advantage HMO (Regions 6, 7, & 8)	Blue Advantage HMO (Region 9)			
	Insured by HMO Louisiana	Insured by HMO Louisiana			
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	\$238.95	\$260.82			
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	\$477.90	\$521.64			

For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

Region 1: Orleans, Saint Bernard, Plaquemines and Jefferson Parishes

Region 2: East Baton Rouge, West Baton Rouge, Livingston, Ascension, Iberville, Pointe Coupee, East Feliciana and West Feliciana Parishes

Region 3: Lafourche, Saint John, Saint Charles, Saint James, Assumption and Terrebonne Parishes

Region 4: Lafayette, Evangeline, Saint Landry, Acadia, Saint Martin, Iberia, Vermilion and Saint Mary Parishes

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*Alternative Coverage, Legal Information
and Terms & Conditions*

Alternative Coverage



Louisiana Children's Health Insurance Program (LaCHIP)

LaCHIP is a health insurance program designed to bring quality health care to currently uninsured youth up to the age of 19 in Louisiana. Certain dependents can qualify for coverage under LaCHIP using higher income standards. LaCHIP provides Medicaid coverage for doctor visits for primary care as well as preventive and emergency care, immunizations, prescription medications, hospitalization, home health care and many other health services. LaCHIP provides health care coverage for the dependents of Louisiana's working families with moderate and low incomes. A renewal of coverage is done after each 12-month period.

For complete information about eligibility and benefits, call toll free 1-877-2LaCHIP (1-877-252-2447). Representatives are available Monday - Friday 7:00 a.m. to 5:00 p.m. Central Time. You may also learn more by visiting the Louisiana Department of Health (LDH) website at **ldh.la.gov**.

Health Insurance Marketplace

You may also qualify for a lower cost health insurance plan through the Health Insurance Marketplace under the Affordable Care Act. To find out if you qualify, visit **www.healthcare.gov**.

Legal



Special Enrollment under HIPAA

Under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), if you originally decline enrollment for yourself or your eligible dependents (including your spouse) for certain reasons, or if certain events occur, you may in the future be able to enroll yourself and your dependents in an OGB health plan under HIPAA special enrollment, provided that you request enrollment within 30 days after the qualified life event, or such longer period allowed by federal law. The HIPAA special enrollment events are defined by federal law.

If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, or other events defined by federal HIPAA law, you may be able to enroll yourself and your eligible dependents under special enrollment, provided that you request enrollment within 30 days of acquiring the new dependent. The effective date of coverage for adding a dependent under such special enrollment is the date of the event. You can review the list of OGB Plan-Recognized Qualified Life Events at info.groupbenefits.org.

COBRA - Continuation of Coverage

COBRA gives a plan participant and eligible dependents the right to choose to continue OGB health plan coverage for limited periods of time when coverage is lost under circumstances, defined by federal law, such as certain voluntary or involuntary job loss, reduction in hours worked, transition between jobs, death, divorce, and other life events. Individuals who choose COBRA continuation coverage are required to pay 102% of the entire premium for coverage in most situations. Contact your human resources representative of your employing agency.

Terms and Conditions



In this section, "I" refers to the covered employee/retiree.

I understand that it is my responsibility to review the most recent enrollment guide. It is my responsibility to review any applicable Plan communications that are available and applicable to me (including plan documents posted electronically at info.groupbenefits.com) at the time of my decision, and to determine the OGB option that best meets my or my family's health coverage 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 at any time join or discontinue participation in the network for an OGB health plan, and this is not an OGB Plan-Recognized Qualified Life Event.
- I understand that the costs of prescription drugs may change during a Plan Year and that these changes are not an OGB Plan-Recognized Qualified Life 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 an OGB Plan-Recognized Qualified Life Event.
- I understand that by electing coverage I am authorizing my employer to deduct from my compensation or 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, and that coverage for any newly added dependents will start only if I provide the required verification documentation for those dependents by the applicable deadline. Newly-acquired dependent coverage for HIPAA Special Enrollment Events is retroactive to the date of the OGB Plan-Recognized Qualified Life Event if verified by the applicable deadline.
- I understand that I am responsible for the cost of benefits used by me or my covered dependent(s) after the termination date of coverage.
- I understand that it is my responsibility to verify that the correct deduction is taken from my compensation and to immediately notify my employer if it is not correct.
- I understand that if I miss the deadline to add a dependent or submit verification documentation, I will not be able to add the dependent until the next annual enrollment period, or until I experience a subsequent OGB Plan-Recognized Qualified Life Event that would enable me to make such a change.
- I understand that intentional misrepresentation or fraudulent falsification of information (including verification documentation submitted when dependents are added) may subject me to penalties and possible legal action and, in the case of adding dependents, may result in termination of coverage and recovery of payments made by OGB for ineligible dependents.
- 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.
- This enrollment guide is presented for general information only. It does not constitute legal advice. It is not a benefit plan, nor is it intended to be construed as a benefit plan document. If there is any inconsistency between this guide and the benefit plan documents and Schedule of Benefits, the FINAL benefit plan documents and Schedule of Benefits will govern the benefits and plan payments.

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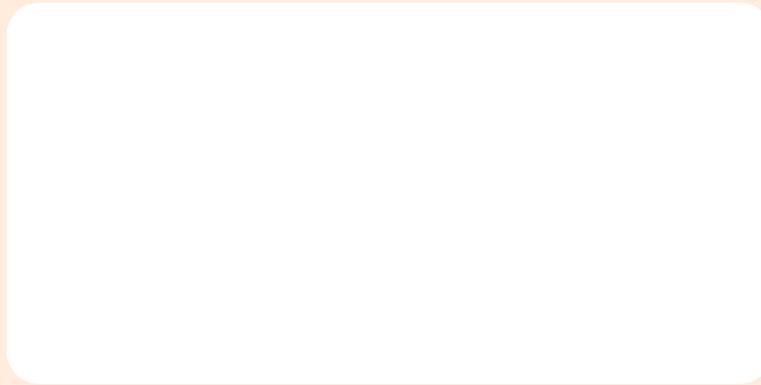
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State of Louisiana
Office of Group Benefits
P.O. Box 44036
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info.groupbenefits.org

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