UnitedHealthcare

Summary of Benefits Critical Illness Plan Designs for Louisiana State University

Effective Date: 01/01/2025

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.

You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.

Base Covered Conditions	Maximum Benefit Amount Payable per Insured		
Cancer Conditions			
Invasive Cancer	100%		
Non-Invasive Cancer	25%		
Skin Cancer	\$250		
Vascular Conditions	ψ200		
Heart Attack	100%		
	50%		
Coronary Artery Disease Major (Coronary Artery Bypass Surgery) Coronary Artery Disease Minor (Coronary Artery Stent or Angioplasty)	25%		
Sudden Cardiac Arrest	100%		
Stroke			
	100%		
Ruptured Aneurysm	100%		
Organ Failure Conditions			
Chronic Renal (Kidney) Failure**	100%		
Heart Failure**	100%		
Major Organ Failure (Liver, Lung, Pancreas, Small Bowel)	100%		
Bone Marrow Disease	100%		
Functional Loss Conditions			
Paralysis	100%		
Coma	100%		
Loss of Hearing Accident and Sickness**	100%		
Loss of Sight Accident and Sickness**	100%		
Loss of Speech Accident and Sickness**	100%		
Severe Brain Damage	100%		
Neurological Disease Conditions** (diagnosis only)			
Alzheimer's Disease	25%		
Huntington's Disease	25%		
Multiple Sclerosis	25%		
Parkinson's Disease	25%		
Amyotrophic Lateral Sclerosis (ALS)	25%		
Additional Conditions			
Addison's Disease**	25%		
Benign Brain Tumor	100%		
Crohn's Disease**	25%		
Myasthenia Gravis**	25%		
Severe Burns	100%		
Systemic Lupus Erythematosus**	25%		
Systemic Sclerosis (Scleroderma)**	25%		
Childhood Disease Conditions**			
Cerebral Palsy	100% of the Dependent Child benefit		
Cleft Lip / Palate	100% of the Dependent Child benefit		
Cystic Fibrosis	100% of the Dependent Child benefit		
Down Syndrome	100% of the Dependent Child benefit		
Muscular Dystrophy	100% of the Dependent Child benefit		
Sickle Cell Anemia	100% of the Dependent Child benefit		
Spina Bifida	100% of the Dependent Child benefit		
Additional Benefits			
Wellness Benefit Exams	\$100 includes Tier 2 exams. Wellness page for details		

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*Cerebrospinal Meningitis (bacterial), Diphtheria, Encephalitis, Legionnaire's Disease, Lyme Disease, Malaria, Methicillin-Resistant Staphylococcus Aureus (MRSA), Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis, Rabies, Tetanus, Tuberculosis

** Not eligible for the Reoccurence benefit

Benefits Payable				
		Voluntary Benefits		
	Option 1	Option 2	Option 3	
Employee Guarantee Issue	\$10,000	\$20,000	\$30,000	
Spouse Guarantee Issue	\$5,000	\$10,000	\$15,000	
Child(ren) Guarantee Issue	\$2,500	\$5,000	\$7,500	
- Employee must purchase coverage in order to purchase dependent cover	erage.			
- Dependent benefits cannot exceed the Employee benefit amount.				
Additional Benefits				
Wellness Benefit	Includes Tier 2 exams.	\$100 Payable upon completion of a covered wellness exam or health screening test. Includes Tier 2 exams. One covered test per calendar year per covered employee, spouse and child. See Wellness page for details		
Plan Provisions				
Pre-Existing Conditions Exclusion	Waived	Waived		
Waiver of Premium		If disabiled due to a covered condition, Premium Payments will be waived up to 12 months, beginning the 1st of the month following the date of diagnosis.		
Portability	Included at Employer's	Included at Employer's group rate with age limit of 75.		
Telephonic Claim Submission	Included			
Reoccurrence Benefit	Covered Condition for w	100% of maximum benefit amount payable upon the subsequent diagnosis of a Covered Condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months. No treatment free requirement		
Cancer Reoccurrence Benefit	Cancer Covered Condit	100% of maximum benefit amount payable upon the subsequent diagnosis of a Cancer Covered Condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months.		
Cancer Reoccurence Treatment Free Requirement	None	None		
Additional Occurrence Benefit		100% of maximum benefit amount payable per covered employee or dependent for a different covered condition.		
Additional Occurrence - Separation Period	None	None		

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.

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.