Human Resources Statement
Please read the memo below from the Office of Group Benefits in its entirety. Annual Enrollment for health insurance will begin May 3rd through May 21st.

Group Benefits has tentatively scheduled an Annual Enrollment meeting for Southeastern’s employees on May 13th with two presentation times available of 10:00 a.m. and 1:00 pm in Room 133 of the University Center. Employees enrolled in health insurance should make plans to attend at least one of the presentations.

At the present time premiums have not been released by the Office of Group Benefits. As more information becomes available Human Resources will post notices to our employees.

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**Group Benefits Corrected NOTICE TO PLAN MEMBERS**

OGB Annual Enrollment set for May 3 through May 21

The Office of Group Benefits will hold Annual Enrollment from May 3 through May 21 for health plans for the 2010-11 plan year, which begins July 1.

Due to time constraints resulting from the postponement of Annual Enrollment (originally set for April 1-30), OGB has implemented a condensed schedule with fewer meetings for employees and retirees and limited time for agencies to enter or submit changes.

OGB has cancelled all scheduled Annual Enrollment meetings in April and is rescheduling for May. Retirees will receive a regional list of Annual Enrollment meetings by mail but employees will not. Instead, OGB will email a statewide meeting list to all agencies for distribution to employees.

As always, OGB will mail the For Your Benefit newsletter and a comparison of premium rates and benefits for each health plan to all active and retired plan members.

OGB will also post the list of all statewide Annual Enrollment meetings online on the Annual Enrollment page of OGB’s website—along with details about health plans and premium rates for 2010-11, OGB Annual Enrollment publications and links to a searchable provider directory for each health plan—as this information becomes available. The Annual Enrollment page is accessible by clicking the Annual Enrollment link on the home page of OGB’s website (www.groupbenefits.org).
Changes in OGB health plan administrators occur regularly because contracts for administration of OGB health plans are re-bid every three years in accordance with stringent laws governing awards of contracts by state agencies. For the 2010-11 plan year, OGB will offer three standard health plans for all plan members:

- OGB is awaiting a decision from the Division of Administration regarding possible privatization of the PPO plan (administered by OGB since 1988).
- Commissioner of Administration Angèle Davis affirmed OGB’s decision to contract with Blue Cross and Blue Shield of Louisiana to administer the HMO plan (now administered by Humana). The plan will offer OGB plan members access to Blue Cross’ extensive nationwide network of doctors and hospitals, which is vital for employees and retirees who live outside Louisiana or have children enrolled in out-of-state colleges and universities. The EPO plan (currently administered by UnitedHealthcare), which now offers a nationwide provider network, will be folded into the HMO plan. Current EPO plan members will be shifted to the HMO plan if they do not select another option during Annual Enrollment.
- The current fully-insured medical home HMO plan, administered by Vantage Health Plan, is available statewide. Plan members who enroll in the MH-HMO plan must choose a primary care physician in Region 9, a 10-parish area in northeast Louisiana.

OGB will also offer a new consumer directed (CD) health plan with a health savings account (HSA) option for active employees only, which will be administered by UnitedHealthcare. The CD-HSA plan features lower premium rates in exchange for a higher deductible. If the employee opens an HSA, the state will contribute $100 to jump-start his savings and also match his tax-free contributions made through payroll deductions up to an additional $400 per plan year.

Unlike a health care flexible spending account (HCFSA) with a use-or-lose rule, the HSA does not require the employee to spend all annual contributions. Instead, the money remains in the HSA and grows—tax-free—from year to year. If the employee changes health plans or jobs, or retires, the HSA is his to keep. And from age 65 on, these HSA dollars can be used for any health care or non-health care expense with no penalty.

OGB encourages employees to attend an Annual Enrollment meeting to learn more about OGB health plans for the 2010 plan year.