

**Division of Administration
Office of the Commissioner
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OGB Delays Effective Date for August 1 Plan Changes

The Office of Group Benefits is delaying the effective date of changes implemented to medical and pharmacy plans from August 1 to September 30. Those changes included certain prior authorization requirements, provider visitation limits, and use of a formulary. As a result of the delay, some members will be reimbursed for medical or prescription expenses.

The pharmacy changes effective August 1 changes impacted active employees and retirees without Medicare. Retirees with Medicare were not affected by the pharmacy changes, though some of the medical coverage changes applied to them.

"We heard the financial concerns of our members and Legislators and are willing to work with them by delaying the impact of these changes," said Commissioner of Administration Kristy Nichols. "As always, our goal is to continue to operate responsibly and affordably through a transparent and open process."

The process for reimbursement varies depending on the type of cost incurred. Members who paid higher pharmacy co-pays between August 1 and September 29 will automatically receive a reimbursement check in the mail. No action is necessary.

Members who incurred increased pharmacy costs between August 1 and September 29 based on exclusions must submit an appeals form to MedImpact.

Blue Cross and Blue Shield of Louisiana will reprocess claims for members who incurred increased medical costs through their providers between August 1 and September 29. If members incurred costs that were not submitted through a provider, they must submit an appeal request form to Blue Cross and Blue Shield. The forms can be found on the OGB website at www.groupbenefits.org.