

2021 Benefits Guide

Residents (House Officers) and Fellows
of
LSU Health New Orleans

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



LSU Health
NEW ORLEANS

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WELCOME TO LOUISIANA STATE UNIVERSITY

LSU Health New Orleans Payroll

The Payroll Office is responsible for administering, processing, and distributing the monthly, bi-weekly and semi-monthly payrolls for LSU Health New Orleans employees at all affiliated locations.

Direct Deposit

- Participation in the Direct Deposit program is MANDATORY.
- All employees must complete the Direct Deposit Authorization form immediately upon hire.
- A voided check or direct deposit authorization form from your bank must accompany the Authorization form. Deposit slips are not acceptable when setting up a checking account.
- Payroll will direct deposit to any bank or credit union that participates in the ACH program.
- It takes a pay cycle to set up and send pre-notification to the bank account. Therefore, your first paycheck will be a paper check.
- The date that the direct deposit is credited to your bank account is determined by your financial institution.
- The Payroll Office should be notified immediately if there is a change to your direct deposit account.

Pay Dates

Residents and Fellows (House Officer 8, 9 and 10)

Paid Semi-Monthly: 15th and the last working day of each month (24 pay periods per calendar year).

Research Fellows

Paid Monthly: Paid the last working day of each month, except the month of December. December paychecks are released on the first working day of the following January. Wages are taxable in the year in which they are received.

Payroll Office Contacts

noacctpayroll@lsuhsc.edu

Arlene Wehle , Director of Accounting Services

Yolandis Gilmore, Payroll Manager

Briana Bell, Sr. Staff Accountant

Office: Library/Resource Center, 6th Floor, Suite 611
433 Bolivar Street, New Orleans LA 70112
8:00am – 4:30pm
Phone: 504-568-8460
Fax: 504-568-2366

WELCOME TO LOUISIANA STATE UNIVERSITY

Resident (House Officer) and Fellow Benefits Offered Through LSU

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:

Employee Health Insurance Plans

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

Employee Tax-Saving Benefit Programs:

- Premiums Only Plan
- Healthcare Spending Account
- Dependent Care Spending Account

Employee Voluntary Benefits:

- Accident Protection Plan
- Accidental Death and Dismemberment
- Critical Illness Protection Plan
- Dental
- Long-Term Care
- Long-Term Disability (House Officer and Employee Plans)
- Term Life Insurance
- Vision

Employee Retirement Plan Options:

- Social Security
- Louisiana Deferred Compensation 457(b)
- Supplemental Retirement

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: <http://www.lsuohsc.edu/administration/hrm/>. Although LSU 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. LSU 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.

HRM/Benefits Office Contacts

	nohrmbenefits@lsuhsc.edu	
Alicia Breazeale , Asst. Director	abreaz@lsuhsc.edu	504-568-8742
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Laurie Kirzner , Benefits Consultant	lkirzn@lsuhsc.edu	504-568-8741
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Maddie Hopkins , Benefits Coordinator	mhopk5@lsuhsc.edu	504-568-7378

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HEALTH INSURANCE BENEFITS

Employee Medical Plans

Eligibility

Any active employee of LSU 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 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 = June 27th
- Effective Date = August 1st

If you need health insurance prior to your coverage effective date, contact Gallagher Benefit Services at lsu.hsc.gbs@ajg.com or 225-906-1280 about Short Term Health Insurance plans*.

Dependent Coverage

An eligible dependent is defined as set forth below:

- The covered Employee's legal spouse;
- A Child, whether biological or adopted, 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). Coverage will take effect the first day of the month following the date of receipt by your Employer of all required forms (or as otherwise specified in the Order).
- 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. The Plan Administrator, in its discretion, may consider applications and attending Physician's information submitted after the Child reaches age 26, if the application and information indicate that the Child's incapacity was present prior to the Child reaching age 26, but was not apparent or diagnosed until after the Child reached age 26.
- Upon receipt of the application for continued coverage, the Plan Administrator may require additional medical documentation regarding the Dependent Child's mental 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 LSU First joins the majority of public and private health benefit programs by requiring proof that the dependents covered are legal dependents of the Employee.

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.

*LSUHSC and the State of Louisiana do not sponsor a Short Term Health Insurance Plan. These programs are individually underwritten and intended to cover participants for a short duration for transition of one insurance coverage to another. Our consultant partners with Gallagher Benefit Services can assist you in navigating the marketplace for this type of program.

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):

NOTE: Social Security cards are required for all enrollees to ensure accurate 1095-C reporting.

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 handicap 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.

It may take several months to obtain necessary documents to verify the status of your dependents. For information about recovering copies of lost vital records, visit the OGB website at www.groupbenefits.org.

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. Coverage will be effective as of the date of the event when a change form is submitted within 30 days. Failure to submit paperwork 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.

Deleting Dependents: In order to delete 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
- Over-age children
- Children no longer dependent on you or your spouse for support
- Deceased spouse or child
- Gain of other insurance coverage

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 19.

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.*
- On the last day 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.

**If you are an academic employee who terminates employment at the end of the academic year, your coverage may be extended through September 30th of the same year. See your Human Resource Management Department for more information.*

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 LSU. If your surviving spouse or dependent later become 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 LSU.

HEALTH INSURANCE PLAN OPTIONS

LSU 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, LSU 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 LSU, 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 LSU 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 Benefits 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. (see pages 14-15 for more details)

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 and 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 and 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 (Limited) - 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 a 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.

Vantage 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 LSU. For more detailed information and to search for providers in each Plan, you may contact the Health Plans directly.

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	https://www.lsu.edu/lsufirst/
Office of Group Benefits	1-800-272-8451	https://info.groupbenefits.org/
Blue Cross and Blue Shield of Louisiana	1-800-392-4089	https://www.bcbsla.com/ogb
Vantage	1-888-823-1910	https://www.vantagehealthplan.com/ogb

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 I (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 3/1/13)		Actives		Actives and Non-Medicare Retirees (retirement date after 3/1/13)		Actives and Non-Medicare Retirees (retirement date after 3/1/13)		Actives and Non-Medicare Retirees (retirement date after 3/1/13)		Actives and Non-Medicare Retirees (retirement date after 3/1/13)	
Plan Design	Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Employee	\$ 300	\$ 300	\$ 2,000	\$ 4,000	\$ 2,000	\$ 4,000	\$ 400	No Coverage	\$ 400	No Coverage	\$ 900	\$ 900	\$ 400	\$ 2,000
Employee + Spouse	\$ 750	\$ 750	\$ 4,000	\$ 8,000	\$ 4,000	\$ 8,000	\$ 800	No Coverage	\$ 800	No Coverage	\$ 1,800	\$ 1,800	\$ 800	\$ 4,000
Employee + Child(ren)	\$ 750	\$ 750	\$ 4,000	\$ 8,000	\$ 4,000	\$ 8,000	\$ 1,200	No Coverage	\$ 1,200	No Coverage	\$ 2,700	\$ 2,700	\$ 1,200	\$ 6,000
Employee + Family	\$ 1,000	\$ 1,000	\$ 4,000	\$ 8,000	\$ 4,000	\$ 8,000	\$ 1,200	No Coverage	\$ 1,200	No Coverage	\$ 2,700	\$ 2,700	\$ 1,200	\$ 6,000
			HRA dollars will reduce this amount		HSA dollars will reduce this amount									
	Maximum Out of Pocket		Maximum Out of Pocket		Maximum Out of Pocket		Maximum Out of Pocket		Maximum Out of Pocket		Maximum Out of Pocket		Maximum Out of Pocket	
Employee	\$ 4,300	\$ 7,300	\$ 5,000	\$ 10,000	\$ 5,000	\$ 10,000	\$ 2,300	No Coverage	\$ 3,300	No Coverage	\$ 3,500	\$ 4,700	\$ 3,500	\$ 5,000
Employee + Spouse	\$ 6,750	\$ 11,250	\$ 10,000	\$ 20,000	\$ 10,000	\$ 20,000	\$ 3,000	No Coverage	\$ 6,000	No Coverage	\$ 6,000	\$ 8,500	\$ 6,000	\$ 13,000
Employee + Child(ren)	\$ 6,750	\$ 11,250	\$ 10,000	\$ 20,000	\$ 10,000	\$ 20,000	\$ 7,300	No Coverage	\$ 8,300	No Coverage	\$ 8,500	\$ 12,250	\$ 8,500	\$ 13,000
Employee + Family	\$ 9,000	\$ 13,000	\$ 10,000	\$ 20,000	\$ 10,000	\$ 20,000	\$ 7,300	No Coverage	\$ 8,300	No Coverage	\$ 8,500	\$ 12,250	\$ 8,500	\$ 13,000
	Includes HRA and Deductible													
	State Funding		State Funding		State Funding		State Funding		State Funding		State Funding		State Funding	
Employee	\$1,000		\$1,000		\$775		Not Available		Not Available		Not Available		Not Available	
Employee + Spouse	\$1,300		\$2,000		\$775		Not Available		Not Available		Not Available		Not Available	
Employee + Child(ren)	\$1,300		\$2,000		\$775		Not Available		Not Available		Not Available		Not Available	
Employee + Family	\$2,000		\$2,000		\$775		Not Available		Not Available		Not Available		Not Available	
	Remaining balance will be rolled over, up to a maximum amount		Funding not applicable to Pharmacy Expenses		\$200, plus up to \$375 more dollar-for-dollar match of employee contributions		Not Available		Not Available		Not Available		Not Available	
Physicians' Services	Coverage		Coverage		Coverage		Coverage		Coverage		Coverage		Coverage	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Primary Care Physician or Specialist	First Choice: 100% coverage after HRA Verity/Aetna: 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 a \$25 PCP or \$30 SPC co-pay per visit	No Coverage	100% coverage after a \$25 PCP or \$30 SPC co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$10 AHN/\$25 PCP or \$35 AHN/\$30 SPC co-pay per visit	30% coverage; subject to Out-of-Network deductible
Maternity Care	First Choice: 100% coverage after HRA Verity/Aetna: 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 a \$90 co-pay per pregnancy	No Coverage	100% coverage after a \$90 co-pay per pregnancy	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$10 AHN/\$25 co-pay per pregnancy	30% coverage; subject to Out-of-Network deductible
Physician Services Furnished in a Hospital	First Choice: 100% coverage after HRA Verity/Aetna: 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 I deductible	30% coverage; subject to Out-of-Network deductible
Preventive Care	100% coverage; NOT subject to HRA or deductible	100% coverage; subject to MRC*	100% coverage; NOT subject to deductible	100% of fee schedule amount Plan participant pays the difference between the billed amount and the fee schedule amount; NOT subject to deductible	100% coverage; NOT subject to deductible	100% of fee schedule amount Plan participant pays the difference between the billed amount and the fee schedule amount; NOT subject to deductible	100% coverage; NOT subject to deductible	No Coverage	100% coverage; NOT subject to deductible	No Coverage	100% coverage; NOT subject to deductible	70% coverage; subject to deductible	100% coverage; NOT subject to deductible	30% coverage; subject to Out-of-Network deductible

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 Verity/Aetna: 80% coverage; subject to deductible	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 I deductible	30% coverage; subject to Out-of-Network deductible			
Outpatient Surgery/Services (billed as outpatient surgery at a facility)	First Choice: 100% coverage after HRA Verity/Aetna: 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 I deductible	30% coverage; subject to Out-of-Network deductible
Hospital Services	Coverage		Coverage		Coverage		Coverage		Coverage		Coverage		Coverage	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Inpatient Services	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	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; after a \$100 co-pay per day. \$300 per admission max	No Coverage	100% coverage; after a \$100 co-pay per day. \$300 per admission max	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible + \$30 co-pay per day (days 1-3)	100% coverage after a \$30 AHN/\$100 co-pay per day max \$130 AHN/\$300 per admission; not subject to deductible	30% coverage; subject to Out-of-Network deductible
Outpatient Surgery/Services (billed at a hospital)	First Choice: 100% coverage after HRA Verity/Aetna: 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 a \$100 facility co-pay per visit	No Coverage	100% coverage; after a \$100 facility co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$30 AHN/\$100 co-pay	30% coverage; subject to Out-of-Network deductible
Emergency Room Care	First Choice: 100% after \$130 co-pay Verity/Aetna: 80% coverage after \$130 co-pay; subject to deductible; co-pay waived if admitted	80% coverage after \$130 co-pay; subject to deductible and MRC*; co-pay waived if admitted	80% coverage; subject to deductible	100% coverage after \$130 co-pay per visit; waived if admitted	100% coverage after \$130 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	90% coverage after \$130 co-pay; waived if admitted.	90% coverage after \$130 co-pay; waived if admitted.	100% coverage after \$200 co-pay per visit; waived if admitted.	100% coverage after \$130 co-pay per visit; not subject to deductible			
Behavioral Health	Coverage		Coverage		Coverage		Coverage		Coverage		Coverage		Coverage	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Mental Health and Substance Abuse - Inpatient	First Choice: 100% coverage after HRA Verity/Aetna: 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 \$100 co-pay per day. \$300 per admission max	No Coverage	100% coverage after \$100 co-pay per day. \$300 per admission max	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible + \$30 co-pay per day (days 1-3)	100% coverage after a \$30 AHN/\$100 co-pay per day max, \$130 AHN/\$300 per admission; not subject to deductible	30% coverage; subject to Out-of-Network deductible
Mental Health and Substance Abuse - Outpatient	First Choice: 100% coverage after HRA Verity/Aetna: 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 \$25 co-pay per visit	No Coverage	100% coverage after \$25 co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$10 AHN/\$25 PCP	30% coverage; subject to Out-of-Network deductible

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 Verity/Aetna: 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 \$25 co-pay per visit	No Coverage	100% coverage; after a \$25 co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$10 AHN/\$25 co-pay per visit	30% coverage; subject to Out-of-Network deductible
Routine Vision Exam	100% coverage; NOT subject to HRA or deductible	100% coverage; subject to MRC*	No Coverage		No Coverage		No Coverage		No Coverage		No Coverage		Exam: \$35 AHN/\$50 copay per visit; Eye-wear: 50% coinsurance, with a \$100 benefit max; not subject to deductible	30% coverage; subject to Out-of-Network deductible
Urgent Care Center	First Choice: 100% coverage after HRA Verity/Aetna: 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 \$50 co-pay per visit	No Coverage	100% coverage; after \$50 co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after \$50 co-pay per visit	30% coverage; subject to Out-of-Network deductible
Home Health Care Services	First Choice: 100% coverage after HRA Verity/Aetna: 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 I deductible	No Coverage
Hospice Care	First Choice: 100% coverage after HRA Verity/Aetna: 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 I deductible	No Coverage
Durable Medical Equipment (DME)	First Choice: 100% coverage after HRA Verity/Aetna: 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 \$5,000 allowable; 100% in excess of \$5,000 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	30% 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		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		Preferred Generics: \$0 AHN/\$10 copay	
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		Preferred Brand: \$63 copay	
Tier 3 - Non-Preferred Brand	20% up to \$150; subject to deductible		65% up to \$80		\$50; subject to deductible		65% up to \$80		65% up to \$80		65% up to \$80		Non-Preferred Brand: \$100 copay	
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		Specialty: \$150 copay	
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		Preferred Generics \$0 AHN co-pay; Tiers 1-4: 3 copays; Tier 5 Specialty: 100-day mail order not available	
After the out-of-pocket threshold of \$1,500 is met:														
Tier 1 - Generic	N/A		\$0 co-pay		N/A		\$0 co-pay		\$0 co-pay		\$0 co-pay		N/A	
Tier 2 - Preferred Brand	N/A		\$20 co-pay		N/A		\$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		N/A	
Tier 4 - Specialty	N/A		\$40 co-pay		N/A		\$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.



LSU First Health Plan
Benefit Snapshot (01/01/2021 - 12/31/2021)

Putting You First

- First Choice providers covered at 100%* (after HRA is exhausted)
- Generic prescriptions covered at 100% (after HRA is exhausted)
- Unlimited annual and lifetime maximum benefits
- No referrals needed for specialists

Preventive Care: Covered at 100% with First Choice and In-Network providers

Well-child care:

- 6 visits age 0-12 months
- 3 visits age 12-36 months
- Annual visits from 36 months to age 18
- Common Immunizations and screenings

Adult Preventive Care (age 16+):

- Routine exams
- Common Immunizations and screenings
- Annual pap smear/pelvic exam
- Age-appropriate diagnostic screenings (mammogram, colonoscopy, etc)

1 Health Reimbursement Account (HRA)

- Benefit dollars allocated for you and your family
- Pays 100% of eligible medical and pharmacy expenses until exhausted
- Unused dollars, up to a maximum, will roll over for future use

	Employee	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
Annual HRA Contribution	\$1,000	\$1,500	\$1,500	\$2,000

2 Deductible—Member Responsibility

- Covered Services received from First Choice Providers* and Generic Drugs are covered at 100%
- After your HRA is exhausted, you pay for medical and pharmacy expenses until you have met your Deductible

	Employee	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
Option 1	\$500	\$750	\$750	\$1,000

3 Medical and Prescription Drug Coverage

- Covered Services received from First Choice Providers and Generic Drugs are covered at 100%
- After your HRA is exhausted and you meet your Deductible, LSU First pays 80% of eligible in-network charges; you pay the remaining 20%. LSU First pays 60% of eligible Medical out-of-network charges**; you pay the remaining 40% and anything over the Maximum Allowable Charge.
- After your HRA is exhausted and you meet your Deductible, Brand Name and Specialty drugs are covered at 80%. You pay 20% up to a maximum of \$150 for a 30-day supply.
- If you meet the Maximum Out-of-Pocket, covered Medical and Prescription Drug services will be covered at 100%.

Maximum Out-of-Pocket: includes your HRA, deductible and coinsurance

	Employee	Employee/Spouse	Employee/Child(ren)	Employee/Family
Option 1	In: \$4,500 Out: Unlimited	In: \$6,750 Out: Unlimited	In: \$6,750 Out: Unlimited	In: \$9,000 Out: Unlimited

* \$150 Emergency Room Co-Pay applies, waived if admitted

**Based on the Maximum Allowable Charge

How it Works Employee Only

1 LSU Pays \$1,000 for all covered services

You Pay \$500 for non-First Choice Providers, Brand Name and Specialty medications

3 LSU and You Share Medical:
100% First Choice
80%/20% In-Network
60%/40% Out-of-Network**

Pharmacy:
100% Generic medications
80%/20% Brand Name and Specialty medications (up to \$150 for a 30-day supply)

100% Medical and Prescription Drug coverage after you reach your Maximum Out-Of-Pocket

Preventive Care Covered at 100%

First Choice Providers and Generic Drugs Covered at 100% after HRA

Online Resources

lsu.edu/lsufirst

The LSU First website allows you to understand how the plan works, search for providers, and get information such as the Summary Plan Document, Premiums, Forms, and Annual Notices.

lsufirst.webtpa.com

Once registered, the WebTPA portal allows you to track your HRA and deductible balances, view claims, and print an ID card.

medimpact.com

Once registered, you can look up prescription drug costs, compare prices for medications, view your medication history, find a pharmacy, and reference formulary information. You can also order mail-order prescriptions and track your shipments.



Important Facts About LSU First

1 The LSU First Team

The LSU First team is comprised of the following partners working together for your health care benefits:

- **LSU**—LSU is financially responsible for paying your claims
- **WebTPA**—Medical Claims Administrator. They have a dedicated team of employees for LSU to answer your calls and process your claims
- **eQHealth**—Medical Management and Care Coordination. They certify pre-authorizations and proactively reach out to members with specific health care risks
- **MedImpact**—Pharmacy Benefits Manager. They provide customer service and administer prescription programs such as Step Therapy, Prior Authorization and Drug Quantity Management. They also provide mail order services for home delivery of maintenance and specialty medications.
- **Verity HealthNet**—Local Network Administrator for the First Choice and Verity networks
- **Aetna ASA**—National Network Administrator and web-based Employee Assistance Program (EAP) provider

2 Networks

The LSU First Health Plan utilizes the following Networks:

- **First Choice (FC)**—The FC Network is a network of local providers. Services are covered at 100% after your HRA is exhausted. This means you pay no out of pocket for covered services with these providers.
- **Verity HealthNet**—The Verity Network is a network of local providers. After your HRA is exhausted and you meet your deductible, the Plan will pay 80% and you are responsible for 20%.
- **Aetna ASA**—The Aetna ASA Network is your nationwide network. After your HRA is exhausted and you meet your deductible, the Plan will pay 80% and you are responsible for 20%.
- **Out-of-Network**—Any providers not participating in the above networks will be considered Out-of-Network. This may include ancillary services, such as radiology, anesthesiology, etc. After your HRA is exhausted and you meet your deductible, the Plan will pay 60% of the MRC.

3 Employee Resources

Looking to make resolutions that improve your quality of life? Take advantage of *My Life Values*, your **Employee Assistance Program (EAP)**, provided by Aetna. This web-based tool can help with a variety of issues including financial management, short-term counseling and gym discounts. Visit www.mylifevalues.com for more information.

Username: *peaceofmind* Password: *solutions*

SparkPeople is the world's largest healthy living community with a free online diet and fitness program. They offer meal plans and a calorie counter, along with active support message boards and personalized fitness plans with FitBit integration. You can join by visiting **WebTPA's online portal** (lsufirst.webtpa.com) and clicking the SparkPeople icon.

4 LSU First Medicare Retiree Plan

LSU First continues to partner with UnitedHealthcare® to provide LSU First Medicare-eligible retirees, and all eligible dependents, with the **LSU First Medicare Retiree Plan** for your health and prescription drug coverage. You must be entitled to Medicare Part A, enrolled in Medicare Part B and continue to pay your Part B premium to be eligible for coverage. To learn about plan benefits, find a provider or look up prescription medications, you can contact UnitedHealthcare at 1-800-457-8506 or visit www.uhcretiree.com/lsufirst.

WebTPA Customer Service: 1.855.346.5781
LSU First Member Advocate: 1.866.607.5325
bac.lsu@ajg.com
lsufirst@lsu.edu

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 LSU First						
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

**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	Magnolia Open Access	Vantage Medical Home HMO
12 Month Employee Share							
Employee Only	\$199.42	\$116.90	\$67.58	\$158.56	\$187.08	\$194.48	\$186.66
Employee + Spouse	\$576.56	\$379.72	\$219.66	\$515.14	\$607.64	\$631.80	\$606.32
Employee+ Children	\$287.02	\$168.34	\$97.40	\$228.20	\$269.26	\$279.96	\$268.64
Employee + Family	\$690.26	\$406.80	\$235.30	\$551.98	\$651.06	\$676.96	\$649.64
State Share							
Employee Only	\$598.26	\$350.74	\$202.88	\$475.80	\$561.38	\$583.58	\$560.18
Employee + Spouse	\$975.42	\$613.56	\$354.94	\$832.32	\$982.02	\$1,020.94	\$979.84
Employee + Children	\$685.84	\$402.20	\$232.66	\$545.46	\$643.52	\$669.04	\$642.16
Employee + Family	\$1,089.08	\$640.68	\$370.60	\$869.14	\$1,025.44	\$1,066.08	\$1,023.16
Total Premium							
Employee Only	\$797.68	\$467.64	\$270.46	\$634.36	\$748.46	\$778.06	\$746.84
Employee + Spouse	\$1,551.98	\$993.28	\$574.60	\$1,347.46	\$1,589.66	\$1,652.74	\$1,586.16
Employee + Children	\$972.86	\$570.54	\$330.06	\$773.66	\$912.78	\$949.00	\$910.80
Employee + Family	\$1,779.34	\$1,047.48	\$605.90	\$1,421.12	\$1,676.50	\$1,743.04	\$1,672.80

TAX - SAVER FLEXIBLE BENEFITS PLAN

Types of Tax-Saver Plans

Premiums Only Plan: Your premiums for medical, dental, vision, and life insurance offered through the Office of Group Benefits 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 on this page). 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 https://www.lsuhsu.edu/administration/hrm/flexible_spending_accounts.aspx.

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 LSU 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

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

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 month following 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 (see page 19).

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.

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 \$50,000 and is in a 15% tax bracket:

	With FSA	Without FSA
Gross Monthly Pay Minus FSA Contribution	\$4,167 - \$200	\$4,167 N/A
Taxable Income Minus Taxes	\$3,967 -\$595	\$4,167 -\$625
Net Income Plus FSA Reimbursement	\$3,372 +\$200	\$3,542 N/A
Total Monthly Pay	\$3,572	\$3,542
Monthly tax savings = \$30.00 Annual tax savings = \$360.00		

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

Types of Flexible Spending Accounts

Healthcare Spending Account

Minimum Annual Contribution: \$100

Maximum Annual 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 22 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 Annual Contribution: \$100

Maximum Annual 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 \$50,000 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 childcare, 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 1st 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 LSU 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 (for academic employees who terminate employment at the end of the academic year, coverage may extend through September 30th of the same year).
- When you are no longer eligible for coverage.
- When you cease making the required contribution.
- When LSU 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 LSU 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	
Identify Protection	Indentity Force	
Long Term Care	UNUM	100057
Long-Term Disability	UnitedHealthcare	303972
LSU Term Life Insurance and AD&D	UnitedHealthcare	303972
OGB Term Life Insurance and AD&D	Prudential	33624
Vision	EyeMed	

ACCIDENT PROTECTION PLAN

LSU 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 LSU 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 https://www.lsuhs.edu/administration/hrm/accident_protection.aspx

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

For a video overview of this benefit, please visit www.brainshark.com/UHCSB/LSU_ACCIDENT

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



ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (STAND-ALONE AD&D)

LSU partners with **UnitedHealthcare** to provide you and your family with valuable Accidental Death and Dismemberment (AD&D) 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 LSU 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 children are enrolled for coverage
- Eligible children = 15% your principal sum or 10% if your spouse is enrolled 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, intentional self-inflicted injury, 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: Please see Plan Document for details.

- Child Care Benefit
- Repatriation Benefit
- Common Carrier Hazard Benefit
- Education Benefit

For Additional Information

1-888-299-2070

For a video overview of this benefit, please visit www.brainshark.com/UHCSB/LSU_ADD

Benefit Amount	Employee Only	Family	Benefit Amount	Employee Only	Family
\$27,500	\$0.52	\$0.77	\$165,000	\$3.14	\$4.62
\$55,000	\$1.05	\$1.54	\$220,000	\$4.18	\$6.16
\$82,500	\$1.57	\$2.31	\$275,000	\$5.23	\$7.70
\$110,000	\$2.09	\$3.08	\$300,000	\$5.70	\$8.40

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

Additional 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 1st.

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

LSU partners with **UnitedHealthcare** 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 LSU 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 1st

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 LSU 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 all In-Network and Out-of-Network services after the calendar year maximum us 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.

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

For Additional Information

1-800-233-4013

www.HumanaDental.com



IDENTITY THEFT PROTECTION

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.

LSU 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. And, for full-time employees, child(ren) up to age 26 are covered at no cost under ChildWatch.

Full-time employees can enroll or cancel this benefit at any time. Premiums will be payroll deducted. Enrollments or cancellations by the end of the calendar month are effective the first of the following calendar month. Example, if you enroll during the month of October, your coverage is effective November 1st.

Plan Options

There are two Identity Theft Protection 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.

Plan Options	UltraSecure	UltraSecure + Credit
Employee	\$9.96	\$16.96
Employee + Family	\$19.92	\$33.92
Children	FREE	FREE

For Additional Information

1-877-694-3367

www.identityforce.com



IdentityForce.

LONG-TERM CARE INSURANCE

LSU 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 grandparents. If you and your spouse are both LSU 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

Important Note Regarding Long-Term Disability Insurance

You are covered for long-term disability, at no cost, through the Graduate Medical Education (GME) office. You also have the option to purchase the employee-paid plan. If you are covered by both plans, only one plan will pay you a benefit.

If you waive coverage under the employee-paid plan and later transition to a LSU faculty position with no break in employment, you will no longer be covered by the GME-paid plan and you may be subject to underwriting review to enroll in the employee-paid plan.

GME-Paid Long-Term Disability Insurance

Residents (House Officers) and Fellows are automatically provided long-term disability coverage through the GME office. There is no cost to you for this benefit. If you become disabled and qualify for benefits under this plan, you will receive 60% of your monthly salary up to a maximum of \$5,000 per month. A brochure for the GME Long-Term Disability plan is included in your GME folder.

Employee-Paid Long-Term Disability Insurance

LSU 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 LSU. 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 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:

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

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 salary. Calculate your premium as follows:

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

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

For Additional Information

1-888-299-2070

For a video overview of this benefit, please visit www.brainshark.com/UHCSB/LSU_Disability



TERM LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

LSU 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 LSU.

Who Can Elect Term Life Insurance and AD&D 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 and AD&D 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 may 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 is an option that allows you to continue your Life Insurance coverage. This option 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 & ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

What is the Living Benefits Option? If you are diagnosed as terminally ill with a 12-month life expectancy, you may be eligible to receive payment of a portion of your Life Insurance. The remaining amount of your Life Insurance would be paid to your beneficiary when you die.

Are any resources available for beneficiaries? UnitedHealthcare provided grief, legal and financial counseling to beneficiaries. UnitedHealthcare offers this program at no cost. Services include unlimited phone contact, assessment, and action planning, up to five face-to-face sessions, referrals, and more.

For Additional Information

- 1-888-299-2070
- For a video overview of this benefit, please visit www.brainshark.com/UHCSB/LSU_Life_ADD

Term Life Insurance for Children				
Coverage amount for each eligible dependent child	\$5,000	\$10,000	\$15,000	\$20,000
Monthly Premium	\$0.35	\$0.70	\$1.05	\$1.40

Term Life Insurance Monthly Premiums		
Age	Employee Rate Per \$10,000	Spouse Rate Per \$5,000
<25	\$0.32	\$0.16
25-29	\$0.39	\$0.20
30-34	\$0.45	\$0.23
35-39	\$0.57	\$0.29
40-44	\$0.71	\$0.36
45-49	\$1.00	\$0.50
50-54	\$1.70	\$0.85
55-59	\$2.60	\$1.30
60-64	\$3.94	\$1.97
65-69	\$6.50	\$3.25
70-74	\$12.23	\$6.12
75-79	\$20.46	\$10.23
80-84	\$36.33	\$18.17
85+	\$68.66	\$34.33



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 50% 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 before-tax basis by enrolling in the Cafeteria Plan.

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 January 1st following your 65th birthday, the amount of insurance is reduced by 25%.
- On January 1st following your 70th birthday, the amount of insurance is reduced by an additional 25% (total 50% reduction from the original amount).
- If retired, Accidental Death and Dismemberment will end on January 1st following your 70th birthday.
- If still employed at 70, coverage terminates on the last date of the month in which retirement occurs.

Employees who participate in either the basic or supplemental life insurance programs are eligible to participate in the dependent life insurance offered as a part of the State Employee's Group Benefits Program.

- 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.

Coverage Levels and Rates

Coverage Type	Level of Coverage	Cost Per Month
BASIC PLAN		
Employee Coverage	\$5,000.00	*refer to the Premium Rate Schedule on next page
Dependent Coverage	Option 1: \$1,000 for Spouse & \$500 for each eligible child	\$1.36
	Option 2: \$2,000 for Spouse and \$1,000 for each eligible child	\$2.72
BASIC PLUS SUPPLEMENTAL PLAN		
Employee Coverage	Max of \$50,000 (amount based on employee's annual salary).	*refer to the Premium Rate Schedule on next page
Dependent Coverage	Option 1: \$2,000 for Spouse and \$1,000 for each eligible child	\$2.72
	Option 2: \$4,000 for Spouse and \$2,000 for each eligible child	\$5.44



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



Annual Earnings** From - To	Maximum Insurance	Age Group-40 & Younger		Age Group-41 - 45		Age Group-46 - 50		Age Group-51 - 55		Age Group-56 - 60		Age Group-61 - 64		
		Employee Share	Total Premium	Employee Share	Total Premium	Employee Share	Total Premium	Employee Share	Total Premium	Employee Share	Total Premium	Employee Share	Total Premium	Employee Share
Basic Life	\$5,000	\$0.30	\$0.60	\$0.80	\$1.60	\$0.90	\$1.80	\$1.80	\$3.60	\$2.30	\$4.60	\$5.10	\$5.10	\$10.20
Basic & Supplemental Life	\$5,000	\$0.36	\$0.72	\$0.96	\$1.92	\$1.08	\$2.16	\$2.16	\$4.32	\$2.76	\$5.52	\$6.12	\$6.12	\$12.24
\$2,000.01 - \$2,666.66	\$6,000	\$0.42	\$0.84	\$1.12	\$2.24	\$1.26	\$2.52	\$2.52	\$5.04	\$3.22	\$6.44	\$7.14	\$7.14	\$14.28
\$2,666.67 - \$3,333.33	\$7,000	\$0.48	\$0.96	\$1.28	\$2.56	\$1.44	\$2.88	\$2.88	\$5.76	\$3.68	\$7.36	\$8.16	\$8.16	\$16.32
\$3,333.34 - \$4,000.00	\$8,000	\$0.54	\$1.08	\$1.44	\$2.88	\$1.62	\$3.24	\$3.24	\$6.48	\$4.14	\$8.28	\$9.18	\$9.18	\$18.36
\$4,000.01 - \$4,666.66	\$9,000	\$0.60	\$1.20	\$1.60	\$3.20	\$1.80	\$3.60	\$3.60	\$7.20	\$4.60	\$9.20	\$10.20	\$10.20	\$20.40
\$4,666.67 - \$5,333.33	\$10,000	\$0.66	\$1.32	\$1.76	\$3.52	\$1.98	\$3.96	\$3.96	\$7.92	\$5.06	\$10.12	\$11.22	\$11.22	\$22.44
\$5,333.34 - \$6,000.00	\$11,000	\$0.72	\$1.44	\$1.92	\$3.84	\$2.16	\$4.32	\$4.32	\$8.64	\$5.52	\$11.04	\$12.24	\$12.24	\$24.48
\$6,000.01 - \$6,666.66	\$12,000	\$0.78	\$1.56	\$2.08	\$4.16	\$2.34	\$4.68	\$4.68	\$9.36	\$5.98	\$11.96	\$13.26	\$13.26	\$26.52
\$6,666.67 - \$7,333.33	\$13,000	\$0.84	\$1.68	\$2.24	\$4.48	\$2.52	\$5.04	\$5.04	\$10.08	\$6.44	\$12.88	\$14.28	\$14.28	\$28.56
\$7,333.34 - \$8,000.00	\$14,000	\$0.90	\$1.80	\$2.40	\$4.80	\$2.70	\$5.40	\$5.40	\$10.80	\$6.90	\$13.80	\$15.30	\$15.30	\$30.60
\$8,000.01 - \$8,666.66	\$15,000	\$0.96	\$1.92	\$2.56	\$5.12	\$2.88	\$5.76	\$5.76	\$11.52	\$7.36	\$14.72	\$16.32	\$16.32	\$32.64
\$8,666.67 - \$9,333.33	\$16,000	\$1.02	\$2.04	\$2.72	\$5.44	\$3.06	\$6.12	\$6.12	\$12.24	\$7.82	\$15.64	\$17.34	\$17.34	\$34.68
\$9,333.34 - \$10,000.00	\$17,000	\$1.08	\$2.16	\$2.88	\$5.76	\$3.24	\$6.48	\$6.48	\$12.96	\$8.28	\$16.56	\$18.36	\$18.36	\$36.72
\$10,000.01 - \$10,666.66	\$18,000	\$1.14	\$2.28	\$3.04	\$6.08	\$3.42	\$6.84	\$6.84	\$13.68	\$8.74	\$17.48	\$19.38	\$19.38	\$38.76
\$10,666.67 - \$11,333.33	\$19,000	\$1.20	\$2.40	\$3.20	\$6.40	\$3.60	\$7.20	\$7.20	\$14.40	\$9.20	\$18.40	\$20.40	\$20.40	\$40.80
\$11,333.34 - \$12,000.00	\$20,000	\$1.26	\$2.52	\$3.36	\$6.72	\$3.78	\$7.56	\$7.56	\$15.12	\$9.66	\$19.32	\$21.42	\$21.42	\$42.84
\$12,000.01 - \$12,666.66	\$21,000	\$1.32	\$2.64	\$3.52	\$7.04	\$3.96	\$7.92	\$7.92	\$15.84	\$10.12	\$20.24	\$22.44	\$22.44	\$44.88
\$12,666.67 - \$13,333.33	\$22,000	\$1.38	\$2.76	\$3.68	\$7.36	\$4.14	\$8.28	\$8.28	\$16.56	\$10.58	\$21.16	\$23.46	\$23.46	\$46.92
\$13,333.34 - \$14,000.00	\$23,000	\$1.44	\$2.88	\$3.84	\$7.68	\$4.32	\$8.64	\$8.64	\$17.28	\$11.04	\$22.08	\$24.48	\$24.48	\$48.96
\$14,000.01 - \$14,666.66	\$24,000	\$1.50	\$3.00	\$4.00	\$8.00	\$4.50	\$9.00	\$9.00	\$18.00	\$11.50	\$23.00	\$25.50	\$25.50	\$51.00
\$14,666.67 - \$15,333.33	\$25,000	\$1.56	\$3.12	\$4.16	\$8.32	\$4.68	\$9.36	\$9.36	\$18.72	\$11.96	\$23.92	\$26.32	\$26.32	\$53.04
\$15,333.34 - \$16,000.00	\$26,000	\$1.62	\$3.24	\$4.32	\$8.64	\$4.86	\$9.72	\$9.72	\$19.44	\$12.42	\$24.84	\$27.34	\$27.34	\$55.08
\$16,000.01 - \$16,666.66	\$27,000	\$1.68	\$3.36	\$4.48	\$8.96	\$5.04	\$10.08	\$10.08	\$20.16	\$12.88	\$25.76	\$28.36	\$28.36	\$57.12
\$16,666.67 - \$17,333.33	\$28,000	\$1.74	\$3.48	\$4.64	\$9.28	\$5.22	\$10.44	\$10.44	\$20.88	\$13.34	\$26.68	\$29.38	\$29.38	\$59.16
\$17,333.34 - \$18,000.00	\$29,000	\$1.80	\$3.60	\$4.80	\$9.60	\$5.40	\$10.80	\$10.80	\$21.60	\$13.80	\$27.60	\$30.60	\$30.60	\$61.20
\$18,000.01 - \$18,666.66	\$30,000	\$1.86	\$3.72	\$4.96	\$9.92	\$5.58	\$11.16	\$11.16	\$22.32	\$14.26	\$28.52	\$31.62	\$31.62	\$63.24
\$18,666.67 - \$19,333.33	\$31,000	\$1.92	\$3.84	\$5.12	\$10.24	\$5.76	\$11.52	\$11.52	\$23.04	\$14.72	\$29.44	\$32.64	\$32.64	\$65.28
\$19,333.34 - \$20,000.00	\$32,000	\$1.98	\$3.96	\$5.28	\$10.56	\$5.94	\$11.88	\$11.88	\$23.76	\$15.18	\$30.36	\$33.66	\$33.66	\$67.32
\$20,000.01 - \$20,666.66	\$33,000	\$2.04	\$4.08	\$5.44	\$10.88	\$6.12	\$12.24	\$12.24	\$24.48	\$15.64	\$31.28	\$34.68	\$34.68	\$69.36
\$20,666.67 - \$21,333.33	\$34,000	\$2.10	\$4.20	\$5.60	\$11.20	\$6.30	\$12.60	\$12.60	\$25.20	\$16.10	\$32.20	\$35.70	\$35.70	\$71.40
\$21,333.34 - \$22,000.00	\$35,000	\$2.16	\$4.32	\$5.76	\$11.52	\$6.48	\$12.96	\$12.96	\$25.92	\$16.56	\$33.12	\$36.72	\$36.72	\$73.44
\$22,000.01 - \$22,666.66	\$36,000	\$2.22	\$4.44	\$5.92	\$11.84	\$6.66	\$13.32	\$13.32	\$26.64	\$17.02	\$34.04	\$37.74	\$37.74	\$75.48
\$22,666.67 - \$23,333.33	\$37,000	\$2.28	\$4.56	\$6.08	\$12.16	\$6.84	\$13.68	\$13.68	\$27.36	\$17.48	\$34.96	\$38.76	\$38.76	\$77.52
\$23,333.34 - \$24,000.00	\$38,000	\$2.34	\$4.68	\$6.24	\$12.48	\$7.02	\$14.04	\$14.04	\$28.08	\$17.94	\$35.88	\$39.78	\$39.78	\$79.56
\$24,000.01 - \$24,666.66	\$39,000	\$2.40	\$4.80	\$6.40	\$12.80	\$7.20	\$14.40	\$14.40	\$28.80	\$18.40	\$36.80	\$40.80	\$40.80	\$81.60
\$24,666.67 - \$25,333.33	\$40,000	\$2.46	\$4.92	\$6.56	\$13.12	\$7.38	\$14.76	\$14.76	\$29.52	\$18.86	\$37.72	\$41.82	\$41.82	\$83.64
\$25,333.34 - \$26,000.00	\$41,000	\$2.52	\$5.04	\$6.72	\$13.44	\$7.56	\$15.12	\$15.12	\$30.24	\$19.32	\$38.64	\$42.84	\$42.84	\$85.68
\$26,000.01 - \$26,666.66	\$42,000	\$2.58	\$5.16	\$6.88	\$13.76	\$7.74	\$15.48	\$15.48	\$30.96	\$19.78	\$39.56	\$43.86	\$43.86	\$87.72
\$26,666.67 - \$27,333.33	\$43,000	\$2.64	\$5.28	\$7.04	\$14.08	\$7.92	\$15.84	\$15.84	\$31.68	\$20.24	\$40.48	\$44.88	\$44.88	\$89.76
\$27,333.34 - \$28,000.00	\$44,000	\$2.70	\$5.40	\$7.20	\$14.40	\$8.10	\$16.20	\$16.20	\$32.40	\$20.70	\$41.40	\$45.90	\$45.90	\$91.80
\$28,000.01 - \$28,666.66	\$45,000	\$2.76	\$5.52	\$7.36	\$14.72	\$8.28	\$16.56	\$16.56	\$33.12	\$21.16	\$42.32	\$46.92	\$46.92	\$93.84
\$28,666.67 - \$29,333.33	\$46,000	\$2.82	\$5.64	\$7.52	\$15.04	\$8.46	\$16.92	\$16.92	\$33.84	\$21.62	\$43.24	\$47.94	\$47.94	\$95.88
\$29,333.34 - \$30,000.00	\$47,000	\$2.88	\$5.76	\$7.68	\$15.36	\$8.64	\$17.28	\$17.28	\$34.56	\$22.08	\$44.16	\$48.96	\$48.96	\$97.92
\$30,000.01 - \$30,666.66	\$48,000	\$2.94	\$5.88	\$7.84	\$15.68	\$8.82	\$17.64	\$17.64	\$35.28	\$22.54	\$45.08	\$49.98	\$49.98	\$99.96
\$30,666.67 - \$31,333.33	\$49,000	\$3.00	\$6.00	\$8.00	\$16.00	\$9.00	\$18.00	\$18.00	\$36.00	\$23.00	\$46.00	\$51.00	\$51.00	\$102.00

*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 or 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

LSU 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 LSU 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 1st.

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 Wal-Mart, LensCrafters, Pearle Vision, and Target optical. Your Plan offers a selection of designer, name brand frames that are completely covered in full.

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
1-800-638-3120

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 Fit and Follow-Up	Included 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 LSU must participate in a retirement plan. To assist you in reviewing your plan options, below is a list of retirement plans available to Residents (House Officers) and Fellows.

Fellows paid by stipend are exempt from retirement contributions.

Retirement Plan Options

Social Security

Social Security is your default retirement. Under this option, you will pay a 6.2% tax.

Louisiana Deferred Compensation 457(b)

You may elect to participate in Louisiana Deferred Compensation 457(b) in lieu of Social Security. Under this plan, you will be subject to 7.5% pre-tax payroll contributions.

The 457(b) plan is a retirement account through the State of Louisiana Deferred Compensation Plan. There is no employer match for participants. Your 457(b) account is immediately vested. Contributions are invested in options offered by Empower Retirement, the exclusive provider.

Accumulated contributions including investment earnings may be withdrawn at termination of service without penalty. However, applicable federal and state taxes must be paid on withdrawn funds. Funds can be released 30 days after termination.

Termination of employment with the LSU System would also allow you to roll your contributions over to an IRA or any other qualified plan or receive a cash distribution without an early withdrawal penalty.

Both a 457(b) brochure and enrollment form are included in your GME folder. More information on the 457(b) plan as a supplemental retirement option can be found on pages 38-39.

Employees on Visas

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.

Medicare Tax

All employees are required to pay the 1.45% Medicare tax.

SUPPLEMENTAL RETIREMENT ACCOUNT OPTIONS

Supplemental Retirement

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

LSU 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/?lsunono.

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. You will need an enrollment code which can be found on the LSUHSC Human Resource webpage [Deferred Compensation Online Enrollment](#)

Contributions: The maximum contribution is determined by federal law and is set by the IRS each calendar year. For 2021, 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 provides employees participating in a 403(b), and Roth 403(b) web-based access to their accounts conveniently, securely, anytime and anywhere, 24 hours a day, seven days a week. Simply go to:

<https://www.myretirementmanager.com/myrm/?lsunono>.

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 40.

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.



SUPPLEMENTAL RETIREMENT ACCOUNT OPTIONS

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 “Register” and follow the directions to enroll. You will need an enrollment code which can be found on the LSUHSC Human Resource webpage [Deferred Compensation Online Enrollment](#)



Benefits of a Supplemental Retirement Account (SRA)

The 403(b) and 457(b) plans allow you to set aside a portion of your salary before federal and state income taxes are paid. This deferred salary (before-tax deduction) is placed into an investment account of your choice. Participating in an SRA allows you to delay payment of taxes on the money you invest and any interest that money has earned until later - usually at retirement.

- Decide how much to save (subject to the minimum and maximum deposit limitations).
- Decide the type of investment vehicle to use for your deposits.
- Increase, decrease, stop, or resume deposits any time you choose.
- Select from a variety of settlement options upon termination. Your policy/contract may include these options and more:
 - An immediate lump-sum cash settlement
 - An annuity settlement
 - Installments for a selected period
 - A survivor annuity
- Designate a beneficiary for the death benefit related to your SRA. You also have the right to select an installment or annuity;

Example Assuming \$200/Month (\$2,400/year) Savings

	With SRA	Without SRA
Monthly Salary (Gross Pay)	\$4,167	\$4,167
Less 403(b) or 457(b) Savings	- \$200	N/A
Taxable Income	\$3,967	\$4,167
Federal Tax*	\$596	\$625
Monthly tax savings = \$29.00		
Annual tax savings = \$348.00		

*Assumes federal tax bracket of 15% savings. Will be greater for person in higher tax brackets.

SUPPLEMENTAL RETIREMENT ACCOUNT OPTIONS

Annuity Contracts

There are two types of annuity contracts: fixed annuities and variable annuities.

Fixed annuities provide a guarantee of principal and a guaranteed rate of return. Fixed annuities also provide for fixed periodic payments at retirement and a specific rate of return for a certain period of time. At retirement, you can select from several payment options, depending on the investment contract or policy you have chosen.

Variable annuities invest mainly in stocks, bonds, and money market funds and do not have a fixed rate of return or a guarantee of principal. The amount of money you receive at retirement or your monthly retirement payments will vary, depending on the investment performance of the fund. This type of investment relies on growth over a period of time to increase the value of the fund. There are no guarantees that your account will grow; the value of your account can go up or down with the investment performance of the fund.

Some of the companies offer a combination of both fixed and variable annuities. You may specify the percent or amount of each deposit that is to be invested in each account.

Mutual Funds

The custodial accounts available through the mutual fund companies are very similar to the variable annuity option described above. The value of your account can go up or down with the investment performance of the fund.

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 LSU, 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 403(b) and 457(b)			
403(b) Representatives			
Campus	Fidelity	TIAA	AIG
LSUHSC (New Orleans)	<p>Russell Jeanis Cell: 720-403-3807 russell.jeanis@fmr.com</p>	<p>Louis Bundy Cell: 504-249-4704 Office: 504-648-4057 louis.bundy@tiaa.org</p>	<p>Mitchell R. Tabor Cell: 504-810-8626 Office: 225-201-1009 mitchell.tabor@aig.com</p> <p>Laura Golubev Cell: 318-205-6509 Office: 225-201-1009 laura.golubev@aig.com</p>
	457(b) Representative		
	Louisiana Deferred Comp		
	<p>Zach Klos Office: 225-663-5502 Cell: 504-439-9863 Zach.klos@empower-retirement.com</p>		