2025 LSU Health Plan 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 coverage that best meets your needs.

	LSU First			Pelican HRA 1000		Pelican HSA 775		Magnolia Local		Magnolia Local Plus		Magnolia Open Access	
Network	First Choice, Verity HealthNet, Aetna ASA			Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of LA Community Blue & Blue Connect		Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers	
Eligible Members	Actives and Non-Medicare Retirees			Actives and Non-Medicare Retirees (retirement date after 3/1/15)		Actives		Actives and Non-Medicare Retirees (retirement date after 3/1/15)		Actives and Non-Medicare Retirees (retirement date after 3/1/15)		Actives and Non-Medicare Retirees (retirement date after 3/1/15)	
Plan Design	**Deductible**			**Deductible**		**Deductible**		**Deductible**		**Deductible**		**Deductible**	
	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 applies to covered medical services only; does not apply to pharmacy			HRA dollars will reduce this amount		HSA dollars will reduce this amount							
	Maximum Out of Pocket			**Maximum Out of Pocket**		**Maximum Out of Pocket**		**Maximum Out of Pocket**		**Maximum Out of Pocket**		**Maximum Out of Pocket**	
Employee	$4,500 Medical; $4,500 Drug		Unlimited	$5,000	$10,000	$5,000	$10,000	$2,500	No Coverage	$3,500	No Coverage	$3,500	$4,700
Employee + Spouse	$6,750 Medical; $6,750 Drug		Unlimited	$10,000	$20,000	$10,000	$20,000	$5,000	No Coverage	$6,000	No Coverage	$6,000	$8,500
Employee + Child(ren)	$6,750 Medical; $6,750 Drug		Unlimited	$10,000	$20,000	$10,000	$20,000	$7,500	No Coverage	$8,500	No Coverage	$8,500	$12,250
Employee + Family	$9,000 Medical; $9,000 Drug		Unlimited	$10,000	$20,000	$10,000	$20,000	$7,500	No Coverage	$8,500	No Coverage	$8,500	$12,250
	Medical includes HRA and Deductible												
	State Funding			**State Funding**		**State Funding**		**State Funding**		**State Funding**		**State Funding**	
Employee	$500			$1,000		$200 initial yearly deposit if HSA account opened; up to an additional $575 dollar for dollar match		Not Available		Not Available		Not Available	
Employee + Spouse	$750			$2,000									
Employee + Child(ren)	$750			$2,000									
Employee + Family	$1,000			$2,000									
	Funding not applicable to pharmacy expenses			Funding not applicable to pharmacy expenses									
Physicians' Services	**Coverage**			**Coverage**		**Coverage**		**Coverage**		**Coverage**		**Coverage**	
	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**
Primary Care Physician or Specialist Office Visit	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 $25 PCP or $50 SPC copay per visit	No Coverage	100% coverage after a $25 PCP or $50 SPC copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage, subject to deductible
Maternity 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 after a $90 copay per pregnancy	No Coverage	100% coverage after a $90 copay per pregnancy	No Coverage	90% coverage; subject to deductible	70% coverage, subject to deductible
Physician Services Furnished in a Hospital	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
Preventive Care	100% coverage; NOT subject to HRA	100% coverage; NOT subject to HRA or deductible	100% coverage; subject to MAC*	100% coverage; NOT subject to deductible	100% of fee schedule amount. Member pays the difference between the billed amount and the fee schedule amount; NOT subject to deductible	100% coverage; NOT subject to deductible	100% of fee schedule amount. Member pays the difference between the billed amount and the fee schedule amount; NOT subject to deductible	100% coverage; NOT subject to deductible	No Coverage	100% coverage; NOT subject to deductible	No Coverage	100% coverage; NOT subject to deductible	70% coverage; subject to deductible

Physicians' Services	LSU First			Pelican HRA 1000		Pelican HSA 775		Magnolia Local		Magnolia Local Plus		Magnolia Open Access	
	Coverage			Coverage		Coverage		Coverage		Coverage		Coverage	
	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	Coverage			Coverage		Coverage		Coverage		Coverage		Coverage	
	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
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)	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 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	Coverage			Coverage		Coverage		Coverage		Coverage		Coverage	
	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
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

Other Services	LSU First Coverage			Pelican HRA 1000 Coverage		Pelican HSA 775 Coverage		Magnolia Local Coverage		Magnolia Local Plus Coverage		Magnolia Open Access Coverage	
	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*	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 Services 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

Pharmacy	LSU First You Pay	Pelican HRA 1000 You Pay	Pelican HSA 775 You Pay	Magnolia Local You Pay	Magnolia Local Plus You Pay	Magnolia Open Access 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 for 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 out-of-pocket threshold of $1,500 is met:						
Tier 1 - Generic	Same cost as above	$0 copay	Same cost as above	$0 copay	$0 copay	$0 copay
Tier 2 - Preferred Brand		$20 copay		$20 copay	$20 copay	$20 copay
Tier 3 - Non-Preferred Brand		$40 copay		$40 copay	$40 copay	$40 copay
Tier 4 - Specialty		$40 copay		$40 copay	$40 copay	$40 copay

*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.
For full details of any plan listed, please refer to the Plan Document.
LSU is not responsible for the accuracy of this information.