

Voluntary Group Dental Basic Plan Benefit Highlights for Louisiana State University System

Eligibility: All eligible LSU System employees, retirees, and their spouses and dependent children. (Children are covered to age 26.)

Premium: You pay 100% of the premium for this benefit.

Available Plans: Employees and retirees may elect one of the coverage levels listed below.

<u>Coverage level:</u>	<u>Monthly Premium:</u>
Employee Only:	\$17.88
Employee & Spouse:	\$33.60
Employee & Children:	\$46.45
Family:	\$62.16

Lifetime Deductible:
Type 1 Procedures: \$0
Combined Type 2 and Type 3 Procedures: \$100

Maximum Calendar Year Benefits:
General Dental Expenses: \$1,500
Orthodontia: Not covered under this plan

Maximum Lifetime Benefits:
Orthodontia: Not covered under this plan

Type of Benefit:	Coinsurance Percentage:
Type 1 Procedures	100% of Usual and Customary
Type 2 Procedures	100% of Scheduled Fees*
Type 3 Procedures	100% of Scheduled Fees*
Orthodontia	Not covered under this plan

* **We will pay the benefit amounts shown in your Employee Benefit Booklet, not to exceed the provider's actual charges.**

A complete list of all scheduled amounts for all covered procedures will be provided to participating employees.

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