



FOLDER #3 - INSTRUCTIONS FOR COMPLETING MEDICAL AND LIFE INSURANCE FORMS

(RG&TMP121+)

★ **IMPORTANT NOTE:** *An election to enroll for or waive any of the following insurances must be made before your salary check will be issued. You do, however, have thirty (30) days from your date of employment to change, without restrictions, any insurance decisions you make.*

All insurances covered in this section are **optional**. A description of each of the insurances and the premium rate schedules for each are included in the "**Schedule of Employee Benefits.**" Enclosed in Folder #3 are brochures covering each individual plan in detail. Enrollment forms should be completed as follow:

Office of Group Benefits and Health Maintenance Organization (HMO) Enrollment/Change Form - Must be completed by all employees, regardless of whether or not you are enrolling in the coverage (medical, life, mental health). Please note the following regarding the enrollment form:

The insurance company will accept no erasures, white-outs, or strikeouts on the enrollment form.

- 1) Complete **Section A**.
- 2) Complete **Section B**.
- 3) In **Section C**, if participating in the medical insurance, write in either the PPO, EPO, MCO, Definity Option 1 or Definity Option 2, or the name of the HMO selected.
- 4) Complete **Section D**. Indicate level of coverage selected. Employee, spouse and dependent data must be listed if enrolling in any of the medical options. However, employee and spouse data must be provided regardless of whether spouse is being enrolled for coverage. This information is needed for coordination of benefits and for a verification process which ensures that the employee is not already covered under the Group Benefits Program through the spouse's employment.
- 5) In **Section F, Medicare**, the question is whether the employee and spouse are presently covered by Medicare. If a covered party is covered by Medicare, this affects the premium rate after retirement.
- 6) Complete **Section G** if applicable. This coverage is available to retirees only
- 7) Complete **Section H**. Mental Health coverage is provided under all health plans. This is an additional benefit. Contact the AgCenter HRM Office for rates.
- 8) Complete **Section J for life insurance** options. If participating in this option, you must also complete the separate form titled "Enrollment Form – State of Louisiana Control #33624" found in the Life Insurance Enrollment Kit. This form is necessary in order to name your beneficiary (complete only if enrolling in this life insurance plan).
- 9) Complete the Portability Law Form if enrolling in medical coverage. Complete sections 1 thru 5 if covered under a prior health insurance policy within 63 days of enrollment of this coverage or sections 1 and 2 if prior health coverage was not in effect within 63 days of date of health insurance application. **Please Note: A certificate of insurance from prior health plan can be submitted in lieu of Portability Law Form.**

If you have enrolled for any type of coverage (including coverage under an HMO), sign and date at the bottom (left-hand side) of the form next to the "X". **Section I** is to be completed only if you are waiving all coverage (both health and life plans).

(Folder #3 instructions continued...)

IMPORTANT!

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Employees have several options for medical insurance. The Office of Group Benefits (OGB) Preferred Provider Organization (PPO), the Exclusive Provider Organization (EPO) - administered by United Health Care, the Managed Care Option (MCO) - administered by FARA Benefit Services, and Definity Health Plan are available to all employees. Alternatively, employees may select an HMO: Humana covers employees in regions 1 - 8 and Vantage covers employees in region 9.

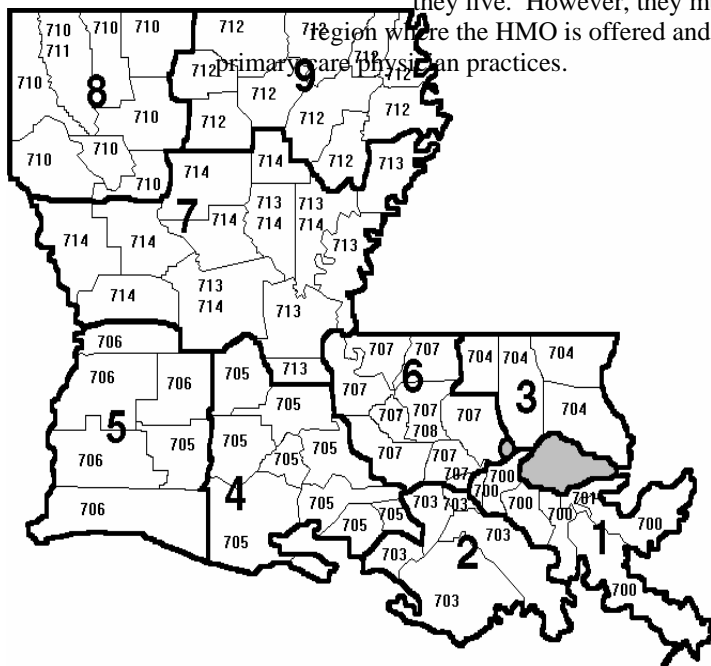
It is important to understand that the state is divided into 9 HMO regions. If an employee selects an HMO, they must select a primary care physician and must receive services in the HMO area where the primary care physician practices. For HMOs which are available in more than one region, rates will be determined based on the employees' zip code of their home address. A map of the regions is provided below along with a chart showing where HMOs are offered.

Employees should study this map carefully to determine which HMOs are realistic options for them in terms of location. For example, most employees in the Baton Rouge area will not be interested in Vantage because services are only available in the Monroe area. However, a Baton Rouge employee is *not prohibited* from joining Vantage provided the employee receives services in that HMO region.

Attached are the instructions for completing the enrollment/waiver documents.

PPO/EPO/MCO/HMO REGIONS

Region Map with Three-Digit Zip Codes



IMPORTANT: Plan members are not required to reside within an HMO's service area in order to enroll.

They may enroll in any HMO, regardless of where they live. However, they must receive services in a region where the HMO is offered and where their primary care physician practices.

| HMOs Accepting New Enrollees, 2003 | | |
|------------------------------------|-----------|---------|
| Region | Zip Codes | HMO(s) |
| 1 | 700 & 701 | Humana |
| 2 | 703 | Humana |
| 3 | 704 | Humana |
| 4 | 705 | Humana |
| 5 | 706 | Humana |
| 6 | 707 & 708 | Humana |
| 7 | 713 & 714 | Humana |
| 8 | 710 & 711 | Humana |
| 9 | 712 | Vantage |