

The following is information on the insurances we offer. You may enroll in the health insurance and other supplemental insurances. The health insurance is handled by the Benefits Coordinator at the Central Office. First Financial is the company that handles our supplemental insurances (everything else besides health insurance) such as dental, vision, disability, cancer, etc.

### **Health Insurance:**

New employees will be given the health insurance forms and information in their new hire packet. You will need to complete and return the paperwork to the Benefits Coordinator within 30 days from your hire date. If you do not turn in your paperwork within 30 days, you cannot enroll in the health insurance until the next annual enrollment period, unless you have a qualifying life event. You can only add, drop or make changes during annual enrollment, unless you have a qualifying life event. The annual enrollment is in October and the effective date will be January 1st.

To find out more information on the Office of Group Benefits health insurance plans, you can go to [www.groupbenefits.org](http://www.groupbenefits.org) or contact them at 1-800-272-8451. You can also find more information on the Blue Cross plans at [www.bcbsla.com/ogb](http://www.bcbsla.com/ogb) or contact them at 1-800-392-4089.

Please keep in mind that the health insurance is separate from the other insurances and it is handled differently. If you have questions about the health insurance, you will need to contact the Benefits Coordinator. The Benefits Coordinator is the Agency Representative for Office of Group Benefits and First Financial is not authorized to handle the OGB health insurance.

If you are adding the following dependents on your health insurance, you will need to provide:

- Self – social security card
- Spouse – your marriage certificate (it must have a signature from the Clerk of Court's office) and social security card
- Child – birth certificate and social security card

### **Supplemental Insurance:**

New employees will have only 60 days from your hire date to enroll in the supplemental insurances (everything besides health insurance) or you will have to wait until the next open enrollment period in October. Any changes or additions made during open enrollment will be effective January 1st. If you are interested in adding any of the supplemental insurances, you will need to contact First Financial at 1-866-541-5096 or our agent, Stephen Martin at 225-288-5695.

To find out more information and to view the New Hire Benefit Video on the supplemental insurances, you can go to <http://benefits.ffga.com/grantparishschoolboard>.

Heather Dean  
Benefits Coordinator  
Grant Parish School Board  
[hdean@gpsb.org](mailto:hdean@gpsb.org)  
318-627-3274 Ext. 1112



Agency Number	Agency Name	Primary Plan Participant/Employee Name	Date of Hire
---------------	-------------	--	--------------

**Section 1 - Primary Plan Participant/ Employee Information**

Name First	M.I.	Last	Social Security Number	Date of Birth
Home Phone number	Work/Alt Phone Number	Email Address* (See footnote below)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address (Street or P.O. Box)	City	State	Zip Code	Country
Physical Address (street)	City	State	Zip Code	Country

**Section 2 - Rehired Retiree**

When a retiree with OGB coverage returns to benefits-eligible employment, the hiring agency must notify OGB within 30 days of reemployment and the hiring agency must begin to pay the employer portion of the Re-employed Retiree premium from the date of hire. Upon resuming retirement status, premiums will revert to the applicable retiree rates (i.e. Retiree without Medicare, Retiree with 1 Medicare, Retiree with 2 Medicare). At that time, the agency from which the retiree originally retired will resume payment of the employer portion of the premium. The employer portion of the premium will be the percentage set at the retiree's initial retirement. For example, an agency paying 19% of a retiree's premium upon retirement will pay 19% of the retiree's premium when the retiree resumes retirement. Retirees who have maintained their OGB health coverage in retirement MAY NOT waive coverage when returning to benefits-eligible employment.

AGENCY RETIRED FROM	RETIREMENT DATE (MM/DD/YYYY)
---------------------	------------------------------

**Section 3 - Enrollment Information**

**LEVEL OF HEALTH AND LIFE COVERAGE - FOR PLAN SELECTION SEE SECTIONS 4 AND 5**

For each dependent, employee must check the box in section 3 if they wish that dependent to have health and/or life coverage. For life insurance, employee must also check the appropriate box of section 5. If adding more than 4 dependents, employee must complete, sign and submit a second GB-01 form.

- Employee Only  Employee + Child(ren)  Employee + Spouse  Family

NAME <small>(LAST, FIRST, MIDDLE INITIAL)</small>	RELATIONSHIP	GENDER	BIRTH DATE <small>(MM/DD/YYYY)</small>	ADD/DELETE	SOCIAL SECURITY NUMBER	HEALTH	DEP. LIFE
SPOUSE		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> ADD <input type="checkbox"/> DELETE		<input type="checkbox"/> YES	<input type="checkbox"/> YES
DEPENDENT		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> ADD <input type="checkbox"/> DELETE		<input type="checkbox"/> YES	<input type="checkbox"/> YES
DEPENDENT		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> ADD <input type="checkbox"/> DELETE		<input type="checkbox"/> YES	<input type="checkbox"/> YES
DEPENDENT		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> ADD <input type="checkbox"/> DELETE		<input type="checkbox"/> YES	<input type="checkbox"/> YES
DEPENDENT		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> ADD <input type="checkbox"/> DELETE		<input type="checkbox"/> YES	<input type="checkbox"/> YES

**Section 4 - Health Plan Selection - COMPLETE THE APPLICABLE SECTION BELOW. SELECT ONLY ONE HEALTH PLAN.**

**Active Employees and Non-Medicare Retirees**

- Pelican HRA1000 (Administered by Blue Cross)  Magnolia Local (Limited Provider Network - Administered by Blue Cross)  
 Magnolia Local Plus (Administered by Blue Cross)  Magnolia Open Access (Administered by Blue Cross)  
 Pelican HSA775\* (Actives Only - Administered by Blue Cross)  LSU First Option 1 (for eligible LSU Active Employees/ Non-Medicare Retirees only)  
 \$ \_\_\_\_ monthly deduction

**\*If you select the Pelican HSA775 plan, you must complete the GB-79 form to open a Health Savings Account in your name with a minimum deposit of \$200 provided.**

**Tax implications may apply for certain members.**

**Medicare Retirees**

**OGB Secondary Plans:**

- Pelican HRA1000 (Administered by Blue Cross)  Magnolia Local (Limited Provider Network - Administered by Blue Cross)  
 Magnolia Local Plus (Administered by Blue Cross)  LSU First Option 3 (for eligible LSU Retirees only)  
 Magnolia Open Access (Administered by Blue Cross)  
 Optional: Retiree 100  
 Employee Only  Dependent Only  Employee + 1 Dependent

**OGB Sponsored Medicare Advantage Plans:**

- Peoples Health Medicare Advantage Plan  
 Blue Advantage HMO  
 Humana Medicare Advantage Employer HMO Plan  
 Via Benefits (Please call 1-855-663-4228 or visit my.ViaBenefits.com/ogb to enroll.)

MEDICARE VERIFICATION	
PLAN MEMBER	SPOUSE
<input type="checkbox"/> No Coverage	<input type="checkbox"/> No Coverage
<input type="checkbox"/> Hospital (Part A)	<input type="checkbox"/> Hospital (Part A)
<input type="checkbox"/> Medical (Part B)	<input type="checkbox"/> Medical (Part B)
<input type="checkbox"/> Drugs (Part D)	<input type="checkbox"/> Drugs (Part D)
<b>A COPY OF MEDICARE CARD MUST BE ATTACHED</b>	

**\*Note to FSA Enrollees:** By providing an email address, you may receive certain benefits-related correspondence through email unless you contact TASC to receive paper notices. You are responsible to provide us with your current email address and to promptly notify us of any changes to your email address by calling customer service at 1-800-272-8451.



Agency Number	Agency Name	Primary Plan Participant/Employee Name	Social Security Number
---------------	-------------	--	------------------------

**Section 5 - Life and Flexible Benefits Plan Selection**

LIFE INSURANCE (check one only) OGB FLEXIBLE BENEFITS (check all that apply)

**DECLINE LIFE INSURANCE COVERAGE**

<p style="text-align: center;"><b>BASIC</b></p> <p><input type="checkbox"/> Employee/No Dependent Coverage</p> <p><input type="checkbox"/> Employee/Dependent Coverage (Eligible Spouse \$1,000 Eligible Child \$500)</p> <p><input type="checkbox"/> Employee/Dependent Coverage (Eligible Spouse \$2,000 Eligible Child \$1,000)</p>	<p style="text-align: center;"><b>ENHANCED BASIC</b></p> <p><input type="checkbox"/> Employee/No Dependent Coverage</p> <p><input type="checkbox"/> Employee/Dependent Coverage (Eligible Spouse \$1,000 Eligible Child \$500)</p> <p><input type="checkbox"/> Employee/Dependent Coverage (Eligible Spouse \$2,000 Eligible Child \$1,000)</p>
<b>BASIC PLUS SUPPLEMENTAL</b>	
<p><input type="checkbox"/> Employee/No Dependent Coverage</p> <p><input type="checkbox"/> Employee/Dependent Coverage (Eligible Spouse \$2,000 Eligible Child \$1,000)</p> <p><input type="checkbox"/> Employee/Dependent Coverage (Eligible Spouse \$4,000 Eligible Child \$2,000)</p>	

Annual Salary \_\_\_\_\_ Date of Last Salary Increase \_\_\_\_\_ Face Life \_\_\_\_\_

**FLEXIBLE BENEFITS (ACTIVE EMPLOYEES ONLY)**

- Decline flexible spending account
- My agency does not participate in OGB's flexible benefits plan
- I do want to participate and acknowledge that I have completed the flexible spending arrangement form.

**Section 6 - Acknowledge Offer and Decline Health Insurance Coverage (Active Employees Only)**

**ACKNOWLEDGE OFFER AND DECLINE HEALTH INSURANCE COVERAGE (ACTIVE EMPLOYEES ONLY)**

I have been offered health coverage for myself and my eligible dependents. I have voluntarily elected to decline the coverage as indicated below. If I choose to apply for health coverage at a later date, I understand that I may only enroll for health coverage during annual enrollment or as otherwise specified in the OGB plan document in the event I, or my eligible dependents have a Plan Recognized Qualified Life Event.

**Reason for Declining Health Coverage Offer:**

- Other Group Health Coverage (would include being covered as a dependent under an OGB plan)
- Other Individual Health Coverage
- Medicare, Medicaid, Other, Explain:
- I am not enrolled in any health coverage and I do not accept this offer of health coverage
- I do not wish to disclose

**NOTE TO AGENCY REPRESENTATIVE:** If the employee declines health coverage, he or she must acknowledge the offer of coverage by completing the GB-01 form. The acknowledgment must be sent to OGB and a copy retained by the agency participating employer as evidence that the employee was offered health coverage within the time-frames allowed by law and the employee subsequently declined the offer of coverage.

**Section 7 - Acknowledgment and Certification**

**BY SIGNING THIS APPLICATION, I ACKNOWLEDGE AND CERTIFY THE FOLLOWING:**

*(Please check each box)*

- I, Primary Plan Participant, acknowledge that I have provided appropriate documents to OGB to verify my eligibility and the eligibility of my covered dependent(s) and those documents are included with this application.
- I apply for participation or a change in my participation in the named plan(s) and agree to be bound by the plan's terms and conditions.
- I acknowledge and authorize deductions from my earnings or retirement check to pay for insurance for myself and my dependents, if applicable.
- I acknowledge and certify that the information provided on this form is true and correct I understand that if I provide false, misleading or incomplete information on this form, it may result in denial or rescission of coverage retroactive to the initial day of coverage.
- I accept that this acknowledgment and certification will become a part of my application for coverage and that a copy of my signature is as valid as the original.
- I acknowledge that any dis-enrollment from an OGB plan of benefits will result in dis-enrollment from both medical and pharmacy benefits, including, but not limited to, Medicare Part D.

Signature	Date
-----------	------

**FOR AGENCY USE**

<b>PLAN RECOGNIZED QUALIFIED LIFE EVENT (QLE) FOR APPLICATION (REFERENCE 2023 QLE SPREADSHEET):</b>		
QLE code or qualified life event description	Qualified life event date	Add/Drop/Reinstate Coverage
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Reinstate Coverage		

I, Agency Representative, certify that the documentation presented is appropriate and supports the occurrence of the OGB plan-recognized qualified life event referenced above.

If the QLE referenced above is for retirement, I further certify that the individual meets the retiree eligibility requirements set forth in OGB's rules

Signature of Agency Representative	Date
Printed Name of Agency Representative	Date

<b>MAGNOLIA OPEN ACCESS</b>			
Administered by Blue Cross			
Coverage Level	Employee	Employer	Total
Employee	\$254.28	\$787.10	\$1,041.38
Employee & Spouse	\$839.66	\$1,372.46	\$2,212.12
Employee & 1 Child	\$368.72	\$901.48	\$1,270.20
Employee & Child(ren)	\$368.72	\$901.48	\$1,270.20
Family	\$900.06	\$1,432.92	\$2,332.98
<b>MAGNOLIA LOCAL PLUS</b>			
Administered by Blue Cross			
Coverage Level	Employee	Employer	Total
Employee	\$244.42	\$757.36	\$1,001.78
Employee & Spouse	\$807.30	\$1,320.40	\$2,127.70
Employee & 1 Child	\$354.38	\$867.34	\$1,221.72
Employee & Child(ren)	\$354.38	\$867.34	\$1,221.72
Family	\$865.42	\$1,378.52	\$2,243.94
<b>PELICAN HSA 775</b>			
Administered by Blue Cross			
Coverage Level	Employee	Employer	Total
Employee	\$84.46	\$277.54	\$362.00
Employee & Spouse	\$288.00	\$481.10	\$769.10
Employee & 1 Child	\$124.38	\$317.40	\$441.78
Employee & Child(ren)	\$124.38	\$317.40	\$441.78
Family	\$308.94	\$502.00	\$810.94
<b>PELICAN HRA 1000</b>			
Administered by Blue Cross			
Coverage Level	Employee	Employer	Total
Employee	\$179.40	\$562.30	\$741.70
Employee & Spouse	\$596.26	\$979.14	\$1,575.40
Employee & 1 Child	\$261.00	\$643.90	\$904.90
Employee & Child(ren)	\$261.00	\$643.90	\$904.90
Family	\$639.20	\$1,022.16	\$1,661.36

**Note:** Rates include a \$6.00 reduction in the employee share and a \$6.00 increase in the employer share. GPSB pays \$6.00 of each active employee's share.

**ACTIVE EMPLOYEES and NON-MEDICARE RETIREES**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Pelican Health Plans Benefits Comparison**  
**Benefits effective January 1, 2026 - December 31, 2026**

HEALTH PLAN OPTION	PELICAN HRA1000 High Deductible Health Plan		PELICAN HSA775 High Deductible Health Plan	
<b>NETWORK</b>	Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLE</b>				
EMPLOYEE ONLY	\$2,000	\$4,000	\$2,000	\$4,000
FAMILY	\$4,000	\$8,000	\$4,000	\$8,000
<b>OUT-OF-POCKET MAXIMUM</b>				
EMPLOYEE ONLY	\$5,000	\$10,000	\$5,000	\$10,000
FAMILY	\$10,000	\$20,000	\$10,000	\$20,000
<b>STATE FUNDING</b>	<b>THE PLAN PAYS</b>		<b>THE PLAN PAYS</b>	
EMPLOYEE ONLY	<b>\$1,000</b>		<b>\$775*</b>	
FAMILY	<b>\$2,000</b>		<b>\$775*</b>	
	Funding not applicable to pharmacy Expenses.		*\$200, plus up to \$575 more dollar for dollar match of employee contributions	
<b>COVERED SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT OF-NETWORK</b>
<b>PHYSICIANS' SERVICES</b>				
<b>Preventative Care Primary Care Physician or Specialist Office or Clinic</b>	100% coverage; <b>not</b> subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; <b>Not</b> subject to deductible	100% coverage; <b>not</b> subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; <b>Not</b> subject to deductible
<b>Primary Care Physician or Specialist Office - Treatment of illness or injury</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Maternity Care</b> (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Physician Services Furnished in a Hospital</b> Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Physician Services for Emergency Room Care</b>	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible
<b>Outpatient Surgery/ Services</b> When billed as office visits	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Outpatient Surgery/ Services</b> When billed as outpatient surgery at a facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>HOSPITAL SERVICES</b>				
<b>Inpatient Services</b> Inpatient care, delivery and inpatient short-term acute rehabilitation services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Outpatient Surgery/Services</b> Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage.  
**NOTE:** Prior Authorizations and Visit Limits may apply to some benefits - refer to your Plan Document for details.

**ACTIVE EMPLOYEES and NON-MEDICARE RETIREES**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Pelican Health Plans Benefits Comparison**  
**Benefits effective January 1, 2026 - December 31, 2026**

HEALTH PLAN OPTION	PELICAN HRA1000 High Deductible Health Plan		PELICAN HSA775 High Deductible Health Plan	
<b>NETWORK</b>	Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers	
COVERED SERVICES	IN-NETWORK	OUT OF-NETWORK	IN-NETWORK	OUT OF-NETWORK
<b>HOSPITAL SERVICES</b>				
<b>Emergency Room - Hospital (Facility)</b> - Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible
<b>BEHAVIORAL HEALTH</b>				
<b>Mental Health and Substance Abuse</b> - Inpatient Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Mental Health and Substance Abuse Outpatient Visits</b> - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>OTHER COVERAGE</b>				
<b>Outpatient Acute Short-Term Rehabilitation Services</b> Physical Therapy, Speech Therapy, Occupational Therapy, etc.	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Chiropractic Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Urgent Care Center</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Home Health Care Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Skilled Nursing Facility Services</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Hospice Care</b>	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Durable Medical Equipment (DME)</b> - Rental or Purchase	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
<b>Hearing Aid</b> Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	NO COVERAGE	80% coverage; subject to deductible	NO COVERAGE
<b>Transplant Services</b>	80% coverage; subject to deductible	NO COVERAGE	80% coverage; subject to deductible	NO COVERAGE
<b>PHARMACY</b>				
<b>Tier 1 - Generic</b>	50% up to \$30 <sup>1</sup>		\$10 copay	
<b>Tier 2 - Preferred</b>	50% up to \$55 <sup>1,2</sup>		\$25 copay	
<b>Tier 3 - Non-Preferred</b>	65% up to \$80 <sup>1,2</sup>		\$50 copay	
<b>Tier 4 - Specialty</b>	50% up to \$80 <sup>1,2</sup>		\$50 copay	
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>				
<b>Tier 1 - Generic</b>	\$0 copay		Not Applicable	
<b>Tier 2 - Preferred</b>	\$20 copay		Not Applicable	
<b>Tier 3 - Non-Preferred</b>	\$40 copay		Not Applicable	
<b>Tier 4 - Specialty</b>	\$40 copay		Not Applicable	

<sup>1</sup>Prescription drug benefit - 31-day fill

<sup>2</sup> Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus copay for brand-name drug.; cost difference does not apply to \$1,500 out-of-pocket threshold (if applicable).

**ACTIVE EMPLOYEES and NON-MEDICARE RETIREES**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2026 - December 31, 2026**

HEALTH PLAN OPTION		MAGNOLIA LOCAL PLUS		MAGNOLIA OPEN ACCESS		
NETWORK		Louisiana Blue Preferred Care Provider & Blue Cross National Providers		Louisiana Blue Preferred Care Provider & Blue Cross National Providers		
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
<b>DEDUCTIBLE</b>						
EMPLOYEE ONLY		\$400	NO COVERAGE	\$900	\$900	
EMPLOYEE + 1		\$800	NO COVERAGE	\$1,800	\$1,800	
EMPLOYEE + 2 OR MORE		\$1,200	NO COVERAGE	\$2,700	\$2,700	
<b>OUT-OF-POCKET MAXIMUM</b>						
EMPLOYEE ONLY		\$3,500	NO COVERAGE	\$3,500	\$4,700	
EMPLOYEE + 1		\$6,000	NO COVERAGE	\$6,000	\$8,500	
EMPLOYEE + 2 OR MORE		\$8,500	NO COVERAGE	\$8,500	\$12,250	
COVERED SERVICES	IN-NETWORK	OUT OF-NETWORK	IN-NETWORK	OUT OF-NETWORK	IN-NETWORK	OUT OF-NETWORK
<b>PHYSICIANS' SERVICES</b>						
<b>Preventative Care</b>			100% coverage; not subject to deductible	NO COVERAGE	100% coverage; not subject to deductible	70% coverage; subject to deductible
<b>Primary Care Physician or Specialist Office or Clinic</b>			100% coverage after a \$25 PCP or \$50 SPC copay per visit	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Primary Care Physician or Specialist Office - Treatment of illness or injury</b>			100% coverage; after a \$90 copay per pregnancy	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Maternity Care</b> (prenatal, delivery and postpartum)			100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Physician Services Furnished in a Hospital</b> Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.			100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Physician Services for Emergency Room Care</b>			100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	90% coverage; subject to deductible
<b>Outpatient Surgery/ Services</b> When billed as office visits			100% coverage; after a \$25 PCP or \$50 SPC copay per visit	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Outpatient Surgery/ Services</b> When billed as outpatient surgery at a facility			100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>HOSPITAL SERVICES</b>						
<b>Inpatient Services</b> Inpatient care, delivery and inpatient short-term acute rehabilitation services			100% coverage; after a \$100 copay per day max \$300 per admission	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 copay per day (days 1 - 50)
<b>Outpatient Surgery/ Services</b> Hospital / Facility			100% coverage; after a \$100 facility copay per visit	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible

**ACTIVE EMPLOYEES and NON-MEDICARE RETIREES**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2026 - December 31, 2026**

HEALTH PLAN OPTION	MAGNOLIA LOCAL PLUS	MAGNOLIA OPEN ACCESS		
<b>NETWORK</b>	Louisiana Blue Preferred Care Provider & Blue Cross National Providers	Louisiana Blue Preferred Care Provider & Blue Cross National Providers		
COVERED SERVICES	IN-NETWORK	OUT OF-NETWORK	IN-NETWORK	OUT OF-NETWORK
<b>HOSPITAL SERVICES</b>				
<b>Emergency Room - Hospital (Facility)</b> Treatment of an emergency medical condition or injury	100% coverage after \$200 copay per visit; waived if admitted	NO COVERAGE	90% coverage; subject to deductible; \$200 copay per visit; waived if admitted	90% coverage; subject to deductible; \$200 copay per visit; waived if admitted
<b>BEHAVIORAL HEALTH</b>				
<b>Mental Health and Substance Abuse</b> Inpatient Facility	100% coverage; after a \$100 copay per day max \$300 per admission	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 copay per day (days -5)
<b>Mental Health and Substance Abuse Outpatient Visits - Professional</b>	100% coverage; after a \$25 copay per visit	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>OTHER COVERAGE</b>				
<b>Outpatient Acute Short-Term Rehabilitation Services</b> Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	100% coverage; after a \$25 copay per visit	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Chiropractic Care</b>	100% coverage; after a \$25 copay per visit	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Urgent Care Center</b>	100% coverage after a \$50 copay per visit	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Home Health Care Services</b>	100% coverage subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Skilled Nursing Facility Services</b>	100% coverage; after a \$100 copay per day max \$300 per admission	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Hospice Care</b>	100% coverage subject to deductible	NO COVERAGE	80% coverage; subject to deductible	70% coverage; subject to deductible
<b>Durable Medical Equipment (DME) - Rental or Purchase</b>	80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible

**ACTIVE EMPLOYEES and NON-MEDICARE RETIREES**  
**(RETIREMENT DATE ON or AFTER March 1, 2015)**  
**Magnolia Health Plans Benefits Comparison**  
**Benefits effective January 1, 2026 - December 31, 2026**

HEALTH PLAN OPTION	MAGNOLIA LOCAL PLUS	MAGNOLIA OPEN ACCESS		
<b>NETWORK</b>	Louisiana Blue Preferred Care Provider & Blue Cross National Providers	Louisiana Blue Preferred Care Provider & Blue Cross National Providers		
<b>COVERED SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT OF-NETWORK</b>
<b>OTHER COVERAGE</b>				
<b>Hearing Aid</b> Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>Transplant Services</b>	100% coverage; subject to deductible	NO COVERAGE	90% coverage; subject to deductible	70% coverage; subject to deductible
<b>PHARMACY</b>				
<b>Tier 1 - Generic</b>	50% up to \$30 <sup>1</sup>			
<b>Tier 2 - Preferred</b>	50% up to \$55 <sup>1,2</sup>			
<b>Tier 3 - Non-Preferred</b>	65% up to \$80 <sup>1,2</sup>			
<b>Tier 4 - Specialty</b>	50% up to \$80 <sup>1,2</sup>			
<b>After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):</b>				
<b>Tier 1 - Generic</b>	\$0 copay			
<b>Tier 2 - Preferred</b>	\$20 copay			
<b>Tier 3 - Non-Preferred</b>	\$40 copay			
<b>Tier 4 - Specialty</b>	\$40 copay			

<sup>1</sup> Prescription drug benefit - 31-day fill

<sup>2</sup> Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus copay for brand-name drug; cost difference does not apply to \$1,500 out-of-pocket threshold (if applicable).

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

**NOTE:** Prior Authorizations and Visit Limits may apply to some benefits - refer to your Plan Document for details.





*Would you like to:*

- **Reduce Your Health Insurance Premiums?**
- **Reduce/Eliminate Your Out-of-Pocket Expenses?**  
(Deductible, Co-Insurance & Co-Pays)
- **Retain the same BCBS Provider Network and Prescription Drug Coverage?**

*If you answered “YES” to these questions we have good news for you!*

Introducing the...

## **Pelican HRA 1000 & MedPlus GAP Plan**

***Want to learn more?***

*Check out the Informative MedPlus Video and Benefits Portal!*

[www.mybenefitsportal.com/MyMedPlus](http://www.mybenefitsportal.com/MyMedPlus)

### **OGB Health Insurance Enrollment**

#### ***How do I enroll?***

Contact the Benefits Coordinator to:

1. Complete OGB Form to elect the Pelican HRA 1000 through OGB (follow District guidelines)
2. Complete the MedPlus Enrollment Form (follow District Guidelines)





**2026 HSA775 GAP ACKNOWLEDGEMENT FORM**  
**100% Employer Paid**

Employer: Grant Parish School Board

I hereby acknowledge that I am enrolling in Pelican HSA775 + MedPlus + Supplemental Health Insurance

Employee Name: \_\_\_\_\_  
Last First MI

Employee Info: \_\_\_\_\_  
SSN DOB Gender

Employee Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ACTIVE EMPLOYEE**  
**Monthly Premiums**

		EE	ER	Total
<input type="checkbox"/>	EE Only	\$0.00	\$87.29	\$87.29
<input type="checkbox"/>	EE + SP	\$0.00	\$172.80	\$172.80
<input type="checkbox"/>	EE + CH	\$0.00	\$148.07	\$148.07
<input type="checkbox"/>	FAMILY	\$0.00	\$246.95	\$246.95

**Dependent Information:**

Print full legal name (Last, First, MI)	DOB	Relation	Gender	SSN

I hereby acknowledge that I am enrolling in the Pelican HSA775 + MedPlus + Supplemental Health Insurance:

**Effective Date of Coverage:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PELICAN HSA775

+ **MedPlus** | RELIANCE STANDARD  
A MEMBER OF THE TOKIO MARINE GROUP

## 2026 PLAN YEAR



## *Would you like to...*

*Reduce Your Health Insurance Premiums?*

*Reduce Your Out-of-Pocket Expenses?  
(Deductible & Co-Insurance)*

*Benefit from a Pre-Tax Health Savings Account (HSA) &  
Supplemental Insurance Cash Benefits*

*Retain the same BC/BS Provider Network*

Introducing the...

## ***Pelican HSA775 & Employer-Paid MedPlus GAP Plan + Supplemental Cash Benefits***

### **Want to learn more?**

Check out the Informative MedPlus HSA Video at...

<https://amlbenefits.com/MedPlus-HSA>

### **PELICAN HSA775 PLAN**

Primary Health Plan (OGB/Blue Cross Blue Shield)

## **OGB Health Insurance Open Enrollment**

10/1/25 – 11/15/25

### **How do I enroll?**

#### **1. ELECT**

Pelican HSA775 through OGB  
(follow District guidelines)

NOTE: This MUST be done before moving  
to step 2.

#### **2. CONTRIBUTE**

Set up 2026 payroll deduction  
for HSA contributions (follow  
District Guidelines for a  
HealthEquity HSA)

#### **3. COMPLETE**

MedPlus Acknowledgement  
Form (follow District  
Guidelines)

<https://amlbenefits.com/MedPlus-HSA>

