



2026

Benefits Enrollment

Louisiana State
University Health
Sciences Center
New Orleans

LSU Health
NEW ORLEANS



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

MEDICAL BENEFITS OVERVIEW

Blue Cross and Blue Shield of Louisiana is proud to serve the healthcare needs of LSUHSC students. Your Blue Cross plan offers many benefits and features, including:

- A large network of doctors and hospitals
- Physician office visits
- Direct access to specialty care without a referral
- Prenatal care
- Preventive and wellness services
- Pharmacy benefits
- Mental health counseling
- Substance abuse services
- Online tools to help you get the most from your health plan
- An ID card recognized across the globe
- Local customer service

ELIGIBILITY

Any registered student, who is enrolled in a participating college/program and actively attending classes for at least thirty-one (31) days after the effective date of coverage under this benefit plan. International and domestic students must purchase the Basic Blue Plan or provide proof of comparable coverage to the LSU Health Sciences Center. House officers, fellows and post-doctoral fellows actively attending classes may purchase the plan on a voluntary basis. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The servicing agent should be notified at that time by the student. Students who enroll in the plan may secure family coverage. Eligible dependents must enroll in the plan when the student first enrolls in the plan, and must enroll for the same coverage as the student.

Newly born infants will be covered automatically for thirty (30) days from birth or until the child is well enough to be discharged from the Hospital or neonatal Special Care Unit to his/her home, whichever is longer, provided that the covered parent has notified AJ Gallagher of the birth of the Child.



COVERAGE PERIODS

ENROLLMENT PERIOD

Domestic and international students must provide proof of comparable coverage or purchase the student health insurance plan offered through LSUHSC prior to start of academic enrollment for each program. Coverage for spouse and dependents require a completed enrollment form and the proper premium remitted to the servicing agent within 60 days of the effective date of coverage. If enrollment does not occur within the periods specified, students and eligible dependents will only be permitted to enroll within 31 days of involuntary loss of group coverage under another insurance plan, marriage or birth or adoption of child.

Effective and Expiration Dates

The coverage effective and expiration dates for each college/program are listed below. Coverage is subject to eligibility and premium payment requirements.

COLLEGE/PROGRAMS:

SEMI-ANNUAL COVERAGE PERIODS		College/Program	Effective Date	Expiration Date
FALL		Allied Health	07-01-26	12-31-26
		School of Dentistry	07-01-26	12-31-26
		Graduate Studies	07-01-26	12-31-26
		School of Medicine	07-01-26	12-31-26
		School of Nursing	07-01-26	12-31-26
		Resident/Post Grads	07-01-26	12-31-26
		School of Public Health	07-01-26	12-31-26
SPRING		College/Program	Effective Date	Expiration Date
		Allied Health	01-01-27	06-30-27
		School of Dentistry	01-01-27	06-30-27
		Graduate Studies	01-01-27	06-30-27
		School of Medicine	01-01-27	06-30-27
		School of Nursing	01-01-27	06-30-27
		Resident/Post Grads	01-01-27	06-30-27
		School of Public Health	01-01-27	06-30-27
SUMMER ONLY COVERAGE PERIOD		College/Program	Effective Date	Expiration Date
Newly Enrolled Students Only		Allied Health	05-01-27	06-30-27
		School of Dentistry	05-01-27	06-30-27
		Graduate Studies	05-01-27	06-30-27
		School of Medicine	05-01-27	06-30-27
		School of Nursing	05-01-27	06-30-27
		Resident/Post Grads	05-01-27	06-30-27
		School of Public Health	05-01-27	06-30-27



BLUE CROSS GIVES YOU COVERAGE WHEN -AND WHERE- YOU NEED IT MOST

You can't predict when you might need to visit a doctor or pharmacy. That's why Blue Cross gives you access to healthcare at home and abroad.

Network Benefits

Blue Cross members may access the Preferred Care network of doctors, hospitals and allied healthcare professionals. Network providers will submit your claims for you. To find a Blue Cross doctor or hospital nearby, visit www.bcbsla.com and click on **FIND A DOCTOR**.

Your Student Health Centers offer several convenient campus locations where you may receive network benefits, including:

- Physician office visits
- Preventive and treatment options
- Pharmacy services
- Mental health counseling
- Substance abuse services
- Referrals available for mental health and substance abuse counseling

Care Away From Home

If you're outside of Louisiana and need medical care, your benefits travel with you. Your Blue Cross plan is part of a single electronic network linking Blue Cross and Blue Shield plans across the nation – and in more than 200 countries and territories worldwide. To locate a doctor or hospital outside of Louisiana, visit www.bcbsla.com/findcare or call the BlueCard Access line at **800.810.BLUE (2583)**.

CUSTOMER SERVICE

Louisiana Blue members can use the [MyLABlue](#) digital platform (app or online portal).

- Visit [MyLABlue](#)
- If your account was created before September 1, 2026, you need to make a new account log in.
- Select sign up and follow the instructions

With [MyLABlue](#) digital platform you can manage your family's health better by viewing their claims, benefits, cost, deductibles, prior authorizations, medical histories and more!

- Get instant access to your digital ID card anytime, anywhere, for you and all your plan dependents.
- Easily view your medical authorization, check status, and receive update real-time

ONLINE: www.bcbsla.com

BY PHONE: 800.495.blue (2583)

STUDENT HEALTH SERVICES

Seton Building 3rd Floor
478 S. Johnson St.
New Orleans, LA 70112

Monday - Friday
8:00 a.m. to 4:30 p.m.

Phone:
504.568.1800

Email:
studenthealthstaff@lsuhsc.edu

Schedule an Appointment:
504.412.1366



Access to Student Health Clinics in Baton Rouge and Shreveport

Please note that **only medical students in Baton Rouge** and students enrolled at the **Off-Campus Instructional Sites in Baton Rouge and Shreveport** are eligible to seek treatment at the student health clinics located in these areas.

These clinics are managed independently by their respective campuses and are **not affiliated** with our student health clinic.

Below, you will find information regarding the **addresses and operating hours** for these clinics:

A&M student clinic: <https://lsu.edu/shc/>

For LSU Primary Care:

Student Health Center Location for Baton Rouge

The LSU Student Health Center is located on the corner of Infirmary Lane and West Chimes Street, across from the School of Music on the north side of campus.

If this is your first time scheduling an appointment, call 225-578-6716.

If you have completed your first appointment and have an existing account, visit the MyChart Portal to make an appointment.

<https://lsu.edu/shc/appointments.php>

Hours of Operation:

Monday-Friday 8AM - 5PM (Fall & Spring)

<https://lsu.edu/shc/contact/index.php>

Shreveport student clinic: <https://shps.lsuhs.edu/student-resources/current-students/student-health-services>

In case of Needle Stick Injury



Needle Stick Incident & Accident Reporting





GET CARE WITHOUT LEAVING HOME WITH LOUISIANA BLUE TELEHEALTH SERVICES

Louisiana Blue has multiple in-network providers who offer telehealth services. With telehealth, you can get care from anywhere using a device that has internet and a camera (phone, laptop, tablet). Some providers do phone-only telehealth visits, too.

Telehealth visits with network providers are as legitimate as an in-person visit and a good option to treat routine, nonemergency medical conditions like pink eye, mild stomach viruses, cold or flu symptoms, allergies, cough, bladder infections, rashes and more. Many Louisiana Blue providers offer physical therapy, occupational therapy or nutrition counseling services through telehealth. Providers can write or refill prescriptions for most conditions in a telehealth visit.

Telehealth services are also a good option for behavioral healthcare. This gives members the ability to speak with a counselor, therapist, psychiatrist or other behavioral health provider in a private setting.

Louisiana Blue members can use the **MyLABlue** digital platform (app or online portal) to find in-network providers who offer telehealth services:

- Log into your account and select “Find a Provider” from the top navigation or sidebar menu
- Choose the “Telehealth” category button to see a list of all the providers in your network who offer care virtually

To search Louisiana Blue’s online provider directory and look for in-network providers located in Louisiana offering telehealth services:

- Visit findcare.lablue.com
- Select your Louisiana Blue health plan network and enter the city/state/ZIP code where you want to get care
- Click the “Telehealth” category button to see a list of all providers in your network who offer care virtually, OR
- Search for providers by name, specialty (e.g. behavioral health) or location to see if they offer telehealth services – telehealth providers will have “Offers Virtual Care” in their directory entry

To find out-of-state telehealth services, use the national Blue Cross Blue Shield directory at <https://provider.bcbs.com>. Members must choose a provider who is in the state the member is physically located in at the time of the telehealth visit.

Visit lablue.com/telehealth for more information.



ONLINE HEALTH & WELLNESS EDUCATIONAL TOOLS

With **Blue Cross and Blue Shield of Louisiana** you can get the resources you need to commit to healthier, happier living. Explore the **Wellness** section to find:

Wellness Discounts offered through Blue 365 – Special savings for Blue Members on services like:

- Fitness club memberships
- Athletic wear and gear
- Diet and weight-control programs
- Laser vision correction
- Hearing care and senior care

Wellness Support – Find a schedule that reminds you of the preventive health screenings you should have at every age to stay on top of your health. Also, explore a listing of events and resources in your region.

To access more Blue365 information, visit www.blue365deals.com/BCBSLA

ACTIVATE YOUR ONLINE ACCOUNT

You can register for an online account by visiting www.blue365deals.com/BCBSLA.

Click JOIN BLUE365

Verify Member Access

Use your first 3-digit Id card prefix, your email, and create a password



MEDICAL SUMMARY OF BENEFITS

Administered by Blue Cross and Blue Shield of LA

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way-especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	BASIC BLUE PLAN	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible - Aggregate	\$0 Individual \$0 Family	\$1,000 Individual \$3,000 family
Annual Out-of-Pocket Maximum	\$2,750 Individual \$5,500 Family	\$5,500 individual \$11,000 family
Coinsurance	100%	70%
OFFICE VISITS AND PREVENTATIVE CARE		
Physician Office Visit	\$25 copay per visit	Deductible then 30%
Allied Health Office Visit	\$25 copay per visit	Deductible then 30%
Quality Blue Primary Care (QBPC)	\$10 Primary Care copay per visit	Not Available
Specialist Office Visit	\$40 copay per visit	Deductible then 30%
Wellness Visit	\$0 copay per visit - 100%	Deductible then 30%
Lab and Low Tech X-Ray (Includes Independent Facility)	Plan pays 100%	Deductible then 30%
High Tech X-Ray Services (Includes Independent Facility)	Plan pays 100%	Deductible then 30%
OUTPATIENT SERVICES PERFORMED AT AN OUTPATIENT FACILITY		
Facility Charges	\$350 copay	Deductible then 30%
Professional Services	Plan pays 100%	Deductible then 30%
Lab and X-Ray	Plan pays 100%	Deductible then 30%
INPATIENT SERVICES (NON-PARTICIPATING HOSPITAL PENALTY WILL ALSO APPLY)		
Hospital	\$350 per day for the first (3) days of admission	Deductible then 30% + Non-Participating Penalty
Professional Services	Plan pays 100%	Deductible then 30%
OTHER COVERED SERVICES		
Prenatal Visits and Delivery	\$40 copay per pregnancy	Deductible then 30%
Emergency Room	\$350 copay per visit / waived if admitted	
Urgent Care	\$40 copay per visit	Deductible then 30%
Speech Therapy (Excludes Inpatient)	\$25 copay per visit	Deductible then 30%
Physical/Occupational Therapy (Excludes Inpatient)	\$25 copay per visit	Deductible then 30%
Ambulance Service	\$50 copay per day per provider	Deductible then 30%
Prosthetic Appliances & Orthotic Devices	Plan pays 80%	Deductible then 30%
Durable Medical Equipment	Plan pays 80%	Deductible then 30%
BENEFITS THAT REQUIRE AUTHORIZATION (DOES NOT INCLUDE LIST OF OUTPATIENT SERVICES OR DRUGS REQUIRING AUTHORIZATION)		
Organ and Tissue Transplants	Plan pays 100%	Not Available
Skilled Nursing Facility	Plan pays 100%	Deductible then 30%
Home Health	Plan pays 100%	Deductible then 30%
Hospice	Plan pays 100%	Deductible then 30%



PRESCRIPTION DRUG BENEFITS

Administered by Blue Cross and Blue Shield of LA

There are two ways to fill your prescriptions:

1. Bring your prescription to a network pharmacy and pay one copayment to cover up to a 30- or 90-day supply (or manufacturer's recommended dosage); or
2. For maintenance drugs and the convenience of mail order delivery, you pay a copayment equal to three times the retail copayment for up to a 90-day supply (or manufacturer's recommended dosage).

PRESCRIPTION DRUG COVERAGE			
Tier Level	Description	Retail Copay (up to 30-day supply)	Mail Order Copay (up to 90-day supply)
Tier 1	Primarily generic drugs, although some brand-name drugs may fall into this tier	\$7	\$21
Tier 2	Primarily brand-name drugs, although some generic drugs may fall into this tier	\$30	\$90
Tier 3	Brand-name or generic drugs that may have a therapeutic alternative as a Tier 1 or Tier 2 drug; covered compounded drugs are included in this tier	\$70	\$210
Tier 4	A prescription drug that is a multi-source brand drug	10% Specialty with \$150 maximum	N/A

Questions About Your Prescription Drug Coverage?

Create an online account

- Visit the Express Scripts, Inc. at www.express-scripts.com

Call Express Scripts

- Customer Service at 1-866-781-7533 or the Pharmacy number on your ID card



Get Rx drugs delivered right to your door.

Home delivery from the Express Scripts Pharmacy* provides a convenient way for you to get prescription drugs you take often to treat ongoing health problems.

With home delivery you can get...

- Up to a three-month supply of traditional drugs
- Up to a one-month supply of specialty drugs

Your plan might allow a different monthly supply. Check your plan details to find out how much you can have delivered.

Log in or call to sign up for home delivery:



Express-Scripts.com
Click Prescriptions then
Pharmacy Options



Express Scripts mobile app
Tap on Transfer to
Home Delivery



1-866-781-7533
(the Pharmacy number
on your ID card)



MORE FEATURES:

- No lines at the pharmacy.
- Free standard delivery.
- You can talk to a pharmacist 24/7, if you have questions about your drug.

When you can expect delivery:

- It takes about two days for the pharmacy to fill your order (or contact you if there's a problem).
- Your drugs should arrive in about one to two weeks.
- You can check your order status anytime online.

Learn more ways to manage your meds at lablue.com/medtips.



04HQ1915 R09/25 *Express Scripts is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. are independent licensees of the Blue Cross Blue Shield Association.



NEEDLESTICK BENEFIT

Administered by Blue Cross and Blue Shield of LA

Needlestick injuries that expose students to blood-borne pathogens are an important public health concern and Blue Cross Blue Shield of Louisiana offers a separate Needlestick benefit, which is available on the Basic Blue Plan or as a standalone option. This benefit provides coverage for Eligible Students for testing and prophylactic treatment of blood borne diseases following at risk contact with blood or other bodily fluids from human or animal sources. The contact may include, but is not limited to, needlesticks. This benefit will cover 100% of the Blue Cross and Blue Shield of Louisiana Allowable Charge for the physical evaluation, Physician office visit, student health clinic, outpatient facility, Hepatitis and HIV Antibody and Antigen tests, and an initial round of Hepatitis B vaccine.

Place of Treatment - According to the Blue Cross Blue Shield of Louisiana Schedule of Benefits, the only claims eligible for 100% coverage are claims submitted with ICD-10 Codes **W46.1XXA, W46.1XXD, W46.1XXS, Z57.8 and Z77.21 regardless of the place of treatment.**

This Benefit Plan does not cover any Inpatient Admission, additional or follow-up testing or treatment not specific to needlesticks, antiviral or antibiotic treatments or pharmacy benefits outside of those specifically listed under the Prescription Drug Benefit section below.

In the case of a needlestick injury, please visit BCBSLA's website at www.bcbsla.com for all in-network providers and facilities. Students who have Medicaid as their primary insurance must present both their needlestick card and their Medicaid card to ALL medical providers.

PRESCRIPTION DRUG BENEFITS

Administered by Blue Cross and Blue Shield of LA

NEEDLESTICK BENEFIT		
Hepatitis/HIV Antibody/Antigen Tests and Vaccines	Plan pays 100%	Plan pays 100% of Allowable Charges
Lab Work	Plan pays 100%	Plan pays 100% of Allowable Charges
Outpatient Facility Charges	Plan pays 100%	Plan pays 100% of Allowable Charges

The needlestick policy offers coverage per occurrence when a student has experienced a needlestick injury. The needlestick policy identification card that students receive in the mail includes information necessary to process pharmacy claims in the event of a needlestick injury.

Bring your prescription to an in-network pharmacy. Please go to www.bcbsla.com to find an in-network pharmacy.

Covered drugs are Prophylaxis Drugs, Truvada and Isentress.

- To be prescribed when a student has come in contact with a potentially contaminated needle during the course of their training.
- Covered at 100%; There is no member cost share.
- Benefit is limited to a 3-day supply per occurrence.

LSUHSC Students are to report the needlestick incident to LSUHSC Student Health at **504.525.4839** or email studenthealthstaff@lsuhsc.edu.



MEDICAL & NEEDLESTICK PLAN COSTS

MEDICAL PLAN PREMIUMS - BLUE CROSS AND BLUE SHIELD OF LA			
	FALL	SPRING	SUMMER (2 MONTHS) New Students Only
Student Only	\$3,882.48	\$3,882.48	\$1,294.16
Spouse	\$3,882.48	\$3,882.48	\$1,294.16
Child / Children	\$3,300.06	\$3,300.06	\$1,100.02
Spouse & Child / Children	\$7,182.60	\$7,182.60	\$2,394.20
Needlestick Benefit	\$16.54	\$16.54	\$5.51

TO ENROLL FOR STUDENT ONLY COVERAGE IN THE MEDICAL OR NEEDLESTICK PLANS, PLEASE CONTACT THE BURSAR’S OFFICE AT LSUHSC N.O.

TO ENROLL IN THE MEDICAL OR NEEDLESTICK PLANS

STUDENTS

If you want to enroll in the medical or needlestick plan, all LSUHSC N.O. students need to apply through the LSUHSC N.O. Bursar’s Office at NOBURSAR@LSUHSC.EDU or [504-568-4694](tel:504-568-4694).

FELLOWS & HOUSE OFFICERS

To enroll in coverage for the medical or needlestick plans, please contact the LSUHSC N.O. Bursar’s Office at NOBURSAR@LSUHSC.EDU or [504-568-4694](tel:504-568-4694).

ELIGIBLE DEPENDENTS

To enroll in coverage for Dependent medical coverage, please contact our local partner Gallagher Benefit Services at lsu.hsc.gbs@ajg.com or [225-906-1227](tel:225-906-1227).

Please note that you must enroll your dependents within 60 days of the effective date of coverage for your specific program, and you must pay the total premium due through the end of the current academic term upon enrollment. Dependents are not covered at any time unless you are also covered.

Please refer to page 3 for a list of programs and effective dates. If enrollment doesn’t occur within those 60 days following the effective dates, you will only be allowed to enroll your dependents within 31 days of an involuntary loss of group coverage or a qualifying life event.

QUESTIONS?

If you have any questions about enrollment or benefits in any of the plans in this brochure, please contact Gallagher Benefit Services at lsu.hsc.gbs@ajg.com or call [225-906-1227](tel:225-906-1227).

QR CODE

Please scan the QR Code to download all Registration Forms





DENTAL BENEFITS

Reliance Standard

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with LSUHSC N.O. voluntary dental benefit plan.

Contract year Deductible Per Member / Per Family	\$50 / \$150 Not Applied to Diagnostic & Preventive Services	
Annual Benefit Maximum Per Member (In-Network & Out-of-Network, Class A, B, C)	\$1,000	
Carryover Benefit	\$250 (Threshold Limit \$500, Carryover Account Maximum \$1,000)	
CONTRACT PAYS		
CLASS A - DIAGNOSTIC & PREVENTIVE CARE	IN NETWORK	OUT OF NETWORK
Routine Oral Exams and Cleanings		
Bitewing X-Rays (once a year)		
Fluoride Treatments (children under 15 only)	90%	90%
Full Mouth X-Rays (once every 3 years)		
CLASS B - BASIC SERVICES		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
CLASS C - MAJOR CARE (12 MONTH WAITING PERIOD)		
Endodontics (Root Canals)	50%	50%

*This is a brief description of your benefits for illustrative purposes only. Please refer to your schedule of benefits for more information.

To Find A Dentist:

Visit reliancematrix.com/individuals/dental-and-vision

Find a Dentist

Looking for a network provider? Use our online directory to find a dentist.

Or call 800-497-7044.

Dental and Vision Member Account Registration

With your member account, you can access ID cards, view plan details, track claims and find helpful resources, all in one place.

Follow this step-by-step instructions to register and create your member account.

- Visit reliancematrix.com/individuals/dental-and-vision
- In the 'Member Services' section select the 'Member Services' link.
- Click 'Register / Click member or dependent / then fill out the required fields.

VISION BENEFITS

Reliance Standard

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. Keep your eyes healthy with LSUHSC N.O. voluntary vision benefit plan.

	In Network	Out of Network
COPAYMENTS (12 MONTHS FREQUENCY)		
Eye Examinations	\$10 copay	\$10 copay
Materials (Lenses and/or Frames)	\$10 copay	\$10 copay
EYEGLASS BENEFIT - FRAMES (12 MONTHS FREQUENCY)		
Frame	\$150 Retail Allowance	up to \$70 allowance
EYEGLASS BENEFIT - SPECTACLE LENSES (12 MONTHS FREQUENCY)		
Lenses (Single, Bifocal, Trifocal)	Covered by copay	up to \$30, \$50, \$65 allowance
Lenticular Lens Upgrade	Covered by copay	up to \$100 allowance
Progressive Lens Upgrade	*See lens options	*See lens options
CONTACT LENS BENEFIT (IN LIEU OF EYEGLASSES) (12 MONTHS FREQUENCY)		
Elective Contact Lenses	up to \$150 allowance	up to \$120 allowance
Medically Necessary Contact Lenses (with prior approval)	Covered by copay	up to \$210 allowance

*This is a brief description of your benefits for illustrative purposes only. Please refer to your schedule of benefits for more information.

VSP Choice Network + Affiliates (Other than Costco)

VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.

To Find A Vision Provider:

Visit reliancematrix.com/individuals/dental-and-vision

Find a PPO Vision Provider

For policyholders with Vision PPO option, the following websites contain lists of PPO providers in your area:

VSP: Vision Care for Life®

Find a Doctor – Search Now

Or Call 800-877-7195



VOLUNTARY DENTAL & VISION PLAN COSTS

DENTAL PLAN PREMIUMS - VOLUNTARY - RELIANCE STANDARD				
	ANNUAL	FALL	SPRING	SUMMER (2 MONTHS)
Student Only	\$314.28	\$157.14	\$157.14	\$52.38
Student + One	\$628.44	\$314.22	\$314.22	\$104.74
Student + Two or More	\$1,116.48	\$558.24	\$558.24	\$186.08

VISION PLAN PREMIUMS - VOLUNTARY - RELIANCE STANDARD				
	ANNUAL	FALL	SPRING	SUMMER (2 MONTHS)
Student Only	\$114.84	\$57.42	\$57.42	\$19.14
Student + One	\$218.40	\$109.20	\$109.20	\$36.40
Student + Two or More	\$368.04	\$184.02	\$184.02	\$61.34

TO ENROLL IN THE VOLUNTARY DENTAL OR VISION PLAN

Gallagher Student Health & Special Risk (GSH) a division of Arthur J. Gallagher, will manage the Voluntary Dental & Vision on-line enrollment process.

Students should enroll and pay for their own coverage at <https://www.gallagherstudent.com/lsu-no> and follow these steps:

- If this is your first time creating an account, click on the "Sign up" button and complete the "User Registration" form and create a new account.
- If you already have an account, click on the "Log in" button.
- Enter your email address and password.
- If you have forgotten your password, click on the "forgot your password" option and follow the instructions to create a new one.
- After logging in, select the coverage you want to enroll in, such as "Dental/Vision."
- Complete the on-line enrollment form with the required information.
- Choose your preferred method of payment: e-check or credit card.
- Proceed with the payment process according to the selected method.
- Follow any additional instructions or prompts provided on the website to finalize your enrollment and payment.

You need to enroll yourself and your dependents within 60 days of the effective date of coverage for your specific program. Please refer to page 3 for a list of programs and effective dates.

For more detailed benefit information, select "Plan Highlights" and select the plus (+) sign next to Reliance Standard Vision and Dental.



MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

Coverage for Mental Health & Substance Abuse Care is paid the same as, or better than any other illness.

Mental Health Counseling

- Emotional Difficulties
- Stress
- Substance Abuse

COPAYMENTS

A copayment is a fixed dollar amount that you pay for a covered service or prescription drug. Copayments are available for most services in the network. These copayment amounts are detailed throughout this booklet and in your benefit plan.

DEDUCTIBLES AND COINSURANCE

A benefit period is defined as a calendar year: January 1 through December 31. For new members, your benefit period begins on your effective date of coverage and ends on December 31. You pay a coinsurance, which means your costs are shared with Blue Cross. Once you have reached your annual out-of-pocket maximum, Blue Cross will pay 100 percent of the allowable charges for your covered benefits. Please see your benefit plan for specific details on your deductible, coinsurance percentage and annual maximums.

OUT-OF-NETWORK BENEFITS

If you receive care outside of the Preferred Care PPO network, you will first have to meet the \$1,000 out-of-network deductible (\$3,000 for families), then pay a percentage of the remaining balance for most services.

URGENT CARE BENEFITS

There may be instances when you need non-emergency medical care after hours. This is referred to as “urgent care.” Examples of urgent care include, but are not limited to: colds and flu, sprains, stomachaches and nausea. Urgent care centers offer extended office hours to patients on an unscheduled basis without the need for an appointment.

EMERGENCY CARE BENEFITS

As always, in emergency situations the first priority is to seek treatment at the nearest facility. Please call your physician within 48 hours after seeking emergency treatment. Authorization for an emergency inpatient admission must be requested within 48 hours of hospital admission.

PREVENTIVE CARE

Blue Cross is committed to preventive care. Detecting illnesses in their earlier stages ensures better health for our members and reduces medical costs for everyone. To promote preventative care, Blue Cross plans cover a full array of wellness services

The Patient Protection and Affordable Care Act brought changes to the healthcare industry. The list below is a sample of preventive services available to our customers and their enrolled dependents at no out-of-pocket cost when obtained from a network provider.

Network Care:

- \$0 copayment for one routine physical exam
- Routine gynecological exams
- Pap smear
- Routine mammography exam, if ordered by a physician
- Well-baby care for dependent children
- Immunizations recommended by a physician
- Prostate (PSA) screening test
- Routine hemocult (colon) test for adult men and women
- Lab and low-tech X-ray services covered at 100 percent
- Vision impairment screening

QUALITY BLUE PRIMARY CARE (QBPC)

To maximize and improve healthcare services delivered to their customers, Blue Cross is working closely with primary care doctors in our network and making your health information – like medical claims for treatment - available so your doctor has a fuller picture of your health and history when you go in for appointments. This saves you time and effort, so you can spend office visits talking with your doctor about your needs or questions.

You'll get help and coaching to be as healthy as you can be: Between appointments, you can talk with a Blue Cross nurse who will be your health coach, help you stick to your care plan and give you the support you need to achieve your health goals.

You have a team behind you: Blue Cross collaborates with your QBPC doctor's office, working together to improve your health and help you stay on top of your wellness.

To find out if your doctor is enrolled in QBPC, you can check the online provider directory, where BCBSLA has a blue “Q” to show which doctors are participating. Quality Blue Primary Care (QBPC) doctor's will charge you a cheaper copayment of \$10 each visit.



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NOTICE OF PLAN CHANGES

Louisiana State University Health Sciences Center New Orleans

Please read this information carefully.

Blue Cross and Blue Shield of Louisiana (Louisiana Blue) and HMO Louisiana, Inc. are committed to improving the health and lives of Louisianians. We are dedicated to this mission and to providing coverage that meets the healthcare needs and budgets of your employees and their families.

Louisiana Blue has served our communities since 1934, and we are working hard to provide you and your employees with the tools and information needed to stay healthy. We take this responsibility seriously and appreciate your confidence in us to deliver the best possible healthcare solutions for your business.

To keep costs under control, improve the quality of care for your employees, and comply with the Affordable Care Act (ACA) and other healthcare reform laws, we are implementing the benefit changes outlined below for Fully Insured Groups. **These changes will become effective upon your group's anniversary date in 2026.**

Please review all information below and discuss any benefit changes with your producer and/or your Louisiana Blue Representative.

This Notice of Plan Changes is for informational purposes.

Call us if you have questions.

Please contact your Louisiana Blue Representative if you have any questions about the information. Thank you again for allowing us the opportunity to serve you.

Alexandria: (318) 448-1660
Baton Rouge: (225) 295-2556
Lake Charles: (337) 562-0595
Houma: (985) 223-3499
Lafayette: (337) 232-7527
Monroe: (318) 323-1479
New Orleans: (504) 832-5800
Shreveport: (318) 795-0573

2026 Benefit Changes Applicable to Both Grandfathered and Non-Grandfathered Medical Plans

Updates to Acthar® Coverage	Current:	Coverage for the prescription drug Acthar® is based on Company Medical Policy.
	2026:	Acthar Medical Policy will remain in effect. An exclusion will be added to contract book excluding coverage except for when the drug is Medically Necessary to treat infantile spasms in children less than two.
	What this means:	Acthar will be a non-covered benefit unless it's Medically Necessary to treat infantile spasms in those less than two years of age. This is not a common drug.

Revised 3/2026

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75-Mile Out-of-Network Provider Access	Current:	Benefits are paid at the highest level when care is received from a Network Provider. A request to visit a Non-Network Provider may be made if no Network Provider is available within 75 miles of the member's home.
	2026:	Requests will be denied if a Network Provider can offer the same Medically Necessary services within the distance the member is willing to travel. Please refer to the updated Care Management section of your contract book for additional information. Example: If the requested Non-Network Provider is 100 miles away and a Network Provider offering the same Medically Necessary services is available closer, approval will not be granted.
	What this means:	Members should always seek to obtain services from Network providers to receive the highest level of benefits.

2026 Mandated Benefits

The benefit changes listed below will be added to and/or revised in policies for 2026. Additional benefit changes may be added as required by law or mandate and may include enhancements to existing services.

Regarding state mandates, if you have questions about the legislative acts identified below, please visit <https://legis.la.gov/legis/home.aspx>.

Regarding federal mandates, under the ACA, certain preventive and wellness services must be covered at no cost when provided by Network providers. These include services recommended by the U.S. Preventive Services Task Force (USPSTF) (rated A or B), Advisory Committee on Immunization Practices (ACIP)-recommended immunizations, Health Resources and Services Administration (HRSA)-supported screenings for children and adolescents, and women's preventive care outlined by Women's Preventive Services Initiative (WPSI). Additional mandates may be added throughout the year.

Revised 3/2026

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2026 Mandated Benefit Changes Applicable to Both Grandfathered and Non-Grandfathered Medical Plans	
<p>2025 Session LA Act 410 (SB 42)</p> <p>Coverage for Perinatal Behavioral Health Treatment</p>	<p>Mandate Summary: The Louisiana Legislature enacted Act 410 (SB 42) during the 2025 Regular Session.</p> <p>Act 410 requires coverage for voluntary inpatient treatment for a patient with a perinatal psychiatric diagnosis. This includes inpatient admissions, including overnight stays, and medications resulting from treatments, including infusions and prescriptions, and counseling.</p> <p>Current & 2026: Perinatal behavioral health treatments are covered services under Mental Health benefits. Perinatal behavioral health treatments are subject to applicable copayments, deductible and coinsurance.</p> <p>What this means: Louisiana Blue is in compliance with Act 410, and there will be no changes to coverage.</p>
<p>2025 Session LA Act 112 (SB 129)</p> <p>Coverage for Proton Therapy</p>	<p>Mandate Summary: The Louisiana Legislature enacted Act 112 (SB 129) during the 2025 Regular Session.</p> <p>Act 112 requires coverage for proton therapy treatment for cancer when recommended by the American Society for Radiation Oncology practice guidelines.</p> <p>Current & 2026: Proton therapy treatment is a covered radiation treatment option. Coverage criteria are in accordance with Louisiana Blue's applicable medical policy or Carelon Guidelines. Proton therapy treatment is subject to applicable copayments, deductible and coinsurance.</p> <p>What this means: Current coverage criteria are compliant with Act 112. There will be no changes to coverage. To review our medical policy for proton therapy, visit www.lablue.com/medicalpolicies.</p>
<p>2025 Session LA Act 360 (HB 408)</p> <p>Treatment for PANS, PANDAS and AE</p>	<p>Mandate Summary: The Louisiana Legislature enacted Act 360 (HB 408) during the 2025 Regular Session.</p> <p>Act 360 requires coverage for the following conditions:</p> <ul style="list-style-type: none"> • Pediatric acute-onset neuropsychiatric syndrome (PANS) • Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) • Types of autoimmune encephalitis (AE) <p>Current & 2026: Treatment for PANS, PANDAS and AE is covered when Medically Necessary. These services are subject to applicable copayments, deductible and coinsurance.</p> <p>What this means: Louisiana Blue is in compliance with Act 360, and there will be no changes to coverage. To review our medical policies, visit www.lablue.com/medicalpolicies.</p>



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<p>2024 Session LA Act 762 (SB 300)</p> <p>Coverage for Qualified Lactation Care Providers</p>	<p>Mandate Summary: The Louisiana Legislature enacted Act 762 (SB 300) during the 2024 Regular Session. Act 762 provides for coverage of qualified lactation care provider services.</p> <p>Current: Non-Grandfathered Plans: Lactation care services are covered at wellness benefits when rendered by qualified physicians or other Allied Health professionals.</p> <p>Grandfathered Plans: Lactation care services are covered at contract benefits when rendered by qualified physicians or other Allied Health professionals.</p> <p>2026: Lactation care services will be covered at first dollar on applicable grandfathered and non-grandfathered plans when rendered by qualified physicians or other Allied Health professionals. In addition, the following Allied Health professionals may also provide lactation care services: breastfeeding counselor, lactation consultant, certified breastfeeding specialist, certified lactation counselor, certified lactation educator, etc.</p> <p>What this means: Lactation care services are covered at no cost to members. These services may be obtained from qualified physicians or other Allied Health professionals including the following: breastfeeding counselor, lactation consultant, certified breastfeeding specialist, certified lactation counselor, certified lactation educator, etc. To find a Lactation Consultant visit www.lablue.com/findcare.</p>
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<p>2025 Session LA Act 227 (HB 357)</p> <p>Integrative Cancer Treatments</p>	<p>Mandate Summary: The Louisiana Legislature enacted Act 227 (HB 357) during the 2025 Regular Session. Coverage for services such as acupuncture, cryotherapy, and scalp cooling systems are required when they are used in connection with medical treatment for cancer when such treatments are recommended by nationally recognized cancer treatment guidelines.</p> <p>Current:</p> <p>Grandfathered Groups & Non-Grandfathered Large Groups: Acupuncture is a covered benefit limited to 12 visits per benefit period for cancer and non-cancer diagnoses. Cryotherapy and scalp cooling systems are not covered benefits.</p> <p>Non-Grandfathered Small Groups: Acupuncture, cryotherapy, and scalp cooling systems are not covered benefits.</p> <p>2026:</p> <p>Grandfathered Groups & Non-Grandfathered Large Groups: The following services will be subject to applicable copayments, deductible and coinsurance:</p> <ul style="list-style-type: none"> • Acupuncture will continue to be a covered benefit for cancer and non-cancer diagnoses. Acupuncture will be covered up to 15 visits per benefit period. Per Act 227, additional visits may be covered for members undergoing active cancer treatment. • Cryotherapy and scalp cooling systems are covered for members with cancer diagnoses as recommended by nationally recognized cancer treatment guidelines. In 2026, cryotherapy will be covered for members diagnosed with breast cancer. Cryotherapy refers to gloves and socks worn during chemotherapy to protect the hands and feet for the purpose of preventing neuropathy. Cryotherapy will be covered up to \$40 per lifetime. In 2026, scalp cooling systems will be covered for members diagnosed with breast or ovarian cancer. Scalp cooling systems will be covered up to \$1,750 per lifetime. <p>Non-Grandfathered Small Groups: The following services will be subject to applicable copayments, deductible and coinsurance:</p> <ul style="list-style-type: none"> • Acupuncture will be a covered benefit for cancer diagnoses <u>only</u>. Acupuncture will be covered up to 15 visits per benefit period. Per Act 227, additional visits may be covered for members undergoing active cancer treatment. • Cryotherapy and scalp cooling systems are covered for members with cancer diagnoses as recommended by nationally recognized cancer treatment guidelines. In 2026, cryotherapy will be covered for members diagnosed with breast cancer. Cryotherapy refers to gloves and socks worn during chemotherapy to protect the hands and feet for the purpose of preventing neuropathy. Cryotherapy will be covered up to \$40 per lifetime. In 2026, scalp cooling systems will be covered for members diagnosed with breast or ovarian cancer. Scalp cooling systems will be covered up to \$1,750 per lifetime.
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	What this means:	Members undergoing active cancer treatment will have benefits for integrative cancer treatments including acupuncture, cryotherapy, and scalp cooling systems. These treatments are covered when such treatments are recommended by nationally recognized cancer treatment guidelines.
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2026 Mandated Benefit Changes Applicable to Non-Grandfathered Medical Plans Only		
USPSTF – Primary Care Behavioral Counseling Interventions for Breastfeeding	Mandate Summary:	The USPSTF recommends providing interventions or referrals, during pregnancy and after birth, to support breastfeeding.
	Current:	Lactation care services are covered at wellness benefits when rendered by qualified physicians or other Allied Health professionals.
	2026:	Provider contracting initiatives to support the 2024 Session LA Act 762 (SB 300) – Coverage for Lactation Care Providers will also support this USPSTF mandate.
	What this means:	No other coverage changes are required. This is an update to an existing benefit.
USPSTF - Screening for Osteoporosis to Prevent Fractures	Mandate Summary:	The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in women 65 years or older. The USPSTF also recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment.
	Current:	One osteoporosis screening per benefit period is covered for women ages 65 years and older. One osteoporosis screening every 2 years is covered for younger postmenopausal women at risk, per guidelines.
	2026:	One osteoporosis screening every 2 years is covered for women ages 65 years and older and for younger postmenopausal women at risk, per guidelines.
	What this means:	Screenings for osteoporosis will continue to be covered at wellness benefits. This is an update to an existing benefit.
WPSI- Breast Cancer Screening for Women at Average Risk	Mandate Summary:	The WPSI recommends that women at average risk of breast cancer initiate mammography screening no earlier than age 40 years and no later than age 50 years. Screening mammography should occur at least biennially and as frequently as annually.
	Current & 2026:	Mammography benefits are covered for women at no cost when obtained from a Network Provider.
	What this means:	Louisiana Blue is in compliance with the WPSI recommendation, and there will be no changes to coverage.



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<p>WPSI – Screening and Counseling for Intimate Partner and Domestic Violence</p>	<p>Mandate Summary: The WPSI recommends screening adolescent and adult women for intimate partner and domestic violence, at least annually, and, when needed, providing intervention services. Intimate partner and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and appropriate supportive services.</p> <p>Current: Screenings for intimate partner and domestic violence are covered for adolescent and adult women ages 14 - 50 years of age.</p> <p>2026: Screenings and counseling for intimate partner and domestic violence will be covered for adolescent and adult women 14 years of age and older.</p> <p>What this means: Screenings and counseling for intimate partner and domestic violence will continue to be covered at wellness benefits. This is an update to an existing benefit.</p>
<p>WPSI - Patient Navigation Services for Breast and Cervical Cancer Screening</p>	<p>Mandate Summary: The WPSI recommends patient navigation services for breast and cervical cancer screening and follow-up, as relevant, to increase utilization of screening recommendations based on an assessment of the patient's needs for navigation services. Patient navigation services involve person-to-person (eg, in-person, virtual, hybrid models) contact with the patient. Components of patient navigation services should be individualized. Services include, but are not limited to, person-centered assessment and planning, health care access and health system navigation, referrals to appropriate support services (eg, language translation, transportation, and social services), and patient education.</p> <p>2026: This is a new recommendation from the WPSI. Patient Navigation Services for Breast and Cervical Cancer Screening are available through our Care Management department.</p> <p>What this means: Providers and members may access these services by calling or emailing our Care Management department at 1-800-317-2299 or CareManagementTeam@lblue.com.</p>



EASY-TO-READ SBC DOCUMENT HELPS YOU UNDERSTAND YOUR BENEFITS

As part of the health care reform law, the government established a health plan information document called the Summary of Benefits and Coverage (SBC). The SBC will help you understand and compare different medical plan options. It provides an overview of each medical plan in a standard format and is written in easy-to-understand language. The SBC for this group plan, Premier Blue Copay 100/70, is available at <http://producers.bcbsla.com/sbc>

The Summary of Benefits and Coverage includes three parts:

Benefits and coverage information

This section includes a chart that lists the main features of your medical plan option(s). It answers fundamental questions about the coverage levels of the plan options. It also provides specific information about coverage for different services, such as office visits, prescription drugs and emergency room services.

Coverage examples

The coverage examples on the last two pages of the document show how the plan might cover medical care for three specific scenarios – “Having a Baby,” and “Managing Type 2 Diabetes,” and “Simple Fracture.” The examples show what the plan would pay and what the patient would pay based on a common set of assumptions. It is important to note that these are examples only. They should not be used to estimate your actual costs under the plan.

A link to a Uniform Glossary

The SBC explains how to access or request a glossary with definitions for common health insurance and medical terms, such as copayment and deductible. There may be differences between terms found in the Uniform Glossary and those in your health plan documents. In these instances, you should go by the terms in your health plan document.

This benefit summary prepared by



Insurance | Risk Management | Consulting