ANNUAL ENROLLMENT
Important Dates

- **Annual Enrollment Period**
  - October 1 – November 15, 2019
- **Effective date of coverage**
  - January 1, 2020

Questions and completed forms should be directed to:

nohrmbenefits@lsuhsc.edu
5% increase for all health plans
For OGB information:
  - Website: info.groupbenefits.org
  - Phone: 225-925-6625

For BCBS information:
  - Website: www.bcbsla.com/ogb
  - Phone: 1-800-392-4089

For Vantage information:
  - Website: employees.vhp-stategroup.com
  - Phone: 1-888-823-1910
LSU First & WebTPA: Working Together
How We Support Members
Paperless EOBs

Now members can receive an email notification that their EOB is available to view online!

Selecting the “paperless” option will stop EOB statements from being mailed to the member. The EOB will be provided in electronic format that is available via the WebTPA Member Portal. Electronic EOBs are print-ready, so if a member needs the paper copy, they will be able to print it on the website. Paperless EOBs will only be available to members who are registered on the WebTPA portal.

Sign up on the portal and opt into paperless EOBS by **November 15** to be entered to **win a Google Home!**
User-Friendly Member Portal
View, Download & Print ID Cards
View Deductible Balances
Integration with SPARKPEOPLE

Calorie Counter
Integration with Apple Watch, Fitbit, Garmin, Jawbone, Misfit, Runkeeper, Google
Meal Plans
Advice From Experts
Personalized Fitness Plan & Exercise Demos
Member-Created Goal Teams / Employer-Based Fitness Competitions
Recipes, Articles, Tips and More!
Active Support Message Boards

Free at no additional cost to the plan or the member!
Mobile App

My WebTPA

On-the-go functionality to view ID cards, check eligibility, review claims, and more!

Available for Android, iPhone, iPad
LSU First Health Plan Perks

Cleveland Clinic Center of Excellence Program
- Cardiac
- Orthopedic and Spine

Reminder: EAP is now online. Members can visit [www.mylifevalues.com](http://www.mylifevalues.com) for more information. It includes a discounted gym membership, fitness products and more!
2020 LSU First Health Plan Changes

- 5% Premium Increase
- Pre-Authorization for Cancer Services
Question & Answer Session
Utilization Management Services
What Is Utilization Management?

- It is a service that assures the member receives the highest quality of care, in the most appropriate setting, and from the most appropriate provider.

- We seek to avoid over-use and under-use of medical services by making clinical coverage decisions based on available evidence-based guidelines.
What Services are Being Offered?

**Pre-service Reviews**
- Review medical services and medications that require pre-authorization
  - MRIs, PT/OT/ST, outpatient surgery

**Concurrent Reviews**
- Ensure hospital stay is provided in accordance with evidence-based guidelines and to promote the transition of care from the hospital to home or another health care setting
  - Inpatient and long-term care

**Post-service Reviews**
- Review occurs after medical care has been received
  - Procedures and hospitalizations up to 14 days after the date of service
Utilization Management Process

- **Member sees Provider**
- **Provider orders services**
- **Contacts UM for Prior Authorization**
- **Review the request for services**
Verification

• Benefits are verified to confirm plan allowance for certain diagnosis and requests
• A medical necessity **approval determination** does not guarantee payment or verification of benefit. It is a verification that the request meets medical necessity

Determination

• Approval received
• An **adverse determination for medical necessity** is made after review has determined it does not meet guidelines
• An **adverse determination based on lack of information** is made for a requested service with no information provided for review

Rights

• If you receive an adverse determination, your provider can conduct a physician to physician review & /or provide additional information to the request within 14 days
• Also a formal appeal can be completed within 180 days of the notification of adverse determination
What Are The Benefits of Utilization Management?

- Prevent unnecessary tests and costs to member
- Enhance provider and member relationship
- Prioritize outpatient and home-based care for faster recovery
- Ensure members have appropriate care and are provided all required services to maintain their health
- Careful monitoring of inpatient procedures to provide better outcomes
Care Coordination Services
What Is Care Coordination?

- FREE service offered to all members of the health plan

- Care coordination service benefits include:
  - Individualized approach to ensure that each member receives the appropriate medical care, services, and community resource support
  - Designated Nurse Care Coordinator that assists with managing everyday care needs and addresses acute and chronic conditions
  - Coordination across your healthcare team that leads to lasting results so that you can achieve and maintain your best health
  - Care Coordinator is available by phone or in person
What Is Our Care Coordination Model?

- Community-based Care Coordination service model with care coordinators that are embedded in the community and assigned to specific members for outreach.
What Is The Role of The Care Coordinator?

Care Coordinator acts as a single point of contact with access to the entire care team.

Medical Doctor
- Participates in Member/Provider engagement and collaboration

Social Worker
- Supports care coordination in behavioral health needs
- Coordination in other resource needs

Pharmacist
- Provides guidance in medication adherence
- Poly-pharmacy issues
- Drug-drug interactions

Other Providers & Resources
- Coordinates with member’s entire care team
- Assists with locating and connecting with available community resources

Patient/Member
- Provides guidance in medication adherence
- Poly-pharmacy issues
- Drug-drug interactions

Health Plan
- Coordinates with member’s entire care team
- Assists with locating and connecting with available community resources

Other Providers & Resources
- Advocates for the member
- Assists in navigating the health plan and the healthcare system
Diabetic Member Needs Assistance With Managing Their Condition

**Short-Term**
- Coordinate care with providers and care team
- Identify current understanding of condition
- Identify resource needs
- Meet 1:1 to discuss individualized treatment plan and health goals
- Provide tailored disease specific education
- Review medications
- Assist with obtaining a glucometer/test strips or other resources

**Long-Term**
- Ongoing contact with Care Coordinator
- Assist member in meeting long-term goals
- Improved health and self-management of chronic disease

Example of Care Coordination

[Image of a care coordination diagram]
If you or your family are faced with a cancer diagnosis, consider utilizing our Care Coordination services to assist you with the following:

- Education and support
- Navigating your health benefit options and required authorizations
- Decreasing your overall out-of-pocket expenses
- Holistic management without disrupting any current treatment plans
Patient Portal

This portal will help you view your health history, find doctors and other information about your health as well as talk directly to your care team through messaging.
How Do I Contact A Care Coordinator?

For more information, call 1.855.326.3466

Our Care Coordinators are available during regular business hours, Monday - Friday 8am-5pm
Annual Enrollment
2020 Prescription Drug Overview

• Prescriptions for Generic medications will continue to have a $0 copay in 2020.

• Prescriptions for Brand Name medications will continue with 20% coinsurance following satisfaction of the annual deductible. Brand Name medications have a maximum cost of $150 for each 30-day supply after the annual deductible is satisfied.

• Prescriptions for Specialty medications will continue with 20% coinsurance following satisfaction of the annual deductible. Specialty medications have a maximum cost of $150 for each 30-day supply after the annual deductible is satisfied.

• Preferred Drug and Drug Exclusion lists are available at www.CitizensRx.com/member/documents
LSU First participants have access to one of the nation’s largest retail pharmacy networks

67,000 pharmacies
- Independent Pharmacies
- Regional Chains
- National Chains
Prescription Drug Home Delivery

- PraxisRx Pharmacy Home Delivery is the mail order pharmacy delivery service. Home delivery is voluntary. LSU First does not require home delivery for maintenance prescription drugs.

- For **NEW** home delivery:
  - PraxisRx Pharmacy can contact the prescribing physician to obtain a new home delivery prescriptions; OR
  - Participants can obtain a prescription from their physician and send it to PraxisRx Pharmacy by mail; OR
  - The prescribing physician can send a prescription to PraxisRx Pharmacy by fax or through electronic prescribing
  - Be sure to remind the physician to write the prescription for a 90-day supply with three refills and authorize a one-year supply (when appropriate)
Clinical Program Management

• Prior Authorization may be required on drugs that
  – Have strong or unsafe side effects
  – Can be harmful if taken with other drugs
  – Should only be used for certain health conditions
  – Are often abused or misused
  – Have lower-cost options that may work better

• Step-Therapy
  – Requires patients to start prescription drug therapy with a safe, effective, lower cost medication (Step One Drug) before use of a higher cost brand medication is considered
  – In the event a first line (Step One) medication is ineffective in treatment, patients can then try another drug that may cost more (Step Two Drug)
Clinical Program Management

• Quantity Limits ensure coverage is provided for the appropriate amount of medication
  – Only applies to certain drugs
  – Limits are based on the drug manufacturer’s recommendations, the US Food and Drug Administration (FDA) guidelines and Citizen Rx clinical review

• What if there is a clinical program that applies to a prescription drug but the physician feels strongly about the medication prescribed?
  – Physicians may request a review of medical necessity by contacting Citizens Rx at 888-556-7482 to speak to a Prior Authorization Specialist.
Customer Service:
(855) 346-5781

Praxis Mail Order:
(888) 903-7453
VOLUNTARY BENEFITS
UnitedHealthcare
- No premium changes
- Plan design changes for Dental and Critical Illness

DBS Flexible Spending Account(s)
- No premium or plan design changes
- Healthcare FSA maximum increased $50 to $2,700

IdentityForce
- No premium or plan design changes

UNUM
- No premium or plan design changes
UnitedHealthcare
Voluntary Benefits
UnitedHealthcare continues to be the carrier for:

- Dental and Vision – Policy # 903022
- Financial Protection – Policy # 303972
  - Long Term Disability
  - Accidental Death and Dismemberment
  - Voluntary Life Insurance
  - Critical Illness
  - Accident Protection
Dental

No premium increases

Plan design changes for both Basic and Enhanced

Active members can enroll, cancel, make changes and switch from one plan to the other
<table>
<thead>
<tr>
<th>Coverage</th>
<th>Basic</th>
<th>Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$20.72</td>
<td>$38.06</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$38.92</td>
<td>$74.50</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$53.78</td>
<td>$93.56</td>
</tr>
<tr>
<td>Family</td>
<td>$71.98</td>
<td>$126.94</td>
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</table>
Basic Plan Benefits

Refer to your Benefit Summary for full details

<table>
<thead>
<tr>
<th>Dental Services</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive and Diagnostic</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Restorative</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Simple Extractions</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crown &amp; Bridge</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Dentures</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
# Enhanced Plan Benefits

<table>
<thead>
<tr>
<th>Dental Services</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive and Diagnostic</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Restorative</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Simple Extractions</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Periodontics - maintenance</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontics – surgical</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Crown &amp; Bridge</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Dentures</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontia – Adult &amp; Child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime Ortho Maximum</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Waiting Period</strong></td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

Deductible $50/$150

Annual Maximum $1,500

Waiting Period None
Smile Direct Club is now available as part of your UnitedHealthcare orthodontic benefit. SmileDirectClub straightens teeth with invisible aligners sent directly to you.

If you’re a candidate, your benefit also includes these services at no extra cost:

- A free 3D digital scan at one of 225 SmileShops or an at-home impression kit ($0 cost with rebate).
- A free retainer following completion of your smile journey ($0 cost with subscription).
- bright on™ premium teeth whitening ($0 cost).

Here’s how much you could save:

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>SmileDirectClub cost</td>
<td>$1,850</td>
</tr>
<tr>
<td>UnitedHealthcare network discount</td>
<td>- $200</td>
</tr>
<tr>
<td>Your dental plan pays (if orthodontic coverage is 50%)*</td>
<td>- $825</td>
</tr>
<tr>
<td>You could only pay</td>
<td>$825</td>
</tr>
</tbody>
</table>

*For illustrative purposes. Savings may differ based on your plan’s orthodontic coverage and your location.
Tools & Information

www.myuhc.com

Dentist Locator
• Find general dentists and specialists
• Treatment Cost Calculator
• Provider Nomination Forms Available

Plan Information
• View benefit summary
• Order an ID card
• Answers to common questions about dental plans

Claims Information
• Review claim status and history
• Download a claim form for Out-of-Network Visits
Vision

No changes to plan design or premiums

Active members can enroll, cancel, and/or make changes
# Vision Rates

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$7.39</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$12.45</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$12.72</td>
</tr>
<tr>
<td>Family</td>
<td>$20.50</td>
</tr>
</tbody>
</table>
### In-Network Benefits at a Glance

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Frequency</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Eye Exam</td>
<td>Every 12 months</td>
<td>No copay</td>
</tr>
<tr>
<td>Pair of eyeglass lenses</td>
<td>Every 12 months</td>
<td>No copay</td>
</tr>
<tr>
<td>- Single vision, lined bi-focal, lined tri-focal or lined lenticular lenses, Standard and Deluxe Progressive and Oversized Lenses</td>
<td>Every 12 months</td>
<td>Covered in full</td>
</tr>
<tr>
<td>- Standard scratch coating, Solid and Gradient Tint, Ultraviolet Glass and Plastic Coating</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Frames</td>
<td>Every 12 months</td>
<td>$130 allowance</td>
</tr>
<tr>
<td>Lens Options</td>
<td>See benefit summary for details</td>
<td></td>
</tr>
<tr>
<td>Covered selection of Contact Lenses (lens fitting included)</td>
<td>Every 12 months</td>
<td>No copay Up to 4 boxes</td>
</tr>
<tr>
<td>Elective Contact Lenses</td>
<td>Every 12 months</td>
<td>$130 allowance</td>
</tr>
<tr>
<td>- Contact lenses that fall outside the covered selection. (Copay does not apply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Materials</td>
<td></td>
<td>20% off</td>
</tr>
</tbody>
</table>
Resources

www.myuhcvision.com

- 24-hour benefit access
- Provider locator & Frequently Asked Questions
- Eye care & eye health information

Provider Location
1-800-839-3242
Toll-free, 24-hours a day, 7 days a week

Customer Service Center
1-800-638-3120
8:00 a.m. to 11:00 p.m. ET Monday-Friday
9:00 a.m. to 6:30 p.m. ET Saturday
Critical Illness

Updated plan design with no premium increases

Premium may increase due to entering a new age band

Guaranteed Issue for both High and Low options during Annual Enrollment
## What’s Covered?

<table>
<thead>
<tr>
<th>Base Conditions</th>
<th>Additional Conditions</th>
<th>Child Only Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign Brain Tumor</td>
<td>Amotrophic Lateral Sclerosis (ALS)</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>Cancer – Invasive</td>
<td>Complete Blindness</td>
<td>Cleft Lip/Palate</td>
</tr>
<tr>
<td>Cancer - Non-Invasive*</td>
<td>Complete Loss of Hearing</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>Chronic Renal Failure</td>
<td>Advanced Alzheimer's</td>
<td>Down Syndrome</td>
</tr>
<tr>
<td>Coma</td>
<td>Advanced Multiple Sclerosis</td>
<td>Muscular Dystrophy</td>
</tr>
<tr>
<td>Coronary Artery Disease*</td>
<td>Advanced Parkinson's</td>
<td>Spina Bifida</td>
</tr>
<tr>
<td>Heart Attack</td>
<td></td>
<td>25% of Employee's Amount</td>
</tr>
<tr>
<td>Heart Failure</td>
<td></td>
<td>One Benefit payable per covered child</td>
</tr>
<tr>
<td>Major Organ Failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Paralysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ruptured Aneurysm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Partial Benefit -- See Benefit Summary or Certificate of Coverage for specific provisions.

All features may not apply. Some states have restrictions.
Critical Illness Added Benefits

Wellness Benefit - $100 per year

Health Screening Tests:
- Mammogram
- Colonoscopy
- Chest X-rays
- And more

Restoration Benefit – Restores 100% of benefit
No changes to plan design or premiums
## Accident Protection Plan

### Examples of Coverage

#### Initial Care
- **Ground Ambulance**: $200
- **Air Ambulance**: $1,200
- **Emergency Room Treatment**: $100
- **Physician Office/Urgent Care Visit**: $40

#### Hospital Care
- **Hospital Admission**: $800
- **Hospital Inpatient Stay (per day up to 365 days)**: $160
- **Hospital Intensive Care Unit (ICU) Admission**: $2,500

#### Follow Up Care
- **Major Diagnostic Exam**: $160
- **Follow Up Physician Visit**: $40
- **Medical Appliances (equipment)**: $140
- **Physical Therapy (per day up to six days)**: $30

For complete list, see Summary of Benefits
## Accident Protection Rates

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$9.15</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$13.60</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$12.36</td>
</tr>
<tr>
<td>Family</td>
<td>$16.81</td>
</tr>
</tbody>
</table>
Voluntary Life and AD&D Plan

No changes to plan design or premiums

Premium may increase due to entering a new age band
Annual Enrollment

Employees Currently Enrolled:

- **Employee**: May increase $10,000, up to 5x salary or $500,000 without EOI
- **Spouse**: May increase $5,000, up to $100,000 or 50% of EE amount, without EOI
- **Child(ren)**: may increase by increments of $5,000 to a maximum of $20,000 without EOI

Employees Not Currently Enrolled:

- **Employee**: must provide EOI for any requested amount
- **Spouse**: must provide EOI for any requested amount
- **Child(ren)**: may enroll or increase by increments of $5,000 to a maximum of $20,000 without EOI

• Evidence of Good Health/Insurability is required for amounts above the Guaranteed Issue Limit.
Stand-Alone AD&D Plan

No changes to plan design or premiums

Can enroll in, make changes or cancel at anytime
## Stand-Alone AD&D Rates

<table>
<thead>
<tr>
<th>AD&amp;D Rates</th>
<th>Employee Only</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$27,500</td>
<td>$0.83</td>
<td>$1.24</td>
</tr>
<tr>
<td>$55,000</td>
<td>$1.65</td>
<td>$2.48</td>
</tr>
<tr>
<td>$82,500</td>
<td>$2.48</td>
<td>$3.71</td>
</tr>
<tr>
<td>$110,000</td>
<td>$3.30</td>
<td>$4.95</td>
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<tr>
<td>$165,000</td>
<td>$4.95</td>
<td>$7.43</td>
</tr>
<tr>
<td>$220,000</td>
<td>$6.60</td>
<td>$9.90</td>
</tr>
<tr>
<td>$275,000</td>
<td>$8.25</td>
<td>$12.38</td>
</tr>
<tr>
<td>$300,000</td>
<td>$9.00</td>
<td>$13.50</td>
</tr>
</tbody>
</table>

**Spouse Options:** 50% of employee’s elected amount if no insured  
Dependent Child(ren); 40% if insured Dependent Child(ren)  

**Child(ren) Options:** 15% of employee’s elected amount if no insured  
Spouse; 10% if insured Spouse
Long-Term Disability

No changes to plan design or premiums

**NOT** open during Annual Enrollment

Can apply at anytime with Evidence of Insurability
Questions?
Two types of FSAs

- Health Care Reimbursement Account
- Dependent Care Reimbursement Account
Health Care Reimbursement Account

• Tax-free reimbursement for out-of-pocket medical expenses (see list)

• Utilize if eligible for Employer Health Plan
  • (Cannot use if contributing to an HSA)

• Expenses for your spouse and legal dependents (including children to age 26)
Health Care Reimbursement Account

- Estimate your expenses for 2020
- Maximum: $2,700
- Minimum: $100
- Amount divided by the number of paychecks you receive
- Expenses must be incurred through grace period (March 15)
Health Care Reimbursement Account

- Access to annual election at anytime in 2020
- Flexible – use for any expenses within the account
- Tax-free dollars
  - No Federal, State or FICA taxes paid
Dependent Care Reimbursement Account

- Tax-free reimbursement for child care/dependent care expenses
- Provider can be a day care center or private individual
- Provider must give you their Federal Tax ID number or Social Security number
Dependent Care Reimbursement Account

• Estimate your expenses for 2020

• Maximum: $5,000 (family cap)
• Minimum: $100

• Amount divided by the number of paychecks you receive

• Expenses must be incurred in 2020
Dependent Care Reimbursement Account

• The daycare expenses must be while you (and your spouse, if you are married) are working, seeking employment or attending college on a full-time basis

• Report your daycare contribution on Federal Tax Form 2441
Important Plan Rule

- IRS rules require that you use the money you set aside during the plan year
- Unused money is forfeited
- Most people do not leave money in the plan
Most Money Utilized

- Grace period (2 ½ extra months to spend the money)
  - Incur expenses 1/1/21 – 3/15/21
  - Use against the 2020 contributions
- Claim run-out period – submit 2020 expenses to 4/15/21
Grace Period

• Grace period (2 ½ extra months to spend the money)

• Debit Card can be utilized during the grace period to use prior year contributions.
Other Information

• The Dependent Care Reimbursement Account and the Health Care Reimbursement Accounts are separate accounts

• If you or a spouse contribute to a Health Savings Account (HSA), then you **cannot** participate in the Health Care Reimbursement Account
Cost

• The monthly administration fee you pay:
  • Monthly fee: $5.00
Enrollment

- Employees are not automatically enrolled in the FSA

- Employees must estimate their medical or dependent care costs and re-enroll each year.
Contact Information

Diversified Benefit Services, Inc. Customer Representatives are available M-F 8:30 a.m. – 5:00 p.m. CST

- 800-234-1229
- Online account viewing available at www.dbsbenefits.com
Protecting What Matters Most

LOUISIANA STATE UNIVERSITY
Identity Theft Protection Benefit

*Provided by IdentityForce*

**Features:**

- Advanced Fraud Monitoring
- Smart Social Security Number Tracking
- Daily 3-Bureau Credit Monitoring
- FREE Child Identity Monitoring
- $1 Million Identity Theft Insurance
- Social Media Identity Monitoring Suite

Learn more at:

[http://www.lsu.edu/benefits](http://www.lsu.edu/benefits)

> Financial Protection Plans
Comprehensive Approach to Identity Protection

IdentityForce is maximum identity security at your fingertips.

- **MONITOR**
- **ALERT**
- **CONTROL**
- **RECOVER**
What You Get

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>UltraSecure</th>
<th>UltraSecure+ Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Fraud Monitoring</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Bank and Credit Card Activity Alerts</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Change of Address Monitoring</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Court Record Monitoring</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Credit Score Tracker</td>
<td>●</td>
<td>Monthly</td>
</tr>
<tr>
<td>Credit Score Simulator</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Fraud Alert Reminder</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Dark Web Monitoring</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Identity Restoration Advisor</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Identity Threat Alerts</td>
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<td>●</td>
</tr>
<tr>
<td>Identity Theft Insurance ($1 Million)</td>
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</tr>
<tr>
<td>Junk Mail Opt-Out</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Lost Wallet Assistance</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Medical ID Fraud Protection</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Mobile App</td>
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<td>●</td>
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<tr>
<td>Online PC Protection Tools</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Pay Day Loan Monitoring</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Sex Offender Monitoring</td>
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<td>●</td>
</tr>
<tr>
<td>Smart SSN Tracker</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Social Media Identity Monitoring</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Stolen Funds</td>
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<td>●</td>
</tr>
<tr>
<td>Three Bureau Credit Report Monitoring</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Three Bureau Credit Reports &amp; Scores</td>
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<td>●</td>
</tr>
<tr>
<td>Two-factor Authentication</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

IdentityForce: Protect What Matters Most | Slide 82
IdentityForce Plans

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>UltraSecure</th>
<th>UltraSecure+ Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$9.96</td>
<td>$16.96</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$19.92</td>
<td>$33.92</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$9.96*</td>
<td>$16.96*</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$19.92*</td>
<td>$33.92*</td>
</tr>
</tbody>
</table>

IdentityForce identity protection is available to all full-time and part-time LSU employees and retirees and their eligible dependents.

For full-time employees, coverage includes unlimited dependent children 25 and under living in the same household at no additional cost. Children 25 and under will receive an identity protection product specifically designed for minors and young adults, ChildWatch. At least one adult membership is required to receive ChildWatch.

*Part-time LSU employees and retirees can pay an additional $2.75/month per child for ChildWatch identity theft protection.
Steps to Enroll

3 Easy Steps

1. LSU employees and retirees can enroll at any time. Please contact your local HR department for instructions.

2. Once you are enrolled, you will receive a Welcome email from Identity Force. If you do not receive it, please check your spam folder.

3. Click on the link in the email to complete registration and access your Identity Protection Dashboard.

Hi Adrienne,

Your employer has collaborated with IdentityForce to provide you with a new company benefit - award-winning Identity Protection Service. As you know, cyber identity theft, credit fraud and breaches happen daily, and let's face it - we live in a digitalized world where anyone, anywhere can be a victim. Just as new standards and technologies are introduced to thwart malicious behavior, so are new methods for criminals to steal your identity.

IdentityForce Protects You With

- Prompt alerts so you can take action before the damage is done
- Comprehensive 24/7 recovery services if you become a victim of identity theft
- Identity theft insurance and much more

To set up your account and start your protection, follow the steps below.

Access Your Account by clicking here to complete your member profile. This is a secure, personalized link for your use only.
Questions | Need Help Enrolling?

For a short informational video, please visit the LSU Benefits webpage at www.lsu.edu/benefits

Call 1.877.694.3367 to talk with an IdentityForce representative
Long Term Care

Administered by UNUM
Unum Long Term Care

- www.unuminfo.com/LSUS - LSU’s personalized UNUM LTC website
  - Rates are based on the age when purchased
  - No premium changes for 2020
  - UNUM website has LTC calculator that will help you choose which plan may best fit your needs
    - Age
    - Duration (3 years or 6 years)
    - Amount ($1,000, $2,000, $3,000, $4,000)
    - Plan Options
      - Plan 1 - LTC Facility and Professional Home Care
      - Plan 2 - LTC Facility and Professional Home Care, Total Home Care
      - Plan 3 - LTC Facility and Professional Home Care, Simple Inflation
      - Plan 4 - LTC Facility and Professional Home Care, Total Home Care, Simple Inflation

- LTC is **not** open during Annual Enrollment
- Anyone wishing to apply must go through Evidence of Insurability