

## Putting You First

- Lifetime maximum of \$5 Million
- No copays
- No referrals needed for specialists
- Critical Illness Direct Cash Benefit
- 24-hour nurse line and Health Advisors
- Plan covers reading of lab results
- First Choice Providers covered at 100%
- Generic prescriptions covered at 100%
- Employee Assistance Program (EAP)

## How the Plan Works:

### Preventive Care: 100% Coverage With In-Network Providers

#### Well-child care:

- 6 visits the first year
- 3 visits the second year
- Annual visits from 24 months through age 18
- Immunizations

#### Adult preventive care (age 18+):

- Routine exams
- Immunizations
- Annual Pap Smear
- Age-appropriate cancer screenings (mammogram, colonoscopy, prostate, etc.)

For full details, check online or call.

## 1. Health Reimbursement Account (HRA)

- Benefit dollars allocated for you; you have flexibility about how to use
- Pays first at 100% of eligible medical and pharmacy expenses, while dollars are available
- Unused dollars roll over for the future

	Employee	Employee + Spouse	Employee + Child(ren)	Family
Annual HRA Contribution	\$1,000	\$1,500	\$1,500	\$2,000
Maximum Rollover Amounts	\$4,000	\$6,000	\$6,000	\$8,000

## 2. Member Responsibility

If you use all of your HRA, then you pay for additional health care expenses up to the amount of your Member Responsibility. If you incur pharmacy expenses during this time, you will need to pay at the pharmacy. You will be billed for medical expenses. NOTE: Services received from First Choice Providers and generic prescription drugs are both covered at 100% when you are in your Member Responsibility. See other side for details.

	Employee	Employee + Spouse	Employee + Child(ren)	Family
Option 1	\$500	\$750	\$750	\$1,000
Option 2	\$1,500	\$2,250	\$2,250	\$3,000

## 3. Health Coverage

If you exceed your HRA and meet your Member Responsibility, Health Coverage pays for additional expenses at the noted percentages. The percentage you owe is called coinsurance. You will need to pay your coinsurance at the pharmacy. Refer to the Web site or call for a complete list of covered services. NOTE: Services received from First Choice Providers and generic prescription drugs are both covered at 100%.

	In	Out*
Medical Services and Prescription Drugs	90%	70%

### Out-of-Pocket Maximum:

The annual dollar cap you owe during health coverage

	Employee	Employee + Spouse	Employee + Child(ren)	Family
Option 1	In: \$1,000	In: \$1,500	In: \$1,500	In: \$2,000
	Out: \$3,000	Out: \$4,500	Out: \$4,500	Out: \$6,000
Option 2	In: \$1,000	In: \$1,500	In: \$1,500	In: \$2,000
	Out: \$4,000	Out: \$6,000	Out: \$6,000	Out: \$8,000

\*Based on the usual and customary cost for service in your area.

## How it Works – Family Option 1

**1** LSU Pays  
\$2,000

**2** You Pay  
\$1,000 for brand name drugs and non-First Choice Providers

**3** LSU and You Share  
In-network 90%  
Out-of-Network 70%

Preventive Care Covered 100%

First Choice Providers and Generic Drugs Covered 100% after HRA

**100% coverage**  
If you hit the out-of-pocket maximum.  
Medical Care and pharmacy.

## Health Tools & Resources

- Personal Web site – track HRA balances and claims, compare cost and quality for medical care and prescription drugs, order prescription drug refills and more.
- Nurse Health Advisors to support your wellness efforts and help maximize your benefits.
- Care management nurses for all health conditions and other health concerns.
- Monthly pharmacy consumer alerts to help you save money.

See your Human Resources Department for the cost of each option.

**4/1/08 - 6/30/08\*:**  
**1.866.LSU.0742 (1.866.578.0742)**

**Beginning 7/1/08:**  
**1.866.929.LSU1 (1.866.929.5781)**

\*Representatives are available weekdays from 7 a.m. to 5 p.m. CT. Or you may contact your local Human Resources Department.

## Other Important Things to Know About LSU First

### 1. The LSU First Team

The LSU First team is comprised of the following partners working together for your health care benefits.

**LSU System** – Sponsors the Plan and is financially responsible for paying your claims.

**CIGNA** – Your claims administrator. CIGNA also supports your health care decisions with nurse Health Advisors and the 24-Hour Health Information Phone Line. You can track your claims and balances through a personal Web site.

**Express Scripts** – Your pharmacy benefits administrator including convenient mail order service that gives you a 90-day supply and free shipping. With Express Scripts, you can easily order refills, check medication prices and find the best value prescription drugs. You can also track your pharmacy claims online. CuraScript, a specialty and injectable medication pharmacy, offers counseling, education, convenient delivery and complementary medical supplies.

**First Choice Providers** – Services received from a First Choice Provider will be covered 100% after you have exhausted your HRA. Member responsibility and coinsurance do not apply. Only your current plan year HRA is exhausted; rollover amounts in your HRA remain with you.

**Managed Care Concepts, Inc. (MCC)** – Your partner with care management nurses. MCC manages the case and disease management process, proactively reaching out to members with specific health care risks, which include cardiac and respiratory diseases, hypertension and diabetes.

### 2. Nationwide Provider and Pharmacy Networks

As mentioned above, the First Choice Providers are available to you. In addition, there's a local and nationwide network through CIGNA Open Access Plus. In the event a provider doesn't participate with CIGNA Open Access Plus, Verity providers can be utilized for in-network benefits.

Express Scripts also offers a large, nationwide pharmacy network. The vast majority of retail pharmacies participate. To confirm in-network providers and pharmacies, go online or call.

### 3. 100% Coverage for Generic Prescription Drugs After HRA is Exhausted

Applies to in-network pharmacies only. Only your current Plan year HRA is exhausted; rollover amounts in your HRA remain with you.

### 4. Critical Illness Direct Cash Benefit

The Critical Illness Direct Cash Benefit is available to all employees as a part of your Plan benefit, which includes the following:

- Heart Attack
- Stroke
- Major Organ Transplant
- Renal Failure (End Stage)
- Internal Cancer
- Coronary Artery Bypass Surgery

Employees impacted by one of these critical illnesses may receive a direct cash payment upon submitting necessary claim forms. See Summary Plan Description for additional details.

#### Additional Occurrence Benefit

If you collect supplemental benefits under the Plan and later have one of the remaining covered illnesses, the full benefit amount will be paid for any additional illness that takes place.

#### Re-occurrence Benefit

If you are diagnosed twice with the same condition, the full benefit will be paid again in the event the reoccurrence is at least 12 months after the previous illness.

Spousal coverage and additional employee coverage can be purchased separately through the Voluntary AIG Critical Illness Plan.

### 5. Employee Assistance Program (EAP)

This program provides support for many of life's challenges. From finding trusted child care to understanding your legal rights, or to helping you through a stressful time, the EAP is available to help.