

**PART XIV. SCHEDULE OF BENEFITS**

**Policyholder:** Louisiana State University HSC New Orleans

**Policyholder's Address:** 433 Bolivar Street Room 811  
New Orleans, LA 70112

**Effective Date:** July 1, 2016

**Initial Term:** 12 Months

**Eligible Classes:** LSU Students who are full and part-time, excluding Continuing Education Participants, who are Registered for student study are eligible to Purchase this Plan.

**Eligibility Period:** Students who met eligibility requirements and are enrolled during the Spring Semester coverage are not required to attend Summer Session classes. Summer eligibility will be waived. Students who are purchasing Summer coverage and were not previously enrolled for Spring will be required to meet eligibility. Only new enrolling students in the summer session are eligible to purchase coverage under the summer period.

**Mode of Premium Payment:** MONTHLY

**Method of Premium Payment:** Remitted by Policyholder

**Premium Due Date:** 1<sup>st</sup> of every month

**Certificate Year:** Your Certificate Year is on a Policy Year Plan.

**Deductible:** In-Network: \$50 Individual Deductible.  
Maximum per Family Deductible: 3  
Applies to Classes: B, C  
Out-of-Network: \$50 Individual Deductible.  
Maximum per Family Deductible: 3  
Applies to Classes: B, C

**Co-Pay:** See Schedule of Covered Procedures

**Certificate Year Maximum Annual Benefit:** Per Insured  
In-Network

Year 1	Year 2	Year 3 & Forward
\$1,000	\$1,000	\$1,000

Out-of- Network

Year 1	Year 2	Year 3 & Forward
\$1,000	\$1,000	\$1,000

**Waiting Periods** See Schedule of Covered Procedures

**TABLE OF INSURANCE PERCENTAGES:**

**Certificate Year 1:**

	Insurance Percentage In-Network	Insurance Percentage Out-of-Network	Subject to Certificate Year Maximum Benefit	Maximum Benefit Annual/Lifetime
Class A	90%	90%	Yes	None/None
Class B	80%	80%	Yes	None/None
Class C	0%	0%	Yes	None/None

**Certificate Year 2:**

	Insurance Percentage In-Network	Insurance Percentage Out-of-Network	Subject to Certificate Year Maximum Benefit	Maximum Benefit Annual/Lifetime
Class A	90%	90%	Yes	None/None
Class B	80%	80%	Yes	None/None
Class C	50%	50%	Yes	None/None

**Certificate Year 3 and later:**

	Insurance Percentage In-Network	Insurance Percentage Out-of-Network	Subject to Certificate Year Maximum Benefit	Maximum Benefit Annual/Lifetime
Class A	90%	90%	Yes	None/None
Class B	80%	80%	Yes	None/None
Class C	50%	50%	Yes	None/None

Takeover Benefits: Do takeover benefits apply for Employees who currently have dental coverage? Yes

- Plan Type:
- Indemnity: No participating provider network
  - Participating Provider Program:
    - In and Out-of-Network Benefits
    - In-Network Benefit only
  - Scheduled Fee Plan