



**Office of Group Benefits**

**P. O. Box 44036 Baton Rouge, LA 70804**

**Local: 225-922-0218 or Toll Free: 800-215-1093 Website: www.groupbenefits.org**

**Contracted Benefits January 1, 2012 to December 31, 2012**

**Verification of eligibility and/or benefits is not a guarantee of coverage**

<b>Plan Year Deductibles</b>	
Active PPO members:	\$500 per plan year
Retired PPO members:	\$300 per plan year
Retired/Rehired PPO members:	\$300 per plan year
<b>Family Unit Maximum Deductibles</b>	
After 3 family members satisfy the plan year deductible, the remaining plan year deductibles are waived for all other family members.	
Active members:	\$1500 per plan year
Retired members:	\$900 per plan year
<b>Other Deductibles</b>	
Emergency Room:	\$150 per visit in addition to plan year deductible; waived if admitted to hospital through the ER.
Inpatient Hospital:	\$50 per day – maximum of 5 days.
<b>Stop Loss Maximum</b>	
For ELIGIBLE expenses per person:	\$10,000 per plan year
<b>Member Lifetime Maximum</b>	
Effective July 1, 2011 no maximum dollar limit applies.	
<b>Payable Percentages (Not to exceed OGB fee schedule; after all applicable deductibles) Only for ELIGIBLE expenses to \$10,000 per person, per plan year.</b>	
OGB primary members at PPO providers:	90%
Medicare A & B primary members, all providers:	80%
Medicare A only for Part B charges:	90%
Medicare B only for Part A charges:	80%
COB primary members:	80%
Non-Louisiana resident:	90%
Eligible expenses in excess of \$10,000 per person, per plan year:	100%
<b>Ambulance Services</b>	
Air and Ground transportation covered only to and from hospital with facilities to treat illness and injury. Benefits for transportation, medical services and supplies will be determined in accordance with the PPO fee schedule.	
<b>Genetic Testing</b>	
Benefits will be allowed for procedures determined to be medically necessary for certain conditions.	
<b>Hearing Aids (under age 18)</b>	
Hearing aids billed by an audiologist or hearing aid specialist for a patient under the age of 18 will allow a \$1,400 benefit (subject to deductible and co-insurance) each 36 months per ear.	
<b>Autism (under age 17)</b>	
Benefits will be allowed for services with a primary diagnosis of autism for a patient age 0 up to 17 with no annual or lifetime maximum as of 7/1/2011.	
<b>Physician Assistants and Registered Nurse Practitioners</b>	
Providers will be reimbursed at 80% of the amounts payable for same services rendered by a physician. Services rendered by a nurse practitioner or physician assistant must be billed with the appropriate modifiers.	
<b>Outpatient Procedure Certification (OPC) KePRO For Prior Authorizations 800-432-3432</b>	
<ul style="list-style-type: none"> <li>• Speech therapy</li> <li>• Treatment of swallowing dysfunction and/or oral function for feeding</li> <li>• Hyperbaric oxygen therapy</li> <li>• Physical &amp; occupational therapies in excess of the 50 visit max.</li> </ul>	

<b>Pre-Determinations</b>
Pre-determination requests may be faxed with supporting documentation to: (225) 925-6733.
<b>Utilization Review Pre-Admission Certification (PAC) Continued Stay Review (CSR) KePRO: 800-432-3432 Clinical Fax: 866-889-6515</b>
<ul style="list-style-type: none"> <li>• PAC must be obtained at least 72 hours before scheduled inpatient hospitalization.</li> <li>• Outpatient or observation exceeding 23 hours must obtain PAC during the same business day (if available) or next business day.</li> <li>• Emergency admissions must obtain PAC within 2 business days of admission.</li> <li>• PAC applies to OGB secondary payer admissions except for members with BOTH Medicare A &amp; B primary or members with Medicare A only. If uncertain of Medicare or COB status, obtain authorization.</li> <li>• Routine vaginal delivery; PAC is required if the mother's stay exceeds or is expected to exceed 2 days. Caesarean section delivery; PAC is required if the mother's stay exceeds or is expected to exceed 4 days. If the baby's stay exceeds that of the mother, PAC is required for baby within 72 hours of the mother's discharge.</li> <li>• No benefits will be paid for hospital charges incurred during any confinement for which PAC was requested, but was not certified as medically necessary by OGB's utilization review contractor.</li> <li>• No benefits will be paid for hospital charges incurred during any confinement for any days in excess of the number of days certified through PAC or CSR.</li> </ul>
<b>If PAC is NOT obtained, no benefits are payable &amp; the plan member is not responsible whether OGB is primary, secondary or tertiary.</b>
<b>Case Management (KePRO) For Prior Authorizations 800-432-3432 OGB must be primary or member has Medicare Part B only</b>
<ul style="list-style-type: none"> <li>• Not covered in nursing home setting.</li> <li>• Eligible hospice services are payable at 80% of OGB'S fee schedule after deductible is satisfied and NEVER at 100%.</li> <li>• Services provided by home health such as private duty nursing, IV infusion, TPN, or Enteral nutrition.</li> <li>• Physical &amp; occupational therapies in a home setting require case management for those services in excess of the 50 visit maximum.</li> </ul>
<b>Mental Health/Substance Abuse (MHSA) ValueOptions 866-492-7143</b>
<ul style="list-style-type: none"> <li>• All inpatient mental health and substance abuse (MHSA) claims must be preauthorized by ValueOptions.</li> <li>• ADD &amp; ADHD claims submitted with certain diagnosis codes may be considered for medical benefits.</li> <li>• Pathology with a MHSA diagnosis is not covered by OGB and requires preauthorization by ValueOptions.</li> </ul>

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