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](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

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>Employee Share</th>
<th>State Share</th>
<th>Total</th>
<th>Plan Year Deductible (in network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee</td>
<td>163.32</td>
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<tr>
<td>Enrollee + 1 child</td>
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<td>796.92</td>
<td>1,800.00</td>
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<tr>
<td>Enrollee + children</td>
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<td>561.84</td>
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<td>2,700.00</td>
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<tr>
<td>Family</td>
<td>568.48</td>
<td>895.26</td>
<td>1,463.74</td>
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</table>
Magnolia Local Plus

- Provider list [www.bcbsla.com/OGB](http://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**

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>Employee Share</th>
<th>State Share</th>
<th>Total</th>
<th>Plan Year Deductible (in network)</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td>861.10</td>
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</table>
Pelican HRA 1000

- Provider list [www.bcbsla.com/OGB](http://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**

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>Employee Share</th>
<th>State Share</th>
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<th>Plan Year Deductible (in network)</th>
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<td>4,000.00</td>
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</table>
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](http://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**

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
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<th>Total</th>
<th>Plan Year Deductible (in network)</th>
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</table>
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 Heath & 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](http://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

<table>
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<tr>
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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](http://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](http://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 waved 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

- Local Representative: Cameron Pettigrew
- [cpettigrew@tiaa-cref.org](mailto:cpettigrew@tiaa-cref.org)
- (866) 842-2951 ext. 257413
Valic

- [www.valic.com](http://www.valic.com)
- Local Representative: Nicholas J. Grove
  - [nicholas.grove@valic.com](mailto:nicholas.grove@valic.com)
  - (337) 344-4712
- Local Representative: Daniel Poynot
  - [Daniell.poynot@valic.com](mailto: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