



Premier Choice

Designed to offer immediate coverage¹ and network discounts for preventive care, basic and major services.

Lower Premium

Preventive Care Services (includes routine cleaning & exams)	Policy pays 100% day one
After Deductible:	
Basic Services (includes simple fillings & extractions)	Policy pays 50% day one 65% after policy year one 80% after policy year two
Major Services (includes crowns, root canals, oral surgery & bridges)	Policy pays 10% day one¹ 40% after policy year one ¹ 50% after policy year two
Coverage Amount (per calendar year)	\$1,500 annual maximum
Deductible (per calendar year, family max 3 deductibles per service type)	\$50 per person (combined basic & major services)
Most Valuable Feature	No Waiting Periods¹



Premier Elite

This plan pays more for major services after a 6-month waiting period. There is no waiting period for preventive care or basic services.

Higher Level Benefit

Preventive Care Services (includes routine cleaning & exams)	Policy pays 100% day one
After Deductible:	
Basic Services (includes simple fillings & extractions)	Policy pays 50% day one 65% after policy year one 80% after policy year two
Major Services (includes crowns, root canals, oral surgery & bridges)	Policy pays 15% after¹ 6-month waiting period 50% after policy year one 60% after policy year two
Coverage Amount (per calendar year)	\$2,000 annual maximum
Deductible (per calendar year, family max 3 deductibles per service type)	\$50 per person (combined basic & major services)
Most Valuable Feature	Higher Major Services coinsurance

All plans pay 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.

ALL PLANS

\$0
Routine Cleaning
(Network, day one)

Retail Charge for adult
without plan: \$95.47

Network Pricing Over Time ²	Retail charge	During policy year:	Premier Choice year one	Premier Choice year two	Premier Elite year one	Premier Elite year two
Simple Filling	\$181.14	You pay:	\$28.50	\$19.95	\$28.50	\$19.95
Molar Root Canal	\$1,255.36	You pay:	\$512.10	\$341.40	\$483.65	\$284.50

¹ In CT and IL, after a 6-month waiting period, major services pays 50% and remains 50% after year one. ² Service pricing in ZIP Code 752- and assumes any plan waiting periods and deductibles have been met. Discounts vary by policy year, type of provider, geographic area, and type of service.



NO WAITING PERIODS
PREVENTIVE CARE



ACCESS TO DISCOUNTS
ON HEARING AIDS



OPTION TO ADD
VISION BENEFIT



Premier Plus

With orthodontic care for dependents plus coverage for dental implants under Major Services, this is our most comprehensive plan.

Adds Orthodontics & Dental Implants

Preventive Care Services
(includes routine cleaning & exams) **Policy pays 100% day one**

After Deductible:

Basic Services
(includes simple fillings & extractions) **Policy pays 35% day one¹**
65% after policy year one
80% after policy year two

Major Services
(includes crowns, root canals, oral surgery, bridges & dental implants) **Policy pays 10% day one¹**
40% after policy year one¹
50% after policy year two

Orthodontic Services
(additional \$150 lifetime deductible, dependents under age 19 only) **Policy pays 50% after**
12-month waiting period & deductible
\$1,000 Lifetime Maximum

Coverage Amount
(per calendar year) **\$2,000 annual maximum**

Deductible
(per calendar year, family max 3 deductibles per service type) **\$50 per person**
(combined basic & major services)

Most Valuable Feature **Most Diverse Coverage**



Premier Max

This plan offers our highest annual maximum of \$3,000, plus there is no waiting period or deductible for preventive care.

Highest Annual Maximum

Preventive Care Services
(includes routine cleaning & exams) **Policy pays 100% day one**

After Deductible:

Basic Services
(includes simple fillings & extractions) **Policy pays 50% after**
4-month waiting period²
65% after policy year one
80% after policy year two

Major Services
(includes crowns, root canals, oral surgery & bridges) **Policy pays 50% after**
12-month waiting period
60% after policy year two

Coverage Amount
(per calendar year) **\$3,000 annual maximum**

Deductible
(per calendar year, family max 3 deductibles per service type) **\$50 per person**
(combined basic & major services)

Most Valuable Feature **Highest Annual Maximum**

All plans pay 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.

Network Pricing Over Time ³	Retail charge	During policy year:	Premier Plus		Premier Max	
			year one	year two	year one	year two
Molar Root Canal	\$1,255.36	You pay:	\$512.10	\$341.40	\$1,255.36 ⁴	\$284.50
Surgical Implant	\$2,131.63	You pay:	\$972.00	\$648.00	Not covered	

¹ In CT and IL: Basic services pays 50% day one. Major services pays 50% after a 6-month waiting period and remains 50% after year one. ² In PA, basic services pays 35% day one. ³ Service pricing in ZIP Code 752- and assumes any plan waiting periods and the deductible have been met. Discounts vary by policy year, type of provider, geographic area, and type of service. ⁴ On Premier Max, major services have a 12-month waiting period.



NO WAITING PERIODS
PREVENTIVE CARE



ACCESS TO DISCOUNTS
ON HEARING AIDS



OPTION TO ADD
VISION BENEFIT



ACCESS TO DISCOUNTS ON HEARING AIDS

The cost of treatment can often be a prime concern for someone who has hearing loss. Did you know that studies have found that income can be significantly decreased by not wearing hearing aids? Hearing loss can pose a significant barrier to everything from productivity and overall career success to household earnings.¹ “Because hearing loss often occurs gradually, it can be difficult to recognize when you have it.”²

Learn more about discounts on hearing exams and hearing aids through UnitedHealthcare Hearing.

UnitedHealthcare Hearing **KEY FEATURES**

Over 5,000 hearing providers nationwide³

Hearing exams and hearing aid evaluations

Name-brand and private-labeled hearing aids

Order hearing aids in person or through home delivery



**65% of people
with hearing loss are
younger than age 65.**

— betterhearing.org
The Better Hearing Institute, 2018

Hearing Discount Example

Jen notices she often has to ask her family members to repeat themselves to her, so she decides to get a hearing exam. Jen works with UnitedHealthcare Hearing to schedule the hearing exam. After being diagnosed with some hearing loss, UnitedHealthcare Hearing calls Jen to discuss the different hearing aid options available. She is able to find hearing aids for less than retail with UnitedHealthcare Hearing’s help.

By calling toll free at 1-855-523-9355, TTY 711, UnitedHealthcare Hearing can guide you through the process, handling the audiologist referral so you don’t have to see your primary care physician first.

¹ 5 Ways Better Hearing Can Help Your Career, audiologyinc.net, October 2017

² Regular Screenings are Important hearingofamerica.com, May 2017

³ 2019 UnitedHealthcare internal data.





OPTION TO ADD VISION BENEFIT¹

Using your benefits is easy! Once your plan is effective, review your benefit information. Find a network doctor who's right for you to get the most out of your eye care experience.² Mention that you have UnitedHealthcare vision powered by Spectera Eyecare Networks. **Coverage starts day one, no ID card needed, no claim forms to fill out.**

COVERED EXPENSES WHAT YOU PAY

Eye Exam Once every 12 months	Network	\$10 copay
	Non-network	Any charge over \$50 allowance
Eyeglass Frames³ Once every 12 months	Network	Any charge over \$150 allowance
	Non-network	Any charge over \$75 allowance
Eyeglass Lenses One pair every 12 months (of any type) ³	Network	\$10 copay
	Non-network	Any charge over: \$40 allowance (Single Vision); \$60 allowance (Bifocal); \$80 allowance (Trifocal/Lenticular)
and Contacts:		
Contacts Once every 12 months	Network	Select Contact Lenses List: \$0 Copay Non-Selection Contacts: Any charge over \$150 allowance
	Non-network	Any charge over \$105 allowance



“Eye exams at every age and life stage can help keep your vision strong.”

— [cdc.org](https://www.cdc.org) Centers for Disease Control and Prevention, July 2018

Optional Vision Benefit Example

Jane has vision coverage with her family's dental plan. She is able to get a new pair of glasses every 12 months for her daughter who needs them more often as she grows. She can even get contacts in addition to glasses every year when her daughter wants to change up her look.

The network includes private practices along with leading retail locations.

Popular retailers include:

Find additional retailers here.

20/20 Vision Center	America's Best	Costco Optical	Eyeglass World
National Vision	Sam's Club	Visionworks	Walmart

Additional premium required for adding the vision benefit. Not available in all areas. Details and limits to coverage are listed in the policy.

¹ Vision benefit not available in MN, RI, or WA.

² You may go outside the network, but are eligible for better discounts using network providers.

³ See eyeglass frames and lens coverage details on page 10.



Other Details

(all dental plans)

This is only a general outline of the basic policy provisions and exclusions. State-specific differences may apply. It is not an insurance contract, nor part of the insurance policy. You will find complete details in the policy.

This brochure may be used in the following states:

Alabama	Maryland
Arizona	Michigan
Arkansas	Mississippi
California	Missouri
Colorado	Nebraska
Connecticut	New Hampshire
Delaware	New Mexico
District of Columbia	North Carolina
Florida	Ohio
Georgia	Oklahoma
Idaho	Oregon
Hawaii	Pennsylvania
Illinois	South Carolina
Indiana	Tennessee
Iowa	Texas
Kansas	Utah
Kentucky	Virginia
Louisiana	West Virginia
Maine	Wisconsin

Basic Policy Details

State-specific differences may apply. All services are subject to annual maximums and may be subject to deductible and coinsurance.

All Plans: Preventive Services

- Routine exams and cleanings – limited to 2 per calendar year
- X-rays (bitewing) – limited to 1 series per calendar year
- X-rays (full mount panoramic) – limited to 1 per 36 months
- Eligible children’s services (under the age of 16; in IL, under the age of 19):
 - Fluoride treatments – limited to 2 times per calendar year
 - Space maintainers – limited to once per 60 months plus adjustments within 6 months of installation.
 - Sealants – limited to once per first and second permanent molar every 36 months

All Plans: Basic Services

- Fillings – amalgam and composite (composite is limited to anterior tooth)
- Simple nonsurgical extractions
- General anesthesia – in conjunction with oral surgery or the removal of 7 or more teeth
- Local anesthesia

All Plans: Major Services (as limited in the policy)

- Root canals – limit 1 time per tooth, per lifetime
- Crowns – limit 1 per tooth, per 60 months
- Surgical extraction of erupted tooth or roots – limited to 1 time per tooth per lifetime
- Full dentures – limited to 1 per 60 months
- Bridges – limited to 1 time per 60 months

Premier Plus Plans only

- Implants – covered under Major Services and subject to annual maximum – 1 time per tooth per 60 months
- Orthodontic treatment (covered eligible child under the age of 19) – subject to lifetime maximum and deductible

Calendar Year vs. Policy Year

A calendar year runs from January to December and starts over on January 1 of the following year. Each plan’s annual maximum coverage amount and deductible apply during the calendar year.

A policy year is the anniversary of the plan’s effective start date. The increasing coinsurance applies to the plan’s policy year.

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 (misstatement not applicable in AL).

Eligibility

At the time of application, primary insured must be 18-64 years of age. Spouse (as defined by state) may be of any age. Eligible children 0-25 years of age (drop off on 26th birthday) or as required by state. In HI, an eligible dependent includes a reciprocal beneficiary.



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District of Columbia	North Carolina
Florida	Ohio
Georgia	Oklahoma
Idaho	Oregon
Hawaii	Pennsylvania
Illinois	South Carolina
Indiana	Tennessee
Iowa	Texas
Kansas	Utah
Kentucky	Virginia
Louisiana	West Virginia
Maine	Wisconsin

Misstatement of Age

If the covered person's age has been misstated on the covered person's application for coverage under the policy, any future premiums may be adjusted and past premiums may be refunded or owed to us, or benefits may be adjusted, based on the correct age. If a covered person's age has been misstated and we would not have issued coverage for that covered person, we will refund the premium paid minus any benefit amounts paid by us, and coverage would be void from the effective date.

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 plan has paid its portion.

Network providers have agreed to discounted pricing for covered expenses with no additional billing to you other than the copayment, 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 persons type and level of benefits and place of residence on the premium due date are some of the factors that may be used in determining your premium rates.

Renewability and Termination

The policy is renewable until the earliest of the following:

- The primary insured's death. If the policy includes dependents, it may be continued after the primary insured's death:
 - By the spouse, if the spouse is a covered person
 - Otherwise, by the youngest child who is a covered person;
- Nonpayment of premiums when due;
- The date we receive a request from you to terminate the policy;

- The date we decline to renew all policies issued on this form with the same type and level of benefits in your state of residence; or
- The date there is fraud or a misrepresentation made by or with the knowledge of a covered person.

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 service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Incurred prior to the effective date, during the waiting period, or after the termination date of the policy.
- Exceeds the non-network provider reimbursement, the frequency limitations, or maximum benefits.
- Not rendered within the scope of the dentist's license.
- Payable under a medical policy issued by us.
- Hospital or other facility charges and related anesthesia charges.
- Conscious sedation, analgesia, anxiolysis, and inhalation of nitrous oxide.
- Surgical extraction of wisdom teeth.
- Reconstructive surgery.
- Cosmetic dentistry.
- Oral hygiene instructions; plaque control; charges for completing dental claim forms; photographs; any dental supplies; prescription and non-prescription drugs, that are not dispensed and utilized in the dental office during your visit; sterilization fees; 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.



Other Details

(all dental plans)

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Delaware	New Mexico
District of Columbia	North Carolina
Florida	Ohio
Georgia	Oklahoma
Idaho	Oregon
Hawaii	Pennsylvania
Illinois	South Carolina
Indiana	Tennessee
Iowa	Texas
Kansas	Utah
Kentucky	Virginia
Louisiana	West Virginia
Maine	Wisconsin

General Exclusions and Limitations, continued

No benefits are payable for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- 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).
- 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.
- Experimental or investigational treatment or complications therefrom. (does not apply in VA)
- Which arise out of, or in the course of your employment for wage or profit (CA, FL, NC – applies if paid by worker's compensation).
- Any act of war, participation in a riot, intentionally self-inflicted bodily harm, or commission or attempt to commit a felony.
- Provided free of charge without this insurance or by a government plan or program.
- Provided by a family member or by someone who ordinarily resides with a covered person. (Does not apply in TX. Someone who ordinarily resides with a covered person does not apply in VA.)
- Received outside of the United States, except for a dental emergency.
- Related to temporomandibular joint, upper and lower jaw bone surgery (does not apply in MN or NM), or orthognathic surgery (does not apply in MN).
- Teeth that can be restored by other means; periodontal splinting, to correct abrasion, erosion, attrition, bruxism, abfraction, or for desensitization; or teeth that are not periodontally sound or have a questionable prognosis.
- Maxillofacial prosthetics and related services.
- Orthodontics or dental implants and any related procedure, unless included in your plan.
- To alter vertical dimension and/or restore or maintain 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 benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal; treatment of malignant neoplasms or congenital anomalies.
- Mouthguards, precision or semi-precision attachments, occlusal guards, bruxism appliances, duplicate dentures, harmful habit appliances, replacement of lost or stolen appliances, or sleep disorder appliances.
- Provided as a result of a prohibited referral (MD only).
- 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 of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error.
- Placement of fixed partial dentures solely to achieve periodontal stability.



Vision Details

(optional benefit)

This is only a general outline of the basic policy provisions and exclusions. State-specific differences may apply. It is not an insurance contract, nor part of the insurance policy. You will find complete details in the policy.

This brochure may be used in the following states:

- | | |
|-----------------------------|-----------------------|
| Alabama | Maryland |
| Arizona | Michigan |
| Arkansas | Mississippi |
| California | Missouri |
| Colorado | Nebraska |
| Connecticut | New Hampshire |
| Delaware | New Mexico |
| District of Columbia | North Carolina |
| Florida | Ohio |
| Georgia | Oklahoma |
| Idaho | Oregon |
| Hawaii | Pennsylvania |
| Illinois | South Carolina |
| Indiana | Tennessee |
| Iowa | Texas |
| Kansas | Utah |
| Kentucky | Virginia |
| Louisiana | West Virginia |
| Maine | Wisconsin |

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 the UnitedHealthcare Vision Claims department (administered by Spectera, Inc.). Your out-of-pocket costs may be higher with a non-network provider.

Please Note: This vision benefit program is designed to cover vision needs rather than cosmetic extras. If those are selected, the plan will pay the costs of the allowed lenses and you will be responsible for the additional cost of the cosmetic extras.

Eyeglass Frames and Lenses

The eyeglass frames benefit includes their fitting and subsequent adjustments to maintain comfort and efficiency. Eyeglass lenses may include single vision, bifocal, and trifocal/lenticular lenses. Additional costs for other types of lenses, lens materials and lens option extras may apply.

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);
- 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; and
- Optional lens extras not listed in your policy.

