



**Ochsner**<sup>®</sup>

# 2020 Benefits Guide

**Refer to your specific addendum in Workday for your premiums, disability, and time off programs.**

# Your 2020 Ochsner Benefits Guide

We are excited to share with you this highlight of the wide variety of benefits offered. This does not include every service that we cover or describe every limitation or exclusion.

To view the complete list of services and your specific benefits premiums, follow these instructions.

1. Open Workday by using your Ochsner login user name and password. If using a non-Ochsner computer, type [workday.ochsner.org](https://workday.ochsner.org) into your web browser/address line and enter your login credentials.
2. Click on the “Benefits Information” worklet.
3. Select “Addendum” for your premiums.
4. Select “Summary Plan Description (SPD)” for the legal benefit plan details including exclusions and limitations.

If there are any discrepancies between this Benefits Guide, the official plan documents or the policies, the plan documents and policies will govern. Ochsner reserves the right to amend, change, or terminate any of the plans at any time for any reason. This document does not constitute a contract or offer of employment.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

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# Benefits Basics

Eligibility: Benefits eligibility is based on employment type and FTE as described below. Employees must work the system minimum requirement of 72 hours every quarter to retain benefits.

## Benefit Addendums are assigned to employees based on employment status

- **Regular Full-Time (.9 FTE)** employees who are scheduled and work a minimum 72 hours per pay period.
- **Regular Part-Time (.6+ FTE)** employees who have a regular schedule and work a minimum of 48 hours per pay period. Regular PT are required to work an equivalent .6 FTE every quarter to be eligible for and retain benefits.
- **Part-Time (<.6 FTE)** employees who have a consistent work schedule and work less than 48 hours every pay period or work varying schedules throughout the year which doesn't meet the .6 FTE equivalency per quarter requirement for Regular PT status. (Minimum work schedule to be PT status is 12 hours per pay period.)
- **PRN** employees work "as needed." The system minimum requirement is 72 hours/quarter; however, clinical departments may have more stringent commitments. Refer to your leader for department requirements.

*General Benefit Eligibilities for non-Physician staff.  
Refer to your Addendum for benefit specifics.*

Benefit	Regular Full-Time .9 FTE	Regular Part-Time .6 - <.9 FTE	Part-Time < .6 FTE	PRN, PT Fitness Center	Ochsner Workforce Program
Medical	✓	✓	✓ Ochplus3	✓ Ochplus3	✓
Dental	✓	✓			
Vision	✓	✓			
Basic Term Life and AD&D	✓	✓			
Optional Term Life and Voluntary AD&D Employee, Spouse & Child	✓	✓			
Flexible Spending Accounts	✓	✓			✓
Health Savings Account (if OchPlus 3 is elected)	✓	✓	✓	✓	✓
Short-Term Disability	✓	✓			
Long Term Disability	✓	✓			
Voluntary Benefits	✓				
General Personal Time (GPT)	✓	✓			
Holidays - Regular and Personal	✓				
Business Travel Accident	✓				
Employee Assistance Plan	✓	✓	✓	✓	✓
Pathway to Wellness Program	✓	✓	✓	✓	✓
Tuition Assistance	✓	✓			✓
Adoption Assistance	✓				
Paid Parental Leave	✓				

### **Important Notes to avoid potential disruption of coverages:**

- If you elect medical coverage and do not work the minimum 72 hours during any quarter, your medical coverage will be terminated at the end of the following pay period.
- Regular Part-time status will be reviewed annually prior to open enrollment to determine which employees have met work requirements to be eligible for the next year's Reg PT benefit offering.

## **Eligible Dependent(s)**

### **Spouse / Domestic partner**

- Spouse: Legally married same or opposite-sex spouse
- Domestic Partner: Same or opposite-sex partner who lives in the same domicile as you

### **Children**

*Children are covered through the end of the month in which they turn 26 years old.*

- Natural children
- Stepchildren
- Children of Domestic Partners
- Legally adopted children or legally placed with you for adoption
- Foster children
- Any child for whom you have legal custody
- Unmarried handicapped child of any age, provided the child spends 8 hours or more per day in your home and disability occurred before age 26

## **Coverage Options**

You may elect medical, dental or vision coverage in one of the following combinations:

- You
- You and your spouse / domestic partner
- You and one child
- You and your children
- You and your family (spouse/domestic partner and child(ren))

# Enrollment

## You Can Enroll In Your Benefits

- During Open Enrollment; coverage will be effective January 1st of the new plan year. Within 31 days of the date you are hired. Coverage begins on your first day of employment.
- During the annual open enrollment period held each fall. Coverage will be effective January 1st of the new plan year.
- If you experience a qualifying life event or a status change.

Your Benefit elections remain in effect through the end of the plan year unless you experience a qualifying change in status or qualify for a special enrollment period.

**Note:** The coverage and premiums are retroactive and can result in more than one premium being deducted from your paycheck.

## Making Changes Outside of Open Enrollment

The IRS permits changes during the year only if you experience a qualifying life event (QLE) or a status change. You have up to **60 days** from the event date to make changes and provide documentation substantiating the change. The coverage is retroactive.

Changes to your benefits may be made for the following reasons:

- Birth, Adoption, Legal Guardianship
- Change in Cost of Dependent Care Provider
- Death of Spouse or Child
- Divorce
- Gain of Alternate Coverage
- Loss of Alternate Coverage
- Marriage

**Note:** The effective date of coverage may vary based on the qualifying life event. The coverage and premiums are retroactive and can result in more than one premium being deducted from your paycheck.

## Special Enrollment Period

If you are already enrolled in an Ochsner medical plan and acquire a new dependent, you may enroll your dependent in your current option, or enroll yourself and your family members in a different option.

## Enrollment Steps

1. Open Workday by using your Ochsner login user name and password.
  - ♦ If using a non-Ochsner computer, type [workday.ochsner.org](http://workday.ochsner.org) into your web browser/address line.
2. Locate your “Inbox” on the home screen.
  - ♦ **New Hires** - select “Benefit Change - New Hire.”
  - ♦ **During Open Enrollment** - select “Open Enrollment Change.”
  - ♦ **During the calendar year** - click on “Benefits Information” Worklet and click “Change Benefits.”
3. Follow instructions to complete enrollment process.
4. Click **Submit** to confirm that your benefits elections are saved.

# Required Actions Needed By You

FOR WHOM	DOCUMENT	DEFINITION
Enrolling for First Time	<p><b>Dependent Eligibility Verification (DEV) Mailed from HMS and corresponding email from <a href="mailto:Ochsner@verifyos.com">Ochsner@verifyos.com</a></b></p>	<p>Required for any dependent that is newly enrolled in the medical, dental, vision or life plans. After enrolling, a packet will be emailed and mailed to your home address with instructions on the required documentation needed and the time frame to complete.</p>
Tobacco Users	<p><b>New Hire Employee Health Questionnaire</b></p>	<p><b>New Hire:</b> Employees who test positive for tobacco will be assigned a tobacco-user premium.</p>
	<p><b>Smoking Cessation Certification Form</b></p>	<p><b>Open Enrollment:</b> If you were previously listed as a smoker, you will be assigned the tobacco-user rate. If you want to change to non-smoker, you must submit proof of completing the smoking cessation program within 90 days of the benefit effective date.</p>
<p>Enrolling in Life Insurance or Long Term Disability (employee and spouse)</p>	<p><b>Statement of Health also referred as Evidence of Insurability (EOI) Mailed from Sun Life</b></p>	<p>Elect the highest level of coverages to avoid having to provide EOI for a future increase.</p> <p><b>If Newly Eligible, EOI is required if:</b></p> <ol style="list-style-type: none"> <li>1. Elected Employee Life greater than \$650,000</li> <li>2. Elected Spouse Life of \$75,000 or \$100,000</li> </ol> <p><b>For Qualifying Life Events, Open Enrollment or Employment Status Changes, EOI is required if:</b></p> <ol style="list-style-type: none"> <li>1. Increased Life Insurance by more than 1 level or elected Employee Life greater than \$650,000.</li> <li>2. Increased Spouse Life more than 1 level or elected \$75,000 or \$100,000 of coverage.</li> <li>3. Newly elected Long Term Disability 50%, 60%, or 66 2/3% coverage (for those under 3 years of service).</li> </ol>
<p>Adding Your Spouse to Medical Coverage</p>	<p><b>Spousal Access Fee Verification</b></p> <p><i>Form will be mailed from HMS and corresponding email from <a href="mailto:Ochsner@verifyos.com">Ochsner@verifyos.com</a></i></p>	<p>Annually required for any spouse/domestic partner enrolled in Ochsner's Medical Plan.</p> <p>The Spousal Access Fee (\$35.00/pay period) does not apply if your spouse/domestic partner is employed by Ochsner, not employed, self-employed, employed and not eligible for medical benefits from his/her employer, or employed and employer does not offer medical benefits to employees or does not subsidize medical benefits.</p> <p><b>If you check the box in Workday confirming that your spouse has access to other coverage, you will not be asked for verification and the spousal access fee will apply.</b></p>
<p>Live Outside of Ochsner Regional Network</p>	<p><b>Out-of-Area Dependent Notification</b></p> <p><b>Resubmission required annually</b></p>	<p>If any dependent lives outside the local geographic area and cannot use a provider/facility within the Ochsner Regional Network, please email <a href="mailto:MyHR@ochsner.org">MyHR@ochsner.org</a> or call the HR Solutions Center at <b>(504) 842.4748 (Option 6)</b> to request an Out-of-Area Dependent Notification form.</p>

# Snapshot of the Medical Plans

Ochsner offers three (3) comprehensive medical plan options, including prescription drug coverage. Blue Cross Blue Shield (BCBS) has been contracted to provide administrative services related to Ochsner’s Medical Plans. **Our medical plans have their own Ochsner Regional Network which is required for in-network benefits.**

The Ochsner Regional Network is customized and is not the same as Blue Cross Blue Shield’s network. The list of available providers is accessible at: [www.myhealthtoolkitla.com](http://www.myhealthtoolkitla.com) and selecting “Resources Tab.”

Medical Plan Choices	 OchPlus 1	 OchPlus 2	 OchPlus 3
<b>Employee cost</b>	<ul style="list-style-type: none"> <li>• Higher Premium (\$\$\$)</li> <li>• Lower Out-of-Pocket</li> </ul>	<ul style="list-style-type: none"> <li>• Market Premium (\$\$)</li> <li>• Market Out-of-Pocket</li> </ul>	<ul style="list-style-type: none"> <li>• Lower Premium (\$)</li> <li>• High Out-of-Pocket</li> </ul>
<b>Medical Deductible</b>	\$0 individual \$0 family	\$750 individual \$1,500 family	\$3,000 individual \$6,000 family
Deductibles must be met BEFORE copays or coinsurance applies			
<b>Rx Deductible</b>	\$0	\$0	Must meet medical deductible
<b>Out-of-Pocket Max</b>	\$3,000 Individual \$9,000 family	\$3,500 individual \$10,500 family	\$4,800 individual \$13,500 family
<b>Eligibility for Pre-Tax Account</b>	Flexible Spending Account (FSA) “use it or lose it”	Flexible Spending Account (FSA) “use it or lose it”	Health Savings Account (portable) Flexible Spending Account (FSA) (use it or lose it)
<b>Consumer Profile</b>	High premium and no deductible for employees who prefer stability of lower copays. Most expensive plan, but easier to understand and predict expenses.	Middle of the road plan with a lower premium than OchPlus 1 and has a deductible. Good choice for employees who have fewer medical expenses and can save \$\$ on the premiums, but also able to pay the deductible when expenses occur.	Low premium with a high deductible. Employee must have resources to pay a high deductible when care is needed. Tax deferred savings plan available to set aside out-of-pocket expenses.

**PREAUTHORIZATION: Utilization Management (UM).** Certain services require prior authorization by BCBS. If you fail to follow the UM procedures, your benefits may be reduced. All inpatient hospital, extended care facility, and hospice admissions require prior authorization, as do certain outpatient services such as durable medical equipment (DME), speech therapy, and infertility services. Refer to the SPD for full details. Out-of-network referrals by Ochsner physicians require review and authorization by BCBS prior to obtaining any services.

## Definitions

**Copays**— amount you pay for doctor visits or medical expenses.

**Deductible**— the amount you pay before the plan covers any medical benefits.

**In-Network**— the highest level of benefits available when you use Ochsner Regional Network.

**Out-of-area**— coverage provided only when you and your dependents live outside of the local geographic area and as a result, cannot use the Ochsner Regional Network. This is not a voluntary election.

**Out-of-network**— Provides the lowest level of benefits. You pay a much higher portion of the cost when you choose to use a provider or facility not in the Ochsner Regional Network.

**Out-of-pocket maximum**— the highest amount that you would pay for covered Medical and Prescription (Rx) expenses in a calendar year. This includes deductibles, copays and coinsurance for in-network and out-of-area eligible services and excludes out-of-network services, infertility treatment, gender dysphoria, cochlear implants, and Pharmacy Manufacturer Assistance. Amounts billed by out of network providers for charges in excess of the plan benefits are also excluded from the out of network out of pocket maximum.

**Premium**— amount you pay each pay period in which you have coverage.



# HIGHLIGHTS OF THE OCHPLUS MEDICAL PLANS

Register at [MyOchsner.org](http://MyOchsner.org) for appointment scheduling, wait list, online bill pay, or to communicate with your provider. Refer to the SPD for specific authorization requirements, inclusions, exclusions and definitions.

## Physician, Routine/Well-check, Urgent Services

Employee copays & out-of-pocket costs	In-Network			Out-of-Area	Out-of-Network
	OchPlus 1	OchPlus 2	OchPlus 3		
<b>Deductible</b> (Copays & coinsurance apply after you meet the deductible)	\$0/\$0	\$750/\$1,500	\$3,000/\$6,000	Same as elected plan	\$5,000/\$15,000
<b>Out-of-Pocket Max</b>	\$3,000/\$9,000	\$3,500/\$10,500	\$4,800/\$13,500	Same as elected plan	Unlimited
<b>Physician Visit</b>					
• Primary Care	\$25 copay	\$40 copay	\$50 copay	20%	50%
• Specialty Care	\$45 copay	\$60 copay	\$75 copay		
• Maternity Care (physician fees)	\$250	\$350	\$500		
	One-time charge per pregnancy				
<b>Wellness Care</b> In-Network preventive care services are covered before you meet your deductible. You may have to pay for services that aren't preventive.					
Annual gynecological exam & routine mammograms	\$0 copay*	\$0 copay*	\$0 copay*	\$0 copay*	Not covered
Male annual exam (PSA) Screening	\$0 copay*	\$0 copay*	\$0 copay*	\$0 copay*	Not covered
Routine Colonoscopy, Proctosigmoidoscopy & Sigmoidoscopy	\$0 copay*	\$0 copay*	\$0 copay*	\$0 copay*	Not covered
Tobacco Cessation <sup>3</sup>	\$0 copay*	\$0 copay*	\$0 copay*	\$0 copay*	Not covered
<b>Well Child Care</b>	\$0 copay*	\$0 copay*	\$0 copay*	\$0 copay*	Not covered
Immunizations	\$0 copay*	\$0 copay*	\$0 copay*	\$0 copay*	Not covered
Hearing screening (1 visit per year/per child up to age 18)	\$0 copay*	\$0 copay*	\$0 copay*	\$0 copay*	Not covered
<b>Urgent Services</b>					
Ochsner Urgent Care or Pelican Urgent Care (Slidell Location Only)	\$25 copay	\$40 copay	\$50 copay	N/A	N/A
Non-Ochsner Urgent Care	\$45 copay	\$60 copay	\$75 copay	Same as elected plan	N/A
Emergency Room <sup>1</sup>	\$350 copay	\$350 copay	\$350 copay	Same as elected plan	\$350 copay
Ambulance					
Life-threatening	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Non-life threatening	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Ochsner Anywhere Care</b>					
Urgent Care Virtual Visit <sup>2</sup>	\$0 copay unlimited visits	\$0 copay unlimited visits	\$0 copay unlimited visits	\$0 copay unlimited visits	Not covered
Behavioral Health Appointment <sup>2</sup> (Social Worker or Psychologist)	\$25 copay	\$40 copay	\$50 copay	Same as elected plan	Not covered

The only Pelican Urgent Care In-Network is the Slidell location. All other locations are out-of-network.

\*Covered at 100% if utilizing Ochsner or BCBS PPO provider and there is no charge for an office visit.

<sup>1</sup>The in-network deductible applies to ER services both in and out-of-network. If admitted to hospital, the ER copay is waived and inpatient benefit applies.

<sup>2</sup>OchPlus 3 must meet deductible before copays apply for Ochsner Anywhere Care; deductible does not apply for OchPlus 1 or 2.

<sup>3</sup>Our plan provides coverage for tobacco use counseling and certain tobacco cessation drugs under our wellness provisions at no cost to you. For details about covered services, please refer to the Summary Plan Description (SPD).



## Inpatient, Outpatient, Rehabilitation, Radiology, Equipment

Employee copays & out-of-pocket costs	In-Network			Out-of-Area	Out-of-Network
	OchPlus 1	OchPlus 2	OchPlus 3		
<b>Deductible</b> (Copays & coinsurance apply after you meet the deductible)	\$0/\$0	\$750/\$1,500	\$3,000/\$6,000	Same as elected plan	\$5,000/\$15,000
<b>Out-of-Pocket Max</b>	\$3,000/\$9,000	\$3,500/\$10,500	\$4,800/\$13,500	Same as elected plan	Unlimited
<b>Inpatient<sup>1</sup></b> Overnight stays in hospital or extended care require prior authorization Copays up to 7 days per admission					
Hospital	\$250/day	\$250/day	\$250/day	20%	50%
Behavioral Health	\$250/day	\$250/day	\$250/day	20%	50%
Extended Care / Skilled Nursing Facility (Limited to 90 days per year)	\$250/day	\$250/day	\$250/day	20%	50%
Organ Transplants <sup>1</sup> (Ochsner Facility or pre-authorized National Transplant Network only)	\$250/day	\$250/day	\$250/day	Not covered	Not covered
Hospice (Limited to 180 days)	20%	20%	20%	20%	50%
<b>Outpatient</b> (stay less than 24 hours)					
Surgery	\$100 copay	\$150 copay	\$150 copay	20%	50%
Behavioral Health	\$25 copay	\$40 copay	\$50 copay		
<b>Diagnostic Services, Labs, Imaging</b>					
Lab & X-Ray	\$0 copay	\$40 copay per provider/day	\$50 copay per provider/day	20%	50%
Advanced Diagnostic services (MRI, MRA, PET, CAT, SPECT)	\$75 copay	\$100 copay	\$125 copay		
<b>Rehabilitation</b> calendar year visit maximums apply					
Cardiac or Pulmonary Therapy <i>Max 36 visits</i>	\$25 copay	\$40 copay	\$50 copay	20%	50%
Physical & Occupational Therapy <i>Combined max 60 visits</i>	\$25 copay	\$40 copay	\$50 copay	20%	50%
Speech Therapy <i>Max 60 visits</i>	\$25 copay	\$40 copay	\$50 copay	20%	50%
Chiropractic Care <i>Max 30 visits</i>	\$25 copay	\$40 copay	\$50 copay	20%	50%
<b>Equipment</b>					
• Durable Medical Equipment • Prosthetic Appliances • Ostomy Supplies Insulin pump & accessories <sup>1</sup>	20%	20%	20%	20%	50%
• Ochsner Anywhere Care Health Kit (for Telemed) <sup>2</sup>	20%, not subject to deductible	20%, not subject to deductible	20%	Same as elected plan	Not covered

<sup>1</sup>Preauthorization is required. Only authorized providers are covered. See SPD for details.

<sup>2</sup>OchPlus 3 must meet deductible before copays apply for Ochsner Anywhere Care; deductible does not apply for OchPlus 1 or 2.



## Other Services

Employee copays & out-of-pocket costs	In-Network			Out-of-Area	Out-of-Network
	OchPlus 1	OchPlus 2	OchPlus 3		
<b>Deductible</b> (Copays & coinsurance apply after you meet the deductible)	\$0/\$0	\$750/\$1,500	\$3,000/\$6,000	Same as elected plan	\$5,000/\$15,000
<b>Out-of-Pocket Max</b>	\$3,000/\$9,000	\$3,500/\$10,500	\$4,800/\$13,500	Same as elected plan	Unlimited
<b>Home Services</b>					
Home Health care <sup>1</sup> (limited to 60 visits per year) Home Hemodialysis Services	20%	20%	20%	20%	50%
<b>Oral, Facial Bones or Jaw Procedures</b>					
TMJ & Orthognathic <sup>1</sup> (surgical/non-surgical) \$1,000 lifetime max benefit	20%	20%	20%	Not covered	Not covered
Oral Surgery <sup>1</sup> (provider fees only; inpatient copays apply for facility fees) \$1,000 annual max benefit	20%	20%	20%	20%	50%
<b>Weight Loss Procedures</b>					
Bariatric Surgery <sup>1,2,3</sup> (i.e. gastric bypass)	20%		Not covered	Not covered	
<b>Health Programs</b>					
Diabetic Education & Nutrition Counseling (1 visit per year unless in connection with diabetes, hyperlipidemia or hypertension)	\$0 copay*	\$0 copay*	\$0 copay*	\$0 copay*	Not covered
Healthy Back Program <sup>4</sup> (includes 1 year of care from initial physical therapy visit)	100% up to \$4,500 lifetime maximum Deductible does not apply		Not covered	Not covered	
Hypertension Digital Program	\$0 copay	\$0 copay	\$0 copay	Not covered	
	Members must meet program qualifications				
Diabetes Digital Program	\$0 copay	\$0 copay	\$0 copay	Not covered	
	Members must meet program qualifications				
<b>The below services are subject to the plan deductible and do not reduce the maximum out-of-pocket</b>					
<b>Infertility</b> <sup>1, 2, 3</sup>	50%; \$25,000 medical and \$10,000 Rx \$35,000 combined lifetime maximum		Not covered	Not covered	
<b>Gender Dysphoria</b> <sup>1, 3</sup>	50%		Not covered	Not covered	
<b>Cochlear implants</b> <sup>1</sup>	50%; \$20,000 lifetime maximum		Not covered	Not covered	

\*Covered at 100% if utilizing Ochsner or BCBS PPO provider and there is no charge for an office visit

<sup>1</sup>Preauthorization is required. Only authorized providers are covered. See SPD for details.

<sup>2</sup>Coverage is not available for dependent children; employee and spouse/domestic partner only.

<sup>3</sup>Exclusions and Limitations apply. See SPD for details.

<sup>4</sup>A member may continue to participate in the program under the physical therapy benefit once the lifetime maximum has been exhausted; copays will apply.

# Pharmacy

You are automatically enrolled in pharmacy coverage when you enroll in any Ochsner medical plan. MedImpact administers Ochsner’s prescription drug benefit.

**In-Network Pharmacies:** Ochsner Pharmacy and Wellness, Wal-Mart, Sam’s Club and CVS.

		Ochsner Pharmacy			Wal-Mart, Sam’s Club, CVS		
		OchPlus 1	OchPlus 2	OchPlus 3	OchPlus 1	OchPlus 2	OchPlus 3
<b>Copays</b>	<b>Deductible before copays</b>	\$0	\$0	\$0 preventative** \$3,000 Combined Med + Rx for other scripts	\$0	\$0	\$0 preventative** \$3,000 Combined Med + Rx for other scripts
	<b>Tier 1 – Preferred Generics</b>	\$9	\$9	\$9	\$9	\$9	\$9
	<b>Tier 2 – Preferred Brands</b>	\$25	\$25	\$25	\$30	\$30	\$30
	<b>Tier 3 – Non-Preferred Brands and Generics</b>	\$45	\$45	\$45	\$50	\$50	\$50
	<b>Tier 4 – High Cost Drugs (Brands and Generics)</b>	25% up to \$250 per 30-day script			25% up to \$250 per 30-day script		
	<b>Tier 4 – Specialty (at Ochsner Pharmacy Only)</b>	25% up to \$250 per 30-day script			Specialty and injectable medications are only covered if obtained through Ochsner Pharmacy and Wellness		

- Copays in table are for 30-day supply.
- Prescriptions must be on the formulary (the list of covered drugs) to be covered under the plan.
- Prescriptions filled outside of network are not covered.
- You must meet the deductible in OchPlus 3 before copayments apply.
- Rx copays and coinsurance apply to the out-of-pocket maximum.
- Members on Specialty Drugs will be automatically enrolled in the Plan’s Variable Copay Program. This will require you to enroll in the drug manufacturer assistance program, which offers coupons or debit cards to help cover the cost of your specialty medication. This may require the participant to provide personal ID and income information. Specialty drug manufacturer assistance will not apply towards your annual deductible or maximum out-of-pocket requirement. Instead, the amount you pay after the coupon or debit card will be applied to your annual deductible or maximum out-of-pocket requirement. For example, if the amount you pay after manufacturer assistance is \$5, then \$5 would be applied to your annual deductible and/or maximum out-of-pocket expenses.
- Non-self-administered drugs (those given in a facility or office visit setting) are covered under the medical program.
- Some drugs, drug classes, indications, and drugs/products considered to be DME are excluded and not covered. Other limitations (such as age restrictions, quantity limits, etc.) may apply. Please see the Summary Plan Document for more information.

## Generic Substitution

If you request a brand-name drug when an exact generic is available, you will pay the difference in cost plus the copay. If a brand-name drug has a generic equivalent, but you choose an alternative brand-name drug for your prescription, you will pay the difference in cost between the brand and generic drug plus the generic copay, provided the drug is included in the plan’s formulary. If your physician prescribes a brand-name or non-formulary drug, ask your network pharmacist to consult with your physician to discuss whether a generic or formulary drug may be substituted.

## Prior Authorizations

Some prescription drugs may be subject to prior authorization. If authorized, the prescription drug will fall under the corresponding copayment levels. If a prescription drug is not authorized, it will not be covered. To verify if a prescription drug requires prior authorization, call the toll-free customer service phone number on the back of your ID card.

# Dental

Ochsner offers two plans which are administered by Humana:

- **Comprehensive:** Covers preventive, basic and major care, and orthodontia
- **Preventive Plus:** Covers preventive, diagnostic and basic services.

The Dental PPO services are subject to the exclusions and limitations listed in the SPD.

	Comprehensive		Preventive Plus	
<b>Annual Deductible</b>	\$50 per individual \$150 per family		\$50 per individual \$150 per family	
<b>Annual Plan Max</b>	\$1,500 per individual excluding orthodontia		\$1,000 per individual	
<b>Preventive Care</b>	Routine Oral Exams 2 per calendar year	Plan pays 100% no deductible	Routine Oral Exams 2 per calendar year	Plan pays 100% no deductible
	Cleanings 2 per calendar year		Cleanings 2 per calendar year	
	Routine X-rays		Routine X-rays	
<b>Basic Care</b>	Fillings	Plan pays 80% after deductible	Fillings	Plan pays 80% after deductible
	Extractions*		Non-surgical extractions*	
	Root canal therapy		Not covered	Not covered
<b>Major Care</b>	Dentures	Plan pays 50% after deductible	Not covered	Not covered
	Bridges		Not covered	Not covered
<b>Orthodontia</b>	Braces	Plan pays up to 50% with a \$1,250 lifetime max per person, no deductible	Not covered	Not covered

## Using PPO Dentists

You will generally pay less in coinsurance (the percentage you pay) if you use a dentist who participates in Humana’s Dental PPO network. Benefits paid for non-network services are based on “reasonable and customary fees.” If your non-network dentist charges more than the reasonable and customary amount, you pay the difference, in addition to your deductible and coinsurance percentage. You do not have to receive a referral before seeking specialty treatment.

# Vision

The Vision Care Plan, administered by Humana, can assist with the cost of eye exams, frames, eyeglass lenses or contact lenses.

	Participating Provider	Nonparticipating Provider	Frequency
<b>Exam</b> (with dilation as necessary)	100% after \$10 copay	\$30 allowance	Once per calendar year
<b>Standard Lenses</b>			
• Single	100% after \$15 copay	\$25 allowance	Once per calendar year
• Bifocal	100% after \$15 copay	\$40 allowance	
• Trifocal	100% after \$15 copay	\$60 allowance	
<b>Frames</b>	\$130 retail allowance (20% off balance over \$130) <sup>1</sup>	\$65 retail allowance	Once every 2 years
<b>Contact Lenses<sup>1</sup></b>			
• Elective	\$130 retail allowance (15% off balance over \$130)	\$104 retail allowance	Once per calendar year
• Medically necessary	100%	\$200 retail allowance	

<sup>1</sup>If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Humana Vision plan only).

## Additional Plan Discounts

- Additional fixed copayments on lens options including: anti-reflective, scratch-resistant coating, and standard and premium progressive lenses.
- 40% retail discount on additional eyeglasses in-network only.
- After copay, standard polycarbonate lenses are available at no charge for dependents less than 19 years old.
- Diabetic members can receive Diabetic Eye Care at an in-network provider at no cost.

## How to Find an In-Network Vision Provider

- To find an in-network vision provider, go to [www.humanavisioncare.com](http://www.humanavisioncare.com) and select the EyeMed Vision Provider Locator or call **877.398.2980**.

# Flexible Spending/Healthcare Savings Accounts

Flexible Spending and Healthcare Savings Accounts are great tools to help you save money. All plans are administered by Bank of America and are pre-tax deductions.

Both pre-tax health plans allow you to pay for eligible medical expenses not covered by your medical, dental or vision plan, incurred by you and your eligible dependents – tax-free. Such expenses are copays, deductibles, prescriptions, eye glasses or eye exams. Your contribution will be deducted over the course of the plan year from your paycheck on a pre-tax basis. You are responsible for maintaining receipts.

Following are a few critical differences between HCFSA and HSA plans.

Health Flexible Spending Account (FSA)	Health Savings Account (HSA)
You do not have to be enrolled in a Medical Plan	Eligible only if you enroll in OchPlus 3 and not enrolled in Medicare or covered by another health plan or claimed as a dependent on another person's tax return
Use it or Lose it Any funds left in your account at the end of a plan year's grace period (for the 2020 plan year, this is March 15, 2021) will be forfeited	Carries over year to year; Portable if you leave Ochsner
Funds are available as soon as you begin participation in the plan year	Funds are available only after your payroll deductions are deposited to your account.
Minimum contribution = \$120	Minimum contribution = \$120
Maximum contribution = \$2,700	Maximum contribution = Individual \$3,550 Family \$7,100
No catch-up contributions	\$1,000 catch-up contribution for those 55 and older
The money in your account cannot earn interest	The money in your account can earn interest tax-free

## Dependent Care Flexible Spending Account (DCFSA)

The Dependent Care FSA allows you to pay expenses for eligible dependent child care (under the age of 13) and adult care so that you (and your spouse) can work or look for work. Maximum contribution is \$5,000 per year per household.

You pay for the service up front and then submit a claim to be reimbursed. Permittable expenses include: day care facilities, day camps, after school child care, or senior centers, private sitter exclusive of immediate family members, elder care or cost of a housekeeper whose primary duties include care of a qualified dependent.

Grace period allows you to submit claims (until March 15, 2021 for the 2020 plan year). Refer to the IRS Publication 503 at [www.irs.gov](http://www.irs.gov) for further rules.

## Employer Paid Benefits Available To You

### Employee Assistance Program (EAP)

Ochsner provides Employee Assistance (EAP) coverage to all employees and their household members at no cost to you, available upon your first day of employment. You and your family members can receive confidential, personal counseling by contacting ComPsych, our EAP provider, at **877.595.5284**. You can receive up to five free counseling visits per issue/occurrence.

### Pathway To Wellness (PTW)

This program is designed to enhance the health and wellness of Ochsner employees. After your medical benefits become effective, you will receive an email invitation from our partner, Go365 with instructions on how to enroll. Eligible employees not participating in an Ochsner medical plan can choose to pay a modest fee through pre-tax payroll deductions to participate. The PTW program allows you to earn points/rewards for each status level you reach during the year.

### Business Travel Accident (BTA)

Ochsner also provides full-time employees with business travel accident coverage at no cost. BTA coverage provides extra protection if you die or sustain certain types of injuries in an accident while you are traveling on Ochsner business. Full-time employees are automatically enrolled with the coverage amount of \$500,000. Additional coverage is available for employees who travel aboard aircraft operated by Ochsner for the purpose of emergency medical treatment.

### Adoption Assistance

The Adoption Assistance Program assists new parents by offsetting some of the costs associated with the adoption process. The program offers a \$4000 maximum reimbursement for qualified adoption expenses, granted once per calendar year. Qualifying adoption expenses include adoption fees, court costs, attorney fees, adoption agency fees (includes foreign adoption fees), travel, and medical expenses. An eligible child is any child who has not reached the age of 13 and who is not the grandchild or child of the employee's spouse, domestic partner or blood relative. Full-time employees, Advanced Practice Providers, and Full-time physicians are eligible on the first day of employment but must be actively working full-time when event is finalized. To request adoption assistance, required documentation

and application must be sent within 60 days of finalizing the adoption to **MyHR@ochsner.org** to receive reimbursement. Refer to SOP for eligibility and restrictions.

## Additional Benefits Available To You

**Refer to your addendum for specifics about the following benefits**

### Term Life Insurance

Ochsner offers both employer paid basic and voluntary term life insurances to care for yourself and your dependents by providing financial security should the unexpected occur. Ochsner does not maintain beneficiaries. Please login to SunLife's website to name or update your beneficiary at **www.sunlife-usa.com**. Refer to page 7 of this Guide for situations which require Evidence of Insurability (EOI).

### Group Variable Universal Life Insurance

In lieu of optional term life insurance, Managers and Physicians may purchase optional Group Variable Universal Life coverage which offers the benefit of permanent life insurance combined with tax advantaged investment options. EOI is required when optional GVUL is greater than 2 times base salary or \$500,000.

### Tuition Assistance

Refer to the Tuition Assistance policy for eligibility details. Annual maximums apply per calendar year towards an undergraduate or graduate degree. An "A" or "B" is required for reimbursement. Four (4) hours will be credited in Ochsner Learning Network as part of your commitment requirements to Professional Development.

### Voluntary Benefits

- **Critical Illness Policy** – Critical Illness insurance can help with the treatment costs of life-changing illnesses and Health events, so you can stay focused on recuperation
- **Off-the-Job Accident Policy** – In the event of an unexpected injury, the accident policy can help protect your personal finances by helping with expenses that may not be covered by major medical insurance.

For detailed coverage and claims questions, please contact **Gallagher AFLAC Customer Service: 800.840.6580, Extension 3.**

Please note that Critical Illness and Accident policies are offered only during the annual Open Enrollment Period.

# Time Away From Work

## Paid Time Off

Paid Time off programs include General Purpose Time (GPT), Vacation and Work Life Days for Full-time and Regular Part-time employees. GPT and Vacation are accrued based on your length of service. Your addendum has more specific information about the plan(s) you are eligible for as well as accrual rates and maximum banks.

Ochsner offers a GPT sellback program through which non-management employees can sell for cash in 40-hour increments. You must maintain a minimum of 40 hours in your bank.

## Holidays

Full-Time employees receive seven paid holidays each year. You are immediately eligible after your start date.

HOLIDAY SCHEDULE
New Year's Day
Mardi Gras Day*
Good Friday
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

\*If your site location does not recognize Mardi Gras, you will receive an additional personal holiday.

\*\*If you work remotely, your holidays will mirror your department's holidays, based on the department's geographic location.

## Personal Holiday

Full-time employees receive additional day(s) for their personal use. The day you select requires leader approval. You must take personal holidays by December 31 or you will lose them.

## Leaves of Absence

The following leave and disability benefits are administered through Sun Life Financial. Requests for intermittent leave of any duration and continuous leave for three (3) consecutive days or more should be applied for through Sun Life. Employees should consult Ochweb or Sun Life for further information about other leave programs (State, Maternity, Personal Leave, ADA)

## Jury Duty or Court Service

Ochsner offers time off to eligible employees when they perform their civic and public service obligations. Benefit is paid at a rate equal to base hourly rate of pay for their shift. Employees who successfully complete their first 90 days of employment are eligible for the full benefit for their service. If employed less than 90 days, employees will receive one day of jury duty pay. PRNs are not eligible. Employees must notify Sun Life and furnish proof of service. Refer to policy for details.

## **Military Leave**

Military service members (in the U.S. Armed Forces) on extended military leave and reservists attending annual training will receive the difference between their Ochsner base pay and their military base pay for up to 15 working days during a 12-month rolling year. Upon return from military duty, employees will be reinstated to their original job or a job of like seniority, status and pay, provided the service limitations and notice requirements are met. Refer to the Military Leave of Absence Policy for details.

## **Bereavement**

Full-time employees are eligible to receive 3 days (up to 24 hours) of bereavement pay per occurrence for the death of an immediate family member or in-law (2 per 12 month period). Employees must contact Sun Life to be approved and receive paid bereavement time. You must use GPT if you need additional bereavement time. Refer to the Bereavement policy for definitions of immediate family and in-law.

## **FMLA**

The Family Medical Leave Act provides eligible employees with unpaid, protected leave and continuation of medical benefits for certain qualifying family and medical reasons. To be eligible for FMLA leave, an employee must be employed with Ochsner for at least 12 months and have worked 1,250 hours in the 12 months prior to the start of leave. An absence may be eligible for a paid-benefit under Ochsner's Short-term Disability plan or by using general purpose time, vacation or work-life days. Refer to the Family and Medical Leave of Absence policy.

## **Paid Parental Leave of Absence**

The Paid Parental Leave of Absence benefit provides time off to bond with a new child and income protection to alleviate some of the financial challenges that arise with the addition of a new family member. An eligible child must be under the age of 13 and new to the employee's home. The paid benefit provides 60% of base pay for regularly scheduled hours for a continuous period of two weeks (14 days). The Paid Parental Leave of Absence will not duplicate or extend short-term disability benefits. Full-time employees, Advanced Practice Providers and full-time physicians are eligible on the first day of employment. Limited to one benefit period per 12-month rolling year. Refer to SOP for eligibility and restrictions.

## **Disability**

Ochsner offers disability income plans designed for financial protection when you are sick or injured and unable to work. Eligibility and benefit is defined in your addendum. Employees are required to apply and provide substantiating documentation to Sun Life for disability benefits to receive timely approval.

### **Short-Term Disability (STD)**

Partial pay/salary replacement coverage when you need to be away from work for a short period of time due to a non-occupational illness or injury. STD benefits are paid through payroll after approval is obtained from Sun Life. Refer to the SPD and your benefit addendum for details.

### **Long Term Disability (LTD)**

Partial pay/salary replacement coverage when you are unable to work for an extended period of time (beyond 180 days or 270 days for physicians) due to an injury or illness. Evidence of Insurability (EOI) is required if you elect LTD later than your initial eligibility. Pre-existing condition exclusions may apply if a disability occurs within the first 12 months of a new or increased coverage. See the SPD and your benefit addendum for more information.

# Financial Wellbeing

## 401(k)/403(b)

All employees are eligible to participate in the 401(k) and 403(b) plans administered by Vanguard. Information will be mailed from Vanguard to your home address approximately two weeks after your start date with instructions for enrolling. You will be automatically enrolled in the 401(k) plan at a 3% contribution rate if you do nothing with automatic 1% increases each year (up to a max of 10%). Financial tools are available on Vanguard’s website along with options to opt out or change your contributions.

Ochsner contributes to your 401(k) account in two ways after completing one-year of service with at least 1,000 hours. Contributions are based on a maximum eligible compensation of \$170,000. Company contributions are made annually (in July of the following plan year) and subject to the last day of the plan year rule.

- Ochsner matches 50% of the first 4% of your elective deferrals, not to exceed 2% of your eligible compensation
- Ochsner contributes 2% of your eligible compensation regardless of your participation.

You are always 100% vested in your personal contributions. You become vested in employer contributions based on your years of service (with 1,000 hours).

Years of Service with 1,000 hours	% Vested in Employer Match
One or less	0%
Two	20%
Three	40%
Four	60%
Five	80%
Six	100%

Please visit the Vanguard website to access additional useful financial tools.

## Quick Relief Loans

The Credit4Work! Program offers financial education and loan programs to help employees get back on track and to establish good credit. There is a \$25 one-time fee for all loans and for your convenience, your agreed upon monthly payment will be made as an Ochsner payroll deduction.

For more information visit [www.creditworksonline.com](http://www.creditworksonline.com) and enter code OHS#1. This benefit is available to Full-Time employees with at least one year of service with no open bankruptcy and verifiable personal information. Employees must be residents of Louisiana, Mississippi, or Florida. Regular Part-Time, Part-Time, and PRN employees, executives and physicians are not eligible.

## Student Loan Refinancing

Employees with student loan debt are eligible for refinancing services offered by SoFi, a personal finance company. All employees are eligible. Visit [SoFi.com/Ochsner](http://SoFi.com/Ochsner) for more information.

## Discount Program

PerkSpot is a one-stop-shop for exclusive employee discounts to hundreds of merchants nationwide including travel, cell phones, restaurants, auto, apparel, electronics and more - at no cost to you. Visit [Ochsner.perkspot.com](http://Ochsner.perkspot.com) to sign up.

## Advanced Directives

Beginning in 2020, you can earn Go365 points by completing an advanced directive - a legal document that defines what type of treatment will be given to you when you can no longer make decisions or speak for yourself. For more information, email or call Shannon Wentz in Palliative Medicine at **504.703.2935** or [shannon.wentz@ochsner.org](mailto:shannon.wentz@ochsner.org).

## Answers to Frequently Asked Questions

Refer to the Summary Plan Description (SPD) for Ochsner's Benefit plan details and for other questions not listed here. Open Workday, click on the "Benefits" worklet and select "Summary Plan Description".

**Q: When does my coverage begin?**

A: In general, benefits begin on your date of hire or date of status change. Refer to your addendum for specific effective dates of each benefit.

**Q: How will I receive my ID cards?**

A: As a new hire: Your ID cards are mailed to your home approximately 10-14 business days after enrolling. During the annual Open Enrollment period: If newly enrolled in any plan, your ID cards will be mailed in late December.

- Medical (BCBS): lists employee name only
- Pharmacy (MedImpact): lists employee name only
- Dental (Humana): ID cards are electronic
- Vision (Humana): will receive only if newly enrolled

**Q: How do I confirm if my medical provider is in-network?**

Register at [www.myhealthtoolkitla.com](http://www.myhealthtoolkitla.com) to confirm in-network providers and facilities. Login and click "OchsnerPlus Network" under the Quick Links section.

**Q: Can I have dual life insurance coverage if my spouse also works for Ochsner?**

A: If you and your spouse or child (under age 26) work for Ochsner and are in benefits eligible positions, you may each take employee coverage, or one of you may cover the other as a dependent. Also, you and/or your spouse may carry one another on spouse life insurance and may both carry any eligible dependent children for child life insurance coverage.

**Q: When does my coverage end?**

A: Your benefits end on the earliest of the following:

- Last day worked at Ochsner
- The beginning of the period for which you fail to make the required contributions
- The day on which you no longer meet eligibility requirements

Your dependents' coverage ends:

- The day your coverage ends
- The day on which your dependents no longer meet eligibility requirements

**Q: Am I able to continue benefits after I leave Ochsner?**

A: Benefit continuation for medical, dental and/or vision is offered through COBRA when your

coverage ends due to termination or ineligibility. COBRA election information will be mailed to your home address approximately 2 weeks after your termination or ineligible status is processed in Workday.

Life insurance may be continued through the portability and/or conversion features in the SunLife contract. Your request to continue life coverage must be received by SunLife within 31 days of termination. Please refer to the SunLife Certificate of Coverage for more details or contact SunLife directly.

**Q: What happens to my benefits if I am not working, and on an approved leave of absence?**

A: Your coverage is protected if you continue making your required contributions. If you continue to receive pay while on leave, your required deductions will be deducted from your pay.

If you do not receive pay, or the pay you receive is not enough to cover the required contributions, you must remit timely payment. Mail your check payable to

Ochsner Clinic Foundation:  
Ochsner Health System - HR Benefits  
P O Box 54991  
New Orleans, LA 70154-4491

**Q: How do I apply for Leave of Absence?**

A: How do I apply for Leave of Absence? Contact Sunlife by calling **888.888.5848** or by visiting [www.sunlife-ams.com](http://www.sunlife-ams.com).

**Q: What are my options if I become eligible for Medicare?**

A: If you remain covered as an active employee or dependent, and enroll in a Medicare Part B Plan, the OchPlus plan will continue to be the primary payer and Medicare Part B will be secondary. If you enroll in a Medicare plan and drop your Ochsner coverage, be aware that you (and your dependents) will not be eligible for Ochsner coverage again unless you are an active employee and you enroll during open enrollment or because you have experienced a change in status. For more information, refer to the SPD, visit [www.medicare.gov](http://www.medicare.gov), or call **1.800.633.4227**.

**Q: When can I take a distribution from my 401(k) if I leave Ochsner?**

A: Vanguard will send a letter to your home approximately 2 weeks after your termination has been processed.

# Special Notifications

## Special Enrollment Period

The IRS has created special enrollment rights that allow you to change your medical coverage within 60 days of the event date for the following:

If you acquire a new dependent because of marriage, birth, adoption or placement for adoption, you may enroll yourself and your new dependent in one of the OchPlus medical plans. If you are already enrolled in an OchPlus medical plan when you acquire a new dependent, you may enroll your dependent in your current option, or enroll yourself and your family members in a different option.

In order to take advantage of this right, you must complete a Qualifying Life Event in Workday within 60 days of the event date. If you miss this deadline, you will not be permitted to enroll the dependent until the next open enrollment period. The coverage and premiums are retroactive to the event date.

## Coverage After Retirement

If your coverage ends due to retirement at age 55 and you have at least 10 years of service, or at age 65 and you have at least 5 years of service, you may elect to continue your medical, dental and vision coverage provided you pay the required contributions. Vision and dental coverage alone cannot be elected.

## COBRA

If your coverage ends due to termination or becoming ineligible, you may elect to continue benefits through COBRA based on your benefit eligibility. Your COBRA offering may include medical, dental, vision, Health Care Flexible Spending Account or Pathway to Wellness. Please refer to the SPD for more information. COBRA election information is provided by Wage Works.

You may also be eligible to continue health coverage under the provisions of the Family and Medical Leave Act/Uniformed Services Employment and Reemployment Rights Acts. Please refer to your SPD or contact the HR Solution Center for more information.

## Notice Regarding the Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. After consulting with the mother, federal law generally does not prohibit the mother's or newborn's attending provider from discharging the mother or her newborn earlier than 48 hours (or 96 as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Reconstructive Surgery Following Mastectomies

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Protheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance provided under the Ochsner medical plans.

## Protecting Your Health Information Privacy Rights

Ochsner is committed to the privacy of your health information. The administrators of the Ochsner Health and Welfare plans use strict privacy standards to protect your health information from unauthorized use or disclosure. The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. The notice is also available online at in the Summary Plan Description (SPD) located in the Benefits Information worklet in Workday.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, dial **1.877.KIDS.NOW**, or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

## Important Notice from Ochsner Health System About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ochsner Health System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Ochsner Health System has determined that the prescription drug coverage offered by Ochsner Health System health plan, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-(2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Ochsner Health System coverage will not be affected. See plan SPD for more information about your prescription drug coverage provisions/options. If you do decide to join a Medicare drug plan and drop your current employer-sponsored coverage, be aware that you and your dependents will not be able to get this coverage back.

### **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Ochsner Health System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice or Your Current Prescription Drug Coverage:**

Contact the person listed below for further information contact OHS HR Solution Center at **504.842.4748**, select Option 6. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Ochsner Health System changes.

You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### **For More Information About Medicare Prescription Drug Coverage:**

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1.800.772.1213** (TTY **1.800.325.0778**).

**Date:** 10/15/2019

**Name:** Ochsner Health System  
ATTN: HR Solution Center  
1514 Jefferson Hwy, BH 543  
New Orleans, La 70121

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Governing Documents For Reference

This guide provides general highlights of Ochsner benefits for you. Your addendum specifies premiums and benefits you are eligible for based on your employment type/status. Please refer to the legal documents and policies which govern the administration and interpretation of benefits highlighted in this guide.

The **Summary Plan Descriptions** (SPD) for Health and Welfare and 401(k) plans are the legal plan documents which provides definitions, requirements for prior authorizations and referrals, exclusions and the appeal process.

**Ochsner Policies and Operating Standards** provide further eligibility and administrative details.

- OHS.HR.305 PRN Employment Status
- OHS.HR.311 Employment Status - Operational Standard
- OHS.HR.211 Dependent Eligibility Verification
- OHS.HR.118 Tobacco Free Environment
- OHS.HR.415 Disability Salary Continuation
- OHS.HR.206 Short-Term Disability
- OHS.MED.002 Physician Disability Salary Continuation
- OHS.HR.203 Family and Medical Leave of Absence
- OHS.HR.205 Bereavement Leave
- OHS.HR.210 Jury Duty or Court Service
- OHS.HR.207 Military Leave
- OHS.HR.202 Tuition Assistance
- OHS.HR.204 General Purpose Time (GPT)
- OHS.MED.005 Physician Vacation
- OHS.HR.201 Holidays

# Contacts

Service	Vendor	Purpose	Contact Info
<b>401(k); 403(b)</b>	Vanguard	Change contribution rate; Update account; Rollover or Hardship inquiries	800.523.1188 www.Vanguard.com/retirementplans Company code: 094115
<b>Accident &amp; Critical Illness</b>	AFLAC	Service Inquiries; Submit Claims	800.840.6580, ext 3 www.aflac.com/ochsner
<b>COBRA</b>	Wage Works	Continuing medical, dental, and/or vision losing eligibility or terminating employment	877.452.6272 https://mybenefits.wageworks.com
<b>Dental</b>	Humana, Inc.	Dental claims; Find participating dentists; Verification eligibility	800.233.4013 www.HumanaDental.com
<b>Discounts</b>	PerkSpot	Nationwide Discounts	866.606.6057 https://ochsner.perkspot.com/login
<b>EAP (Employee Assistance Program)</b>	ComPsych	Receive confidential, personal counseling to help with life concerns	877.595.5284 www.GuidanceResources.com Company code: EAPcomplete
<b>Leave of Absence</b>	Sun Life Financial	Submit claim for: Bereavement; FMLA; Jury Duty; Maternity; Military Leave; Short or Long term disability; State Leave	888.888.5848 www.Sunlife-ams.com OLHS-NL control #: 246426
<b>Life and AD&amp;D</b>	Sun Life Financial	Evidence of Insurability; Submit claims	800.247.6875 www.Sunlife-usa.com/planmembers
		Add/update beneficiaries	800.227.9985 https://www.wpsenroll.com/
<b>Medical</b>	Blue Cross Blue Shield	Claims; Eligibility; Find in-network providers; pre-certify	855.212.4679 www.MyHealthToolKitLA.com
<b>Pathway to Wellness</b>	Go365	Enrollment questions; Requirements	504.842.5427 www.PathwayToWellness@Ochsner.org
<b>Pharmacy</b>	MedImpact	Eligibility; Specialty drugs; Tier prices	844.587.7390 www.Mp.medimpact.com
	Ochsner Pharmacy Specialty		504.842.3205 www.OchsnerPharmacy.com
			855.312.4193 www.ochsnerspecialtypharmacy.com
<b>Quick Relief Loans</b>	Credit Works	Affordable loans with Ochsner's Payroll deductions	800.409.3765 www.CreditWorksOnline.com
<b>Savings and Spending Accounts</b>	Bank of America	Dependent Care (DCSA) Flexible Spending Account (FSA) Health Savings Account (HSA)	800.328.5394 (FSA/DCSA) 866.791.0250 (HSA) www.myhealth.bankofamerica.com
<b>Student Loan Refinancing</b>	SoFi	Student Loan Counseling, Refinancing and/or Loan Consolidation services	855.456.7634 SoFi.com/Ochsner
<b>Verification Eligibility</b>	HMS	Dependent eligibility; Spousal access fee	866.868.8991 www.VerifyOS.com
<b>Vision</b>	Humana, Inc.	Eligibility; Find vision providers (EyeMed)	877.398.2980 www.HumanaVisionCare.com

Ochsner HR Solution Center • 504.842.4748, select Option 6 • MyHR@ochsner.org

This benefit summary prepared by



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