## 2026 LSU Health Insurance Comparison

Active employees of LSU have six (6) health plan options to choose from. This comparison chart is a summary of plan features and is presented for general information only. For a complete list of plan features, please review the plan documents. We recommend that you review your plan options to ensure you have the coverage that best meets your needs.

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	LSU First			Pelican		Pelican		Magnolia		Magnolia		Magnolia	
		Loornst		HRA 1000		HSA 775		Local		Local Plus		Open Access	
							Blue Cross Blue Shield of LA Preferred				nield of LA Preferred	Blue Cross Blue Shield of LA Preferred	
Network	First Choice, Verity HealthNet, Aetna ASA			Care Providers & BCBS National Providers		Care Providers	& BCBS National	Blue Cross Blu		Care Providers &	& BCBS National	Care Providers & BCBS National	
						Providers		Community Blue & Blue Connect		Providers		Providers	
						·							
Eligible Members	Actives and Non-Medicare Retirees			Actives and Non-Medicare Retirees		Actives		Actives and Non-Medicare Retirees		Actives and Non-Medicare Retirees		Actives and Non-Medicare Retirees	
g	7.0				te after 3/1/15)			(retirement date after 3/1/15)		(retirement date after 3/1/15)		(retirement da	te after 3/1/15)
	Deductible			Dodu	ıctible	Dodu	ıctible	Dedu	otiblo	Deductible		Dodu	ıctible
Plan Design	First Obsiss		Nam Nationali										
	First Choice	In-Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Employee	\$0	\$500	\$500	\$2,000	\$4,000	\$2,000	\$4,000	\$400	No Coverage	\$400	No Coverage	\$900	\$900
Employee + Spouse	\$0	\$750	\$750	\$4,000	\$8,000	\$4,000	\$8,000	\$800	No Coverage	\$800	No Coverage	\$1,800	\$1,800
Employee + Child(ren)	\$0	\$750	\$750	\$4,000	\$8,000	\$4,000	\$8,000	\$1,200	No Coverage	\$1,200	No Coverage	\$2,700	\$2,700
Employee + Family	\$0	\$1,000	\$1,000	\$4,000	\$8,000	\$4,000	\$8,000	\$1,200	No Coverage	\$1,200	No Coverage	\$2,700	\$2,700
	Deductible appli	es to covered med	ical services only;		llars will	I	llars will						
		not apply to phar			is amount	'	is amount						
		ximum Out of Poo			out of Pocket	Maximum Out of Pocket		Maximum O			out of Pocket		Out of Pocket
Employee	Medical \$4,50	0   Drug \$4,500	Unlimited	\$5,000	\$10,000	\$5,000	\$10,000	\$2,500	No Coverage	\$3,500	No Coverage	\$3,500	\$4,700
Employee + Spouse	Medical \$6,75	0   Drug \$6,750	Unlimited	\$10,000	\$20,000	\$10,000	\$20,000	\$5,000	No Coverage	\$6,000	No Coverage	\$6,000	\$8,500
Employee + Child(ren)	Medical \$6,75	0   Drug \$6,750	Unlimited	\$10,000	\$20,000	\$10,000	\$20,000	\$7,500	No Coverage	\$8,500	No Coverage	\$8,500	\$12,250
Employee + Family	Medical \$9,00	0   Drug \$9,000	Unlimited	\$10,000	\$20,000	\$10,000	\$20,000	\$7,500	No Coverage	\$8,500	No Coverage	\$8,500	\$12,250
	Medical i	ncludes HRA and [	Deductible						-				
		State Funding		State F	unding	State Funding		State F	unding	State F	unding	State Funding	
Employee		\$500		\$1,	000								
Employee + Spouse		\$750		\$2,000		1		1		1			
Employee + Child(ren)		\$750				\$200 initial year	rly deposit if HSA			!			
Employee + Family		\$1,000		\$2,000 \$2,000		I	up to an additional	Not Available		Not Available		Not Available	
Employee + Family		Ψ1,000				\$575 dollar fo	or dollar match						
				I Lunding not annly	cable to pharmacy	I							
	Funding not a	pplicable to pharn	nacy expenses		cable to pharmacy								
	Funding not a		nacy expenses	ехре	enses	Cov	erade	Cove	rada	Cove	arada	Cove	arada
Physicians' Services		Coverage		expe Cove	enses erage		erage		erage		erage		erage
Physicians' Services	Funding not a		Non-Network	ехре	enses	Cov In-Network	erage Non-Network	Cove In-Network	erage Non-Network	Cove In-Network	erage Non-Network	Cove In-Network	erage Non-Network
Physicians' Services	First Choice	Coverage In-Network	Non-Network	expe Cove In-Network	enses erage Non-Network	In-Network	Non-Network	In-Network		In-Network		In-Network	Non-Network
	First Choice 100% coverage	Coverage In-Network 80% coverage;	Non-Network 60% coverage;	expe Cove In-Network 80% coverage;	enses erage Non-Network 60% coverage,	In-Network 80% coverage,	Non-Network 60% coverage,	In-Network 100% coverage	Non-Network		Non-Network	In-Network 90% coverage;	Non-Network 70% coverage,
Primary Care Physician or Specialist Office Visit	First Choice	Coverage In-Network  80% coverage; subject to	Non-Network	expe Cove In-Network 80% coverage; subject to	Non-Network  60% coverage, subject to	In-Network  80% coverage, subject to	Non-Network  60% coverage, subject to	In-Network  100% coverage after a \$25 PCP or		In-Network  100% coverage after a \$25 PCP or		In-Network  90% coverage; subject to	Non-Network 70% coverage, subject to
Primary Care Physician or	First Choice 100% coverage	Coverage In-Network 80% coverage;	Non-Network  60% coverage; subject to	expe Cove In-Network 80% coverage;	enses erage Non-Network 60% coverage,	In-Network 80% coverage,	Non-Network 60% coverage,	In-Network 100% coverage	Non-Network	In-Network 100% coverage	Non-Network	In-Network 90% coverage;	Non-Network 70% coverage,
Primary Care Physician or	First Choice 100% coverage	Coverage In-Network  80% coverage; subject to	Non-Network  60% coverage; subject to deductible and	expe Cove In-Network 80% coverage; subject to	Non-Network  60% coverage, subject to	In-Network  80% coverage, subject to	Non-Network  60% coverage, subject to	100% coverage after a \$25 PCP or \$50 SPC copay per	Non-Network	100% coverage after a \$25 PCP or \$50 SPC copay per	Non-Network	In-Network  90% coverage; subject to	Non-Network 70% coverage, subject to
Primary Care Physician or	First Choice  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*	expectage; subject to deductible	Non-Network  60% coverage, subject to deductible	80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible	100% coverage after a \$25 PCP or \$50 SPC copay per visit	Non-Network	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit	Non-Network	90% coverage; subject to deductible	70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit	First Choice  100% coverage after HRA  100% coverage	Coverage In-Network  80% coverage; subject to deductible  80% coverage;	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage;	expection of the control of the cont	Non-Network  60% coverage, subject to deductible  60% coverage,	80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage,	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit	Non-Network  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage	Non-Network  No Coverage	90% coverage; subject to deductible	Non-Network  70% coverage, subject to deductible  70% coverage,
Primary Care Physician or	First Choice  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to	expection coverage; subject to deductible 80% coverage; subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to	In-Network  80% coverage, subject to deductible  80% coverage, subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to	100% coverage after a \$25 PCP or \$50 SPC copay per visit	Non-Network	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit	Non-Network	In-Network  90% coverage; subject to deductible  90% coverage; subject to	Non-Network  70% coverage, subject to deductible  70% coverage, subject to
Primary Care Physician or Specialist Office Visit	First Choice  100% coverage after HRA  100% coverage	Coverage In-Network  80% coverage; subject to deductible  80% coverage;	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and	expection of the control of the cont	Non-Network  60% coverage, subject to deductible  60% coverage,	80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage,	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit	Non-Network  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage	Non-Network  No Coverage	90% coverage; subject to deductible	70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit	First Choice  100% coverage after HRA  100% coverage	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to	expection coverage; subject to deductible 80% coverage; subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to	In-Network  80% coverage, subject to deductible  80% coverage, subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay	Non-Network  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay	Non-Network  No Coverage	In-Network  90% coverage; subject to deductible  90% coverage; subject to	Non-Network  70% coverage, subject to deductible  70% coverage, subject to
Primary Care Physician or Specialist Office Visit	First Choice  100% coverage after HRA  100% coverage	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection coverage; subject to deductible 80% coverage; subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to	In-Network  80% coverage, subject to deductible  80% coverage, subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay	Non-Network  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay	Non-Network  No Coverage	In-Network  90% coverage; subject to deductible  90% coverage; subject to	Non-Network  70% coverage, subject to deductible  70% coverage, subject to
Primary Care Physician or Specialist Office Visit  Maternity Care	First Choice  100% coverage after HRA  100% coverage	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection coverage; subject to deductible 80% coverage; subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to	In-Network  80% coverage, subject to deductible  80% coverage, subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay	Non-Network  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay	Non-Network  No Coverage	In-Network  90% coverage; subject to deductible  90% coverage; subject to	Non-Network  70% coverage, subject to deductible  70% coverage, subject to
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services	First Choice  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*  60% coverage; subject to	experience of the control of the con	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible	80% coverage, subject to deductible  80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy	Non-Network  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy	Non-Network  No Coverage	90% coverage; subject to deductible  90% coverage; subject to deductible	70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care	First Choice  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection in Network  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible	80% coverage, subject to deductible  80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy	No Coverage  No Coverage	90% coverage; subject to deductible  90% coverage; subject to deductible	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services	First Choice  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*  60% coverage; subject to	expection deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to	No Coverage  No Coverage	90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to subject to	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services	First Choice  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to	No Coverage  No Coverage	90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to subject to	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services	First Choice  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to	No Coverage  No Coverage	90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to subject to	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services	First Choice  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to	No Coverage  No Coverage	90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to subject to	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services	First Choice  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to	No Coverage  No Coverage	90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to subject to	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services	First Choice  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to	No Coverage  No Coverage	90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to subject to	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services	First Choice  100% coverage after HRA  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection deductible  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible  100% of fee schedule. Member pays difference between billed	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible  100% of fee schedule. Member pays difference between billed	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible	No Coverage  No Coverage	90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to deductible	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services Furnished in a Hospital	First Choice  100% coverage after HRA  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection deductible  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible  100% of fee schedule. Member pays difference between billed amount and fee	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible  100% coverage;	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible  100% of fee schedule. Member pays difference between billed amount and fee	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible	No Coverage  No Coverage  No Coverage	In-Network  90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to deductible	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services Furnished in a Hospital	First Choice  100% coverage after HRA  100% coverage after HRA  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection in Network  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible  100% coverage; NOT subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible  100% of fee schedule. Member pays difference between billed amount and fee schedule; NOT	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible  100% coverage; NOT subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible  100% of fee schedule. Member pays difference between billed amount and fee schedule; NOT	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible  100% coverage; NOT subject to	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible  100% coverage; NOT subject to	No Coverage  No Coverage  No Coverage	In-Network  90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to deductible	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services Furnished in a Hospital	First Choice  100% coverage after HRA  100% coverage after HRA  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection in Network  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible  100% coverage; NOT subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible  100% of fee schedule. Member pays difference between billed amount and fee schedule; NOT subject to	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible  100% coverage; NOT subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible  100% of fee schedule. Member pays difference between billed amount and fee schedule; NOT subject to	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible  100% coverage; NOT subject to	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible  100% coverage; NOT subject to	No Coverage  No Coverage  No Coverage	In-Network  90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to deductible	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible
Primary Care Physician or Specialist Office Visit  Maternity Care  Physician Services Furnished in a Hospital	First Choice  100% coverage after HRA  100% coverage after HRA  100% coverage after HRA  100% coverage after HRA	Coverage In-Network  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible	Non-Network  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*  60% coverage; subject to deductible and MAC*	expection in Network  80% coverage; subject to deductible  80% coverage; subject to deductible  80% coverage; subject to deductible  100% coverage; NOT subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible  100% of fee schedule. Member pays difference between billed amount and fee schedule; NOT	80% coverage, subject to deductible  80% coverage, subject to deductible  80% coverage, subject to deductible  100% coverage; NOT subject to	Non-Network  60% coverage, subject to deductible  60% coverage, subject to deductible  60% coverage, subject to deductible  100% of fee schedule. Member pays difference between billed amount and fee schedule; NOT	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible  100% coverage; NOT subject to	No Coverage  No Coverage	In-Network  100% coverage after a \$25 PCP or \$50 SPC copay per visit  100% coverage after a \$90 copay per pregnancy  100% coverage; subject to deductible  100% coverage; NOT subject to	No Coverage  No Coverage  No Coverage	In-Network  90% coverage; subject to deductible  90% coverage; subject to deductible  90% coverage; subject to deductible	70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible  70% coverage, subject to deductible

		LSU First  Coverage			Pelican HRA 1000 Coverage		Pelican HSA 775 Coverage		Magnolia Local Coverage		Magnolia Local Plus <sup>Coverage</sup>		nolia Access <sub>erage</sub>
Physicians' Services	First Choice	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Physician Services for ER Care	100% coverage after HRA	80% coverage; subject to deductible	80% coverage; subject to deductible and MAC*	80% coverage; subject to deductible	80% coverage, subject to deductible	80% coverage; subject to deductible	80% coverage, subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	90% coverage; subject to deductible	90% coverage; subject to deductible
Outpatient Surgery/Services (billed as outpatient surgery at a facility)	100% coverage after HRA	80% coverage; subject to deductible	60% coverage; subject to deductible and MAC*	80% coverage; subject to deductible	60% coverage, subject to deductible	80% coverage; subject to deductible	60% coverage, subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible
Hospital Services	First Choice	Coverage In-Network	Non-Network	Cove In-Network	erage Non-Network	Cove In-Network	erage Non-Network	Cove In-Network	erage Non-Network	Cove In-Network	erage Non-Network	Cove In-Network	erage Non-Network
Inpatient Services	100% coverage after HRA	80% coverage; subject to deductible	60% coverage; subject to deductible and MAC*	80% coverage; subject to deductible	60% coverage, subject to deductible	80% coverage; subject to deductible	60% coverage, subject to deductible	100% coverage; after a \$100 copay per day; \$300 per admission max	No Coverage	100% coverage; after a \$100 copay per day; \$300 per admission max	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 copay per day (days 1-5)
Outpatient Surgery/Services (billed at a hospital)	\$300 penalty if performed at hospital facility; 100% coverage after HRA	\$300 penalty if performed at hospital facility; 80% coverage; subject to deductible	\$300 penalty if performed at hospital facility; 60% coverage; subject to deductible and MAC*	80% coverage; subject to deductible	60% coverage, subject to deductible	80% coverage; subject to deductible	60% coverage, subject to deductible	100% coverage; after a \$100 facility copay per visit	No Coverage	100% coverage; after a \$100 facility copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage, subject to deductible
Emergency Room Care	\$150 copay; copay waived if admitted; 100% coverage after HRA	80% coverage after \$150 copay; subject to deductible; copay waived if admitted	80% coverage after \$150 copay; subject to deductible and MAC*; copay waived if admitted	80% coverage; subject to deductible	80% coverage, subject to deductible	80% coverage; subject to deductible	80% coverage, subject to deductible	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	90% coverage after \$200 copay per visit; waived if admitted	90% coverage after \$200 copay per visit; waived if admitted
Behavioral Health	First Choice	Coverage In-Network	Non-Network	Cove In-Network	erage Non-Network	Cove In-Network	erage Non-Network	Cove In-Network	erage Non-Network	Cove In-Network	erage Non-Network	Cove In-Network	erage Non-Network
Mental Health and Substance Abuse - Inpatient	100% coverage after HRA	80% coverage; subject to deductible	60% coverage; subject to deductible and MAC*	80% coverage; subject to deductible	60% coverage, subject to deductible	80% coverage; subject to deductible	60% coverage, subject to deductible	100% coverage after \$100 copay per day; \$300 per admission max	No Coverage	100% coverage after \$100 copay per day; \$300 per admission max	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 copay per day (days 1-5)
Mental Health and Substance Abuse - Outpatient	100% coverage after HRA	80% coverage; subject to deductible	60% coverage; subject to deductible and MAC*	80% coverage; subject to deductible	60% coverage, subject to deductible	80% coverage; subject to deductible	60% coverage, subject to deductible	100% coverage after \$25 copay per visit	No Coverage	100% coverage after \$25 copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible

LSU First  Coverage			Pelican HRA 1000 Coverage		Pelican HSA 775 Coverage		Magnolia Local Coverage		Magnolia Local Plus <sup>Coverage</sup>		Magnolia Open Access Coverage		
Other Services	First Choice	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Outpatient Short-Term Rehabilitation Services (PT/ST/OT/Other)	100% coverage after HRA	80% coverage; subject to deductible	60% coverage; subject to deductible and MAC*	80% coverage; subject to deductible	60% coverage, subject to deductible	80% coverage; subject to deductible	60% coverage, subject to deductible	100% coverage; after \$25 copay per visit	No Coverage	100% coverage; after a \$25 copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible
Routine Vision Exam	100% coverage; NOT subject to HRA or deductible  100% coverage; NOT subject to HRA or deductible  100% coverage; subject to MAC*		I No Coverage		No Coverage		No Coverage		No Coverage		No Coverage		
Urgent Care Center	100% coverage after HRA	80% coverage; subject to deductible	60% coverage; subject to deductible and MAC*	80% coverage; subject to deductible	60% coverage, subject to deductible	80% coverage; subject to deductible	60% coverage, subject to deductible	100% coverage; after \$50 copay per visit	No Coverage	100% coverage; after \$50 copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible
Home Health Care and Hospice Care	100% coverage after HRA	80% coverage; subject to deductible	60% coverage; subject to deductible and MAC*	80% coverage; subject to deductible	60% coverage, subject to deductible	80% coverage; subject to deductible	60% coverage, subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible
Durable Medical Equipment (DME)	100% coverage after HRA	80% coverage; subject to deductible	60% coverage; subject to deductible and MAC*	80% coverage; subject to deductible	60% coverage, subject to deductible	80% 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	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible
				Pel	ican	Peli	ican	Magi	nolia	Magr	nolia	Magr	nolia
		LSU First		HRA	1000	HSA	775	Lo		Local		· ·	Access
Pharmacy		You Pay			ı Pay		ı Pay		Pay	You		_	Pay
Tier 1 - Generic	\$0; Covered at 100%			50% up to \$30		\$10; subject to deductible		50% up to \$30		50% up to \$30		50% up to \$30	
Tier 2 - Preferred Brand	20% up to \$150			50% up to \$55		\$25; subject to deductible		50% up to \$55		50% up to \$55		50% up to \$55	
Tier 3 - Non-Preferred Brand	20% up to \$150			65% up to \$80		\$50; subject to deductible		65% up to \$80		65% up to \$80		65% up to \$80	
Tier 4 - Specialty	20% up to \$150		50% up to \$80		\$50; subject to deductible		50% up to \$80		50% up to \$80		50% up to \$80		
90 day supply of maintenance drugs from mail order or at participating retail pharmacies	3 times the cost of your applicable coinsurance			2.5 times the cost of your applicable copay		Applicable copay; Maintenance drugs not subject to deductible		2.5 times the cost of your applicable copay		2.5 times the cost of your applicable copay		2.5 times the cost of your applicable copay	
					After the o	ut-of-pocket thre	shold of \$1,500 is	met:					
Tier 1 - Generic				\$0 copay \$20 copay				\$0 copay		\$0 copay		\$0 c	opay
Tier 2 - Preferred Brand		Same cost as abov	re			Same cost as above		\$20 copay		\$20 copay		\$20 copay	
Tier 3 - Non-Preferred Brand				\$40 copay				\$40 copay		\$40 copay		\$40 c	сорау
Tier 4 - Specialty				\$40 copay				\$40 copay		\$40 copay		\$40 copay	

<sup>\*</sup>Subject to Maximum Allowable Charge (MAC)

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage.

Prior Authorizations and Visit Limits may apply to some benefits. For full details of any plan listed, please refer to the Plan Document.

LSU is not responsible for the accuracy of this information.