



Voluntary Dental Insurance

The LSU System's Dental Plan

Underwritten by Ameritas Life Insurance Corp. - Group Dental Division
 Dental Plan Approved by LSU System Benefits Committee

Employees who choose to participate pay 100% of the premium through payroll deduction.

FEATURES INCLUDE:

- Immediate coverage, no benefit waiting periods
- No deductible for Preventive and Orthodontic services
- Lifetime deductible for Basic and Major services
- \$1,250 annual maximum on Dental
- \$1,000 lifetime maximum on Orthodontics
- Benefits for Basic and Major services improve in the 2nd and 3rd years of participation
- Dental RewardsSM (see information, other side)

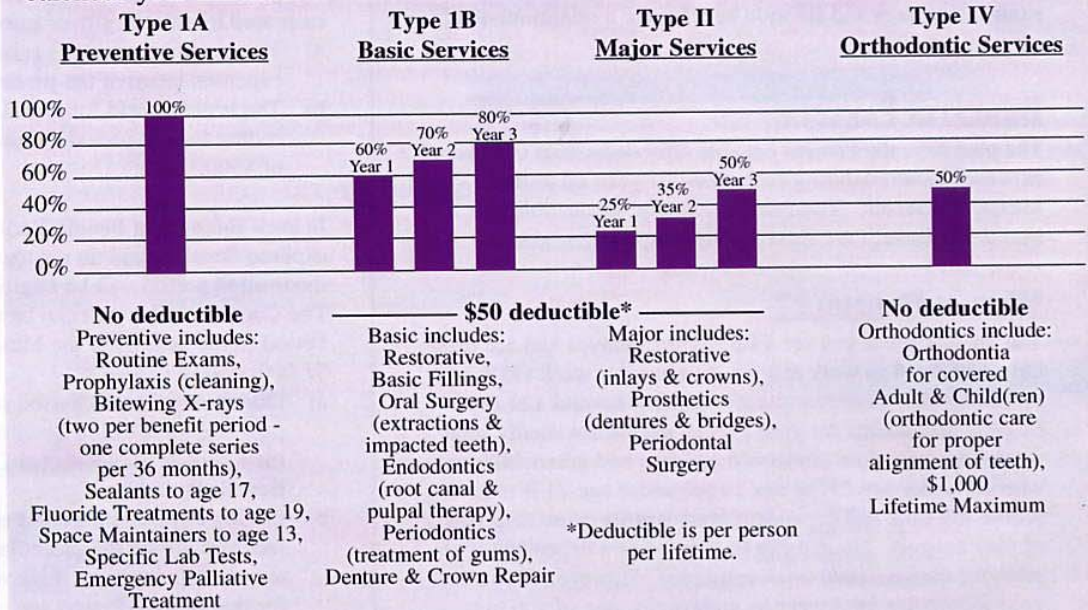
This is not a certificate of insurance. It is a brief description only. The Group Policy alone determines all rights and benefits. Ameritas reserves the right to withdraw this offer at any time.

Monthly* Rates for LSU System Employees:

- \$25.30 Employee only
- \$49.72 Employee plus spouse
- \$60.50 Employee plus child(ren)
- \$84.71 Employee plus family

*Rates based on 12 pay periods per year.

BENEFITS PAYABLE • Plan pays benefits for Type 1A, 1B and II up to a \$1,250 per calendar year maximum. Orthodontic benefits have a \$1,000 lifetime maximum.



AMERITAS GROUP DENTAL ENROLLMENT CARD							
Name of Employer LOUISIANA STATE UNIVERSITY SYSTEM						Group No.	
Employee Name (Last, First MI)				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security No.	
Home Address (Street, City, State, Zip)				Date of Birth / /		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
Date of Hire / /		Occupation		Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired		Work at least 30 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Group Coverage Requested: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee and Child(ren) <input type="checkbox"/> Employee and Spouse <input type="checkbox"/> Employee and Family				Waiver Statement: <input type="checkbox"/> I have been given the opportunity to apply for group Dental Insurance, but do not wish this coverage			
List Name, Sex and Date of Birth of each dependent you wish to insure.							
Name		Sex	Date of Birth		Name		Sex
Spouse			3.				
Children			4.				
2.			5.				
I authorize my employer to deduct from my earnings the amount to cover the cost of the coverage I have requested.						Spouse's Dental Carrier (if any):	
Signature				Date		Monthly Premium	Annual Premium
Campus	HRM Rep	Pay Type	Effective Date	P/R Rep	Payroll Deduction	Date Processed	

Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Contract Provisions

WHEN AND HOW TO ENROLL

You may enroll on or within 30 days after the effective date of the Policy, or on or within 30 days of your employment or completion of any employer requested probationary period (if you are employed after the effective date of the policy). Complete the dental enrollment card and return it to the Human Resource Department. Employees who do not enroll when first eligible are late applicants and are limited to exams, cleanings and fluoride benefits for a minimum of 12 months.

BENEFITS PAYABLE

The plan pays the Percent Payable after deductible of covered expenses incurred during each calendar year, up to the Maximum Benefit. The Percent Payable, Deductible and Maximum Benefit are shown in the graph (other side).

WHO IS ELIGIBLE?

You are eligible if you are a full-time employee and are regularly scheduled to work at least 30 hours per week (75% of full time) with an appointment extending beyond 120 days. Eligible dependents are your spouse who is not legally separated from you; your unmarried children and grandchildren who are under age 21; or age 21 but under age 24 if attending school full time and dependent upon you for more than half of their support. No one can be insured as a dependent if eligible for the insurance as an employee. However, if you and your spouse can be insured as employees, one of you may insure your spouse and eligible child(ren).

It is not intended for benefits to exceed your dental bills. If you or your family members are eligible to receive benefits under another Plan, benefits under this Policy will be coordinated with the benefits from the other Plan(s), so that not more than 100% of the Allowable Expenses incurred during a calendar year will be paid by the Policy and other Plan(s).

Participating Provider Organization (PPO)

This plan includes access to Ameritas' nationwide PPO of licensed dentists. Each insured member has the option of choosing a participating or non-participating provider and will receive the coinsurance percentages shown in the graph (other side). A participating provider is a dentist who has entered into an agreement with Ameritas to provide services to members at specified fees. A non-participating provider is any other provider.

Dental Rewards

This plan includes another wonderful benefit -- Dental Rewards. Insured members who care for their teeth and use only a portion of their annual maximum benefit are rewarded! With its increasing annual maximum feature, each insured employee and dependent earns additional money toward his/her next year's annual maximum.

After the first Benefit Period following the effective date of this plan, the Maximum Amount per member may be increased by the carry-over amount of \$250 if:

- a) The insured person has submitted a claim for dental expenses incurred the preceding benefit period, and
- b) The benefits paid for dental expenses incurred in the preceding benefit period did not exceed the benefit threshold of \$500.

In each succeeding Benefit Period in which the total dental expense benefits paid do not exceed the Benefit Threshold, the insured person will be eligible for the Carry-over Amount. The Carry-over Amount can be accumulated from one Benefit Period to the next up to the Maximum Carry-over amount of \$1,000, unless:

- a) During any Benefit Period dental expense benefits are paid in excess of the Benefit Threshold. In this instance, there will be no additional Carry-over Amount for that Benefit Period, or
- b) During any Benefit Period no claims for dental expenses incurred during the preceding Benefit Period are submitted. In this instance, there will be no Carry-over Amount for that Benefit Period and any accumulated Carry-over Amounts from previous Benefit Periods will be forfeited.

Eligibility for the Carry-over Amount will be established or reestablished at the time the first claim in a Benefit Period is received for dental expenses incurred during that Benefit Period. To properly calculate the Carry-over Amount, claims should be submitted timely in accordance with the Proof of Loss provision found within the General Provisions Section of the Certificate of Insurance. You have the right to request review of prior Carry-over Amount calculations. The request for review must be made within 24 months from the date the Carry-over Amount was established.

Gallagher Benefit Services, Inc.
235 Highlandia Drive, Suite 200
Baton Rouge, LA 70810
(800) 605-6102

