

Louisiana State University System
Summary of Benefits
Voluntary Critical Illness Protection Plan



Effective Date	Beginning January 1, 2021
Eligibility	All active full-time Salaried Academic, Unclassified and Classified Employees 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.
	<i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>

Covered Critical Illness Conditions	
Base Conditions	Percentage of Maximum Benefit Amount payable per Covered Person or Dependent
Benign Brain Tumor	100%
Cancer – Invasive	100%
Cancer - Non-Invasive	25%
Chronic Renal Failure	100%
Coma	100%
Coronary Artery Disease	25%
Heart Attack	100%
Heart Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Ruptured Aneurysm	100%
Stroke	100%
Additional Conditions	
Amyotrophic lateral sclerosis (ALS)	100%
Complete Blindness	100%
Complete Loss of Hearing	100%
Advanced Alzheimer's	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's	100%
Child Only Conditions	Percentage of Maximum Child Benefit Amount payable per Covered Child (One benefit payable per Covered Child)
Cerebral Palsy	25% of Employee's Amount
Cleft Lip / Palate	25% of Employee's Amount
Cystic Fibrosis	25% of Employee's Amount
Down Syndrome	25% of Employee's Amount
Muscular Dystrophy	25% of Employee's Amount
Spina Bifida	25% of Employee's Amount

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

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Benefits Payable			
	Employee Paid Benefits		
Voluntary Benefits	Option 1	Option 2*	Option 3*
Employee Guarantee Issue Benefit	\$10,000	\$20,000	\$30,000
Spouse Guarantee Issue Benefit	\$5,000	\$10,000	\$15,000
Child(ren) Guarantee Issue Benefit	\$2,500	\$5,000	\$7,500

- Employee must purchase coverage in order to purchase dependent coverage

Additional Benefits	
Reoccurrence Benefit	100% of Benefit Amount for Base Conditions payable per Covered Person or Dependent
Additional Occurrence	100% of the benefit amount payable per covered employee or dependent for a different covered condition.
Wellness Benefit Rider	\$100, Employee Paid for Employee and Insured Spouse
Portability	Included
Waiver of Premium	Included - 90 day Elimination period

Important Details

This Summary of Benefits sheet is an overview of the Critical Illness Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

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Dependent children are covered to age 26

Exclusions and Renewal Provisions:

The Policy does not cover loss due to suicide or intentionally self-inflicted injury, participating in a riot or felony; war; use of alcohol or the non-medical use of drugs; while on active duty in any armed forces except under the policy's Continuation during leave provision; cosmetic or elective surgery; or any Critical Illness with a date of diagnosis prior to the effective date.*

*Some state variations may apply

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the group or no longer meets the specific eligibility requirements stated in the Policy; or benefits have been fully paid for qualifying conditions 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.

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on form UHICI-POL-1. In New York, it is referred to as Specified Disease insurance and provided by Unimerica Life Insurance Company of New York UHICI-POL-1-NY. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor.

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Current Monthly Cost Tables

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Monthly Rate Per \$1,000 of Coverage

Employee and Spouse	
Age Range	
Under 25	\$0.330
25 - 29	\$0.520
30 - 34	\$0.600
35 - 39	\$0.750
40 - 44	\$1.000
45 - 49	\$1.500

Employee and Spouse	
Age Range	
50 - 54	\$1.950
55 - 59	\$2.750
60 - 64	\$3.820
65 - 69	\$5.460
70 - 74	\$7.940
75 +	\$10.270

Child
\$0.150

The costs shown on these tables are based on the employee and spouse ages using the same Age Range; **the tables do not reflect the costs when employee and spouse ages are indifferent Age Ranges.** Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here. *Please consult your human resources/benefits department for additional cost information.*

Employee Monthly Cost

Age Range	Option 1: EE \$10,000 / SP \$5,000/ CH \$2,500			
	Employee Only	Employee+Spouse	Employee+Child(ren)	Employee+Spouse+Child(ren)
Under 25	\$3.30	\$4.95	\$3.68	\$5.33
25 - 29	\$5.20	\$7.80	\$5.58	\$8.18
30 - 34	\$6.00	\$9.00	\$6.38	\$9.38
35 - 39	\$7.50	\$11.25	\$7.88	\$11.63
40 - 44	\$10.00	\$15.00	\$10.38	\$15.38
45 - 49	\$15.00	\$22.50	\$15.38	\$22.88
50 - 54	\$19.50	\$29.25	\$19.88	\$29.63
55 - 59	\$27.50	\$41.25	\$27.88	\$41.63
60 - 64	\$38.20	\$57.30	\$38.58	\$57.68
65 - 69	\$54.60	\$81.90	\$54.98	\$82.28
70 - 74	\$79.40	\$119.10	\$79.78	\$119.48
75 +	\$102.70	\$154.05	\$103.08	\$154.43

Age Range	Option 2: EE \$20,000 / SP \$10,000 / CH \$5,000			
	Employee Only	Employee+Spouse	Employee+Child(ren)	Employee+Spouse+Child(ren)
Under 25	\$6.60	\$9.90	\$7.35	\$10.65
25 - 29	\$10.40	\$15.60	\$11.15	\$16.35
30 - 34	\$12.00	\$18.00	\$12.75	\$18.75
35 - 39	\$15.00	\$22.50	\$15.75	\$23.25
40 - 44	\$20.00	\$30.00	\$20.75	\$30.75
45 - 49	\$30.00	\$45.00	\$30.75	\$45.75
50 - 54	\$39.00	\$58.50	\$39.75	\$59.25
55 - 59	\$55.00	\$82.50	\$55.75	\$83.25
60 - 64	\$76.40	\$114.60	\$77.15	\$115.35
65 - 69	\$109.20	\$163.80	\$109.95	\$164.55
70 - 74	\$158.80	\$238.20	\$159.55	\$238.95
75 +	\$205.40	\$308.10	\$206.15	\$308.85

Age Range	Option 3: EE \$30,000 / SP \$15,000 / CH \$7,500			
	Employee Only	Employee+Spouse	Employee+Child(ren)	Employee+Spouse+Child(ren)
Under 25	\$9.90	\$14.85	\$11.03	\$15.98
25 - 29	\$15.60	\$23.40	\$16.73	\$24.53
30 - 34	\$18.00	\$27.00	\$19.13	\$28.13
35 - 39	\$22.50	\$33.75	\$23.63	\$34.88
40 - 44	\$30.00	\$45.00	\$31.13	\$46.13
45 - 49	\$45.00	\$67.50	\$46.13	\$68.63
50 - 54	\$58.50	\$87.75	\$59.63	\$88.88
55 - 59	\$82.50	\$123.75	\$83.63	\$124.88
60 - 64	\$114.60	\$171.90	\$115.73	\$173.03
65 - 69	\$163.80	\$245.70	\$164.93	\$246.83
70 - 74	\$238.20	\$357.30	\$239.33	\$358.43
75 +	\$308.10	\$462.15	\$309.23	\$463.28

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