



# 2024 - 2025 Student Health Insurance Plan: Louisiana State University – HSC Shreveport Domestic Students

## Who can enroll?

All full-time and part-time domestic students of LSU - HSC Shreveport are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes.

Students who do enroll may insure their dependents.

## Coverage periods, plan cost and deadline dates

Enrollment / waiver deadline	September 13, 2024
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Rates	Annual	Fall	Spring/Summer	Summer
Coverage dates	8/14/24 - 8/13/25	8/14/24 - 1/5/25	1/6/25 - 8/13/25	5/22/25 to 8/13/25
Student	\$2,215.00	\$880.00	\$1,335.00	\$510.00
Spouse	\$2,215.00	\$880.00	\$1,335.00	\$510.00
One Child	\$2,215.00	\$880.00	\$1,335.00	\$510.00
Two or More Children	\$4,430.00	\$1,760.00	\$2,670.00	\$1,020.00
Spouse and Two or More Children	\$6,645.00	\$2,640.00	\$4,005.00	\$1,530.00

Rates are subject to regulatory approval and may change.

## Plan resources at your fingertips

How do I enroll or waive coverage? [www.gallagherstudent.com/LSU-HSCShreveport](http://www.gallagherstudent.com/LSU-HSCShreveport)

View benefits, submit a claim and download your ID card via My Account [www.gallagherstudent.com/LSU-HSCShreveport](http://www.gallagherstudent.com/LSU-HSCShreveport)

Find an in-network provider **UHC Choice Plus**

Find a prescription drug provider **Optum Rx**

Value-added benefits and services (Student Assist<sup>1</sup>, HealthiestYou<sup>2</sup>, UHC Global<sup>3</sup>) [uhcsr.com/myaccount](http://uhcsr.com/myaccount)

## Plan highlights

**Metallic Level:** Silver with actuarial value of 74.680%

Benefits	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	<b>There is no overall maximum dollar limit on the Policy</b>	
<b>Plan Deductible</b>	\$500 Per Insured Person, Per Policy Year \$1,500 For all Insureds in a Family, Per Policy Year	\$1,000 Per Insured Person, Per Policy Year \$3,000 For all Insureds in a Family, Per Policy Year
<b>Out-of-Pocket Maximum</b> <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$8,500 Per Insured Person, Per Policy Year \$14,700 For all Insureds in a Family, Per Policy Year	\$25,000 Per Insured Person, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	75% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 3 times the retail Copay up to a 90 day supply.</i>	\$100 Prescription Drug Deductible (per Policy Year) does not apply to Policy Deductible \$20 Copay for Tier 1 \$50 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy	No Benefits
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	Allowed Amount after Deductible
<b>The following services have per service Copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$35 not subject to Deductible Urgent Care: \$50 not subject to Deductible Medical Emergency: \$250 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Urgent Care: \$50 not subject to Deductible Medical Emergency: \$250 not subject to Deductible The Copay will be waived if admitted to the Hospital.

## Questions about your plan?

Contact Customer Service at **1-844-329-1589**  
or at [www.gallagherstudent.com/LSU-HSCShreveport](http://www.gallagherstudent.com/LSU-HSCShreveport)

<sup>1</sup>Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. <sup>2</sup>HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. <sup>3</sup>Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

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