Dental 50+ Plans

For Individuals and Spouses

With Optional Vision Benefits

Golden Rule Insurance Company is the underwriter of these plans.
This product is administered by Dental Benefit Providers, Inc.
Individual Policy Form DEN501-GRI, -42 and other state variations

UnitedHealthcare®

Golden Rule
Insurance Company

Nov 29 2016 02:00:44 pm

44730C1-G-1216 (includes: 44730-G-1216, 44730i-G-1216)

Why choose us for dental insurance?

UnitedHealthcare®
Golden Rule
Insurance Company

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.

Our Dental Plans:[1]

Cover routine cleanings and X-rays as well as basic services including periodontal maintenance and denture repair, rebase, and relining.

Strength & Experience

UnitedHealthcare provides approximately 30 million Americans access to health care.[2]
Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter of plans featured in this brochure. We have been serving the specific needs of individuals and families buying their own coverage for over 70 years.

Highly Rated

Golden Rule Insurance Company (GRIC) is rated "A" (Excellent) by A.M. Best (06/30/16).
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.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy. State specific differences may apply. This brochure must be used in conjunction with the Dental 50+ State Variations Insert (44730i-G).

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Recent research has found links between oral health and overall health. Oral health has been linked to diabetes, heart disease, cancer, and other health issues. The American Cancer Society estimates that over 48,000 people in the United States will be diagnosed with some form of oral cancer in 2016, with the average age of diagnosed individuals being 62 years old.

A large network can mean savings

More dentists in the provider network means you are more likely to keep the same dentist you use today and also have coverage available when traveling. The network providers agree to accept a negotiated rate which means lower out-of-pocket costs for you. Find a dentist at myuhc.com[3] today.

Dental plans to meet specific needs

There are 3 plan designs to choose from. Preventive and Basic care have no waiting periods and depending on the plan design, you can receive 3 cleanings[4] and exams per calendar year including 2 periodontal cleanings. The Dental 50+ Deluxe plan offers a lower deductible, a higher calendar-year maximum, and lower coinsurance on some services.

Plus, you can add vision benefits

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 includes eye exams and contact lenses. Add it today for additional coverage.

Dental plans designed for individuals and spouses[5]

Primary insureds must be age 50 or older, while spouses of any age are eligible. Even those covered by Medicare can apply.

[1] Plan availability varies and is subject to all policy provisions, the deductible, any applicable coinsurance, and the annual maximum may apply. Exclusions and limitations may apply.

[2] UnitedHealth Group Form 10-K for year ended 12/31/15.

[3] Under Links and Tools, click “Find a Dentist.” Select the National Options PPO 30 network.

[4] Deductible and annual maximum may apply.

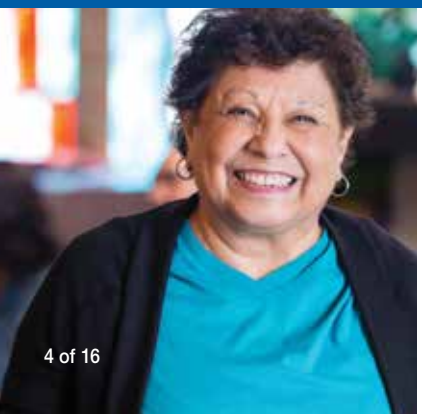
[5] No coverage available for dependent children.

3 Dental Plans[1]

Network & Non-Network Dental Plan Benefits

Deductibles		Dental 50+ Basic[2]	Dental 50+ Select[2]	Dental 50+ Deluxe[2]
Preventive Services	You pay:	$100 combined per person, per calendar year	$100 combined per person, per calendar year	$0 per person
Basic Services				$50 combined per person, per calendar year
Major Services				
Preventive Services				
Exams & Cleanings	You pay:	20% after deductible (limit 2 per calendar year)	No charge after deductible (limit 3 per calendar year)	No charge (limit 3 per calendar year)
X-rays		20% after deductible	20% after deductible	No charge
Waiting Period		No waiting period	No waiting period	No waiting period
Basic Services				
Periodontal Maintenance	You pay:	20% after deductible (limit 2 per calendar year)		
Basic Restorative		60% after deductible	40% after deductible	40% after deductible
Denture Repair/Rebase/Relining		60% after deductible	50% after deductible	20% after deductible
Oral Surgery, Root Canal		60% after deductible	50% after deductible	50% after deductible
Waiting Period		No waiting period	No waiting period	No waiting period
Major Services				
Crowns, Dentures, & Implants	You pay:	80% after deductible	50% after deductible	50% after deductible
Waiting Period		12 months		
Orthodontics		Not covered		
Coverage Amount				
Annual Maximum	**We pay up to:**	$1,000 per person, per calendar year	$1,200 per person, per calendar year	$1,500 per person, per calendar year
Optional Benefit				
Vision See pages 6-7.		Available	Available	Available

[1] Plan availability varies, see the Dental 50+ State Variations Insert (44730i-G) for more details.
[2] 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.



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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 Benefits

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

Preventive Services

Preventive services have no waiting period and are covered subject to the deductible and co-insurance as referenced on page 4.

- Routine cleanings and Oral evaluations – limited to 2 per calendar year for the Basic plan and 3 per calendar year for the Select and Deluxe plans.
- X-rays (bitewing) – limited to 1 series per calendar year
- X-rays (full mouth panoramic) – limited to 1 per 36 months.

Basic Services

Basic services have no waiting period and are covered subject to the deductible and co-insurance as referenced on page 4.

- Fillings (amalgam and composite)
- General anesthesia - in conjunction with oral surgery or the removal of 7 or more teeth
- Local anesthesia
- Palliative treatment – only if no other services other than exam and radiographs were done on the same tooth during the visit.
- Root canals – limited to 1 time per tooth per lifetime.
- Pulpal therapy (restorable filling) – limited to 1 time per tooth per lifetime.
- Periodontal maintenance – limited to 2 per calendar year.
- Simple and surgical extractions.
- Relining and rebasing of dentures – limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per 12 months.
- Repairs or adjustments to full dentures, partial dentures, bridges and crowns – limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per 6 months.

Major Services

Major services have a 12 month waiting period and are covered subject to the deductible and co-insurance as referenced on page 4.

- Crowns – limited to 1 per tooth per 60 months.
- Inlays/onlays – retainers/abutments – limited to 1 per tooth per 60 months
- Replacement of crowns, inlays or onlays – limited to 1 time per 60 months
- Scaling or root planning
- Full dentures – limited to 1 per 60 months
- Replacement of completed dentures, fix or removable partial dentures – limited to 1 time per 60 months from initial or supplemental placement.
- Bridges – limited to 1 time per tooth per 60 months.
- Implant placement – limited to 1 time per 60 months.
- Implant maintenance procedures – limited to 1 per tooth per 60 months.
- Repair of implant supported prosthesis – limited to 1 time per tooth per 60 months.

See the dental provisions, exclusions, and limitations on pages 8-10.

Optional Vision Benefit Rider

Additional premium required. Not available in all areas.

Keep an eye on your vision health by adding our optional Vision Benefit rider. The 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 the vision network.

Service/Material	Network You Pay:	Non-network You Pay:
Eye exam once every 12 months	$10 copay	Any charge over $40 allowance
Frames once every 24 months	Any charge over $130 allowance	Any charge over $45 allowance
Single Vision lenses	$25 copay	Any charge over $40 allowance
Bifocal lenses	$25 copay	Any charge over $60 allowance
Trifocal or Lenticular lenses	$25 copay	Any charge over $80 allowance
Contacts* instead of glasses	$25 copay	Any charge over $105 allowance

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-GRI

Discounts on Laser Eye Surgery.
See page 7 for details.

* You are eligible to select either eyeglasses (eyeglass lenses and/or eyeglass frames) or contact lenses, not both. Contacts chosen from the "select" contact lenses list at a network provider have the $25 copay but are not limited to an allowance. Non-Selection contacts have no copay but will receive an allowance ($105 for elective contacts/$210 for medically necessary).

Adult Vision Covered Expenses

See page 6 for copays and allowances (both network and non-network). Additional details about glasses or contacts:

- Eyeglass lenses coverage includes scratch resistant coating, as prescribed by an ophthalmologist or optometrist; eyeglass frames and their fitting and subsequent adjustments to maintain comfort and efficiency; or
- Elective contact lenses instead of eyeglass lenses and frames; or
- Medically necessary contact lenses, covered when a provider has determined a need for and has prescribed the service. Contact lenses are medically 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 the 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 Benefit 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

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. Visit uhclasik.com for more information.

myuhcvision.com

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

Provisions that apply to all dental 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.

Change or Misstatement of Residence (Address)

You must notify us within 60 days of changing your residence. Your premium based on your new residence will begin on the first due date after the change. If you misstate your residence on the application or fail to notify us of a change of residence, we will apply the correct premium on the first due date you resided at that residence. If the change results in: lower premium, we will refund any excess; higher premium, you will owe us.

Eligibility

Primary insureds must be age 50 or older, while spouses of any age are eligible. Eligible spouse means the person to whom you are legally married.

Health Insurance for Dental Expenses

If a covered person has other dental or health insurance that pays for expenses covered by the policy, we will not make payment until we determine what benefits are first paid by the other policy. Our payment will be reduced by the amount paid by the other plans.

Misstatement of Age

If your age has been misstated, the benefits may be adjusted based on the relationship of the premium paid to the premium that should have been paid, based on the correct age. If age was misstated and we would not have issued coverage, we will refund the premium paid minus any benefit amounts paid by us, and coverage will be void from the effective date.

Non-Network vs. Network Providers

Warning: You will pay more using non-network providers for non-emergency services. Non-network providers may bill you for any amount up to the billed charge after the plan has paid its portion. The basis of your benefit payment will be determined according to your policy's non-network provider reimbursement.

Network providers have agreed to discounted pricing for covered expenses with no additional billing to you other than the copayment, coinsurance, and deductible amounts.

You may obtain further information about: 1) the status of providers by calling the toll-free telephone number on your identification card (or at myuhc.com); and 2) information on out-of-pocket expenses by calling the claims number listed on your identification card.

Premium

Premiums are subject to change. You will be given at least a 31-day notice of any change in your premium. We will make no change in your premium solely because of claims made by a covered person under the policy.

Reimbursement

If dental services are caused by the acts or omissions of a third party we have the right to be reimbursed to the extent of benefits we paid for dental services, as outlined in the 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. Your policy auto-renews as long as the premium is paid. 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.

Termination

The policy will terminate:

- If you fail to pay the premiums when due, subject to the Grace Period defined in the policy;
- On the date you request;
- If we decline to renew all policies issued on this form with the same type and level of benefits in your state of residence; or
- On the date of your death, if your spouse is not covered under this plan.

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.

No benefits are payable for:

- Any expense or service related to that expense:
  - That is not a covered expense.
  - Incurred prior to the effective date, during the waiting period or after the termination date of the policy.
  - Which exceeds the maximum allowable cost for that expense.
  - For which no benefit is described in the policy or in the Data Page.
  - For a dental service that is not rendered or that is not rendered within the scope of the dentist's license.
  - Billed for incision drainage if the involved abscessed tooth is removed on the same date of services.
  - For telephone consultations or for failure to keep a scheduled appointment, and sales tax.
  - For any dental service incurred directly or indirectly as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor.
  - For or while receiving investigational treatment or for complications therefrom.
  - As a result of dental services 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 the applicable state or federal law.
- Any dental service which results from intentionally self-inflicted bodily harm (whether the covered person is sane or insane).
- Any dental service which results from any act of declared or undeclared war.
- Any dental service which results from taking part in a riot.
- Any dental service which results from the commission of a felony, whether or not charged.
- Any dental service provided without cost in the absence of insurance covering the charge.
- Any dental service provided by a family member or by someone who ordinarily resides with a covered person.
- Any dental service received outside of the United States, except for a dental emergency.
- Any dental service related to the temporomandibular joint (TMJ), either bilateral or unilateral, or upper and lower jaw bone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- Any dental service performed solely for cosmetic/aesthetic reasons.
- Maxillofacial prosthetics and related services.
- Reconstructive surgery.
- 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 involving benign lesions, except excisional removal.
- Replacement of full or partial removal dentures, bridges, crowns, inlays, onlays, or veneers which can be repaired or restored to natural function.
- Mouthguards; precision or semi-precision attachments; duplicate dentures; harmful habit appliances; occlusal guard; replacement of lost or stolen appliances; and gold foil restorations.
- 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-prescriptions drugs, with or without a prescription, unless they are dispensed and utilized in the dental office during a covered person's 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.

General Exclusions and Limitations, continued

No benefits are payable for:

- Topical fluoride treatment, sealants or preventive resin restorations, and space maintainers.
- 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 the policy is in effect.
- 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 months 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 a patient non-compliance, the patient is liable for the cost of the replacement.
- Hospital or other facility charges and related anesthesia charges.
- Removal of sound functional restorations; temporary crowns and temporary prosthetics; provisional crowns and provisional prosthesis.
- Any dental service to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.
- Non-intravenous conscious sedation; analgesia, anxiolysis, inhalation of nitrous oxide and conscious sedation.
- 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.
- Orthodontia.
- Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia.
- 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).
- When two or more dental services are submitted and the dental services are consider part of the same dental service to one another, we will pay the most comprehensive dental service.
- When two or more dental services are submitted on the same day and the dental services are considered mutually exclusive (when one dental service contradicts the need for the other dental service), we will pay for the dental service that represents the final treatment.
- Any dental services for which benefits are payable under a medical policy issued by us.

Top Dental Insurance Questions

Is a 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 the network? Or, how do I find a dentist that is in the network?

Visit 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 the dental network, or find a dentist that's near you. The dental insurance network offers you the freedom to select the dentist of your choice.

What if my dentist is not in the network?

Our plans work with network and non-network providers. Network dentists accept negotiated rates. Using non-network dentists will cost you more because you are responsible for any remaining amount up to the billed charge.

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. When using network providers, our Dental 50+ Select and Dental 50+ Deluxe plans will cover cleanings and preventive care at 100%, and 50%-80% of basic services, such as cavity fillings, with no waiting period after the deductible is met. See page 4 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.

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

There is no waiting period for preventive or basic services. There is a 12-month waiting period for major services. If you were to require implants, for example, you would have a 12-month waiting period; whereas a simple filling would have no 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 period, even dental insurance plans.

What services are covered under the dental insurance plan?

Preventive services have no waiting period and include oral exams, routine cleanings and X-rays.

Basic services have no waiting period and include periodontal maintenance, basic restorative such as fillings, denture repair, rebase and relining, oral surgery and endodontics such as root canals.

Major services have a 12-month waiting period and include implants, major restorative such as crowns, periodontics, and prosthodontics such as dentures.

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 page 4 for plan details.

Where do I mail a dental claim?

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

HEALTH PLAN NOTICES OF PRIVACY PRACTICES
MEDICAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2016)

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 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.uhone.com, www.myuhone.com, www.myallsavers.com, or www.myallsaversmember.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 activities related to providing and managing 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, call the phone number listed on your health plan 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. In addition, you may obtain a copy of this notice at our websites such as *www.uhone.com, www.myuhone.com, www.myallsavers.com, or www.myallsaversmember.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, 1-866-692-6901, *www.mib.com*.

FINANCIAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2016)

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 Privacy Practices, effective January 1, 2016, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; Oxford Health Insurance, Inc.; 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.

We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.
If you need help with your complaint, please call 1-800-657-8205, TTY 711, 8 a.m. to 6 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-657-8205, TTY 711, 8 a.m. to 6 p.m. ET.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-800-657-8205.

ATENCIÓN: Si habla español **(Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-657-8205.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-657-8205。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-800-657-8205.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-657-8205 **번으로** 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-800-657-8205.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по номеру 1-800-657-8205.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال بـ 1-800-657-8205.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-800-657-8205.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-800-657-8205.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-800-657-8205.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 1-800-657-8205.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-800-657-8205.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-800-657-8205 an.

注意事項：日本語 (Japanese)
を話される場合、無料の言語支援サービスをご利用いただけ ます。1-800-657-8205 にお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. 1-800-657-8205 تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। कृपा पर काल करें 1-800-657-8205

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-800-657-8205.

ប្រយ័ត្ន៖ បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទ 1-800-657-8205។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-800-657-8205.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohjį' 1-800-657-8205 hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-800-657-8205.

TO BE COMPLETED BY PRODUCER ONLY IF PERSONALLY COLLECTING INITIAL PREMIUM PAYMENT.

Conditional Receipt for: _____ Date of Receipt: _____

Proposed Insured: _____ Signature of Secretary: Richard C. Sullivan

Amount Received: _____ Signature of Agent/Broker: _____

THIS FORM LIMITS OUR LIABILITY. NO INSURANCE WILL BECOME EFFECTIVE UNLESS ALL THREE CONDITIONS PRIOR TO COVERAGE ARE MET. NO PERSON IS AUTHORIZED TO ALTER OR WAIVE ANY OF THE FOLLOWING CONDITIONS. YOUR CANCELLED CHECK WILL BE YOUR RECEIPT.

This conditional receipt does not create any temporary or interim insurance and does not provide any coverage except as expressly provided in the Conditions Prior to Coverage.

Conditions Prior to Coverage (Applicable with or without the Conditional Receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by Golden Rule Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date, and any check is honored on first presentation for payment.
3. The policy is: (a) issued by Golden Rule Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

If you sign the Authorization for Electronic Funds Transfer (EFT) in the application, please keep this copy for your records.

I (we) hereby authorize Golden Rule Insurance Company to initiate debit entries to the account indicated below. I also authorize the named financial institution to debit the same to such account. I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

053F-G-0816

Notice to applicant regarding replacement of accident and sickness insurance

1. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of or addition to your present plan. You should be certain that you understand all the relevant factors involved in replacing or adding to your present coverage.
2. We recommend that you not terminate your present plan until you receive written confirmation that your coverage has been approved by Golden Rule Insurance Company.

Authorization to Obtain and Disclose Health Information

I authorize Golden Rule Insurance Company's (GRIC) New Business and Medical History Review departments to obtain health information that they need to underwrite or verify my application for insurance. Any health care provider, pharmacy benefit manager, consumer-reporting agency, MIB, Inc., formerly known as Medical Information Bureau (MIB), or insurance company having any information as to a diagnosis, the treatment, or prognosis of any physical or mental conditions about my family or me is authorized to give it to GRIC's New Business and Medical History Review departments. This includes information related to substance use or abuse.

I understand any existing or future requests I have made or may make to restrict my protected health information do not and will not apply to this authorization, unless I revoke this authorization.

GRIC may release this information about my family or me to the MIB or any member company for the purposes described in GRIC's Notice of Privacy Practices.

I (we) have received GRIC's Notice of Privacy Practices.
This authorization shall remain valid for 30 months from the date below.

I (we) understand the following:

- A photocopy of this authorization is as valid as the original;
- I (we) or my (our) authorized representative may obtain a copy of this authorization by writing to GRIC;
- I (we) may request revocation of this authorization as described in GRIC's Notice of Privacy Practices;
- GRIC may condition enrollment in its health plan or eligibility for benefits on my (our) refusal to sign this authorization;
- The information that is used or disclosed in accordance with this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state privacy laws regulating health insurers.

I have retained a copy of this authorization.
052F-G-0816

Failure to include all material medical information or correct information regarding the tobacco use of any applicant may cause the Company to deny a future claim and to void your coverage as though it has never been in force. After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded.

Keep this document. It has important information.

44730-G-1216

UnitedHealthcare®
Golden Rule Insurance Company

Nov 29 2016 02:00:44 pm

Dental 50+ State Variations

Please see below for state availability and applicable state-specific benefits, exclusions, and limitations. This insert must be used with our Dental 50+ brochure for individual coverage (44730-G).

This coverage is not a Medicare Supplement Policy. This coverage does not provide dental or vision minimum essential pediatric benefits as required under the Affordable Care Act.

Connecticut

- The Basic Plan is not available.
- The Health Insurance for Dental Expenses provision does not apply.
- The General Exclusion and Limitation for any dental service incurred directly or indirectly as a result of the covered person being intoxicated is replaced with: "Any dental service incurred as a result of voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered or prescribed by a doctor."

Florida

- **Please note:** The dental policy contains a deductible provision.
- We will notify you in writing at least 45 days in advance of a premium change.
- The General Exclusion and Limitation for any dental service which results from or in the course of your employment for wage or profit applies if services are paid by workers' compensation.
- The Major Services benefit for implant placement is limited to 1 time per tooth per 60 months.

Indiana

There are no state variations.

Michigan

- The General Exclusion and Limitation for any dental service incurred directly or indirectly as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor does not apply.
- For your copy of the Guide to Health Insurance for People with Medicare, please go to medicare.gov and search for the publication: Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.

Missouri

- The optional vision rider is not available.
- In the General Exclusion and Limitation for any dental service which results from intentionally self-inflicted bodily harm, "whether sane or insane" is replaced with "unless the covered person was insane."
- The Reimbursement provision does not apply.

Texas

The General Exclusion and Limitation for any dental service provided by a family member or by someone who ordinarily resides with a covered person does not apply.

44730i-G-1216

UnitedHealthcare®
Golden Rule Insurance Company