

MEDICAL BENEFITS PLANS

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, the University offers you a choice of medical benefit plans. The premiums are eligible for tax sheltering under the University's *Tax-Saver Flexible Benefits Plan*.

This section summarizes the main points of each plan. Each plan 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.

WHICH PLANS ARE AVAILABLE?

You may elect to participate in one of the following medical benefits plans:

- Consumer Driven Health Plan – Definity Health Plan
- Managed Care Option (MCO - FARA)
- Group Benefits Exclusive Provider Organization (EPO) – United Healthcare
- Group Benefits Preferred Provider Organization (PPO)
- Health Maintenance Organization (HMO) – Ochsner Health Plan

AM I ELIGIBLE FOR COVERAGE?

If you are an active employee of the University, you are eligible for coverage under any of the above medical plans, provided you also meet the following conditions:

- You are employed at 75 percent full-time effort or greater (30 or more hours/week); and
- You have an appointment duration of at least one semester, or 121 days.

ARE MY DEPENDENTS ELIGIBLE?

Your eligible dependents include your legal spouse and each of your never-married children younger than 21. Children older than 21 are also eligible for coverage if they meet one of the following requirements:

- They are never-married, full-time students between the ages of 21 and 24, enrolled in an accredited school and dependent on you or your spouse for principal support.
- If a never-married dependent child is incapable of self-sustaining employment by reason of mental retardation or physical incapacity, became incapable prior to the termination age for children, as defined above, and is dependent on the covered employee for support, the coverage for such dependent child may be continued under the plan. However, the program must receive satisfactory proof of mental retardation or physical incapacity. Coverage will continue for as long as such incapacity continues. Mental illness shall not constitute mental retardation.

WHEN CAN I ENROLL?

You can enroll in the plan of your choice within 30 days of the date of your employment or eligibility date by completing the appropriate enrollment form. New employees are subject to up to a one-year Pre-existing Condition (PEC) limitation unless they and/or their dependent(s) qualify for insurance portability. A Certificate of Coverage from your prior health plan must be provided and must verify 12 months of prior coverage, with no greater than a 63-day break in coverage. If portability does not apply, you and/or your dependents will have a preexisting condition exclusion for one year for any condition for which you have incurred an expense in the six months prior to the effective date of coverage at LSU.

WHAT IF I DO NOT ENROLL WHEN FIRST ELIGIBLE?

If you and/or your eligible dependents do not enroll within 30 days, coverage may be added at any time during the year; however, coverage may be subject to a one-year preexisting condition exclusion.

WHEN DOES MY COVERAGE BEGIN?

If you are a new employee, coverage for you and your eligible dependents begins on the first day of the month following one full calendar month of employment, provided you complete and return your enrollment form to the Benefits Service Center within 30 days of your date of employment or eligibility.

WHO PAYS FOR THIS COVERAGE?

The cost of your medical coverage under any of the above medical plans is paid by you and by the state. Employees on a 9 or 10-month appointment will have a full year of premiums withheld from their 9 or 10-month checks. If you elect to participate in the University's *Tax-Saver Flexible Benefits Plan*, your share of the cost will be made on a before-tax basis, which lowers the current income tax you pay. For more details about how the before-tax feature works for you, refer to the section on *Tax-Saver Flexible Benefits Plan*.

WHAT BENEFITS ARE COVERED UNDER THE VARIOUS PLANS?

See the comparative chart at the end of this section for a summary of benefits, co-payments, and coinsurance. Please note that the comparison is for illustrative purposes only and is not considered a legal document. Brochures containing a complete explanation of benefits for the various plans are available from the Benefits Service Center. Medical benefits and premiums are subject to change yearly.

WHEN SHOULD I ADD NEWLY ACQUIRED DEPENDENTS?

To add newly eligible dependents acquired through marriage, birth, or adoption, you must submit a change form to the Benefits Service Center within 30 days of the event. Failure to do so will result in a delayed effective date of coverage and the dependent will be considered a late applicant, and will possibly be subject to a preexisting condition exclusion.

ARE NEWBORN CHILDREN AUTOMATICALLY COVERED?

No, see the paragraph above on adding newly acquired dependents.

WHEN CAN I DELETE INELIGIBLE DEPENDENTS?

In order to delete a dependent, you must submit a change form to the Benefits Service Center within 30 days of ineligibility 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

WHEN CAN I CHANGE PLANS?

You may elect to change from one health plan carrier to another during the University's April annual enrollment period for an effective change date of July 1. If you do not make changes, your current plan will automatically renew, unless a plan is no longer being offered at which point a default plan will be assigned if you do not make an election. If you move outside the State of Louisiana and you are enrolled in an HMO, you must complete a change form within 30 days of your change of residence to change coverage to an alternative health plan. This change will be effective the first of the month following your change of address.

Please Note: A "one-time option" to change plans is offered during the plan year. Employees wishing to change should contact the Benefits Service Center, (225) 578-8200.

****Definity Health is not included in the one-time option to change****

WHEN DOES MY MEDICAL INSURANCE COVERAGE END? Your medical 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 month in which your work hours are reduced to less than 30 hours/week or less than a 75 percent effort
- On the last day of the month in which you elect to cancel coverage
- On the last day of the month of the covered employee's death
- If your contributions are paid on a before-tax basis, you may not discontinue coverage during the year, unless the change is in connection with a family status change. (See section on *Tax-Saver Flexible Benefits Plan*.)

**If you are an academic employee who terminates employment at the end of the academic year, your coverage extends through September 30 of the same year.*

WHOM SHOULD I CONTACT FOR ADDITIONAL INFORMATION?

For additional information about the medical benefits plan, please contact the Benefits Service Center, (225) 578-8200, or:

Provider	Customer Service Phone Number	Internet website
Definity Health	1-866-833-4648	www.definityhealth.com
Group Benefits EPO Best Care/ FARA Network	1-800-427-4511	www.farabenefitservices.com
Group Benefits EPO Blue Cross Blue Shield Network	1-800-267-6541	www.bcbsla.com
Group Benefits PPO	225-925-6625 or 1-800-272-8451	www.groupbenefits.org
Ochsner Health Plan	1-800-999-5979	www.ohpnow.com/state