### 2019 LSU Health Plan Comparison

For the 2019 Plan Year, employees of LSU will have seven (7) 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 comparison of the benefits for each plan.

<table>
<thead>
<tr>
<th>Plan Design</th>
<th>LSU First Option 1</th>
<th>Pelican HRA 1000</th>
<th>Pelican HSA 775</th>
<th>Magnolia Local</th>
<th>Magnolia Local Plus</th>
<th>Magnolia Open Access</th>
<th>Vantage Medical Home</th>
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</thead>
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<thead>
<tr>
<th>Plan Design</th>
<th>Deductible</th>
<th>Network</th>
<th>Deductible</th>
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<tbody>
<tr>
<td>Employee</td>
<td>$500</td>
<td>$600</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$400</td>
<td>No Coverage</td>
<td>$400</td>
<td>No Coverage</td>
<td>$900</td>
<td>$900</td>
<td>$400</td>
<td>$1,500</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$750</td>
<td>$750</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$800</td>
<td>No Coverage</td>
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<td>No Coverage</td>
<td>$1,800</td>
<td>$1,800</td>
<td>$800</td>
<td>$3,000</td>
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<tr>
<td>Employee + Child(ren)</td>
<td>$750</td>
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<td>$4,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$1,200</td>
<td>No Coverage</td>
<td>$1,200</td>
<td>No Coverage</td>
<td>$2,700</td>
<td>$2,700</td>
<td>$1,200</td>
<td>$4,500</td>
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<tr>
<td>Employee + Family</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$1,200</td>
<td>No Coverage</td>
<td>$1,200</td>
<td>No Coverage</td>
<td>$2,700</td>
<td>$2,700</td>
<td>$1,200</td>
<td>$4,500</td>
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</table>

- HRA dollars will be rolled over.
- HSA dollars will reduce this amount.

<table>
<thead>
<tr>
<th>Maximum Out of Pocket</th>
<th>State Funding</th>
<th>State Funding</th>
<th>State Funding</th>
<th>State Funding</th>
<th>State Funding</th>
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<tbody>
<tr>
<td>Employee</td>
<td>$4,500</td>
<td>$7,500</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$5,000</td>
<td>$10,000</td>
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<tr>
<td>Employee + Spouse</td>
<td>$6,750</td>
<td>$11,250</td>
<td>$10,000</td>
<td>$20,000</td>
<td>$10,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$6,750</td>
<td>$11,250</td>
<td>$10,000</td>
<td>$20,000</td>
<td>$10,000</td>
<td>$20,000</td>
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<tr>
<td>Employee + Family</td>
<td>$9,000</td>
<td>$15,000</td>
<td>$10,000</td>
<td>$20,000</td>
<td>$10,000</td>
<td>$20,000</td>
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</tbody>
</table>

- Includes HRA and Deductible.

<table>
<thead>
<tr>
<th>Physicians’ Services</th>
<th>Network</th>
<th>Non Network</th>
<th>Network</th>
<th>Non Network</th>
<th>Network</th>
<th>Non Network</th>
<th>Network</th>
<th>Non Network</th>
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<th>Non Network</th>
<th>Network</th>
<th>Non Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician or Specialist</td>
<td>First Choice: 100% coverage after HRA Verity/Aetna; 80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible and MRC*</td>
<td>60% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>100% coverage after a $25 PCP or $50 SPC co-pay per visit</td>
<td>No Coverage</td>
<td>90% coverage; subject to deductible</td>
<td>70% coverage; subject to deductible</td>
<td>100% coverage after a $10 ANH/$20 PCP or $35 ANH/$45 SPC co-pay per visit</td>
<td>50% coverage; subject to Out-of-Network deductible</td>
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<tr>
<td>Maternity Care</td>
<td>First Choice: 100% coverage after HRA Verity/Aetna; 80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible and MRC*</td>
<td>60% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>100% coverage after a $90 co-pay per pregnancy</td>
<td>No Coverage</td>
<td>90% coverage; subject to deductible</td>
<td>70% coverage; subject to deductible</td>
<td>100% coverage after a $10 ANH/$20 PCP or $35 ANH/$45 SPC co-pay per visit</td>
<td>50% coverage; subject to Out-of-Network deductible</td>
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<tr>
<td>Physician Services Furnished in a Hospital</td>
<td>First Choice: 100% coverage after HRA Verity/Aetna; 80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible and MRC*</td>
<td>60% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>100% coverage; subject to deductible</td>
<td>No Coverage</td>
<td>90% coverage; subject to deductible</td>
<td>70% coverage; subject to deductible</td>
<td>100% coverage; subject to Tier I deductible</td>
<td>50% coverage; subject to Out-of-Network deductible</td>
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<tr>
<td>Preventive Care</td>
<td>100% coverage; subject to deductible</td>
<td>100% coverage; subject to deductible</td>
<td>100% coverage; subject to deductible</td>
<td>100% of fee schedule amount</td>
<td>Plan participant pays the difference between the billed amount and the fee schedule amount; NOT subject to deductible</td>
<td>100% of fee schedule amount</td>
<td>Plan participant pays the difference between the billed amount and the fee schedule amount; NOT subject to deductible</td>
<td>100% coverage; subject to deductible</td>
<td>100% coverage; subject to deductible</td>
<td>50% coverage; subject to Out-of-Network deductible</td>
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<tr>
<td>Physicians' Services</td>
<td>LSU First Option 1 Coverage</td>
<td>Pelican HRA 1000 Coverage</td>
<td>Pelican HSA 775 Coverage</td>
<td>Magnolia Local Coverage</td>
<td>Magnolia Local Plus Coverage</td>
<td>Magnolia Open Access Coverage</td>
<td>Vantage HMO Coverage</td>
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<tr>
<td>Physician Services for ER Care</td>
<td>First Choice: 100% coverage after HRA</td>
<td>Verity/Aetna: 80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>100% coverage; subject to deductible</td>
<td>90% coverage; subject to deductible</td>
<td>90% coverage; subject to Out-of-Network deductible</td>
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<tr>
<td>Outpatient Surgery/Services (billed as outpatient surgery at a facility)</td>
<td>First Choice: 100% coverage after HRA</td>
<td>Verity/Aetna: 80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>100% coverage; subject to deductible</td>
<td>100% coverage; subject to deductible</td>
<td>100% coverage; subject to Out-of-Network deductible</td>
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<tr>
<td>Hospital Services</td>
<td>First Choice: 100% coverage after HRA</td>
<td>Verity/Aetna: 80% coverage; subject to deductible</td>
<td>100% coverage; subject to MRC*</td>
<td>80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>100% coverage; after a $100 co-pay per day. $300 per admission max</td>
<td>No Coverage</td>
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<tr>
<td>Inpatient Services</td>
<td>First Choice: 100% coverage after HRA</td>
<td>Verity/Aetna: 80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>100% coverage; after a $100 facility co-pay per visit</td>
<td>No Coverage</td>
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<tr>
<td>Outpatient Surgery/Services (billed at a hospital)</td>
<td>First Choice: 100% coverage after HRA</td>
<td>Verity/Aetna: 80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>100% coverage; after a $100 facility co-pay per visit</td>
<td>No Coverage</td>
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<tr>
<td>Emergency Room Care</td>
<td>First Choice: 100% after $150 co-pay</td>
<td>Verity/Aetna: 80% coverage after $150 co-pay; subject to deductible; co-pay waived if admitted</td>
<td>80% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>100% coverage after $150 co-pay per visit; waived if admitted</td>
<td>100% coverage after $150 co-pay per visit; waived if admitted</td>
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<tr>
<td>Behavioral Health</td>
<td>First Choice: 100% coverage after HRA</td>
<td>Verity/Aetna: 80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>100% coverage after $100 co-pay per day. $300 per admission max</td>
<td>No Coverage</td>
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<tr>
<td>Mental Health and Substance Abuse - Inpatient</td>
<td>First Choice: 100% coverage after HRA</td>
<td>Verity/Aetna: 80% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>100% coverage after $100 co-pay per day. $300 per admission max</td>
<td>No Coverage</td>
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<tr>
<td>Mental Health and Substance Abuse - Outpatient</td>
<td>First Choice: 100% coverage after HRA</td>
<td>Verity/Aetna: 80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>100% coverage after $25 co-pay per visit</td>
<td>No Coverage</td>
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<tr>
<td>Other Services</td>
<td>LSU First Option 1 Coverage</td>
<td>Pelican HRA 1000 Coverage</td>
<td>Pelican HSA 775 Coverage</td>
<td>Magnolia Local Coverage</td>
<td>Magnolia Local Plus Coverage</td>
<td>Magnolia Open Access Coverage</td>
<td>Vantage HMO Coverage</td>
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<tr>
<td>Outpatient Short-Term Rehabilitation Services (PT/ST/OT/Other)</td>
<td>First Choice: 100% coverage after HRA</td>
<td>60% coverage; subject to deductible</td>
<td>80% coverage; subject to deductible</td>
<td>60% coverage; subject to deductible</td>
<td>100% coverage; after $25 co-pay per visit</td>
<td>No Coverage</td>
<td>100% coverage; after a $10 AHN/$20 co-pay per visit</td>
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<tr>
<td></td>
<td>Tier 3 - Non-Preferred Brand</td>
<td>Tier 3 - Non-Preferred Brand</td>
<td>Tier 3 - Non-Preferred Brand</td>
<td>Magnolia Local Plus</td>
<td>Magnolia Local Plus</td>
<td>Magnolia Open Access</td>
<td>Magnolia Open Access</td>
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<td>Tier 2 - Preferred Brand</td>
<td>Tier 2 - Preferred Brand</td>
<td>Tier 2 - Preferred Brand</td>
<td>Tier 1 - Generic</td>
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<td>Tier 1 - Generic</td>
<td>Tier 1 - Generic</td>
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</table>

**Routine Vision Exam**
- 100% coverage; NOT subject to HRA or deductible
- No Coverage
- No Coverage
- No Coverage
- No Coverage
- No Coverage
- No Coverage
- 100% coverage; after a $10 AHN/$20 co-pay per visit

**Urgent Care Center**
- First Choice: 100% coverage after HRA
- Yes: 60% coverage; subject to deductible and MRC
- 80% coverage; subject to deductible
- 60% coverage; subject to deductible
- 60% coverage; subject to deductible
- 100% coverage; after $50 co-pay per visit
- No Coverage
- 100% coverage; after $50 co-pay per visit
- 100% coverage; after $50 co-pay per visit

**Home Health Care Services**
- First Choice: 100% coverage after HRA
- Yes: 60% coverage; subject to deductible and MRC
- 80% coverage; subject to deductible
- 60% coverage; subject to deductible
- 60% coverage; subject to deductible
- 100% coverage; subject to deductible
- No Coverage
- 100% coverage; subject to deductible
- 100% coverage; subject to deductible

**Hospice Care**
- First Choice: 100% coverage after HRA
- Yes: 60% coverage; subject to deductible and MRC
- 80% coverage; subject to deductible
- 60% coverage; subject to deductible
- 60% coverage; subject to deductible
- 100% coverage; subject to deductible
- No Coverage
- 100% coverage; subject to deductible
- 100% coverage; subject to deductible

**Durable Medical Equipment (DME)**
- First Choice: 100% coverage after HRA
- Yes: 60% coverage; subject to deductible and MRC
- 80% coverage; subject to deductible
- 60% coverage; subject to deductible
- 60% coverage; subject to deductible
- 80% coverage of the first $5,000 allowable; 100% in excess of $5,000 per plan year; subject to deductible
- No Coverage
- 80% coverage of the first $5,000 allowable; 100% in excess of $5,000 per plan year; subject to deductible
- 80% coverage of the first $5,000 allowable; 100% in excess of $5,000 per plan year; subject to deductible

**Pharmacy**
- First Choice: 100% coverage after HRA
- Yes: 60% coverage; subject to deductible and MRC
- 80% coverage; subject to deductible
- 60% coverage; subject to deductible
- 60% coverage; subject to deductible
- 80% coverage of the first $5,000 allowable; 100% in excess of $5,000 per plan year; subject to deductible
- No Coverage
- 80% coverage of the first $5,000 allowable; 100% in excess of $5,000 per plan year; subject to deductible
- 80% coverage of the first $5,000 allowable; 100% in excess of $5,000 per plan year; subject to deductible

**After the out-of-pocket threshold of $1,500 is met:**
- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty

*Subject to Maximum Reimbursable Charge

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage. For full details of any plan listed, please refer to the Plan Document.