



**2025**  
**BENEFITS**  
**ENROLLMENT**

Louisiana State University Health  
Sciences Center New Orleans

**LSU Health**  
NEW ORLEANS



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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.

## MEDICAL 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

Any registered student, who is enrolled in a participating college/program and actively attending classes for at least thirty-one (31) days after the effective date of coverage under this benefit plan. International and domestic students must purchase the Basic Blue Plan or provide proof of comparable coverage to the LSU Health Sciences Center. House officers, fellows and post-doctoral fellows actively attending classes may purchase the plan on a voluntary basis. 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.

Newly born infants will be covered automatically for thirty (30) days from birth or until the child is well enough to be discharged from the Hospital or neonatal Special Care Unit to his/her home, whichever is longer, provided that the covered parent has notified AJ Gallagher of the birth of the Child.

## COVERAGE PERIODS

### ENROLLMENT PERIOD

Domestic and international students must provide proof of comparable coverage or purchase the student health insurance plan offered through LSUHSC prior to start of academic enrollment for each program. Coverage for spouse and dependents require a completed enrollment form and the proper premium remitted to the servicing agent within 60 days of the effective date of coverage. 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 group coverage under another insurance plan, marriage or birth or adoption of child.

### Effective and Expiration Dates

The coverage effective and expiration dates for each college/program are listed below. Coverage is subject to eligibility and premium payment requirements.



### COLLEGE/PROGRAMS:

SEMI-ANNUAL COVERAGE PERIODS		College/Program	Effective Date	Expiration Date
FALL		Allied Health	07-01-25	12-31-25
		School of Dentistry	07-01-25	12-31-25
		Graduate Studies	07-01-25	12-31-25
		School of Medicine	07-01-25	12-31-25
		School of Nursing	07-01-25	12-31-25
		Resident/Post Grads	07-01-25	12-31-25
		School of Public Health	07-01-25	12-31-25
		College/Program	Effective Date	Expiration Date
SPRING		Allied Health	01-01-26	06-30-26
		School of Dentistry	01-01-26	06-30-26
		Graduate Studies	01-01-26	06-30-26
		School of Medicine	01-01-26	06-30-26
		School of Nursing	01-01-26	06-30-26
		Resident/Post Grads	01-01-26	06-30-26
		School of Public Health	01-01-26	06-30-26
SUMMER ONLY COVERAGE PERIOD		College/Program	Effective Date	Expiration Date
NEWLY ENROLLED STUDENTS ONLY		Allied Health	05-01-26	06-30-26
		School of Dentistry	05-01-26	06-30-26
		Graduate Studies	05-01-26	06-30-26
		School of Medicine	05-01-26	06-30-26
		School of Nursing	05-01-26	06-30-26
		Resident/Post Grads	05-01-26	06-30-26
		School of Public Health	05-01-26	06-30-26

## 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](http://www.bcbsla.com) and click on **FIND A DOCTOR**.

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
- Referrals available for mental health and substance abuse counseling

### 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](http://www.bcbsla.com/findcare) or call the BlueCard Access line at **800.810.BLUE (2583)**.

### STUDENT HEALTH SERVICES

Seton Building 3rd Floor  
478 S. Johnson St.  
New Orleans, LA 70112

Monday - Friday  
8:00 a.m. to 4:30 p.m.

Phone:  
504.568.1800

Email:  
[studenthealthstaff@lsuhsc.edu](mailto:studenthealthstaff@lsuhsc.edu)

Schedule an Appointment:  
504.412.1366

## CUSTOMER SERVICE

ONLINE: [www.bcbsla.com](http://www.bcbsla.com)

BY PHONE: 800.495.blue (2583)





## About BlueCare

BlueCare is Blue Cross and Blue Shield of Louisiana’s telehealth platform, which lets you have online visits with medical and behavioral health providers using a computer, smartphone, tablet or any device with Internet and a camera.

BlueCare is covered for all individual and fully insured group members and their covered dependents. Self-funded employer groups can decide whether or not to offer telehealth benefits, which will include BlueCare, to their members and their covered dependents.

### MEDICAL VISITS

BlueCare is available 24/7 to give patients more access to doctors. BlueCare is faster, easier and less expensive than going to an ER or urgent care for minor health needs. BlueCare can be useful for treating non-emergency, minor conditions like:

- Sinus infections
- Bladder Infections
- Allergies
- Cold or cough
- Fever
- Vomiting, diarrhea
- Flu symptoms
- Rashes
- Pink eye

### BEHAVIORAL HEALTH VISITS

Online appointments are available for behavioral health needs, including depression, grief, stress, life transitions, anxiety, couples’ counseling and more. Customers can log in and schedule a visit with a psychology or psychiatry provider who is trained and certified in telehealth care.

### BLUECARE COST AND CONVENIENCE

For any type of visit, BlueCare customers will be able to see what it will cost before the online visit begins. This depends on their plan type and benefits. Customers can use any major credit card, and even HSA or FSA cards, to pay for BlueCare visits. Their card will not be charged until they’ve had the visit.

Customers can also use BlueCare to get a prescription, to check in with a doctor if they need a follow-up visit, or when traveling. BlueCare providers can give work or school absence excuses by request. BlueCare providers are available in all 50 states. BlueCare meets state and federal healthcare services laws, is HIPAA compliant and is as legitimate as an in-person visit.

### SIGNING UP IS EASY

Customers can go to [www.BlueCareLA.com](http://www.BlueCareLA.com) or download the **BlueCare (one word) app from the Apple Store or Google Play for iOS and Android tablets and smartphones**. To connect to BlueCare, the customer will create a login ID and password from a computer or mobile device. Once logged onto BlueCare, customers can see which providers are available for online visits and choose the provider they want to see.

## Questions about BlueCare

### Who can use BlueCare?

If you are an individual member, which means you buy your own health insurance and do not get it through your job, you can use BlueCare.

If you get your insurance through work or another group, it depends on the services and benefits covered on your plan. If your health insurance is provided through your employer, ask your Human Resources department if BlueCare is covered on your group plan.

Your covered dependents (spouse, children, etc.) can use BlueCare if it’s one of the benefits for your plan.

Medical and behavioral health visits available!

Sign up and try BlueCare today!

[www.BlueCareLA.com](http://www.BlueCareLA.com)

BlueCare | Download on the App Store | GET IT ON Google Play

## ONLINE HEALTH & WELLNESS EDUCATIONAL TOOLS

With **Blue Cross and Blue Shield of Louisiana** you can get the resources you need to commit to healthier, happier living. Explore the **Wellness** 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 Blue365 information, visit [www.blue365deals.com/BCBSLA](http://www.blue365deals.com/BCBSLA)

## ACTIVATE YOUR ONLINE ACCOUNT

You can register for an online account by visiting [www.bcbsla.com/activate](http://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 SUMMARY OF BENEFITS

Administered by Blue Cross and 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.

	BASIC BLUE PLAN	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible - Aggregate	\$0 Individual \$0 Family	\$1,000 Individual \$3,000 family
Annual Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$5,000 individual \$10,000 family
Coinsurance	100%	70%
<b>OFFICE VISITS AND PREVENTATIVE CARE</b>		
Physician Office Visit	\$25 copay per visit	Deductible then 30%
Allied Health 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%
<b>OUTPATIENT SERVICES PERFORMED AT AN OUPATIENT FACILITY</b>		
Facility Charges	\$350 copay	Deductible then 30%
Professional Services	Plan pays 100%	Deductible then 30%
Lab and X-Ray	Plan pays 100%	Deductible then 30%
<b>INPATIENT SERVICES (NON-PARTICIPATING HOSPITAL PENALTY WILL ALSO APPLY)</b>		
Hospital	\$350 per day for the first (3) days of admission	Deductible then 30% + Non-Participating Penalty
Professional Services	Plan pays 100%	Deductible then 30%
<b>OTHER COVERED SERVICES</b>		
Prenatal Visits and Delivery	\$40 copay per pregnancy	Deductible then 30%
Emergency Room	\$350 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 Appliances & Orthotic Devices	Plan pays 80%	Deductible then 30%
Durable Medical Equipment	Plan pays 80%	Deductible then 30%
<b>BENEFITS THAT REQUIRE AUTHORIZATION (DOES NOT INCLUDE LIST OF OUTPATIENT SERVICES OR DRUGS REQUIRING AUTHORIZATION)</b>		
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%

## PRESCRIPTION DRUG BENEFITS

### Administered by Blue Cross and 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).

PRESCRIPTION DRUG COVERAGE			
Tier Level	Description	Retail Copay (up to 30-day supply)	Mail Order Copay (up to 90-day supply)
Tier 1	Primarily generic drugs, although some brand-name drugs may fall into this tier	\$7	\$21
Tier 2	Primarily brand-name drugs, although some generic drugs may fall into this tier	\$30	\$90
Tier 3	Brand-name or generic drugs that may have a therapeutic alternative as a Tier 1 or Tier 2 drug; covered compounded drugs are included in this tier	\$70	\$210
Tier 4	A prescription drug that is a multi-source brand drug	10% Specialty with \$150 maximum	N/A

### Questions About Your Prescription Drug Coverage?

#### Create an online account

- Visit the Express Scripts, Inc. at [www.express-scripts.com](http://www.express-scripts.com)

#### Call Express Scripts

- Customer Service at 1-866-781-7533 or the Pharmacy number on your ID card

## NEEDLESTICK BENEFIT

### Administered by Blue Cross and Blue Shield of LA

Needlestick injuries that expose students to blood-borne pathogens are an important public health concern and Blue Cross Blue Shield of Louisiana offers a separate Needlestick 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, needlesticks. This benefit will cover 100% of the Blue Cross and Blue Shield of Louisiana Allowable Charge for the physical evaluation, Physician office visit, student health clinic, outpatient facility, Hepatitis and HIV Antibody and Antigen tests, and an initial round of Hepatitis B vaccine.

**Place of Treatment** - According to the Blue Cross Blue Shield of Louisiana Schedule of Benefits, the only claims eligible for 100% coverage are claims submitted with **ICD-10 Codes W46.1XXA, W46.1XXD, W46.1XXS, Z57.8 and Z77.21 regardless of the place of treatment.**

This Benefit Plan does not cover any Inpatient Admission, additional or follow-up testing or treatment not specific to needlesticks, antiviral or antibiotic treatments or pharmacy benefits outside of those specifically listed under the Prescription Drug Benefit section below.

In the case of a needlestick injury, please visit BCBSLA's website at [www.bcbsla.com](http://www.bcbsla.com) for all in-network providers and facilities. Students who have Medicaid as their primary insurance must present both their needlestick card and their Medicaid card to ALL medical providers.

## PRESCRIPTION DRUG BENEFITS

### Administered by Blue Cross and Blue Shield of LA

	NEEDLESTICK BENEFIT	
Hepatitis/HIV Antibody/Antigen Tests and Vaccines	Plan pays 100%	Plan pays 100% of Allowable Charges
Lab Work	Plan pays 100%	Plan pays 100% of Allowable Charges
Outpatient Facility Charges	Plan pays 100%	Plan pays 100% of Allowable Charges

The needlestick policy offers coverage per occurrence when a student has experienced a needlestick injury. The needlestick policy identification card that students receive in the mail includes information necessary to process pharmacy claims in the event of a needlestick injury.

Bring your prescription to an in-network pharmacy. Please go to [www.bcbsla.com](http://www.bcbsla.com) to find an in-network pharmacy.

**Covered drugs are Prophylaxis Drugs, Truvada and Isentress.**

- To be prescribed when a student has come in contact with a potentially contaminated needle during the course of their training.
- Covered at 100%; There is no member cost share.
- Benefit is limited to a 3-day supply per occurrence.

**LSUHSC Students are to report the needlestick incident to LSUHSC Student Health at 504.525.4839 or email [studenthealthstaff@lsuhsc.edu](mailto:studenthealthstaff@lsuhsc.edu).**

## MEDICAL & NEEDLESTICK PLAN COSTS

MEDICAL PLAN PREMIUMS - BLUE CROSS AND BLUE SHIELD OF LA			
	FALL	SPRING	SUMMER (2 MONTHS) New Students Only
Student Only	\$3,718.80	\$3,718.80	\$1,239.60
Spouse	\$3,718.92	\$3,718.92	\$1,239.64
Child/Children	\$3,161.04	\$3,161.04	\$1,053.68
Spouse & Child/Children	\$6,879.96	\$6,879.96	\$2,293.32
Needlestick Benefit	\$16.54	\$16.54	\$5.51

TO ENROLL FOR STUDENT ONLY COVERAGE IN THE MEDICAL OR NEEDLESTICK PLANS, PLEASE CONTACT THE BURSAR’S OFFICE AT LSUHSC N.O.

### TO ENROLL IN THE MEDICAL OR NEEDLESTICK PLANS

#### STUDENTS

If you want to enroll in the medical or needlestick plan, all LSUHSC N.O. students need to apply through the LSUHSC N.O. Bursar’s Office at [NOBURSAR@LSUHSC.EDU](mailto:NOBURSAR@LSUHSC.EDU) or 504-568-4694.

#### FELLOWS & HOUSE OFFICERS

To enroll in coverage for the medical or needlestick plans, please contact the LSUHSC N.O. Bursar’s Office at [NOBURSAR@LSUHSC.EDU](mailto:NOBURSAR@LSUHSC.EDU) or 504-568-4694.

#### ELIGIBLE DEPENDENTS

To enroll in coverage for dependent medical coverage, please contact our local partner Gallagher Benefit Services at [lsu.hsc.gbs@ajg.com](mailto:lsu.hsc.gbs@ajg.com) or 225-906-1227.

Please note that you must enroll your dependents within 60 days of the effective date of coverage for your specific program, and you must pay the total premium due through the end of the current academic term upon enrollment. dependents may not be covered at any time unless you are also covered.

Please refer to page 3 for a list of programs and effective dates. If enrollment doesn’t occur within those 60 days following the effective dates, you will only be allowed to enroll your dependents within 31 days of an involuntary loss of group coverage or a qualifying life event.

## QUESTIONS?

if you have any questions about enrollment or benefits in any of the plans in this brochure, please contact Gallagher Benefit Services at [lsu.hsc.gbs@ajg.com](mailto:lsu.hsc.gbs@ajg.com) or call 225-906-1227.

## QR CODE

Please scan the QR Code to download all Registration Forms



## DENTAL BENEFITS

### Reliance Standard

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with LSUHSC N.O. voluntary dental benefit plan.

Contract year Deductible Per Member / Per Family	\$50 / \$150 Not Applied to Diagnostic & Preventive Services	
Annual Benefit Maximum Per Member (In-Network & Out-of-Network, Class A, B, C)	\$1,000	
Carryover Benefit	\$250 (Threshold Limit \$500, Carryover Account Maximum \$1,000)	
	CONTRACT PAYS	
<b>CLASS A - DIAGNOSTIC &amp; PREVENTIVE CARE</b>	IN NETWORK	OUT OF NETWORK
Routine Oral Exams and Cleanings		
Bitewing X-Rays (once a year)		
Fluoride Treatments (children under 15 only)	90%	90%
Full Mouth X-Rays (once every 3 years)		
<b>CLASS B - BASIC SERVICES</b>		
Basic Restorative (Fillings)		
Simple Extractions	80%	80%
<b>CLASS C - MAJOR CARE (12 MONTH WAITING PERIOD)</b>		
Endodontics (Root Canals)	50%	50%

\*This is a brief description of your benefits for illustrative purposes only. Please refer to your schedule of benefits for more information.

#### [To Find A Dentist:](#)

Visit [dentalnetwork.ameritas.com](http://dentalnetwork.ameritas.com) / enter your city, state or zip code / then click select a network / click Classic PPO / then click search / or call 800-497-7044



#### [Dental and Vision Member Account Registration](#)

With your member account, you can access ID cards, view plan details, track claims and find helpful resources, all in one place.

Follow this step-by-step instructions to register and create your member account.

- Visit [reliancematrix.com/individuals/dental-and-vision](http://reliancematrix.com/individuals/dental-and-vision)
- In the 'Member Services' section select the 'Member Services' link.
- Click 'Register / Click member or dependent / then fill out the required fields.

## VISION BENEFITS

### Reliance Standard

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. Keep your eyes healthy with LSUHSC N.O. voluntary vision benefit plan.

	In Network	Out of Network
<b>COPAYMENTS (12 MONTHS FREQUENCY)</b>		
Eye Examinations	\$10 copay	\$10 copay
Materials (Lenses and/or Frames)	\$10 copay	\$10 copay
<b>EYEGLASS BENEFIT - FRAMES (12 MONTHS FREQUENCY)</b>		
Frame	\$150 Retail Allowance	up to \$70 allowance
<b>EYEGLASS BENEFIT - SPECTACLE LENSES (12 MONTHS FREQUENCY)</b>		
Lenses (Single, Bifocal, Trifocal)	Covered by copay	up to \$30, \$50, \$65 allowance
Lenticular Lens Upgrade	Covered by copay	up to \$100 allowance
Progressive Lens Upgrade	*See lens options	*See lens options
<b>CONTACT LENS BENEFIT (IN LIEU OF EYEGLASSES) (12 MONTHS FREQUENCY)</b>		
Elective Contact Lenses	up to \$150 allowance	up to \$120 allowance
Medically Necessary Contact Lenses (with prior approval)	Covered by copay	up to \$210 allowance

\*This is a brief description of your benefits for illustrative purposes only. Please refer to your schedule of benefits for more information.

#### VSP Choice Network + Affiliates (Other than Costco)

VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.

#### [To Find A Vision Provider:](#)

Visit [vsp.com/eye-doctor](http://vsp.com/eye-doctor) / enter your zip code or city, state / then click search/ or call 800-877-7195



## VOLUNTARY DENTAL & VISION PLAN COSTS

DENTAL PLAN PREMIUMS - VOLUNTARY - RELIANCE STANDARD				
	ANNUAL	FALL	SPRING	SUMMER (2 MONTHS)
Student Only	\$314.28	\$157.14	\$157.14	\$52.38
Student + One	\$628.44	\$314.22	\$314.22	\$104.74
Student + Two or More	\$1,116.48	\$558.24	\$558.24	\$186.08

VISION PLAN PREMIUMS - VOLUNTARY - RELIANCE STANDARD				
	ANNUAL	FALL	SPRING	SUMMER (2 MONTHS)
Student Only	\$114.84	\$57.42	\$57.42	\$19.14
Student + One	\$218.40	\$109.20	\$109.20	\$36.40
Student + Two or More	\$368.04	\$184.02	\$184.02	\$61.34

### TO ENROLL IN THE VOLUNTARY DENTAL OR VISION PLAN

Gallagher Student Health & Special Risk (GSH) a division of Arthur J. Gallagher, will manage the Voluntary Dental & Vision on-line enrollment process.

Students should enroll and pay for their own coverage at <https://www.gallagherstudent.com/lsu-no> and follow these steps:

- If this is your first time creating an account, click on the "Sign up" button and complete the "User Registration" form and create a new account.
- If you already have an account, click on the "Log in" button.
- Enter your email address and password.
- If you have forgotten your password, click on the "forgot your password" option and follow the instructions to create a new one.
- After logging in, select the coverage you want to enroll in, such as "Dental/Vision."
- Complete the on-line enrollment form with the required information.
- Choose your preferred method of payment: e-check or credit card.
- Proceed with the payment process according to the selected method.
- Follow any additional instructions or prompts provided on the website to finalize your enrollment and payment.

You need to enroll yourself and your dependents within 60 days of the effective date of coverage for your specific program. Please refer to page 3 for a list of programs and effective dates.

For more detailed benefit information, select "Plan Highlights" and select the plus (+) sign next to Reliance Standard Vision and Dental.

## 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. 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.

## PREVENTIVE CARE

Blue Cross is committed to preventive 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 brought changes to the healthcare industry. 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 hemocult (colon) test for adult men and women
- Lab and low-tech X-ray services covered at 100 percent
- Vision impairment screening

## QUALITY BLUE PRIMARY CARE (QBPC)

To maximize and improve healthcare services delivered to their customers, Blue Cross is working closely with primary care doctors in our network and making your health information – like medical claims for treatment - available so your doctor has a fuller picture of your health and history when you go in for appointments. This saves you time and effort, so you can spend office visits talking with your doctor about your needs or questions.

You'll get help and coaching to be as healthy as you can be: Between appointments, you can talk with a Blue Cross nurse who will be your health coach, help you stick to your care plan and give you the support you need to achieve your health goals.

You have a team behind you: Blue Cross collaborates with your QBPC doctor's office, working together to improve your health and help you stay on top of your wellness.

To find out if your doctor is enrolled in QBPC, you can check the online provider directory, where BCBSLA has a blue “Q” to show which doctors are participating. Quality Blue Primary Care (QBPC) doctor's will charge you a cheaper copayment of \$10 each visit.

## NOTICE OF PLAN CHANGES FOR 2025

Urinary Dysfunction and Sexual Dysfunction Treatment resulting from Cancer Diagnosis or Treatment – Act 621 (HB 508) - The Louisiana Legislative Act 621 enacts La. R.S. 22:1077.3 and provides that any health benefit plan that provides medical and surgical benefits for cancer treatments shall provide coverage of medical and surgical treatments for the correction of urinary dysfunction and sexual dysfunction resulting from cancer or the treatment of cancer. The law specifically lists that the following must be covered:

- Penile injections
- External pumps
- Surgical implants.

Breast MRI Coverage - Act 174 (SB 388) - The Louisiana Legislative Act 174 amends La. R.S. 22:1028.2(B)(1) and (B)(1)(c) related to specific Breast Magnetic Resonance Imaging (MRI). Breast MRI will be provided pursuant to 2021 La. Act No. 45 and will continue to waive the deductible, if applicable.

Contrast-Enhanced Mammogram Coverage - Act 174 (SB 388) The Louisiana Legislative Act 174 amends La. R.S. 22:1028.2(B)(1) and (B)(1)(c) related to contrast-enhanced mammograms.

Oral Surgery and Dental Services - If your Group covers oral surgery, the language in benefit plans, including definitions, will be significantly revised. The revisions reflect current medical and clinical understanding of the conditions, services, treatments, and/or procedures that are covered as oral surgery benefits.

## EASY-TO-READ SBC DOCUMENT HELPS YOU UNDERSTAND YOUR BENEFITS

As part of the health care reform law, the government established a health plan information document called the Summary of Benefits and Coverage (SBC). The SBC will help you understand and compare different medical plan options. It provides an overview of each medical plan in a standard format and is written in easy-to-understand language. The SBC for this group plan, Premier Blue Copay 100/70, is available at <http://producers.bcbsla.com/sbc>

The Summary of Benefits and Coverage includes three parts:

### ***Benefits and coverage information***

This section includes a chart that lists the main features of your medical plan option(s). It answers fundamental questions about the coverage levels of the plan options. It also provides specific information about coverage for different services, such as office visits, prescription drugs and emergency room services.

### ***Coverage examples***

The coverage examples on the last two pages of the document show how the plan might cover medical care for three specific scenarios – “Having a Baby,” and “Managing Type 2 Diabetes,” and “Simple Fracture.” The examples show what the plan would pay and what the patient would pay based on a common set of assumptions. It is important to note that these are examples only. They should not be used to estimate your actual costs under the plan.

### ***A link to a Uniform Glossary***

The SBC explains how to access or request a glossary with definitions for common health insurance and medical terms, such as copayment and deductible. There may be differences between terms found in the Uniform Glossary and those in your health plan documents. In these instances, you should go by the terms in your health plan document.



*This benefit summary prepared by*



Insurance | Risk Management | Consulting