

Louisiana State University

Summary of Benefits

Accident Protection Plan

Effective Date	January 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
Coverage	
Plan Design	24 Hour (Coverage is for accidents that happen on and off the job.)
Waiver of Premium	Included
Portability	Included
Plan Benefits	
Accidental Death & Dismemberment	
Life	\$30,000
Both hands or both feet	\$30,000
One hand and one foot	\$30,000
One hand or one foot	\$15,000
Two or more fingers or toes	\$6,000
One finger or one toe	\$3,000
Accidental Death Common Carrier	
Life	\$120,000 (Child benefit 50% of employee/spouse)
Initial Care	
Ground Ambulance	\$300
Air Ambulance	\$1,800
Emergency Room Treatment	\$150
Physician Office/Urgent Care (per visit)	\$75
Hospital Care	
Hospital Admission	\$1,000
Hospital Confinement	\$250
Hospital ICU Admission	\$3,000
Hospital ICU Confinement	\$750
Follow Up Care	
Appliances Benefit	
- Wheelchair	\$225
- Knee Scooter	\$225
- Knee Immobilizer	\$225
- Lumbar Spine Brace	\$225
- Walking Boot	\$150
- Walker	\$150
- Crutches	\$150
- Leg Brace	\$150
- Cervical Collar	\$150
- Cane	\$75
- Ankle Brace	\$75
- Ankle Boot	\$75
- Air Cast	\$75
Follow up Physician Visit	\$75
Major Diagnostic Exam	\$250
Minor Diagnostic Exam	\$75
Prosthetic	
- One Device	\$750
- Two or More Devices	\$1,500
Rehabilitation Facility (per day/Up to 30 days)	\$150
Rehabilitation Therapy (per visit/up to 10 Visits)	\$30
Common Injuries	
Abdominal/Thoracic Surgery	
- Surgery to repair	\$1,500
- Exploratory without repair	\$150
Cranial Surgery	\$300
Eye Surgery	
- Removal of foreign body	\$150

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- Surgical Repair	\$300
Hernia Surgery	\$300
Arthroscopic Surgery	\$300
Non-Specific Surgery	
- General Anesthesia	\$300
- Conscious Sedation	\$150
Tendon / Ligament / Shoulder Cartilage / Rotator Cuff	
- Surgery to repair one	\$600
- Surgery to repair more than one	\$1,200
- Exploratory without repair	\$200
Blood/Plasma/Platelets	\$400
Burns	
- 2nd Degree (at least 36% of body surface)	\$750
- 3rd Degree (9 to 34 sq. inches)	\$1,500
- 3rd Degree (35 or more sq. inches)	\$12,000
	Skin Graft = 25% of burn benefit
Coma	\$15,000
Concussion	\$200
Lacerations	
- Greater Than 15 cm	\$600
- 5 cm - 15 cm	\$300
- Less Than 5 cm	\$75
- Not Requiring Sutures	\$45
Paralysis	
- Quadriplegia	\$15,000
- Hemiplegia	\$7,500
- Paraplegia	\$7,500
Ruptured / Herniated Disc	\$600
Emergency Dental Work	
- Crown(s)	\$300
- Extraction(s)	\$150
Medical Supplies / Over-the-counter(one time per plan year)	\$20
Family Child Daycare (per day up to 30 days)	\$45
Lodging (per day up to 30 days)	\$225
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	\$300
Fractures	Open Reduction / Closed Reduction
- Skull (Depressed, except bones of face or nose)	\$4,000 / \$2,000
- Sternum	\$4,000 / \$2,000
- Hip, Thigh (Femur)	\$4,000 / \$2,000
- Skull (Simple, except bones of face or nose)	\$2,000 / \$1,000
- Leg (from top of tibia to ankle joint)	\$2,000 / \$1,000
- Pelvis (Excluding Coccyx)	\$2,000 / \$1,000
- Vertebrae (body of)	\$2,000 / \$1,000
- Sacral / Sacrum	\$1,000 / \$500
- Face or Nose (except teeth)	\$1,000 / \$500
- Upper Arm (Elbow to Shoulder)	\$1,000 / \$500
- Upper Jaw (except Alveolar process)	\$1,000 / \$500
- Ankle	\$800 / \$400
- Foot (except Toes)	\$800 / \$400
- Forearm, Hand, Wrist (except Fingers)	\$800 / \$400
- Kneecap	\$800 / \$400
- Lower Jaw (except Alveolar process)	\$800 / \$400
- Shoulder Blade or Collarbone	\$800 / \$400
- Vertebral Process	\$800 / \$400
- Coccyx	\$400 / \$200
- Finger or Toe	\$400 / \$200

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	Chip Fractures: 25% of amounts shown for Closed Reduction
Dislocations	Open Reduction / Closed Reduction
- Hip	\$3,200 / \$1,600
- Elbow	\$800 / \$400
- Ankle	\$640 / \$320
- Collar Bone (Sternoclavicular)	\$640 / \$320
- Foot (except toes)	\$640 / \$320
- Hand	\$640 / \$320
- Knee Cap (Patella)	\$640 / \$320
- Lower Jaw	\$640 / \$320
- Shoulder Blade	\$640 / \$320
- Wrist	\$640 / \$320
- Collarbone (Acromioclavicular separation)	\$320 / \$160
- Finger or Toe	\$320 / \$160
Organized Sporting Activity Injury	Increases payable under Follow Up Care & Common Injuries sections by 25%
Additional Benefits	
Wellness Benefit Rider	\$50, Employee and Insured Spouse
Monthly Rates	
Benefits+Rider(s)	
Employee	\$9.15
Employee + Spouse	\$13.60
Employee + Child(ren)	\$12.36
Employee + Spouse + Child(ren)	\$16.81

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). Please note: ACCIDENT PROTECTION 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. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. United Healthcare Insurance Company is located in Hartford, CT.