AMENDMENT # 1

SECTION III

SCOPE OF SERVICES

AND

EXHIBIT 2

OGB PLANS COMPARISON CHART

STATE OF LOUISIANA

DIVISION OF ADMINISTRATION

OFFICE OF GROUP BENEFITS (OGB)

NOTICE OF INTENT TO CONTRACT (NIC)

FOR

ADMINTRATIVE SERVICES ONLY (ASO)

Issued September 12, 2006

SECTION III

SCOPE OF SERVICES

A. Plan of Benefits

Through this NIC, OGB seeks to contract with a third party administrator, insurer, or health maintenance organization to offer an "Administrative Services Only (ASO)" Plan on a statewide basis to service the following OGB Plan of Benefits: Exclusive Provider Organization (EPO) and Health Maintenance Organization (HMO) and Managed Care Option (MCO).

Services would commence July 1, 2007 (annual enrollment April, 2007).

Proposer may submit a Proposal for one or all options, OGB reserves the right to reject any and all Proposals.

Proposal must be on a statewide basis only (will not accept Proposals for individual regions).

Services should include the following:

1. Inpatient Hospital Services (including hospital based ancillary services);
2. Outpatient Hospital Services (including hospital based ancillary services);
3. Ambulatory Surgical Services (including ASC based ancillary services);
4. Physician Services (including Chiropractic services);
5. Utilization Management and Medical Management.

Benefits (Exhibit 1) except for retail and mail order pharmaceutical and mental health Contractor must be capable of providing all services and benefits set forth in the Plan of Benefits.

A. Eligibility

OGB determines eligibility of plan participants.

A Contractor must agree to maintain identical eligibility requirements and continued coverage provisions as the OGB, as may be amended from time to time and no other exceptions or variations will be allowed.

See OGB Contract, Exhibit 7 for OGB Eligibility Information and Requirements

EXHIBIT 2

OGB PLANS COMPARISON CHART

The attachment replace pages 31-35 of the NIC.

Medical Benefits Comparison/Active [5]

COVERED BENEFIT: IN NETWORK	OGB PPO Plan All Regions
Lifetime Maximum Benefit	$1 million per person
Plan Year Deductible Employees and dependents	$500/active; $300 retired Family Unit Maximum: 3 individual deductibles
Maximum Out-Pocket Expense in Network	$1000 per person
Hospital Services (inpatient) In Network	Plan covers 90% of Contracted Rate[1, 2]
Surgeon, Anesthesia, Lab, & X-rays	Plan covers 90% of Contracted Rate[1]
Hospital Emergency Room (facility only)	$150 separate deductible/waived if admitted Plan covers 90% of Contracted Rate[1]
Ambulatory Surgical Facilities	Plan covers 90% of Contracted Rate[1]
Physician Visits	Plan covers 90% of Contracted Rate[1]
Maternity (physician only)	Plan covers 90% of Contracted Rate[1]
MRI/Cat Scan	Plan covers 90% of Contracted Rate[1,
Sonograms	Plan covers 90% of Contracted Rate[1]
Chemical/Radiation Therapy	Plan covers 90% of Contracted Rate[1]
Dialysis[2]	Plan covers 90% of Contracted Rate[1]
Pre-admission Testing	Plan covers 90% of Contracted Rate[1]
Cardiac Rehabilitation Therapy	Plan covers 90% of Contracted Rate[1] (within 6 months)
Physical and Occupational Therapy	Plan covers 90% of Contracted Rate[1]
Speech Therapy[2]	Plan covers 90% of Contracted Rate[1]
Oral Surgery (impacted tooth removal only)	Plan covers 100% of Fee Schedule
Routine PAP Test	Plan covers 90% of Contracted Rate
Routine Mammogram	Plan covers 90% of Contracted Rate[4]
Routine PSA Screening	Plan covers 90% of Contracted Rate[4]
Ambulance (transportation only) ground Licensed Air Ambulance	Plan considers a maximum to $350[3] less a $50 co-payment Plan considers a maximum to $1500[3] less a $250 co-payment
Durable Medical Equipment $50,000 Lifetime Maximum per person	Plan covers 90% of Contracted Rate
Home Health Care[2] Limited to 150 visits year	Case Management Required Plan covers 70% of negotiated rate[1]
Hospice Care[2]	Case Management Required Plan covers 80% of negotiated rate
Wellness Program Baby/Child Routine exams, scheduled immunizations Adult Physical exam, lab, x-ray Eye Exam/Annual	 Plan covers 90% of Contracted Rate[1] 100% of eligible expenses to $200[4] N/A

Medical Benefits Comparison/Active [5]

COVERED BENEFIT: IN NETWORK	EPO Plan (Administered by UHC) Nationwide
Lifetime Maximum Benefit	$2 million per person
Plan Year Deductible Employees and dependents	$300/active & retired; non-Co-pay services Family Unit Maximum : 3 individual deductibles
Maximum Out-Pocket Expense in Network	N/A
Hospital Services (inpatient) In Network	$100 per day[2] Max of $300 per admission
Surgeon, Anesthesia, Lab, & X-rays	Plan Covers at 100%[1]
Hospital Emergency Room (facility only)	$100 Co-pay/waived if admitted (Hospital Co-pay applies)[2]
Ambulatory Surgical Facilities	$100 Co-pay
Physician Visits	$15 PCP/$25 Specialist (no referral required)
Maternity (physician only)	$90 Co-pay
MRI/Cat Scan	$50 Co-pay
Sonograms	$25 Co-pay
Chemical/Radiation Therapy	Plan covers at 100%[1]
Dialysis[2]	Plan covers at 100%[1]
Pre-admission Testing	Plan covers at 100%[1]
Cardiac Rehabilitation Therapy	$15 Co-pay (within 6 months)
Physical and Occupational Therapy	$15 Co-pay
Speech Therapy[2]	$15 Co-pay
Oral Surgery (impacted tooth removal only)	Plan covers 100% of Fee Schedule
Routine PAP Test	Plan covers at 100%; one every 12 months
Routine Mammogram	Plan covers at 100%[4]
Routine PSA Screening	Plan covers at 100%[4]; one every 12 months
Ambulance (transportation only) ground Licensed Air Ambulance	Plan considers a maximum to $350[3] less a $50 co-payment Plan considers a maximum to $1500 less a $250 co-payment
Durable Medical Equipment $50,000 Lifetime Maximum per person	Plan covers 80% of Contracted Rate[1]
Home Health Care[2]	Case Management Required
Limited to 150 visits year	$15 Co-pay
Hospice Care[2]	Case Management Required Plan pays 80% of negotiated rate[2]
Wellness Program Baby/Child Routine exams, scheduled immunizations	$15 Co-pay for PCP Visits[1]
Adult Physical exam, lab, x-ray	100% of eligible expenses to $200[4]
Eye Exam/Annual	N/A

Medical Benefits Comparison/Active [5]

COVERED BENEFIT: IN NETWORK	Humana HMO Regions 1-8
Lifetime Maximum Benefit	None
Plan Year Deductible Employees and dependents	None
Maximum Out-Pocket Expense in Network	$1000 per person/$3000 Family
Hospital Services (inpatient) In Network	$100 per day Max of $300 per admission
Surgeon, Anesthesia, Lab, & X-rays	Plan Covers at 100%
Hospital Emergency Room (facility only)	$100 Co-pay/waived if admitted (Hospital Co-pay applies)[2]
Ambulatory Surgical Facilities	$100 Co-pay
Physician Visits	$15 PCP/ $25 Specialist (no referral required)
Maternity (physician only)	$90 Co-pay
MRI/Cat Scan	$50 Co-pay
Sonograms	$25 Co-pay
Chemical/Radiation Therapy	$15 Co-pay
Dialysis[2]	Plan covers at 100%[2]
Pre-admission Testing	Plan covers at 100%
Cardiac Rehabilitation Therapy	$15 Co-pay
Physical and Occupational Therapy	$15 Co-pay
Speech Therapy[2]	$15 Co-pay
Oral Surgery (impacted tooth removal only)	Plan covers at 100%
Routine PAP Test	Plan covers at 100% after Co-pay
Routine Mammogram	Plan covers at 100%
Routine PSA Screening	Plan covers at 100%
Ambulance (transportation only) ground Licensed Air Ambulance	Plan considers a maximum to $350 less a $50 co-payment Plan considers a maximum to $1500 less a $250 co-payment
Durable Medical Equipment $50,000 Lifetime Maximum per person	Plan covers 80% of Contracted Rate
Home Health Care[2]	
Limited to 150 visits year	Plan Covers at 100%
Hospice Care[2]	Plan covers at 100%
Wellness Program	
Baby/Child Routine exams, scheduled immunizations	$15 Co-pay
Adult Physical exam, lab, x-ray	$15 Co-pay
Eye Exam/Annual	$15 Co-pay

Medical Benefits Comparison/Active [5]

COVERED BENEFIT: IN NETWORK	Vantage HMO Region 9
Lifetime Maximum Benefit	$2 million per person
Plan Year Deductible Employees and dependents	None
Maximum Out-Pocket Expense in Network	N/A
Hospital Services (inpatient) In Network	$100 per day[2] Max of $300 per admission
Surgeon, Anesthesia, Lab, & X-rays	Plan Covers at 100%
Hospital Emergency Room (facility only)	$100 Co-pay/waived if admitted (Hospital Co-pay applies)[2]
Ambulatory Surgical Facilities	$100 Co-pay
Physician Visits	$15 PCP/$25 Specialist (referral required)
Maternity (physician only)	Plan covers at 100%[2]
MRI/Cat Scan	Plan covers at 100%[2]
Sonograms	Plan covers at 100%[2]
Chemical/Radiation Therapy	Plan covers at 100%[2]
Dialysis[2]	Plan covers at 100%[2]
Pre-admission Testing	Plan covers at 100%[2]
Cardiac Rehabilitation Therapy	Plan covers at 80% (18 visits)[2]
Physical and Occupational Therapy	Plan covers at 80% (20 visits)[2]
Speech Therapy[2]	Plan covers at 80% (20 visits)[2]
Oral Surgery (impacted tooth removal only)	Plan covers at 80%[2]
Routine PAP Test	Plan covers at 100%
Routine Mammogram	Plan covers at 100%
Routine PSA Screening	Plan covers at 100%
Ambulance (transportation only) ground Licensed Air Ambulance	Plan pays 80% interfacility transfers 100%
Durable Medical Equipment $50,000 Lifetime Maximum per person	Plan covers 80% of Contracted Rate[2]
Home Health Care[2]	
Limited to 150 visits year	Plan covers at 100%
Hospice Care[2]	Plan covers at 100%
Wellness Program	
Baby/Child Routine exams, scheduled immunizations	$15 Co-pay
Adult Physical exam, lab, x-ray	$15 Co-pay
Eye Exam/Annual	N/A

Medical Benefits Comparison/Active [5]

COVERED BENEFIT: IN NETWORK	MCO Plan (Administered by FARA) All Regions
Lifetime Maximum Benefit	$1 million per person
Plan Year Deductible Employees and dependents	None
Maximum Out-Pocket Expense in Network	N/A
Hospital Services (inpatient) In Network	$100 Co-pay per day[2] Max of $300 per admission
Surgeon, Anesthesia, Lab, & X-rays	Plan covers at 100%
Hospital Emergency Room (facility only)	$100 Co-pay/waived if admitted (Hospital Co-pay applies)[2]
Ambulatory Surgical Facilities	$100 Co-pay
Physician Visits	$15 PCP/$25 Specialist(no referral required)
Maternity (physician only)	$90 Co-pay
MRI/Cat Scan	$50 Co-pay[2]
Sonograms	$25 Co-pay
Chemical/Radiation Therapy	Plan covers at 100%[2]
Dialysis[2]	Plan covers at 100%[2]
Pre-admission Testing	Plan covers at 100%[2]
Cardiac Rehabilitation Therapy	$15 Co-pay
Physical and Occupational Therapy	$15 Co-pay[2]
Speech Therapy[2]	$15 Co-pay[2]
Oral Surgery (impacted tooth removal only)	Plan covers at 100%
Routine PAP Test	Plan covers at 100%
Routine Mammogram	Plan covers at 100%
Routine PSA Screening	Plan covers at 100%
Ambulance (transportation only) ground Licensed Air Ambulance	Plan considers a maximum to $350 less a $50 co-payment Plan considers a maximum to $1500 less a $250 co-payment
Durable Medical Equipment $50,000 Lifetime Maximum per person	Plan covers 80% of Contracted Rate[2]
Home Health Care[2] Limited to 150 visits year	Plan covers at 100%
Hospice Care[2]	Plan covers at 100%
Wellness Program Baby/Child Routine exams, scheduled immunizations Adult Physical exam, lab, x-ray Eye Exam/Annual	 $15 Co-pay[4] Age limitations apply $15 Co-pay Eligible Expenses to $200[4] N/A

NOTES:

[1] Subject to plan year deductible and/or applicable co-insurance.
[2] Pre-authorization required.
[3] Medical Supplies are subject to deductible and co-insurance.
[4] Age and/or time restrictions apply.
[5] This comparison chart is a summary of Plan features, however, for full details for the plan refer to the official Plan Document.

Revised:

Note: Please note in "Section III Scope of Service" the Managed Care Option (MCO) language was added under the Plan of Benefits.

"OGB Plans Comparison Chart" of the Administrative Services Only (ASO) NIC is incorrect. On the OGB Home Page www.groupbenefits.org., under "Members Link", click the PDF format Helpful Information 2006-2007, then, go to page 2-3 for the Medical Benefits Comparison.

The effective date of this amendment is September 12, 2006.