

Specialty Portfolio Offering with All Savers[®] Alternate Funding Option

State Availability

Dental plans available:

- MAC plans not available in MA or NJ.
- Indemnity plans are only available in ID and the U.S. Virgin Islands (VI).
- The only available plans in WA are P7088, P4883, P0206 and P5424.
- The P7088 and P4883 plans are only available in WA.
- Dental is currently unavailable in KY.
- Incentive plans are not available in AL, LA, MS and TX.

AL	AR	AZ	CO	CT	DE	FL	GA	IA	ID	IL
IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS
NC	ND	NE	NJ	NM	NV	OH	OK	OR	PA	RI
SC	SD	TN	TX	UT	VA	VI	WA	WI	WY	

CONTINUED

Dental PPO Plan Offerings

Plan and Description	Number of Eligible	Contributory/Voluntary	Passive/Incentive ³	MAC/UCR	Class shifting code	Ortho/Max	CMM ¹	PPO Plan Codes			
								MAC and UCR			UCR Only
								All States Except ²	CO Version	MN Version	MA and NJ Only
100/80/50/0, 1,000 Ann Max ¹	5+	Contributory	Passive	MAC	CS0	N	N	1P800	1B815	P5274	—
100/80/50/0, 1,000 Ann Max	5+	Voluntary	Passive	UCR at 90th	CS1	N	Y	P3384			P3384
100/80/50/0, 1,000 Ann Max	5+	Voluntary	Passive	UCR at 90th	CS1	N	Y	1P808	1B820	P5292	1P808
100/80/50/0, 1,000 Ann Max ¹	5+	Voluntary	Passive	MAC	CS4	N	N	1P886			
100/80/50/0, 1,000 Ann Max ¹	5+	Voluntary	Passive	MAC	CS0	N	Y	1P809	1B821	1P732	
100/80/50/0, 1,000 Ann Max	5+	Contributory	Passive	UCR at 90th	CS1	N	Y	1P801	1B816	P5284	1P801
100/80/50/0, 1,000 Ann Max	5+	Contributory	Passive	UCR at 90th	CS0	N	Y	1P802	1B817	P5279	1P802
100/80/50/0, 1,000 Ann Max	5+	Contributory	Passive	UCR at 70th	CS9	N	N	A2543			A2543
100/80/50/0, 1,000 Ann Max ¹	5+	Contributory	Passive	MAC	CS9	N	N	A8016			
100/80/50/0, 80/60/50/0, 1,000 Ann Max	5+	Contributory	Incentive	UCR at 70th	CS9	N	N	A7981			A7981
100/80/50/0, 80/60/50/0, 1,000 Ann Max ¹	5+	Contributory	Incentive	MAC	CS9	N	N	A7980			
100/80/50/0, 90/70/50/0 1,000 Ann Max	5+	Contributory	Incentive	UCR at 85th	CS4	N	N	P2374			P2374
100/80/50/50, 1,000 Ann Max	5+	Voluntary	Passive	UCR at 90th	CS1	N	Y	P3383	B3383	P5291	P3383
100/80/50/50, 1,000 Ann Max	5+	Contributory	Passive	UCR at 90th	CS1	\$1,000- Child Only	Y	P4878	B4878	P5285	P4878
100/80/50/50, 1,000 Ann Max ¹ with implants	5+	Voluntary	Passive	MAC	CS1	\$1,000- Child Only	N	P9346			
100/80/50/0, 1,200 Ann Max	5+	Voluntary	Passive	UCR at 90th	CS1	N	Y	1P810	1B822	P5289	1P810
100/80/50/0, 1,200 Ann Max ¹	5+	Voluntary	Passive	MAC	CS4	N	N	P3305			
100/80/50/0, 1,500 Ann Max ¹	5+	Contributory	Passive	MAC	CS0	N	Y	1P803	1B818	1P734	
100/80/50/0, 1,500 Ann Max ¹	5+	Contributory	Passive	MAC	CS9	N	N	A7976			
100/80/50/0, 1,500 Ann Max	5+	Contributory	Passive	UCR at 70th	CS9	N	N	A7977			A7977
100/80/50/0, 1,500 Ann Max	5+	Contributory	Passive	UCR at 90th	CS0	N	Y	1P804	1B819	P5281	1P804
100/80/50/0, 1,500 Ann Max	5+	Contributory	Passive	UCR at 90th	CS0	N	Y	P4883 ⁴			
100/80/50/0, 80/60/50/0 1,500 Ann Max ¹	5+	Contributory	Incentive	MAC	CS1	N	N	P7984	B8617		
100/80/50/0, 80/60/50/0 1,500 Ann Max ¹	5+	Contributory	Incentive	MAC	CS9	N	N	A7984			

¹MAC plans are not available in MA or NJ.
²Only Indemnity plans available in ID and VI.
³Incentive plans are not available in AL, LA, MS and TX
⁴Only available in Washington.
 Dental plans do not have a waiting period.

Class Shifting Code	Description
CS0	No shifting - Simple Extractions, Endo, Perio, Oral Surgery ALL in BASIC (Class II)
CS1	Simple Extractions remain in BASIC (class II) Endo, Perio, and Oral Surgery move to MAJOR (class III)
CS4	Simple Extractions, Endo, Perio and Oral surgery ALL move to MAJOR (class III)
CS7	Simple Extractions and Oral surgery remain in BASIC (class II) Perio and Endo move to MAJOR (class III)
CS9	Exams, Bitewing Radiographs, Prophyls, Fluoride Treatment, Sealants are in P&D (class I) Full Mouth X-rays, Periapical x-rays and other x-rays, Lab and Other Diagnostic Tests, Casts/Models, Tests and Space Maintainers move to Basic (class II) Oral Surgery will be covered in Class III (Major) except Simple Extractions and Brush Biopsy they will remain in Class II (Basic). Endodontics will be covered in Class III (Major) except Partial Pulpotomy for Apexogenesis will remain in Class II (Basic). Periodontal Services will be covered in Class III (Major) except Periodontal maintenance will remain in Class II (Basic). General Anesthesia/Sedation and Occusal Guard will be covered in Class III (Major) and all other Adjunctive will remain in Class II (Basic)

Plan and Description	Number of Eligible	Contributory/Voluntary	Passive/Incentive ³	MAC/UCR	Class shifting code	Ortho/Max	CMM ¹	PPO Plan Codes			
								MAC and UCR			UCR Only
								All States Except ²	CO Version	MN Version	MA and NJ Only
100/80/50/0, 80/60/50/0 1,500 Ann Max	5+	Contributory	Incentive	UCR at 85th	CS1	N	N		B8381		
100/100/60/0, 80/80/50/0 1,500 Ann Max ¹	5+	Contributory	Incentive	MAC	CS0	N	N		B9851		
100/80/50/0, 1,500 Ann Max	5+	Voluntary	Passive	UCR at 90th	CS0	N	Y	P7088 ⁴			
100/80/50/0, 1,500 Ann Max	5+	Voluntary	Passive	UCR at 90th	CS1	N	Y	P5426			P5426
100/80/50/0, 1,500 Ann Max ¹	5+	Voluntary	Passive	MAC	CS9	N	N	5A445			
100/80/50/50, No Annual Max ¹	5+	Voluntary	Passive	MAC	CS9	\$1,000- Child Only	N	1P799			
100/80/50/50, 1,500 Ann Max ¹	5+	Contributory	Passive	MAC	CS0	\$1,500- Child Only	N	P0206	B8390	1P720	
100/80/50/50, 1,500 Ann Max	5+	Contributory	Passive	UCR at 90th	CS0	\$1,500- Child Only	Y	P4884	B8489	P5282	P4884
100/80/50/50, \$1,500 Ann Max with implants	5+	Contributory	Passive	UCR at 90th	CS0	\$1,500- Child Only	N	X4884			X4884
100/80/50/50, 1,500 Ann Max ¹	5+	Voluntary	Passive	MAC	CS0	\$1,000- Child Only	Y	P5424	1B832	1P723	
100/80/50/50, 1,500 Ann Max ¹ with implants	5+	Voluntary	Passive	MAC	CS1	\$1,000- Adult and Child	Y	P9226			
100/80/50/50, 1,500 Ann Max with implants	5+	Voluntary	Passive	UCR at 90th	CS0	\$1,500- Child Only	Y	X7089			X7089
100/80/50/50, 1,500 Ann Max	5+	Voluntary	Passive	UCR at 85th	CS0	N	Y	P3388	B3388	1P733	P3388
100/80/50/0, 2,000 Ann Max ¹	5+	Voluntary	Passive	MAC	CS0	N	Y		1B878		
100/80/50/50, 2,000 Ann Max ¹	5+	Contributory	Passive	MAC	CS0	\$1,500- Adult and Child	Y	P9648	1B647		
100/100/60/50, 100/80/50/50, 2,000 Ann Max ¹	5+	Voluntary	Incentive	MAC	CS7	\$1,500- Child Only	N	P9060			
100/80/50/0, 5,000 Ann Max ¹ with implants	5+	Contributory	Passive	MAC	CS9	N	N	1X754			
100/80/50/0, 5,000 Ann Max ¹ with implants	5+	Voluntary	Passive	MAC	CS9	N	N	1X750			

Dental INO Network Only Plan Offering

Plan and Description	Number of Eligible	Contributory/Voluntary	Passive/Incentive ³	MAC/UCR	Class shifting code	Ortho/Max	CMM ¹	All States Except ²	CO Version	MN Version	MA and NJ Only
INO Plan/Network Only: 100/80/50/50, 1,500 Ann Max	5+	Contributory	Coinurance	MAC	CS0	\$1,000- Adult and Child	Y		BIN07		

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 Dental plans do not have a waiting period.

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CS7	Simple Extractions and Oral surgery remain in BASIC (class II) Perio and Endo move to MAJOR (class III)
CS9	Exams, Bitewing Radiographs, Prophyls, Fluoride Treatment, Sealants are in P&D (class I) Full Mouth X-rays, Periapical x-rays and other x-rays, Lab and Other Diagnostic Tests, Casts/Models, Tests and Space Maintainers move to Basic (class II) Oral Surgery will be covered in Class III (Major) except Simple Extractions and Brush Biopsy they will remain in Class II (Basic). Endodontics will be covered in Class III (Major) except Partial Pulpotomy for Apexogenesis will remain in Class II (Basic). Periodontal Services will be covered in Class III (Major) except Periodontal maintenance will remain in Class II (Basic). General Anesthesia/Sedation and Occusal Guard will be covered in Class III (Major) and all other Adjunctive will remain in Class II (Basic)

Consumer MaxMultiplier® Design-Specific Plan Options

Original Annual Maximum	Original Claim Threshold	Annual Account Award	Annual Network Bonus	Annual Network + Bonus Maximum	Consumer MaxMultiplier Account Limit	Total Annual Maximum Plus Account Limit
\$500	\$250	\$125	\$100	\$225	\$500	\$1,000
\$700	\$250	\$125	\$100	\$225	\$700	\$1,400
\$750	\$250	\$125	\$100	\$225	\$750	\$1,500
\$1,000	\$500	\$250	\$100	\$350	\$1,000	\$2,000
\$1,200	\$500	\$250	\$100	\$350	\$1,200	\$2,400
\$1,250	\$500	\$250	\$100	\$350	\$1,250	\$2,500
\$1,500	\$750	\$400	\$100	\$500	\$1,500	\$3,000

Dual Option Dental

Valid	Not Valid
1P800 and 1P801	1P802 and P4878
1P803 and P4884	P4884 and 1P804
P4884 and P0206	1P808 and P3383

Employee Participation Requirements for contributory dental plans (voluntary plans have a 2 minimum enrolled participation requirement): At least 75 percent participation of eligible employees less valid waivers, not to fall below 50 percent of total eligible employees.

All Savers requires a minimum number of quote eligible of 5 for all dental plans.

Dental Indemnity Plan Offerings

								Indemnity Plans
Plan and Description	Number of Eligible	UCR Level	Class Shifted	Ortho	Simple Extractions	CMM	WP Y/N	ID and VI ³
								Plan Code
Contrib UCR, 100/80/50/0, 1,000 Ann Max	5+	85th	Y	N	In Basic	Y	N	I1890
Contrib UCR, 100/80/50/0, 1,000 Ann Max	5+	85th	N	N	In Basic	Y	N	I1891
Contrib UCR, 100/80/50/0, 1,500 Ann Max	5+	85th	N	N	In Basic	Y	N	I1892
Vol UCR, 100/80/50/0, 1,000 Ann Max	5+	85th	Y	N	In Basic	Y	N	I1893
Vol UCR, 100/80/50/0, 1,500 Ann Max	5+	85th	Y	N	In Basic	Y	N	I1894
Contrib UCR, 100/80/50/50, 1,000 Ann Max, \$1,000 Ortho	5+	85th	Y	Y	In Basic	Y	N	I1325
Contrib UCR, 100/80/50/50, 1,500 Ann Max, \$1,000 Ortho	5+	85th	N	Y	In Basic	Y	N	I1323
Vol UCR, 100/80/50/50, 1,000 Ann Max, \$1,000 Ortho	5+	85th	Y	Y	In Basic	Y	N	I1210
Vol UCR, 100/80/50/50, 1,500 Ann Max, \$1,000 Ortho	5+	85th	N	Y	In Basic	Y	N	I1208

Consumer MaxMultiplier Design-Specific Plan Options						
Original Annual Maximum	Original Claim Threshold	Annual Account Award	Annual Network Bonus	Annual Network + Bonus Maximum	Consumer MaxMultiplier Account Limit	Total Annual Maximum Plus Account Limit
\$500	\$250	\$125	\$100	\$225	\$500	\$1,000
\$700	\$250	\$125	\$100	\$225	\$700	\$1,400
\$750	\$250	\$125	\$100	\$225	\$750	\$1,500
\$1,000	\$500	\$250	\$100	\$350	\$1,000	\$2,000
\$1,200	\$500	\$250	\$100	\$350	\$1,200	\$2,400
\$1,250	\$500	\$250	\$100	\$350	\$1,250	\$2,500
\$1,500	\$750	\$400	\$100	\$500	\$1,500	\$3,000

³Indemnity plans are only available in ID and VI.

Vision Plan Offerings

Plan #	Contribution	Exam/Lenses/Frames (months)	Copay	Frame Allowance	Contact Lens Allowance
V1012	Employee Core/Vol Dependents	12/12/24	\$10/\$25	\$130	\$105
V1010	Employee Core/Vol Dependents	12/12/12	\$10/\$25	\$130	\$105
V1043	Vol	12/12/24	\$15/\$30	\$130	\$105
V1008	Vol	12/12/24	\$10/\$25	\$130	\$105
V1006	Vol	12/12/12	\$10/\$25	\$130	\$105

Employee Core/Voluntary Dependents means Employee coverage = ER paid.
 Dependent coverage = Voluntary (no employer contribution for the dependent coverage).

Out-of-Network Reimbursement for All Plans Above:	
Eye Exam	Up to \$40
Eyeglass Lenses	
Single Vision	Up to \$40
Bifocal	Up to \$60
Trifocal	Up to \$80
Lenticular	Up to \$80
Frames	Up to \$45
Elective Contact Lenses	
Covered Contact Lens Selection	Up to \$105
All Other Elective Contacts	Up to \$105
Medically Necessary Contact Lenses	Up to \$210

Employee Participation Requirements for Employee Core/Vol Dependents plans (Vol plans do not have participation requirements): At least 75 percent participation of eligible employees less valid waivers, not to fall below 50 percent of total eligible employees.

Minimum number of eligible is 5 for all Vision plans.

Basic Employee Life and AD&D Plan Offerings

Basic Employee Life and AD&D	
Case Requirements	
Availability	<ul style="list-style-type: none"> Must be sold with Medical Selected types of businesses are ineligible (see SIC code list)
Employee Participation Requirements	<ul style="list-style-type: none"> Non-Contributory: 100%
Employer Contributions	<ul style="list-style-type: none"> Non-Contributory: 100% employer paid
Rating Methodology	<ul style="list-style-type: none"> Composition Rates 24-Month Rate Guarantee
Eligibility Requirements	
Eligibility Waiting Period	<ul style="list-style-type: none"> The 1st of the month after date of hire The date of hire Waiting Period: X or 1st of month after X, where X = 30 days, 60 days, 90 days May be expressed in months
Minimum Number of Hours	<ul style="list-style-type: none"> Full time = 20 hours/week
Open Enrollment	<ul style="list-style-type: none"> Not available to Small Business
Benefit Specifics	
Benefit Amount – Flat	<ul style="list-style-type: none"> \$25,000 to plan maximum in \$5,000 increments
Plan Maximums	<ul style="list-style-type: none"> 5-9: \$50,000 10-19: \$175,000 20-50: \$250,000 51-99: \$350,000
Guarantee Issue	<p>Groups with:</p> <ul style="list-style-type: none"> 5-9 eligible employees: \$25,000 10-19 eligible employees: \$50,000 20-50 eligible employees: \$100,000 51-99: \$175,000 or plan maximum
Age Reductions	<ul style="list-style-type: none"> 65% at 65; 50% at age 70
Waiver of Premium	<ul style="list-style-type: none"> Included: Must be disabled prior to age 60; premium waived to age 65
Accelerated Death	<ul style="list-style-type: none"> Included: 50% to \$50,000 12-month life expectancy
Conversion	<ul style="list-style-type: none"> May convert to an individual whole life insurance policy when losing life coverage under the group plan under certain circumstances
Portability	<ul style="list-style-type: none"> Not available
Suicide Limitations	<ul style="list-style-type: none"> None
AD&D Amounts	<ul style="list-style-type: none"> AD&D is always included with Basic Life Benefit amount matches the Basic Life benefit amount
AD&D Loss Periods	<ul style="list-style-type: none"> 90 days
Seatbelt Benefit	<ul style="list-style-type: none"> Seatbelt: 10% to \$10,000
Retiree Coverage	<ul style="list-style-type: none"> Not available

Discussion Points:

For Basic Life/AD&D, conversion to an individual life policy is required by state, and therefore arrangements must be made with an individual life insurance company to provide conversion policies. UHIC currently uses Gerber Life to issue individual conversion policies.



This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

This policy DOES NOT include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, agent, 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.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008-TX and in Virginia on LASDPOL (05/03) and UHCLD-POL 2/2008. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except MA, MN and NJ), UnitedHealthcare Insurance Company in MA and MN, and UnitedHealthcare Life Insurance Company in NJ. 3100 AMS Blvd., Green Bay, WI 54313, 1-800-291-2634.

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