

Summary of Coverage

BloodBorne Pathogen Insurance Information for LSU Health Shreveport Clinical Students
Policy Number: TBD (Effective August 15, 2021)

Coverage Provisions: This BloodBorne Pathogen Insurance Policy will apply only to possible or actual bloodborne pathogen exposures occurring as a direct result of curriculum activities due to being enrolled as a LSU Health Shreveport student. It will not cover exposures occurring to an employee.

This Policy will cover actual expenses up to a total of \$10,000 for the first 30 days after a possible bloodborne pathogen exposure (percutaneous, mucous membrane exposure, or exposure to broken skin) for the following:

- A. The cost of an initial physician or nurse evaluation and treatment.
- B. The cost of initial blood tests (HBsAg, HBsAb, Hbcab, HCVAB, HIV); the following whole blood tests if done with an automated cell counter: white blood cell count, red blood cell count, whole blood hemoglobin, hematocrit, platelet count, differential blood count; and the following serum tests when done with an automated analyzer: glucose, blood urea nitrogen, uric acid, creatinine, sodium, potassium, chloride, carbon dioxide, cholesterol, GGT, AGOT, AGPT, LDS, phosphorus, alkaline phosphatase, calcium, direct, indirect and total bilirubin, total protein, albumin, globulin, anoin gap, and magnesium.
- C. Up to 30 days of anti-HIV and anti-nausea medications when medically necessary.
- D. Follow-up physician or nurse evaluation, if on medication, at one, two, and three weeks after anti-HIV medication is started when medically necessary.
- E. Qualitative Hepatitis C RNA serum polymerase chain reaction testing at two weeks if the source patient has evidence of having been infected with Hepatitis C.
- F. Any needed follow up evaluation or treatment more than 30 days after the exposure is not covered.
- G. This policy does not cover bloodborne pathogen exposures that occur while being a paid employee.
- H. This policy does not cover expenses related to activities that are not related to school activities such as sexual contact. It does not cover exposures from legal or illegal drug usage.
- I. This policy does not cover lab work for the source patient.

Claims: Submit claims to HealthSmart, 3320 West Market Street, Suite 100, Fairlawn, OH 44333. For claim forms or inquiries, please contact:

HealthSmart at 800-331-1096;