

2004-2005 ANNUAL ENROLLMENT SUMMARY

For the 2004-2005 Plan Year, employees of the LSU System will continue to have 5 health plan options from which to choose coverage. If you do not want to make changes to your health plan, do nothing - your current election will continue for 2004-2005. However, we do recommend that you review your plan options to ensure you have the coverage that best meets your needs. Below is a summary of benefits as well as changes in plan design for the 2004-2005 Plan Year. For complete details, please refer to the plan brochures provided by each carrier.

- *Elimination of Wild Card option (contingent upon no disruption during Annual Enrollment).*
- *MCO: Implementation of \$1 Million Lifetime Maximum.*
- *HMO: Humana purchased the Ochsner Health Plan and will be administering the HMO plan in all regions except Monroe.*
- *Definity: * Enhanced wellness benefit with no dollar maximum on benefits (coverage according to Schedule of Benefits);*
** Change in pharmacy limits to 30-day supply for Retail, 90-day supply for Mail-Order;*
** Will be responsible for prescription drug cost at pharmacy when in Member Responsibility or co-insurance*
** Increase in PCA maximum accrual to \$4,000 employee; \$6,000 employee+spouse/children; \$8,000 family.*

2004 - 2005 HEALTH PLAN OPTIONS FOR EMPLOYEES OF THE LSU SYSTEM						
<i>Important: Before making a decision, consult the plan brochures for detailed plan rules and coverage provisions.</i>						

		Definity CDH	Group Benefits PPO	EPO Baton Rouge - United Health Other Regions - OGB	FARA MCO	Ochsner / Humana HMO	Vantage HMO
Network Type		National	Statewide	United Health – National OGB – Statewide	Statewide	Statewide, except Monroe area	Monroe, LA only
Referral Required		NO					YES
Lifetime Maximum Benefits			\$1 Million / person	\$2 Million / person	\$1 Million / person	None	\$2 Million / person
Out-of-Pocket Maximum (excluding deductible)	In Network		\$1,000 / person	N/A (see co-pays below)	\$1,000 / person (up to \$3,000 / family)	\$1,000 / person (up to \$3,000 / family)	N/A (see co-pays below)
	Out-of- Network		\$3,000 / person		No coverage	\$3,000 / person	
Patient Responsibility (Deductible)	In Network		\$500 / person (max of \$1,500 / family)	\$300 / person for non co-pay services (max of \$900 / family)	None		
	Out-of- Network		* = Deductible applies to these services	additional \$300 / person	No coverage unless life / limb threatening	\$1,000	No coverage unless life / limb threatening
Prescription Drug			50% up to \$50 max; after \$1,200 / person of pharmacy out-of-pocket, generic = \$0, brand = \$15				Generic \$10 Preferred Brand \$25 Non-preferred Brand \$40
Drug Formulary			NO		YES		
Office Visit	In Network		*10%	\$15 regular office visit, \$25 specialist visit			
	Out-of- Network		*30%	30% after deductible	No coverage	30% after deductible	No coverage
Wellness Benefits	In Network		*Child 10%; Adult \$0 (\$200 max)	Child \$15; Adult \$0 (\$200 max);	\$15 co-pay		
	Out-of- Network		*30% (\$140 max)	30% after deductible	No coverage	30% after deductible (not covered outside-LA)	No coverage
Emergency Room (ER deductible is waived if admitted)	In Network		\$150 deductible then *10%	\$100			
	Out-of- Network		\$150 deductible then *30%	(waived if admitted, then hospital inpatient co-pay / co-insurance applies)			
Inpatient Hospital	In Network		*10%	\$100 / day up to 3 days			
	Out-of- Network		*30% after \$50 co-pay / day (max 5 days)	\$300 deductible, then 30% after \$50 co-pay per day (max 5 days)	No coverage	30% after deductible	No coverage
Outpatient Surgery	In Network		*10%	\$100 co-pay + deductible for non co-pay services	\$100	\$100	\$100
	Out-of- Network		*30%	30% after deductible	No coverage unless life / limb threatening	30% after deductible	No coverage unless life / limb threatening
Maternity	In Network		*10%	\$90 co-pay (includes pre-natal, 1 post-partum, physician delivery charges)			100% coverage
	Out-of- Network		*30% + \$50 / day (max of 5 days)	\$300 deductible, then 30%+\$50/day (max 5 days)	No coverage	30% after deductible	No coverage
Mental Health/ Substance Abuse - Inpatient (45 days / yr max)	In Network		\$200 deductible, then 20%+\$50 / day (max 5 days)	\$200 deductible, then 20%	\$100 / day up to 3 days		\$100 / day up to 3 days for mental health; 20% substance abuse
	Out-of- Network		No coverage			30% after deductible	No coverage
Mental Health/ Substance Abuse - Outpatient (52 days / yr max)	In Network		\$200 deductible, then 20%		\$25 co-pay		\$25 mental health; 20% substance abuse
	Out-of- Network		No coverage			30% after deductible	No coverage
Physical & Occupational Therapy	In Network		*10%	\$15 co-pay			20% up to 20 visits
	Out-of- Network		*30%	30% after deductible	No coverage	30% after deductible	No coverage

See Definity Overview for Coverage Information
 Due to its unique plan design, coverage under Definity is described separately.

PATIENT RESPONSIBILITY
 % = Co-insurance
 \$ = Co-payment