

2021 Benefits Guide

For Employees of LSU Health New Orleans

▪ Health Insurance ▪ Flexible Benefits ▪ Voluntary Benefits ▪ Retirement Plans ▪



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WELCOME TO LOUISIANA HEALTH SCIENCES CENTER

Employee Benefits Offered Through LSUHSC-NO

In recognition of the diverse needs of its employees, Louisiana State University offers a variety of employee benefit programs, allowing you to select a level of protection and security best suited to your personal needs. This booklet provides an overview of the following Benefit Plans:

Medical Plans:

- LSU First
 - Option 1
- Pelican HRA 1000
- Pelican HSA 775
- Magnolia Local
- Magnolia Local Plus
- Magnolia Open Access
- Vantage Medical Home HMO

Tax-Saving Benefit Programs:

- Healthcare Spending Account
- Dependent Care Spending Account

Voluntary Benefits:

- Accident Protection Plan
- Accidental Death and Dismemberment
- Critical Illness Protection Plan
- Dental
- Identity Protection
- Long-Term Care
- Long-Term Disability
- Term Life Insurance
- Vision

Retirement Plan Options:

- Classified Employees
- Unclassified Employees

Your Human Resource Management Department has additional Plan information and enrollment forms available in their office. In an effort to keep you informed of your benefit options, they will also provide benefit information periodically using other methods of communication, including memoranda, meetings, emails, and newsletters. You can also find this information, and more, on the LSU [website: www.lsuhs.edu/benefits](http://www.lsuhs.edu/benefits) Although LSUHSC-NO hopes to offer participation in these Plans indefinitely, it has the right to amend or terminate any Benefit Plan.

Each Plan described in this booklet is governed by a legal document called the Plan Document. LSUHSC-NO has taken great care to accurately present the information contained in each Plan Document in a way that is easily understood. The following descriptions and information are not intended to be all-inclusive or supersede the individual Plan Documents, rules or policies. Therefore, in the event of a discrepancy between this booklet and the Plan Documents, the Plan Documents will be followed.

It is important for you to have a good understanding of each Benefit Plan that is offered. Please review this booklet carefully, and if you have any questions, please contact your local Human Resource Management Department.

HEALTH INSURANCE BENEFITS

Eligibility

Any active employee of LSUHSC-NO is eligible for health insurance provided the following:

- Employed at 75% of full-time effort per pay period (avg. of 30 hours/week) or greater
- Appointed for a duration of at least one semester or 120 days or greater

Effective Date of Coverage:

Timely Applicant: If you enroll within your first thirty (30) days of full-time employment, your coverage will be effective the first of the month following your first full calendar month of employment. For example:

- Date of Hire = August 20th
- Effective Date = October 1st

Dependent Coverage

An eligible dependent is defined as set forth below:

- The covered Employee's legal spouse;
- A Child from date of birth up to 26 years of age;
- The Employee may also enroll an eligible Dependent during the year if a court orders the Employee to cover an eligible Dependent (e.g., a QMCSO). See the Section entitled "Qualified Medical Child Support Order" for more details regarding a QMCSO. Coverage will take effect the first day of the month following the date of receipt by your Employer of all required forms prior to the fifteenth of the month, or the first day of the second month following the date of receipt by your Employer of all required forms on or after the fifteenth of the month.
- Overage Dependents. If a Dependent Child is incapable (and became incapable prior to attainment of age 26) of self-sustaining employment by reason of mental retardation or physical incapacity, and is dependent upon the covered Employee for support, the coverage for the Dependent Child may be continued for the duration of incapacity.

- Prior to the Dependent Child reaching age 26, an application for continued coverage with current medical information from the Dependent Child's attending Physician must be submitted to the Plan Administrator to establish eligibility for continued coverage as set forth above.
- Upon receipt of the application for continued coverage, the Plan Administrator may require additional medical documentation regarding the Dependent Child's mental retardation or physical incapacity as often as he may deem necessary thereafter.

Dependent Verification Requirement(s) for all Health Plans and Group Benefits Life Insurance: To deter fraud, abuse, and assure the proper use of public funds and Plan Members' premium dollars, The Office of Group Benefits and LSUHSC-NO First joins the majority of public and private health benefit programs by requiring proof that the dependents covered are legal dependents of the Employee or of the Employee's legally married spouse .

All active and retired employees are required to provide written proof that each dependent covered under the Employee's health Plan is his/her actual legal dependent. All employees must present appropriate written verification for all currently covered dependents to their Human Resource Management Department on his/her campus.

HEALTH INSURANCE BENEFITS

Written Verification Required for Dependents: Active Plan Members must provide proof of the status of each covered dependent to your Human Resource Management Department on his/her campus. Failure to comply with these requirements will result in cancellation of your dependents' coverage. Below is a list of categories of dependents and the proof that must be presented at the time of enrollment to cover these dependent(s):

1. Spouse
 - Certified copy of marriage license indicating date and place of marriage.
2. Dependent child under age 26 or Natural or legally adopted child of Plan Member.
 - Certified copy of birth certificate listing Plan Member as parent or,
 - Certified copy of legal acknowledgment of paternity signed by Plan Member or,
 - Certified copy of adoption decree naming Plan Member as adoptive parent.
3. Stepchild
 - Certified copy of marriage license to spouse and birth certificate listing spouse as natural or adoptive parent.
4. Child placed with your family for adoption by agency adoption or irrevocable act of surrender for private adoption.
 - Certified copy of adoption placement order showing date of placement or,
 - Copy of signed and dated irrevocable act of surrender.
5. Child for whom you have been granted guardianship or legal custody.
 - Certified copy of signed legal judgment granting you full legal guardianship or custody.
6. Never-married child age 26 or older who is incapable of self-sustaining employment due to mental retardation or physical incapacity who was covered prior to age 26.
 - Certified copy of birth certificate listing Plan Member as parent or,
 - Certified copy of legal acknowledgment of paternity signed by Plan Member or,
 - Certified copy of adoption decree naming Plan Member as adoptive parent.
 - Must also apply for continued coverage prior to age 26 and provide supporting medical documentation.
 - Must provide additional medical documentation of child's condition periodically upon request by Plan Administrator.

If you have questions about the dependent verification policy, contact OGB Customer Service toll-free at **1-800-272-8451** or call or visit your local Human Resource Management Department.

Adding New Dependents: To add newly eligible dependents acquired through a Qualifying Life Event, you must submit a change form to your Human Resource Management Department within 30 days of the event. Failure to submit dependent documents within that timeframe will result in no coverage.

IMPORTANT NOTE: *Newborns are not automatically added to your policy. You must complete a change form in order to effectively add them to your coverage.*

Removing Dependents: In order to remove a dependent, you must submit a change form to your Human Resource Management Department within 30 days of losing eligibility for any of the following events:

- Divorced spouse—drop step children
- Children no longer dependent on you or your spouse for support
- Deceased spouse or child

HEALTH INSURANCE BENEFITS

Section 125 Tax Implications

Through the Tax-Saver Premiums Flexible Benefits Plan, if you participate in a Health Plan through The Office of Group Benefits or LSU First, your premiums will be deducted on a pre-tax basis, thereby reducing your tax liability. You may not discontinue or reduce the level of coverage (i.e. Family to Single coverage) during the year unless the change is in connection with a Qualifying Life Event. For more information, see page 15.

Annual Enrollment

Each year during the month of October, eligible employees have an opportunity to change their Health Plan elections or elect new health coverage for an effective date of January 1st.

Termination of Health Insurance

Your health insurance coverage under any of the plans will end on the earliest of the following dates:

- On the date the program terminates.
- On the last day of the month in which your employment terminates.
- The end of the plan year in which your work hours are permanently reduced to less than 30 hours per week or less than 75% of full-time effort.
- On the last day of the month of the covered employee's death.

Continuation of Medical Coverage

At Termination of Employment or Ineligibility of a Dependent:

COBRA (Consolidated Omnibus Budget Reconciliation Act) is a federal law, which requires that group plans offer covered employees and dependents the opportunity to continue health insurance coverage when coverage would normally end for certain specified reasons. The following provisions outline the requirements for continued coverage in accordance with the law:

- You and your covered dependents may continue coverage for up to 18 months if coverage ends because of either a permanent reduction in the number of hours worked or termination of employment for any reason other than gross misconduct. You and/or your covered dependent must apply within 60 days of the date coverage ends or the date you are notified of your continuation rights, whichever is later.
- Your dependents may continue their coverage under the group plan for up to 36 months if their coverage ends for any of the following reasons:
 - Divorce from the employee
 - Death of the employee, or
 - Dependent child reaches age 26

Coverage would be effective the first of the month following the event.

HEALTH INSURANCE BENEFITS

As a Surviving Spouse or Dependent: Upon your death, your surviving legal spouse may continue his/her health insurance coverage by completing an application within 30 days of your death and paying the applicable monthly premium. Coverage would be effective the first of the month following the event.

Your surviving dependent children may continue coverage until they are no longer eligible as a dependent on Health Plans offered by LSUHSC-NO. If your surviving spouse or dependent later becomes employed through the State of Louisiana and thereby gains eligibility as an employee, they will no longer be eligible for coverage as a surviving spouse or dependent.

If the Surviving Spouse or Dependent obtains a job that offers health insurance coverage, they are no longer eligible to remain on a Health Plan offered by LSUHSC-NO.

At Retirement: You may continue your medical plan upon retirement if you meet the eligibility requirements for age and years of service under the Teachers' Retirement System of Louisiana (TRSL) or Louisiana State Employees' Retirement System (LASERS). If you are a Member of TRSL's Optional Retirement Plan, you must meet the eligibility requirements, as defined by the TRSL, to continue coverage.

If you began participating in a Health Plan through the State of Louisiana on or after January 1, 2002, the state subsidy of your premium after retirement will be based on the number of years you have participated in a Group Benefits program. If your spouse and/or dependents began participating in a Health Plan through the State of Louisiana on or after July 1, 2002, the state subsidy of their premium after your retirement (and upon your death) will be based on the number of years they have participated in a Group Benefits program. The following schedule is used in determining the state's subsidy of a retiree's premium:

- 10 years or less of participation: 19% of premium paid by the State.
- More than 10 but less than 15 years of participation: 38% of premium paid by the State.
- More than 15 but less than 20 years of participation: 56% of premium paid by the State.
- 20 or more years of participation: 75% of premium paid by the State.

**If you elect to cancel medical insurance as a retiree, coverage can only be reinstated under very limited provisions (see Plan Document for explanation).*

HEALTH INSURANCE PLAN OPTIONS

LSUHSC-NO offers employees and their eligible dependents financial protection against a wide range of health care expenses resulting from illness or injury. As part of our continuing effort to provide benefits to meet the varying needs of our employees, LSUHSC-NO offers you a choice of health insurance plans. The premiums are tax sheltered under the Tax-Saver Premiums Only Plan.

This section summarizes the main points of the Health Plans offered to employees of LSUHSC-NO, each of which is governed by a legal document called a Plan Document. In the event of a conflict between this summary and the Plan Document, the terms of the Plan Document will be the governing document that LSUHSC-NO will follow.

Types of Health Insurance Plans

LSU First (Nationwide) - LSU First is a self-insured plan that utilizes WebTPA as the Claims Administrator, MedImpact as the Pharmacy Benefit Manager, Verity HealthNet for First Choice and Local Provider network administration, and Aetna ASA as the Nationwide Network. eQ Health provides care coordination and medical management for the Plan.

LSU First provides up-front benefit dollars in a Health Reimbursement Account (HRA). Generic medications and First Choice providers are covered at 100% after your HRA is exhausted. If you have HRA money remaining at the end of the Plan Year, it will automatically roll over, up to a cap. You can also see a specialist without a referral.

Pelican HRA 1000 (Nationwide) - The Pelican HRA 1000 is administered by Blue Cross Blue Shield of Louisiana, which includes a nationwide network of providers. MedImpact is the Pharmacy Benefit Manager. The HRA 1000 includes \$1,000 in employer contributions for employee only plans and \$2,000 for family plans that can be used to offset deductible and other out-of-pocket costs. Any unused funds rollover up to the in-network out-of-pocket maximum, allowing members to build up balances that cover eligible medical expenses.

Pelican HSA 775 (Nationwide) - The Pelican HSA 775 is administered by Blue Cross Blue Shield of Louisiana, which includes a nationwide network of providers. Express Scripts is the Pharmacy Benefit Manager. The HSA 775 offers the lowest premiums in addition to a health savings account funded by both the employer and employee. Employers contribute \$200 to the HSA then match any employee contributions up to \$575. Employees can contribute additional funds on a pre-tax basis, up to \$2,825 for an individual and \$6,425 for a family to cover out-of-pocket medical and pharmacy costs. Unused funds can remain in your HSA account and earn interest. An HSA differs from an HRA in that money in an HSA follows the members even if he terminates or retires.

Magnolia Local (Local) - The Magnolia Local plan is administered by Blue Cross Blue Shield of Louisiana and utilizes the Community Blue and Blue Connect networks, primarily servicing Shreveport, New Orleans, and Baton Rouge. MedImpact is the Pharmacy Benefit Manager. It is a traditional plan that offers \$25 primary care co-pays and \$50 specialty care co-pays who live or work in specific coverage areas. There is no out-of-network coverage, other than emergencies.

Magnolia Local Plus (Nationwide) - The Magnolia Local Plus plan is administered by Blue Cross Blue Shield of Louisiana. MedImpact is the Pharmacy Benefit Manager. It offers the same coverage as the Magnolia Local plan, with the benefit of nationwide network. The Local Plus option offers \$25 primary care co-pays and \$50 specialty care co-pays for participants in any region. The Local Plus plan is ideal for members who prefer the predictability of co-pays rather than using employer funding to offset out-of-pocket costs. There is no out-of-network coverage, other than emergencies.

Magnolia Open Access (Nationwide) - The Magnolia Open Access plan is administered by Blue Cross Blue Shield of Louisiana. MedImpact is the Pharmacy Benefit Manager. The Open Access plan offers coverage both in and out of BCBS's nationwide network. Participants will pay a percentage of charges after the deductible is met. It is an attractive plan for members who live out of state or travel regularly.

Medical Home HMO (Statewide) - The Medical Home HMO is administered by Vantage. The Medical Home HMO plan is a patient-centered approach to providing cost-effective and comprehensive primary health care for children and adults. This plan creates partnerships between the individual patient and his/her personal physician. There are co-pays to see in-network primary and specialty care providers.

The following pages include a table with a brief summary of the Health Plans that are offered by LSUHSC-NO. For more detailed information and to search for providers in each Plan, you may contact the Health Plans directly.

MEDICAL COMPARISON

2021 LSU Health Plan Comparison

For the 2021 Plan Year, active employees of LSU will have seven (7) health plan options from which to choose coverage. We recommend that you review your plan options to ensure you have the coverage that best meets your needs. Below is a comparison of the benefits for each plan.

	LSU First Option 1	Pelican HRA 1000	Pelican HSA 775	Magnolia Local	Magnolia Local Plus	Magnolia Open Access	Vantage Medical Home																																																																										
Network	First Choice, Verity HealthNet, Aetna ASA	Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers	Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers	Blue Cross Blue Shield of LA Community Blue & Blue Connect	Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers	Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers	Tier 1 (Affinity Health Network "AHN" and standard), Tier II, and Out-of-Network																																																																										
Eligible Members	Actives and Non-Medicare Retirees	Actives and Non-Medicare Retirees (retirement date after 3/1/15)	Actives	Actives and Non-Medicare Retirees (retirement date after 3/1/15)	Actives and Non-Medicare Retirees (retirement date after 3/1/15)	Actives and Non-Medicare Retirees (retirement date after 3/1/15)	Actives and Non-Medicare Retirees (retirement date after 3/1/15)																																																																										
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Preventive Care	100% coverage; NOT subject to HRA or deductible	100% coverage; NOT subject to deductible	100% coverage; NOT subject to deductible	100% coverage; NOT subject to deductible	100% coverage; NOT subject to deductible	100% coverage; NOT subject to deductible	100% coverage; subject to Out-of-Network deductible																																																																										

MEDICAL COMPARISON

Physicians' Services	LSU First Option 1 Coverage		Pelican HRA 1000 Coverage		Pelican HSA 775 Coverage		Magnolia Local Coverage		Magnolia Local Plus Coverage		Magnolia Open Access Coverage		Vantage HMO Coverage		
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	
Physician Services for ER Care	First Choice: 100% coverage after HRA	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	90% coverage; subject to deductible	90% coverage; subject to deductible	100% coverage; subject to Tier 1 deductible	50% coverage; subject to Out-of-Network deductible				
	Verity/Aetna: 80% coverage; subject to deductible														
Outpatient Surgery/Services (billed as outpatient surgery at a facility)	First Choice: 100% coverage after HRA	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	60% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to Tier 1 deductible	50% coverage; subject to Out-of-Network deductible	
	Verity/Aetna: 80% coverage; subject to deductible														
Hospital Services	Coverage		Coverage		Coverage		Coverage		Coverage		Coverage		Coverage		
Inpatient Services	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	
	First Choice: 100% coverage after HRA	100% coverage; subject to MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	70% coverage; subject to deductible	90% coverage; subject to deductible	100% coverage after a \$50 AHN/\$100 co-pay per day max \$150 AHN/\$300 per day admission; not subject to deductible	50% coverage; subject to Out-of-Network deductible
Outpatient Surgery/Services (billed at a hospital)	Verity/Aetna: 80% coverage; subject to deductible														
	First Choice: 100% coverage after HRA	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$50 AHN/\$100 co-pay per day max \$150 AHN/\$300 per day admission; not subject to deductible	50% coverage; subject to Out-of-Network deductible	
Emergency Room Care	Verity/Aetna: 80% coverage; subject to deductible														
	First Choice: 100% coverage after \$150 co-pay	80% coverage; subject to deductible and MRC*; co-pay waived if admitted	80% coverage; subject to deductible	100% coverage after \$150 co-pay per visit; waived if admitted	100% coverage after \$200 co-pay per visit; waived if admitted	100% coverage after \$200 co-pay per visit; waived if admitted	100% coverage after \$150 co-pay per visit; waived if admitted	90% coverage after \$150 co-pay; waived if admitted	90% coverage after \$150 co-pay; waived if admitted	100% coverage after \$200 co-pay per visit; waived if admitted	100% coverage after \$150 co-pay per visit; not subject to deductible				
Behavioral Health	Coverage		Coverage		Coverage		Coverage		Coverage		Coverage		Coverage		
Mental Health and Substance Abuse - Inpatient	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	
	First Choice: 100% coverage after HRA	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after \$100 co-pay per day; \$300 per admission max	100% coverage after \$100 co-pay per day; \$300 per admission max	100% coverage after \$100 co-pay per day; \$300 per admission max	100% coverage after \$100 co-pay per day; \$300 per admission max	90% coverage; subject to deductible	70% coverage; subject to deductible (days 1-3)	100% coverage after a \$50 AHN/\$100 co-pay per day max, \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network deductible	
Mental Health and Substance Abuse - Outpatient	Verity/Aetna: 80% coverage; subject to deductible														
	First Choice: 100% coverage after HRA	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after \$25 co-pay per visit	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$10 AHN/\$25 PCP	50% coverage; subject to Out-of-Network deductible				

MEDICAL COMPARISON

Other Services	LSU First Option 1 Coverage		Pelican HRA 1000 Coverage		Pelican HSA 775 Coverage		Magnolia Local Coverage		Magnolia Local Plus Coverage		Magnolia Open Access Coverage		Vantage HMO Coverage	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Outpatient Short-Term Rehabilitation Services (PT/ST/OT/Other)	First Choice: 100% coverage after HRA Verily/Aeime. 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after \$23 co-pay per visit	No Coverage	100% coverage; after \$23 co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after \$10 AHN/\$23 co-pay per visit	50% coverage; subject to Out-of-Network deductible
Routine Vision Exam	100% coverage; NOT subject to HRA or deductible	100% coverage; subject to MIRC*	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	Exam: \$35 AHN/\$30 copy per visit; Eye-wear: 30% coverage; subject to Out-of-Network deductible a \$100 benefit; max; not subject to deductible	
Urgent Care Center	First Choice: 100% coverage after HRA Verily/Aeime. 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after \$30 co-pay per visit	No Coverage	100% coverage; after \$30 co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after \$30 co-pay per visit	50% coverage; subject to Out-of-Network deductible
Home Health Care Services	First Choice: 100% coverage after HRA Verily/Aeime. 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to Tier 1 deductible	No Coverage
Hospice Care	First Choice: 100% coverage after HRA Verily/Aeime. 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to Tier 1 deductible	No Coverage
Durable Medical Equipment (DME)	First Choice: 100% coverage after HRA Verily/Aeime. 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage of the first \$3,000 allowable; 100% in excess of \$3,000 per plan year; subject to deductible	No Coverage	80% coverage of the first \$3,000 allowable; 100% in excess of \$3,000 per plan year; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage of the first \$3,000 allowable; 100% in excess of \$3,000 per plan year; subject to deductible	50% coverage; subject to Out-of-Network deductible
Pharmacy	LSU First Option 1 Coverage You Pay	Pelican HRA 1000 Coverage You Pay	Pelican HSA 775 Coverage You Pay	Magnolia Local Coverage You Pay	Magnolia Local Plus Coverage You Pay	Magnolia Open Access Coverage You Pay	Magnolia Local Coverage You Pay	Magnolia Local Plus Coverage You Pay	Magnolia Local Coverage You Pay	Magnolia Local Plus Coverage You Pay	Magnolia Open Access Coverage You Pay	Magnolia Open Access Coverage You Pay	Vantage HMO Coverage You Pay	Vantage HMO Coverage You Pay
Tier 1 - Generic	\$0 after HRA; Covered at 100%	50% up to \$30	\$10; subject to deductible	50% up to \$30	50% up to \$30	50% up to \$30	50% up to \$30	50% up to \$30	50% up to \$30	Preferred Generics: \$0 AHN/\$10 copy	Preferred Generics: \$0 AHN/\$10 copy			
Tier 2 - Preferred Brand	20% up to \$150; subject to deductible	50% up to \$35	\$25; subject to deductible	50% up to \$35	50% up to \$35	50% up to \$35	50% up to \$35	50% up to \$35	50% up to \$35	Preferred Brand: \$65 copy	Preferred Brand: \$65 copy			
Tier 3 - Non-Preferred Brand	20% up to \$150; subject to deductible	65% up to \$80	\$30; subject to deductible	65% up to \$80	65% up to \$80	65% up to \$80	65% up to \$80	65% up to \$80	65% up to \$80	Non-Preferred Brand: \$100 copy	Non-Preferred Brand: \$100 copy			
Tier 4 - Specialty	20% up to \$150; subject to deductible	50% up to \$80	\$50; subject to deductible	50% up to \$80	50% up to \$80	50% up to \$80	50% up to \$80	50% up to \$80	50% up to \$80	Specialty: \$150 copy	Specialty: \$150 copy			
90 day supply for maintenance drugs from mail order OR at participating 90 day retail network pharmacies	30-day supply for 1 co-pay; 90-day supply for 3 co-pays.	2.5 times the cost of your applicable co-pay	Applicable co-pay; Maintenance drugs not subject to deductible	2.5 times the cost of your applicable co-pay	2.5 times the cost of your applicable co-pay	2.5 times the cost of your applicable co-pay	2.5 times the cost of your applicable co-pay	2.5 times the cost of your applicable co-pay	2.5 times the cost of your applicable co-pay	2.5 times the cost of your applicable co-pay	2.5 times the cost of your applicable co-pay	2.5 times the cost of your applicable co-pay	Preferred Generics \$0 AHN co-pay; Tiers 1-4: 3 co-pays; Tier 3 Specialty: 100-day mail order not available	Preferred Generics \$0 AHN co-pay; Tiers 1-4: 3 co-pays; Tier 3 Specialty: 100-day mail order not available
Tier 1 - Generic	N/A	\$0 co-pay	N/A	50 co-pay	50 co-pay	50 co-pay	50 co-pay	50 co-pay	50 co-pay	50 co-pay	50 co-pay	50 co-pay	N/A	N/A
Tier 2 - Preferred Brand	N/A	\$20 co-pay	N/A	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	N/A
Tier 3 - Non-Preferred Brand	N/A	\$40 co-pay	N/A	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	N/A
Tier 4 - Specialty	N/A	\$40 co-pay	N/A	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	N/A

*Subject to Maximum Reimbursable Charge

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage. For full details of any plan listed, please refer to the Plan Document.

HEALTH INSURANCE PREMIUMS

MONTHLY HEALTH INSURANCE PREMIUMS FOR ACTIVE EMPLOYEES Effective January 1, 2021 - December 31, 2021						
	LSU First Option 1	Pelican HRA 1000	Pelican HSA 775	Magnolia Local Designated Regions	Magnolia Local Plus	Vantage Medical Home HMO
12 Month Employee Share						
Employee Only	\$199.42	\$116.90	\$67.58	\$158.56	\$187.08	\$186.66
Employee + Spouse	\$576.56	\$379.72	\$219.66	\$515.14	\$607.64	\$606.32
Employee+ Children	\$287.02	\$168.34	\$97.40	\$228.20	\$269.26	\$268.64
Employee + Family	\$690.26	\$406.80	\$235.30	\$551.98	\$651.06	\$649.64
9 Month Employee Share						
Employee Only	\$265.89	\$155.87	\$90.11	\$211.41	\$249.44	\$248.88
Employee + Spouse	\$768.75	\$506.29	\$292.88	\$686.85	\$810.19	\$808.43
Employee + Children	\$382.69	\$224.45	\$129.87	\$304.27	\$359.01	\$358.19
Employee + Family	\$920.35	\$542.40	\$313.73	\$735.97	\$868.08	\$866.19
State Share						
Employee Only	\$598.26	\$350.74	\$202.88	\$475.80	\$561.38	\$560.18
Employee + Spouse	\$975.42	\$613.56	\$354.94	\$832.32	\$982.02	\$979.84
Employee + Children	\$685.84	\$402.20	\$232.66	\$545.46	\$643.52	\$642.16
Employee + Family	\$1,089.08	\$640.68	\$370.60	\$869.14	\$1,025.44	\$1,023.16
Total Premium						
Employee Only	\$797.68	\$467.64	\$270.46	\$634.36	\$748.46	\$746.84
Employee + Spouse	\$1,551.98	\$993.28	\$574.60	\$1,347.46	\$1,589.66	\$1,586.16
Employee + Children	\$972.86	\$570.54	\$330.06	\$773.66	\$912.78	\$910.80
Employee + Family	\$1,779.34	\$1,047.48	\$605.90	\$1,421.12	\$1,676.50	\$1,672.80
COBRA Premium						
Employee Only	\$813.63	\$477.00	\$275.88	\$647.02	\$763.42	\$761.76
Employee + Spouse	\$1,583.03	\$1,013.12	\$586.08	\$1,374.42	\$1,621.42	\$1,617.88
Employee + Children	\$992.31	\$581.94	\$336.66	\$789.12	\$931.04	\$929.00
Employee + Family	\$1,814.91	\$1,068.42	\$618.02	\$1,449.52	\$1,710.00	\$1,706.28

HEALTH INSURANCE PLAN OPTIONS

For more information on the Health Plans and/or a list of providers:

Provider	Customer Service Phone Number	Website
LSU First Health Plan	1-855-346-5781	www.lsu.edu/lfirst
Office of Group Benefits	1-800-272-8451	www.groupbenefits.org
Blue Cross and Blue Shield of Louisiana	1-800-392-4089	www.bcbsla.com/ogb
Vantage	1-888-823-1910	www.vhp-stategroup.com

LSU FIRST PRORATION GRID

For newly hired employees with an effective date after January 1st, the Deductible and HRA contributions will be pro-rated, based on the remaining number of months in the Plan Year (see chart below).

New Hire Table for Option 1						
Level of Coverage	Employee Only		Employee + Spouse Employee + Children		Family	
EFFECTIVE DATE	HRA	REMAINING DEDUCTIBLE	HRA	REMAINING DEDUCTIBLE	HRA	REMAINING DEDUCTIBLE
January 1 st	\$1,000.00	\$500.00	\$1,500.00	\$750.00	\$2,000.00	\$1,000.00
February 1 st	\$917.00	\$458.00	\$1,375.00	\$688.00	\$1,833.00	\$917.00
March 1 st	\$833.00	\$417.00	\$1,250.00	\$625.00	\$1,667.00	\$833.00
April 1 st	\$750.00	\$375.00	\$1,125.00	\$563.00	\$1,500.00	\$750.00
May 1 st	\$667.00	\$333.00	\$1,000.00	\$500.00	\$1,333.00	\$667.00
June 1 st	\$583.00	\$292.00	\$875.00	\$438.00	\$1,167.00	\$583.00
July 1 st	\$500.00	\$250.00	\$750.00	\$375.00	\$1,000.00	\$500.00
August 1 st	\$417.00	\$208.00	\$625.00	\$313.00	\$833.00	\$417.00
September 1 st	\$333.00	\$167.00	\$500.00	\$250.00	\$667.00	\$333.00
October 1 st	\$250.00	\$125.00	\$375.00	\$188.00	\$500.00	\$250.00
November 1 st	\$167.00	\$83.00	\$250.00	\$125.00	\$333.00	\$167.00
December 1 st	\$83.00	\$42.00	\$125.00	\$63.00	\$167.00	\$83.00

TAX - SAVER FLEXIBLE BENEFITS PLAN

Types of Tax-Saver Plans

Premiums Only Plan: Your premiums for medical, dental, vision, and life insurance will automatically be deducted pre-tax from your paycheck before your taxable income is determined.

In order to cancel any of the benefits that are being tax-sheltered under this Plan, you may only do so if you experience a qualifying event (see “Changes in Participation during the Year” section). If you do not experience a qualifying event, you may only cancel your participation during Annual Enrollment for a January 1st effective date.

Flexible Spending Accounts (FSA): This benefit provides you with the opportunity to set aside tax-exempt dollars for out-of-pocket health care or dependent care expenses incurred by you and/or your eligible dependents. You must determine an annual amount to be withheld, and you will be provided with a debit card pre-loaded with this amount for your use throughout the Plan Year*. Determine the amount to be withheld by forecasting your out-of-pocket health care and/or dependent care expenses for the entire Plan Year, plus the grace period (January 1st through March 15th).

The deduction is made before taxes are computed, thus making the spending account dollars tax-free. To access the money in your account, you can either use your FSA debit card at the time of service or you can file a claim form via mail, fax, DBS online portal, or mobile application. For more information on filing claims, please visit www.lsuhs.edu/benefits.

The monthly fee to participate in these plans is \$5.00, which includes participation in both the Healthcare Spending Account and the Dependent Care Spending Account, regardless of contributions made to either account (subject to minimum/maximum requirements).

Eligibility

Any active employee of LSUHSC-NO is eligible for participation in the flexible benefits plan provided the following:

- Employed at 75% of full-time effort or greater (at least 30 hours per week).
- Appointed for a duration of at least one semester or 120 days or greater

Effective Date of Coverage

You must enroll within your first thirty (30) days of full-time employment; your coverage will be effective the first of the following month after your first full calendar month of employment.

For example:

Date of Hire = August 20th

Effective Date = October 1st

Annual Enrollment

Since circumstances affecting out-of-pocket expenses are generally subject to change each year, you must re-enroll in the Flexible Spending Account (FSA) each year during Annual Enrollment. Your FSA enrollment will not automatically carry over from year to year. If you choose not to re-enroll during Annual Enrollment, your account will automatically cancel on December 31st.

Changes in Participation During the Year

Due to the tax advantages you enjoy under this program, the Internal Revenue Service (IRS) imposes some restrictions on the changes you can make during the Plan Year. Once you have elected to participate in one or more of these accounts, you cannot change or revoke this election except during Annual Enrollment or if you experience a qualifying event. However, you can add/drop FSA mid-year if your daycare situation changes.

A qualifying event only allows for changes to an existing election. If you did not make an election to participate in the Plan during Annual Enrollment or within 30 days of employment, a qualifying event will not allow for enrollment in the Plan mid-year. The only exception to this rule is in cases where there is a loss of other coverage.

**Debit card option only available for Healthcare Flexible Spending Accounts*

TAX - SAVER FLEXIBLE BENEFITS PLAN

Qualifying Events Include:

1. Changes in Family Status
 - Change in legal marital status, such as marriage, death of spouse, divorce, legal separation, or annulment.
 - Change in number of dependents, such as birth, adoption or death of a dependent.
 - Change in employment status of you or your spouse.
 - An event that causes a dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age or any similar circumstance.
2. Changes required by judgment, decree or order resulting from a divorce, legal separation, annulment or change in legal custody
3. Entitlement to or loss of Medicare or Medicaid
4. Significant cost or coverage changes
5. FMLA qualified leaves of absence
6. Changes in a dependent care provider or cost of dependent care

Changes in Health Care FSA elections may be allowed for qualifying events that fall under a change in family status; however, no changes are allowed to Health Care FSAs for other qualifying events. Also, the change in your election must be consistent with your change in family circumstances and must be made within 30 days of the date of change.

How Flexible Spending Accounts Save You Money

Assuming an employee has an Annual Gross Income of \$30,000 and is in a 15% tax bracket:

	With FSA	Without FSA
Gross Monthly Pay	\$2,500	\$2,500
Minus FSA Contribution	-\$360	N/A
Taxable Income	\$2,140	\$2,500
Minus Taxes	-\$321	-\$375
Net Income	\$1,819	\$2,125
Plus FSA Reimbursement	+\$360	N/A
Total Monthly Pay	\$2,179	\$2,125
Monthly tax savings = \$54.00 Annual tax savings = \$648.00		

NOTE: Savings will be even greater for persons in higher tax brackets.

Types of Flexible Spending Accounts

Healthcare Spending Account

Minimum Contribution: \$100

Maximum Contribution: \$2,750

Qualifications and Eligible Expenses: Many health care expenses, such as co-payments and deductibles, are not fully reimbursed by health, dental, or vision insurance and may be eligible for reimbursement through a Healthcare FSA. For a detailed list of health care expenses that may qualify for reimbursement under the Healthcare Spending Account, contact your Human Resource Management Department.

How to Calculate Your Expenses: Use the worksheet available on page 19 to estimate your unreimbursed health care expenses. Please keep in mind that the IRS regulations state that if all the money in the account is not used by the end of the Plan Year, the remaining balance must be forfeited (known as the "Use-it-or-Lose-it rule"). Therefore, you should be conservative in your estimates. It is better to estimate low rather than high since you will have to forfeit any money left in the account at the end of the Plan Year. After estimating your total health care expenses for the Plan Year, divide this amount by the appropriate number of pay periods left in the Plan Year to calculate your per-pay-period contribution amount. This amount will be deducted on a pre-tax basis.

Dependent Care Spending Account

Minimum Contribution: \$100

Maximum Contribution: \$5,000

There are four conditions surrounding participation in Dependent Care Spending Accounts:

1. If you are married, generally both you and your spouse must be employed in order to use this Plan to reimburse eligible dependent daycare expenses.
2. Your contribution may not exceed the lesser of your income or the income of your spouse. For example, if you earn \$30,000 a year and your spouse earns \$2,000 a year, your contribution may be no more than \$2,000 for the year.
3. If you are married and file separate returns, your maximum contribution is \$2,500.
4. If your spouse has a Dependent Care Account at work and you file a joint return, your combined total tax-shelter for dependent care cannot exceed \$5,000.

TAX - SAVER FLEXIBLE BENEFITS PLAN

Qualifications: You may receive tax-exempt reimbursements for the care of certain individuals in your household, which includes your dependent children age 12 or younger and any other individuals who reside with you and who rely on you for at least half of their support or are physically or mentally unable to care for themselves.

Eligible Expenses: Eligible dependent care expenses are work-related expenses incurred for qualifying individuals. The account is designed to provide a tax savings so that you and your spouse can work. You are required to report on your annual federal income tax return the name(s) of those providers of dependent care expenses whose expenses have been reimbursed to you through your Dependent Care Account.

Eligible Dependent Care Account expenses include:

- Day-care costs for children 12 and younger.
- Schooling costs, not including food and clothing, for either private or public schools, for children not yet in kindergarten.
- If expenses for food and clothing cannot be separated from the total cost of child care, then they are eligible expenses.
- Before/after-school care for children 12 years or younger.
- Babysitting and licensed day-care center costs.
- Housekeeping services in your home that include day care.
- Elder care if dependent is claimed on your tax return.

Costs of transportation, overnight camping, nursing care facilities, and the schooling costs of children in the first grade or above are generally ineligible expenses.

Federal Income Tax Credit for Dependent Care Expenses: You cannot use both the tax credit and the spending account for the same dependent care expenses. Further, expenses eligible for the tax credit are reduced, on a dollar-for-dollar basis, by the amount you contribute to a dependent care spending account. This tax credit is an amount subtracted from the actual tax you owe when you file your annual tax return. See IRS Form 2441 for more information on the Tax Credit.

Determining whether it is more advantageous for you to open a Dependent Care spending account or file for the credit at the end of the year will depend on a number of factors and, therefore, must be made on an individual basis. The following principles, however, can be used as a general guide.

- As income rises, the tax credit decreases, whereas the tax savings on payments made through the Dependent Care Account become greater, because you may be in a higher taxable income bracket.
- Savings from using the Dependent Care Account include Social Security/Medicare tax savings. These savings do not apply with the tax credit.
- The amount that can be reimbursed through the Dependent Care Account is not lowered when you have only one qualifying dependent, as happens with the tax credit. For example, if you have only one child but more than \$3,000 of dependent care expenses, more expenses are reimbursable through the Dependent Care Account.
- Please consult your tax advisor to determine which option may benefit you the most.

How Contributing to a Flexible Spending Account Affects Other Benefits

Benefits received through your Long Term Disability and Life Insurance are not reduced even though participating in the Premiums Only Plan makes it appear that you are making less money. These benefits are calculated on your gross earnings before pre-tax deductions are made. Similarly, your retirement benefit is not affected by your Flexible Benefits participation. If you are one of the few who pay Social Security tax, please note that under present law, your earnings for the purpose of determining your Social Security benefits would be reduced by contributions made to the spending accounts or premiums withheld through the Premiums Only Plan.

If you are contributing to a supplemental retirement account, be aware that your Tax-Saver Flexible Benefits Plan contributions will not reduce the maximum that can be contributed to a tax-sheltered annuity.

TAX - SAVER FLEXIBLE BENEFITS PLAN

What Happens to My Money When:

It is the end of the Year: IRS regulations state that if all the money in the account is not used by the end of the Plan Year, the remaining balance must be forfeited. This practice is commonly referred to as the “Use-it-or-Lose-it rule.” Any remaining balances cannot be paid to you in cash, carried over to the next Plan Year or made available to you in any other way. By being familiar with your level of expenses and planning carefully, you can minimize this risk.

I Terminate Employment: You can continue to submit claims after employment terminates. However, you may only submit claims for expenses incurred on or before the last day of your employment. If you terminate employment mid-year, you must file claims within 30 days of the end of the month in which you terminate or within 30 days of the Plan Year, whichever is sooner.

Grace Period

There will be a grace period immediately following the end of the Plan Year for both Healthcare and Dependent Care Spending Accounts. This extension will provide participants additional time to incur expenses for reimbursement from the previous year’s account. The grace period will be available after the end of the Plan Year (December 31st) from January 1 through March 15th for reimbursement from the previous year’s spending accounts. In order to file claims during the grace period, a reimbursement request form must be submitted to Diversified Benefit Services (DBS) within the specified timeframe.

If you submit claims that are incurred between January 1st and March 15th, they will be reimbursed out of your previous year’s account first. Once your balance is exhausted from your previous year’s account, and if you have re-enrolled in a flexible spending account for the following year, new claims will be reimbursed out of the current Plan Year’s account.

Filing FSA Claims

All claims incurred during the Plan Year and Grace Period must be submitted by April 30th, immediately following the Grace Period.

TAX - SAVER FLEXIBLE BENEFITS PLAN

Expense Estimation Worksheet for Unreimbursed Healthcare Costs

As part of your benefits program, you can decide to direct part of your salary to the Health Care Spending Account. This account permits you to pay for otherwise unreimbursed health care expenses on a pre-tax basis. This worksheet will help you estimate what expenses you are likely to face in the next plan year.

Remember the Use-It-Or-Lose-It Rule. Be conservative in your estimates. It is better to estimate less rather than more since you will have to forfeit any money left in your account at the end of the plan year. For each of the following categories, estimate the amount of expenses you anticipate to incur in the coming Plan Year for which you do not expect to be reimbursed by your insurance carrier.

Medical deductible	
(Major medical and/or any per admission deductibles)	\$ _____
Dental deductible	\$ _____
Co-payments:	
(Your share of expenses after any deductibles, up to the out-of-pocket limit)	
Medical	\$ _____
Pharmacy	\$ _____
Dental	\$ _____
Orthodontia	\$ _____
Vision Exams	\$ _____
Routine Physical Exams	\$ _____
Other planned uncovered expenses	\$ _____
TOTAL ESTIMATED HEALTH CARE EXPENSES	\$ _____

The **Total Estimated Health Care Expenses** figure is the maximum amount you should consider putting in your Health Care Account. This total amount will be divided by the appropriate number of pay periods to reach a per pay period account deposit amount. The deposit amount will be deducted on a pre-tax basis saving you the amount of tax you normally would have paid on the deposit amount.

VOLUNTARY BENEFITS

Eligibility : Any active employee of LSUHSC-NO is eligible for voluntary benefits provided the following:

- Employed at 75% of full-time effort per pay period (avg. of 30 hours/week) or greater;
- Appointed for a duration of at least one semester or 120 days or greater

Effective Date of Coverage: Timely Applicant: If you enroll within your first thirty (30) days of full-time employment, your coverage will be effective the first of the month following your first full calendar month of employment.

For example:

Date of Hire = August 20th
Effective Date = October 1st

Late Applicant: If you do not enroll into a Voluntary Benefit Plan within your first thirty (30) days of full-time employment, refer to the Voluntary Benefit section that you are interested in for Late Applicant guidelines.

When does Coverage for Voluntary Benefits end? Your coverage under a Voluntary Benefit will end on the earliest of the following dates:

- On the last day of the month in which your employment terminates.
- When you are no longer eligible for coverage.
- When you cease making the required contribution.
- When LSUHSC_NO terminates the plan.

When does Coverage for Voluntary Benefits end for my dependent(s)? Your dependent's coverage under a Voluntary Benefit will end on the earliest of the following dates:

- When the individual no longer meets the plan's definition of a dependent.
- When the employee's coverage terminates.
- When the employee ceases to make the required contribution for dependent coverage.
- When LSUHSC-NO terminates the plan.

LSU Voluntary Benefit Vendors Are:

Voluntary Benefit	Vendor	Policy #
Accident Protection Plan	UnitedHealthcare	303972
Accidental Death & Dismemberment	UnitedHealthcare	303972
Critical Illness Protection Plan	UnitedHealthcare	303972
Dental	Humana	-
Identity Protection	IdentityForce	
Long Term Care	UNUM	100057
Long-Term Disability	UnitedHealthcare	303972
Term Life Insurance	UnitedHealthcare	303972
Term Life Insurance	Prudential	33624-8
Vision	EyeMed	-

ACCIDENT PROTECTION PLAN

LSUHSC-NO partners with **UnitedHealthcare** to provide you and your family with valuable Accident Protection coverage at affordable rates. You may select coverage for yourself, your spouse, and/or your child(ren). Children are eligible for coverage up to age 26. If you and your spouse are both LSUHSC-NO employees, only one of you may enroll your children.

If an accident occurs, on or off the job, you may be surprised at the expenses that can add up. This insurance is designed to protect your finances by helping you pay for those unexpected costs associated with an accidental injury.

This benefit covers a wide range of common injuries and covered accidents. If you or a covered family member becomes injured, the Accident Protection Plan will pay you a direct cash benefit. The amount of money you receive is based on the type and severity of the injury and can be used any way you choose.

Late Applicant: If you do not enroll when first eligible, you may enroll if you have a Qualifying Life Event or during Annual Enrollment for an effective date of January 1.

How are benefits paid? Benefits will be paid on a fee schedule based on the accident or injury that has occurred. In order to receive the cash benefit, you must file a claim with UnitedHealthcare. Below is a summary, please see Plan Document for complete listing and fee schedule:

- Doctor/Urgent Care Visit— \$40
- Ground Ambulance—\$200
- Emergency Room Visit—\$100
- Hospital Confinement—\$800 admission, plus \$160 per day
- Physical Therapy—\$30 per day, up to 6 days
- Concussion—\$140, once per 12-month period
- Medical Appliances/Equipment—\$140

There is also an accidental death and dismemberment benefit within this policy.

- Life—\$20,000
- Both hands or both feet—\$20,000
- One hand and one foot—\$20,000
- One hand or one foot—\$10,000
- Two or more fingers or toes—\$4,000
- One finger or one toe—\$2,000

Limitations and Exclusions: There are certain limitations and exclusions under this policy. Accidents or injuries received from skydiving, bungee jumping, dirt bike/off-road motor vehicle use are not covered. Please see Plan Document for a complete list of exclusions.

How to file a claim? In order to receive a cash benefit, you must file a claim directly with UnitedHealthcare. This plan does not sync with your health insurance. Please contact your Human Resources/Benefits Department to obtain the claim form. It is also available at www.lsuhs.edu/benefits.

When does coverage end? As long as the plan is in force, you are an eligible employee, and you pay your premium, your coverage remains in effect. Your family members will remain insured as long as you are covered, they are eligible, and their premium is paid. Disabled dependents shall remain insured, regardless of age, as long as they continue to be disabled and your coverage remains in force.

For Additional Information

1-888-299-2070

Coverage Level	Monthly Premium
Employee Only	\$9.15
Employee + Spouse	\$13.60
Employee + Child(ren)	\$12.36
Family	\$16.81



ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

LSUHSC-NO partners with **UnitedHealthcare** to provide you and your family with valuable Accidental Death and Dismemberment coverage at affordable rates. You may select coverage for yourself, your spouse, and/or your child(ren). Children are eligible for coverage up to age 26. If you and your spouse are both LSUHSC-NO System employees, only one of you may enroll in Family coverage.

An accident that ends in death or disabling injury has a devastating effect on the lives of your loved ones. The loss of a family wage earner puts strain in a family and raises concerns as to how they will manage financially. Even if you are unmarried, remaining family members could be left with fulfilling your financial responsibilities or taking care of you.

Late Applicant: As an eligible employee, this benefit and dependent(s) can be added, changed, or cancelled at any time during the year.

There are eight benefit amounts to choose from, listed below. Family members may be insured for a portion of your principal sum:

- Spouse = 50% your principal sum, or 40% if you have eligible children
- Eligible children = 15% your principal sum or 10% if your spouse is eligible for coverage

How are benefits paid? Benefits will be paid for any of the losses that occur as a result of an injury listed:

- Life—100%
- Loss of both hands or feet—100%
- Loss of sight in both eyes—100%
- One hand or one foot—50%
- Loss of sight in one eye—50%
- Loss of speech or hearing—50%
- Coma—50%

Loss must occur within 365 days of the accident. If more than one loss results for any one accident, we will pay only the one largest applicable benefit amount.

Reduction In Benefits: your principal sum will reduce to the percentage shown below:

- At age 70, the benefit reduces to 82.5%
- At age 75, the benefit reduces to 57.5%
- At age 80, the benefit reduces to 37.5%
- At age 85 and older, the benefit reduces to 20%

If you are enrolled in Family coverage, your spouse and children's benefit will reduce from the principal sum amount of the insured employee.

Limitations and Exclusions: This policy does not cover loss caused by or resulting from suicide, declared or undeclared war or an act of either, sickness or disease, service in the armed forces of any country, or participation in an illegal occupation or attempt to commit a felony. Please see Plan Document for a complete list of exclusions.

When does coverage end? As long as the plan is in force, you are an eligible employee, and you pay your premium, your coverage remains in effect. Your family members will remain insured as long as you are covered, they are eligible, and their premium is paid. Disabled dependents shall remain insured, regardless of age, as long as they continue to be disabled and your coverage remains in force.

Additional Benefits: Child Care Benefit, Repatriation Benefit, Common Carrier Hazard Benefit, Education Benefit. Please see Plan Document for details.

For Additional Information

1-888-299-2070

Premium Calculation

Voluntary AD&D Employee Only - Current Monthly Cost:
Current Monthly Rates per \$1,000: 0.019

Coverage	Cost	Coverage	Cost
\$27,500	\$0.52	\$165,000	\$3.14
\$55,000	\$1.05	\$220,000	\$4.18
\$82,500	\$1.57	\$275,000	\$5.23
\$110,000	\$2.09	\$300,000	\$5.70

To calculate the cost of coverage for an amount not shown in the table above, use the formula below:

$$\frac{\text{Benefit Amount}}{\text{Subtotal}} \times 0.019 = \frac{\text{Benefit Amount}}{\text{Subtotal}} \div 1,000 = \text{Monthly Cost}$$

Voluntary AD&D Employee + Family - Current Monthly Cost: Current Monthly Rates per \$1,000: 0.028

Coverage	Cost	Coverage	Cost
\$27,500	\$0.77	\$165,000	\$4.62
\$55,000	\$1.54	\$220,000	\$6.16
\$82,500	\$2.31	\$275,000	\$7.70
\$110,000	\$3.08	\$300,000	\$8.40

To calculate the cost of coverage for an amount not shown in the table above, use the formula below:

$$\frac{\text{Benefit Amount}}{\text{Subtotal}} \times 0.028 = \frac{\text{Benefit Amount}}{\text{Subtotal}} \div 1,000 = \text{Monthly Cost}$$

CRITICAL ILLNESS INSURANCE

The Critical Illness benefit is designed to help protect you and your family's financial health. Critical illness insurance can help fill a financial gap if you or a family member experiences a severe, life-threatening illness, such as cancer, heart attack, and major organ transplant. Upon diagnosis of a covered illness, you can receive a lump-sum benefit.

Covered illnesses include the following:

- Benign Brain Tumor, Cancer, Carcinoma in Situ (25%), Chronic Renal Failure, Coma, Coronary Artery Disease (25%), Heart Attack, Heart Failure, Major Organ Failure, Permanent Paralysis, Ruptured Aneurysm, Stroke

Covered illnesses include the following:

- Cerebral Palsy, Cleft Lip/Palate, Cystic Fibrosis, Down Syndrome, Muscular Dystrophy, Spina Bifida

Late Applicant: If you do not enroll when first eligible, you may enroll if you have a Qualifying Life Event or during Annual Enrollment for an effective date of January 1.

You are eligible to receive payment one time for each category listed. There is a **reoccurrence/restoration** rider you may be eligible for after 12 months. For example, if you receive a lump sum payment due to a critical illness diagnosis and then are later diagnosed with another critical illness in the same category, this restoration benefit would pay an additional one-time benefit for the same category.

This insurance plan also provides a **wellness benefit**. It will pay out \$100 per year for certain health-screening tests, such as mammograms, colonoscopies, and chest x-rays. A more detailed list can be found in the Plan Document.

Employees have three options when purchasing this coverage: A low option of \$10,000; a mid option of \$20,000 and a high option of \$30,000. Spouses can be covered for 50% of the employees coverage at either \$5,000 or \$10,000 or \$15,000. The child(ren) benefit has three options of \$2,500, \$5,000 or \$7,500.

Coverage Amounts

- Employee - \$10,000, \$20,000, \$30,000
- Spouse - \$5,000, \$10,000, \$15,000
- Child(ren) - \$2,500, \$5,000, \$7,500

Rates for employee and spouse are based on the age of the employee. The child(ren) rate is \$0.56 for \$2,500 of coverage. To calculate your monthly premium, look for the employee age band and coverage amount you would like. Add spouse rate and child(ren) rate, if applicable.

For Additional Information

1-888-299-2070



Age Bands	\$5,000	\$10,000	\$20,000	\$30,000
< 24	\$1.65	\$3.30	\$6.60	\$9.90
25-29	\$2.60	\$5.20	\$10.40	\$15.60
30-34	\$3.00	\$6.00	\$12.00	\$18.00
35-39	\$3.75	\$7.50	\$15.00	\$22.50
40-44	\$5.00	\$10.00	\$20.00	\$30.00
45-49	\$7.50	\$15.00	\$30.00	\$45.00
50-54	\$9.75	\$19.50	\$39.00	\$58.50
55-59	\$13.75	\$27.50	\$55.00	\$82.50
60-64	\$19.10	\$38.20	\$76.40	\$114.60
65-69	\$27.30	\$54.60	\$109.20	\$163.80
70-74	\$39.70	\$79.40	\$158.80	\$238.20
75 >	\$51.35	\$102.70	\$205.40	\$308.10

DENTAL INSURANCE

LSUHSC-NO partners with **Humana** to provide you and your family with valuable Dental coverage at affordable rates. There are 2 options—Basic and Enhanced. You may select coverage for yourself, your spouse, and/or your child(ren). Children are eligible for coverage up to age 26. If you and your spouse are both LSUHSC-NO employees, only one of you may enroll in Family coverage.

This Plan is designed to help you meet the expense of dental care by providing a broad range of benefits for you and your family. The Plan encourages preventive dental care and provides payment for covered dental expenses for you and your eligible dependents.

Late Applicant: If you do not enroll when first eligible, you may enroll if you have a Qualifying Life Event or during Annual Enrollment for an effective date of January 1.

Providers: With these Plans, you have the freedom to choose any provider you wish. However, if you select an in-network dentist, your out-of-pocket expenses may be reduced. For a listing of providers, please visit www.humana.com. Choose PPO Traditional Preferred as the Network.

What if my family has other dental coverage? If you or your family members are eligible to receive benefits under another plan, benefits under this policy will be coordinated with the benefits from any of your other plans so that no more than 100% of the allowable expenses incurred will be paid.

When does coverage end? As long as the plan is in force, you are an eligible employee, and you pay your premium, your coverage remains in effect. Your family members will remain insured as long as you are covered, they are eligible, and their premium is paid. Disabled dependents shall remain insured, regardless of age, as long as they continue to be disabled and your coverage remains in force.

Plan Options

Humana and LSUHSC-NO have teamed up to create two dental plans that give members options to fit each of their individual or family needs. You have the choice of one of two plans: Basic or Enhanced. Humana offers an additional coverage of 30% off of all In-Network and Out-of-Network services after the calendar year maximum is met (excludes orthodontia).

Basic Plan

The Basic Plan is designed to promote good dental hygiene through preventive care and to provide you with the dental care you need at a low cost. The Plan will cover a percentage of Usual and Customary charges, including 100% of Preventive Services, 45% of Basic Services, and 20% of Major Services. The Basic Plan has an annual deductible of \$50/person, up to \$150/family for non-preventive services.

Coverage Level	Monthly Premium
Employee Only	\$20.72
Employee + Spouse	\$38.92
Employee + Child(ren)	\$53.78
Family	\$71.98

Enhanced Plan

The Enhanced Plan offers comprehensive dental coverage in an easy-to-use format. The Plan will cover a percentage of Usual and Customary charges, including 100% of Preventive Services, 80% of Basic Services, and 50% of Major Services. Orthodontia is also included in the Enhanced Plan, making it a good choice for families with more extensive dental needs. The Enhanced Plan has an annual deductible of \$50/person, up to \$150/family for non-preventive services.

For Additional Information

1-800-233-4013

www.HumanaDental.com

Coverage Level	Monthly Premium
Employee Only	\$38.06
Employee + Spouse	\$74.50
Employee + Child(ren)	\$90.56
Family	\$126.94



IDENTITY PROTECTION

LSUHSC-NO partners with **IdentityForce** to offer identity protection to you and your family. 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. This is the reality. Your identity should belong only to you, and you alone. LSUHSC-NO has partnered with the trusted and award-winning identity protection services from IdentityForce. Delivering comprehensive identity protection by continuously monitoring your personal information, IdentityForce provides robust credit protection, quickly alerts you to threats and covers you with a \$1 million identity theft insurance policy. For full-time employees, child(ren) up to age 26 are covered at no cost under ChildWatch.

There are two plans to choose from: UltraSecure and UltraSecure+Credit.

UltraSecure monitors your personal information 24/7, alerts you if it is compromised, and is backed with \$1 million identity theft insurance.

UltraSecure+Credit provides all the benefits of UltraSecure, plus 3-bureau credit monitoring, scores, reports, credit score simulator, and more.

You can enroll or cancel this benefit at any time. Coverage is effective the 1st of the month following enrollment.

For Additional Information

1-877-694-3367

www.identityforce.com

Coverage Level	Monthly Premiums	
	UltraSecure	UltraSecure+Credit
Employee Only	\$9.96	\$16.96
Employee + Spouse	\$19.92	\$33.92
Employee + Child(ren)	\$9.96	\$16.96
Family	\$19.92	\$33.92



IdentityForce®

LONG-TERM CARE INSURANCE

LSUHSC-NO partners with **Unum** to provide you and your family with valuable Long-Term Care coverage at affordable rates. There are many options to choose from, including duration, amount, and inflation. You may select coverage for yourself, your spouse, your parents and/or grandparents, and your spouse's parents and/or grand-parents. If you and your spouse are both LSUHSC-NO employees, only one of you may enroll in Family coverage.

Whether it's due to an accident or a serious illness, Long-Term Care is the type of insurance you may need if you couldn't independently perform the basic activities of daily living: bathing, dressing, using the toilet, transferring from one location to another, continence and eating, or if you suffered severe cognitive impairment from a condition such as Alzheimer's disease. Long-Term Care insurance may help you avoid a far more difficult decision of whether to exhaust your savings or liquidate your assets to pay for a period of long-term care.

Will my other insurance pay for Long-Term Care?

Unfortunately, no. Medical insurance and Medicare are designed to pay for specific care for acute conditions, not for long term help with daily living. Medicaid only helps with long term care expenses after you have depleted virtually all of your assets. This coverage allows you to cover those costs and maintain as much of your assets as possible.

How does this coverage help? Long-Term Care insurance provides benefits to help you pay for care provided by:

- Adult Day Care
- Home Health Care
- Hospice Services
- Respite Care
- Nursing Facility
- Residential Care Facility
- Rehabilitation Facility

Who Can I Cover? Employees (active or retired), your spouse, your parents and/or grandparents and your spouse's parents and/or grandparents may enroll in this plan. Coverage for retirees, your parents or grandparents is contingent upon them completing an Evidence of Insurability application and being approved by underwriting.

Late Applicant: If you and/or your spouse do not enroll when first eligible, you may apply at any time but will have to complete an Evidence of Insurability application and be approved by underwriting before coverage will become effective. Coverage for retirees, your parents or grandparents is contingent upon them completing an Evidence of Insurability application and being approved by underwriting.

Coverage: There are many factors that come into play when determining the type of coverage and premium for Long-Term Care. Your premium is based on issue age, meaning the earlier you enroll, the cheaper your premium will be. Rates are not age-banded, so they will not increase with age. You can learn more about coverage for you and your eligible family members by visiting: www.unuminfo.com/LSUS.

For Additional Information

1-800-227-4165



www.unuminfo.com/LSUS

LONG-TERM DISABILITY INSURANCE

LSUHSC-NO partners with **UnitedHealthcare** to provide you and your family with valuable Long-Term Disability coverage at affordable rates. The coverage is designed to help protect the financial security of you and your family. This coverage is only offered to eligible employees of LSUHSC-NO. Dependent coverage is not available.

The ability to earn an income is something to be cherished and protected. If you suffer an extended illness or injury and can't work, how will you pay your bills? Long-Term Disability (LTD) coverage can help. If you become disabled and qualify for benefits, LTD coverage will pay you 60% of your monthly base salary up to a maximum of \$12,000 per month.

Late Applicant: If you do not enroll in LTD when first eligible, you may apply at any time, but must complete an Evidence of Insurability application and be approved by underwriting before coverage will become effective.

Coverage: This benefit covers 60% of your monthly base salary up to a maximum of \$12,000 per month. Calculate your disability benefit as follows:

$$\frac{\text{Monthly Base Salary}}{\text{Maximum Benefit}} \times 0.60 = \text{Monthly Benefit}$$

Please note that disability benefits through United Healthcare may be adjusted for other sources of income.

What is disability? Disability is defined as:

- You are not actively at work and are unable to perform some or all of the material and substantial duties of your regular occupation due to your sickness or injury; and
- You have a 20% or more loss in Indexed Pre-Disability Monthly Earnings due solely to the same sickness or injury; and
- You are under the regular care of a physician.

When are disability benefits paid? Disability benefits are paid if you are considered disabled and you satisfy a waiting period of 90 days and have exhausted your sick leave. Total disability is not required during the waiting period. You can continue to work periodically for up to 45 days without beginning the waiting period again. You will receive disability payments as long as you remain disabled until you reach your Social Security Normal Retirement Age. If your disability occurs at age 60 or above, your payments may be reduced.

Limitations and Exclusions: LTD benefits are not payable for disabilities resulting from:

- Declared or undeclared acts of war
- An intentional self-inflicted injury
- Commission or an attempt to commit a felony
- Pre-existing conditions—If you have a condition for which you received medical treatment or advice in the 3 months prior to your coverage effective date, it is considered pre-existing and will be excluded in the first 12 months of coverage. Following 12 consecutive months of coverage, such conditions will no longer be considered pre-existing.

Premium: Your premium is based on your base salary. Calculate your premium as follows:

$$\frac{\text{Monthly Base Salary}}{\text{Monthly Cost}} \times 0.00362 = \text{Monthly Cost}$$

Example: $\frac{\$3,000}{\text{Monthly Salary}} \times 0.00362 = \frac{\$10.86}{\text{Monthly Cost}}$

For Additional Information
1-888-299-2070



TERM LIFE

LSUHSC-NO partners with **UnitedHealthcare** to provide you and your family with Term Life coverage at affordable rates. This coverage provides affordable financial security for your loved ones, especially when your family depends on your income. This coverage is offered to eligible employees, spouses, and child(ren) of LSUHSC-NO.

Who Can Elect Term Life Insurance Coverage?

All Full-Time Active Employees, excluding temporary, leased or seasonal and their spouses and/or dependents. Full-Time Employment is an employee at 75% effort or greater per pay period (average 30 hours per week), or greater, with an appointment of 120 days or one academic semester. Employees who are on sabbatical but still receiving pay are also eligible.

Late Applicant: If you do not enroll into Life Insurance within your first 30 days of employment, you may enroll at any time, but must complete an Evidence of Insurability Application and be approved by UnitedHealthcare before coverage will become effective.

How Much Voluntary Life Insurance can I purchase?

Employee:

- Life insurance will be capped at 3 times your annual base salary or \$350,000, whichever is less if you enroll within your first 30 days of employment. Anyone currently enrolled with over 3 times annual base salary or \$350,000 will be grandfathered and allowed to keep that coverage. You must purchase Voluntary Life in increments of \$10,000.

Spouse:

- If you elect Voluntary Life for yourself, you may choose to purchase Spouse Voluntary Life in increments of \$5,000, to a maximum of \$100,000.
- Your spouse is guaranteed the lesser of \$100,000 or 50% of the amount elected by you if you enroll him/her within 30 days of your employment or within 30 days from your date of marriage.

Children:

- You may choose to purchase Child(ren) Voluntary Life Insurance coverage in the amount(s) of \$5,000, \$10,000, \$15,000 or \$20,000 for each eligible dependent child - no medical information required. Dependent children are live birth up to age 26.
- If your Child is between live birth up to 6 months of age, the maximum amount of coverage he/she will have is \$1,000.
- You may not elect Coverage for your Child if your Child is an active member of the armed forces of any country or international authority.

Does my coverage reduce as I get older? No, your coverage amounts will not reduce with age, but your premium does increase based on age.

Can I keep my Life coverage if I leave my employer? Yes, subject to the contract, you have the option of:

Converting your Group Life coverage to your own individual policy (policies).

Portability allows you to continue all or a portion of your Life Insurance coverage under a separate Portability term policy. Portability is subject to a minimum of \$5,000 and a maximum of \$500,000 and does include coverage for your Spouse and Child(ren).

- To be eligible, you must terminate your employment prior to Social Security Normal Retirement Age.
- To elect Portability, you must apply and pay the premium within 31 days of the termination of your Life Insurance.

Do I still pay my Life Insurance premiums if I become disabled? If you become totally disabled before age 60 and your disability lasts for at least 3 months, your Life Insurance premium may be waived.



TERM LIFE PREMIUMS FOR UNITEDHEALTHCARE

Louisiana State University System Premium Calculation Sheet Rates Effective January 1, 2021



Eligibility: All active full-time Salaried Academic, Unclassified and Classified Employees working at 75% full-time employment or greater per pay period (average 30 hours per week), with an appointment of more than 120 days or one regular academic semester.

Employee Supplemental Life - Current Monthly Cost by Age Band

Current Monthly Rates per \$1,000:												
Coverage	0.032	0.039	0.045	0.057	0.071	0.100	0.170	0.260	0.394	0.650	1.223	2.046
Age<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
\$10,000	0.32	0.39	0.45	0.57	0.71	1.00	1.70	2.60	3.94	6.50	12.23	20.46
\$20,000	0.64	0.78	0.90	1.14	1.42	2.00	3.40	5.20	7.88	13.00	24.46	40.92
\$30,000	0.96	1.17	1.35	1.71	2.13	3.00	5.10	7.80	11.82	19.50	36.69	61.38
\$40,000	1.28	1.56	1.80	2.28	2.84	4.00	6.80	10.40	15.76	26.00	48.92	81.84
\$50,000	1.60	1.95	2.25	2.85	3.55	5.00	8.50	13.00	19.70	32.50	61.15	102.30
\$60,000	1.92	2.34	2.70	3.42	4.26	6.00	10.20	15.60	23.64	39.00	73.38	122.76
\$70,000	2.24	2.73	3.15	3.99	4.97	7.00	11.90	18.20	27.58	45.50	85.61	143.22
\$80,000	2.56	3.12	3.60	4.56	5.68	8.00	13.60	20.80	31.52	52.00	97.84	163.68
\$90,000	2.88	3.51	4.05	5.13	6.39	9.00	15.30	23.40	35.46	58.50	110.07	184.14
\$100,000	3.20	3.90	4.50	5.70	7.10	10.00	17.00	26.00	39.40	65.00	122.30	204.60
\$110,000	3.52	4.29	4.95	6.27	7.81	11.00	18.70	28.60	43.34	71.50	134.53	225.06
\$120,000	3.84	4.68	5.40	6.84	8.52	12.00	20.40	31.20	47.28	78.00	146.76	245.52
\$130,000	4.16	5.07	5.85	7.41	9.23	13.00	22.10	33.80	51.22	84.50	158.99	265.98
\$140,000	4.48	5.46	6.30	7.98	9.94	14.00	23.80	36.40	55.16	91.00	171.22	286.44
\$150,000	4.80	5.85	6.75	8.55	10.65	15.00	25.50	39.00	59.10	97.50	183.45	306.90
\$160,000	5.12	6.24	7.20	9.12	11.36	16.00	27.20	41.60	63.04	104.00	195.68	327.36
\$170,000	5.44	6.63	7.65	9.69	12.07	17.00	28.90	44.20	66.98	110.50	207.91	347.82
\$180,000	5.76	7.02	8.10	10.26	12.78	18.00	30.60	46.80	70.92	117.00	220.14	368.28
\$190,000	6.08	7.41	8.55	10.83	13.49	19.00	32.30	49.40	74.86	123.50	232.37	388.74
\$200,000	6.40	7.80	9.00	11.40	14.20	20.00	34.00	52.00	78.80	130.00	244.60	409.20
\$210,000	6.72	8.19	9.45	11.97	14.91	21.00	35.70	54.60	82.74	136.50	256.83	429.66
\$220,000	7.04	8.58	9.90	12.54	15.62	22.00	37.40	57.20	86.68	143.00	269.06	450.12
\$230,000	7.36	8.97	10.35	13.11	16.33	23.00	39.10	59.80	90.62	149.50	281.29	470.58
\$240,000	7.68	9.36	10.80	13.68	17.04	24.00	40.80	62.40	94.56	156.00	293.52	491.04
\$250,000	8.00	9.75	11.25	14.25	17.75	25.00	42.50	65.00	98.50	162.50	305.75	511.50
\$260,000	8.32	10.14	11.70	14.82	18.46	26.00	44.20	67.60	102.44	169.00	317.98	531.96
\$270,000	8.64	10.53	12.15	15.39	19.17	27.00	45.90	70.20	106.38	175.50	330.21	552.42
\$280,000	8.96	10.92	12.60	15.96	19.88	28.00	47.60	72.80	110.32	182.00	342.44	572.88
\$290,000	9.28	11.31	13.05	16.53	20.59	29.00	49.30	75.40	114.26	188.50	354.67	593.34
\$300,000	9.60	11.70	13.50	17.10	21.30	30.00	51.00	78.00	118.20	195.00	366.90	613.80

To calculate the cost of coverage for an amount not shown in the table above, use the formula below:

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} \div 1,000 = \text{Monthly Cost}$$

(See top row above)

Rates shown are current as of the effective date and are subject to change over time.
Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.
Any applicable age-related benefit reductions are not included.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.

TERM LIFE PREMIUMS FOR UNITEDHEALTHCARE

Louisiana State University System Premium Calculation Sheet Rates Effective January 1, 2021



Spouse Supplemental Life - Current Monthly Cost by Age Band

Current Monthly Rates per \$1,000:

Coverage	0.032	0.039	0.045	0.057	0.071	0.100	0.170	0.260	0.394	0.650	1.223	2.046
Age<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
\$5,000	0.16	0.20	0.23	0.29	0.36	0.50	0.85	1.30	1.97	3.25	6.12	10.23
\$10,000	0.32	0.39	0.45	0.57	0.71	1.00	1.70	2.60	3.94	6.50	12.23	20.46
\$15,000	0.48	0.59	0.68	0.86	1.07	1.50	2.55	3.90	5.91	9.75	18.35	30.69
\$20,000	0.64	0.78	0.90	1.14	1.42	2.00	3.40	5.20	7.88	13.00	24.46	40.92
\$25,000	0.80	0.98	1.13	1.43	1.78	2.50	4.25	6.50	9.85	16.25	30.58	51.15
\$30,000	0.96	1.17	1.35	1.71	2.13	3.00	5.10	7.80	11.82	19.50	36.69	61.38
\$35,000	1.12	1.37	1.58	2.00	2.49	3.50	5.95	9.10	13.79	22.75	42.81	71.61
\$40,000	1.28	1.56	1.80	2.28	2.84	4.00	6.80	10.40	15.76	26.00	48.92	81.84
\$45,000	1.44	1.76	2.03	2.57	3.20	4.50	7.65	11.70	17.73	29.25	55.04	92.07
\$50,000	1.60	1.95	2.25	2.85	3.55	5.00	8.50	13.00	19.70	32.50	61.15	102.30
\$55,000	1.76	2.15	2.48	3.14	3.91	5.50	9.35	14.30	21.67	35.75	67.27	112.53
\$60,000	1.92	2.34	2.70	3.42	4.26	6.00	10.20	15.60	23.64	39.00	73.38	122.76
\$65,000	2.08	2.54	2.93	3.71	4.62	6.50	11.05	16.90	25.61	42.25	79.50	132.99
\$70,000	2.24	2.73	3.15	3.99	4.97	7.00	11.90	18.20	27.58	45.50	85.61	143.22
\$75,000	2.40	2.93	3.38	4.28	5.33	7.50	12.75	19.50	29.55	48.75	91.73	153.45
\$80,000	2.56	3.12	3.60	4.56	5.68	8.00	13.60	20.80	31.52	52.00	97.84	163.68
\$85,000	2.72	3.32	3.83	4.85	6.04	8.50	14.45	22.10	33.49	55.25	103.96	173.91
\$90,000	2.88	3.51	4.05	5.13	6.39	9.00	15.30	23.40	35.46	58.50	110.07	184.14
\$95,000	3.04	3.71	4.28	5.42	6.75	9.50	16.15	24.70	37.43	61.75	116.19	194.37
\$100,000	3.20	3.90	4.50	5.70	7.10	10.00	17.00	26.00	39.40	65.00	122.30	204.60
\$105,000	3.36	4.10	4.73	5.99	7.46	10.50	17.85	27.30	41.37	68.25	128.42	214.83
\$110,000	3.52	4.29	4.95	6.27	7.81	11.00	18.70	28.60	43.34	71.50	134.53	225.06
\$115,000	3.68	4.49	5.18	6.56	8.17	11.50	19.55	29.90	45.31	74.75	140.65	235.29
\$120,000	3.84	4.68	5.40	6.84	8.52	12.00	20.40	31.20	47.28	78.00	146.76	245.52
\$125,000	4.00	4.88	5.63	7.13	8.88	12.50	21.25	32.50	49.25	81.25	152.88	255.75
\$130,000	4.16	5.07	5.85	7.41	9.23	13.00	22.10	33.80	51.22	84.50	158.99	265.98
\$135,000	4.32	5.27	6.08	7.70	9.59	13.50	22.95	35.10	53.19	87.75	165.11	276.21
\$140,000	4.48	5.46	6.30	7.98	9.94	14.00	23.80	36.40	55.16	91.00	171.22	286.44
\$145,000	4.64	5.66	6.53	8.27	10.30	14.50	24.65	37.70	57.13	94.25	177.34	296.67
\$150,000	4.80	5.85	6.75	8.55	10.65	15.00	25.50	39.00	59.10	97.50	183.45	306.90

*Spouse rate is based on Employee's age.

To calculate the cost of coverage for an amount not shown in the table above, use the formula below:

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} \div 1,000 = \text{Monthly Cost}$$

(See top row above)

Dependent Child(ren) Supplemental Life - Current Monthly Cost:

Monthly Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000
\$0.070	\$ 0.35	\$ 0.70	\$ 1.05	\$ 1.40

Rates shown are current as of the effective date and are subject to change over time.

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

Any applicable age-related benefit reductions are not included.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.

TERM LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Term-Life Insurance Offered Through Prudential

All employees appointed at 75% effort and above are eligible to participate in the Group Life Insurance Plan. The plan is underwritten by the Prudential Insurance Company. The State pays for half of the life insurance premium for the employee and/or retiree, and coverage is granted on a guaranteed basis to employees who enroll during their first 30 days of eligibility. Late enrollees are subject to underwriting approval, and coverage is effective the first of the month following 30 days of employment. The premiums are collected one month in advance, and premiums for the employee life coverage can be deducted on a pre-tax basis.

Accidental Death and Dismemberment benefits are included for all active employees under age 65, and if your employment ends, you may receive similar term life insurance under the portability provision, provided you are under age 70. Accidental Death and Dismemberment coverage ends upon termination of employment or retirement at age 70.

Late Applicant: If you do not enroll into the Life Insurance offered through Prudential within your first 30 days of employment, you may enroll at any time, but must complete an Evidence of Insurability Application and be approved before coverage will become effective.

Coverage Reductions:

- On the first of the year following your attainment of age 65, the amount of insurance is reduced by 25%.
- On the first of the year following your attainment of age 70, the amount of insurance is reduced by 50% from the original amount.
- Accidental Death and Dismemberment will end at age 70 or upon termination of employment/retirement.

Employees who participate in either the basic or supplemental life insurance programs are eligible to participate in the dependent life insurance offered.

- Rates for dependent life are a flat rate, regardless of the number of dependents covered by the employee.
- Employee is responsible for entire premium.
- Eligible dependent children up to age 26.
- Legal spouse.



TERM LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE



OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES BASIC AND SUPPLEMENTAL LIFE INSURANCE* RATES EFFECTIVE JANUARY 1, 2020

From	To	Annual Earnings**	Maximum Insurance	Age Group: 65			Age Group: 66 - 69		
				Employee Share	Employer Share	Total Premium	Employee Share	Employer Share	Total Premium
Basic Life									
			\$4,000	\$4.08	\$4.08	\$8.16	\$5.04	\$5.04	\$10.08
\$2,000.01 -	\$2,666.66		\$5,000	\$5.10	\$5.10	\$10.20	\$6.30	\$6.30	\$12.60
\$2,666.67 -	\$4,000.00		\$6,000	\$6.12	\$6.12	\$12.24	\$7.56	\$7.56	\$15.12
\$4,000.01 -	\$4,666.66		\$7,000	\$7.14	\$7.14	\$14.28	\$8.82	\$8.82	\$17.64
\$4,666.67 -	\$5,333.33		\$8,000	\$8.16	\$8.16	\$16.32	\$10.08	\$10.08	\$20.16
\$5,333.34 -	\$6,666.66		\$9,000	\$9.18	\$9.18	\$18.36	\$11.34	\$11.34	\$22.68
\$6,666.67 -	\$7,333.33		\$10,000	\$10.20	\$10.20	\$20.40	\$12.60	\$12.60	\$25.20
\$7,333.34 -	\$8,000.00		\$11,000	\$11.22	\$11.22	\$22.44	\$13.86	\$13.86	\$27.72
\$8,000.01 -	\$9,333.33		\$12,000	\$12.24	\$12.24	\$24.48	\$15.12	\$15.12	\$30.24
\$9,333.34 -	\$10,000.00		\$13,000	\$13.26	\$13.26	\$26.52	\$16.38	\$16.38	\$32.76
\$10,000.01 -	\$10,666.66		\$14,000	\$14.28	\$14.28	\$28.56	\$17.64	\$17.64	\$35.28
\$10,666.67 -	\$13,333.33		\$15,000	\$15.30	\$15.30	\$30.60	\$18.90	\$18.90	\$37.80
\$13,333.34 -	\$14,000.00		\$16,000	\$16.32	\$16.32	\$32.64	\$20.16	\$20.16	\$40.32
\$14,000.01 -	\$14,666.66		\$17,000	\$17.34	\$17.34	\$34.68	\$21.42	\$21.42	\$42.84
\$14,666.67 -	\$16,000.00		\$18,000	\$18.36	\$18.36	\$36.72	\$22.68	\$22.68	\$45.36
\$16,000.01 -	\$16,666.66		\$19,000	\$19.38	\$19.38	\$38.76	\$23.94	\$23.94	\$47.88
\$16,666.67 -	\$17,333.33		\$20,000	\$20.40	\$20.40	\$40.80	\$25.20	\$25.20	\$50.40
\$17,333.34 -	\$18,666.66		\$21,000	\$21.42	\$21.42	\$42.84	\$26.46	\$26.46	\$52.92
\$18,666.67 -	\$19,333.33		\$22,000	\$22.44	\$22.44	\$44.88	\$27.72	\$27.72	\$55.44
\$19,333.34 -	\$20,000.00		\$23,000	\$23.46	\$23.46	\$46.92	\$28.98	\$28.98	\$57.96
\$20,000.01 -	\$21,333.33		\$24,000	\$24.48	\$24.48	\$48.96	\$30.24	\$30.24	\$60.48
\$21,333.34 -	\$22,000.00		\$25,000	\$25.50	\$25.50	\$51.00	\$31.50	\$31.50	\$63.00
\$22,000.01 -	\$22,666.66		\$26,000	\$26.52	\$26.52	\$53.04	\$32.76	\$32.76	\$65.52
\$22,666.67 -	\$24,000.00		\$27,000	\$27.54	\$27.54	\$55.08	\$34.02	\$34.02	\$68.04
\$24,000.01 -	\$24,666.66		\$28,000	\$28.56	\$28.56	\$57.12	\$35.28	\$35.28	\$70.56
\$24,666.67 -	\$25,333.33		\$29,000	\$29.58	\$29.58	\$59.16	\$36.54	\$36.54	\$73.08
\$25,333.34 -	\$26,666.66		\$30,000	\$30.60	\$30.60	\$61.20	\$37.80	\$37.80	\$75.60
\$26,666.67 -	\$27,333.33		\$31,000	\$31.62	\$31.62	\$63.24	\$39.06	\$39.06	\$78.12
\$27,333.34 -	\$28,000.00		\$32,000	\$32.64	\$32.64	\$65.28	\$40.32	\$40.32	\$80.64
\$28,000.01 -	\$29,333.33		\$33,000	\$33.66	\$33.66	\$67.32	\$41.58	\$41.58	\$83.16
\$29,333.34 -	\$30,000.00		\$34,000	\$34.68	\$34.68	\$69.36	\$42.84	\$42.84	\$85.68
\$30,000.01 -	\$30,666.66		\$35,000	\$35.70	\$35.70	\$71.40	\$44.10	\$44.10	\$88.20
\$30,666.67 -	\$32,000.00		\$36,000	\$36.72	\$36.72	\$73.44	\$45.36	\$45.36	\$90.72
\$32,000.01 -	\$32,666.66		\$37,000	\$37.74	\$37.74	\$75.48	\$46.62	\$46.62	\$93.24
\$32,666.67 And Over			\$38,000	\$38.76	\$38.76	\$77.52	\$47.88	\$47.88	\$95.76

*Accidental Death & Dismemberment benefits are included for all active and retired employees through age sixty-nine (69).

** Annual Earnings for those academic employees who work less than twelve months of the calendar year shall be the salary for that period of time required by their regular job duties as defined at the beginning of the academic year. For retired employees annual earnings means that salary level for which benefits were provided as an active employee on the last day of the month immediately preceding the actual last day of work.

TERM LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES
 BASIC AND SUPPLEMENTAL LIFE INSURANCE*
 RATES EFFECTIVE JANUARY 1, 2020

From	Annual Earnings**	To	Maximum Insurance	Active Employees			Retired Employees		
				Employee Share	Employer Share	Total Premium	Employee Share	Employer Share	Total Premium
Basic Life									
			\$3,000	\$3.78	\$3.78	\$7.56	\$3.72	\$3.72	\$7.44
Basic & Supplemental Life									
\$2,000.01	-	\$4,000.00	\$4,000	\$5.04	\$5.04	\$10.08	\$4.96	\$4.96	\$9.92
\$4,000.01	-	\$5,333.33	\$5,000	\$6.30	\$6.30	\$12.60	\$6.20	\$6.20	\$12.40
\$5,333.34	-	\$6,666.66	\$6,000	\$7.56	\$7.56	\$15.12	\$7.44	\$7.44	\$14.88
\$6,666.67	-	\$8,000.00	\$7,000	\$8.82	\$8.82	\$17.64	\$8.68	\$8.68	\$17.36
\$8,000.01	-	\$9,333.33	\$8,000	\$10.08	\$10.08	\$20.16	\$9.92	\$9.92	\$19.84
\$9,333.34	-	\$10,666.66	\$9,000	\$11.34	\$11.34	\$22.68	\$11.16	\$11.16	\$22.32
\$10,666.67	-	\$13,333.33	\$10,000	\$12.60	\$12.60	\$25.20	\$12.40	\$12.40	\$24.80
\$13,333.34	-	\$14,666.66	\$11,000	\$13.86	\$13.86	\$27.72	\$13.64	\$13.64	\$27.28
\$14,666.67	-	\$16,000.00	\$12,000	\$15.12	\$15.12	\$30.24	\$14.88	\$14.88	\$29.76
\$16,000.01	-	\$17,333.33	\$13,000	\$16.38	\$16.38	\$32.76	\$16.12	\$16.12	\$32.24
\$17,333.34	-	\$18,666.66	\$14,000	\$17.64	\$17.64	\$35.28	\$17.36	\$17.36	\$34.72
\$18,666.67	-	\$20,000.00	\$15,000	\$18.90	\$18.90	\$37.80	\$18.60	\$18.60	\$37.20
\$20,000.01	-	\$21,333.33	\$16,000	\$20.16	\$20.16	\$40.32	\$19.84	\$19.84	\$39.68
\$21,333.34	-	\$22,666.66	\$17,000	\$21.42	\$21.42	\$42.84	\$21.08	\$21.08	\$42.16
\$22,666.67	-	\$24,000.00	\$18,000	\$22.68	\$22.68	\$45.36	\$22.32	\$22.32	\$44.64
\$24,000.01	-	\$25,333.33	\$19,000	\$23.94	\$23.94	\$47.88	\$23.56	\$23.56	\$47.12
\$25,333.34	-	\$26,666.66	\$20,000	\$25.20	\$25.20	\$50.40	\$24.80	\$24.80	\$49.60
\$26,666.67	-	\$28,000.00	\$21,000	\$26.46	\$26.46	\$52.92	\$26.04	\$26.04	\$52.08
\$28,000.01	-	\$29,333.33	\$22,000	\$27.72	\$27.72	\$55.44	\$27.28	\$27.28	\$54.56
\$29,333.34	-	\$30,666.66	\$23,000	\$28.98	\$28.98	\$57.96	\$28.52	\$28.52	\$57.04
\$30,666.67	-	\$32,000.00	\$24,000	\$30.24	\$30.24	\$60.48	\$29.76	\$29.76	\$59.52
\$32,000.01	And Over		\$25,000	\$31.50	\$31.50	\$63.00	\$31.00	\$31.00	\$62.00

*Accidental Death & Dismemberment benefits are included for all active and retired employees through age sixty-nine (69). If the plan member is still actively employed at age 70, coverage terminates at midnight on the last day of the month in which retirement occurs.

**Annual Earnings for those academic employees who work less than twelve months of the calendar year shall be the salary for that period of time required by their regular job duties as defined at the beginning of the academic year. For retired employees annual earnings means that salary level for which benefits were provided as an active employee on the last day of the month immediately preceding the actual last day of work.

TERM LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE



**OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES**

BASIC AND SUPPLEMENTAL LIFE INSURANCE

RATES EFFECTIVE JANUARY 1, 2020

	Maximum Insurance	Dependents		
		Employee Share	Employer Share	Total Premium
Basic Life				
Option 1	\$1,000	\$1.36	\$0.00	\$1.36
Option 2	\$2,000	\$2.72	\$0.00	\$2.72
Basic & Supplemental Life				
Option 1	\$2,000	\$2.72	\$0.00	\$2.72
Option 2	\$4,000	\$5.44	\$0.00	\$5.44

VISION INSURANCE

LSUHSC-NO partners with **EyeMed** to provide you and your family with valuable Vision coverage at affordable rates. You may select coverage for yourself, your spouse, and/or your child(ren). Children are eligible for coverage up to age 26. If you and your spouse are both LSUHSC-NO employees, only one of you may enroll in Family coverage.

Regular eye examinations cannot only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages.

Late Applicant: If you do not enroll when first eligible, you may enroll during Annual Enrollment for an effective date of January 1.

Providers: Access the care your family needs through EyeMed's network of independent, private practice doctors (optometrists or ophthalmologists) and select retail partners, such as Walmart, LensCrafters, Pearle Vision, and Target optical. Your plan offers a selection of designer, name brand frames.

ID Cards: You will receive an ID Card, so please make sure your address is up to date with your Human Resource Management Department. If you elect coverage, all the provider needs is your name and date of birth. They will pull you up in their online system. If you would like to print an ID card, you can do so at www.eyemed.com.

For Additional Information
1-844-409-3401

Coverage Level	Monthly Premium
Employee Only	\$7.40
Employee + Spouse	\$12.46
Employee + Child(ren)	\$12.72
Family	\$20.50

	In-Network	Out-of-Network
Eye Exam – once every 12 months	Included	\$40 allowance
LENSES — ONCE EVERY 12 MONTHS		
Single Vision	Included	\$25 allowance
Bifocal	Included	\$40 allowance
Trifocal	Included	\$50 allowance
Progressive		\$50 allowance
Standard	Included	
Premium	\$150 Copay (\$200 allowance at certain preferred providers)	
MATERIALS — ONCE EVERY 12 MONTHS		
Contact Lenses		\$130 allowance
Elective	Formulary: 4 Boxes Non-Formulary: \$130 Allowance	
Medically Necessary	Included	
Fit and Follow-Up	Formulary: Included Non-Formulary: Applies to allowance	
Frames	\$130 Allowance + 30% Off	\$130 allowance



RETIREMENT WITH LSU

Today retirement can signal the beginning of a new life. But how you spend your retirement years and how well you prepare for them are up to you. According to state and federal laws, employees of LSUHSC-NO must participate in a retirement plan. To assist you in reviewing your plan options, below is a list of retirement plans available to the different employee classifications:

If you are a **classified, civil service employee** with an appointment **greater than 50% of full-time effort** (more than 20 hours per week) **AND** for a duration **greater than two years**, your retirement options are:

- Louisiana State Employees' Retirement System (LASERS)

If you are a **classified, civil service employee** with an appointment **less than 50% of full-time effort** (20 hours or less per week) **OR** for a duration **less than two years**, your retirement options are:

- Social Security
- Louisiana Deferred Compensation Plan

If you are a **faculty member*** with an appointment **greater than 50% of full-time effort** **OR** an **unclassified staff member**** with an appointment **greater than 51% of full-time effort** (more than 20 hours per week) **AND** you are appointed for a duration of **greater than two years**, your retirement options are:

- Teacher's Retirement System of Louisiana (TRSL)
- Optional Retirement Plan (ORP)

If you are a **faculty member*** with an appointment of **less than 50% of full-time effort** **OR** an **unclassified staff member**** with an appointment of **less than 51% of full-time effort** (20 hours or less per week) **OR** you are appointed for a duration of **two years or less**, your retirement options are:

- Optional Retirement Plan (ORP)
- Social Security
- Louisiana Deferred Compensation Plan

Participation in Social Security

With few exceptions, the State of Louisiana does not participate in the Social Security program. If you are enrolled in a Louisiana State retirement plan (TRSL, LASERS, ORP, Deferred Compensation), you do not pay Social Security tax; however, if you were hired after April 1, 1986, you are required to pay the Medicare portion of the FICA tax (1.45% of your salary).

The following pages will help you determine whether or not your appointment allows you to contribute to Social Security while employed for LSUHSC-NO.

Employees on Visas

According to state and federal laws, as an employee of LSUHSC-NO, you must participate in a retirement plan. However, LSU System employees on a J or F Visa are not eligible to participate in a retirement plan unless "substantial presence" has been met. Under the Internal Revenue Service Code, the Substantial Presence Test (SPT) is used to determine "tax residency" of an international person. The test is a mathematical test based on the individual's visa status and number of days present in the United States. Once an international person meets the Substantial Presence Test, he/she is subject to the same tax laws as a United States citizen. For more information on the SPT, refer to IRS publication 519 "Non-Resident Alien Tax Withholding".

If substantial presence is met, an employee may choose between Social Security or Louisiana Deferred Compensation Retirement Plan. You will be notified by your Human Resources/Benefits Department when you have reached substantial presence and when your retirement election is due.

***Faculty Member:** instructor, assistant professor, associate professor, professor or librarian

****Unclassified Staff Member:** administrative officer, professional staff, teaching associate, research associate, library associate or coordinator

RETIREMENT PLAN OPTIONS

Classified (Civil Service) Employee Options

Eligibility: Membership in the Louisiana State Employees' Retirement System (LASERS) is **MANDATORY** for all classified, civil service employees appointed for greater than 50% of full-time effort (more than 20 hours per week) and for a duration of more than two years (except those excluded by law).

LASERS membership is **OPTIONAL** *only* for those employees who are 60 years of age or greater at the time of employment, OR for employees who are 55 years of age or greater at the time of employment and who have 40 quarters or more in the Social Security System. These employees also have the option of participating in the Louisiana Deferred Compensation Plan.

Louisiana State Employees' Retirement System (LASERS)

The Louisiana State Employees' Retirement System (LASERS) is a qualified defined benefit plan and retirement plan under Section 401(a) of the Internal Revenue Service code. It was first established by an act of the Louisiana Legislature in 1946. LASERS is a trust fund created to provide retirement income and other benefits to state officers, employees, and their beneficiaries. Detailed information on LASERS is provided in the Membership Handbook, which can be found at www.lasersonline.org. In addition to the general information on the LASERS website, active members and retirees can use the site to securely access their LASERS records by registering a User ID and password. See below for a summary of the plan. With few exceptions, the State of Louisiana does not participate in the Social Security program. If you are enrolled in a Louisiana State retirement plan, you do not pay Social Security tax; however, if you were hired after April 1, 1986, you are required to pay the Medicare portion of the FICA tax (1.45% of your salary).

Administrators of LASERS: A 13-member Board of Trustees oversees LASERS' operations, 9 of whom are selected by the members. LASERS monthly board meetings are open to the public and take place in the 4th Floor Board Room of the Louisiana Retirement Systems Building, located at 8401 United Plaza Boulevard in Baton Rouge.

Effective Date of Enrollment: You are automatically enrolled into LASERS at the time of employment (unless you meet one of the optional criteria mentioned above) and will begin contributions with your first paycheck.

Contribution Rate: Regular Members who joined LASERS on or before June 30, 2006, will contribute 7.5% of earned compensation (base salary) as defined by LASERS. Regular Members who joined LASERS on or after July 1, 2006, will contribute 8% of earned compensation (base salary) as defined by LASERS. The employer contribution is based on an actuarial formula set by the Public Retirement Systems' Actuarial Committee (PRSAC) and changes annually. The employer contribution rate is not credited to individual member accounts but are deposited in the LASERS trust account to help fund the defined benefits payable to all members and their beneficiaries.

Retirement Eligibility: Retirement benefits are paid monthly and are guaranteed for your lifetime. You are responsible for knowing when you are eligible for retirement. Your eligibility to retire is based on your age and years of service. One of the requirements below must be met in order to receive a retirement benefit from LASERS.

A member who joined LASERS **on or after July 1, 2015**, shall be eligible for retirement if he/she has:

- 5 years of service or more at age 62 or greater
- At 20 years of service you may retire at any age but your benefit will be reduced on an actuarial basis which is based on your age, length of service and number of years from your regular retirement age.

Detailed information regarding retirement eligibility prior to July 1, 2015 can be found on page 44 or in the LASERS Membership Handbook.

RETIREMENT PLAN OPTIONS

Retirement Benefit Calculation: The following formulas are used to determine your retirement benefit. If you are a Regular Member of LASERS, you will accrue benefits at 2.5% of your average compensation per year.

A member who joined LASERS **on or before June 30, 2006**, will have his/her retirement benefit calculated as follows:

$$\begin{aligned} & \text{[Years of Service]} \\ & \times \text{[Formula \%]} \\ & \times \text{[36-month High Average Salary]} \\ & = \text{Annual Retirement Benefit} \end{aligned}$$

A member who joined LASERS **on or after July 1, 2006**, will have his/her retirement benefit calculated as follows:

$$\begin{aligned} & \text{[Years of Service]} \\ & \times \text{[Formula \%]} \\ & \times \text{[60-month High Average Salary]} \\ & = \text{Annual Retirement Benefit} \end{aligned}$$

Sample Calculations:

$$\begin{aligned} 25 \text{ Years of Service} \times 2.5\% \times \$30,000 &= \$18,750 \\ 30 \text{ Years of Service} \times 2.5\% \times \$30,000 &= \$22,500 \end{aligned}$$

**Employees who became members before July 1, 1986, will be entitled to \$300 per year in supplemental benefits upon retirement.*

Disability Retirement Benefits: As a Regular Member you may be entitled to disability benefits if you are unable to perform your work duties, have accumulated at least 10 years of service credit, and are actively employed at the time the disability application is submitted.

Survivor Benefits: Survivor benefits are payable under certain conditions to your spouse, minor children and completely disabled or mentally handicapped children upon your death. LASERS should be notified immediately of a member's death. LASERS may also require survivors to provide proof annually or at other times that they are still legally entitled to survivor benefits. Survivor benefits are not subject to Louisiana inheritance taxes.

For Regular Members hired prior to January 1, 2011 who die while in active service or have at least 20 years of service credit, and are not retired the maximum total benefit payable to all survivors is 75% of your average compensation if you have qualified surviving children; or 50% to your surviving spouse, if you have no qualified

surviving children. If there is a benefit for a surviving spouse and qualified surviving children, the surviving spouse receives one-third of the total benefit payable, while the children receive two-thirds of the total benefit payable. If there is more than one surviving child, the surviving child portion is divided equally among all qualified children.

In order for benefits to be paid you must have:

- Credit for at least 5 years of service for a benefit to be payable to your surviving minor children
- Credit for at least 10 years of services for a benefit to be payable to your surviving spouse
- Credit for at least 20 years of services for survivor benefits to be payable if death occurs after you have terminated employment

If survivor benefits are not payable, your survivors, your beneficiary, or your estate will receive an amount equal to your total employee contributions.

For Regular Members hired **after January 1, 2011**, there are significant changes in the survivor benefits.

Survivor Benefits of Rank & File Members with Surviving Spouse with Child(ren)

Eligibility: Member must have been an active member with at least five years of service, at least two of which were immediately prior to death, or 20 or more years of service regardless of whether the member was active at the time of death.

Benefit:

- Benefit is equal to the greater of 50% of the benefit the member would have been entitled to if he retired on the date of death, regardless of years of service or \$600.
- Benefit ceases upon remarriage. Benefits resume upon death of or divorce from new spouse.
- Benefits shall not cease upon remarriage if the member was eligible for retirement on the date of death.
- When all children cease to be eligible for a survivor benefit, the surviving spouse's eligibility and benefit amount are determined based on the provisions for a surviving spouse without a child.

RETIREMENT PLAN OPTIONS

Survivor Benefits for Rank and File Members with Surviving Child(ren) (No Spouse)

Eligibility: The member must have had at least five years of service. There is no requirement that the member be an active member or that the member have two years of service immediately prior to death.

Benefit:

- The amount of the benefit is equal to 50% of the benefit for a surviving spouse with child(ren), even if there is no surviving spouse eligible for a benefit, for each child up to a maximum of two children.
- This amount shall be divided equally amount all eligible children.
- The benefits for a child cease when the child no longer meets the definition of minor child.
- No surviving child may receive more than one survivor's benefit. If two benefits are applicable, only the larger benefit shall apply.
- Survivor benefits are payable to surviving child(ren) even if the member has retired.
- Survivor benefits would be in addition to any optional retirement benefit payable to the named beneficiary.
- The benefits for child(ren) shall be paid to the person with custody of the child(ren) or to a trust for the benefit of the child(ren).

Additional rule regarding the amount of benefits payable to the surviving spouse and child/children:

- If benefits are payable to a surviving spouse and child (ren), then the total amount paid shall not be less than the Option 2A equivalent which would be paid to the spouse.
- This rule shall apply for as long as the spouse and child (ren) are eligible for survivor benefits.

Survivor Benefits for Rank and File Members with Surviving Spouse (No Children)

Eligibility: The surviving spouse must have been married to the member for at least one year prior to death, and the member must have been an active member with at least 10 years of service, at least two of which were immediately prior to death, or 20 years of service regardless of whether the member was active at the time of death.

Benefit:

- Benefit is equal to the greater of the Option 2A equivalent of the benefit based upon years of services using the applicable accrual rate or \$600.
- Benefit ceases upon remarriage. Benefits resume upon death of or divorce from new spouse.
- Benefits shall not cease upon remarriage if the member was eligible for retirement on the date of death

Example of Surviving Spouse with 3 children:

Member benefit = **\$2,000**

Spouse benefit (50% of member) = **\$1,000**

Child benefit (50% of Spouse) for each child (maximum of 2) = **\$1,000** (\$500 x 2)

The total benefit amount available for the children is \$1,000 because there are two or more children. (The benefit would have been \$500 if there was just one eligible child).

- The \$1,000 benefit will be split equally among all eligible children. The three children in this example will split the \$1,000 benefit three ways (\$333.33 each).

When one child is no longer eligible, the benefit will still be \$1,000 (\$500 x 2 children) split equally between the two (\$500 each).

- When the next child becomes ineligible, the benefit will be \$500 for the remaining child.

Trust for Minor Child(ren): Any benefit due to the qualified surviving minor child(ren) maybe paid to a trust created under Louisiana law for each child.

Termination of Employment before Retirement: If you leave state service before you are eligible to retire, you may qualify for a monthly benefit upon reaching minimum retirement age. The following criteria would allow you to qualify in this manner:

- Must have obtained credit for the minimum number of years of service needed to retire (vested), and
- Left your contributions on deposit with LASERS

In lieu of leaving your contributions on deposit, you may apply for a refund. See your Human Resources/Benefits Department for more information.

RETIREMENT PLAN OPTIONS

Classified (Hazardous Duty Personnel) Employee Retirement Options

Eligibility: Enrollment in this plan is MANDATORY for campus police officers hired on or after January 1, 2011 who are required to be P.O.S.T. certified, have the power to arrest, and also hold a commission.

Enrollment is OPTIONAL if:

- An employee is currently participating in an existing hazardous duty plan **prior to January 1, 2011**.
- An employee was previously employed in a hazardous duty position **prior to January 1, 2011**, and is now enrolled as a Rank and File member.

EXCEPTION: Members who have already participated in DROP are ineligible for HAZ PLAN participation.

The decision to join the HAZ PLAN can be made at any time after January 1, 2011 for existing plan members, but the accrual rate (3.33%) will not start until LASERS receives election form for participation in the HAZ PLAN. The decision to join the HAZ PLAN is **irrevocable** and cannot be changed through an administrative error.

Effective Date of Enrollment: You are automatically enrolled into the LASERS HAZ PLAN at the time of your employment if your position is a defined position meeting the requirement for participation in the HAZ PLAN and will begin contributions with your first paycheck.

Contribution Rate: Members who join the HAZ PLAN on or after January 1, 2011, will contribute 9.5% of earned compensation (base salary) as defined by LASERS. The employer contribution is determined each year based on an actuarial formula determined by the State. The employer contribution is based on an actuarial formula set forth by the Public Retirement Systems' Actuarial Committee (PRSAC) and changes annually. The employer contribution rate is not credited to individual member accounts but are deposited in the LASERS trust account to help fund the defined benefits payable to all members and their beneficiaries.

Options for members currently enrolled in LASERS include (the decision to join the HAZ PLAN does not need to be made immediately):

- Maintain existing service credit in LASERS Regular Plan and join the HAZ PLAN on a day forward basis, accruing service credit and benefits prospectively.
- Join the HAZ PLAN and transfer service credit to new plan at an equivalent value or on a pro rata basis at no cost to member (actuary will determine if all prior service is transferrable, or if only a pro rata portion is transferrable at no cost). Service credit transferred will count towards HAZ PLAN eligibility, but will be calculated at accrual rate at which earned.
- Join the HAZ PLAN and transfer service credit to new plan and pay the actuarial cost to receive credit for actual number of years transferred, or a portion of those years. Time transferred will count towards HAZ PLAN eligibility, but will be calculated at accrual rate at which earned.
- Join the HAZ PLAN according to option 2 or 3 and pay to upgrade prior service credit to the 3.33% accrual rate. The transferred and upgraded time will then count towards HAZ PLAN eligibility and benefits. However, the 3.33% accrual rate will not apply unless the last 10 years of service are in the HAZ PLAN.
- Keep the status quo in their existing plan, maintaining contribution rate, eligibility, benefits, and accrual rate.

What happens to LASERS service credit already earned if the member elects to join the HAZ PLAN? Depends on whether member transfers prior service or joins on a day forward basis.

- If member joins on a day forward basis, prior service does not count towards HAZ PLAN eligibility and receives accrual rate applicable when earned.
- If member joins plan and transfers time, it counts towards HAZ PLAN eligibility.
- Member has option of upgrading transferred service to 3.33% accrual rate by paying cost.

RETIREMENT PLAN OPTIONS

Retirement Eligibility: Your eligibility to retire is based on your age and years of service. One of the requirements below must be met in order to receive a retirement benefit through the HAZ PLAN with either earned or transferred service:

- 12 years at age 55
- 25 years at any age
- At 20 years of service you may retire at any age but your benefit will be reduced on an actuarial basis which is based on the number of months you are away from HAZ PLAN Regular retirement eligibility. This reduction can be affected depending on whether you are in state service or out of state service at the time of your retirement.

All years must be worked as a member of the HAZ PLAN, unless you transferred your prior service into the HAZ PLAN. Under the HAZ PLAN retirement, you will select a retirement option as your benefits are directed by statute. If you are a member of the HAZ PLAN and do not meet the eligibility requirements described above, you may retire with 5 years of service credit at age 62. If you retire under this option, your benefit will be calculated at 2.5% of your average compensation and will be paid in accordance with the provision associated with the Regular retirement plan.

Consequences of joining the HAZ PLAN

- Decision to join HAZ PLAN is **irrevocable**.
- Decision to join HAZ PLAN does not need to be made immediately. But, member will not start earning the higher accrual rate and service is not earned toward retirement eligibility unless an election to join is made.
- Members who join the HAZ PLAN and do not reach eligibility for the 3.33% accrual rate will not receive a refund of contributions paid at higher rate. Further, if a member has paid to upgrade prior service and does not meet eligibility, they do not receive a refund for that upgraded time, nor do they receive the 3.33% accrual rate.

Retirement Benefit Calculation: The following formula are used to determine your retirement benefit:

A member whose last 10 years of creditable service accrued exclusively in a hazardous duty position and has met eligibility to retire from the HAZ PLAN will have their benefit calculated at 3.33% accrual rate.

$$\begin{aligned} & \text{(Years of Service)} \\ & \times \text{(Formula \%)} \\ & \times \text{(60-month High Average Salary)} \underline{\hspace{2cm}} \\ & = \text{Annual Retirement Benefit} \end{aligned}$$

*A member whose last 10 years of creditable service were **not** accrued exclusively in a hazardous duty position,

even if the member elected to join the HAZ PLAN will have their benefit calculated at 2.5% accrual rate.

Sample Calculations:

25 Years of Service x 3.33% x \$30,000 = \$24, 975

*25 Years of Service x 2.5% x \$30,000 = \$18, 750

Disability Retirement Benefits: As a HAZ PLAN member, you may be entitled to disability benefits if you have accumulated at least 10 years of service credit and become disabled. Disability benefits are paid at 3.33% accrual rate if the last 10 years of service prior to the disability is in a HAZ PLAN position, if disability is not incurred in the line of duty.

If you become totally and permanently disabled resulting solely from injuries sustained in the performance of your official duties, you may retire with 75% of your final average compensation, regardless of years of service.

Survivor Benefits (not killed in the line of duty)

Eligibility: Member must have been an active member with at least 5 years of service, at least 2 of which were immediately prior to death, or 20 or more years of service regardless of whether the member was active at the time of death. Benefits are:

- Benefit is equal to the greater of 50% of the benefit the member would have been entitled to if he retired on the dates of death regardless of years of service or \$600.
- Benefit ceases upon remarriage. Benefits resume upon death of or divorce from new spouse.
- Benefits shall not cease upon remarriage if the member was eligible for retirement on the date of death.
- When all children cease to be eligible for a survivor benefit, the surviving spouse's eligibility and the benefit amount are determined based on the provision for a surviving spouse without a child.

RETIREMENT PLAN OPTIONS

Survivor Benefits (not killed in the line of duty) for HAZ PLAN Members with Surviving Child(ren) (No Spouse)

Eligibility: The member must have had at least 5 years of service. There is no requirement that the member be an active member or that the member have two years of service immediately prior to death. Benefits are:

- The amount of the benefit is equal to the greater of 50% of the benefit for a surviving spouse with child(ren) (even if there is no surviving spouse eligible for a benefit) for each child up to a maximum of two children.
- This amount shall be divided equally among all eligible children.
- The benefits for a child cease when the child no longer meets the definition of a minor child.
- No surviving child may receive more than one survivor's benefit. If two benefits are applicable, only the larger benefit shall apply.
- Survivor benefits are payable to surviving child(ren) even if the member has retired.
- Survivor benefits would be in addition to any optional retirement benefit payable to the named beneficiary.
- The benefits for child(ren) shall be paid to the person with custody of the child(ren) or to a trust for the benefit of the child(ren).

Additional rule regarding the amount of benefits payable to the surviving spouse and child(ren):

- If benefits are payable to a surviving spouse and a child or children, then the total amount paid shall not be less than the Option 2A equivalent which would be paid to the spouse.
- This rule shall apply for as long as the spouse and child(ren) are eligible for survivor benefits.

Trust for Minor Children: Any benefit due to the qualified surviving minor children may be paid to a trust created under Louisiana law for each child.

Survivor Benefits (not killed in the line of duty) for HAZ PLAN Members with Surviving Spouse (No Children)

Eligibility: The surviving spouse must have been married to the member for at least 1 year prior to death, and the member must have been an active member with at least 10 years of service, at least 2 of which were immediately prior to death, or 20 years of service regardless of whether the member was active at the time of death. Benefits are:

- The amount of the benefit is equal to the greater of the Option 2A equivalent of the benefit based upon years of service using the applicable accrual rate or \$600.
- Benefit ceases upon remarriage. Benefits resume upon death of or divorce from new spouse.
- Benefits shall not cease upon remarriage if the member was eligible for retirement on the date of death.

Survivor Benefits (killed in the line of duty) for HAZ PLAN Members

If death occurs in the line of duty or as a direct result of an injury sustained while in the line of duty on active duty status, your surviving spouse and minor, handicapped, or mentally incapacitated child(ren) are entitled to survivor benefits of 80% of your final average compensation. The benefit is shared equally. If a survivor is no longer eligible for benefits, the remaining beneficiaries will have their shares adjusted accordingly. Benefits are payable regardless of the amount of time that the deceased was a member of the HAZ PLAN. A surviving spouse is eligible for a benefit regardless of the length of the marriage and the benefit will not cease upon remarriage.

Survivor Benefits for Former HAZ PLAN Members

The retirement system will pay 50% of the benefit that would be payable to decedent to the surviving spouse if: employment terminated prior to age for eligibility for retirement and the member has at least 12 years of service credit.

Survivor Benefits for Retired HAZ PLAN Members

The retirement system will pay 75% of the retirement benefit to the surviving spouse. If there is no surviving spouse, the benefit will be paid to the minor children.

BENEFITS COMPARISON—LASERS RANK & FILE AND HAZARDOUS DUTY PLANS

Provision	HAZ PLAN Act 992 Post 1/1/2011	Rank & File Pre 7/1/2006	Act 75 Rank & File 7/1/06 - 1/1/2011	Rank & File 1/1/2011- 6/30/2015	Rank & File Hired On or After 7/1/2015
Member Definition	Wildlife agents Wardens, correctional officers, probation, Bridge Police, ATC Agents, Peace Officers, Arson Investigators, Park Rangers, Campus Police, Hospital Security, AG/IG Investigator, POST certified, w/ commission and power to arrest	Employees not included in a specialty plan hired prior to 7/1/2006	Employees not included in a specialty plan hired between 7/1/2006 and 1/1/2011	Employees not included in a specialty plan hired between 1/1/2011 and 6/30/2015	Employees not included in a specialty plan hired on or after 7/1/2015
Employee Contribution Rates	9.5%	7.5%	8.0%	8.0%	8.0%
Accrual Rate	3.33% (if last 10 years in HAZ duty position, otherwise 2.5%)	2.5%	2.5%	2.5%	2.5%
Ant-Spiking Rate/Year	15%	25%	15%	15%	15%
Average Compensation (FAC)	Highest 60 months	Highest 36 months	Highest 60 months	Highest 60 months	Highest 60 months
Retirement Eligibility	25 years @ any 12 years @ 55 20 years @ any, actuarially reduced	10 years @ 60 25 years @ 55 30 years @ any 20 years @ any, actuarially reduced	5 years @ 60 20 years @ any, actuarially reduced	5 years @ 60 20 years @ any, actuarially reduced	5 years @ 62 20 years @ any, actuarially reduced
Disability-incapable of performing duties	Based on 3.33% accrual rate 10 years service required	Based on 2.5% accrual rate 10 years service required	Based on 2.5% accrual rate 10 years service required	Based on 2.5% accrual rate 10 years service required	Based on 2.5% accrual rate 10 years service required

BENEFITS COMPARISON—LASERS RANK & FILE AND HAZARDOUS DUTY PLANS

Provision	HAZ PLAN Act 992 Post 1/1/2011	Rank & File Pre 7/1/2006	Act 75 Rank & File 7/1/06 - 1/1/2011	Rank & File 1/1/2011- 6/30/2015	Rank & File Hired On or After 7/1/2015
In Line of Service Disability	75% of FAC, regardless of years	N/A	N/A	N/A	N/A
Survivor Benefits for Eligible Members	Generally 50% of benefit as if member retired on date of death if spouse with child or Option 2A. Actual amount and length of payment varies depending on children and remarriage.	75% of FAC, if surviving spouse and children 50% of FAC, if no children.	75% of FAC, if surviving spouse and children 50% of FAC, if no children.	Generally 50% of benefit as if member retired on date of death if spouse with child or Option 2A. Actual amount and length of payment varies depending on children and remarriage.	Generally 50% of benefit as if member retired on date of death if spouse with child or Option 2A. Actual amount and length of payment varies depending on children and remarriage.
Survivor Benefits if Killed in Line of Duty or as Direct Result of injury in Line of Duty	80% of FAC if surviving spouse, minor, handicapped, or mentally incapacitated child No restriction on length of marriage or years of service.	N/A	N/A	N/A	N/A
Survivor Benefits for Former/Retired Members	<p><u>Former Members:</u> 50% of benefit that would be payable to decedent to surviving spouse if:</p> <ul style="list-style-type: none"> • Terminated prior to age for eligibility • At least 12 years service credit <p><u>Retired Members:</u> 75% of benefit to surviving spouse</p> <p>Benefit payable to minor children if no surviving spouse, as per 11:471.1</p>	N/A	N/A	N/A	N/A

RETIREMENT PLAN OPTIONS

Unclassified Professional/Academic Employee Options

Permanent Employee Eligibility: Membership in a retirement plan is **MANDATORY** for all permanent employees which include:

- Faculty members of LSUHSC-NO with an appointment greater than two years at 50% of full-time effort, except those excluded by law; and
- Unclassified staff members of LSUHSC-NO with an appointment greater than two years at 51% of full-time effort (more than 20 hours per week), except those excluded by law.

If your appointment does not fit this description, see page 45 for temporary and part-time employee retirement options. If you are in the United States on a F visa, you are not eligible for membership in TRSL.

Retirement Options as a Permanent Employee

1. Teachers' Retirement System of Louisiana (TRSL)
2. Optional Retirement Plan (ORP)

Teachers' Retirement System of Louisiana (TRSL)

The Teachers' Retirement System of Louisiana (TRSL) is a public trust fund established in 1936 to provide retirement benefits for its members. These benefits are guaranteed by the state constitution. Teachers' Retirement System of Louisiana offers you a choice of a defined benefit plan or a defined contribution plan.

The defined benefit plan, referred to as "TRSL", is a plan wherein you, as an employee, and LSUHSC-NO make contributions into a pool of funds from which you receive a retirement income based on a benefit formula. The amount of benefit is determined by the years of service and the average salary for the 36 highest successive months of earnings. The compensation amount for employees hired on or after January 1, 2011, is calculated by the years of service and the average salary for the highest successive 60 months of earnings. Detailed information on TRSL is provided in the Membership Handbook at www.trsl.org.

The defined contribution plan, known as the "Optional Retirement Plan" or "ORP," is a retirement annuity contract funded by employee and employer contributions. Benefits are based on the value of the account when you elect to retire and are paid in the form of a lifetime income. TRSL pensions are also exempt from Louisiana state income tax.

The Defined Benefit Plan through TRSL

Most TRSL members do not participate in Social Security which makes TRSL their primary source of retirement income. If you are enrolled in a Louisiana State retirement plan, you do not pay Social Security tax; however, if you were hired after April 1, 1986, you are required to pay the Medicare portion of the FICA tax (1.45% of your salary).

According to state and federal laws, as an employee of LSUHSC-NO, you must participate in a retirement plan. As a permanent employee, you are automatically enrolled into TRSL at the time of employment with contributions starting with your first paycheck.

If you elect to participate in the Optional Retirement Plan as an alternative to TRSL, you may do so within the first 60 days of employment. If you opt out of TRSL for an ORP within your first 60 days of employment, both your contribution and the state's contribution may be rolled into your ORP account. If you wait past your first 60 days of employment to enroll in the ORP, your effective date will be delayed to the first of the following month. Only your contributions will transfer to your ORP account (not those made by LSU on your behalf). Once you have contributed to the TRSL defined benefit plan for greater than 5 years, you are not eligible to enroll into an ORP.

Administrators of TRSL: TRSL is governed by a Board of Trustee comprised of 12 elected members. The TRSL Board is responsible for safeguarding and managing the assets held in the trust to provider retirement income for TRSL members.

Contributions: Employee contributions are 8.0% of allowable earned compensation. The employer contribution is determined each year based on an actuarial formula determined by the State.

Retirement Eligibility: Your eligibility to retire is determined by the date you joined TRSL. There are different eligibility requirements for members who joined TRSL:

- Prior to July 1, 1999
- July 1, 1999 to December 31, 2010
- January 1, 2011 to June 30, 2015
- On or after July 1, 2015

Detailed information regarding retirement eligibility prior to July 1, 2015 can be found in the TRSL Membership Handbook.

RETIREMENT PLAN OPTIONS

For TRSL members who first became eligible for membership on or after **July 1, 2015**:

- 5 years of service at age 62
- At 20 years of service at any age, but your benefit will be reduced on an actuarial basis which is based on your age, length of service, and number of years from your regular retirement age.

Retirement Benefit Calculation: The following formula is used to determine your retirement benefit:

$$\begin{aligned} & \text{[Years of Service]} \\ & \times \text{[Formula \%]} \\ & \times \text{[5-Year High Average Salary]} \\ & = \text{Annual Retirement Benefit} \end{aligned}$$

Sample Calculations:

25 Years of Service x 2.5% x \$50,000 = \$31, 250

30 Years of Service x 2.5% x \$50,000 = \$37, 500

NOTE: The above calculation applies to employees who were hired on or after July 1, 2015.

Disability Retirement Benefits: Members are eligible to apply for disability retirement if they are permanently disabled while actively employed. For individuals who first became members of TRSL on or after January 1, 2011, you must have at least 10 years of service credit.

Survivor Benefits: TRSL should be notified immediately of the death of the participant. Survivors are spouses and/or minor children of members who were actively working at the time of death. If you have at least five years of service credit, limited benefits are available to your eligible spouse and minor child(ren). Please visit www.trsl.org for detailed information regarding death and survivor benefits.

Termination of Employment before Retirement: If you have less than five years of service credit at the time of termination, you may apply for a refund of your contributions to the system. Employees with five years or more service credit will be eligible to receive a benefit at age 62 if contributions are left on deposit with TRSL.

You may obtain a refund of your employee contributions, upon request, at termination of employment. The earliest you may receive your refund is 90 days after your termination date. You may obtain your refund application from your Human Resource/Benefits Department.

The Optional Retirement Plan (ORP)

The Optional Retirement Plan (ORP) is an alternative retirement plan to TRSL and is provided by private carriers for academic employees and unclassified staff members of LSUHSC-NO.

The ORP is a “defined contribution plan” to which you, as an employee, and LSUHSC-NO make contributions to be invested in a retirement annuity contract in your name. ORP benefits are paid in the form of a lifetime income and, except for death benefits, single-sum payments (lump sum) are not permitted.

Again, the State of Louisiana does not participate in the Social Security program. If you are enrolled in a Louisiana State retirement plan, you do not pay Social Security tax; however, you are required to pay the Medicare portion of the FICA tax (1.45% of your salary).

Administrator of the Plan: The Teachers’ Retirement System of Louisiana administers the plan. ORPs are offered by:

- VOYA Financial
- Teachers’ Insurance and Annuity Association (TIAA)
- American International Group (AIG)

The directory on page 56 lists ORP representatives for each LSU System location.

Effective Date of Enrollment: As a permanent employee, you are automatically enrolled into the TRSL defined benefit plan. If you wish to enroll in an ORP, you have 60 days from your date of hire to enroll retroactive to your original hire date.

If you enroll after your first 60 days of employment, your effective date will be delayed to the first of the following month and only your contributions will transfer over to your ORP carrier (not those made by LSUHSC-NO). Once you have contributed to the TRSL defined benefit plan for greater than five years, you are not eligible to enroll into an ORP.

IMPORTANT The decision to participate in the ORP is IRREVOCABLE. You may not enroll in the ORP and then later change to the TRSL defined benefit plan. However, you may elect to change ORP carriers at any time throughout the year.

Contributions: Your employee contribution is 8% of allowable earned compensation and is tax-sheltered. TRSL charges you 0.05% to administer the funds. The contribution rate is subject to change each July 1st. There are many investment options in the ORP. Each option has varying degrees of financial risk and rates of return. You

RETIREMENT PLAN OPTIONS

may contact the ORP representatives for information concerning these options and the best profile for you.

Retirement Eligibility: As an ORP participant, you are eligible to annuitize your ORP account at termination of employment. In order to be eligible to continue group insurance policies after retirement, as an ORP retiree, you must meet the minimum retirement eligibility requirements under the provisions of TRSL.

Retirement Benefit Payment Options: Under the provisions of Louisiana law (Louisiana R.S. 11:929B), you may elect a one-time, lump-sum payment of up to 36 months of your annuity in addition to a lifetime annuity at the time of your retirement. ORP account balances can be distributed by any of the following:

- A lifetime income
- Trustee-to-trustee, single lump-sum cash rollover between qualified plans
- IRA
- Death benefits

The ORP is a defined contribution retirement plan and the amount of the monthly income payable at retirement is directly related to the balance in your account, your age at retirement, and the income option you select. When you are ready to retire, you will select from several annuity options (the options may differ slightly, depending on the company you have selected as your ORP carrier).

Disability Benefits: Please note that ORP benefits are always based on the value of the ORP account. Therefore, there is no guaranteed or defined disability benefit as a participant in the ORP. However, in the event of a disability, an ORP participant may be able to continue participation in other insurance programs. If you become disabled, you must have at least 5 years of service in an ORP to apply for continued participation in the insurance plans at retirement. LSUHSC-NO will require a medical examination by an independent physician who must certify that you are mentally or physically incapacitated for further performance of the duties currently being performed, that the incapacity is likely to be total and permanent, and that you should be retired. If approved, you may continue participation in the insurance plans in effect at the time of your retirement on the ORP.

Survivor Benefits: Your survivor(s) may choose a lump-sum refund or elect to receive a monthly benefit based on the value of your account.

Termination of Employment before Retirement: State law does not permit a lump-sum refund at termination of employment. You retain ownership of your account and you may elect to receive a monthly benefit based on the

value of your account. Funds in your ORP account are eligible for a lump-sum IRA rollover, subject to withdrawal provisions of your ORP carrier. Terminating employment with one covered employer and beginning work with another covered employer does not qualify as termination of employment. Termination of all covered employment means that an ORP member must not be employed by another TRSL reporting agency.

Comparison of TRSL and ORP

TRSL or ORP? The answer should be reached only after you have taken a careful look at your career expectations.

- If you are reasonably certain you will not continue in your current position or do not plan to remain in Louisiana, then you should consider an ORP because your plan will be portable to most other US colleges and universities. If you plan to continue teaching or working in Louisiana, either at a public entity, school, or a state or local government agency, you should consider enrolling in TRSL.
- If you enroll in TRSL, with 5 years of service, you can leave your contributions with TRSL and at age 62 begin receiving a benefit.
- If you enroll in TRSL, you have a period of 5 years in which to transfer the employee portion (not the employer portion) of your retirement contributions into an ORP. Remember: An election to participate in the ORP is irrevocable.
- We recommend that you consider enrolling in Long-Term Disability and Life Insurance since neither TRSL nor ORP provides substantial benefits until you have been contributing for at least 15 years.

BENEFITS COMPARISON—TRSL VS ORP

Teachers' Retirement System of Louisiana (TRSL)	Optional Retirement Plan (ORP)
Defined benefit plan – pension determined by years of service and highest, consecutive three-year average annual salary.	Defined contribution plan – monthly annuity determined by employer and member contributions and investment return on those contributions.
Contributions do not determine benefits. Employee contribution is 8% of salary. Total employer contribution is the same as the Optional Retirement Plan.	Contributions and investment earnings determine benefits. Employee payroll contribution is 8% of salary. LSU contributes 6.2% of your allowable earned compensation for 2019-2020.
Lifetime benefit.	Benefit based on amount of accumulated contributions.
Lifetime benefit payable after 20 years of service or five years of service at age 62.	Lifetime benefit based on accumulated contributions and payable at the member's option, after termination ORP participation.
Guaranteed by the State of Louisiana.	Guaranteed by the solvency of the carrier.
Refund of employee contributions upon request at termination of employment.	Partial lump-sum payout possible at time of retirement. Also, rollover of all or part of the funds to an IRA or qualified plan may be done after termination.
A member has five years after joining TRSL to decide to change to an ORP.	ORP members cannot change their minds and join TRSL. ORP elections are irrevocable.
If a member with five years of service credit dies, survivor benefits are provided for spouse with minor children (10 years of service credit in the case of spouse with no minor children).	Upon the death of a member, amount of the ORP account is paid out in a lump sum or as an annuity.
If a member who joined TRSL on or before December 31, 2010 and has five years of service credit is disabled, he or she will receive disability benefits from TRSL for life. If a member who joined TRSL on or after January 1, 2011 and has ten years of service credit is disabled, he or she will received disability benefits from TRSL for life.	Lifetime benefits based on accumulated contributions and payable at the member's option, after termination of ORP participation. No other disability benefits are included.
Transferrable to other Louisiana public schools, colleges, universities, vocational/technical institutes, and many state agencies.	Portable to most colleges and universities in the United States.
TRSL controls the plan investments, which include your contributions, and bears the risk. The benefits a retiree receives from the TRSL plan are not dependent upon the investment decisions of TRSL or changes in the investment markets.	Members control their investments (See the ORP carrier's brochure for return data).

RETIREMENT PLAN OPTIONS

Unclassified Professional/Academic Employee Options

Eligibility for Temporary/Part-time/Special Circumstances: Membership in a retirement plan is **MANDATORY** for the following employees:

Temporary Employees

- Have a full-time appointment less than 2 years

Part-time Employees

- Faculty member appointed for less than 50% effort (less than 20 hours per week)
- Staff member appointed for less than 51% effort (20 hours or less per week)

Special Circumstances: In addition, the following situations may affect an employees' retirement eligibility and/or options:

- Employees on a F or J visa are eligible to participate in either Social Security or Louisiana Deferred Compensation if "substantial presence" has been met

Retirement Options as a Temporary/Part-time Employee or for the Above Special Circumstances

1. Social Security
2. Louisiana Deferred Compensation Plan
3. Optional Retirement Plan (ORP)

Social Security

According to state and federal laws, as an employee of LSUHSC-NO, you must participate in a retirement plan. If your appointment is considered temporary or part-time for retirement purposes, you will automatically be enrolled into Social Security.

Social Security is the nation's basic method of providing a continuing income when family earnings are reduced or stopped because of retirement, disability, or death. With few exceptions, the State of Louisiana does not participate in the Social Security program. If you are enrolled in a Louisiana State retirement plan, you do not pay Social Security tax; however, you are required to pay the Medicare portion of the FICA tax (1.45% of your salary).

Contributions: Your contribution is 6.2% of gross salary. LSU's share is also 6.2% of your gross salary.

Vesting: Technically, you do not become vested in Social Security. You are only eligible to receive your Social Security benefits once you meet Normal Social Security Retirement Age and have contributed a minimum of 40 quarters into Social Security. For more information, please call Social Security Administration at 1-800-772-1213 or visit www.ssa.gov.

Termination of Social Security Contributions if Employment Ends: If you leave employment with LSUHSC-NO, your Social Security Contributions may not be refunded. You are only eligible to receive benefits once you reach Normal Social Security Retirement Age and have contributed a certain amount of quarters into Social Security. For more information, please call Social Security Administration at 1-800-772-1213 or visit www.ssa.gov.

Employees who Contribute to Social Security for at Least Two Years: Once you have contributed to Social Security for two years with LSUHSC-NO, you will be defaulted into The Teacher's Retirement System of Louisiana (TRSL) defined benefit plan and have the option to change to the Optional Retirement Plan. However, if you are a part-time employee upon continuation, you will continue to participate in Social Security. Once your appointment becomes full-time, you will be defaulted into TRSL with the option to switch to the ORP. Information on TRSL or the ORP can be found on previous pages.

RETIREMENT PLAN OPTIONS

Louisiana Deferred Compensation Plan

In lieu of Social Security, The Louisiana Deferred Compensation Plan is offered as a retirement plan option to part-time or temporary employees and those employees with special circumstances as defined on the previous page.

Effective Date of Enrollment: As a temporary employee you are automatically enrolled into Social Security. If you wish to enroll in Deferred Compensation, you have 30 days from your date of hire to enroll, retroactive to your hire date.

If you wait past your first 30 days of employment to enroll, your effective date will be delayed to the first of the following month and the contributions that were made to Social Security will NOT be transferred into your Deferred Compensation account.

Contributions: Your contribution is 7.5% of your allowable earned compensation. Your employer contributes 6.2% of your allowable earned compensation.

Vesting: Your Deferred Compensation Account is immediately vested.

Termination of Deferred Compensation Contributions if Employment Ends: You will be able to access these funds upon separation from service without any age requirement or penalty. You will be unable to access these funds until you actually separate employment from LSU-HSC-NO.

You Contribute for at Least Two Years: Once you have contributed to Deferred Compensation for two years with LSUHSC-NO, you will be defaulted into The Teacher's Retirement System of Louisiana (TRSL) defined benefit plan and have the option to change to the defined contribution, Optional Retirement Plan. However, if you are a part-time employee upon continuation, you will continue to participate in Social Security. Once your appointment becomes full-time, you will be defaulted into TRSL with the option to change to the ORP.

The Optional Retirement Plan: In lieu of Social Security, the Optional Retirement Plan (ORP) is another alternative to Deferred Compensation that is offered to part-time or temporary employees.

SUPPLEMENTAL RETIREMENT ACCOUNT OPTIONS

Supplemental Retirement

Types of Supplemental Retirement Account Programs: 403(b), Roth 403(b), 457(b), and Roth 457(b)

LSUHSC-NO cannot guarantee the success of the SRA products or the level of service and we urge you to fully review the product before you participate.

Enrolling and/or Inquiries: For employees who are interested in opening a 403 (b) Supplemental Retirement Account, please visit Retirement Manager at www.myretirementmanager.com/myrm/?lsubrpaidd.

For a 457(b) supplemental retirement account, please visit the Deferred Compensation website at www.louisianadcp.com. Your participation is totally voluntary and LSU does not make any contributions on your behalf.

Contributions: The maximum contribution is determined by federal law and is set by the IRS each calendar year. For 2020, that amount is \$19,500 for employees under age 50. For employees age 50 and over, the contribution amount max is \$26,000. You are eligible to maximize contributions to both a 403(b) and 457(b) account at the same time. Employees may switch supplemental retirement account vendors at any point during the year. Contributions can be made on a pre-tax basis, or after-tax basis or a combination of the two. Although this option does not change how much you can contribute, it does give you more control over when your contributions and retirement income will be subject to federal income tax.

403(b)

The 403(b) plan is now enhanced to give you even more flexibility and 24 hour access through Retirement Manager. Retirement Manager allows employees participating in a 403(b), and Roth 403(b) access to their accounts in a convenient, secure, Web-base anytime and anywhere, 24 hours a day, seven days a week. Simply go to www.myretirementmanager.com/myrm/?lsubrpaidd.

Application access includes:

- Learn more about your retirement savings plan(s)
- View aggregate balance information across all active, and legacy 403(b) investment providers
- Request a Distribution Eligibility Certificate for the following transactions:
 - Loan
 - Hardship Withdrawal
 - In-Service Exchange
 - Start or change contribution amounts
 - Request a Distribution Eligibility Certificate for Severance of Employment

All approved supplemental retirement vendors, TIAA, AIG, and Fidelity offer pre-tax and Roth 403(b) options. Contact information can be found on page 56.

The 403(b) plan offers LSU employees several options in terms of who they can invest their money with. Along with the several companies you have to choose from, you also have numerous funds available to you in which you can diversify your retirement portfolio.

457(b)

The Louisiana Deferred Compensation Plan offers online enrollment and deferral changes for the voluntary 457 (b) pre-tax or Roth supplemental retirement plans. You will be able to transact your Deferred Compensation business online, or in person through your Retirement Plan Counselor."

Go to www.louisianadcp.com, Click on "First Time Visiting?/Let's Get Started" and follow the directions to enroll.

SUPPLEMENTAL RETIREMENT ACCOUNT OPTIONS

Withdrawing Money from your SRA

While Still Employed: The main purpose of the SRA is to help provide you with long-term financial security through current tax-efficient savings. In exchange for the tax breaks the IRS gives you, government regulations limit withdrawals while you are employed. In addition, some investment companies have policy or contract restrictions that may include fees or interest penalties for early withdrawal. Be sure to review the company's policy before making your decision. Withdrawal forms may be requested from your investment company or its representative.

There are instances in which you would be eligible to withdraw this money in the event of a hardship. In order to qualify for a hardship, you must have a verifiable, immediate, and heavy financial need. The withdrawal must be necessary to meet the need; in other words, you are unable to meet the need from any other source. In this case, you can withdraw only your contributions, not the earnings on them.

If you withdraw money from your 403(b) SRA before 59½ you must pay a 10% penalty tax on the amount withdrawn unless the distribution meets one of the following requirements:

- It is due to termination of employment on or after age 55;
- It is in the form of substantially equal payments for life or life expectancy, after termination of employment;
- It is due to disability or death;
- It is for non-reimbursed medical expenses to the extent allowed to be itemized on your income tax return (more than 7.5% of adjusted gross income);
- It is a payment to an alternate payee directed by a qualified domestic relations order (QDRO)

After Termination: If you leave LSUHSC-NO, your deposits to the SRA will stop. The deposits and earnings you have accumulated can be withdrawn and paid to you (or your beneficiary if you die). Contract or policy withdrawal restrictions will apply. Distributions made that are not part of a series of substantially equal payments made over a period of 10 years or more, or that are not required to be made under the IRS minimum distribution rules, may be rolled over to an IRA. You may also elect not to defer any tax liability. Any withdrawals that are not directly rolled over to an IRA or another SRA will be subject to tax withholding of 20%.

In addition, if you are not yet 59½ and do not meet any of the criteria explained under the governmental restrictions outlined below, your distribution from a 403(b) will be subject to a 10% penalty tax according to IRS regulations. This penalty tax is in addition to any contract or policy withdrawal restrictions that may apply.

In the Event of Your Death your beneficiary must contact the investment company or its representative to receive withdrawal information.

When you enroll in an SRA, you will be given a beneficiary designation form that contains all the information for beneficiary election. In the event you want to change your designation of beneficiary, you will need to contact the investment company or its representative.

RETIREMENT PLAN CONTACT INFORMATION

	Contact Information for Vendors available under section ORP, 403(b), and 457(b)		
	ORP Representative	ORP/403(b) Representatives	
Campus	VOYA	TIAA	AIG
LSU Health Sciences Center— New Orleans	Daniel Misse 504-620-5569	Louis Bundy 504-648-4057	Laura Golubev 225-201-1009 Mitchell Tabor 225-201-1009
	403(b) Representative		457(b) Representative
	Fidelity		Louisiana Deferred Comp
	Russell Jeanis 720-403-3807	Zach Klos 504-439-9863	

ORPs are ONLY offered by VOYA, TIAA, and AIG.