



2025

BENEFITS GUIDE

Benefits with a Purpose

Live purposefully: Benefits that help you enhance your overall well-being.

If there is any discrepancy between this guide and the Summary Plan Description (SPD), the SPD will preside. Refer to your specific addendum in Workday for premiums, disability plans and time-off benefits.



Benefits with a Purpose

We value your contributions to our organization.

At the same time, we realize your life extends well beyond our walls—and that you're best equipped to care for our patients when you can care for yourself and your loved ones as well.

To care for your overall health and well-being, we have created a **comprehensive and robust benefits offering for you**. It is purposefully designed with benefits for practically every area of your life.

Whether you're single or married, starting out or nearing retirement, building a family or passionately pursuing other dreams, we have benefits to support you. Some provide coverage for life's unexpected moments. Others help you manage the responsibilities of day-to-day life at home and work. And some benefits support you as you **strive to enrich your life in a variety of ways**.

We also realize there are times you experience certain situations—**Moments that Matter**—where you need multiple benefits or resources. This year, we are highlighting some of the common Moments that Matter our employees face. For each, we outlined all of the benefits available to support you on these journeys (see pages 4-10):

- Managing Your Weight
- Supporting Your Mental Health
- Building or Expanding Your Family
- Having Surgery
- Managing a Chronic Condition
- Promoting Your Financial Health



Throughout the guide, you'll find the benefits categorized according to the four guiding pillars: **Live Healthy**, **Live Well**, **Live \$mart**, and **Live Life**.



Benefits marked in bold are only available to enroll in or change **during Open Enrollment**. All other benefits are available at any time, whenever you need to access them.

Note: Your current elections will automatically roll forward to 2025, except for Flexible Spending Accounts (FSA) or Health Savings Account (HSA). These require re-enrollment each year.



LIVE HEALTHY | Pages 11-21

- Medical and Pharmacy
- Pathway to Wellness
- WeightWatchers
- Gym Membership Discounts
- Dental
- Vision



LIVE WELL | Pages 22-23

- Employee Assistance Program (EAP)
- Cognitive Behavioral Therapy App (Foundations)
- Virtual Peer Support and Mindfulness (Cabana)
- **In-Person and Virtual Mental Health Visits**



LIVE \$MART | Pages 24-33

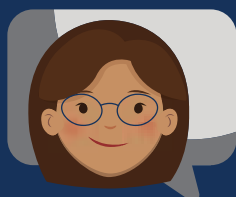
- Money Coaching
- Money-Saving Employee Discount Programs
- Retirement Plan
- **Flexible Spending Accounts**
- **Health Savings Accounts**
- **Short-Term Disability**
- **Long-Term Disability**
- **Accident Insurance**
- **Critical Illness Insurance**
- **Hospital Indemnity Insurance**
- **Life Insurance and AD&D**
- Auto/Home
- Identity Theft
- Pet Insurance
- Legal
- Ochsner Career Center
- Employee Development
- Student Loan Assistance
- Tuition Assistance
- Quick Relief Loans
- Business Travel Accident
- Will Preparation Services
- Advance Directives



LIVE LIFE | Pages 34-37

- Paid Parental Leave
- Adoption
- Backup Child & Eldercare
- Fertility Support
- Paid Time Off
- Paid Holidays
- Bereavement Leave
- FMLA
- Jury Duty
- Military Service

This guide covers most, but not all, of your Ochsner benefits.



Olivia is Back to Explain Benefits

Be sure to tap into our resources that further explain benefits or help you make decisions. In Workday, you can watch videos, view addendums, search the HR Connect knowledge base, or access Olivia, our Virtual Benefits Assistant.

If you still have questions, open a case in Workday HR Connect or contact the HR Connect team at 504-842-4748 (Option 6).

Moments That Matter: Managing Your Weight

Navigate Your Weight Journey

Struggling with weight can be an up-and-down journey. Our benefits and programs equip you to stay on track, lean into a support system, and find the right tools and programs for your journey.

Open Enrollment Checklist: Things to Consider

-  Choose a **medical plan**
Be aware you must be covered by OchPlus 1 or 2 to receive Ochsner Digital Medicine services at no cost (excluding medication)
-  Sign up for **Ochsner Digital Medicine**
-  Sign up for **WeightWatchers**
(at our new discounted rate!)
-  Join a gym via **Active&Fit Direct**
-  Use **Eat Fit** as a resource for healthy recipes



Medical

Weight management often involves various aspects of your health—both physical and mental. Our **medical plans** provide coverage for primary and specialty care as you work to get to and stay at a healthy weight.

[Learn More: Pages 11–17](#)

OchPlus Network Out-of-Area Network is Blue Cross Blue Shield National PPO Network			
	OchPlus 1	OchPlus 2	OchPlus 3
Weight Loss Services			
Bariatric Surgery ^{1, 2}	\$250 copay		Not covered
Bariatric Pre- & Post- Op Visits	\$45 copay	\$60 copay	\$75 copay
Lab/X-Ray	\$0 copay	\$40 copay per provider/day	\$50 copay per provider/day
Health Programs			
Nutrition Counseling (one visit per year)	Covered at 100%		Subject to deductible and coinsurance
Nutritional Counseling for Obesity (adults - 24 visits; children - unlimited)	\$0 copay, deductible waived Services are covered at 100% if utilizing Ochsner or BCBS PPO provider, and there is no charge for an office visit.		
Nutrition Counseling for Diabetes, Hyperlipidemia or Hypertension			

Copays and coinsurance apply AFTER you meet the deductible in most cases. However, if enrolled in OchPlus 2 then primary care visits, specialist visits and urgent care copays apply BEFORE deductible.

¹Prior authorization is required. Only authorized providers are covered. See SPD for details.

²Exclusions and limitations apply. See SPD for details.



Weight Management Lifestyle Program Including Weight Loss Medication

For many, medication is an integral part of weight management. That's why Ochsner is providing coverage for weight loss medications like Wegovy or Zepbound. If you are on OchPlus 1, 2 and participating in the Ochsner Digital Medicine Weight Management Program, Ochsner will pay the majority of the cost for weight loss medication.

The **Ochsner Digital Medicine** program gives you access to health coaches, registered dietitians and app resources for lifestyle support. Note: You must participate in lifestyle management to qualify for medication management. [Learn More: Workday Connect](#)



WeightWatchers

Exercise, nutrition and understanding your relationship to food are all a part of weight health—and easily accessible through **WeightWatchers**. Bonus: Ochsner pays most of the cost of the program for those enrolled in one of our medical plans or Pathway to Wellness. [Learn More: Page 19](#)



Healthy Lifestyle

Pathway to Wellness helps you make small, everyday changes while reaping health benefits and reward points that you can redeem for gift cards! We also make working out easy and affordable with **Active&Fit Direct**, which offers access to gyms and workout videos.




[Learn More: Page 19](#)

Moments That Matter: Supporting Your Mental Health

Taking Care of your Emotional Well-being

Life can have moments that hurt you, add stress or leave you feeling uncertain about how to move forward. Whether the difficulties are being experienced at home or work, it's likely they affect multiple areas of your life. We offer several benefits to help you care for yourself while coping with life's challenges.

Open Enrollment Checklist: Things to Consider

-  Choose a **medical plan**
-  Tap into **ComPsych's** counseling sessions
-  Participate in **Pathway to Wellness**
-  Look into our other **digital mental health tools**



Medical & Pharmacy

If you need to see a physician for help with your mental health struggles, our **medical plans** cover visits—including **Ochsner On Demand virtual visits**—as well as inpatient and outpatient stays. Additionally, our **pharmacy plan** covers medications for depression, anxiety, etc. and coordinates with the medical plan to test which medications are right for you ([pharmacogenomic testing](#)).

[Learn More: Page 18 & 23](#)



Employee Assistance Program (EAP)

If you need someone trained to help you navigate life's challenges, you can tap into free counseling through our EAP provider, **ComPsych Guidance Resources**. ComPsych also offers **Foundations**, a digital self-care platform with tips and tools to support your mental well-being. [Learn More: Page 22](#)



Option for Virtual Therapy

We are offering virtual visit tools, an instant connection, with a licensed healthcare provider through a smartphone, tablet or personal computer through Rula (formerly through Connected Anywhere). It's an easy and convenient way to get the care you need for your mental wellbeing. Rula has licensed experts from a diverse range of backgrounds and specialties and can get an appointment for you in a matter of days. [Learn More: Visit \[www.rula.com/ochsner-employee\]\(http://www.rula.com/ochsner-employee\) or call 405-603-0505](#)



Pathway to Wellness

A great way to boost your mental health is by moving more and eating better! Our **Pathway to Wellness** can help you get and stay healthy—and rewards you for positive steps! [Learn More: Page 19](#)



Work Stress-Relievers

Let's face it, work can be stressful—especially in a healthcare setting. And sometimes you need to connect with others who understand what you're going through. We offer three helpful resources:






- **Cabana:** Anonymous group support sessions for those in the healthcare field. [Learn More: Page 23](#)
- **Connecting with our Peers Through Empathy (C.O.P.E):** Confidential peer support for employees involved in stressful patient events. [Learn More: Visit the Wellness Hub](#)
- **Mindfulness Sessions:** Brief exercises to decrease stress during your workday. [Learn More: Visit the Wellness Hub](#)

Moments That Matter: Building or Expanding Your Family

Growing and Caring for Your Loved Ones

Families are one of the great joys of life—yet the family-building journey can be complex and you may need extra support along the way. Our comprehensive benefits cover you for every pivotal moment with your family—from conception to flying the coop!

Open Enrollment Checklist: Things to Consider

-  Choose a **medical plan**
-  Select the **hospital indemnity** plan
-  Elect the **legal** plan
-  Elect a **Dependent Care FSA** (Requires re-enrollment every year)
-  Elect **short-term disability** if you've been employed less than a year (Ochsner-paid after one year)



Medical

Our **medical plans** cover inpatient and outpatient maternity care—not to mention 100% coverage for preventive care and well-checks for mom and child. [Learn More: Pages 11–17](#)



Fertility Support

Progyny, our fertility benefit partner, supports many paths to family building with full-spectrum support from preconception to postpartum care for male or female fertility concerns. You must be enrolled in OchPlus 1 or OchPlus 2 to qualify for fertility coverage.

[Learn More: Page 35](#)



Hospital Indemnity

If you or your spouse/domestic partner plan to give birth in 2025, you may want to add a **hospital indemnity** plan to your coverage. Paired with the medical plan, it provides added financial protection (\$1,000 for hospital admission and then \$125/day) during a hospital stay and helps cover any extra expenses you may incur. [Learn More: Page 30](#)



Short-Term Disability

To have extended time off after birth, you'll want to consider **short-term disability** insurance. This gives you the space to bond with your baby, while also providing partial income replacement during your time away from work. [Learn More: Addendum in Workday](#)



Paid Parental Leave

Those first moments with a new child are critical so our **Paid Parental Leave** gives you time to bond with one another. This benefit is available to full-time employees, including APPs and physicians.

[Learn More: Page 34](#)



Time Off

Whether you need time off for a birth or adoption or to care for a sick family member, you can use your **paid time off** to supplement your income. You should also apply for **FMLA** to protect your job and your benefits while on leave. [Learn More: Addendum in Workday](#)



Dependent Care FSA

If you need child care, then the **Dependent Care Flexible Spending Account** is something you should consider. Use pre-tax dollars to pay for dependent child care (age 12 and younger) while you and your spouse work. [Learn More: Page 26](#)



Backup Child Care

Need child care? How about a tutor? Or maybe an in-home caregiver for an adult? **Bright Horizons** can help with all of those needs and more! In addition to affordable on-demand (non-emergency) care, it provides resources for practically every type of family care solution you may need! [Learn More: Page 35](#)



Adoption Assistance

Adoption is another pathway to family-building, and our benefit helps you cover everything from adoption fees to travel expenses to medical expenses for the birth mom and child. [Learn More: Page 34](#)



Legal

While an adoption is a joyful time for families, it is also a legal transaction. You may want to draw up a will or establish power of attorney as you think of your family's future. You can get assistance through the voluntary legal plan. **LegalEase** provides basic legal services, including family/personal law and 24/7 emergency assistance. [Learn More: Page 31](#)



Employee Assistance Program

Family life has many joys, but also many challenges. Maybe you're unsure how to handle your child's behavioral issues. Or you're struggling to carve out me time (or couple time) amid family life. Whatever you're facing, our EAP provider, **ComPsych Guidance Resources**, is available at no cost to you. [Learn More: Page 22](#)

Maternity Support

Healthy Blue Beginnings

helps you prepare for your little bundle of joy with confidential support and resources specific to your individual pregnancy—all at no cost to you.

Learn More: Talk to a nurse at 800-317-2299, ext 1

Moments That Matter: Having Surgery

From Coverage to Recovery

Is surgery on the horizon for you in 2025? Whether surgery is major or minor, planned or a possibility, it has the potential to impact several areas of your life. We offer a variety of benefits that can help you.

Open Enrollment Checklist: Things to Consider

- Choose a **medical plan**
- Elect a Healthcare **FSA** (Requires re-enrollment every year) or **HSA** if enrolled in OchPlus 3
- Select the **hospital indemnity** plan
- Elect **short-term disability** if you've been employed less than a year (Ochsner-paid after one year)



Medical

Our **medical plans** cover inpatient and outpatient care, so whether your surgery requires an overnight hospital stay or you're home the same day, you're covered. You also have coverage for physical or occupational therapy, lab work and follow-up visits.

[Learn More: Pages 11–17](#)

OchPlus Network Out-of-Area Network is Blue Cross Blue Shield National PPO Network			
	OchPlus 1	OchPlus 2	OchPlus 3
Inpatient ¹ Hospital ²	\$250/day		
Extended Care ³			
Outpatient Surgery ⁴	\$250 copay		
Home Medical Equipment ⁵	20%		

Copays and coinsurance apply AFTER you meet the deductible in most cases. However, if enrolled in OchPlus 2 then primary care visits, specialist visits and urgent care copays apply BEFORE deductible.

¹ Overnight stays in hospital or extended care require prior authorization. Only authorized providers are covered. See SPD for details.

² Copays up to 7 days per admission.

³ Includes skilled nursing facility. Limited to 90 days per year.

⁴ Stays less than 24 hours.

⁵ Prior authorization is required. Only authorized providers are covered. See SPD for details.



Pharmacy

Prescription drug coverage is included with your medical plan, helping cover the medications you may need before or after surgery.

[Learn More: Page 18](#)



Hospital Indemnity

If a hospital stay is likely, consider our voluntary **hospital indemnity plan**—coupled with the medical plan, it provides added financial protection. [Learn More: Page 30](#)



Spending Accounts

You'll likely have out-of-pocket expenses with your surgery (especially if you haven't met your deductible or out-of-pocket maximum), so a **Flexible Spending Account (FSA)** allows you to put tax-free money aside to pay for those bills. If you have the OchPlus 3 plan, consider a **Health Savings Account (HSA)**. [Learn More: Pages 26–27](#)



Time Off

You can use your paid time off or possibly an unpaid leave via **FMLA (Family and Medical Leave Act)** for **time off work**. And if surgery requires you to be off work for a while, **short-term disability** insurance provides partial income replacement, helping you manage your bills.

[Learn More: Addendum in Workday](#)

Moments That Matter: Managing a Chronic Condition

Coping with Continual Care

When you live with a chronic medical condition, it's something you have to consider in your daily choices. It can be a lot to manage, and having the right support around you is critical. Our benefits provide that support for every step of your healthcare journey.

Open Enrollment Checklist: Things to Consider

- Choose a **medical plan**
- Participate in **Pathway to Wellness**
- Select the **hospital indemnity plan**
- Select the **critical illness plan**
- Scan to sign up for **Ochsner Digital Medicine**



Medical/Pharmacy

If you have diabetes, high blood pressure or another condition that requires ongoing care, then regular visits to the doctor are likely part of your journey. Our **medical plans** cover primary and specialty care as you work to stay healthy. Remember: **Prescription coverage** is part of your plan, helping you cover any medications you need. For cancer diagnoses, the medical plan offers testing to determine which medications are right for you (**pharmacogenomic testing**). [Learn More: Pages 11–18](#)

OchPlus Network Out-of-Area Network is Blue Cross Blue Shield National PPO Network		
	OchPlus 1	OchPlus 2
Health Programs		
Nutrition Counseling ¹	\$0, deductible waived	20%
Digital Medicine ²	\$0, deductible waived	
Durable Medical Equipment ³	20%	

Copays and coinsurance apply AFTER you meet the deductible in most cases. However, if enrolled in OchPlus 2 then primary care visits, specialist visits and urgent care copays apply BEFORE deductible.

¹ For diabetes, hypertension or hypercholesterolemia.

² For high blood pressure, Type 2 diabetes, and high cholesterol, members must meet program qualifications.

³ Prior authorization is required. Only authorized providers are covered. See SPD for details.



Digital Medicine

Lifestyle choices are often a key part of caring for a chronic condition. Through **Ochsner Digital Medicine**, employees and dependents age 18+* can tap into programs for high blood pressure, high cholesterol, Type 2 diabetes, and weight management. You get access to:

- Health coaches and registered dietitians for day-to-day support
- Devices (as needed) and diabetes testing supplies covered at 100%
- \$0 copays on select prescriptions (weight loss medications have a higher copay)

*Must be enrolled in an Ochsner medical plan. Clinical exclusionary criteria applies.

Applies to OchPlus 1 and 2; OchPlus 3 members must first meet deductible. Copay amounts are subject to change.

Visit ochsner.org/DMOE or call **866-273-0548** to learn more.

DID YOU KNOW? Our new Digital Medicine app takes readings with a blood pressure cuff and/or glucometer.



Pathway To Wellness

Need help staying motivated to eat better and move more? Our **Pathway to Wellness** can help you get and stay healthy! [Learn More: Page 19](#)



Critical Illness & Hospital Indemnity

A chronic condition can have serious setbacks—like a heart attack or kidney failure—and **critical illness insurance** can provide financial support to help you through a difficult time. Or, if your condition could result in a hospital stay, then our **hospital indemnity plan** is a great supplement to your medical plan—and some added financial support.

[Learn More: Pages 29-30](#)

Moments That Matter: Promoting Your Financial Health

Investing in Today & for Tomorrow

The more financial tips and tools you take advantage of, the more likely you are to make money-smart decisions that keep you financially stable. We can help you manage your financial well-being both now and in the future.

Open Enrollment Checklist: Things to Consider

- Review **retirement contributions** and consider a boost
- Contact **Your Money Line** for money coaching
- Tap into **ComPsych**
- Look into **Public Service Loan Forgiveness**
- Consider **legal support**
- Contact **Credit4Work!** for loan or credit support
- Check out discount programs like **PerkSpot**, **Pet Insurance** and **Active&Fit Direct**



Retirement Plan

Build your nest egg steadily and simply with our **retirement plan**. Contributions are deducted from your pay each pay period. Plus, you can reap the benefit of our matching and retirement contributions!

[Learn More: Page 25](#)

Try Vanguard's advice guide. From your first investment through retirement, they're there to personally advise you.



NEW: Money Coaching

Need someone to help you figure out how to tackle your money challenges? Get one-on-one support with our new Money Coaching benefit from **Your Money Line**. Or access several online tools to help you develop action plans for budgeting, paying off debt, saving for retirement and more. [Learn More: Page 24](#)



Student Loan & Education Support

If you're bogged down by student loans or trying to figure out how to pay for the semester ahead, check out our education support programs, including our partnership with **Fiducius** (student loan assistance) and our **tuition assistance program**. [Learn More: Page 33](#)



Financial Education & Personal Loans

Trying to build a budget? In debt? Need a loan to help you through a financially-taxing time? **Credit4Work!** offers financial education and personal loans to get you back on track. [Learn More: Page 33](#)



Mental Health Support

Financial problems are one of life's main stressors. If you're facing financial difficulties, it can take a toll on your emotional and mental health, too. Find support through **ComPsych Guidance Resources**, our **Employee Assistance Provider (EAP)**. [Learn More: Page 22](#)



Legal Support

Whether you need assistance drawing up a will or power of attorney, or support with estate planning, **ComPsych Guidance Resources**, our EAP provider, and **LegalEase**, our Legal plan, both offer legal services at no or low-cost, helping you save significantly. [Learn More: Page 22 and 31](#)



Money Saving Discounts

Take hold of deals with PerkSpot, your one-stop-shop for exclusive employee discounts. You can also save on pet bills with pet insurance, or keep your body and wallet in shape with Active&Fit Direct gym discounts. [Learn More: Page 24 and 31](#)



Live Healthy

Physical health is foundational to your well-being. From medical, dental and vision coverage to fitness discounts and wellness incentives, we've purposefully provided benefits that help you live healthy!

Medical Plans

- **What's the same:** Access to high-quality providers, no-cost preventive care, digital medicine, prescription drug coverage and an optional funding account (Flexible Spending Account or Health Savings Account based on plan selection)
- **What's different:** How you manage your healthcare dollars—more upfront and less later; less upfront and more later if you have expenses; or somewhere in between
- **NEW! Virtual physical therapy support:** Those with back pain can now tap into Connected Back for virtual physical therapy, including exercises and stretches, health coaching, videos and more. Best of all, it's self-paced so you can participate at a speed and level that works for you.



Find a Network
Medical Provider

**Blue Cross and Blue
Shield of Louisiana
(BCBSLA)**
bcbsla.com

844-718-2583

No-cost Preventive Care*

Preventive care helps you stay healthy and catch problems early when they are easier to treat—and there's no cost when you see an in-network provider!

- Annual physical
- Annual gynecological exams & routine mammograms
- Prostate (PSA) screenings
- Colonoscopies, proctosigmoidoscopies, sigmoidoscopies
- Tobacco cessation ¹
- Well-child care
- Immunizations
- Hearing screenings

* Services are covered at 100% if utilizing Ochsner or BCBS PPO provider, and there is no charge for an office visit.

¹ 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).



No cost to you
for preventive
care with the
OchPlus network.



Medical Plan Options

To help you understand which medical plan may be best for you, consider:

1. Your healthcare needs
2. The cost of the premium
3. The cost associated with care



Need help deciding which plan to choose?

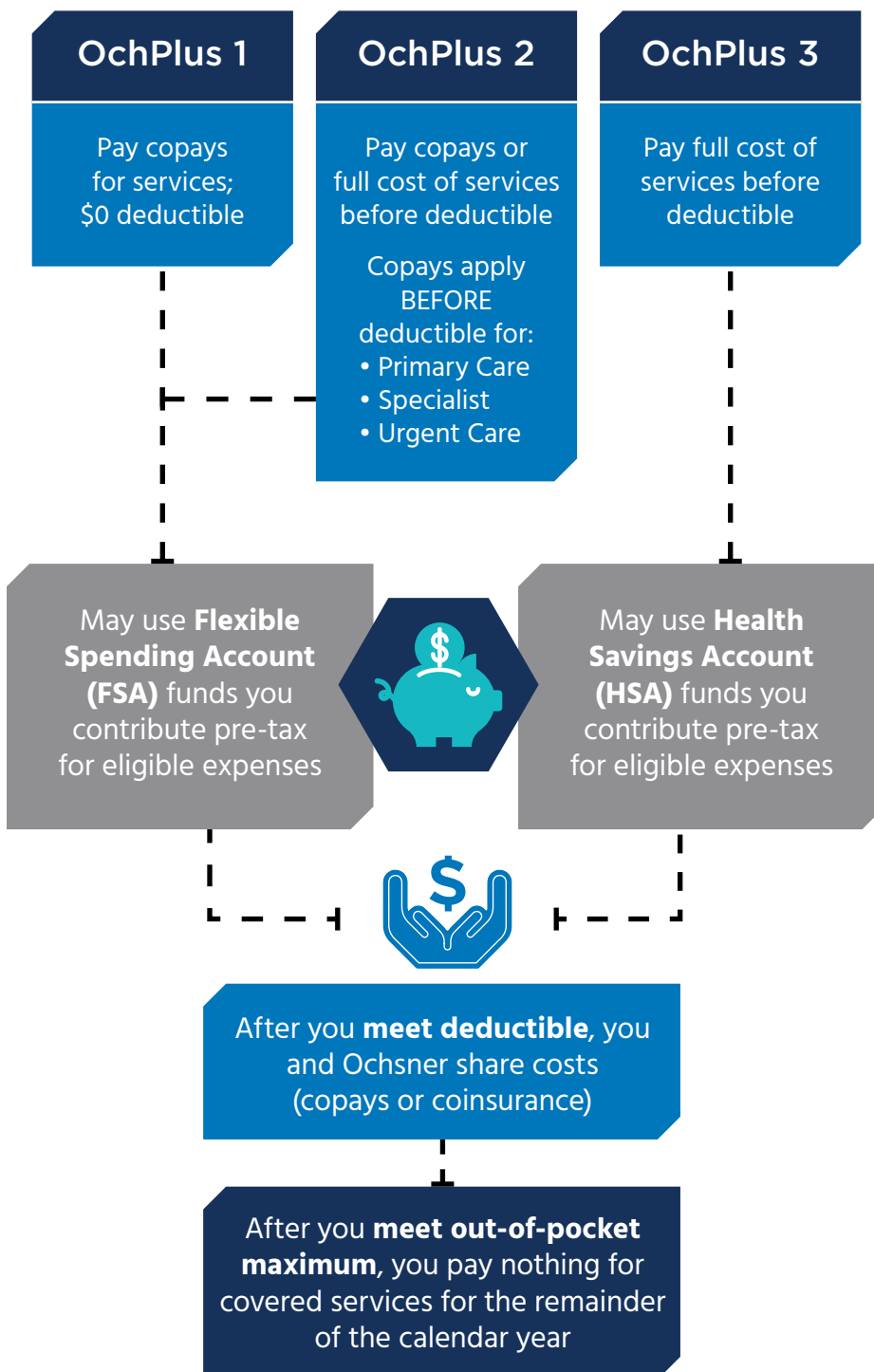
Olivia, Your Virtual Benefits Assistant, is an online resource available in Workday.

	OchPlus 1	OchPlus 2	OchPlus 3
Ideal for	Ideal for those who want predictable costs and don't mind paying higher premiums.	Ideal for those who want a balance between premiums and cost-sharing.	Ideal for those who want the lowest premiums possible, but don't mind the potential for higher out-of-pocket expenses. Additionally, you can save money in a Health Savings Account for future healthcare needs.
Premium	Highest (\$\$\$)	Middle (\$\$)	Lowest (\$)
Deductible*	\$0 individual/ \$0 family	\$1,000 individual/ \$2,000 family	\$3,300 individual/ \$6,600 family
Out-of-Pocket Max*	\$3,000 individual/ \$9,000 family	\$4,000 individual/ \$12,000 family	\$4,800 individual/ \$13,500 family
Optional Funding Account	Flexible Spending Account Learn more on page 26	Flexible Spending Account Learn more on page 26	Health Savings Account Learn more on page 26

* OchPlus network. Out-of-Area Network is Blue Cross Blue Shield National PPO Network.



How the Medical Plans Work



Terms to Know

Coinsurance: Percentage of costs you pay for covered services after you meet your deductible

Copays: Amount you pay at the time of service for doctor visits or medical services; generally applies after you meet deductible
(See exception in chart for OchPlus 2)

Deductible: Amount you pay before the plan covers any medical expenses or copays take effect

Out-of-pocket maximum (OOPM): Highest amount you would pay for covered medical and prescription expenses annually

Premium: Amount you pay each pay period for coverage deducted from your paycheck

Network Options

In-network: Ochsner provider or facility in the OchPlus Network; highest level of benefits available

Out-of-network: Provider or facility not in the OchPlus Network; lowest level of benefits

Out-of-area: Coverage level provided when you and/or your dependents live outside of the local geographic area and cannot use the OchPlus Network; based on your home address zip code in Workday



Choosing the Right Medical Plan

The following scenarios provide common examples of medical coverage and costs. When selecting a plan, you should consider your medical needs, the premium, deductible and out-of-pocket maximum of each plan.

Scenario 1

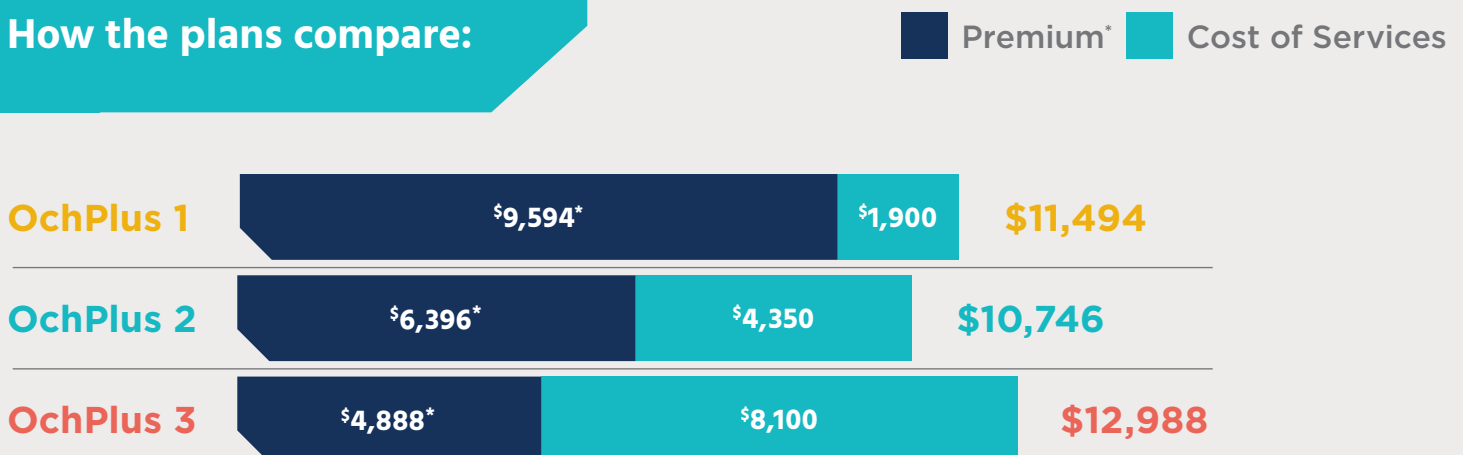
Meet the Ochsner Family

- Ollie and Jane are middle-aged and have two teenage children. Both are non-smokers.
- Ollie has diabetes and high blood pressure.
- The oldest child has asthma. An asthma attack this summer required a visit to the ER.
- The youngest child is active in sports and can be prone to injuries, resulting in two urgent care visits this year.

Ochsner Family Medical & Pharmacy Needs

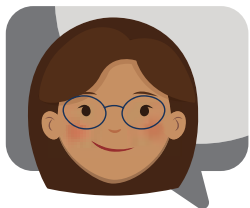
- 4 Primary care physician visits (sick visits)
- 2 Urgent care visits
- 6 Specialist visits
- 6 Labs
- Asthma medication
- Diabetes medication
- Blood pressure medication
- 1 ER visit

How the plans compare:



When you add the premium to the cost of services, **OchPlus 2** is the best option for this family.

*Please refer to your specific addendum in Workday for premium rates.



Video resource on OchWeb:
Choosing the Right Medical Plan



Online resource available in Workday:
Olivia, Your Virtual Benefits Assistant

Scenario 2

Meet Emily

- Emily is in her early 30s, exercises regularly and is a non-smoker.
- She doesn't suffer from any serious conditions; however, she does have numerous allergies that require prescriptions and a few visits to her primary care physician and specialists throughout the year.
- Additionally, she's had issues with runner's knee this year, requiring a few appointments to the sports medicine doctor and an outpatient surgery.

Emily's Medical & Pharmacy Needs

- 4 Primary care physician visits (sick visits)
- 4 Specialist visits
- 2 Labs
- 1 Outpatient surgery
- Ongoing prescriptions

How the plans compare:

OchPlus 1	\$2,574*	\$584	\$3,158
OchPlus 2	\$1,586*	\$1,784	\$3,370
OchPlus 3	\$1,326*	\$2,989	\$4,315

When you add in the cost of bi-weekly premiums, the **OchPlus 1** plan just edges out the **OchPlus 2** plan.

*Please refer to your specific addendum in Workday for premium rates.

 Premium*  Cost of Services



Olivia, our Virtual Benefits Assistant, includes a calculator to help you decide which plan is right for you. Available in Workday.



Choosing the Right Medical Plan

The following scenarios provide common examples of medical coverage and costs. When selecting a plan, you should consider your medical needs, the premium, deductible and out-of-pocket maximum of each plan.

Scenario 3

Meet Julia and her child

- Julia and her child are in good health, and Julia is tobacco-free.
- They both have the occasional cold or flu.
- They keep up on their preventive care and generally only have to visit the doctor for an illness once or twice a year.
- They typically only get a prescription filled one or two times a year.

Julia and Her Child's Medical and Pharmacy Needs

- 2 Primary care physician visits (sick visits)
- 2 Prescriptions

How the plans compare:

OchPlus 1	\$4,966*	\$69	\$5,035
OchPlus 2	\$3,016*	\$99	\$3,115
OchPlus 3	\$2,522*	\$253	\$2,775

Premium* Cost of Services

The **OchPlus 3** plan is the best option for Julia. Plus, the **OchPlus 3** plan has an HSA or Health Savings Account where Julia can save money for future healthcare expenses. Since it takes time to build up the balance in an HSA, Julia should be prepared to pay for expenses out of pocket if she doesn't have enough in her HSA to cover the care she needs this year.

*Please refer to your specific addendum in Workday for premium rates.



Below are the costs you pay by plan for common medical services.

Copays and coinsurance apply AFTER you meet the deductible in most cases with the exceptions outlined below.

- **OchPlus 2:** Primary care, specialist and urgent care copays apply **BEFORE** deductible.

	OchPlus Network Out-of-Area Network is Blue Cross Blue Shield National PPO Network			Out-of-Network
	OchPlus 1	OchPlus 2	OchPlus 3	
Deductible	\$0 individual/ \$0 family	\$1,000 individual/ \$2,000 family	\$3,300 individual/ \$6,600 family	\$7,500 individual/ \$15,000 family
Out-of-Pocket Maximum	\$3,000 individual/ \$9,000 family	\$4,000 individual/ \$12,000 family	\$4,800 individual/ \$13,500 family	Unlimited
Physician Visit (Face-to-face or MyOchsner App Virtual)				
Primary Care	\$25 copay	\$40 copay	\$50 copay	50%
Specialty Care	\$45 copay	\$60 copay	\$75 copay	
Maternity Care (physician fees) ^{1, 2}	\$250 copay	\$350 copay	\$500 copay	
Urgent Services				
Ochsner Urgent Care, Pelican Urgent Care (Slidell & Picayune Locations) ³	\$25 copay	\$40 copay	\$50 copay	N/A
Non-Ochsner Urgent Care	\$45 copay	\$60 copay	\$75 copay	
Ochsner On Demand Virtual Urgent Care Visit	\$0 copay, unlimited visits		Deductible, then \$0 copay, unlimited visits	Not covered
Emergency Room ⁴	\$350 copay			
Rehabilitation (Calendar year maximums apply)				
Physical & Occupational Therapy (combined max 60 visits)	\$25 copay	\$40 copay	\$50 copay	50%
Speech Therapy (max 60 visits)				
Chiropractic Care (max 30 visits)				
Connected Back (Virtual)	\$0 copay		Not covered	
Healthy Back Program (In-person) ⁵ (includes 1 year of care from initial physical therapy visit)	100% up to \$4,500 lifetime maximum Deductible does not apply		Not covered	
Equipment				
Home Medical Equipment, Prosthetic Appliances, Ostomy Supplies, Insulin Pump & Accessories ⁶	20%		50%	

¹ Our plan provides coverage for employee or spouse/domestic partner.

² In most cases, the one-time maternity copay covers all prenatal and post-delivery services rendered by the OB/GYN and billed under the global maternity bill. If a global maternity bill is not submitted, additional charges may apply.

³ The only Pelican Urgent Care Centers in-network are the Slidell and Picayune locations. All other locations are out-of-network.

⁴ 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.

⁵ A member may continue to participate in the program under the physical therapy benefit once the lifetime maximum has been exhausted; copays will apply.

⁶ Prior authorization is required. Only authorized providers are covered. See SPD for details.



Pharmacy

Prescription drug coverage is included with your Ochsner medical plan.

Ochsner Pharmacy & Wellness provides convenient options for in-person pick-up as well as mail-order delivery with FREE, two-day shipping.

Save money with our maintenance drug program for chronic conditions.

- Fill your 90-day supply at Ochsner Pharmacies or OScripts, Ochsner's mail-order service. You save 33%, basically giving you one month free!
- To transfer a maintenance medication, call the Ochsner Pharmacy nearest you, go online to MyOchsner app or visit ochsner.org/services/pharmacy.



Find a Network Pharmacy Provider

Plan Administrator:
MedImpact

mp.medimpact.com/mp

844-587-7390
(MedImpact)

504-842-3205
(Ochsner Pharmacy & Wellness)

855-312-4193
(Ochsner Specialty Pharmacy)



Did you know Ochsner has 22 retail pharmacies, two specialty pharmacies, and three home and outpatient infusion suites ready to serve your needs?

Prescription Deductibles

OchPlus 1 & 2: \$0
OchPlus 3: \$3,300/\$6,600

(Combined Medical + Rx)
You must meet the deductible in OchPlus 3 before copays apply

	Ochsner Pharmacies		In-Network: CVS, Sam's Club, Walmart	
	30-day fill	90-day fill	30-day fill	90-day fill
Preventive Medications**	\$0	\$0	\$0	\$0
Tier 1 - Preferred Generic	\$9	\$18	\$15	\$45
Tier 2 - Preferred Brand	\$25	\$50	\$45	\$135
Tier 3 - Non-Preferred Brand and Generic	\$45	\$90	\$70	\$210
Tier 4 - High-Cost Drugs (Brand and Generic)	25% up to \$250		25% up to \$250	
Tier 4 - Specialty	25% up to \$250 per 30-day script	N/A	Not covered	

** See MedImpact website for full list of medications.

Prescriptions must be on the list of drugs to be covered under the plan. Prescriptions filled outside of network are not covered. Rx copays and coinsurance apply to the out-of-pocket maximum. Additional limitations and restrictions apply. Please see SPD for more information.



Wellness

Purposeful care for your well-being with free or affordable benefits that help you focus on your total wellness.

Pathway to Wellness

Our wellness program partner, Personify Health (formerly Virgin Pulse), focuses on your total wellness, including physical, emotional, and financial health.

- Participate in wellness activities and earn points to redeem for gift cards
- Fun, competitive challenges
- Self-directed wellness journeys, health tips, tracking tools, and more

Who's Eligible:

Free benefit to those covered by our medical plans.

Employees not covered by one of our medical plans may enroll in Pathway to Wellness for a small fee per pay period.

Wellness Reward

You can earn up to \$500 through Pathway to Wellness — a nearly 40% increase from last year!

Get Started:

Access via the **Personify Health** (formerly Virgin Pulse) app or the Pathway to Wellness page on **Ochweb>Employee Resources**



WeightWatchers

Ochsner has partnered with WeightWatchers to subsidize over 80% of the WeightWatchers program fee if enrolled in one of our medical plans or Pathway to Wellness.

Visit **[WeightWatchers.com/us/Ochsner](https://www.weightwatchers.com/us/Ochsner)** for more information on who is eligible and how to enroll.



Fitness discount program

Stay active from anywhere with 12,200+ gyms, 9,700+ workout videos, and more for just \$28 a month!

Active&Fit Direct offers a national network of gym and fitness memberships with no annual fees or long-term contracts. **Visit Employee Resources on Ochweb to learn more.**



Slim Your Weight While Saving!

In 2025, we have cut your portion of the WeightWatchers program in half!

Now, it will only cost you a few dollars each pay period to participate—we cover the rest of the membership fees.



Dental

Dental care is an important part of your overall health and wellness. In 2025, you can also brush up on care with Humana's teledentistry services. Get emergency care and consultations—all from the comfort of your home.

Preventive Plus

- Lower premiums and level of benefits
- Preventive services, basic care and X-rays

Comprehensive

- Higher premiums and level of benefits
- Preventive services, basic and major care and X-rays
- Orthodontia covered for adults and children
- 24-month waiting period for prosthodontics (such as crowns, dentures, bridges) if you or your dependents enroll after you are first eligible



Find a Network
Dental Provider

Plan Administrator:
Humana Dental
humanadental.com
800-233-4013



Did You Know?

TMJ, jaw and oral surgery are covered by our medical plans.

*OchPlus network deductible applies after you pay 20% of the fee. See SPD for specific coverage details.

	Preventive Plus	Comprehensive
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Annual Deductible	\$50 per individual, \$150 per family	
Annual Plan Maximum (The most that the plan pays)	\$1,000 per individual	\$1,500 per individual, excluding orthodontia
Preventive Care		
Routine Oral Exams & Cleanings (2 per calendar year)	All in-network preventive care is covered at 100%, no deductible	
Routine X-rays		
Basic Care		
Fillings & Extractions	20% after deductible	20% after deductible
Root Canal Therapy	Not covered	
Gum Disease (Periodontics)		
Major Care		
Dentures	Not covered	50% after deductible
Bridges		50% (Plan pays up to 50% with a \$1,250 lifetime max per person)
Orthodontia for Adults and Children		



Vision

Regular vision care should be an important part of your overall healthcare. Our vision plan helps you cover the cost of eye exams, lenses and frames and contact lenses.

Plan Details

- Visit any provider, although you'll always receive the highest level of coverage with a Humana EyeMed provider
- Fixed copays on eligible lens options
- 40% retail discount on additional eyeglasses
- Free standard polycarbonate lenses after copay (for dependents age 18 and younger)
- Free in-network diabetic eye care
- Online ordering of contacts



Find a Network
Vision Provider

Plan Administrator:
Humana
humanavisioncare.com
877-398-2980

	EyeMed Insight Network (Participating Provider)	Non-Participating Provider
Exam (once per calendar year)	\$10 copay	\$30 allowance
Frames (once every 2 years)	\$130 retail allowance (20% off balance over \$130) ¹	\$65 retail allowance
Standard Lenses (Once per calendar year)		
Single	\$15 copay	\$25 allowance
Bifocal	\$15 copay	\$40 allowance
Trifocal	\$15 copay	\$60 allowance
Contact Lenses (Once per calendar year)		
Elective	\$130 retail allowance (15% off balance over \$130)	\$104 retail allowance
Medically Necessary	Covered 100%	\$200 retail allowance



You will get
exclusive
discounts at
an **Ochsner
Vision Center.**

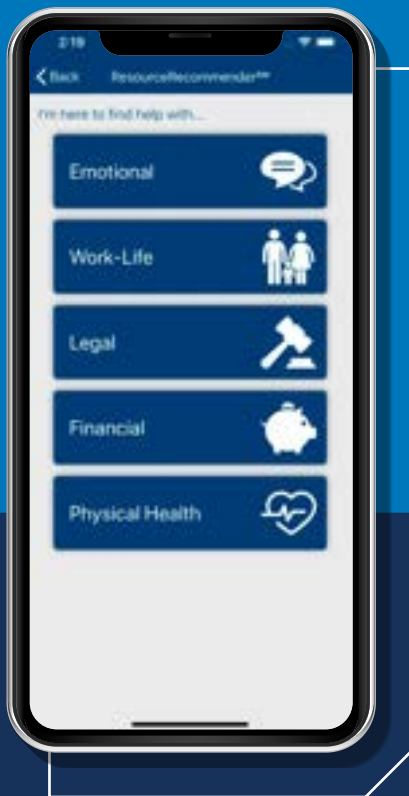
¹ If a member prefers contact lenses, the plan provides an allowance in lieu of all other benefits (including frames).



Live Well

We understand that life can pose challenging or difficult moments, and we want to help you through them. Our benefits help you purposefully care for your mental health, find support and, ultimately, strive to live well.

Employee Assistance Program (EAP)



Appointments with ComPsych network therapists can be made in the GuidanceNow app.

Life has many challenges—and we've got you covered.

From confidential counseling and legal support, to financial tools and personalized work-life resources, our EAP provider, ComPsych Guidance Resources, is available at no cost to you.

- Available to you and your household members
- Five confidential, personal counseling visits (in-person or virtual) per year, per incident
- Free online self-care and emotional health tools

Get Started: 877-595-5284 or guidanceresources.com

Company code: Ochsner

EAP can help if you are:

- Tackling common issues such as stress, depression, sleep or anxiety
- Experiencing marital, relationship and family problems and need short-term help that can resolve your concerns in five or less sessions
- Needing legal assistance due to a divorce, child adoption or debt/bankruptcy
- Looking for help with budgeting, debt management or tax issues

Foundations

You can access the Foundations digital self-care resources to reduce stress, learn healthy habits and support your mental well-being.

Available on the mobile app, tablet and desktop in English and Spanish.



Peer Support

Cabana, a digital platform designed specifically for healthcare workers, offers virtual peer group support, so you can connect with others who understand the joys and challenges of working in healthcare.

Cabana can help if you are seeking:

- A safe space that offers anonymity to work through difficult circumstances
- Peer sessions that fit your schedule, moderated by licensed professionals
- Access to meditation, mindfulness or self-improvement exercises

Get Started: Sign up at mycabana.health



Mental Health Services

Included in our Medical Plans

If you are enrolled in one of our medical plans, you also have mental health resources available to you.

	OchPlus Network Out-of-Area Network is Blue Cross Blue Shield National PPO Network		
	OchPlus 1	OchPlus 2	OchPlus 3
Physician Visit	\$25 copay	\$40 copay	\$50 copay
Ochsner On Demand Virtual Visit ¹ (Social Worker or Psychologist)	\$25 copay	\$40 copay	\$50 copay
Inpatient ² (copays up to 7 days per admission)	\$250/day		
Outpatient (stays less than 24 hours)	\$25 copay	\$40 copay	\$50 copay

Copays and coinsurance apply AFTER you meet the deductible in most cases. However, if enrolled in OchPlus 2 then primary care visits, specialist visits and urgent care copays apply BEFORE deductible.

¹ OchPlus 3 must meet deductible before copays apply for Ochsner On Demand; deductible does not apply for OchPlus 1 or 2.

² Overnight stays in hospital or extended care require prior authorization. Only authorized providers are covered. See SPD for details.



Our Medical Plans also provide mental health coverage.



Live \$mart

We understand you are trying to balance the financial demands of today with your dreams for tomorrow. We offer several financial wellness benefits that help you be intentional in your efforts, so you can live smart!

NEW! Money Coaching

Money is one of life's top stressors, and our new Money Coaching benefit from **Your Money Line** helps you get a handle on how you spend, save and budget. The platform offers full spectrum support based on your age, life event or specific financial goal all for free to you.

Services include:

- Unlimited 1:1 virtual support with a money coach (chat, email or phone)
- Financial health assessment
- Personalized financial action plans
- On-demand video courses and tools
- Your Money Line® interactive dashboard
- Student debt tools and resources

Stability Academy

Whether it's setting a budget, paying down debt, buying a home or maximizing the retirement plan match, Your Money Line's Stability Academy has a learning tool to help. Some of the learning modules include:

- Budget Building
- College Aid Coach
- Housing Hero
- Mock Retirement
- Recession Proofing

Money-Saving Discounts



Your Money Line

yourmoneyline.com/ochsner
answers@yourmoneyline.com

833-890-4077

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—all at no cost to you. Visit **Ochsner.perkspot.com** to sign up.

Ochsner Exclusives provides special deals and employee discounts on programs for weight management, backup dependent care and more.



Retirement Plan

Your well-being is important to us and that includes your financial health. That's why all employees are eligible to participate in the 401(k) retirement plan.

Savings for your future!

Your Contribution	Ochsner's Matching Contribution*	Ochsner's Retirement Contribution*
You will be automatically enrolled in the 401(k) plan at a 3% contribution rate , with automatic 1% increases each year (up to a max of 10%).	Ochsner matches 50% of the first 4% of your contributions (not to exceed 2% of your eligible compensation).	Ochsner contributes 2% of your eligible compensation regardless of your participation.
For example:		
If you contribute 0%	Ochsner matches 0%	and still contributes 2%
If you contribute 4%	Ochsner matches 2%	and contributes an additional 2%
If you contribute 8%	Ochsner matches 2%	and contributes an additional 2%

Change Your Contribution Anytime

You can change your contribution level any time during the year. Simply go to vanguard.com to manage your investments, change your contribution levels and use any of their online tools.

* Ochsner contributes to full-time and part-time employees after you complete one year of service with at least 1,000 hours. (Residents, Fellows and PRN employees may participate but are not eligible for the matching or retirement contributions.)

There is a \$170,000 compensation limit for matching and retirement contributions, so any pay above that is not eligible for contributions to the 401(k) plan.

All employees are eligible to participate in the 401(k) plan administered by Vanguard.

- Every year, eligible employees receive a contribution to their 401(k) from Ochsner that includes a matching contribution and a retirement contribution. This is discretionary and subject to change.

Vesting

- 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).

One or less years of service	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years	100%



Vanguard
vanguard.com/retirementplans
800-523-1188



Flexible Spending (FSA) & Health Savings Accounts (HSA)

FSAs and HSAs are a great way to pay for health, dental and vision services, dependent care and/or over-the-counter medications.

Additional Details

- With FSAs and HSAs, you can contribute pre-tax dollars (deducted from your pay each pay period) to set aside for your healthcare expenses.
- If you choose OchPlus 1 or OchPlus 2, you can use an FSA.
- If you choose OchPlus 3, you have the option to open an HSA. Money in your HSA rolls over year to year and always belongs to you.



Online Account
Access

Plan Administrator:
Bank of America
myhealth.bankofamerica.com

800-328-5394
(FSA/DCFSA)

866-791-0250
(HSA)



Pay for eligible
healthcare and
dependent care
expenses tax-free.

Dependent Care FSA (DCFSA)

Use pre-tax dollars to pay for dependent child care (age 12 and younger) and adult care while you and your spouse work.

- Use for day care facilities, day camps, after-school care, senior centers, private sitter (not immediate family), elder care (Note: Excludes medical expenses; may use Healthcare FSA or HSA for dependent medical expenses)
- \$5,000 maximum annual contribution
- You have until March 15, 2026, to use your balance and until May 31, 2026, to file claims
- Funds available 5-7 business days after payroll deductions each pay period
- Use with Bright Horizons Child Care & Additional Family Supports



The Differences Between FSAs and HSAs

While Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) share many of the same benefits, there are important differences, including contribution limits, availability of funds and carryover limits.

	Healthcare Flexible Spending Account	Health Savings Account
Medical Plan Used With	OchPlus 1 or 2	OchPlus 3 ¹
Maximum Contribution Limit	\$3,300	\$4,300 Individual \$8,550 Family ²
Eligible Expenses	Medical, dental, vision and over-the-counter items (i.e., Tylenol, allergy medications)	
Funds Available	Full amount of funds available Jan. 1 or upon effective date.	Funds available 5-7 business days after payroll deductions each pay period. You can adjust your contributions (increase or decrease) at any time.
Carryover Limits	Up to \$660 rolls over at the end of the year. You have until May 31 to file claims.* * FSA must be active as of December 31 of the plan year.	Carries over year to year and always belongs to you.



With both FSAs and HSAs, you choose your contribution during open enrollment.

¹ 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.

² \$1,000 catch-up contribution for those age 55 and older.



Live \$mart

Many times when a major illness or accident happens, there can be several expenses that are not covered by medical insurance. Because your needs are often multi-layered, it's helpful to have multi-layered financial protection, too.

Accident

Accident insurance helps supplement your medical plan and disability coverage by providing cash benefits when you are faced with an accidental injury.

Payable when accident-related expenses occur, such as:

- Medical treatment
- Hospitalization
- Diagnostic testing
- Follow-up care
- Transportation/lodging

For detailed coverage information, visit Workday.

Example: How It Works

Rachel's 12-year-old son fractured his leg during a soccer game. With an urgent care visit, x-rays, prescriptions and follow-up visits, it doesn't take long for the bills to add up.

Thanks to her accident insurance, she received the following to help cover her bills:

Covered Care	Cash Benefits
Urgent care	\$200
X-ray	\$200
Leg fracture	\$2,400



Life, AD&D, Disability
Plan Administrator: **Sun Life**
login.sunlifeconnect.com

800-247-6875

**Critical Illness, Accident
and Hospital Indemnity**
Plan Administrator: **Aflac**

800-840-6580, ext 4

Short-Term Disability

- Partial pay/salary replacement for a short period of time due to a non-work illness or injury.
- **New hires:** Option to purchase voluntary short-term disability for first year of employment.
- **Reminder:** Workers' Compensation coverage applies for work-related illnesses or injuries.

Coverage levels and premiums can be found in your addendum.



Critical Illness

When a heart attack, stroke or other serious illness strikes, critical illness insurance can provide financial support to help you through a difficult time.

- Elect either \$10,000 or \$20,000 benefit amount
- Coverage available for employee or employee + spouse
- Child(ren) covered at 50% for no additional premium up to age 26 with employee coverage

This benefit is payable when diagnosed with covered critical illnesses such as:

- Heart attack, stroke, cancer
- Kidney failure
- Major organ transplant, bone marrow transplant
- Coronary artery bypass surgery (partial benefit)

For detailed coverage information, visit Workday.

Example: How It Works

Tom was sitting on the porch with his wife when he started having difficulty speaking and couldn't see out of one eye. His wife immediately recognized he was having a stroke and called 911. Thanks to her fast action, he made a full recovery—but after a several-day hospital stay, occupational therapy and follow-up doctor visits, the expenses were mounting.

With critical illness coverage, he was able to pay most of his bills without dipping into his savings, because he received a lump sum benefit of \$20,000.

Long-Term Disability

- Partial pay/salary replacement for an extended period of time due to an injury or illness.
- Evidence of Insurability 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 new or increased coverage.

Coverage levels and premiums can be found in your addendum.



Earn a \$50 annual wellness benefit when you file your wellness claim under your critical illness or accident plan (or \$100 if you enroll in both!).



Hospital Indemnity

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming.

As expenses add up, hospital indemnity insurance can help eliminate your financial concerns and provide support at a time when it is needed most. Coupled with your medical plan, this supplemental health insurance provides added protection should a covered hospitalization occur.

Coverage is available for you, your spouse and your child(ren).

For detailed coverage information, visit [Workday](#).

Life & AD&D

- Ochsner offers basic term life and Accidental Death and Dismemberment (AD&D) insurance —at no cost to you.
- You may also choose optional term life insurance (see addendum) for yourself and your dependents.
- Evidence of Insurability may be required.

Coverage levels and premiums can be found in your addendum.

Example: How It Works

Amanda had complications from diabetes and ended up in the intensive care unit for two days, with an additional three days in the hospital. During that time, she was not only off work, but her spouse took some time off, too.

Because she had hospital indemnity insurance, she received the following to help pay her bills:

Covered Care	Cash Benefits
Initial hospital admission	\$1,000
Daily hospital stay	\$150 per day
Intensive care unit admission	\$150 per day

In addition to medical bills, hospital indemnity insurance provides cash benefits to help pay for other expenses like transportation and meals for family members, child care or time away from work.



Lifestyle Benefits

Lifestyle Benefit	Description	Enrollment System	Enrollment Period
Auto/Home	Provides exclusive employee savings and convenient payment options with national carriers (subject to carrier availability in your state).	These lifestyle benefits are available via the Lifestyle Benefits Portal at ochsner.corestream.com Plan Administrator: Corestream 855-918-8400	Anytime
Identity Theft	Monitors financial transactions, social media, student loans, retirement accounts, etc., and helps to restore identity in an event of theft.		
Pet Insurance	Helps you care for your pets with reimbursements to offset more than half the cost of treatment for accidents and illnesses.		
Legal	Provides basic legal services such as family/personal law, home/real estate, civil lawsuits, etc., and includes 24/7 emergency assistance.		



Not sure which plans to pick?

Corestream's online decision tool helps you select the plans that make sense for you!



Career Center

Ochsner is committed to supporting your career and professional development. You can meet with an Ochsner career coach for assistance:

- Building/reviewing a resume
- Practicing interview skills
- Exploring job opportunities at Ochsner
- Pinpointing resources to support your career (i.e. Ochsner Learning Institute, tuition assistance, educational opportunities)
- Developing an Individual Development Plan to help you plan and achieve your goals
- Connecting you to a mentor



To get started
visit

ochsner.org/careercenter or
contact

mycareer@ochsner.org or

504-842-HR4U

(option 5)



Resources to
support your
professional
development.

Employee Development

You can further your skills and knowledge with Workday Learning which allows you to personalize your learning path to match your interests and career aspirations.

Key features of Workday Learning include:

- **Flexible:** Complete courses that are assigned to you, or search for ones that are of interest based on your career goals.
- **Various learning styles:** Digital and instructor-led courses are available.
- **Friendly reminders:** Get email notifications as you approach the due date if a course is incomplete.
- **Future learning hub:** Save courses for later using "My Library."



Financial Well-being

Your well-being is important to us and that includes your financial health. These employer-paid benefits are available to you at no cost.

*"I was behind in my bills, and I didn't know how I was going to take from Paul to pay Peter. **Credit4Work!** stepped in and I was very happy."*

– Ochsner employee

Benefit	Description
Student Loan Assistance	<p>We've partnered with Fiducius, an expert with the Public Service Loan Forgiveness (PSLF) program, who can assist with student loan relief.</p> <p>As a benefit, we will pay for the initial in-depth consultation with a Fiducius advisor who will take a deep look into your personal situation: PSLF eligibility, loan status and financials to determine if you meet PSLF qualifications and if so, how to maximize your forgiveness.</p> <p>If you're not eligible for PSLF, Fiducius has other programs to assist with your student loans.</p> <p>Visit myfiducius.com/login for more information.</p> <p>* Consultation is paid by Ochsner. You will incur a fee if Fiducius manages your PSLF.</p>
Tuition Assistance	<p>You receive tuition assistance each year to pursue furthering your education.</p> <ul style="list-style-type: none">• Annual maximums apply per calendar year.• An "A" or "B" is required for reimbursement.
Quick Relief Loans	<p>Credit4Work! offers financial education and personal loans to help employees get back on track and to establish good credit. There is a \$25 one-time fee for all loans, and the loan amounts range from \$250 to \$10,000 with no credit check. For your convenience, bi-weekly loan payments are made via payroll deductions, and payment history is reported to the credit bureaus to help you build credit.</p> <p>This benefit is available to full-time employees* with at least one year of service, verifiable personal information and no open bankruptcy. To learn more, visit creditworksonline.com and enter code OHS#1 or call 800.409.3765.</p> <p>*Employees must be residents of Louisiana, Mississippi or Florida. Regular part-time, part-time and PRN employees, and executives and physicians are not eligible.</p>
Business Travel Accident	<p>Ochsner provides full-time employees with Business Travel Accident (BTA) 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 a \$500,000 coverage amount. Additional coverage is available for employees who travel aboard aircraft operated by Ochsner for the purpose of emergency medical treatment.</p>
Will Preparation	<p>FreeWill helps you create a free and valid will through a 20-minute, step-by-step process (No further obligations required) www.freewill.com/ochsner</p>
Advanced Directives	<p>Outlines your healthcare wishes for your loved ones in the event you're sick and unable to make your own decisions www.ochsner.org/services/palliative-care/advance-directives</p>



Live Life

At every stage and age, you have dreams for your life. And whatever your passions and pursuits, our benefits and resources help you find work-life harmony and purposefully live life!

Paid Parental Leave

Provides time off to bond with a new child as well as income protection to alleviate some of the financial challenges that arise with the addition of a new family member.

Paid parental leave is available to full-time employees, including APPs and physicians, based on your length of employment.

- An eligible child must be under the age of 13 and new to the employee's home.
- Limited to one benefit per 12-month rolling year.

Years of Employment	Paid Leave
Less than 2 years	100% pay for 3 weeks
2-5 years	100% pay for 4 weeks
5+ years	100% pay for 6 weeks



Family-friendly benefits are available to you at little or no cost.

Adoption Assistance

Provides up to \$4,000 per calendar year for:

- Adoption fees, court costs, attorney fees
- Travel expenses
- Medical expenses for birth mother and other expenses related to the adoption

Adoption assistance is available to full-time employees, including APPs and physicians, on the first day of employment. You must be actively working full-time when event is finalized.

Retirement funds for birth/adoption: Withdraw up to \$5,000 from your 401(k) or 403(b) plan when you have a birth or adoption. To request this withdrawal, call Vanguard at **800-523-1188**.



Work and Family Resources

Whether you're seeking assistance expanding your family, providing care for a child or taking care of an older adult, our family-friendly benefits can help.

Backup Child & Eldercare

Bright Horizons provides affordable on-demand (non-emergency) care options for full-time employees.

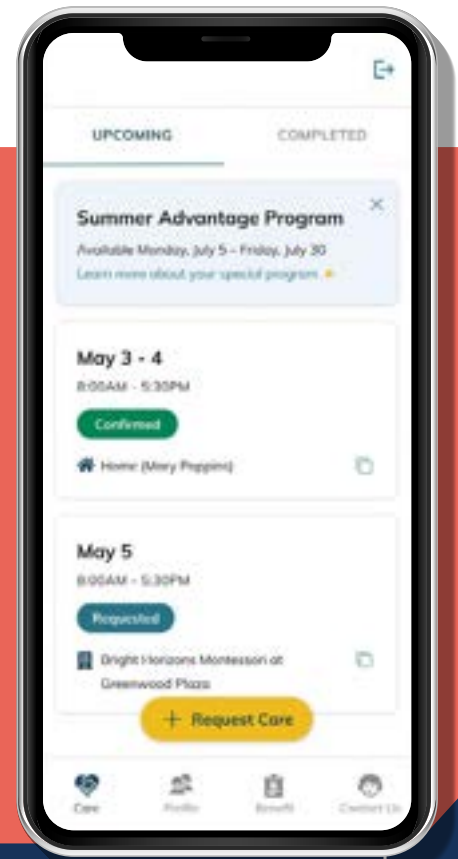
- Child care in home or in high-quality care centers
- In-home caregivers for an adult
- Virtual tutoring sessions for children & adult learners

Additional Family Support offers resources for:

- Sitters, nannies, pet sitters and housekeepers
- Discounts on tutors and test prep (ACT/SAT) services
- Senior care solutions

Visit clients.brighthouse.com/Ochsner to learn more.

Please note: The IRS requires you to pay income taxes on this benefit (approximately \$7 to \$29 based on your salary). Please see the QRG available in Workday for additional details.



Fertility Support

Progyny, our fertility benefit partner, supports many paths to family building, including IUI and IVF.

- **Individual support:** A Patient Care Advocate is paired with you to support you every step of the way. Digital tools are also available.
- **Full spectrum:** Support begins with preconception wellness and coaching, including robust support for male-factor infertility, oncofertility, underlying health conditions, and more.
- **Benefit:** 2 smart cycles; deductible (if applicable), then 30%
- **Eligibility:** OchPlus 1 and OchPlus 2 enrollees



"My PCA was so wonderful. She spent 40 minutes on the phone with me late in the evening. She explained everything so well even though it may have been the 100th time she repeated it that day. She was relatable, kind, friendly, knowledgeable and I really appreciated it!!"



Time Away From Work

We offer many options for paid time away from work so you have the flexibility to balance work and life responsibilities, get rejuvenated and address personal needs.

Paid Time Off

Paid Time Off programs include General Purpose Time (GPT) and Vacation for eligible employees.

- GPT and Vacation are accrued based on your length of service. We offer a GPT sellback program through which non-management employees can sell back GPT for cash in 40-hour increments. You must maintain a minimum of 40 hours in your bank.

Your addendum has more specific information about the plan(s) you are eligible for, as well as accrual rates and maximum banks.



Paid time off and disability coverage give you flexibility and assurance.

Holidays

Full-time employees receive eight paid holidays and one personal holiday each year. You are immediately eligible after your start date.

Holidays include:

- New Year's Day, Martin Luther King, Jr. Day, Mardi Gras Day, Good Friday/Spring Holiday, Independence Day, Labor Day, Thanksgiving Day, Christmas/Winter Holiday.

Your addendum has more specific information about the time off for which you are eligible.

*If Mardi Gras is not recognized in your region or by your home department, you will receive one additional personal holiday. This applies to employees who are employed during Mardi Gras week. Employees hired after Mardi Gras Day will not receive the additional personal holiday.

**Employees in the RN - School Job Profile are not eligible for personal holiday(s).



Leaves of Absence

To request a leave, you must provide a 30-day notice, or as soon as reasonably practicable.

Type of Leave	Description
Bereavement Leave	Full-time employees are eligible to receive three days (up to 24 hours) of bereavement pay per occurrence for the death of an immediate family member or in-law. There is a maximum of two bereavement leaves in a 12-month period. You must use GPT, Vacation or Work Life Days if you need additional bereavement time.
Family Medical Leave Act (FMLA)	The Family Medical Leave Act (FMLA) 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 at least 12 months and have worked 1,250 hours in the 12 months prior to the start of the leave. An absence may coincide with a paid benefit under the short-term disability plan. You also may be able to use GPT, Vacation or Work Life Days. Use of paid time off is required during FMLA or when STD or Worker's Compensation do not pay.
Jury Duty or Court Service	We offer 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. <ul style="list-style-type: none">• Employees who successfully complete their first 90 days of employment are eligible.• If employed less than 90 days, employees will receive one day of jury duty pay.
Military Leave	Military service members (in the U.S. Armed Forces) on extended military leave and reservists attending annual training receive the difference between their base pay and their military base pay. This benefit is provided for up to 15 working days during a 12-month rolling year. Upon return from military duty, employees are reinstated to their original job (or job of like seniority), status and pay, provided the service limitations and notice requirements are met.



Leaves of absence that give you the time and flexibility to address life demands.



Required Actions

Below are steps you may need to take during benefits enrollment.

What You're Doing	Required Form	Action
Enrolling spouse, domestic partner or dependent(s) for first time	Dependent Eligibility Verification Mailed from HMS and emailed from Ochsner@verifyos.com with further instructions and deadline	Any dependent newly enrolled in the medical, dental, vision or life plans must submit appropriate documentation in a timely manner.
Adding spouse/domestic partner to medical plan	Spousal Access Fee Verification Mailed from HMS and emailed from Ochsner@verifyos.com	Annually required for any spouse/domestic partner enrolled in our medical plans. If you confirm in Workday that your spouse/domestic partner has access to other coverage, you will not be asked for verification and the spousal access fee will apply.
Enrolling a dependent living outside of OchPlus Network (Must use Blue Cross Blue Shield Preferred Care Network for in-network coverage)	Out-of-Area Dependent Notification Resubmission required annually	If your dependent lives outside of the local geographic area and cannot use the OchPlus Network, download the Out-of-Area Dependent Notification form from Workday (Menu > Benefits Information > Additional Resources > Medical Out of Area Flyer & Form). You can also type "Out of Area" in the Workday search bar to be directed to the HR Connect article.
Verifying tobacco-user status	Smoking Cessation Certification	Previously listed as smoker: Assigned tobacco-user rate Changing to non-smoker status: Submit proof of smoking cessation program completion within 90 days of the benefit effective date
Enrolling in life insurance or long-term disability (employee and spouse/domestic partner)	Statement of Health (also referred to as Evidence of Insurability) (EOI) Mailed from Sun Life or complete online at sunlife-usa.net/eoi/	If newly eligible, EOI required if: <ul style="list-style-type: none">• Elected employee life of \$650,000 or greater• Elected spouse life of \$75,000 or \$100,000 For Open Enrollment, EOI required if: <ul style="list-style-type: none">• Increased life insurance of one or more levels or elected employee life of \$650,000 or greater• Increased spouse life by one or more levels or elected coverage of \$75,000 or \$100,000• Newly elected long-term disability 50%, 60% or 66 ⅔% coverage (for those with less than 3 years of service)



Enrolling in 2025 Benefits

You can go online and enroll in 2025 benefits between Oct. 29 and Nov. 12, 2024.

How to Enroll

- **Log into Workday using your Ochsner user name and password.***
- **Click on Start Your 2025 Open Enrollment Elections.**
- **Click Benefits Change – Benefits Open Enrollment.**
- **Follow instructions to complete enrollment process, including:**
 - Answer Yes or No to the tobacco use health questionnaire.
 - For each benefit, select either Enroll or Manage if making changes.
 - Click Confirm after each benefit option.
 - Click Add New Dependents to add those not already listed
 - Once all elections have been made, click Review and Sign.
 - Review summary of benefits and check **I Accept.**
- **Click Submit to confirm that your benefits elections are saved.**
- **Go to the Ochsner Lifestyle Benefits Portal at ochsner.corestream.com to elect additional coverages.**
- **Fill out the Out-of-Area Form for any dependents living outside of the Ochsner service area and submit to HR Connect.**

*You can also enroll via the Workday app. Please refer to the instructions posted in Workday.

Eligibility

You are eligible for benefits if you work a minimum of 72 hours every quarter (for OchPlus 3 medical) or at least 24 hours per week for other benefits. You may also cover your spouse/ domestic partner and eligible dependents.

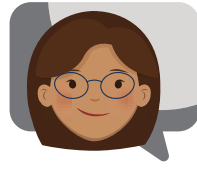
Coverage Options

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

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



**2025 benefits
are effective
Jan. 1, 2025.**



Virtual Benefits Assistant

Let Olivia take you on a tour of your benefit options and help you make the right benefit choices. Available in Workday.

Contacts

	Service	Vendor	Contact	Website
Live Healthy	COBRA	Wage Works	877-452-6272	mybenefits.wageworks.com
	Dental	Humana, Inc.	800-233-4013	humana.com
	Dependent Verification	HMS	866-868-8991	verifyOS.com
	Medical	Blue Cross and Blue Shield of Louisiana	844-718-2583	bcbsla.com Network: OchPlus or National Provider Directory (for Out-of-Area only) Group number: 78T04ERC, Prefix: OCF
	Pathway to Wellness	Personify Health (formerly Virgin Pulse)	888-671-9395	PathwayToWellness@Ochsner.org support@personifyhealth.com
	Pharmacy	MedImpact	844-587-7390	mp.medimpact.com Group number: OHN01
		Ochsner Pharmacy & Wellness	504-842-3205, 855-312-4193 (Specialty)	ochsnerpharmacy.com ochsnerspecialtypharmacy.com
	Vision	Humana, Inc.	877-398-2980	humanavisioncare.com
Live Well	EAP (Employee Assistance Program)	ComPsych Guidance Resources	877-595-5284	ComPsych: guidanceresources.com Company code: Ochsner
	Wellness Hub	Office of Professional Well-Being		ochsnerhealth.sharepoint.com/sites/Wellness
Live \$mart	401(k); 403(b); 457(b)	Vanguard	800-523-1188	vanguard.com/retirementplans Company code: 401(k) 094115 403(b) 094116; 457(b) 078108
	Accident, Critical Illness & Hospital Indemnity	AFLAC	Gallagher AFLAC Customer Service 800-840-6580, ext 4	aflacgroupinsurance.com/customer-service
	Discounts	PerkSpot	866-606-6057	ochsner.perkspot.com/login
	FSA & HSA	Bank of America	800-328-5394 (FSA/DCFSA) 866-791-0250 (HSA)	myhealth.bankofamerica.com
	Life and AD&D	Sun Life Financial	Submit EOI/claims: 800-247-6875	login.sunlifeconnect.com
			Add or update beneficiaries: 800-247-6875, ext 6	wpsenroll.com Username: SSN (no dashes) Password: Last 4 SSN + 2-digit birth year
	Lifestyle Benefits	Voluntary Benefits Help Desk	855-918-8400	ochsner.corestream.com
	Payroll Loans	Credit4Work	800-409-3765	creditworksonline.com
	Student Loan Assistance	Fiducius	513-645-5400	myfiducius.com/login
Live Life	Fertility Support	Progyny	866-960-3994	progyny.com
	Leave of Absence	Sun Life Financial	888-888-5848	sunlife-ams.com OHS control #: 246426



Answers to Frequently Asked Questions

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

When does my coverage begin?

In general, benefits begin on your date of hire or first of the month following a status change. Refer to your addendum for specific effective dates of each benefit.

How will I receive my ID cards?

If newly enrolled in any plan, your ID cards will be mailed within 10 to 14 business days after your enrollment.

- Medical (BCBSLA): lists employee name only
- Pharmacy (MedImpact): lists employee name only
- Dental (Humana): lists employee name only
- Vision (Humana): receive only if newly enrolled

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

Register at bcbsla.com to confirm in-network providers and facilities.

Login and click **OchPlus Network** under the Quick Links section.

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

If you and your spouse or child (under age 26) work for Ochsner and are in benefits-eligible positions, each of you may 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.

When does my coverage end?

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
- End of the month in 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
- The last day of the month following your child's 26th birthday if not disabled

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

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 – HR Benefits
P.O. Box 54991, New Orleans, LA 70154-4491

You can also remit payment via credit card through Capital One BillPay. To submit an online payment, [click here](#).

How do I apply for leave of absence?

Contact Sun Life by calling 888.888.5848 or by visiting www.sunlife-ams.com.

Answers to Frequently Asked Questions

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

What are my options if I become eligible for Medicare?

If you remain covered as an active employee or dependent, and enroll in a Medicare Part B Plan, the OchPlus plan will continue as 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 have a change in status.

For more information, refer to the SPD, visit www.medicare.gov or call 800.633.4227.

Special Notifications

Patient Protections Disclosure

The Ochsner Clinic Foundation Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit BCBSLA.com or call 844-718-2583.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Ochsner Clinic Foundation Health and Welfare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the HR Connect at 504-842-4748.

Women's Health & Cancer Rights Act

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;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

- OchPlus 1 Tier 1 benefits: \$0
- OchPlus 2 Tier 1 benefits: \$1,000
- OchPlus 3 Tier 1 benefits: \$3,300

If you would like more information on WHCRA benefits, please call your Plan Administrator at HR Connect at 504-842-4748.

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. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Special Notifications

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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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 or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid

<http://myalhipp.com/>
1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
<http://myakhipp.com/>
1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com/>
1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program: <https://www.mycorhibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

<https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
<https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: iowa.gov/health-human-services
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](http://iowa.gov/health-human-services/hipp)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

Special Notifications

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/la hipp
1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaine-connection.gov/benefits/s/?language=e_n_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: -800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

<https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3739

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
573-751-2005

MONTANA – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website:
<http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

<https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

<https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

<http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\)\(pa.gov\)](http://www.childrenshealthinsuranceprogram.pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov/>
1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

<https://www.scdhhs.gov> 1-888-549-0820

SOUTH DAKOTA - Medicaid

<http://dss.sd.gov> 1-888-828-0059

TEXAS – Medicaid

[Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](http://www.healthinsurancetexas.com)
1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Medicaid: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT– Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://www.healthinsurancetexas.com)
1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badger-careplus/hipp.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Special Notifications

HIPAA Notice Of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Ochsner Health is committed to the privacy of your health information. The administrators of the Ochsner Clinic Foundation Health and Welfare Plan (the “Plan”) 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. You may receive a copy of the Notice of Privacy Practices by contacting the HR Connect at 504-842-4748

HIPAA Special Enrollment Rights

The Ochsner Clinic Foundation Health and Welfare Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Ochsner Clinic Foundation Health and Welfare Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction). A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 60 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program

– If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

Coverage After Retirement - If your coverage ends due to retirement at age 55 and you have at least 10 years of service, or are age 65 and have at least five years of service, you may elect to continue your medical, dental and coverage if you pay the required contributions. Vision and dental coverage alone cannot be elected. Contact the HR Connect for more information.

Special Notifications

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, healthcare FSA 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 Connect for more information.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice Of Creditable Coverage

Important Notice from Ochsner Health 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 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 has determined that the prescription drug coverage offered by the medical plan is, 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.**

Special Notifications

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 coverage will not be affected. See your 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 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. **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 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
- 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.

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, or call them at 1 800-772-1213 (TTY 1-800-325-0778).

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).

Special Notifications

Date: August 26, 2024

Name of Entity/Sender: Ochsner Health

Contact—Position/Office: HR Connect

Office Address: 1450 Poydras Street, Suite 2600, New Orleans, LA 70112

Phone Number: 504-842-4748

Wellness Program Disclosures

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 504-842-4748 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Notice Regarding Wellness Program

Pathway to Wellness, is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a routine annual blood test as recommended by the U.S. Preventive Services Task Force. You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, employees who choose to participate in the wellness program may receive incentive rewards.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting HR Connect at 504-842-4748.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Ochsner Health may use aggregate information it collects to design a program based on identified health risks in the workplace, Pathway to Wellness will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you

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will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact HR Connect at 504-842-4748.

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the

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employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the HR Connect at 504-842-4748.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer name: Ochsner Health
2. Employer Identification Number (EIN): 20-5296918
3. Employer phone number: 504-842-4748
4. Email Address: MyHR@ochsner.org
5. Employer address: 1450 Poydras Street, Suite 2600, New Orleans, LA 70112
6. Who can we contact about employee health coverage at this job? Ochsner HR Connect

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:
 - ✓ **Some employees. Active employees are:** Eligible for benefits if working a minimum of 72 hours every quarter (for OchPlus 3 medical). If working at least 24 hours per week you are eligible for the OchPlus 1, OchPlus 2 and OchPlus 3 medical plans. Refer to the 2025 Benefits Guide for additional information.
 - With respect to dependents:
 - ✓ **We do offer coverage. Eligible dependents are:** Eligible employees may cover their spouse/ domestic partner and eligible dependents as outlined in the Ochsner Health SPD.
 - We do not offer coverage.
 - ✓ **If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.**

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Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, **HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

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.