

# Dental Plans

## For Individuals and Families

with Optional Vision Benefits



UnitedHealthcare Life Insurance Company is the underwriter of these plans.  
This product is administered by Dental Benefit Providers, Inc.  
Policy Forms UHL-DEN2-PB, -42 and UHL-DEN2-PBM, -42 and other state variations

 **UnitedHealthcare®**  
UnitedHealthcare Life  
Insurance Company

## Why choose us for dental insurance?



Keeping your smile beautiful doesn't have to be expensive. We have a variety of dental plan options to select from, so you can choose the coverage that fits your needs and budget.

### **Strength & Experience**

UnitedHealthcare provides nearly 29 million Americans access to health care.<sup>1</sup> We offer an array of consumer-oriented health benefit plans.

### **Highly Rated**

UnitedHealthcare Life Insurance Company (UHCLIC), the underwriter and administrator of plans featured in this brochure, is rated "A" (Excellent) by A.M. Best (03/31/15). This worldwide independent organization examines insurance companies and other businesses, and publishes its opinion about them. This rating is an indication of our financial strength and stability.

### **Our Goal: Your Satisfaction**

We understand the importance of your time and concern for the value of your health care dollars. Our customers benefit from strong discounts on quality health care coverage made possible when using our nationwide network of quality health care providers.



### **Coverage You Need**

Taking care of your teeth is an important part of your overall health. We can help keep your smile healthy and happy with our dental plan options that include preventive care, basic services like fillings, and major services such as root canals. Not all dental plan options include coverage for major services. See pages 4-5 for plan details.

### **Our large network can mean savings**

More dentists in our network means you are more likely to keep the same dentist you use today and also have coverage available when traveling. Our network provides access to many dental providers. Find a dentist online at [www.myuhc.com](http://www.myuhc.com)<sup>2</sup> today!

### **Plus you can add vision coverage**

Your eyes are an important part of your health too. You can add vision benefits (available in most areas for additional premium) to your dental plan as well. Coverage for everything from eye exams to contact lenses. Add it today for additional coverage.

### **Dental plans that are family friendly**

Depending on the plan you choose, you have a \$50 calendar-year deductible per covered person on Basic Services, and either a combined or separate \$50 calendar-year deductible for Major Services if covered by the plan. See pages 4-5 for details. There is a maximum of 3 individual \$50 deductibles per family in a calendar year. So, if you have a family of 4, 5, 6, or even more, you're only responsible for paying \$150 in deductibles for the whole family in a calendar year.

### **Dental care for any age<sup>3</sup>**

Our dental plans have no age limit requirement, so even those covered by Medicare can apply. Maintaining your dental health is important to preserving your overall well-being. We have dental plan options for people of any age or at any stage of life.

<sup>1</sup> UnitedHealth Group Annual Form 10-K for year ended 12/31/14.

<sup>2</sup> Under Links and Tools, click "Find a Dentist." Select the National Options PPO 30 network.

<sup>3</sup> Primary insured must be 18 years of age or older.

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## Dental Plan Benefits

**Dental Primary<sup>SM 2</sup>**

**Dental Primary Preferred<sup>SM 2</sup>**

<b>Basic Services Deductible</b> (maximum 3 individual deductibles per family, per calendar year)	You pay:	\$50 per person	\$50 per person
<b>Major Services Deductible</b> (maximum 3 individual deductibles per family, per calendar year)	You pay:	N/A	\$50 per person
<b>Consider this plan if your dentist is a:</b>		Network provider	Network provider

### Preventive Care

<b>Preventive Care</b> (deductible does not apply) See page 8 for details.	You pay:	\$25 copay	\$25 copay
<b>Waiting Period</b>		No waiting period	No waiting period

### Basic Services

<b>Basic Services</b> See page 8 for details.	You pay:	30% after deductible	30% after deductible
<b>Waiting Period</b>		6 months	6 months

### Major Services

<b>Major Services</b> See pages 9-10 for details.	You pay:	Not covered	50% after deductible (40% in GA)
<b>Waiting Period</b>		N/A	12 months
<b>Orthodontics</b>		Not covered	Not covered

### Coverage Amount

<b>Annual Maximum</b> (per calendar year)	<b>We pay up to:</b>	\$1,000 per person	\$1,000 per person
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### Sample Services<sup>5</sup>

	Retail charge		Network	Non-network	Network	Non-network
<b>Routine Cleaning</b> (Adult prophylaxis)	\$94.00	You pay:	\$25.00	\$59.00	\$25.00	\$59.00
<b>Filling</b> (Amalgam 1 surface, primary or permanent)	\$155.00	You pay:	\$24.30	\$98.30	\$24.30	\$98.30
<b>Molar Root Canal</b>	\$1,187.00	You pay:	Not covered	Not covered	\$385.00	\$802.00

### Optional Benefit

<b>UnitedHealthcare Vision<sup>®</sup> Benefit</b> See pages 6-7 for details.		Available	Available
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[www.myuhc.com](http://www.myuhc.com)

- Under Links and Tools, click “Find a Dentist.” Select the National Options PPO 30 network to find a provider in your area.
- Access your plan information.
- See your claim status, and more.

## Dental Plan Benefits

### Dental Premier Choice<sup>SM 2</sup>

### Dental Premier Elite<sup>SM 3</sup>

<b>Basic Services Deductible</b> (maximum 3 individual deductibles per family, per calendar year)	You pay:	\$50 combined per person	\$50 combined per person
<b>Major Services Deductible</b> (maximum 3 individual deductibles per family, per calendar year)	You pay:		
<b>Consider this plan if your dentist is a:</b>		Network provider	Non-network provider

### Preventive Care

<b>Preventive Care</b> (deductible does not apply) See page 8 for details.	You pay:	\$0 copay	\$0 copay
<b>Waiting Period</b>		No waiting period	No waiting period

### Basic Services

<b>Basic Services</b> See page 8 for details.	You pay:	20% after deductible	20% after deductible
<b>Waiting Period</b>		6 months	6 months

### Major Services

<b>Major Services</b> See pages 9-10 for details.	You pay:	50% after deductible (40% in GA)	50% after deductible
<b>Waiting Period</b>		12 months	12 months
<b>Orthodontics</b>		Not covered	Not covered

### Coverage Amount

<b>Annual Maximum</b> (per calendar year)	<b>We pay up to:</b>	Year 1: \$1,200 per person Year 2: \$1,300 per person <sup>4</sup> Year 3: \$1,400 per person Year 4+: \$1,500 per person	Year 1: \$1,200 per person Year 2: \$1,300 per person <sup>4</sup> Year 3: \$1,400 per person Year 4+: \$1,500 per person
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### Sample Services<sup>5</sup>

	Retail charge		Network	Non-network	Network	Non-network
<b>Routine Cleaning</b> (Adult prophylaxis)	\$94.00	You pay:	\$0.00	\$34.00	\$0.00	\$5.00
<b>Filling</b> (Amalgam 1 surface, primary or permanent)	\$155.00	You pay:	\$16.20	\$90.20	\$16.20	\$47.00
<b>Molar Root Canal</b>	\$1,187.00	You pay:	\$385.00	\$802.00	\$385.00	\$649.50

### Optional Benefit

<b>UnitedHealthcare Vision<sup>®</sup> Benefit</b> See pages 6-7 for details.		Available	Available
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<sup>1</sup> Plan availability varies.

<sup>2</sup> Pays non-network provider benefits based on the network negotiated rate. Non-network dentists can bill a patient for any remaining amount up to the billed charge. Plan availability varies.

<sup>3</sup> Not available in GA. Pays non-network provider benefits based on the reasonable and customary charge. Non-network dentists can bill a patient for any remaining amount up to the billed charge.

<sup>4</sup> If the effective date is prior to July 1, Year 2 begins the following January 1. If the effective date is on or after July 1, Year 2 will begin January 1 following 12 consecutive months of coverage. Subsequent years after Year 2 will begin the following January 1.

<sup>5</sup> Service pricing for ZIP Code 432-- and assumes \$50 deductible has been satisfied. Discounts vary by type of provider, geographic area, and type of service.





## Optional Benefit UnitedHealthcare Vision® Rider

Additional premium required. Not available in all areas.

Keep an eye on your vision health by adding our optional Vision Benefit rider. Our vision network offers quality care from professionals in private and retail settings across the country. You may use a non-network provider, but you are eligible to receive better discounts using network providers.

### See how you can save by using our vision network.

Service/Material	Network You Pay	Network We Pay <sup>1</sup>	Non-network We Pay
<b>Eye exam</b> once every 12 months	\$10.00 copay	100%	Up to \$40.00
<b>Frames<sup>2</sup></b> once every 24 months	\$25.00 copay	100%	Up to \$45.00
<b>Single Vision lenses</b>	\$25.00 copay	100%	Up to \$40.00
<b>Bifocal lenses</b>	\$25.00 copay	100%	Up to \$60.00
<b>Trifocal or Lenticular lenses</b>	\$25.00 copay	100%	Up to \$80.00
<b>Contacts<sup>3</sup></b> in lieu of glasses	\$25.00 copay	100%	Up to \$105.00

This product is administered by Spectera, Inc.

**Please Note:** This vision benefit program is designed to cover vision needs rather than cosmetic extras. If you select a cosmetic extra, the plan will pay the costs of the allowed lenses and you will be responsible for the additional cost of the cosmetic extra. Check online for a list of providers.

Policy Form SA-S-1710-UHL

<sup>1</sup> After copay.

<sup>2</sup> You will receive a \$130 retail frame allowance towards the purchase of any frame at a network provider.

<sup>3</sup> You are eligible to select either eyeglasses (eyeglass lenses and/or eyeglass frames) or contact lenses, not both. Contacts chosen from the covered contact lens selection at a network provider. Non-selection contact lenses will receive an allowance. No copay applies to non-selection contact lenses.

## Adult Vision Covered Expenses

Subject to all policy provisions, the following vision expenses are covered:

- Routine vision exams – 1 exam per 12 months.
- Prescription eyewear – 1 pair of prescription eyeglass lenses every 12 months and 1 pair of eyeglass frames every 24 months, or contact lenses or necessary contact lenses every 12 months.
  - Eyeglass lenses, including scratch resistant coating, as prescribed by an ophthalmologist or optometrist; eyeglass frames and their fitting and subsequent adjustments to maintain comfort and efficiency; or
  - Contact lenses that are in lieu of eyeglass lenses and frames; or
  - Necessary contact lenses when a provider has determined a need for and has prescribed the service. Contact lenses are necessary if the covered person has: keratoconus; anisometropia; irregular corneal/astigmatism; aphakia; facial deformity; or corneal deformity.

## How the Vision Program Works

Your out-of-pocket expenses – what you'll owe for vision services – will vary depending on the type of provider you use:

- **For Network Vision Providers:** After your copay, they agree to accept the plan payment as full reimbursement for covered expenses. Check our online list of providers. They are categorized in three ways:
  - Full service – are contracted to provide eye exams and prescription eyewear at discounted rates.
  - Exam Only – are contracted to provide exams ONLY at discounted rates.
  - Dispense Only – are contracted to dispense prescription eyewear ONLY at discounted rates.
- **For Non-Network Vision Providers:** You must pay non-network providers in full at time of service. Then you submit itemized copies of receipts and request reimbursement from UnitedHealthcare Vision Claims department. Your out-of-pocket costs may be higher with a non-network provider.

## Adult Vision Exclusions and Limitations

**No benefits are payable for the following vision expenses:**

- Orthoptics or vision therapy training and any associated supplemental testing;
- Plano lenses (a lens with no prescription on it);
- Oversized lenses;
- Replacement of eyeglass lenses and frames furnished under this plan which are lost or broken except at the normal intervals when services are otherwise available;
- Medical or surgical treatment of the eyes;
- Any eye examination or any corrective eyewear, required by an employer as a condition of employment;
- Corrective vision treatment of an experimental or investigative nature;
- Corrective surgical procedures such as, but not limited to, Radial Keratotomy (RK) and Photorefractive Keratectomy (PRK);
- Elective contact lenses if prescription eyeglass lenses and frames are received in any 12-month period;
- Prescription eyeglass lenses and frames if elective contact lenses are received in any 24-month period;
- Eyewear except prescription eyewear;
- Charges that exceed the allowed amount;
- Services or treatments that are already excluded in the General Exclusions and Limitations section of the policy/certificate; and
- Optional lens extras not listed in your policy/certificate.

## Discounts: Laser Eye Surgery and Hearing Aids

Laser eye surgery is a non-covered expense, however, an alliance with the Laser Vision Network of America allows our policyholders access to substantial discounts on laser eye surgery procedures.

UnitedHealthcare Vision rider members have access to high-quality, digital hearing aids at a discount over retail, when ordering with our special promotion code. Visit [www.hiHealthInnovations.com](http://www.hiHealthInnovations.com) for more information.



[www.myuhcvision.com](http://www.myuhcvision.com)

- Find a provider in your area.
- Access your plan information.
- See your claim status, and more.



## Dental Benefits for all plans

### Preventive Services

Preventive services are covered without a deductible, coinsurance, or waiting periods. Dental Primary<sup>SM</sup> and Dental Primary Preferred<sup>SM</sup> have a \$25 copay for preventive services.

- Oral evaluations (periodic, comprehensive, limited or detailed, comprehensive periodontal) – limited to 2 per calendar year.
- Problem-focused oral evaluations (limited, detailed, or re-evaluation).
- Adjunctive pre-diagnostic testing – limited to 1 per calendar year.
- Routine cleanings – limited to 2 per calendar year.
- Fluoride treatments – limited to covered persons under the age of 16 years,<sup>1</sup> limited to 2 times per calendar year.
- Extraoral radiographs – limited to 2 per calendar year.
- Intraoral bitewing radiographs – limited to 1 series per calendar year.
- Intraoral periapical radiographs.
- Panorex radiographs – limited to 1 per 36 months.
- Oral/Facial photographic images – limited to 1 per 36 months.
- Intraoral-complete series – limited to 1 per 36 months. Vertical bitewings not allowed in conjunction with a complete series.
- Space maintainers – limited to covered persons under the age of 16 years,<sup>1</sup> once per 60 months. Benefit includes all adjustments within 6 months of installation.
- Re-cement space maintainers – limited to 1 per 6 months after initial insertion.
- Sealants – limited to covered persons under the age of 16 years<sup>1</sup> and once per first and second permanent molar every 36 months.

### Basic Services

Basic services are covered subject to the deductible, coinsurance, and waiting periods. Basic services have a 6-month waiting period.

- Amalgam restorations – multiple restorations on 1 surface will be treated as a single filling.
- Composite resin restorations – anterior, multiple restorations on 1 surface will be treated as a single filling.
- Gold foil restorations – multiple restorations on 1 surface will be treated as a single filling.
- Simple nonsurgical extractions – limited to 1 per tooth, per lifetime.
- Desensitizing medicament.
- General anesthesia – in conjunction with oral surgery or the removal of 7 or more teeth.
- Local anesthesia.
- Therapeutic drug injection – limited to 1 per visit.
- Palliative treatment – only if no other services other than exam and radiographs were done on the same tooth during the visit.
- Consultations – when not performed with exams or professional visits.
- **Colorado only:** This policy DOES NOT include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, broker, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.
- **Georgia only:** For services provided by a dentist through telemedicine, if the charges would otherwise be considered covered expenses under the policy.

<sup>1</sup> In Florida, limited to covered persons under the age of 26 years. In Illinois, limited to covered persons under the age of 19 years.





## Dental Benefits (Major Services)

Only apply to: *Primary Preferred<sup>SM</sup>, Premier Choice<sup>SM</sup>, and Premier Elite<sup>SM</sup>*

### Major Services

Major services are covered subject to the deductible, coinsurance, and waiting periods. Not available with all plans. Major services have a 12-month waiting period.

### Endodontics

- Apexification – limited to 1 time per tooth, per lifetime.
- Apicoectomy and retrograde filling – limited to 1 time per tooth, per lifetime.
- Root canal therapy – limited to 1 time per tooth, per lifetime. Reimbursement not allowed for retreatment by original performing dentist in first 12 months.
- Retreatment of previous root canal therapy. Reimbursement not allowed for retreatment by original performing dentist in first 12 months.
- Root resection/amputation – limited to 1 time per tooth, per lifetime.

### Fixed or Removable Prosthetics

For initial placement of full or partial dentures or bridges to replace loss of functional natural teeth, including necessary adjustments during the first 6 months following the date of placement, only if:

- The teeth were lost while the covered person was under the policy and the placement is within 12 months of the date of the loss of the teeth; or
- The extraction took place while the covered person was both under the age of 16 years and insured under this policy.

Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, or onlays previously submitted for payment under the plan – limited to 1 time per 60 months from initial or supplemental placement.

- Fixed partial dentures (bridges) – limited to 1 time per tooth, per 60 months.
- Full dentures – limited to 1 per 60 months. No additional allowances for precision or semi-precision attachments.
- Repairs or adjustments to full dentures, partial dentures, bridges, or crowns – limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per 6 months.

### No benefits are payable for:

- Initial placement of full or partial dentures or bridges and related services, to replace functional natural teeth that are:
  - Congenitally missing; or
  - Lost before insurance under this policy is in effect.
- Replacement of full or partial removable dentures, bridges, crowns, inlays, onlays, or veneers which can be repaired or restored to natural function.
- Replacement within 60 consecutive months of the last placement for full and partial dentures, and replacement within 60 consecutive months of the last placement for crowns, bridges, inlays, onlays, and veneers. This exclusion does not apply if the replacement is necessary because of extraction of a functioning natural tooth; or a present crown, bridge, or denture is temporary and a permanent crown, bridge, or denture is installed within 12 months from the date the temporary service was installed.
- Replacement of crowns, bridges, dentures, and fixed or removable prosthetic appliances inserted prior to plan coverage unless the covered person has been insured under the plan for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12-month period, dental services associated with the addition will be covered when the service is a covered expense.
- Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the dentist. If replacement is necessary because of your or your dependents' non-compliance, you are liable for the cost of the replacement.
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.



## Dental Benefits (Major Services), continued

Only apply to: *Primary Preferred<sup>SM</sup>, Premier Choice<sup>SM</sup>, and Premier Elite<sup>SM</sup>*

### Major Restorative Services

Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, or onlays previously submitted for payment under the plan is limited to 1 time per 60 months from initial or supplemental placement.

- Coping – limited to 1 per tooth, per 60 months. Not covered if done at the same time as a crown on same tooth.
- Crowns – restorations, limited to 1 per tooth, per 60 months. Covered only when a filling cannot restore the tooth. Not covered if done in conjunction with any other inlay, onlay, and crown codes, except post and core buildup codes.
- Inlays/onlays – retainers/abutments, limited to 1 per tooth per 60 months. Not covered if done in conjunction with any other inlay, onlay, and crown codes, except post and core buildup codes.
- Retainer – cast metal for resin bonded fixed prosthesis, limited to 1 time per tooth, per 60 months.
- Re-cement inlays/onlays, crowns, bridges, and post and core – limited to those performed more than 12 months after the initial insertion.
- Sedative filling, covered as a separate benefit only if no other service, other than X-rays and exam, was performed on the same tooth during the visit.
- **South Carolina only:** Additional major services include teeth capping, prosthodontics, and orthodontics dentally necessary for the care and treatment of cleft lip and palate.
- **Colorado only:** Orthodontics or dental care needed as a result of cleft lip, cleft palate, or both.
- **Georgia only - TMD** (commonly known as TMJ temporomandibular joint/temporomandibular disorder) coverage includes:
  - Temporomandibular joint diagnostics, limited to 1 film per joint, 2 films per calendar year;
  - Tomographic survey, limited to 1 film per joint per calendar year;
  - Manipulation under anesthesia, limited to 1 per visit;
  - Occlusal orthotic device, limited to 1 per 24 months; and
  - Occlusal guard relining and repairing, limited to relining/repairing performed more than 6 months after the initial insertion. Limited to 1 time per 12 months.

### Oral Surgery

- Alveoloplasty.
- Biopsy – limited to 1 biopsy per site, per visit.
- Surgical root removal – limited to 1 time per tooth, per lifetime.
- Surgical extraction of impacted teeth – limited to 1 time per tooth, per lifetime.
- Bone replacement graft for ridge preservation, per site – limited to 1 site per lifetime. Not covered in conjunction with other bone graft replacement procedures.
- Appliance removal (not by dentist who placed appliance) includes removal of arch bar – limited to once per appliance, per lifetime.

### Periodontics

- Periodontal maintenance – limited to 2 per calendar year.
- Scaling or root planing – limited to 1 per 24 months.
- Provisional splinting, not to be used to restore vertical dimension or as part of full mouth rehabilitation, should not include use of laboratory based crowns and/or fixed partial dentures (bridges). Exclusion of laboratory based crowns or bridges for the purposes of provisional splinting.



## Provisions that apply to all plans

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy.

### General Exclusions and Limitations

No benefits will be paid for any services not identified or included as covered expenses under the policy. You will be fully responsible for payment for any services which are not covered expenses, nor part of the insurance policy.

#### No benefits are payable for:

- Any expense or service related to that expense: incurred prior to the effective date, during the waiting period, or after the termination date of the policy; which exceeds the non-network provider reimbursement; for a dental service that is not rendered or that is not rendered within the scope of the dentist's license; for dental services, including braces for any medical or dental condition, surgery and treatment for oral surgery, except as expressly provided for in the policy; or billed for incision and drainage if the involved abscessed tooth is removed on the same date of service.
- Any dental services for which benefits are payable under a medical policy issued by us. Not applicable in CA and GA.
- Major services for the Dental Primary<sup>SM</sup> plan. This includes all procedures or services related to endodontics, periodontics, major restorative services (crowns, inlays, onlays, and veneers), dental implants, prosthetics (bridges and dentures, fixed or removable), and oral surgery.
- Charges for dental services that are not documented in the dentist records, not directly associated with dental disease, or not performed in a dental setting.
- Hospital or other facility charges and related anesthesia charges, analgesia, or conscious sedation.
- Oral hygiene instructions; plaque control; charges for completing dental claim forms; photographs; any dental supplies, including but not limited to, take-home fluoride; prescription and non-prescription drugs, with or without a prescription, unless they are dispensed and utilized in the dental office during your or your covered dependents' dental visit, except we will pay for injection of antibiotic drugs at the time of initial treatment; sterilization fees; diagnostic casts; treatment of halitosis and any related procedures; lab procedures.
- Removal of sound functional restorations (not applicable in CA); temporary crowns and temporary prosthetics; provisional crowns and provisional prosthesis.
- Acupuncture, acupressure, and other forms of alternative treatment.
- Telephone consultations or for failure to keep a scheduled appointment.
- Bone grafts, guided tissue regeneration, biologic materials to aid in soft and osseous tissue regeneration when performed in edentulous (toothless areas, ridge augmentation or preservations).
- Any dental services which result from intoxication, as defined by applicable state law in the state where the loss occurred, or under the influence of illegal narcotics or controlled substance, unless administered or prescribed by a doctor. Not applicable in CA, MD, MI, NV, OR, SD, or WA.
- In CT, for any dental service incurred by voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now hereafter amended, unless administered or prescribed by a doctor.
- Any dental services in relation to, or incurred in conjunction with, investigational treatment.
- Any dental service which results from or in the course of your employment for wage or profit. Applicable in FL and SD, if services are paid by workers' compensation.
- In CT, as the result of an injury or illness arising out of, or in the course of, employment for wage or profit, if the covered person is insured, or is required to be insured, by workers' compensation insurance pursuant to applicable state or federal law. If you enter into a settlement that waives a covered person's right to recover future medical benefits under a workers' compensation law or insurance plan, this exclusion will still apply. This exclusion does not apply to a corporate officer of a corporation whether or not the officer is covered by workers' compensation.
- Any dental service which results from war, participation in a riot, intentionally self-inflicted bodily harm (whether sane or insane – insane is not applicable for MO and MT), or participation in a felony – whether or not charged. (In IA, only if charged, in NV, only if convicted. In GA and OR, whether or not charged does not apply.) In MD, the exclusions for participation in a riot or felony do not apply.
- Any dental service which would be free of charge without insurance, unless provided by Medicaid, the Veterans Administration, or the Maryland Department of Health and Mental Hygiene for non-service related dental services and which by law we are required to pay.
- Any dental service provided by a family member or by someone who ordinarily resides with you or your covered dependent. Not applicable in TX; In NE and NJ, must be immediate family member.
- Any dental service received outside of the United States, except for a dental emergency.



## Provisions that apply to all plans, continued

### General Exclusions and Limitations, continued

#### No benefits are payable for:

- Jaw or joint problems or malposition of jaw bones, except as provided for under the policy (does not apply in MN).
- Any dental service relating to teeth that can be restored by other means; for purposes of periodontal splinting; to correct abrasion, erosion, attrition, bruxism, abfraction, or for desensitization; or teeth that are not periodontally sound or have a questionable prognosis.
- Orthodontia, braces, cosmetic dentistry, or dental implants.
- Oral surgery, except as expressly provided for in the policy.
- Orthognathic surgery, changing vertical dimension, restoring occlusion, bite analysis, or congenital malformation.
- Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- Treatment of malignant or benign neoplasms, cysts, or other pathology, except excisional removal.
- Mouthguards, precision or semi-precision attachments, occlusal guard, replacement of orthodontic retainers, treatment splints, bruxism appliance, duplicate dentures, harmful habit appliances, replacement of lost or stolen appliances, sleep disorder appliance, and gold foil restorations (except as provided for in the policy).

### Dependents

Eligible dependents are your lawful spouse (or domestic partner in CA, MD, and NV, civil union partner in CO, DE, IA, and IL, domestic partner or civil union partner in NJ and DC, domestic partnership established under OR law, civil union partnership established under VT law, or regional domestic partners in WA) and eligible children (or reciprocal beneficiary in HI). Eligible children must be unmarried (unmarried does not apply in FL) and under 26 years of age at time of application.

### Effective Date

For an application sent by electronic means, the effective date will be the later of: (i) the requested effective date; or (ii) the day after receipt by UnitedHealthcare Life Insurance Company (UHCLIC). For a mailed application, the effective date will be the later of: (i) the requested effective date; or (ii) the day after the postmark date affixed by the U.S. Postal Service. If mailed and not postmarked by the U.S. Postal Service or if the postmark is not legible, the effective date will be the later of: (i) the requested effective date; or (ii) the date received by UHCLIC.

### Non-Network Providers

**Warning:** Limited benefits will be paid when non-network providers are used. You should be aware that when you elect to utilize the services of a non-network provider for a covered expense in non-emergency situations, benefit payments to such non-network provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's non-network provider reimbursement. You can expect to pay more than the coinsurance amount defined in the policy after the plan has paid its required portion. Non-network providers may bill insured for any amount up to the billed charge after the plan has paid its portion of the bill. Network providers have agreed to discounted pricing for covered expenses with no additional billing to the insured other than the copayment, coinsurance, and deductible amounts. You may obtain further information about: 1) the participating status of professional providers by calling the toll-free telephone number on your identification card; and 2) information on out-of-pocket expenses by calling the claims number listed on your identification card.

### Premium

Each premium must be received by us on or before its due date. From time to time, we may change the rate table used for this policy form. Each premium will be based on the rate table in effect on that premium's due date. The policy plan, age, and sex of covered persons, type and level of benefits, time the policy has been in force (does not apply in FL), and place of residence on the premium due date could be some of the factors used in determining your premium rates. Premium rates are expected to increase over time.

You will be given at least a 31-day notice (or longer if required by your state) of any change in your premium. We will make no change in your premium solely because of claims made by a covered person under this policy.

### Renewability

The policy term begins as of the effective date of the policy. You may keep the policy in force by paying us the required premium as it comes due. However, we may cancel the policy if there is fraud or a material misrepresentation made by or with the knowledge of a covered person in filing a claim for benefits.



## HEALTH PLAN NOTICES OF INFORMATION PRACTICES MEDICAL INFORMATION PRIVACY NOTICE

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. (Effective January 1, 2015)

We (including our affiliates listed at the end of this notice) are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you in our next annual distribution, either a revised notice or information about the material change or how to obtain a revised notice. We will provide this information either by direct mail or electronically in accordance with applicable law. In all cases, we will post the revised notice on our websites, such as [www.myuhone.com](http://www.myuhone.com), [www.myallsavers.com](http://www.myallsavers.com), [www.myallsaversmember.com](http://www.myallsaversmember.com), or [www.goldenrule.com](http://www.goldenrule.com). We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our customers. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

**How We Use or Disclose Information.** We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

**We have the right to** use and disclose health information for your treatment, to pay for your health care and operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage and to process claims for health care services you receive including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.

- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business and to help manage your health care coverage. For example, we might conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs.
- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use health information to contact you for appointment reminders with providers who provide medical care to you.

**We may** use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object we will use our best judgment to decide if the disclosure is in your best interests. Special restrictions apply regarding when we may disclose health information to family members and others involved in a deceased individual’s care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person or report a crime.



- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** including disclosures required by state workers' compensation laws that govern job-related injury or illness.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.
- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: HIV/AIDS; mental health; genetic tests; alcohol and drug abuse; sexually transmitted diseases and reproductive health information; and child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health

information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, contact the phone number listed on your ID card.

**What Are Your Rights.** The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a PO Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept verbal requests to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have it sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend information** we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.

- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. In addition, you may obtain a copy of this notice at our websites such as [www.myuhone.com](http://www.myuhone.com), [www.myallsavers.com](http://www.myallsavers.com), [www.myallsaversmember.com](http://www.myallsaversmember.com), or [www.goldenrule.com](http://www.goldenrule.com).
- **You have the right to be considered a protected person.** (New Mexico only) A “protected person” is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

### Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, please call the toll-free phone number on your ID card.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.
- **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address:
- Privacy Office, 7440 Woodland Drive, Indianapolis, IN 46278-1719
- **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

**Fair Credit Reporting Act Notice.** In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the federal Fair Credit Reporting Act. We may disclose information solely about our transactions or experiences with you to our affiliates.

**MIB.** In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a not-for-profit organization of life and health insurance companies that operates an information exchange on behalf of its members. If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB’s file, you may seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Park Ste. 400, Braintree, MA 02184-8734, (866) 692-6901, [www.mib.com](http://www.mib.com).

## FINANCIAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2015)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

**Information We Collect.** Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

**Disclosure of Information.** We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

**We restrict access to personal financial information** about you to employees, affiliates and service providers who are involved in administering your health care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your personal financial information.

**Confidentiality and Security.** We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

**Questions About this Notice.** If you have any questions about this notice, please **call the toll-free phone number on your ID card.**

The Notice of Information Practices, effective January 1, 2015, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; PacifiCare Life and Health Insurance Company; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company.

To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.

# Top Dental Insurance Questions

## Is a UnitedHealthcare health insurance plan required to get a dental plan?

No. You can apply for our dental insurance without having a health plan. In some states you can add vision insurance (for additional premium) to your dental plan as well.

## How do I know if my dentist is in your network? Or, how do I find a dentist that is in your network?

Visit [www.myuhc.com](http://www.myuhc.com) and click “Find a Dentist” under Links and Tools. Select the National Options PPO 30 network to see if your dentist is in our dental network, or find a dentist that’s near you. Our dental insurance network offers you the freedom to select the dentist of your choice.

## What are the differences between dental insurance plans vs. dental discount plans?

Dental discount plans are like using a coupon. It only gives you a certain amount off of certain treatments, and you are limited to the places you can use those dental discount plans. Our dental insurance plans will cover cleanings and any preventive care at 100% without a deductible,<sup>1</sup> and 70%-80% of basic services such as cavity fillings after a waiting period and deductible are met. Not all dental plan options include coverage for major services. See pages 4-5 for details.

## Who gets reimbursed when I start using the dental plan?

Most dental insurance plans reimburse or pay a percentage of your actual expenses. Payment will be made to your dentist for covered services under your dental coverage.

## Where do I mail a dental claim?

Mail to: UnitedHealthcare Dental, PO Box 30567, Salt Lake City, UT 84130-0567.

## What are the waiting periods and why are there waiting periods on dental insurance plans?

There is a 6-month waiting period for basic services and a 12-month waiting period for major services.<sup>2</sup> If you were to have a crown, for example, you would have a 12-month waiting period, whereas a simple filling would only have a 6-month waiting period. Waiting periods are lengths of time for your policy to be in force before your benefits begin. Many insurance plans enforce some waiting periods, even dental insurance plans. Our plans have no waiting periods on preventive services such as cleanings and X-rays.<sup>1</sup>

## What services are covered under the dental insurance plan?

Preventive services have no waiting period and include oral evaluations, routine cleanings, and X-rays. Sealants and fluoride treatments are also available for covered persons under the age of 16 years.<sup>3</sup>

Basic services have a waiting period and include simple (nonsurgical) extractions, emergency treatment to ease dental pain, amalgam fillings, resin-based composite fillings, local anesthesia, and general anesthesia, but only for the removal of 7 or more teeth, or in conjunction with oral surgery.

Major services<sup>2</sup> have a 12-month waiting period and include treatment for diseases of the pulp (including root canals), bone and other tissues supporting the teeth, crowns, inlays, onlays, bridges, dentures, surgical extractions, and periodontal maintenance.

## What is the annual maximum on the dental insurance plan?

The annual maximum is the maximum dollar amount a plan will pay toward covered dental expenses per calendar year. The patient is responsible for any charges above the annual maximum. All of our dental plans include a calendar-year maximum benefit per covered person. The amount varies by plan design. See pages 4-5 for plan details.

<sup>1</sup> Dental Primary<sup>SM</sup> and Dental Primary Preferred<sup>SM</sup> have a \$25 copay for preventive services.

<sup>2</sup> Not available with all plans. See pages 4-5 for details.

<sup>3</sup> In Florida, limited to covered persons under the age of 26 years. In Illinois, limited to covered persons under the age of 19 years.