Specialty Benefit Solutions
Classic DHMO Package Summary

With Specialty Benefit Solutions (SBS), members receive insured dental and vision services, a basic life insurance benefit, WorkLife services and health discounts. This package is available as a contributory (employer-paid) or voluntary (employee-paid) offering.1 Below is a listing of the benefits and services.

<table>
<thead>
<tr>
<th>Dental²</th>
<th>Contributory (employer-paid)</th>
<th>Voluntary (employee-paid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>Dental HMO</td>
<td>Dental HMO</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic</td>
<td>Most services, no charge</td>
<td>Most services, no charge</td>
</tr>
<tr>
<td>Minor Restorative</td>
<td>25%-65% savings</td>
<td>25%-65% savings</td>
</tr>
<tr>
<td>Endodontics/Periodontics/Oral Surgery</td>
<td>25%-65% savings</td>
<td>25%-65% savings</td>
</tr>
<tr>
<td>Major Care</td>
<td>25%-65% savings</td>
<td>25%-65% savings</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$2,250 member copay</td>
<td>$2,250 member copay</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Waiting Periods</td>
<td>No waiting period</td>
<td>No waiting period</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exams (every 12 months)</td>
<td>$30 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Materials</td>
<td>$50 Materials copayment covers lenses and frames combined or contact lenses</td>
<td>See materials coverage – frames, lenses, contacts</td>
</tr>
<tr>
<td>Lenses (every 12 months)</td>
<td>Standard scratch-resistant lenses included in Materials copay</td>
<td>Single – Up to $40 Bifocal – Up to $60 Trifocal/Lenticular – Up to $80</td>
</tr>
<tr>
<td>Frames (every 24 months)</td>
<td>$130 retail frame allowance applied to the cost of frames, plus 30% discount off frame cost above the allowance at participating network locations³</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Contacts (every 12 months)</td>
<td>Selection contact lenses included in Materials copay⁴</td>
<td>Up to $105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Life/AD&amp;D Insurance</th>
<th>Contributory</th>
<th>Voluntary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Employee Life/AD&amp;D</td>
<td>$15,000</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

  • Accelerated death benefit provides an advanced payout of benefits for covered persons who are terminally ill and not expected to live for more than one year.
  • Waiver of premium included for disabled employees prior to age 60.
  • Under certain circumstances, conversion to an individual life insurance policy may be available.
  • AD&D seat belt benefit pays an additional percentage of AD&D benefit, up to $10,000.
  • Beneficiary Services offers grief consultation and financial/legal assistance services, including 24/7 phone line, referrals for face-to-face counseling and access to credentialed clinicians, financial consultants and attorneys.
  • Travel Assistance Services for domestic and foreign travelers with a variety of emergency travel-related services, such as medical assistance and emergency transportation.
  • Will and Trust Preparation Services provides access to information on will preparation.

WorkLife Services
Support services include unlimited telephonic consultation and referrals, online resources, services and educational resources including Child/Parenting Support services, Adult/Elder Support services, Chronic Condition Support services and much more.

Health Discount Program
• 18%-20% savings at retail pharmacies; even more savings through the mail order service.15 to 40% savings on non-covered vision care needs
• 10 to 35% savings on non-covered dental care needs
• 20% savings on complementary and alternative care
• Discounts on fitness clubs, weight management programs and nutrition counseling
• 10 to 30% savings on long-term care services
• 10 to 50% off MSRP on hearing aids and ancillary products
• 20 to 30% savings on reproductive care services
• Discounts at dozens of online health and wellness retailers

¹ Contributory plans require 75% participation less valid waivers, not to fall below 50% with a minimum 50% employer contribution. If the employer pays 100% of the premium cost, all eligible employees must be covered except those who provide valid waivers. Voluntary plans require a minimum of two enrollees with a minimum 51% employee contribution. Guidelines may vary based on state requirements.

² DHMO has no coverage outside the network.

³ Not all providers may offer this discount. Please contact your provider to see if they participate.

⁴ You may purchase from your Network Provider contact lenses that are outside of the Covered Contact Lens Selection. Non-selection contact lenses will receive an allowance of $105.
Dental Exclusions and Limitations

Dental Services described in this section are covered when such services are:

A. Necessary
B. Provided by or under the direction of a dentist or other appropriate provider as specifically described
C. The least costly, clinically accepted treatment
D. Not excluded as described in the Section entitled, General Exclusions

General Limitations

1. Any oral evaluation is limited to one (1) time in any consecutive six-month period at no charge. All subsequent oral evaluations will be at a 25% discount off the doctor's usual and customary fee without a frequency limitation.
2. Bitewing X-rays (2-4 films) are limited to one set in any consecutive 12-month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one in any consecutive six-month period. Any additional procedures will follow D1110 and D4910 member copayments as listed in the schedule of benefits.
4. Fluoride treatment is limited to one (1) in any consecutive 12-month period for children under the age of 16.
5. Sealants are limited to one (1) time per tooth in any consecutive three-year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
6. Space maintainers and all adjustments are limited to children under the age of 16.
7. Holistic habit applications are limited to one (1) time per person under the age of 16.
8. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
9. Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health or experimental in nature, as determined by the participating Solstice dentist.
10. Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.

Vision Exclusions

The following services and materials are excluded from coverage under the policy:

1. Non-prescription items (e.g., Planos lenses)
2. Services that the covered person, without cost, obtains from any governmental organization or program
3. Services for which the covered person may be compensated under workers' compensation law, or other similar employer liability law
4. Any eye examination required by an employer as a condition of employment, by virtue of a labor agreement, a government body, or agency
5. Medical or surgical treatment for eye disease, which requires the services of a physician
6. Expenses incurred prior to meeting the deductible
7. Expenses incurred in excess of the maximum annual benefit
8. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
9. Replacement or repair of lenses and/or frames that have been lost or broken
10. Optional lens extras not listed in the Table of Benefits
11. Missed appointment charges
12. Additional cost to patient is as follows:
   - High noble metal (precious) up to $130
   - Noble metal (semi-precious) up to $110
   - Predominantly base metal (non-precious) up to $55
   - Crown laboratory fees up to $125
   - Laboratory fees on dentures up to $200
   - Porcelain laboratory fees for D2610-D2644 and D2992 up to $50
   - Denture repair laboratory fees up to $40

Life and Accidental Death and Dismemberment

Benefits Exclusions and Limitations

An Accidental Death and Dismemberment benefit will not be paid for any loss caused directly or indirectly by:

1. Disease, bodily or mental infirmity, or medical or surgical treatment of these
2. Suicide or intentionally self-inflicted injury, while sane or insane
3. Participation in a riot or insurrection, or commission of an assault or felony
4. War or any act of war, declared or undeclared
5. Use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a Physician
6. Driving while intoxicated, as defined by the applicable state law where the loss occurred
7. Engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, mountain climbing, Russian roulette, autoerotic asphyxiation or bungee jumping
8. Injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which the covered person is entitled to benefits under any workers compensation law, employers, liability law or similar law, unless this insurance is issued on an occupational (24-hour) basis as shown in the Schedule of Benefits
9. Travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people

* Some limitations may be modified or omitted as a result of certain state regulations or requirements.

Disclosure: The Health Discount Program is administered by HealthAllies®, Inc., a discount medical plan organization. The Health Discount Program is NOT insurance. The discount program provides discounts at certain health care providers for medical services. The discount program does not make payments directly to the providers of medical services. The discount program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc. is located at P.O. Box 10340, Glendale, CA, 91209, 1-800-860-8773, www.healthallies.com, ohacustomercare@optumhealth.com.

UnitedHealthcare Dental® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, CT, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX (11/15/2000) and associated COC form number DCOCR.06.TX.

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, CT, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06 and associated COC form number VCOC.INT.06.TX.

The Packaged Savings® Program is not available for this product.

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