

Faculty & Staff Orientation

Benefits

Sick Leave

- Faculty and Staff earn one (1) day of sick leave for every month worked*
- Staff (12 month employees) earn one (1) day of annual leave (vacation time) each month*
- All paid leave is subject to Supervisor's approval
- Leave accumulates throughout State employment

*earn rate increases after 3 years of service

Compensation

- Unclassified employees are paid once a month, on the last working day of each month
- Faculty are paid in ten (10) equal installments; those who are eligible can elect twelve (12) equal installments
- <http://payroll.louisiana.edu/sites/payroll/files/Pay%20Option%20Request.pdf>
- Direct deposit is mandatory

*temporary employees are not eligible for the 12 month pay option

Health Insurance

- State pays 75% of employee's premium, and 50% of spouse and/or family members premium
 - Married couples who work for state agencies must split coverage to realize premium savings
- Office of Group Benefits offers five (5) Plan options: Magnolia and Pelican plans are administered by Blue Cross/Blue Shield of LA, Vantage Medical Home HMO is administered by Vantage
- Marriage license required for spouse coverage
- Birth certificates required for coverage of dependent children age 26 and under
- Social security numbers and dates of birth are required for all covered dependents
- All plans offer Preventive Care (Wellness) benefits at no charge, subject to plan allowances
- Referrals not required for Specialist visits

Magnolia Open Access

- Provider list at www.bcbsla.com/OGB
- Employee pays 10% of eligible, in-network, expenses after deductible is satisfied
- Provisions for non-network providers
- **Magnolia Open Access Schedule of Benefits**

Monthly Premiums	Employee Share	State Share	Total	Plan Year Deductible (in network)
Enrollee	163.32	490.06	653.38	900.00
Enrollee with Spouse	530.54	857.34	1,387.88	1,800.00
Enrollee + 1 child	235.08	561.84	796.92	1,800.00
Enrollee + children	235.08	561.84	796.92	2,700.00
Family	568.48	895.26	1,463.74	2,700.00

Magnolia Local Plus

- Provider list www.bcbsla.com/OGB
- \$25 co-pay for primary care physician, \$50 co-pay for specialist, \$100 per day co-pay for hospital, maximum \$300 co-pay per stay
- For services with no co-pay, plan pays 80% eligible, in-network expenses after deductible is satisfied
- [Magnolia Local Plus Schedule of Benefits](#)

Monthly Premiums	Employee Share	State Share	Total	Plan Year Deductible (in network)
Enrollee	157.10	471.42	628.52	400.00
Enrollee with Spouse	510.26	824.64	1,334.90	800.00
Enrollee + 1 child	226.10	540.42	766.52	800.00
Enrollee + children	226.10	540.42	766.52	1,200.00
Family	546.74	861.10	1,407.84	1,200.00

Pelican HRA 1000

- Provider list www.bcbsla.com/OGB
- Plan pays 80% of eligible, in-network expenses after deductible is satisfied
- Provisions for non-network providers
- University contributes \$1,000 per year toward deductible
- [Pelican HRA 1000 Schedule of Benefits](#)
- [Pelican HRA Information](#)

Monthly Premiums	Employee Share	State Share	Total	Plan Year Deductible (in network)
Enrollee	102.46	307.42	409.88	2,000.00
Enrollee with Spouse	332.80	537.76	870.56	4,000.00
Enrollee + 1 child	147.54	352.52	500.06	4,000.00
Enrollee + children	147.54	352.52	500.06	4,000.00
Family	356.54	561.52	918.06	4,000.00

Prescription Drugs

Magnolia plans & Pelican HRA 1000

- Administered by MedImpact
- Employee pays 50% of prescription cost
- After \$1,500 per person per plan year:
 - \$0 co-pay for generic drugs
- [Pharmacy Plan Benefit](#)
- Must purchase generic drugs if available
- Free Diabetic supplies if enrolled in Diabetic Sense program
 - Call 1-800-363-9159 to enroll

Pelican HSA 775

- Provider list www.bcbsla.com/OGB
- Deposits to HSA are matched up to \$575/year
- Debit card with HSA funds to use for medical expenses
- Plan pays 80% of eligible expenses for in-network providers, after deductible is satisfied
- Pelican HSA 775
- [Pelican HSA Information](#)

Monthly Premiums	Employee Share	State Share	Total	Plan Year Deductible (in network)
Enrollee	59.24	177.84	237.08	2,000.00
Enrollee with Spouse	192.52	311.08	503.60	4,000.00
Enrollee + 1 child	85.36	203.92	289.28	4,000.00
Enrollee + children	85.36	203.92	289.28	4,000.00
Family	206.24	324.82	531.06	4,000.00

Prescription Drugs

Pelican 775

- Administered by Express Scripts
- Generic Drug - \$10 co-pay
- Preferred brand drug - \$25 co-pay
- Non-preferred brand-name drug - \$50 co-pay
- Specialty drug - \$50 co-pay
- Maintenance drugs not subject to deductible

Mental Health & Substance Abuse Treatment

- Administered by Blue Cross/Blue Shield
- 1-800-392-4089
- Magnolia Open Access: Member pays 10% of contracted rate for treatment of Mental Health & Substance Abuse
- Magnolia Local Plus: Member pays \$100 co-pay for Mental Health & Substance abuse treatment - \$300 maximum per admission
- Pelican HSA 775 & HRA 1000: Member pays 20% of contracted rate for Mental Health & Substance abuse treatment
- [Mental Health & Substance Abuse Treatment Information](#)

In Health: Blue Health Services

Health Management Program

- Requires application and acceptance. Call 1-800-363-9159 for application information.
- Free health management program for active members and covered dependents diagnosed with 1 or more of these 5 ongoing health conditions:
 - Diabetes
 - Coronary artery disease
 - Heart failure
 - Asthma
 - Chronic obstructive pulmonary disease (COPD)
- Access to health coaches by phone
- Prescription drug incentive and lower co-pays for active participants

Vantage Medical Home HMO

- Provider list www.VHP-StateGroup.com
- \$10 Co-pay at primary care physician, \$45 co-pay at specialist, \$100 co-pay per day at hospital with maximum of \$300 per hospital stay.
- Plan pays 80% for in-network providers after deductible is satisfied
- Provisions for non-network providers

Monthly Premiums	Employee Share	State Share	Total	Plan Year Deductible (in network)
Enrollee	156.72	470.28	627.00	500.00
Enrollee with Spouse	509.02	822.66	1,331.68	1,500.00
Enrollee + 1 child	225.56	539.10	764.66	1,500.00
Enrollee + children	225.56	539.10	764.66	1,500.00
Family	545.42	859.02	1,404.44	1,500.00

Prescription Drugs

Vantage Medical Home HMO

- Generic drug maximum \$10 co-pay
- Preferred brand drug maximum \$95 co-pay
- Specialty drug maximum \$150 co-pay

Life Insurance

- Underwritten by Prudential Life Insurance Company
- Term Life insurance; no cash value
- Basic Life & AD&D = \$5,000 coverage, \$2.70 per month premium
- Supplemental Life AD&D = up to 1 ½ times annual salary to a maximum of \$50,000; \$27 per month premium for \$50,000 coverage
- Dependent Life available – see rate sheet on enrollment form

Long Term Disability Insurance

- Underwritten by MetLife
- Provides up to 60% of annual salary till age 65
- Maximum benefit of \$4,000 per month
- Premium is based on salary

Vision Insurance

- Monthly premium for Employee only = \$7.41
- Monthly premium for Employee plus Family = \$18.71
- Co-payments for in-network services
- Allowances for out-of-network services
- [Vision Insurance Information](#)
- www.eyemedvisioncare.com

Dental Insurance

- Underwritten by Crescent Dental Plans
- Monthly premium for Employee only = \$37.09
- Monthly premium for Employee plus Family = \$100.28
- Pays 80% for preventive services the first year and 100% thereafter
- Pays 50% for basic services after deductible; increases to 65% the second year, and 80% the third year and thereafter
- Pays 25% for major services after deductible; increases to 35% the second year, and 50% the third year and thereafter
- Pays 25% for orthodontia; increases to 35% the second year, and 50% thereafter
 - limited to those under the age of 19

Dental Insurance (cont'd)

- Deductible is \$50 per person, per calendar year; (3) per family maximum
- Pays up to \$1,000 Annual Benefit per person
- Percentages of payment are based on reasonable and customary amounts
- [Dental enrollment form](#)

Supplemental Cancer Insurance

- Coverage through AFLAC
- Provides cash payments based on diagnosis and treatment of cancer
- Contact Representative Blake Adams at (337) 298-7459 for premium and benefit information

Cafeteria Plan

- **Salary conversion**; allows premiums for health, life, AFLAC, dental, and vision insurance to be deducted from gross pay before tax.
- If taxes are not paid on premiums, employee must continue selected coverage until the end of the tax year (12/31)
- **Health Care Spending Account**; allows employee to set aside pre-taxed funds from gross salary for eligible payments made to health care providers.
 - Employee estimates expenses that are not reimbursed by insurance to providers such as dental, vision, co-payments, deductibles.

Health Care Spending Account (cont'd)

- Yearly amount is divided equally between checks for calendar year
- Employees are reimbursed by submitting receipts for eligible expenses and completing claim form

Health Care Spending Account Claim Form

- Account must be exhausted by March 15 of the following year, or, funds will be forfeited
- Maximum participation of \$2,500/year
- Monthly fee involved

Dependent Care Spending Account

- Allows employee to have pre-tax funds deducted from pay for eligible child care expenses
- Employee is reimbursed after receipt and claim form are submitted
- Reimbursement is allowed only after funds are deducted from pay
- Maximum \$5,000 per year OR \$2,500 per year if married and filing separately.
- Monthly fee involved

Retirement

- No Social Security (FICA) contributions
- Enrollment in Teachers' Retirement System of Louisiana (TRSL) **OR** Optional Retirement (ORP) Plan required
- Required contribution of 8%

Teachers' Retirement System of Louisiana (TRSL)

- Defined Benefit Plan
- Pension based on final average compensation and number of years in system when eligible for retirement
- www.trsl.org
- Employees who separate from employment before retirement, are eligible for a refund of their contributions only.

Retirement Plans

Teachers' Retirement System of Louisiana (TRSL)

- Defined benefit plan
- Pension based on final average compensation and number of years in system when eligible for retirement
- Employees who separate from state employment before retirement are eligible for a refund of their contributions only

Optional Retirement Plans (ORP)

- Defined contribution plan
- Retirement account based on employee and employer contributions
- Rights to defined benefit plan are irrevocably waived if enrolled in ORP
- Employees are vested immediately

Voya (formerly ING)

- www.Voyaretirementplans.com/custom/laorp
- Local Representative: Simone S. Bauer
- ssbauer@voyafa.com
- (337) 322-5304

TIAA-Cref

- <http://www1.tiaa-cref.org/tcm/louisianaorp/>
- Local Representative: Cameron Pettigrew
- cpettigrew@tiaa-cref.org
- (866) 842-2951 ext. 257413

Valic

- www.valic.com
- Local Representative: Nicholas J. Grove
- nicholas.grove@valic.com
- (337) 344-4712
- Local Representative: Daniel Poynot
- Daniell.poynot@valic.com
- (985)705-2662

Timeline for Enrollment

- Employees are automatically enrolled in TRSL
- Those who enroll in ORP within 60 days of hire will receive employer contributions to ORP from date of hire
- Employees can join ORP within 5 years of hire
- If ORP is elected after 60 days, TRSL contributions will be moved to ORP; employer contributions will begin on next full paycheck
- ORP election is irrevocable; membership in TRSL is no longer an option

Tax Deferred Annuity Plans

- 403(b) and 457 plans available for additional retirement savings
- [403\(b\) and 457 Plan Details](#)
- [403\(b\) and 457 Provider Contacts](#)

Submission Deadlines

- Completed insurance forms should be submitted by
August 2, 2016
- Coverage begins September 1, 2016**
- Human Resources Office, Martin Hall, Room 170

**Only attendees of the New Hire Orientation will be eligible for coverage to begin September 1st – coverage for those who do not attend cannot begin before October 1st.

Contact Information

- Retirement questions
- 403 (b)/Deferred Compensation questions
- Insurance questions
 - Susan Miller 482-6248
 - smm4241@louisiana.edu
- Insurance/Cafeteria Plan questions
 - Vickie Desormeaux 482-1014
 - vsd4718@louisiana.edu
- Office of Group Benefits 1-800-272-8451
- Blue Cross/Blue Shield Customer Service 1-800-392-4089
- MedImpact (Prescriptions) 1-800-910-1831
- Express Scripts (Prescriptions) 1-866-781-7533