

Louisiana State University Summary of Benefits

Effective 01.01.15

Am I Eligible?	You are eligible if you are an Active, Salaried Academic, Unclassified or Classified Employee working at 75% full-time employment or greater, per pay period (average 30 hours per week), with an appointment of more than 120 days or one regular academic semester.
What is Accident Insurance?	Pays the benefit to you upon your own or a covered dependent's injuries* due to a covered accident. Benefits are paid per covered accident unless otherwise stated. You may use the money any way you choose. <i>*Subject to all plan limitations and exclusions.</i>
Why do I need Accident Insurance?	You can never anticipate an accident but you can financially protect yourself when you experience one. Whether you use it to pay for medical out-of-pocket expenses, lost income or other household needs, additional cash can make a big difference.
Is accident coverage for accidents that happen at any time?	Coverage is for accidents that happen on <u>or</u> off the job.
How much Voluntary Accident Insurance May I purchase?	Your employer offers Accident coverage for you and your eligible dependents, as outlined in the chart on the last 2 pages. Your coverage includes both Base and Enhanced Benefits .
Are there other limitations to enrollment?	You must be Actively at Work with your employer on the day your coverage takes effect. There are Limitations outlined on the last two pages in this summary.
Do I still pay my Accident Insurance premiums if I become disabled?	If you become totally disabled as a result of a Covered Accident and you remain totally disabled for at least 30 consecutive days, your Employee Accident Insurance premium, excluding Dependent coverage, may be waived not to exceed 6 months.
Can I keep my Accident coverage if I leave my employer?	Portability (sometimes called Continuation) may be an option available if you leave your employer and your coverage was in effect for at least 6 months. Please see your plan documents to determine if you meet all conditions to be eligible for portability. To elect portability, you must apply and pay the premium within 31 days of the termination of your Accident Insurance. You must elect portability for your own coverage in order to elect portability for your Spouse and or Child(ren).

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ACCIDENT PROTECTION PLAN COST SUMMARY Current Monthly Rates

	Base + Enhanced
Employee only	\$ 9.15
Employee + Spouse	\$13.60
Employee + Child(ren)	\$12.36
Employee + Spouse + Child(ren)	\$16.81

Important Details

Exclusions and Renewal Provisions: The policy does not cover loss due to disease, bodily or mental infirmity; suicide or intentionally self-inflicted injury, participating in a riot or felony; war; drug use not prescribed by a physician; loss occurring while intoxicated or engaged in hazardous activities including any kind of air diving / gliding / bungee jumping, off road motor use or motor race, stunt driving or speed testing; travel in a private aircraft (or commercial except as a fare paying passenger on a flight with at least 15 seats); engaging in semi or professional sports. Injury on the job is only covered under the 24 hour option.

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the sponsoring employer, or no longer meets the specific eligibility requirements stated in the Policy, or the Policy terminates. The policy is renewable at the option of the company, See the policy for terms and periods related to continuation during approved leaves.

Benefit provisions, exclusions and limitations may vary as a result of state specific requirements and/or the plan designs selected by the group.

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BASE BENEFITS			
Benefit	Benefit Amount	Benefit	Benefit Amount
Accidental Death*	\$20,000	Hospital Admission	\$800
Accidental Dismemberment* <i>-Both hands or feet or combination</i> <i>-One hand or foot</i> <i>-Two or more fingers or toes or combination</i> <i>-One finger or toe</i>	\$20,000	Hospital Inpatient Stay – per day, <i>up to 365 days</i>	\$160
	\$10,000	Hospital Intensive Care Unit (ICU) Admission	\$2,500
	\$4,000	Hospital ICU Inpatient Stay—per day, <i>up to 30 days</i>	\$500
	\$2,000	Air Ambulance	\$1,200
			Ground Ambulance
Accidental Death Common ¹ Carrier*	\$80,000	Emergency Room Treatment	\$100
<i>*Child benefit 50% of employee/spouse and only one benefit per accident (largest benefit)</i>		Initial Physician (Office) Visit	\$40
¹ A common carrier is a company that provides some sort of public transportation. For the types of public transportation covered by UnitedHealthcare's Accident Protection Plan, refer to the certificate of coverage.			

ENHANCED BENEFITS				
Benefit	Benefit Amount	Benefit	Benefit Amount	
Major Diagnostic Exam	\$160	Organized Sporting Activity Injury		
Follow up Physician Visit	\$40	Increases the amount payable for certain injuries by the lesser of 25% or \$10,000		
Physical Therapy- per day up to 6 days	\$30	Concussion – Once per 12 month period	\$140	
Medical Appliances (equipment)	\$140	Coma	\$10,000	
Prosthetic - per prosthesis, maximum 2 devices	\$500	Dental Emergency		
Rehabilitation Unit—per day, up to 30 days	\$80	<i>Broken teeth repaired with crown(s)</i> \$200		
Burns		<i>Broken teeth resulting in extractions</i> \$80		
	<i>2nd Degree (at least 36% of body surface)</i>	\$500	Eye Surgery	\$200
	<i>3rd Degree (9 to 34 square inches)</i>	\$1,000	Family Child Daycare (per day up to 30 days)	\$28
<i>3rd Degree (35 or more square inches)</i>	\$8,000	Family Lodging (per day)	\$140	
Skin Grafts -25% of Burn Benefit		Transportation (for Special treatment more than 100 miles away-up to 3 trips per accident)	\$400	
Ruptured Disc	\$400	Lacerations (cuts and scrapes)		
Tendon/Ligament/Rotator Cuff/Knee Cartilage		<i>Laceration not requiring stitches, staples or glue</i> \$30		
	<i>-Surgery to Repair one</i>	\$400	<i>Total of All Lacerations:</i>	
	<i>-Surgery to Repair more than one</i>	\$800	<i>-Not more than 5 cm</i> \$50	
<i>-Exploratory surgery w/o repair</i>	\$140	<i>-More than 5 cm, but less than 15cm</i> \$200		
Blood/Plasma/Platelets	\$280	<i>-More than 15 cm</i> \$400		
Paralysis		Abdominal/Thoracic (Abdomen/chest) Surgery		
	<i>-Quadriplegia (paralysis of all four limbs)</i>	\$10,000	<i>-Surgery to repair</i> \$1,000	
	<i>-Paraplegia (paralysis of legs)</i>	\$5,000	<i>-Exploratory Surgery w/o repair</i> \$100	
<i>-Hemiplegia (paralysis of one side of the body)</i>	\$5,000			

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ENHANCED BENEFITS <i>(continued)</i>					
Benefit	Benefit Amount		Benefit	Benefit Amount	
Dislocations:			Fractures (broken bones):		
Surgical Reduction Type:	Open Reduction ¹	Closed Reduction ² w/anesthesia	Surgical Reduction Type:	Open Reduction ¹	Closed Reduction ² w/anesthesia
Hip	\$3,200	\$1,600	Skull (except bones of face or nose)		
Knee (except Patella or knee cap)	\$1,600	\$800	Depressed (dented)	\$4,000	\$2,000
Ankle or Foot (other than toes)	\$1,280	\$640	Simple (cracked)	\$1,600	\$800
Collar Bone (Sternoclavicular)	\$800	\$400	Hip, Thigh (femur)	\$2,400	\$1,200
Lower Jaw, Shoulder, Wrist, Hand or Elbow	\$480	\$240	Vertebrae, Pelvis, or Leg	\$1,280	\$640
Collar Bone (Acromoclavicular)	\$160	\$80	Face, Nose, Upper Jaw or Upper Arm	\$560	\$280
One Toe or Finger	\$160	\$80	Lower Jaw, Shoulder Blade, Collarbone, or Vertebral Process (part of spinal bones)	\$480	\$240
			Forearm, Hand, Wrist, Kneecap, Foot or Ankle	\$480	\$240
			Rib	\$400	\$200
			Coccyx (tailbone)	\$320	\$160
			Finger or Toe	\$80	\$40
			<i>Chip Fractures</i>		
¹ Realignment with incision ² Realignment without incision					

UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company and its affiliates. In Texas, it is provided on Policy Form UHCAC-POL-1-TX (01/12). UnitedHealthcare Insurance Company is located in Hartford, CT.

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