UnitedHealthcare Insurance Company

Group Policy

For

Louisiana State University and Agricultural and Mechanical College

Enrolling Group Number: 903022
Policy Effective Date: January 1, 2020
This page left intentionally blank.
Group Dental Policy

UnitedHealthcare Insurance Company

185 Asylum Street
Hartford, Connecticut 06103-0450
860-702-5000

Issued To: Louisiana State University and Agricultural and Mechanical College
("Enrolling Group")

Policy Number: 903022
Policy Effective Date: January 1, 2020
Policy Anniversary Date: January 1

This Group Policy ("Policy") is entered into by and between UnitedHealthcare Insurance Company
(“Company”), and the "Enrolling Group," as stated in Exhibit 1.

Upon receipt of the Enrolling Group's application and payment of the required Policy Charges, this Policy
is deemed executed. The Company agrees with the Enrolling Group to provide Coverage for Dental
Services set forth herein, subject to the terms, conditions, exclusions, and limitations of this Policy. The
Enrolling Group's application is made a part of this Policy.

This Policy replaces and supersedes any previous agreements relating to the Coverage of Dental
Services between the Enrolling Group and the Company. The terms and conditions of this Policy will in
turn be superseded by those of any subsequent agreements relating to the Coverage of Dental Services
between the Enrolling Group and the Company.

The Company will not be deemed or construed as an employer for any purpose with respect to the
administration or provision of benefits under the Enrolling Group's benefit plan. The Company will not be
responsible for fulfilling any duties or obligations of an employer with respect to the Enrolling Group's
benefit plan.

This Policy will become effective at 12:01 a.m. at the Enrolling Group's address on the date specified in
Exhibit 1, and will be continued in force by the timely payment of the required Policy Charges when due,
subject to termination of this Policy as provided herein. When the Policy is terminated, as provided for in
Article 5, this Policy and all Coverage under this Policy will end at 12:00 midnight on the date of
termination.

This Policy is delivered in and governed by the laws of the State of Louisiana.

Issued By:

UnitedHealthcare Insurance Company

William J Golden, President
Article 1: Definitions

The terms used in this Policy have the same meaning given those terms in the Certificate of Coverage ("Certificate"), unless otherwise specifically defined in this Policy.

Article 2: Dental Services

Subscribers and their Enrolled Dependents are entitled to Coverage for Dental Services subject to the terms, conditions, limitations and exclusions set forth in the Certificate(s) and Schedule(s) of Covered Dental Services, included in this Policy. The Certificate(s) and Schedule(s) of Covered Dental Services describe the Covered Dental Services including any optional Riders and Amendments, required Copayments, and the terms, conditions, limitations and exclusions related to Coverage.

Article 3: Premium Rates and Policy Charge

Premiums

Monthly Premiums payable by or on behalf of Covered Persons are specified on Exhibit 2 to the Policy entitled "Premiums".

The Company reserves the right to change the schedule of rates for Premiums as described in Exhibit 1.

Computation of Policy Charge

Each Policy Charge will be calculated based on the number of Subscribers in each Coverage classification the Company shows in its records at the time of calculation, at the Premiums then in effect. The Policy Charge is calculated as described in Exhibit 1.

Adjustments to the Policy Charge

Retroactive adjustments may be made for any additions or terminations of Subscribers or changes in Coverage classification not reflected in the Company's records at the time the Policy Charge is calculated by the Company. However, no retroactive credit will be granted for any change occurring more than 120 days prior to the date the Company received notification of the change from the Enrolling Group, nor will retroactive credit be granted for any calendar month in which a Subscriber has received Dental Services.

The Enrolling Group will notify the Company in writing within 30 days of the effective date of enrollments, terminations or other changes; provided, however, that the Enrolling Group will notify the Company in writing each month of any changes in the Coverage classification of any Subscriber.

In the event there is any increase in premium tax, guarantee or uninsured fund assessment or other governmental charges relating to or calculated in regard to Premium, such increase will be automatically added to the Premium.

The Company has the right to change the Policy Charge after the initial 12 months of coverage but not more than once in any 6-month period, except for increases in Policy Charge made for any additions, changes or terminations of Subscribers or changes in Coverage classification.

The Company will provide a reasonable explanation of any Policy Charge increase no less than 45 days prior to the effective date of such increase. Such explanation shall indicate the contributing factors resulting in an increased premium, which may include but not be limited to experience, medical cost, and demographic factors.
Payment of the Policy Charge

The Policy Charge is payable in advance by the Enrolling Group to the Company as described in Exhibit 1. The first Policy Charge is due and payable on the effective date of the Policy. Subsequent Policy Charges are due and payable no later than the first day of each period thereafter that the Policy is in effect.

A late payment charge will be assessed for any Policy Charge not received by the last day of the Grace Period. A service charge will be assessed for any non-sufficient-fund check received in payment of the Policy Charge. All Policy Charge payments will be accompanied by supporting documentation which states the names of the Covered Persons for whom payment is made.

The Enrolling Group will reimburse the Company for attorney's fees and any other costs related to collecting delinquent Policy Charges.

Grace Period

A Grace Period of 60 days will be granted for the payment of any Policy Charge, during which time the Policy will continue in force. In no event will the Grace Period extend beyond the date the Policy terminates.

This Policy will automatically terminate on the last day of the calendar month the Grace Period expires and any Policy Charge remains unpaid, or if the Company receives written notice of termination from the Enrolling Group during the Grace Period.

Article 4: Eligibility and Effective Date of Coverage

Initial Eligibility Period

Eligible Persons and their Dependents may enroll for Coverage under the Policy during the Initial Eligibility Period. The Initial Eligibility Period is the period of time agreed to by the Enrolling Group and the Company.

Open Enrollment

If specified in the Certificate, the Enrolling Group will provide an Open Enrollment Period as specified in the Certificate, during which Eligible Persons may enroll for Coverage under the Policy.

Eligibility Conditions

The eligibility conditions stated in the application are in addition to those specified in Section 2 of the Certificate.

Effective Date of Coverage

Coverage for properly enrolled Eligible Persons and their Dependents will begin on the date stated in Exhibit 1.

Article 5: Policy Termination

Conditions for Termination of This Entire Policy

This Policy and all Coverage under this Policy will automatically terminate on the earliest of the dates specified below:
A. At the Company's option, on the last day of the calendar month, if the Grace Period expires and any Policy Charge remains unpaid.

B. On the date specified by the Enrolling Group, after at least a 60 day prior written notice to the Company that this Policy will be terminated.

C. On the date specified by the Company in written notice to the Enrolling Group that this Policy will be terminated, due to the Enrolling Group’s violation of participation and contribution rules.

D. On the date specified by the Company in written notice to the Enrolling Group that this Policy will be terminated because the Enrolling Group provided the Company with false information material to the execution of this Policy or to the provision of Coverage under this Policy. The Company has the right to rescind this Policy back to the effective date.

E. On the date specified by the Company in written notice to the Enrolling Group that this Policy will be terminated because the Enrolling Group does not provide us with information that we need to administer the Policy or fails to perform any of its obligations that relate to the Policy.

F. On the date specified by the Company after at least 90 days prior written notice to the Enrolling Group that this Policy will be terminated because the Company will no longer renew or issue this type of dental benefit plan within the applicable market.

G. On the date specified by the Company, after at least 180 days prior written notice to the applicable state authority and to the Enrolling Group that this Policy will be terminated because the Company will no longer renew or issue any employer dental benefit plan within the applicable market.

**Payment and Reimbursement Upon Termination**

Upon any termination of this Policy, the Enrolling Group will be and will remain liable to the Company for the payment of any and all Premiums which are unpaid at the time of termination, including a pro rata fee for any period this Policy was in force during the Grace Period, if any, preceding the termination.

**Article 6: General Provisions**

**Entire Policy**

The Policy, including the Certificate(s), Schedule(s) of Covered Dental Services, the application of the Enrolling Group, any individual Subscriber applications, Amendments and Riders will constitute the entire Policy between parties. All statements made by the Enrolling Group or by a Subscriber will, in the absence of fraud, be deemed representations and not warranties.

**Time Limit on Certain Defenses**

No statement made by the Enrolling Group, except a fraudulent statement, will be used to void this Policy after it has been in force for a period of 2 years.

**Amendments and Alterations**

Amendments to the Policy are effective upon 31 days written notice to the Enrolling Group. Riders are effective on the date specified by the Company. No change will be made to this Policy unless made by an Amendment or a Rider which is signed by an executive officer of the Company. No agent has authority to change this Policy or to waive any of its provisions.
Relationship Between Parties

The relationships between the Company and providers and relationships between the Company and Enrolling Groups, are solely contractual relationships between independent contractors. Providers and Enrolling Groups are not agents or employees of the Company, nor is the Company or any employee of the Company an agent or employee of providers or Enrolling Groups.

The relationship between a provider and any Covered Person is that of provider and patient. The provider is solely responsible for the services provided by it to any Covered Person. The relationship between any Enrolling Group and any Covered Person is that of employer and employee, Dependent, or other Coverage classification as defined in this Policy. The Enrolling Group is solely responsible for enrollment and Coverage classification changes (including termination of a Covered Person's Coverage through the Company) and for the timely payment of the Policy Charge.

Records

The Enrolling Group will furnish the Company with all information and proofs which the Company may reasonably require with regard to any matters pertaining to this Policy. The Company may at any reasonable time inspect all documents furnished to the Enrolling Group by an individual in connection with the Coverage, and the Enrolling Group's payroll, and any other records pertinent to the Coverage under this Policy.

By accepting Benefits under this Policy, each Covered Person authorizes and directs any person or institution that has provided services to them, to furnish the Company or its designee any and all information and records or copies of records relating to the services provided to the Covered Person. The Company has the right to request this information at any reasonable time. This applies to all Covered Persons, including Enrolled Dependents whether or not they have signed the Subscriber's enrollment form.

The Company agrees that such information and records will be considered confidential. The Company has the right to release any and all records concerning dental services which are necessary to implement and administer the terms of this Policy, for appropriate medical review or quality assessment, or as the Company are required by law or regulation.

During and after the term of the Policy, the Company and its related entities may use and transfer the information gathered under the Policy for research and analytic purposes.

Administrative Services

The services necessary to administer this Policy and the Coverage provided under it will be provided in accordance with the Company's or its designee's standard administrative procedures. If the Enrolling Group requests that such administrative services be provided in a manner other than in accordance with these standard procedures, including requests for non-standard reports, the Enrolling Group will pay for such services or reports at the Company's or its designee's then-current charges for such services or reports.

Examination of Covered Persons

In the event of a question or dispute concerning Coverage for Dental Services, the Company may reasonably require that a Covered Person be examined at the Company's expense by a Dentist acceptable to the Company.

Clerical Error

Clerical error will not deprive any individual of Coverage under this Policy or create a right to benefits. Failure to report the termination of Coverage will not continue such Coverage beyond the date it is scheduled to terminate according to the terms of this Policy. Upon discovery of a clerical error, any
necessary appropriate adjustment in Premiums will be made. However, no such adjustment in Premiums or Coverage will be granted by the Company to the Enrolling Group for more than 120 days of Coverage prior to the date the Company received notification of such clerical error.

Workers' Compensation Not Affected
The Coverage provided under this Policy does not substitute for and does not affect any requirements for coverage by workers' compensation insurance.

Conformity with Statutes
Any provision of this Policy which, on its effective date, is in conflict with the requirements of applicable state or federal statutes or regulations is hereby amended to conform to the minimum requirements of such statutes and regulations.

Waiver/Estoppel
Nothing in the Policy, Certificate(s) or Schedule(s) of Covered Dental Services is considered to be waived by any party unless the party claiming the waiver receives the waiver in writing. A waiver of one provision does not constitute a waiver of any other. A failure of either party to enforce at any time any of the provisions of the Policy, Certificate(s) or Schedule(s) of Covered Dental Services, or to exercise any option which is herein provided, will in no way be construed to be a waiver of such provision of the Policy, Certificate(s) or Schedule(s) of Covered Dental Services.

Headings
The headings, titles and any table of contents contained in the Policy, Certificate(s) or Schedule(s) of Covered Dental Services are for reference purposes only and will not in any way affect the meaning or interpretation of the Policy, Certificate(s) or Schedule(s) of Covered Dental Services.

Unenforceable Provisions
If any provision of the Policy, Certificate(s) or Schedule(s) of Covered Dental Services is held to be illegal or unenforceable by a court of competent jurisdiction, the remaining provisions will remain in effect and the illegal or unenforceable provision will be modified so as to conform to the original intent of the Policy, Certificate(s) or Schedule(s) of Covered Dental Services to the greatest extent legally permissible.

Notice
Written notice given by the Company to an authorized representative of the Enrolling Group is deemed notice to all affected Subscribers and their Enrolled Dependents in the administration of this Policy, including termination of this Policy. The Enrolling Group is responsible for giving notice to Covered Persons.

Any notice sent to the Company under this Policy and any notice sent to the Enrolling Group will be addressed as described in Exhibit 1.

Subscriber's Individual Certificate
The Company will issue Certificate(s), Schedule(s) of Covered Dental Services and any attachments to the Enrolling Group who will in turn make them available to each covered Subscriber. Such Certificate(s), Schedule(s) of Covered Dental Services and any attachments may be provided in electronic format. The Certificate(s), Schedule(s) of Covered Dental Services and any attachments will show all the benefits and provisions of the Policy.
Exhibit 1 to Dental Group Policy

1. **Parties.** The parties to this Policy are UnitedHealthcare Insurance Company ("Company") and Louisiana State University and Agricultural and Mechanical College ("Enrolling Group").

2. **Effective Date.** The effective date of this Policy is January 1, 2020.

3. **Premiums.** The Company has the right to change the Policy Charge after the initial 12 months of coverage but not more than once in any 6-month period, except for increases in Policy Charge made for any additions, changes or terminations of Subscribers or changes in Coverage classification.

4. **Computation of Policy Charge.** A full calendar month's Premiums will be charged for Covered Persons whose effective date of Coverage falls on or before the 15th of that calendar month. No Premiums will be charged for Covered Persons whose effective date of Coverage falls after the 15th of that calendar month. A full calendar month's Premiums will be charged for Covered Persons whose Coverage is terminated after the 15th of that calendar month. No Premiums will be charged for Covered Persons whose Coverage is terminated on or before the 15th of that calendar month.

5. **Payment of the Policy Charge.** The Policy Charge is payable in advance by the Enrolling Group to the Company on a monthly basis.

6. **Minimum Participation Requirement.** The minimum participation requirement is 2 Eligible Persons enrolled for Coverage under the Policy.

7. **Notice.**

   Any notice sent to the Company under this Policy will be addressed to:
   
   UnitedHealthcare Insurance Company
   
   185 Asylum Street
   
   Hartford, CT 06103-0450

   Any notice sent to Enrolling Group under this Policy will be addressed to:
   
   Louisiana State University and Agricultural and Mechanical College
   
   110 Thomas Boyd Hall
   
   Baton Rouge, Louisiana 70803

8. **903022: Enrolling Group Number**
Exhibit 2 to Dental Group Policy

**Premiums**

Monthly Premiums payable by or on behalf of Covered Persons are specified below:

**Plan Name:** All Employees enrolled in UnitedHealthcare Dental PPO Plan 8H744

<table>
<thead>
<tr>
<th>Coverage Classification</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$20.72</td>
</tr>
<tr>
<td>Employee plus Spouse</td>
<td>$38.92</td>
</tr>
<tr>
<td>Employee plus Child(ren)</td>
<td>$53.78</td>
</tr>
<tr>
<td>Employee plus Family</td>
<td>$71.98</td>
</tr>
</tbody>
</table>
Summary of the Louisiana Life and Health Insurance Guaranty Association Act and Notice Concerning Coverage Limitations and Exclusions

Residents of Louisiana who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are required by law to be members of LLHIGA. The purpose of LLHIGA is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, LLHIGA will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through LLHIGA is limited. As noted in the disclaimer below, this protection is not a substitute for consumers’ care in selecting companies that are well-managed and financially stable.

Disclaimer

The Louisiana Life and Health Insurance Guaranty Association provides coverage of claims under some types of policies if the insurer becomes impaired or insolvent. COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY. Even if coverage is provided, there are significant limits and exclusions. Coverage is always conditioned upon residence in this state. Other conditions may also preclude coverage.

Insurance companies and insurance agents are prohibited by law from using the existence of the association or its coverage to sell you an insurance policy.

You should not rely on the availability of coverage under the Louisiana Life and Health Insurance Guaranty Association when selecting an insurer.

The Louisiana Life and Health Insurance Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

LLHIGA Department of Insurance

PO Drawer 44126 PO Box 94214
Baton Rouge, LA 70804 Baton Rouge, LA 70804-9214

The state law that provides for this safety-net coverage is called the Louisiana Life and Health Insurance Guaranty Association Law (the law) and is set forth at R.S. 22:2081 et seq. The following is a brief summary of this law’s coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change any person’s rights or obligations under the law or the rights or obligations of LLHIGA.

Generally, individuals will be protected by the Louisiana Life and Health Insurance Guaranty Association if they live in this state and hold a direct non-group life, health, or annuity policy or contract, a certificate under a direct group policy or contract for a supplemental contract to any of these, or an unsolicited annuity contract, issued by an insurer authorized to conduct business in Louisiana. The beneficiaries, payees or assignees of insured persons are protected as well even if they live in another state unless they are afforded coverage by the guarantee association of another state, or other circumstances described under the law are applicable.

Exclusions from Coverage

A person who holds a direct non-group life, health, or annuity policy or contract, a certificate under a direct group policy or contract for a supplemental contract to any of these, or an unallocated annuity contract is not protected by LLHIGA if:
• he is eligible for protection under the laws of another state (This may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);

• the insurer was not authorized to do business in this state; or

• his policy was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, an insurance exchange, an organization that issues charitable gift annuities as is defined in R.S. 22:952(A)(3), or any entity similar to any of these.

LLHIGA also does not provide coverage for:

• any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;

• any policy of reinsurance (unless an assumption certificate was issued);

• interest rate or crediting rate yields, or similar factors employed in calculating changes in value, that exceed an average rate;

• dividends, premium refunds, or similar fees or allowances described under the law;

• credits given in connection with the administration of a policy by a group contract holder;

• employers', associations' or similar entities' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them) or uninsured; or

• unallocated annuity contracts (which give rights to group contract holders, not individuals), except unallocated annuity contracts and defined contribution government plans qualified under section 403(b) of the United States Internal Revenue Code (26 U.S.C. § 403(b)).

• a policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to "Medicare Part C coverage" or "Medicare Part D coverage" and any regulations issued pursuant to those parts;

• interest or other changes in value to be determined by the use of an index or other external references but which have not been credited to the policy or contract or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes an impaired or insolvent insurer, whichever is earlier.

Limits on Amount of Coverage

The Louisiana Life and Health Insurance Guaranty Association Law also limits the amount that is obligated to pay out.

The benefits for which LLHIGA may become liable shall in no event exceed the lesser of the following:

• LLHIGA cannot pay more than what the insurance company would owe under a policy or contract if it were not an impaired or an insolvent insurer.

• For any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of $300,000 in life insurance death benefits, but not more than $100,000 in net cash surrender and net cash withdrawal values for life insurance.

• For any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of $500,000 in health insurance benefits, and LLHIGA will
pay a maximum of $250,000 in present value of annuities, including net cash surrender and net cash withdrawal values.

In no event, regardless of the number of policies and contracts there were with the same company, and no matter how many different types of coverages, LLHIGA shall not be liable to expend more than $500,000 in the aggregate with respect to any one individual.