

Dental Plans

For Individuals and Families

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 Forms GRI-DEN2-PB, -42 and GRI-DEN2-PBM, -42, and other state variations

 **UnitedHealthcare[®]**
Golden Rule
Insurance Company

42674C1-G-0418 (includes: 42674-G-0418, 44477i-G-0418)

Why choose us for dental insurance?



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 and basic services, like fillings.
Some plans also cover major services, like root canals and crowns.

Strength & Experience

UnitedHealthcare provides over 27 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 (08/03/17). For the latest rating, access www.ambest.com. 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 State Variations Inserts (44477i-G).



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. Find a dentist at myuhc.com³ today.

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 for eye exams to contact lenses. Add it today for additional coverage.

Family-friendly dental plans

Preventive care has no waiting period and depending on the plan design, you pay a \$25 copay or nothing. For Basic and Major Services, there's a maximum of 3 individual \$50 deductibles per family, per calendar year. Our Premier plans offer a combined deductible for Basic and Major services – especially helpful for large families.

Dental care at any age⁴

No age limit means even those covered by Medicare can apply. Good dental health is important at any age. We have plans to fit your age and stage of life.

¹ Plan availability varies and is subject to all policy provisions, the deductible, and any applicable copay coinsurance, or waiting periods. Exclusions and limitations may apply.

² UnitedHealth Group Form 10-K for year ended 12/31/17.

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

⁴ Primary insured must be 18 years of age or older.

4 Dental Plans¹

Network & Non-Network Dental Plan Benefits (see applicable footnotes)

Dental Primary²

Dental Primary Preferred²

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

Preventive Care

| | | | |
|--|----------|-------------------|-------------------|
| Cleanings, X-rays, and more See page 8. (deductible does not apply) | You pay: | \$25 copay | \$25 copay |
| Waiting Period | | No waiting period | No waiting period |

Basic Services

| | | | |
|--|----------|----------------------|----------------------|
| Fillings, Extractions, and more See page 8. | You pay: | 30% after deductible | 30% after deductible |
| Waiting Period | | 6 months | 6 months |

Major Services

| | | | |
|--|----------|-------------|----------------------|
| Root Canals, Crowns, and more See page 8. | You pay: | Not covered | 50% after deductible |
| Waiting Period | | N/A | 12 months |
| Orthodontics | | Not covered | Not covered |

Coverage Amount

| | | | |
|---|----------------------|--------------------|--------------------|
| Annual Maximum (per calendar year) | We pay up to: | \$1,000 per person | \$1,000 per person |
|---|----------------------|--------------------|--------------------|

Sample Services⁵

| | Retail charge | | Network | Non-network | Network | Non-network |
|--|---------------|----------|------------|-------------|----------|-------------|
| Routine Cleaning (Adult prophylaxis) | \$94.00 | You pay: | \$25.00 | \$59.00 | \$25.00 | \$59.00 |
| Filling (Amalgam 1 surface, primary or permanent) | \$155.00 | You pay: | \$24.30 | \$98.30 | \$24.30 | \$98.30 |
| Molar Root Canal | \$1,187.00 | You pay: | \$1,187.00 | \$1,187.00 | \$385.00 | \$802.00 |

Optional Benefit

| | | | |
|---|--|-----------|-----------|
| Vision See pages 6-7 for details. | | Available | Available |
|---|--|-----------|-----------|



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.

Network & Non-Network Dental Plan Benefits (see applicable footnotes)

Dental Premier Choice²

Dental Premier Elite³

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

Preventive Care

| | | | |
|--|----------|-------------------|-------------------|
| Cleanings, X-rays, and more See page 8. (deductible does not apply) | You pay: | \$0 copay | \$0 copay |
| Waiting Period | | No waiting period | No waiting period |

Basic Services

| | | | |
|--|----------|----------------------|----------------------|
| Fillings, Extractions, and more See page 8. | You pay: | 20% after deductible | 20% after deductible |
| Waiting Period | | 6 months | 6 months |

Major Services

| | | | |
|--|----------|----------------------|----------------------|
| Root Canals, Crowns, and more See page 8. | You pay: | 50% after deductible | 50% after deductible |
| Waiting Period | | 12 months | 12 months |
| Orthodontics | | Not covered | Not covered |

Coverage Amount

| | | | |
|---|----------------------|--|--|
| Annual Maximum (per calendar year) | We pay up to: | Year 1: \$1,200 per person Year 2: \$1,300 per person ⁴ Year 3: \$1,400 per person Year 4+: \$1,500 per person | Year 1: \$1,200 per person Year 2: \$1,300 per person ⁴ Year 3: \$1,400 per person Year 4+: \$1,500 per person |
|---|----------------------|--|--|

Sample Services⁵

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

Optional Benefit

| | | | |
|---|--|-----------|-----------|
| Vision See pages 6-7 for details. | | Available | Available |
|---|--|-----------|-----------|

¹ Plan availability varies, see the Dental State Variations Insert (44477i-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.

³ 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.

⁴ 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.

⁵ 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 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. 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 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

* 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).

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.

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 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 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.

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



myuhcvision.com

- 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.



All Plans: Preventive Services

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

- Oral evaluations – limited to 2 per calendar year.
- Routine cleanings – limited to 2 per calendar year.
- Fluoride treatments – limited to covered persons under the age of 16 years, limited to 2 times per calendar year.
- X-rays (bitewing) – limited to 1 series per calendar year.
- X-rays (full mouth panoramic) – limited to 1 per 36 months.
- Space maintainers – limited to covered persons under the age of 16 years, once per 60 months. Benefit includes all adjustments within 6 months of installation.
- Sealants – limited to covered persons under the age of 16 years and once per first and second permanent molar every 36 months.

All Plans: Basic Services

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

- Fillings (amalgam and composite).
- Simple nonsurgical extractions – limited to 1 per tooth, per lifetime.
- 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.



Primary Preferred, Premier Choice, and Premier Elite plans only: Major Services

(as limited in the policy)

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.

- Root canals – limit 1 time per tooth, per lifetime.
- Gum disease treatment.
- Crowns – limit 1 per tooth, per 60 months.
- Surgical extractions.
- Full dentures – limited to 1 per 60 months.
- Bridges – limited to 1 time per tooth, per 60 months.
- Repairs to crowns, dentures and bridges.
- Oral surgery.
- Inlays/onlays – limit 1 per tooth, per 60 months.



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.

Dependents

Eligible dependents are your lawful husband or wife and eligible children. Eligible children must be unmarried (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 Golden Rule Insurance Company (GRIC). 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 GRIC.

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.

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

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 the policy.

The policy plan, age and sex of covered persons, type and level of benefits, time the policy has been in force, and place of residence on the premium due date are some of the factors that may be used in determining your premium rates.

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.



Provisions that apply to all dental plans, continued

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:
 - 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.
 - 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.
- Major services for Dental Primary 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; 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.
- 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.
- Any dental service which results from war, participation in a riot, intentionally self-inflicted bodily harm (whether sane or insane), or participation in a felony — whether or not charged.
- Any dental service which would be free of charge without insurance, unless provided by Medicaid or the Veterans Administration, 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.
- Any dental service received outside of the United States, except for a dental emergency.
- Jaw or joint problems or malposition of jaw bones, except as provided for under the policy.



Provisions that apply to all dental plans, continued

General Exclusions and Limitations, continued

No benefits are payable for:

- 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).

For Major Services, 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 the 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.

HEALTH PLAN NOTICES OF PRIVACY PRACTICES MEDICAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2018)

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. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, the information is no longer subject to this notice and we may use the information for any lawful purpose.

- **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 or disclose 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 rules 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 to a public health authority.
- **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 licensure, 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, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule members call us at 800-657-8205 (TTY 711). For All Savers members, call us at 1-800-291-2634 (TTY 711).
- **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 Manager, 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, 2018)

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, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule members call us at 800-657-8205 (TTY 711). For All Savers members, call us at 1-800-291-2634 (TTY 711).

The Notice of Privacy Practices, effective January 1, 2018, 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.

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 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. Our 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.

Our Dental Premier Elite plan is best for non-network providers. It pays the reasonable and customary charge. You will owe any remainder 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 insurance plans will cover cleanings and preventive care at 100% without a deductible,¹ 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.

¹ Dental Primary and Dental Primary Preferred have a \$25 copay for preventive services.

² Not available with all plans. See pages 4-5 for details.

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.²

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.¹

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.

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 services² 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.



GOLDEN RULE INSURANCE COMPANY

3100 AMS Boulevard
P.O. Box 19032, Green Bay, WI 54307-9032

In this outline, “you” or “your” will refer to the person for whom this outline has been prepared, and “we,” “our,” or “us” will refer to Golden Rule Insurance Company.

Dental Coverage Outline of Coverage for Policy Form GRI-DEN2-PB-48

(Please retain this outline for your records.)

Read Your Policy Carefully – This outline sets forth a brief description of the important aspects of your policy. This is not the insurance contract. Only the actual policy will control. The policy sets forth in detail your and our rights and obligations. For this reason, it is important that you READ YOUR POLICY CAREFULLY!

Dental Coverage – Plans of this type are designed to provide the covered persons with coverage for dental care. The cost must be due to a covered dental service. Coverage is provided for preventive and basic dental services. Coverage is subject to any deductible amounts, coinsurance amounts, or other limitations that may be set forth in the policy.

Dental Benefits

DENTAL BENEFITS: Benefits are limited to the dental services described below, but only when each service is a covered expense:

PREVENTIVE SERVICES

- (A) Bacteriological cultures;
- (B) Viral cultures;
- (C) Intraoral bitewing radiographs, limited to 1 series per calendar year;
- (D) Panorex radiographs, limited to 1 per 36 months;
- (E) Oral/Facial photographic images, limited to 1 per 36 months;
- (F) Diagnostic casts, limited to 1 per 24 months;
- (G) Extraoral radiographs, limited to 2 per calendar year;
- (H) Intraoral – Complete Series, limited to 1 per 36 months. Vertical bitewings not allowed in conjunction with a complete series;
- (I) Intraoral periapical radiographs;
- (J) Pulp vitality tests, limited to 1 charge per visit regardless of the number of teeth tested;
- (K) Oral evaluations (periodic, comprehensive, limited or detailed, comprehensive periodontal), limited to 2 per calendar year;
- (L) Problem focused oral evaluations (limited, detailed, or re-evaluation);
- (M) Adjunctive pre-diagnostic testing, limited to 1 per calendar year; and
- (N) Dental prophylaxis, limited to 2 per calendar

year.

BASIC SERVICES

- (A) Amalgam restorations, multiple restorations on one surface will be treated as a single filling;
- (B) Composite resin restorations – Anterior, multiple restorations on one surface will be treated as a single filling;
- (C) Gold foil restorations, multiple restorations on one surface will be treated as a single filling;
- (D) Simple extractions, limited to 1 per tooth per lifetime;
- (E) Desensitizing medicament;
- (F) General anesthesia, in conjunction with oral surgery or the removal of 7 or more teeth;
- (G) Local anesthesia;
- (H) Therapeutic drug injection, limited to 1 per visit;
- (I) Palliative treatment, only if no other services other than exam and radiographs were done on the same tooth during the visit; and
- (J) Consultations, when not performed with exams or professional visits.

For all covered expenses, the following dental services will be considered part of the entire dental service and not eligible for benefits as a separate service: cement bases; study models/diagnostic casts; acid etch; bonding agents.

Amount Payable

We will pay the coinsurance percentage in excess of the deductible amount for services and supplies that qualify as covered expenses and are received while the covered person’s coverage is in force under the policy.

The Deductible Amount: “Deductible amount” means the amount of covered expenses, shown in the Data Page, that must be actually paid by each covered person during any calendar year before any benefits are payable.

A new deductible must be met each calendar year.

Coinsurance Percentage: “Coinsurance percentage” means the percentage of covered expenses that are payable by us.

Out-of-Pocket Expenses: “Out-of-pocket expenses” means those expenses that a covered person is required to pay that qualify as covered expenses.

Maximum Benefit: The maximum benefit per covered person, per calendar year is shown in the policy Data Page.

Waiting Period: “Waiting Period” means a period of time for which a covered person must wait, after the effective date of coverage, before dental services listed in the policy will be covered. Benefits for certain types of dental services will not be payable until after a waiting period as shown in the Data Page has been satisfied.

What Is Not Covered

No benefits will be paid for any services not identified and included as covered expenses under the policy. You will be fully responsible for payment for any services which are not covered expenses.

Covered expenses will not include, and no benefits will be paid for any charges that are incurred for:

- (A) Any expense or service related to that expense:
 - (1) That is not a covered expense;
 - (2) Incurred during the waiting period;
 - (3) Which exceeds the non-network provider reimbursement, as shown in the Data Page;
 - (4) For which no benefit is described in the policy or in the Data Page;
 - (5) For a dental service that is not rendered or that is not rendered within the scope of the dentist’s license;
 - (6) For dental services, including braces for any medical or dental condition, surgery and treatment for oral surgery, except as expressly provided for under the Dental Benefits provision of this policy;
 - (7) Billed for incision and drainage if the involved abscessed tooth is removed on the same date of service;
 - (8) For telephone consultations or for failure to keep a scheduled appointment;
 - (9) 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;
 - (10) For or while receiving investigational treatment or for complications there from, including expenses that might otherwise be covered if they were not incurred in conjunction with, as a result of, or while receiving investigational treatment;
 - (11) 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; or
 - (12) As a result of:
 - a. Intentionally self-inflicted bodily harm (whether the covered person is sane or insane);
 - b. Dental services necessitated due to any act of declared or undeclared war;
 - c. The covered person taking part in a riot; or

- d. The covered person's commission of a felony, whether or not charged.
- (B) Any dental service:
- (1) Provided by a government plan, program, hospital or other facility, unless by law you or your covered dependent must pay and it is otherwise a covered expense;
 - (2) Which by law must be provided by an educational institution;
 - (3) Which would be free of charge without this insurance, unless provided by Medicaid or by the Veterans Administration for non-service related dental services and which by law we are required to pay;
 - (4) Provided by a family member or by someone who ordinarily resides with you or your covered dependent;
 - (5) Provided prior to the effective date or after the termination date of this policy;
 - (6) Received outside of the United States, except for a dental emergency;
 - (7) For jaw-joint problems, including but not limited to: temporomandibular or craniomandibular joint dysfunction, myofunctional therapy, physical therapy;
 - (8) 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 as determined by us;
 - (9) That is considered cosmetic dentistry, including, but not limited to: veneers, porcelain on a crown, abutment or pontics posterior to the second bicuspid; personalization or characterization of prosthetic devices; or composite restorations on molar and/or bicuspid teeth. Cosmetic services are those services that improve physical appearance;
- (C) Major services, which 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;
- (D) Changing vertical dimension; restoring occlusion; bite analysis, congenital malformation;
- (E) Orthognathic surgery;
- (F) Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue;
- (G) Treatment of malignant or benign neoplasms, cysts, or other pathology, except excisional removal;
- (H) Mouthguards; precision or semi-precision attachments; duplicate dentures; harmful habit appliances; occlusal guard; replacement of lost or stolen appliances; replacement of orthodontic retainers; treatment splints; bruxism appliance; sleep disorder appliance; and gold foil restorations;
- (I) 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 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;
- (J) Topical fluoride treatment, sealants or preventive resin restorations, and space maintainers;
- (K) Hospital or other facility charges and related anesthesia charges;
- (L) Removal of sound functional restorations; temporary crowns and temporary prosthetics; provisional crowns and provisional prosthesis;
- (M) Analgesia and conscious sedation;
- (N) 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 ;
- (O) Orthodontia;
- (P) Acupuncture; acupressure and other forms of alternative treatment;
- (Q) 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); or
- (R) Any dental services for which benefits are payable under a medical policy issued by us.

Definitions

"Grievance" means any dissatisfaction with us in writing in any form to us by you, or on your behalf, including any of the following:

- (A) Provision of services.
- (B) Determination to reform or rescind a policy.
- (C) Claims practices.

Term of Coverage and 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 material misrepresentation made by or with the knowledge of a covered person in filing a claim.

DENTAL CLAIMS INCURRED PRIOR TO A

TERMINATION DATE: Termination of insurance or termination of a benefit will not apply to a valid claim for benefits incurred before the termination date.

**GOLDEN RULE
INSURANCE COMPANY**

**3100 AMS Boulevard, P.O. Box 19032,
Green Bay, WI 54307-9032**

In this outline, “you” or “your” will refer to the person for whom this outline has been prepared, and “we,” “our,” or “us” will refer to Golden Rule Insurance Company.

Dental Coverage

Outline of Coverage for Policy Form

GRI-DEN2-PBM-48

(Please retain this outline for your records.)

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Dental Coverage – Plans of this type are designed to provide the covered persons with coverage for dental care. The cost must be due to a covered dental service. Coverage is provided for preventive and basic dental services. Coverage is subject to any deductible amounts, coinsurance amounts, or other limitations that may be set forth in the policy.

Dental Benefits

DENTAL BENEFITS: Benefits are limited to the dental services described below, but only when each service is a covered expense:

PREVENTIVE SERVICES

- (A) Bacteriological cultures;
- (B) Viral cultures;
- (C) Intraoral bitewing radiographs, limited to 1 series per calendar year;
- (D) Panorex radiographs, limited to 1 per 36 months;
- (E) Oral/Facial photographic images, limited to 1 per 36 months;
- (F) Diagnostic casts, limited to 1 per 24 months;
- (G) Extraoral radiographs, limited to 2 per calendar year;
- (H) Intraoral – Complete Series, limited to 1 per 36 months. Vertical bitewings not allowed in conjunction with a complete series;
- (I) Intraoral periapical radiographs;
- (J) Pulp vitality tests, limited to 1 charge per visit regardless of the number of teeth tested;
- (K) Oral evaluations (periodic, comprehensive, limited or detailed, comprehensive periodontal), limited to 2 per calendar year;
- (L) Problem focused oral evaluations (limited, detailed, or re-evaluation);
- (M) Adjunctive pre-diagnostic testing, limited to 1 per calendar year; and
- (N) Dental prophylaxis, limited to 2 per calendar year.

BASIC SERVICES

- (A) Amalgam restorations, multiple restorations on one surface will be treated as a single filling;
- (B) Composite resin restorations – Anterior, multiple restorations on one surface will be treated as a single filling;
- (C) Gold foil restorations, multiple restorations on one surface will be treated as a single filling;
- (D) Simple extractions, limited to 1 per tooth per lifetime;
- (E) Desensitizing medicament;
- (F) General anesthesia, in conjunction with oral surgery or the removal of 7 or more teeth;
- (G) Local anesthesia;
- (H) Therapeutic drug injection, limited to 1 per visit;
- (I) Palliative treatment, only if no other services other than exam and radiographs were done on the same tooth during the visit; and
- (J) Consultations, when not performed with exams or professional visits.

MAJOR SERVICES

ENDODONTICS:

- (A) Apexification, limited to 1 time per tooth per lifetime;
- (B) Apicoectomy and retrograde filling, limited to 1 time per tooth per lifetime;
- (C) Hemisection, limited to 1 time per tooth per lifetime;
- (D) Root canal therapy, limited to 1 time per tooth per lifetime. Reimbursement not allowed for retreatment by original performing dentist in first 12 months;
- (E) Retreatment of previous root canal therapy. Reimbursement not allowed for retreatment by original performing dentist in first 12 months;
- (F) Root resection/amputation, limited to 1 time per tooth per lifetime;
- (G) Therapeutic pulpotomy, limited to 1 time per tooth per lifetime;
- (H) Pulpal therapy (restorable filling), limited to 1 time per tooth per lifetime. Covered for anterior or posterior teeth only;
- (I) Pulp caps (direct/indirect excluding final restoration), not covered if utilized solely as a liner or base underneath a restoration;
- (J) Pulpal debridement, limited to 1 time per tooth per lifetime. Not to be used when endodontic services are done on same date of service;

PERIODONTICS:

- (A) Crown Lengthening, limited to 1 per quadrant or site per 36 months;
- (B) Gingivectomy/gingivoplasty, limited to 1 per quadrant per 36 months;
- (C) Gingival flap procedure, limited to 1 per quadrant per 36 months;
- (D) Osseous graft, limited to 1 per quadrant per 36 months;

- (E) Osseous surgery, limited to 1 per quadrant per 36 months;
- (F) Guided tissue regeneration, limited to 1 per quadrant per 36 months;
- (G) Soft tissue surgery, limited to 1 per quadrant per 36 months;
- (H) Periodontal maintenance, limited to 2 per calendar year;
- (I) Full mouth debridement, limited to 1 per 36 months;
- (J) 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;
- (K) Scaling or root planing, limited to 1 per 24 months;
- (L) Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report, limited to 3 sites per quadrant, or 12 sites total, for refractory pockets, or in conjunction with scaling or root planing, by report;

ORAL SURGERY:

- (A) Alveoloplasty;
- (B) Biopsy, limited to 1 biopsy per site per visit;
- (C) Frenectomy/Frenuloplasty;
- (D) Surgical incision, limited to 1 per site per visit;
- (E) Removal of a benign cyst/lesions, limited to 1 per site per visit;
- (F) Removal of torus, limited to 1 per site per visit;
- (G) Surgical root removal, limited to 1 time per tooth per lifetime;
- (H) Surgical extraction of erupted tooth or roots, limited to 1 time per tooth per lifetime;
- (I) Surgical extraction of impacted teeth, limited to 1 time per tooth per lifetime;
- (J) Surgical access, surgical exposure, or immobilization of unerupted teeth, limited to 1 time per tooth per lifetime;
- (K) Primary closure of a sinus perforation, limited to 1 per tooth per lifetime;
- (L) Placement of device to facilitate eruption of impacted tooth, limited to 1 time per tooth per lifetime;
- (M) Transseptal fiberotomy/supra crestal fiberotomy, by report, limited to 1 time per tooth per lifetime;
- (N) Vestibuloplasty, limited to 1 time per 60 months;
- (O) Bone replacement graft for ridge preservation, per site, limited to 1 site per lifetime. Not covered in conjunction with other bone graft replacement procedures;

- (P) Excision of hyperplastic tissue or pericoronal gingival, limited to 1 per site per 36 months;
- (Q) Appliance removal (not by dentist who placed appliance) includes removal of arch bar, limited to once per appliance per lifetime;
- (R) Tooth reimplantation and/or transplantation services, limited to 1 per site per lifetime;
- (S) Oroantral fistula closure, limited to 1 per site per visit.

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.

- (A) Coping, limited to 1 per tooth per 60 months. Not covered if done at the same time as a crown on same tooth;
- (B) Crowns – 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;
- (C) 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;
- (D) Temporary 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;
- (E) 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;
- (F) Inlays/onlays – 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;
- (G) Pontics, limited to 1 time per tooth per 60 months;
- (H) Retainer – cast metal for resin bonded fixed prosthesis, limited to 1 time per tooth per 60 months;
- (I) Pin retention, limited to 2 pins per tooth, not covered in addition to cast restoration;
- (J) Post and cores, covered only for teeth that have had a root canal therapy;
- (K) Re-cement inlays/onlays, crowns, bridges, and post and core, limited to those performed more than 12 months after the initial insertion;

- (L) Sedative filling, covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit;
- (M) Stainless steel crowns, limited to 1 time per tooth per 60 months. Covered only when a filling cannot restore the tooth.

FIXED PROSTHETICS; 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.

- (A) Fixed partial dentures (bridges), limited to 1 time per tooth per 60 months.

REMOVABLE PROSTHETICS; 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.

- (A) Full dentures, limited to 1 per 60 months. No additional allowances for precision or semi-precision attachments;
- (B) Partial dentures, limited to 1 per 60 months. No additional allowances for precision or semi-precision attachments;
- (C) Relining and rebasing dentures, limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per 12 months;
- (D) Tissue conditioning – maxillary or mandibular, limited to 1 time per 12 months;
- (E) 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.

For all covered expenses, the following dental services will be considered part of the entire dental service and not eligible for benefits as a separate service: cement bases; study models/diagnostic casts; acid etch; bonding agents.

Amount Payable

We will pay the coinsurance percentage in excess of the deductible amount for services and supplies that qualify as covered expenses and are received while the covered person's coverage is in force under the policy.

The Deductible Amount: "Deductible amount" means the amount of covered expenses, shown in the Data Page, that must be actually paid by each covered person during any calendar year before any benefits are payable. A new deductible must be met each calendar year.

Coinsurance Percentage: "Coinsurance percentage" means the percentage of covered expenses that are payable by us.

Out-of-Pocket Expenses: "Out-of-pocket expenses" means those expenses that a covered person is required to pay that qualify as covered expenses.

Maximum Benefit: The maximum benefit per covered person, per calendar year is shown in the policy Data Page.

Waiting Period: "Waiting Period" means a period of time for which a covered person must wait, after the effective date of coverage, before dental services listed in the policy will be covered.

Benefits for certain types of dental services will not be payable until after a waiting period as shown in the Data Page has been satisfied.

What Is Not Covered

No benefits will be paid for any services not identified and included as covered expenses under the policy. You will be fully responsible for payment for any services which are not covered expenses.

Covered expenses will not include, and no benefits will be paid for any charges that are incurred for:

- (A) Any expense or service related to that expense:
 - (1) That is not a covered expense;
 - (2) Incurred during the waiting period;
 - (3) Which exceeds the non-network provider reimbursement, as shown in the Data Page;
 - (4) For which no benefit is described in the policy or in the Data Page;
 - (5) For a dental service that is not rendered or that is not rendered within the scope of the dentist's license;
 - (6) For dental services, including braces for any medical or dental condition, surgery and treatment for oral surgery, except as expressly provided for under the Dental Benefits provision of this policy;
 - (7) Billed for incision and drainage if the involved abscessed tooth is removed on the same date of service;
 - (8) For telephone consultations or for failure to keep a scheduled appointment;
 - (9) 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;
 - (10) For or while receiving investigational treatment or for complications there from, including expenses that might otherwise be covered if they were not incurred in conjunction with, as a result of, or while receiving investigational treatment;

- (11) 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; or
- (12) As a result of:
- Intentionally self-inflicted bodily harm (whether the covered person is sane or insane);
 - Dental services necessitated due to any act of declared or undeclared war;
 - The covered person taking part in a riot; or
 - The covered person's commission of a felony, whether or not charged.
- (B) Any dental service:
- Provided by a government plan, program, hospital or other facility, unless by law you or your covered dependent must pay and it is otherwise a covered expense;
 - Which by law must be provided by an educational institution;
 - Which would be free of charge without this insurance, unless provided by Medicaid or by the Veterans Administration for non-service related dental services and which by law we are required to pay;
 - Provided by a family member or by someone who ordinarily resides with you or your covered dependent;
 - Provided prior to the effective date or after the termination date of this policy;
 - Received outside of the United States, except for a dental emergency;
 - For jaw-joint problems, including but not limited to: temporomandibular or craniomandibular joint dysfunction, myofunctional therapy, physical therapy;
 - 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 as determined by us;
 - That is considered cosmetic dentistry, including, but not limited to: veneers, porcelain on a crown, abutment or pontics posterior to the second bicuspid; personalization or characterization of prosthetic devices; or composite restorations on molar and/or bicuspid teeth. Cosmetic services are those services that improve physical appearance;
- (C) Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction;
- (D) Changing vertical dimension; restoring occlusion; bite analysis, congenital malformation;
- (E) Orthognathic surgery;
- (F) Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue;
- (G) Treatment of malignant or benign neoplasms, cysts, or other pathology, except excisional removal;
- (H) Replacement of full or partial removable dentures, bridges, crowns, inlays, onlays or veneers which can be repaired or restored to natural function;
- (I) Mouthguards; precision or semi-precision attachments; duplicate dentures; harmful habit appliances; occlusal guard; replacement of lost or stolen appliances; replacement of orthodontic retainers; treatment splints; bruxism appliance; sleep disorder appliance; and gold foil restorations;
- (J) 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 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;
- (K) Topical fluoride treatment, sealants or preventive resin restorations, and space maintainers;
- (L) 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.
- However, benefits are available for covered expenses 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 age 16 and insured under this policy;
- (M) 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;
- (N) 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;
- (O) 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;
- (P) Dental implants and any related procedures, including but not limited to crowns, bridges, and dentures;
- (Q) Hospital or other facility charges and related anesthesia charges;
- (R) Removal of sound functional restorations; temporary crowns and temporary prosthetics; provisional crowns and provisional prosthesis;
- (S) Analgesia and conscious sedation;
- (T) 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;
- (U) Orthodontia;
- (V) Acupuncture; acupressure and other forms of alternative treatment;
- (W) 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); or
- (X) Any dental services for which benefits are payable under a medical policy issued by us.

Definitions

"Grievance" means any dissatisfaction with us in writing in any form to us by you, or on your behalf, including any of the following:

- (A) Provision of services.
- (B) Determination to reform or rescind a policy.
- (C) Claims practices.

Term of Coverage and 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 material misrepresentation made by or with the knowledge of a covered person in filing a claim.

DENTAL CLAIMS INCURRED PRIOR TO A

TERMINATION DATE: Termination of insurance or termination of a benefit will not apply to a valid claim for benefits incurred before the termination date.

Dental State Variations

Please see below for state availability and applicable state-specific benefits, exclusions, and limitations.

This insert must be used with the our dental brochures for individual coverage (42469-G, 42674-G, and 43780-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.

Alabama

There are no state variations.

Alaska

- Dental Premier Elite is the only plan available.
- The Health Insurance for Dental Services provision is replaced with: "If a covered person has other dental or health insurance that pays for expenses covered by the policy, any payment of benefits under this dental policy will be determined based, in part, on benefits paid or payable by the health insurance or other health or dental coverage plan."

Arizona

The Reimbursement provision does not apply.

Arkansas

There are no state variations.

California

- The ratio of incurred claims to earned premiums (loss-ratio) for total accident and health for Golden Rule Insurance Company in all states in 2017 was 71.6%.
- An eligible dependent includes a domestic partner.
- The Health Insurance for Dental Expenses provision does not apply.
- The following General Exclusions and Limitations do not apply:
 - Any dental services for which benefits are payable under a medical policy issued by us.
 - Removal of sound functional restorations.
 - 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.

Colorado

- Dental Primary and Dental Essential are not available.
- The 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.
- Major Services include orthodontics or dental care needed as a result of cleft lip, cleft palate, or both.
- An eligible dependent includes a civil union partner.

Connecticut

- Dental Primary and Dental Primary Preferred are not available.
- The Health Insurance for Dental Expenses provision does not apply.
- The General Exclusion and Limitation for any dental services which result from intoxication is replaced with: "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."

Delaware

An eligible dependent includes a civil union partner.

District of Columbia

- An eligible dependent includes a domestic partner or civil union partner.

Dental State Variations, continued

Florida

- **Please note:** The dental policy contains a deductible provision.
- Fluoride treatments – limited to covered persons under the age of 26 years, limited to 2 times per calendar year.
- Space maintainers – limited to covered persons under the age of 26 years, once per 60 months. Benefit includes all adjustments within 6 months of installation.
- Sealants – limited to covered persons under the age of 26 years and once per first and second permanent molar every 36 months.
- Eligible dependents are your husband or wife and eligible children. An eligible child may be married or unmarried.
- 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 General Exclusion and Limitation for initial placement of full or partial dentures or bridges and related services, to replace functional natural teeth that are congenitally missing does not apply if the person was covered from birth.

Georgia

- Basic services provided by a dentist through telemedicine are covered if the charges would otherwise be considered covered expenses under the policy.
- For Major Services, the coinsurance is 40% after deductible.
- The Health Insurance for Dental Expenses provision does not apply.
- The Reimbursement provision is replaced with "If an insured has a claim for damages or right to recover damages from a third party we may have the right of recovery, as outlined in the policy."
- The General Exclusion and Limitation for any dental services for which benefits are payable under a medical policy issued by us does not apply.
- In the General Exclusion and Limitation for any dental service which results from participation in a felony, "whether or not charged" does not apply.

Hawaii

An eligible dependent includes your reciprocal beneficiary as defined under Hawaii law.

Idaho

- In the General Exclusion and Limitation for any dental service which results from participation in a felony, "whether or not charged" does not apply.
- The Health Insurance for Dental Expenses provision does not apply.

Illinois

- An eligible dependent includes a civil union partner.
- The Health Insurance for Dental Expenses provision does not apply.
- The Renewability provision is replaced with: "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 intentional material misrepresentation of material fact made by or with your knowledge."
- The General Exclusion and Limitation for any dental service which results from intentionally self-inflicted bodily harm (whether sane or insane) does not apply.

Indiana

An eligible child may be married or unmarried.

Iowa

- An eligible dependent includes a civil union partner.
- The Health Insurance for Dental Expenses provision does not apply.
- The General Exclusion and Limitation for any dental services which result from participation in a felony only applies if the covered person is charged.

Kansas

- The Health Insurance for Dental Expenses provision does not apply.
- The Reimbursement provision does not apply.
- In the General Exclusion and Limitation for any dental service which results from participation in a felony, "whether or not charged" does not apply.

Kentucky

There are no state variations.

Dental State Variations, continued

Louisiana

Premium rates are guaranteed for 12 months from the effective date of coverage and will not change more than once in a 6-month period following the 12 months from the effective date, except when residence changes, a dependent is added or terminated from the policy, or any benefit changes are made including, but not limited to, addition or removal of optional riders to the policy.

Maine

An eligible dependent includes a domestic partner.

Maryland

- The Health Insurance for Dental Expenses provision does not apply.
- The Reimbursement provision is replaced with “Subrogation: To the extent of benefits we paid for dental services, we will be subrogated to all the rights of recovery arising out of the acts or omissions of any person or organization, as outlined in the policy.”
- The following General Exclusions and Limitations do not apply:
 - 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.
 - Any dental service which results from participation in a riot or felony.
- In the General Exclusion and Limitation for any dental service which would be free of charge without insurance, unless provided by Medicaid or the Veterans Administration, “or the Maryland Department of Health and Mental Hygiene” is added.

Michigan

The General Exclusion and Limitation for 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 does not apply.

Minnesota

- Dental Primary and Dental Essential are not available.
- The optional vision rider is not available.

- In the General Exclusion and Limitation for 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, “intoxicated, as defined by applicable state law in the state in which the loss occurred” does not apply.
- In the General Exclusion and Limitation for orthognathic surgery, changing vertical dimension, restoring occlusion, bite analysis or congenital malformation, “congenital malformation” does not apply.
- The Reimbursement provision does not apply.

Mississippi

There are no state variations.

Missouri

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.”

Nebraska

- The Health Insurance for Dental Expenses provision does not apply.
- The General Exclusion and Limitation for any dental service provided by a family member or by someone who ordinarily resides with you or your covered dependent, “family member” is replaced with “immediate family member”.

Nevada

- Dental Premier Elite is the only plan available.
- An eligible dependent includes a domestic partner.
- The Reimbursement provision does not apply.
- The General Exclusion and Limitation for 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 does not apply.
- The General Exclusion and Limitation for any dental services which result from participation in a felony only applies if the covered person is convicted.

Dental State Variations, continued

New Hampshire

- An eligible dependent includes your civil union partner.
- An eligible child may be married or unmarried.
- The General Exclusion and Limitation for any dental service which results from intoxication is replaced with: “Any dental service incurred directly or indirectly as a result of the covered person driving while 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.”
- In the General Exclusion and Limitation for any dental service provided by a family member or by someone who ordinarily resides with you or your covered dependent; “or by someone who ordinarily resides with you or your covered dependent” does not apply.
- The Health Insurance for Dental Services provision is replaced with: “If any covered expenses are also payable under a Golden Rule Insurance Company health insurance or health or dental coverage plan, we will not make payment under this dental policy until after we determine what benefits are paid or payable under the health insurance or health or dental coverage plan.”

North Carolina

- Premium rates are guaranteed for 12 months from the effective date of coverage, except when residence changes, a dependent is added or terminated from the policy, or any benefit changes are made including, but not limited to, addition or removal of optional riders to the policy.
- The Reimbursement provision does not apply.
- In the Renewability provision, “fraud” is removed. We may still cancel the policy if there is a material misrepresentation made by or with the knowledge of a covered person in filing a claim for benefits. This action can only be taken in the first 2 years, with no lapse of coverage.
- The General Exclusion and Limitation for any dental service which results from or in the course of your employment for wage or profit is replaced with “For the treatment of an occupational injury or illness which are paid under the North Carolina Workers’ Compensation Act only to the extent such services or supplies are the liability of the employee, employer, or workers’ compensation insurance carrier according to a final adjudication under the North Carolina Workers’ Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers’ Compensation Act”.

- The General Exclusion and Limitation for any dental service which results from participation in a riot is changed to be “active participation”.

North Dakota

- Dental Premier Elite is the only plan available.
- The Health Insurance for Dental Services provision does not apply.

Ohio

The Health Insurance for Dental Expenses provision does not apply.

Oklahoma

There are no state variations.

Oregon

- An eligible dependent includes a domestic partnership established under OR law.
- The following General Exclusions and Limitations do not apply:
 - 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 does not apply.
 - Any dental services in relation to, or incurred in conjunction with, investigational treatment.
- In the General Exclusion and Limitation for any dental service which results from participation in a felony, “whether or not charged” does not apply.

Pennsylvania

- This product is not available to PA residents of the following counties: Adams, Bradford, Bedford, Cameron, Centre, Elk, Fulton, Huntingdon, Jefferson, McKean, Montour, Potter, Snyder, Susquehanna, Tioga, Union, and Warren.
- The optional vision rider is not available to PA residents of the following counties: Forest, Sullivan, and Perry.
- Basic Services includes emergency palliative treatment for dental pain. This means necessary procedures for the initial treatment of a dental emergency. It does not include periodontal treatment or any dental service to restore or replace a tooth.

Dental State Variations, continued

Pennsylvania, continued

- In the Brochure for any dental service incurred during the waiting period, “waiting” is replaced with “elimination.”
- In the General Exclusion and Limitation for any dental service which results from intentionally self-inflicted bodily harm, “whether sane or insane” does not apply.

South Carolina

Additional major services include teeth capping, prosthodontics, and orthodontics dentally necessary for the care and treatment of cleft lip and palate.

South Dakota

- Dental Premier Elite is the only plan available.
- The General Exclusion and Limitation for “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” does not apply.
- The General Exclusion and Limitation for any dental service provided by a family member or by someone who ordinarily resides with you or your covered dependent does not apply if they are the only provider within 50 miles and are acting within the scope of their license.

Tennessee

There are no state variations.

Texas

- The General Exclusion and Limitation for any dental service provided by a family member or by someone who ordinarily resides with you or your covered dependent does not apply.
- The General Exclusion and Limitation for “results in war” is changed to “participation in any act of war.”

Utah

In the General Exclusion and Limitation for any dental service which results from participation in a riot or felony – whether or not charged, “participation” is changed to “voluntary participation”.

Vermont

- Dental Premier Elite is the only plan available.
- An eligible dependent includes your civil union partner under Vermont law.
- An eligible child may be married or unmarried.
- In the Change or Misstatement of Residence (Address) provision, “Misstatement” does not apply.
- In the General Exclusion and Limitation for any dental services resulting from intentionally self-inflicted bodily harm, “whether sane or insane” does not apply.

Washington

- The optional vision rider is not available.
- An eligible dependent includes a registered domestic partner.
- The Health Insurance for Dental Expenses provision does not apply.
- The Reimbursement provision does not apply.
- The General Exclusion and Limitation for 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 does not apply.

West Virginia

There are no state variations.

Wisconsin

The optional vision rider is not available.

Wyoming

Dental Premier Elite is the only plan available.