

JULY 1 – DECEMBER 31, 2011 HEALTH PLAN SUMMARY

For the six month Plan Year, employees of the LSU System will have six (6) 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 summary of benefits for July 1 – December 31, 2011.

	LSU First Administered by LSU (CIGNA - Claims Administrator)	PPO Administered by OGB	HMO Plan Administered by Blue Cross & Blue Shield of LA	Medical Home HMO Plan (PCP must be in Region 9) Administered by Vantage Health Plan	Regional HMO Administered by Vantage Health Plan	CD-HSA Plan (Consumer Driven Plan with Health Savings Account) Administered by UnitedHealthcare		
Network Type	Nationwide	Statewide	Nationwide	Statewide	Regions 6,7,8 &9	Nationwide		
Referral Required	No	No	No	Yes	Yes	No		
Lifetime Maximum	Unlimited							
Health Reimbursement Account (HRA)	Yes	No	No	No	No	No, but HSA Available		
HRA Rollover (maximum)	Up to \$8,000	No	No	No	No	No		
First Choice Provider	Yes	No	No	No	No	No		
Life Insurance and AD&D Included	Yes	No	No	No	No	No		
Critical Illness Benefit	Yes	No	No	No	No	No		
Deductible	You pay \$0 for First Choice Providers and Generic Drugs No Plan copays All Employee and Dependent claims accumulate to meet the Deductible		\$500 active; \$300 retired Family unit maximum: 3 individuals Does not include copays	None Does not include copays	None Does not include copays	None Does not include copays	Must meet deductible before co-insurance applies Employee - \$1,250 Employee plus one (spouse or child) - \$2,500 Family - \$3,000 Does not include copays	
		Option 1						Option 2
	Employee							
	LSU pays	\$500						\$500
	You pay	250						750
	Total	750						1,250
	+ Spouse							
	LSU pays	750						750
	You pay	375						1,125
	Total	1,125						1,875
	+ Child(ren)							
	LSU pays	750						750
	You pay	375						1,125
	Total	1,125						1,875
Family								
LSU pays	1,000	1,000						
You pay	500	1,500						
Total	\$1,500	\$2,500						
Out of Pocket Maximum	<u>Opt1</u> <u>Opt 2</u>							
	Employee \$500 \$500 +Spouse 750 750 +Child(ren) 750 750 Family 1,000 1,000	\$1000 per person	\$1000 per person/\$3000 per family	None	\$1000 per person/\$3000 per family	\$2000 per person		
You pay \$0 for First Choice Providers and Generic Drugs No Plan copays All Employee and Dependent claims accumulate to meet the Out of Pocket Maximum								

¹After deductible is met

²Member also pays the difference between the billed amount and the fee schedule (also known as the Usual and Customary rate)

³Age and/or time restrictions apply

⁴Pre-certification required

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Prescription Drugs						
Generic	\$0 for a 30-day supply	\$0 for a 30-day supply, after \$1,200 per person per year	\$0 for a 30-day supply, after \$1,200 per person per year	\$5 for a 30-day supply	Plan member pays 50%, maximum \$50 per 30-day fill, After \$1200 per person per plan year, generic \$0	Level 1 Generic: 31-day supply; \$10 copay
Brand Name	<p>If a Member chooses a brand name drug when a generic equivalent is available, the Member will be responsible for the difference between the brand name drug and the generic.</p> <p>If a Member chooses a brand name drug when there is no generic equivalent, the Member will be responsible for 10% of the brand name drug cost after the Deductible at In-Network pharmacies.</p> <p>Specialty medications are delivered by CuraScript, an Express Scripts specialty pharmacy.</p> <p>Members may only receive a 30-day supply at retail. Members must utilize home delivery for a 90 day supply. (administered by Express Scripts)</p>	<p>Member pays 50%; maximum \$50 per 30-day fill; after \$1200 per person per plan year, copay \$15 brand</p> <p>NOTE: Plan member who chooses brand name drug for which approved generic version is available, pays cost difference between brand name drug and generic plus 50% copy amount for brand name drug; cost difference will not apply to \$1,200 out of pocket maximum (administered by Catalyst Rx)</p>	<p>Member pays 50%; maximum \$50 per 30-day fill; after \$1200 per person per plan year, copay \$15 brand</p> <p>NOTE: Plan member who chooses brand name drug for which approved generic version is available, pays cost difference between brand name drug and generic plus 50% copy amount for brand name drug; cost difference will not apply to \$1,200 out of pocket maximum (administered by Catalyst Rx)</p>	<p>Preferred brand: \$25 copay per 30-day fill</p> <p>Non-preferred brand: \$50 copay per 30-day fill</p> <p>Specialty drugs: 20% co-insurance up to \$100 per Rx per 30-day fill</p> <p>(administered by VHP's Catalyst Rx)</p>	<p>Brand name drug with approved generic available: plan member pays cost difference between brand name drug and generic, plus 50 percent of brand name drug cost. Costs not applied to \$1200 out of pocket maximum</p> <p>Brand name drug with no generic available: Plan member pays 50%, maximum \$50 per 30-day fill, After \$1200 per person per plan year, copay brand name drug \$15 (administered by VHP's Catalyst Rx)</p>	<p>Level 2 - Preferred Brand: 31-day supply; \$25 copay</p> <p>Level 3 - Non-preferred Brand: 31-day supply; \$50 copay</p> <p>Level 4 - Specialty: 31-day supply; \$50 copay</p> <p>Maintenance drugs: 31-day supply not subject to deductible subject to applicable co-payment levels 1 through 4 above refer to myuhc.com for Maintenance Medication List (administered by UHC's Prescription Solutions)</p>
Drug Formulary	No	No	No	Yes	No	No
Home Delivery (Mail Order)	Same as above with the exception that Members may receive a 90-day supply through home delivery.	Same as above	Same as above	<p>30-day supply for one copay</p> <p>60-day supply for two copays</p> <p>90-day supply for three copays</p>	Same as above	<p>Level 1 - Generic: 90-day supply; \$10 copay</p> <p>Level 2 - Preferred Brand: 90-day supply; \$25 copay</p> <p>Level 3 - Non-preferred Brand: 90-day supply; \$50 copay</p> <p>Level 4 - Specialty: 90-day supply; \$50 copay</p> <p>Maintenance drugs:</p> <ul style="list-style-type: none"> - 90-day supply - not subject to deductible - subject to applicable co-payment levels 1 through 4 above <p>- refer to myuhc.com for Maintenance Medication List (administered by</p>

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Employee Assistance Program (EAP)	Yes	No	No	No	No	No
Office Visit	First Choice: \$0 after HRA. In-Network: \$10% after Deductible. Out-of-Network: 30% of the Maximum Reimbursable Charge after Deductible + amount over the Maximum Reimbursable Charge.	In-Network: Member pays 10% of contracted rate ¹ Out-of-Network: Member pays 30% of fee schedule if Member resides in LA ² Member pays 10% of fee schedule if Member resides outside of LA ²	In-Network: \$15 PCP/\$25 Specialist (no referral required) Out-of-Network: Member pays 30% of fee schedule and has a separate \$1000 deductible regardless if member resides inside or outside of LA ²	In-Network: \$10 PCP/ \$25 Specialist (referral required to all specialists) Out-of-Network: No coverage (emergencies covered worldwide)	In-Network: \$15 PCP/\$25 Specialist (referral required for most specialists) Out-of-Network: Member pays 30% of fee schedule and has a separate \$1000 deductible regardless if member resides inside or outside of LA ²	In-Network: Member pays 20% of contracted rate ¹ Out-of-Network: Member pays 30% of fee schedule regardless if member resides inside or outside of LA ²
Wellness Benefits	100%	100%	100%	100%	100%	100%
Hospital Services (inpatient)	First Choice: \$0 after HRA. In-Network: \$10% after Deductible. Out-of-Network: 30% of the Maximum Reimbursable Charge after Deductible + amount over the Maximum Reimbursable Charge	In-Network: Member pays 10% of contracted rate ^{1,4} Out-of-Network: Member pays 30% of fee schedule if Member resides in LA ^{1,2} Member pays 10% of fee schedule if Member resides outside of LA ^{1,2}	In-Network: \$100 per day; Maximum of \$300 per admission ⁴ Out-of-Network: Member pays 30% of fee schedule and has a separate \$1000 deductible regardless if member resides inside or outside of LA ²	In-Network: \$100 per day; Maximum of \$300 per admission ⁴ Out-of-Network: No coverage (emergencies covered worldwide)	In-Network: \$100 per day; Maximum of \$300 per admission ⁴ Out-of-Network: Member pays 30% of fee schedule and has a separate \$1000 deductible regardless if member resides inside or outside of LA ²	In-Network: Member pays 20% of contracted rate ^{1,4} Out-of-Network: Member pays 30% of fee schedule regardless if member resides inside or outside of LA ²
Ambulatory Surgery	First Choice: \$0 after HRA. In-Network: \$10% after Deductible. Out-of-Network: 30% of the Maximum Reimbursable Charge after Deductible + amount over the Maximum Reimbursable Charge.	In-Network: Member pays 10% of contracted rate ¹ Out-of-Network: Member pays 30% of fee schedule if Member resides in LA ² Member pays 10% of fee schedule if Member resides outside of LA ²	In-Network: \$100 copay Out-of-Network: Member pays 30% of fee schedule and has a separate \$1000 deductible regardless if member resides inside or outside of LA ²	In-Network: Member pays \$100 copay ⁴ Out-of-Network: No coverage	Not available	In-Network: Member pays 20% of contracted rate ^{1,4} Out-of-Network: Member pays 30% of fee schedule regardless if member resides inside or outside of LA ²
Maternity (physician)	First Choice: \$0 after HRA. In-Network: \$10% after Deductible. Out-of-Network: 30% of the Maximum Reimbursable Charge after Deductible + amount over the Maximum Reimbursable Charge	In-Network: Member pays 10% of contracted rate Out-of-Network: Member pays 30% of fee schedule if Member resides in LA Member pays 10% of fee schedule if Member resides outside of LA	In-Network: \$90 copay (first visit only) Out-of-Network: Member pays 30% of fee schedule and has a separate \$1000 deductible regardless if member resides inside or outside of LA ²	In-Network: \$10 copay (first visit only) Out-of-Network: no coverage (emergencies covered worldwide)	In-Network: \$90 copay (first visit only, no referral required) Out-of-Network: Member pays 30% of fee schedule and has a separate \$1000 deductible regardless if member resides inside or outside of LA ²	In-Network: Member pays 20% of contracted rate ¹ Out-of-Network: Member pays 30% of fee schedule regardless if member resides inside or outside of LA ²

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Mental Health and Substance Use Disorder (Inpatient²)	First Choice: \$0 after HRA. In-Network: \$10% after Deductible. Out-of-Network: 30% of the Maximum Reimbursable Charge after Deductible + amount over the Maximum Reimbursable Charge.	Member pays 10% of contracted rate ¹	\$100 copay per day; \$300 maximum per admit	100% after \$100 copay per day for first 3 days	\$100 copay; \$300 max per admit	Member pays 20% of contracted rate ^{1,4}
Mental Health and Substance Use Disorder (Outpatient)	First Choice: \$0 after HRA. In-Network: \$10% after Deductible. Out-of-Network: 30% of after Deductible + amount over the Maximum Reimbursable Charge	Member pays 10% of contracted rate ¹	\$15 office visit copay	100% after \$25 copay per office visit ⁴	\$25 office visit copay ⁴	Member pays 20% of contracted rate ^{1,4}
Physical, Occupational and Speech Therapy	First Choice: \$0 after HRA. In-Network: \$10% after Deductible. Out-of-Network: 30% of the Maximum Reimbursable Charge after Deductible + amount over the Maximum Reimbursable Charge.	In-Network: Member pays 10% of contracted rate ¹ Out-of-Network: Member pays 30% of fee schedule if Member resides in LA Member pays 10% of fee schedule if Member resides outside of LA. *Maximum of 50 visits per plan year	In-Network: \$15 copay Out-of-Network: Member pays 30% of fee schedule and has a separate \$1000 deductible regardless if member resides inside or outside of LA ²	In-Network: 20% co-insurance; combined maximum of 20 visits per plan year ⁴ ¹ Pre-certification only required for OT & Speech Therapy) Out-of-Network: No coverage	Not available	In-Network: Member pays 20% of contracted rate ^{1,4} (Maximum of 50 visits per plan year) Out-of-Network: Member pays 30% of fee schedule regardless if member resides inside or outside of LA ²

This comparison chart is a summary of plan features. For full details of the plan, refer to the official plan documents.

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