Louisiana State University
Health Sciences Center

2015-2016
Student Health Plan

YOUR GUIDE.

YOUR ADVOCATE.
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Remember: Keep these Notices. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of the Certificate of Creditable Rx Coverage notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

We encourage you to take a fresh look at your benefits to make sure your coverage fits your needs during the coming year. Beginning January 1, 2015, you, your spouse, and dependents will be required to have health insurance coverage, or pay a penalty of $325.00 per adult and $162.50 per child or 2% of your total taxable income.

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.

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
All registered students, residents, fellows and postdoctoral fellows are eligible for this Blue Cross plan. International and domestic students must purchase the Basic Blue Plan or provide proof of comparable coverage to the LSU Health Sciences Center. Residents, fellows and post-doctoral fellows may purchase the plan on a voluntary basis. Online students or distance learning students enrolled in home study, correspondence or television courses are not eligible to enroll in the plan. 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.

Newborn children will be covered at birth until 31 days of age or until deemed well enough to be discharged from the hospital, if the plan administrator is notified within 30 days of birth and receives the correct premium amount.
COVERAGE PERIODS

Enrollment Period
Full-time domestic and international students must provide proof of comparable coverage or purchase an insurance plan offered through LSUHSC within 30 days of the effective date of coverage for their particular college/program. All other students and dependents must submit a completed enrollment form and the proper premium to the servicing agent within 30 days of the effective date of coverage for their particular college/program. 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 coverage under another insurance plan, marriage or birth or adoption of child.

Effective and Expiration Dates
Coverage becomes effective on the later of: 12:01 a.m. on the effective date of each coverage period; the first day of the term for which the proper premium is paid; or 12:01 a.m. following the date the envelope containing the completed enrollment form and proper premium for the period of coverage is postmarked by the U.S. Postal Service. Coverage expires on the expiration date for each coverage period or when payment is due and unpaid.

COLLEGE/PROGRAMS:

<table>
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<tr>
<th>ANNUAL COVERAGE PERIODS</th>
<th>College/Program</th>
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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 OR DRUG.

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

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

ONLINE:  www.bcbsla.com

BY PHONE:  800.495.BLUE(2583)
ONLINE HEALTH & WELLNESS EDUCATIONAL TOOLS

With My Health, My Way, you can get the resources you need to commit to healthier, happier living.

Explore the Maintain My Health 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 My Health, My Way benefits, visit www.benefitsforbetterliving.com.

ACTIVATE YOUR ONLINE ACCOUNT

You can register for an online account by visiting www.bcbsla.com/activate.

To register, you will need your Member ID number (found on your Member ID card) and a secure Personal Identification Number (PIN). If you have not received a PIN in the mail, or you have lost yours, you can request a new one at the second step of the registration process.

Blue Cross provides telephone support for users who need help with their online account registration process, including holidays and weekends. So if you need any help registering or logging in, you can call toll-free 800.821.2753 any time.

Remember this is only support for the registration process. If you need help with your benefits or claims, please call the Customer Service number on your Blue Cross ID card.
MEDICAL BENEFITS
Administered by Blue Cross 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.

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<th>BASIC BLUE PLAN</th>
<th>In-Network</th>
<th>Out-of-Network</th>
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<tr>
<td>Lifetime Benefit Maximum</td>
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<td>Unlimited</td>
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<tr>
<td>Annual Deductible - Aggregate</td>
<td>$0 Individual $0 Family</td>
<td>$1,000 Individual $3,000 Family</td>
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<td>Annual Out-of-Pocket Maximum</td>
<td>$2,000 Individual $4,000 Family</td>
<td>$4,000 Individual $8,000 Family</td>
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<tr>
<td>Coinsurance</td>
<td>100%</td>
<td>70%</td>
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**OFFICE VISITS AND PREVENTATIVE CARE**

| Physician 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                        | $300 copay | Deductible then 30% |
| Professional Services                   | Plan pays 100% | Deductible then 30% |
| Lab and X-Ray                           | Plan pays 100% | Deductible then 30% |

**INPATIENT SERVICES (30% NON-PARTICIPATING HOSPITAL PENALTY WILL ALSO APPLY)**

| Hospital                                 | $300 per day for the first (3) days of admission | Deductible then 30% |
| Professional Services                    | Plan pays 100% | Deductible then 30% |

**OTHER COVERED SERVICES**

| Prenatal Visits and Delivery             | $40 copay per pregnancy | Deductible then 30% |
| Emergency Room                           | $150 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 Limbs                         | 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% |

This is only an outline—all benefits are subject to the terms and conditions of the contract. In the case of a discrepancy, the contract will prevail. All benefits based on allowable charges.
NEEDLE STICK BENEFIT
Administered by Blue Cross Blue Shield of La

Needle stick injuries that expose students to blood-borne pathogens are an important public health concern. That’s why Blue Cross offers a separate Needle Stick 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, needle sticks. This benefit is not subject to any copayment or annual deductible requirement. Please see your benefit plan for details, limitations and exclusions.

Members may receive treatment by any Preferred Care PPO provider. To find a participating doctor or hospital, visit [www.bcbsla.com](http://www.bcbsla.com) and click on FIND A DOCTOR OR DRUG.

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<tr>
<th>NEEDLE STICK BENEFIT</th>
<th>In-Network</th>
<th>Out-of-Network</th>
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<tr>
<td>Hepatitis/HIV Antibody/Antigen Tests and Vaccines</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Lab Work</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Outpatient Facility Charges</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
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PRESCRIPTION DRUG COVERAGE
Administered by Blue Cross 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).

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<tr>
<th>PRESCRIPTION DRUG COVERAGE</th>
<th>Retail Copay (up to 30-day supply)</th>
<th>Mail Order Copay (up to 90-day supply)</th>
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<td>Tier 1</td>
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<td>$21</td>
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<tr>
<td>Tier 2</td>
<td>$30</td>
<td>$90</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$70</td>
<td>$210</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$10% Specialty with $100 maximum</td>
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</table>
TO APPLY FOR COVERAGE FOR YOUR ELIGIBLE DEPENDENTS

or TO LEARN ABOUT THE PREMIUM COSTS TO ADD YOUR DEPENDENTS

Contact Cassidy Maumus at 504.378.4637 or Michele LaLonde Krieg at 225.906.1278 with Gallagher Benefit Services. Gallagher Benefit Services will aid and assist you with enrolling your dependents in the BCBSLA Medical plan.

To enroll your dependents you will need to complete a BCBSLA enrollment form. Send the enrollment form and premium check (payable to Blue Cross Blue Shield of La.) to:

Gallagher Benefit Services, Inc.
ATTN: Cassidy Maumus
111 Veterans Blvd., Suite 1130
Metairie, La 70005
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.

Once your deductible is met, 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.

PREVENTATIVE CARE
Blue Cross is committed to preventative 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 is bringing changes to the healthcare industry. We are working hard on behalf of our members to implement healthcare reform provisions as regulations are defined. 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 hemoccult (colon) test for adult men and women
- Lab and low-tech X-ray services covered at 100 percent
- Vision impairment screening
OTHER SERVICES & CARE

Some services require prior authorization. Check your Schedule of Benefits for a list of these services.

Prenatal Care (Visits and Delivery)
- In-Network: $40 copayment per pregnancy
- Out-of-Network: deductible, then 70/30 coinsurance

Emergency Room
- In-Network: $150 copayment per visit (waived if admitted to hospital)
- Out-of-Network: $150 copayment per visit (waived if admitted to hospital)

Urgent Care Centers
- In-Network: $40 copayment per visit
- Out-of-Network: deductible, then 70/30 coinsurance

Ambulance Services
- In-Network: $50 copayment per day per provider
- Out-of-Network: deductible, then 70/30 coinsurance

Outpatient Services
(includes facility charges, professional services, lab and X-ray services performed at an outpatient facility)
- In-Network: plan pays 100%
- Out-of-Network: deductible, then 70/30 coinsurance

Inpatient Services
(separate charges for hospital and professional services; 30%
Non-Participating Hospital penalty will also apply)
- In-Network: $300 per day
- Out-of-Network: deductible, then 70/30 coinsurance

Speech Therapy
- In-Network: $25 copayment per visit
- Out-of-Network: deductible, then 70/30 coinsurance

Physical/Occupational Therapy
- In-Network: $25 copayment per visit
- Out-of-Network: deductible, then 70/30 coinsurance

Prosthetic Limbs
- In-Network: plan pays 80%
- Out-of-Network: deductible, then 70/30 coinsurance

Durable Medical Equipment
- In-Network: plan pays 80%
- Out-of-Network: deductible, then 70/30 coinsurance

Home Health Services
- In-Network: plan pays 100%
- Out-of-Network: deductible, then 70/30 coinsurance

Hospice Care
- In-Network: plan pays 100%
- Out-of-Network: deductible, then 70/30 coinsurance

Organ and Tissue Transplants
- In-Network: plan pays 100%
- Out-of-Network: no benefits available

Skilled Nursing Facility
- In-Network: plan pays 100%
- Out-of-Network: deductible, then 70/30 coinsurance

Some services require prior authorization. Check your Schedule of Benefits for a list of these services.