



Dental, Vision, Hearing Plans for individuals age 65 and older

Dental, Vision, Hearing (DVH) | AK, AL, AZ, FL, GA, HI, IL, IN, KS, KY, MI,
MO, MS, NC, NE, NV, PA, SD, TN, TX and
WY



UNITEDHEALTHCARE INSURANCE COMPANY IS THE UNDERWRITER OF THESE POLICIES. BENEFITS ARE ADMINISTERED AS FOLLOWS: DENTAL BENEFITS - DENTAL BENEFIT PROVIDERS, INC., VISION BENEFITS - SPECTERA, INC., AND HEARING BENEFITS - UNITEDHEALTHCARE HEARING

Policy Forms: DEN-P-UHC (500 & 500 Plus plans), DEN-PBM-UHC (1000 & 1000 Plus plans),
DEN-PBMD-UHC (2000 & 2000 Plus plans), and DEN-PBMI-UHC (3000 & 3000 Plus plans) and other state variations

UnitedHealthcare[®]
UnitedHealthcare Insurance Co.

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Dental, Vision, Hearing (DVH) Highlights

Coverage for your oral, eye and hearing health all together in one convenient plan designed with budget-friendly premiums in mind.



Use dental benefits right away, no wait for most services

Our plans offer you coverage without waiting periods for preventive, basic and most major services¹ so you can start using them right away! This means you have immediate coverage for routine services like exams and cleanings, plus major repairs like crowns and root canals.



Eye exams and eyewear, no waiting period

Vision health and routine eye exams are not only important for seeing better, but also have been shown to help with early detection of serious medical conditions like diabetes, heart disease, even Parkinson's disease. Our plans offer coverage for your annual vision exams, plus coverage for glasses or contacts. The vision network includes private practice and leading retail providers.



Help with hearing aids, including over-the-counter

Hearing loss is an invisible problem that can affect your social life, safety and overall well-being. Our plans include benefits from UnitedHealthcare Hearing, which has straight-forward benefits for annual hearing exams and hearing aids, including over-the-counter (OTC) hearing aids, when you use a network provider.

¹ Major services not covered on 500 and 500 Plus plans.

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.



Why Dental, Vision and Hearing Insurance?

Taking care of your health goes beyond regular medical checkups. Dental, vision and hearing health are just as important to your overall well-being. **Original Medicare (Parts A & B) does not cover routine dental and eye exams.** It also does not cover routine hearing exams or hearing aids. Having a supplemental plan like UnitedHealthcare Dental, Vision, Hearing can help provide the additional coverage you need to protect your overall health, and budget.

Helping to enhance your quality of life

Your overall health and well-being rely greatly on your dental, hearing and vision care. When you smile more, and can hear and see better, life is naturally more enjoyable. Choosing a DVH plan can help enhance your quality of life and help you feel good about yourself.

Dental Plan Options

Our plan options allow you to select a plan that best balances your premium and out-of-pocket expenses, with your anticipated benefit use, giving you the freedom to choose what works best for you. And no matter which dental plan you choose, vision and hearing benefits are included (see pages 6-9 for details).

Plan Availability¹ All benefits are per covered person, per calendar year		DVH 500²	DVH 1000²	DVH 2000²	DVH 3000²
Dental Waiting Period		None	None	None	None, except for Implants benefit only
Deductible		None	None	None	None
Dental Calendar Year Maximum	We pay up to:	\$500	\$1,000	\$2,000	\$3,000
Preventive Services³ (includes exams and x-rays) Includes 2 routine exams and cleanings per calendar year	We pay:	100%	100%	100%	100%
Basic Services³ (includes simple fillings)	We pay:	Not covered	100%	100%	100%
Major Services³					
Bridges, Crowns, Extractions and Root Canals	We pay:	Not covered	50%	50%	50%
Dentures and Partial	We pay:	Not covered	Not covered	50%	50%
Implants (12 month waiting period) \$1,500 Implant Maximum Lifetime Benefit ⁴	We pay:	Not covered	Not covered	Not covered	50%

State-specific differences may apply. (See State Variations for details.)

¹ Plan and network availability vary by state and ZIP code. ² For covered Dental expenses, non-network provider benefits are determined by ZIP code. They are either based on the network negotiated rate or are based on the reasonable and customary charge (reasonable and customary benefits are identifiable by the word “Plus” added to the plan name). Non-network dentists can bill a patient for any remaining amount up to the billed charge. ³ Limitations and exclusions may apply based on type of service. ⁴ The Implant Maximum Lifetime Benefit is separate from, and not subject to, the Dental Calendar Year Maximum.



Dental Benefits and How They Work

Dental benefits are administered by Dental Benefit Providers, Inc. We will cover dental services subject to the terms, conditions, exclusions and limitations of the policy. All services are subject to Dental Calendar Year Maximum and applicable coinsurance. State-specific differences may apply. (See State Variations for details.)

Network Provider Services

You can see any dentist you want, anywhere across the country. When you choose a dentist who is part of the plan's large national network, National Options PPO 30, you can receive network discounts without the hassle of negotiations. Visit YourDentalPlan.com/DentistSearch to find a provider and present the provider with your dental ID card. We will pay the provider the covered benefit, and the provider will bill you for the remainder.



There are no claim forms to fill out when obtaining services from a network provider.

Non-network Provider Services

The non-network provider may submit the claim to us directly. The provider can then bill you for any remaining amount due up to the billed charge. If a provider does not wish to submit the claim to us, you will need to pay in full at the time of service. You can then submit the claim for reimbursement by going to myuhc.com and completing the dental claim form.

Vision Plan Benefits

These vision benefits are included with your DVH plan, regardless of the dental plan you choose.

Vision Benefits per covered person		
Vision Waiting Period	None	
	Network ¹	Non-network
Eye Exam Once every 12 months	We pay 100%	We pay up to a \$50 allowance
Standard Lenses² and Frames³ Once every 24 months in lieu of contact lenses ⁴	Single-Vision Lenses	We pay 100%
	Bifocal-lined Lenses	We pay 100%
	Trifocal-lined Lenses	We pay 100%
	Frames	We pay up to \$175 allowance
Contact Lenses Once every 24 months in lieu of frames and lenses ⁴ ; up to 12-month supply	Selection ⁵ : We pay 100%	
	Non-Selection: We pay up to a \$175 allowance; fitting and evaluation may be at an additional cost	We pay up to a \$105 allowance

What is an allowance? An allowance is an amount payable, only once per benefit period, up to the maximum amount, for a given service or material benefit.

State-specific differences may apply. (See State Variations for details.)

¹ You may go outside the network, but you are eligible for discounts using network providers. Go to myuhcvision.com for a list of providers. ² Standard lenses include single vision, bifocal-lined, and trifocal-lined/lenticular lenses, including standard scratch-resistant coating for eligible lenses as prescribed by a vision provider. ³ Standard frames include eyeglass frames, their fitting, and subsequent adjustments to maintain comfort and efficiency. ⁴ Select either eyeglasses (lenses and/or frames) or contacts, not both. ⁵ If you choose disposable lenses, depending on frequency of replacement, this may not cover a full 12-month supply. Work with your provider to determine what is covered.



Vision Benefits and How They Work

Vision benefits are administered by Spectera, Inc. We will cover vision services subject to the terms, conditions, exclusions and limitations of the policy, Vision Benefit Rider SA-S-2074-UHC, and other state variations. (See State Variations for details.)

Network Provider Services

These plans use the UnitedHealthcare Vision Network.* You will get the most value from your coverage when you see a provider in this large national network of eye doctors, optometrists and ophthalmologists, including both local doctors and well-known retail providers. Choose from network providers by visiting myuhcvision.com. Contact the provider, identify yourself as having UnitedHealthcare Vision coverage, and provide your name and date of birth to get started.



No ID card is needed, and there are no claim forms to fill out when obtaining services from a network provider.

Non-network Provider Services

You will need to pay in full at the time of service. You may then submit the details to us for reimbursement of covered benefits. See Vision Rider in the policy for details.

* Not all providers participate in all plans. Check with your provider before using your benefits.



Hearing Plan Benefits

These hearing benefits are included with your DVH plan, regardless of the dental plan you choose.

Hearing Benefits per covered person

Hearing Waiting Period

None

Hearing Exam¹

Coverage for routine hearing exam once every calendar year

We pay 100%

Hearing Aid(s)¹

Once every 2 calendar years towards prescription or over-the-counter (OTC) hearing aids. Prescription hearing aid(s) include fitting evaluation. Hearing benefits are provided through network providers only.

We pay up to a \$750 allowance

State-specific differences may apply. (See State Variations for details.)

¹ Benefits are per person and not per ear. Hearing benefits are available only for covered expenses incurred at, or purchased over-the-counter from, a hearing network provider.



Hearing Benefits and How They Work

Hearing benefits are administered by UnitedHealthcare Hearing. We will cover hearing services subject to the terms, conditions, exclusions and limitations of the policy and Hearing Benefit Rider SA-S-2071-UHC and other state variations. (See State Variations for details.)

Hearing benefits are provided through network providers only.

You can begin your journey by contacting UnitedHealthcare Hearing at **1-844-571-4958** or visiting **UHChearing.com/SupplementalHearing**. Here you can learn more about hearing care and hearing aid options, find an in-network provider and request a no cost hearing test appointment. You'll work with a hearing provider to select and purchase a prescription hearing aid that will be a good fit for your needs and lifestyle. Plus, you'll have access to follow-up support from your provider.

Over-the-counter (OTC)* hearing aids are also covered when purchased through UnitedHealthcare Hearing. A hearing test is not required for OTC hearing aids and follow-up support may vary. Explore our selection of audiologist-approved OTC hearing aids by visiting **UHChearing.com/SupplementalHearing**.

Purchasing through UnitedHealthcare Hearing does not require a claim submission. You are responsible for any amount in excess of the hearing benefit allowance or frequency in the policy.

*OTC hearing aids are intended for adults with self-diagnosed mild-to-moderate hearing loss. If you have questions about your degree of hearing loss, it is recommended you meet with a licensed hearing provider.

Exclusions/Limitations

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

Dental Exclusions & Limitations

General Exclusions and Limitations

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

For ALL plans, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Provided prior to the effective date or after the termination date of the policy.
- In excess of the frequency limitations or maximum benefits as shown in the policy.
- Covered expenses which exceed the non-network provider reimbursement, as shown in the policy.
- A service that is not rendered or that is not rendered within the scope of the provider's license.
- Telephone consultations or for failure to keep a scheduled appointment without giving the dental office the notice required.
- Any service incurred 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 or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
- Experimental or investigational treatment or for complications there from.
- Which arise 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.
- Intentionally self-inflicted bodily harm.
- Any act of declared or undeclared war.
- The covered person taking part in a riot.
- The covered person's commission or attempt to commit a felony.
- Provided by a government plan, program, hospital or other facility, unless by law a covered person must pay and it is otherwise a covered expense or which by law must be provided by an educational institution.
- Provided without cost to a covered person in the absence of insurance covering the charge.
- Provided by an immediate family member or someone who ordinarily resides with a covered person.
- Received outside of the United States, except for a dental emergency.
- Related to the temporomandibular joint (TMJ), upper and lower jaw bone surgery or orthognathic surgery.
- 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.
- Performed solely for cosmetic/aesthetic reasons.
- Mouthguards; precision or semi-precision attachments; duplicate dentures; harmful habit appliances; occlusal guard except if expressly provided in the policy; replacement of lost or stolen appliances; treatment splints; bruxism appliance; sleep disorder appliance.
- Oral hygiene instructions; plaque control; charges for completing dental claim forms; photographs; any dental supplies including but not limited to take-home fluoride; sterilization fees; diagnostic casts; treatment of halitosis and any related procedures; lab procedures.
- Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the covered person's dental visit.

Exclusions/Limitations continued

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

Dental Exclusions & Limitations, continued

- Hospital or other facility charges and related anesthesia charges.
- Charges for dental services that are not documented in the dentist records, that are not directly associated with dental disease, or that are not performed in a dental setting.
- Two or more dental services are submitted and the dental services are considered part of the same dental service to one another, we will pay the most comprehensive dental service.
- Two or more dental services are submitted on the same day and the dental services are considered mutually exclusive (when one dental service contradicts the need for the other dental service), we will pay for the dental service that represents the final treatment.

For plans covering Major Services, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Veneers, implant crowns, and $\frac{3}{4}$ crowns.
- Replacement of bridges, crowns, or onlay which can be repaired or restored to natural function.
- Billed for incision and drainage if the involved abscessed tooth is removed on the same date of service.
- Reconstructive surgery when the primary purpose is to improve physiological functioning of the involved part of the body.
- Changing vertical dimension; restoring occlusion; bite analysis, congenital malformation.

- Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal.
- Treatment of malignant neoplasms or congenital anomalies of hard or soft tissue, including excision.
- Replacement of 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 the covered person's non-compliance, the covered person is liable for the cost of the replacement.
- Removal of sound functional restorations; temporary crowns and temporary prosthetics; provisional crowns and provisional prosthesis.
- Altering vertical dimension and/or restoring or maintaining occlusion. Non-intravenous conscious sedation, analgesia, anxiolysis, inhalation of nitrous oxide and conscious sedation, unless expressly provided for in the policy.
- Orthodontic services.
- Acupuncture; acupressure and other forms of alternative treatment.
- 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).
- Surgical extractions of wisdom teeth.

Exclusions/Limitations continued

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

For plans covering Dentures and Partial, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Replacement within 60 consecutive months of the last placement for full and partial dentures.
- Replacement of complete dentures, fixed and removable partial dentures, 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 the covered person's non-compliance, the covered person is liable for the cost of the replacement.
- Replacement of full or partial removable dentures which can be repaired or restored to natural function.
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
- Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.

For plans covering Implants, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Covered expenses incurred during the waiting period.
- Any implant procedures performed which are not listed as covered implant procedures.
- Replacement of implants, implant crowns, implant prosthesis and implant supporting structures (such as connectors), 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 the covered person's non-compliance, the covered person is liable for the cost of the replacement.

Vision Exclusions & Limitations

Covered vision expenses will not include and no benefits are payable for any charges incurred for the following:

- Services or treatments that are already excluded in the General Exclusions and Limitations.
- Orthoptics or vision therapy training and any associated supplemental testing.
- Non-prescription items (e.g. plano lenses).
- Oversize lenses.
- Lenses not listed in the policy.
- Replacement of eyeglass frame and eyeglass lenses furnished under the Vision Rider 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 Photo-refractive Keratectomy (PRK).
- Contact lenses if an eyeglass frame and eyeglass lenses are received in the same 24 months.
- Eyeglass frame and eyeglass lenses if contact lenses are received in the same 24 months.
- Eyewear except prescription eyewear.
- Charges that exceed the allowance amount listed in the policy.
- Optional lens extras.

Exclusions/Limitations continued

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

Hearing Exclusions & Limitations

Covered hearing expenses will not include, and no benefits are payable for, any charges incurred for the following:

- Services or treatments that are already excluded in the General Exclusions and Limitations.
- Services received by a hearing non-network provider.
- Assistive listening devices (ALDs).
- For medical and/or surgical treatment of the internal or external structures of the ear provided by a hearing aid dispenser.
- Ear protection devices or plugs.
- Replacement due to loss, theft, or damage to the hearing aid.
- Hearing aid maintenance including batteries, maintenance/service contracts, fittings, ear molds and other miscellaneous repairs.

Plan Provisions

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

Alternate Procedures

If two or more services are considered to be acceptable to correct the same dental condition, the amount payable will be based on the covered expenses for the least expensive service that will produce a professionally satisfactory result.

Calendar Year

A calendar year runs from January to December and starts over on January 1 of the following year. The maximum coverage amount applies during the calendar year.

Eligibility

The primary insured must be 64 and 11 months or older as of the effective date of the policy. The spouse (as defined by state) can be any age. Dependent children are not eligible.

Misstatement of Age or Residence

If the covered person's age has been misstated and we would not have issued coverage for the covered person, we will refund the premium paid minus any benefit amounts paid by us, and coverage will be void from the effective date.

If you change your residence, you must notify us of your new residence within 60 days of the change. Your premium will be based on your new residence beginning on the first premium due date after the change. If your residence is misstated on your application, or you fail to notify us of a change of residence, we will apply the correct premium amount beginning on the first premium due date you resided at that residence. If the change results in a lower premium, we will refund any excess premium. If the change results in a higher premium, you will owe us the additional premium.

Non-Network vs. Network

You may pay more using non-network providers. Non-network providers may bill you for any amount up to the billed charge after the portion covered by the policy has been paid. Network providers have agreed to discounted pricing for covered expenses with no additional billing to you other than the coinsurance and deductible amounts.

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 covered person's type and level of benefits and the 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.

Plan Provisions continued

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

Renewability and Termination

The policy is renewable until the earliest of the following:

- Nonpayment of premiums when due, subject to the Grace Period provision in the policy.
- The date we receive a request from you to terminate the policy, or any later date stated in your request.
- The date we decline to renew the policy, as stated in the Guaranteed Renewable Subject to Listed Conditions provision in the policy.
- The date of your death. NOTE: If there is a covered spouse on policy, the spouse can continue coverage upon the primary insured's death.

Right to Examine

It is important to us that you are satisfied with the coverage being provided.

This product has a right to examine period, also commonly referred to as “free look.” After applying and after your policy is issued, if you are not satisfied the coverage will meet your insurance needs, you may return the policy to us within 30 days. Refer to policy for details.

State Variations

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

Alabama

Forms: DEN-P-UHC-01, DEN-PBM-UHC-01, DEN-PBMD-UHC-01, and DEN-PBMI-UHC-01

- Misstatement of Residence on your application does not apply.

Alaska

Forms: DEN-P-UHC-50, DEN-PBM-UHC-50, DEN-PBMD-UHC-50, and DEN-PBMI-UHC-50

- Only Plus plans (reasonable and customary out-of-network pricing) are available.
- You will be given at least a 45-day notice of any change in your policy, including premium.
- The exclusion for experimental and investigational treatment, or complications there from, does not apply.
- The following Vision exclusions do not apply:
 - 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.

Arizona

Forms: DEN-P-UHC-02, DEN-PBM-UHC-02, DEN-PBMD-UHC-02, and DEN-PBMI-UHC-02

- The exclusion for services provided by an immediate family member or someone who ordinarily resides with a covered person does not apply.
- The Reimbursement provision does not apply.

Florida

Forms: DEN-P-UHC-09, DEN-PBM-UHC-09, DEN-PBMD-UHC-09, and DEN-PBMI-UHC-09

- You will be given at least a 45-day notice of any change in your policy, including premium.

Georgia

Forms: DEN-P-UHC-10, DEN-PBM-UHC-10, DEN-PBMD-UHC-10, and DEN-PBMI-UHC-10

- You will be given at least a 60-day notice of any change in your policy, including premium.
- The Reimbursement provision is replaced with Right of Recovery provision. If you or your spouse has a claim for damages or a right to recover damages from a third party or parties for any dental services for which benefits are payable under the policy, we may have a right of recovery.

Hawaii

Forms: DEN-P-UHC-51, DEN-PBM-UHC-51, DEN-PBMD-UHC-51, and DEN-PBMI-UHC-51

- “Covered person” and “immediate family” include reciprocal beneficiary. “Reciprocal beneficiary” means an adult who along with another adult are parties to a valid reciprocal beneficiary relationship and meets the following requisites for a valid reciprocal beneficiary relationship: each of the parties be at least eighteen years old; neither of the parties be married, a party to another reciprocal beneficiary relationship, or a partner in a civil union; the parties be legally prohibited from marrying one another under HAW. REV. STAT. §572; consent of either party to the reciprocal beneficiary relationship has not been obtained by force, duress, or fraud; and each of the parties sign a declaration of reciprocal beneficiary relationship as provided in section HAW. REV. STAT. §572C-5.

State Variations continued

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

Illinois

Forms: DEN-P-VH-DP-UHC-12 & DEN-P-VH-UHC-12, DEN-PBM-VH-DP-UHC-12 & DEN-PBM-VH-UHC-12, DEN-PBMD-VH-DP-UHC-12 & DEN-PBMD-VH-UHC-12, and DEN-PBMI-VH-DP-UHC-12 & DEN-PBMI-VH-UHC-12

- “Spouse” includes your partner in a civil union under Illinois law.
- In the exclusion for intoxication or under the influence of illegal narcotics or controlled substance, the service rendered must be a direct result of that action.
- The exclusion for commission or attempt to commit a felony also includes engaging in an illegal occupation.

Indiana

Forms: DEN-P-UHC-13, DEN-PBM-UHC-13, DEN-PBMD-UHC-13, and DEN-PBMI-UHC-13

- There are no variations.

Kansas

Forms: DEN-P-UHC-15, DEN-PBM-UHC-15, DEN-PBMD-UHC-15, and DEN-PBMI-UHC-15

- The Reimbursement provision does not apply.

Kentucky

Forms: DEN-P-UHC-16, DEN-PBM-UHC-16, DEN-PBMD-UHC-16, and DEN-PBMI-UHC-16

- There are no variations.

Michigan

Forms: DEN-P-UHC-21, DEN-PBM-UHC-21, DEN-PBMD-UHC-21, and DEN-PBMI-UHC-21

- The following exclusions do not apply:
 - Any 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 or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
 - Intentionally self inflicted bodily harm.
 - The covered person taking part in a riot.
- The exclusion for any act of declared or undeclared war applies while serving in the military or naval services, or any auxiliary unit of the United States.
- The exclusion for committing or attempting to commit a felony also applies to a misdemeanor, whether or not charged or being engaged in an illegal occupation; other willful criminal activity, as defined in the policy, was a contributing cause.

Mississippi

Forms: DEN-P-UHC-23, DEN-PBM-UHC-23, DEN-PBMD-UHC-23, and DEN-PBMI-UHC-23

- You will be given at least a 75-day notice of any change in your policy, including premium.

Missouri

Forms: DEN-P-UHC-24, DEN-PBM-UHC-24, DEN-PBMD-UHC-24, and DEN-PBMI-UHC-24

- The Reimbursement provision does not apply.

State Variations continued

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

Nebraska

Forms: DEN-P-UHC-26, DEN-PBM-UHC-26, DEN-PBMD-UHC-26, and DEN-PBMI-UHC-26

- There are no variations.

Nevada

Forms: DEN-P-UHC-27, DEN-PBM-UHC-27, DEN-PBMD-UHC-27, and DEN-PBMI-UHC-27

- You will be given at least a 60-day notice of any change in your premium.
- “Spouse” includes domestic partner.
- The exclusion for charges incurred as a result of the covered person being intoxicated or under the influence of controlled substance does not apply. However, the exclusion for charges incurred as a result of the covered person being under the influence of illegal narcotics still applies.
- The exclusion for felony only applies if the covered person is being convicted of a felony. The exclusion does not apply if a covered person is the victim of domestic violence, regardless of whether the covered person contributed to any loss or injury.
- The Reimbursement provision does not apply.

North Carolina

Forms: DEN-P-UHC-32, DEN-PBM-UHC-32, DEN-PBMD-UHC-32, and DEN-PBMI-UHC-32

- The exclusion for any service incurred 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 or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer’s recommended dosage does not apply.
- The exclusion for workers’ compensation is replaced with the following: for the treatment of an occupational injury or illness which is 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 Industrial Commission approving a settlement agreement under the North Carolina Workers’ Compensation Act.

- The exclusion for congenital malformation does not apply.
- You will be given at least a 45-day notice of any change in your policy, including premium. Other than rate changes due to covered person changes and/or benefit changes, rates for the policy will not change during the initial 12 months following the policy effective date and not more than once in any 12-month period following the initial 12-month period.
- The Reimbursement provision does not apply.

Pennsylvania

Forms: DEN-P-UHC-37, DEN-PBM-UHC-37, DEN-PBMD-UHC-37, and DEN-PBMI-UHC-37

- There are no variations.

South Dakota

Forms: DEN-P-UHC-40, DEN-PBM-UHC-40, DEN-PBMD-UHC-40, and DEN-PBMI-UHC-40

- The exclusion for any service incurred 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 or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer’s recommended dosage does not apply.
- The exclusion related to workers’ compensation applies to services for which benefits are paid under any workers’ compensation insurance pursuant to the applicable state or federal law.
- The exclusion for services provided by an immediate family member does not apply if they are the only provider within 50 miles and are acting within the scope of their license.

State Variations continued

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

Tennessee

Forms: DEN-P-UHC-41, DEN-PBM-UHC-41, DEN-PBMD-UHC-41, and DEN-PBMI-UHC-41

- In regards to the exclusion for services or treatment provided prior to the effective date or after the termination date of the policy, if a specific treatment is started while a covered person is insured under the policy, we will only pay benefits for covered dental services which are completed within 31 days after your termination date.

Texas

Forms: DEN-P-UHC-42, DEN-PBM-UHC-42, DEN-PBMD-UHC-42, and DEN-PBMI-UHC-42

- References to “network” refer to a “contracting provider,” as defined in the policy.
- References to “non-network” refer to a “non-contracting provider,” as defined in the policy.
- The exclusion for services provided by an immediate family member or someone who ordinarily resides with a covered person does not apply.

Wyoming

Forms: DEN-P-UHC-49, DEN-PBM-UHC-49, DEN-PBMD-UHC-49, and DEN-PBMI-UHC-49

- There are no variations.

Health Plan Notices of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

VIEW NOTICE *HERE*. Please review it carefully.

(<https://www.uhc.com/content/dam/uhcdotcom/en/npp/NPP-UHC-EI-UHOne-EN.pdf>)

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

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

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

After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded.

Keep an electronic copy of this document. It has important information.