

LSU First Puts You First

- First Choice providers covered at 100%¹ with no deductible
- Tier 1 Generic prescriptions covered at 100%
- Preventive Care covered at 100% with First Choice and In-Network providers
- Premium Wellness Credit for employees and spouses if certain criteria are met

Medical Coverage as Easy as 1-2-3

- 1 Health Reimbursement Account (HRA)**
- LSU First funds your HRA to help pay for eligible medical expenses
 - HRA pays 100% of covered medical services until exhausted
 - Unused dollars, up to the maximum, roll over each year for future eligible medical expenses

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Annual HRA Contribution	\$500	\$750	\$750	\$1,000

- 2 Deductible**
- After your HRA is exhausted, covered services with non-First Choice providers are subject to deductible
 - Covered services with First Choice Providers are covered at 100%¹ with no deductible

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Annual Deductible	\$500	\$750	\$750	\$1,000

- 3 Coinsurance**
- After your HRA is exhausted and the deductible is met, LSU First pays based on the provider's network status:
 - First Choice:** covered at 100%¹ with no deductible; you pay \$0
 - In-Network:** covered at 80% of covered services; you pay 20%
 - Out-of-Network:** covered at 60% of the Maximum Allowable Charge (MAC); you pay 40%, plus any billed charges over MAC

Prescription Coverage that's Predictable

- Rx Prescription Drug Coverage**
- Covered medications do not apply to your HRA or deductible
 - Prescription costs vary depending on the medication's formulary tier and drug cost
 - Tier 1 Generic:** covered at 100%; you pay \$0
 - Tiers 2 – 4 Brand and Specialty:** covered at 80%; you pay 20%, up to \$150 copay for a 30-day supply

Safety Net for Healthcare Costs

- OOP MAX Out-of-Pocket (OOP) Maximum**
- The annual limit on eligible medical and prescription drug expenses
 - If you meet the Out-of-Pocket Maximum, LSU First pays 100% of covered medical services and prescriptions for the remainder of the plan year

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Annual OOP Maximum	\$9,000	\$13,500 ²	\$13,500 ²	\$18,000 ²

How It Works Employee Only

MEDICAL COVERAGE

- 1** **LSU Pays**
\$500 HRA for all covered medical services

First Choice Providers covered 100%¹ after HRA

- 2** **You Pay**
\$500 Deductible for non-First Choice providers

- 3** **LSU and You Share**
Verity/Aetna: 80%/20%
Out-of-Network: 60%/40%

PRESCRIPTION COVERAGE

- Rx** **Tier 1 Generic**
covered at 100%; you pay \$0

Tiers 2 - 4 Brand & Specialty
covered at 80%, you pay 20% up to \$150 for a 30-day supply

Never Pay More than \$150 for a 30-Day Supply

OUT-OF-POCKET MAXIMUM

- OOP MAX** **LSU Pays**
100% of covered services
after you reach the \$9,000 combined annual in-network out-of-pocket maximum

LSU First pays 100% for the rest of the plan year

Explore plan details, resources, and more at
lsu.edu/lsufirst

¹\$150 Emergency Room Co-Pay applies, waived if admitted

¹\$150 Penalty for MRIs and CT scans performed at a hospital facility

²Embedded Individual OOP Maximum: No individual will pay more than \$9,000