



STARMOUNT LIFE INSURANCE COMPANY
8485 Goodwood Blvd. Baton Rouge, LA 70806-7878

Administrative Office: Starmount Life Insurance Company 8485 Goodwood Blvd., P.O. Box 98100
Baton Rouge, LA 70898-9100
Toll Free Telephone No: 1-888-729-5433

Policy Modifications

Policy Modifications: Policy/Certificate Number LSUN716, Form # VI-2007CT- LA is amended as follows:

PART II. SCHEDULE OF BENEFITS, page 4 is changed as follows:

From:

FREQUENCY OF SERVICES	
Your Certificate is on a Rolling Benefit Plan Basis	
Vision Exam:	Once every 12 Months
Eyeglass Lenses:	Once every 12 Months
Frames:	Once every 24 Months
Contact Lenses:	Once every 12 Months

To:

FREQUENCY OF SERVICES	
Your Certificate is on a Rolling Benefit Plan Basis	
Vision Exam:	Once every 12 Months
Eyeglass Lenses:	Once every 12 Months
Frames:	Once every 12 Months
Contact Lenses:	Once every 12 Months

In all other respects, the Policy/Certificate remains the same.

RIDER: This rider, issued July 18, 2018, forms a part of Policy/Certificate No. **LSUN716** issued to Louisiana State University HSC New Orleans. It is effective July 1, 2018. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Signed for **The Company**

Jeffrey G. Wild, Secretary

Erich Sternberg, Chief Executive Officer

PART I. CERTIFICATE SCHEDULE

Policyholder: Louisiana State University HSC New Orleans

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

Group Policy Number: LSUN716

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.

Waiting 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: 1st of every month

PART II. SCHEDULE OF BENEFITS

FREQUENCY OF SERVICES	
Your Certificate is on a Rolling Benefit Plan Basis	
Vision Exam:	Once every 12 Months
Eyeglass Lenses:	Once every 12 Months
Frames:	Once every 24 Months
Contact Lenses:	Once every 12 Months

CO-PAY (PER INSURED)

	In-Network Provider:	Out-of-Network Provider:
Vision Exam:	\$15.00	\$0
Eyeglass Lenses:	\$15.00	\$0
Frames:	\$15.00	\$0
Contact Lenses:	\$15.00	\$0

BENEFITS AND ALLOWANCES ¹

	In-Network Provider:	Out-of-Network Provider:
Vision Exam:		
By Ophthalmologist	Covered in Full	\$35 Allowance
By Optometrist	Covered in Full	\$35 Allowance
Materials- Eyeglass Lenses ³ :		
Single Vision	Covered in Full	\$25 Allowance
Bifocals	Covered in Full	\$40 Allowance
Progressives	\$70 Allowance	\$40 Allowance
Trifocals	Covered in Full	\$50 Allowance
Lenticular	\$80 Allowance	\$50 Allowance
Scratch Resistant Coating	Covered at Wal-Mart only	N/A
Polycarbonate Lenses for children to age 19 only	Covered at Wal-Mart and Sam's Club only	N/A
Materials – Frames ³ :	\$120 retail allowance (up to \$94 at Wal-Mart, Sam's Club & Costco*)	\$50 Allowance
Materials – Contact Lenses ² :		
Non-Elective	\$210 Allowance	\$210 Allowance
Elective	\$120 Allowance	\$100 Allowance

* Special payment and reimbursement terms apply for material purchases at Costco.

¹ Where an "Allowance" is shown, You are responsible for paying any charges in excess of the Allowance.

² The Contact Lenses benefit is paid in lieu of Eyeglass Lenses and Frames. Contact Lenses consist of (3) components: materials, exams and fittings. Coverage is for materials and the exam, up to the Contact Lenses allowance. Fittings may be covered but only up to the amount of any unused Contact Lenses allowance – after Materials.

³ Eyeglass Lenses and Frames are paid in lieu of the Contact Lenses benefit.