

OBMSM Basic Specialty Option Summary Sheet

SUMMARY

With the OBM Basic Specialty Option, Members receive insured preventive dental services, discounted vision services, in addition to EAP with WorkLife Services and Health Discounts. Please see below for a list of some of the benefits and services that are included.

DENTAL	In-Network	Out-of-Network (MAC)
Coinsurance (Preventive/Basic/Major)	100% / Discount% / Discount%	100%/0%/0%
Annual Maximum	\$1,000	\$1,000
Deductible (Single/Family)	\$0/\$0	\$0/\$0
Preventive & Diagnostic Care	100%	100%
Basic Care		
Minor Restorative	Discount through UnitedHealth Allies	0%
Endodontics / Periodontics / Oral Surgery	Discount through UnitedHealth Allies	0%
Major Care		
Crowns, Bridges and Dentures	Discount through UnitedHealth Allies	0%
Waiting Periods	N/A	N/A

Out-of-network dental benefits are paid based on UnitedHealthcare Dental's Maximum Allowable Charge (MAC) schedule.

VISION	In-Network	Out-of-Network
Eye Exam	\$10 copayment; every 12 months	Not available
Frames	30% off retail frame price	Not available
Lenses	\$45/\$65/\$95 copayment	Not available
Contact lenses	20% Discount	Not available
Materials Frequency	Unlimited	Not available

EAP WITH WORKLIFE SERVICES

Support services that offer consultation and referrals, online resources and services, and educational resources on a wide variety of subjects, including Child/Parenting Support Services, Adult/Elder Support Services, Chronic Condition Support Services and much more.

Health Value Discounts

A discount program offering savings of 5% to 50% on health-related products and services:

- Vision (eye exams, LASIK eye surgery, optical products) 5% - 50%
- Dental (general dental, cosmetic dentistry, orthodontia) 10% -35%
- Alternative Medicine (chiropractic, massage therapy, acupuncture) 20%
- Wellness (fitness, smoking cessation, weight management, nutrition) 10% - 50%
- Long Term Care (home health care, DME, hospice) 5% - 30%
- Hearing (testing and hearing devices) 20%-60% off MSRP
- Infertility (In-vitro fertilization, fertility medications) 12%-33% off

Please note: This is a sample summary provided for informational purposes only. Coverage is subject to the terms and conditions of the Member Certificate provided by the third-party vendor, or other applicable Member benefit information.

OBMSM Preferred Specialty Option Summary Sheet

SUMMARY

The OBM Preferred Specialty Option is a mid-priced plan with fully insured dental and vision components, in addition to EAP with WorkLife Services and Health Discounts. Please see below for a list of some of the benefits and services that are included.

DENTAL	In-Network	Out-of-Network (MAC)
Coinsurance (Preventive/Basic/Major)	100%/50%/50%	100%/50%/50%
Annual Maximum	\$1,000 (\$1,500 option)	\$1,000 (\$1,500 option)
Deductible (Single/Family)	\$50/\$150	\$50/\$150
Preventive & Diagnostic Care	100%	100%
Basic Care		
Minor Restorative	50%	50%
Endodontics / Periodontics / Oral Surgery	50%	50%
Major Care		
Crowns, Bridges and Dentures	50%	50%
Orthodontia (optional)	Covered 50%; \$1,000 lifetime maximum. 10 enrolling	Covered 50%; \$1,000 lifetime maximum. 10 enrolling
Waiting Periods (Major Care and Orthodontia)	12 months for Connecticut and New Jersey; 6 months for New York	12 months for Connecticut and New Jersey; 6 months for New York

Out-of-network dental benefits are paid based on UnitedHealthcare Dental's Maximum Allowable Charge (MAC) schedule.

VISION	In-Network	Out-of-Network
Eye Exam (once every 12 months)	\$20 copayment	Up to a \$20 reimbursement
Materials	A \$50 materials copayment at time of service covers either frames & lenses OR contact lenses.	
Frames (once every 24 months)	Included in \$50 materials copay; \$70 retail frame allowance applied to cost of the frames, plus 30% discount off frame cost above the allowance at participating network locations*.	Up to a \$25 reimbursement
Lenses (once every 12 months)	Standard lenses included in \$50 materials copayment	Up to a \$20 - \$40 reimbursement
Contact Lenses (every 12 months)	Covered-in-full contact lenses included in \$50 materials copayment	Up to a \$55 reimbursement

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

EAP WITH WORKLIFE SERVICES

Support services that offer consultation and referrals, online resources and services, and educational resources on a wide variety of subjects, including Child/Parenting Support Services, Adult/Elder Support Services, Chronic Condition Support Services and much more.

Health Value Discounts

A discount program offering savings of 5% to 50% on health-related products and services:

- Vision (eye exams, LASIK eye surgery, optical products) 5% - 50%
- Dental (general dental, cosmetic dentistry, orthodontia) 10% -35%
- Alternative Medicine (chiropractic, massage therapy, acupuncture) 20%
- Wellness (fitness, smoking cessation, weight management, nutrition) 10% - 50%
- Long Term Care (home health care, DME, hospice) 5% - 30%
- Hearing (testing and hearing devices) 20%-60% off MSRP
- Infertility (In-vitro fertilization, fertility medications) 12%-33% off

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OBMSM Voluntary Specialty Option Summary Sheet

SUMMARY

The OBM Voluntary Specialty Option offers a higher priced plan with fully insured dental and vision components, in addition to EAP with WorkLife services and Health Discounts on a Voluntary basis. Please see below for a list of some of the benefits and services that are included.

DENTAL	In-Network	Out-of-Network (MAC)
Coinsurance (Preventive/Basic/Major)	100%/80%/50%	80%/60%/50%
Annual Maximum	\$1,000 (\$1,500 option)	\$1,000 (\$1,500 option)
Deductible (Single/Family)	\$50/\$150	\$50/\$150
Preventive & Diagnostic Care	100%	80%
Basic Care		
Minor Restorative	80%	60%
Major Care		
Crowns, Bridges and Dentures	50%	50%
Endodontics / Periodontics / Oral Surgery	50%	50%
Orthodontia (optional)	Covered 50%; \$1,000 lifetime maximum. 10 enrolling	Covered 50%; \$1,000 lifetime maximum. 10 enrolling
Waiting Periods (Major Care and Orthodontia)	12 months for Connecticut and New Jersey; 6 months for New York	12 months for Connecticut and New Jersey; 6 months for New York

Out-of-network dental benefits are paid based on UnitedHealthcare Dental's Maximum Allowable Charge (MAC) schedule.

VISION	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$20 copayment	Up to a \$20 reimbursement
Materials	A \$50 materials copayment at time of service covers either frames & lenses OR contact lenses.	
Frames (every 24 months)	Included in \$50 materials copay; \$70 retail frame allowance applied to cost of the frames, plus 30% discount off frame cost above the allowance at participating network locations*.	Up to a \$25 reimbursement.
Lenses (once every 12 months)	Standard lenses included in \$50 materials copayment	Up to a \$20 - \$40 reimbursement
Contact Lenses (every 12 months)	Covered-in-full contact lenses included in \$50 materials copayment	Up to a \$55 reimbursement

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

EAP WITH WORKLIFE SERVICES

Support services that offer consultation and referrals, online resources and services, and educational resources on a wide variety of subjects, including Child/Parenting Support Services, Adult/Elder Support Services, Chronic Condition Support Services and much more.

Health Value Discounts

A discount program offering savings of 5% to 50% on health-related products and services:

- Vision (eye exams, LASIK eye surgery, optical products) 5% - 50%
- Dental (general dental, cosmetic dentistry, orthodontia) 10% -35%
- Alternative Medicine (chiropractic, massage therapy, acupuncture) 20%
- Wellness (fitness, smoking cessation, weight management, nutrition) 10% - 50%
- Long Term Care (home health care, DME, hospice) 5% - 30%
- Hearing (testing and hearing devices) 20%-60% off MSRP
- Infertility (In-vitro fertilization, fertility medications) 12%-33% off

Please note: This is a sample summary provided for informational purposes only. Coverage is subject to the terms and conditions of the Member Certificate provided by the third-party vendor, or other applicable Member benefit information.

OBMSM Elite Specialty Option Summary Sheet

SUMMARY

The OBM Elite Specialty Option offers a higher priced plan with fully insured dental and vision components, in addition to EAP with WorkLife services and Health Discounts on a Voluntary basis. Please see below for a list of some of the benefits and services that are included.

DENTAL	In-Network	Out-of-Network (MAC)
Coinsurance (Preventive/Basic/Major)	100%/80%/50%	100%/80%/50%
Annual Maximum	\$1,000 (\$1,500 option)	\$1,000 (\$1,500 option)
Deductible (Single/Family)	\$50/\$150	\$50/\$150
Preventive & Diagnostic Care	100%	100%
Basic Care		
Minor Restorative	80%	80%
Endodontics / Periodontics / Oral Surgery	80%	80%
Major Care		
Crowns, Bridges and Dentures	50%	50%
Orthodontia (optional)	Covered 50%; \$1,000 lifetime maximum. 10 enrolling	Covered 50%; \$1,000 lifetime maximum. 10 enrolling
Waiting Periods (Major Care and Orthodontia)	12 months for Connecticut and New Jersey; 6 months for New York	12 months for Connecticut and New Jersey; 6 months for New York

Out-of-network dental benefits are paid based on UnitedHealthcare Dental's Maximum Allowable Charge (MAC) schedule.

VISION	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$20 copayment	Up to a \$20 reimbursement
Materials	A \$50 materials copayment at time of service covers either frames & lenses OR contact lenses.	
Frames (every 24 months)	Included in \$50 materials copay; \$70 retail frame allowance applied to cost of the frames, plus 30% discount off frame cost above the allowance at participating network locations*.	Up to a \$25 reimbursement
Lenses (once every 12 months)	Standard lenses included in \$50 materials copayment	Up to a \$20 - \$40 reimbursement
Contact Lenses (every 12 months)	Covered-in-full contact lenses included in \$50 materials copayment	Up to a \$55 reimbursement

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

EAP WITH WORKLIFE SERVICES

Support services that offer consultation and referrals, online resources and services, and educational resources on a wide variety of subjects, including Child/Parenting Support Services, Adult/Elder Support Services, Chronic Condition Support Services and much more.

Health Value Discounts

A discount program offering savings of 5% to 50% on health-related products and services:

- Vision (eye exams, LASIK eye surgery, optical products) 5% - 50%
- Dental (general dental, cosmetic dentistry, orthodontia) 10% -35%
- Alternative Medicine (chiropractic, massage therapy, acupuncture) 20%
- Wellness (fitness, smoking cessation, weight management, nutrition) 10% - 50%
- Long Term Care (home health care, DME, hospice) 5% - 30%
- Hearing (testing and hearing devices) 20%-60% off MSRP
- Infertility (In-vitro fertilization, fertility medications) 12%-33% off

Please note: This is a sample summary provided for informational purposes only. Coverage is subject to the terms and conditions of the Member Certificate provided by the third-party vendor, or other applicable Member benefit information.

OBMSM Incentive Specialty Option Summary Sheet

SUMMARY

The OBM Incentive Specialty Option offers a higher priced plan with fully insured incentive dental and vision components, in addition to EAP with WorkLife services and Health Discounts on a Voluntary basis. Please see below for a list of some of the benefits and services that are included.

DENTAL	In-Network	Out-of-Network (UCR)
Coinurance (Preventive/Basic/Major)	100%/80%/50%	90%/70%/50%
Annual Maximum	\$1,000 (\$1,500 option)	\$1,000 (\$1,500 option)
Deductible (Single/Family)	\$50/\$150	\$50/\$150
Preventive & Diagnostic Care	100%	90%
Basic Care		
Minor Restorative	80%	70%
Endodontics / Periodontics / Oral Surgery	80%	70%
Major Care		
Crowns, Bridges and Dentures	50%	50%
Orthodontia (optional)	Covered 50%; \$1,000 lifetime maximum. 10 enrolling	Covered 50%; \$1,000 lifetime maximum. 10 enrolling
Waiting Periods (Major Care and Orthodontia)	12 months for Connecticut and New Jersey; 6 months for New York	12 months for Connecticut and New Jersey; 6 months for New York

Out-of-network dental benefits are paid based on the usual and customary rates prevailing in the geographic area in which expenses are incurred.

VISION	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$20 copayment	Up to a \$20 reimbursement
Materials	A \$50 materials copayment at time of service covers either frames & lenses OR contact lenses.	
Frames (every 24 months)	Included in \$50 materials copay; \$70 retail frame allowance applied to cost of the frames, plus 30% discount off frame cost above the allowance at participating network locations*.	Up to a \$25 reimbursement.
Lenses (once every 12 months)	Standard lenses included in \$50 materials copayment	Up to a \$20 - \$40 reimbursement
Contact Lenses (every 12 months)	Covered-in-full contact lenses included in \$50 materials copayment	Up to a \$55 reimbursement

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

EAP WITH WORKLIFE SERVICES

Support services that offer consultation and referrals, online resources and services, and educational resources on a wide variety of subjects, including Child/Parenting Support Services, Adult/Elder Support Services, Chronic Condition Support Services and much more.

Health Value Discounts

A discount program offering savings of 5% to 50% on health-related products and services:

- Vision (eye exams, LASIK eye surgery, optical products) 5% - 50%
- Dental (general dental, cosmetic dentistry, orthodontia) 10% -35%
- Alternative Medicine (chiropractic, massage therapy, acupuncture) 20%
- Wellness (fitness, smoking cessation, weight management, nutrition) 10% - 50%
- Long Term Care (home health care, DME, hospice) 5% - 30%
- Hearing (testing and hearing devices) 20%-60% off MSRP
- Infertility (In-vitro fertilization, fertility medications) 12%-33% off

Please note: This is a sample summary provided for informational purposes only. Coverage is subject to the terms and conditions of the Member Certificate provided by the third-party vendor, or other applicable Member benefit information.

OBMSM Premier Specialty Option Summary Sheet

SUMMARY

The OBM Premier Specialty Option offers the richest dental and vision components, in addition to EAP with WorkLife services and Health Discounts on a Voluntary basis. Please see below for a list of some of the benefits and services that are included.

DENTAL	In-Network	Out-of-Network (UCR)
Coinurance (Preventive/Basic/Major)	100%/80%/50%	100%/80%/50%
Annual Maximum	\$1,000 (\$1,500 option)	\$1,000 (\$1,500 option)
Deductible (Single/Family)	\$50/\$150	\$50/\$150
Preventive & Diagnostic Care	100%	100%
Basic Care		
Minor Restorative	80%	80%
Endodontics / Periodontics / Oral Surgery	80%	80%
Major Care		
Crowns, Bridges and Dentures	50%	50%
Orthodontia (optional)	Covered 50%; \$1,000 lifetime maximum. 10 enrolling	Covered 50%; \$1,000 lifetime maximum. 10 enrolling
Waiting Periods (Major Care and Orthodontia)	12 months for Connecticut and New Jersey; 6 months for New York	12 months for Connecticut and New Jersey; 6 months for New York

Out-of-network dental benefits are paid based on the usual and customary rates prevailing in the geographic area in which expenses are incurred.

VISION	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$20 copayment	Up to a \$20 reimbursement
Materials	A \$50 materials copayment at time of service covers either frames & lenses OR contact lenses.	
Frames (every 24 months)	Included in \$50 materials copay; \$70 retail frame allowance applied to cost of the frames, plus 30% discount off frame cost above the allowance at participating network locations*.	Up to a \$25 reimbursement.
Lenses (once every 12 months)	Standard lenses included in \$50 materials copayment	Up to a \$20 - \$40 reimbursement
Contact Lenses (every 12 months)	Covered-in-full contact lenses included in \$50 materials copayment	Up to a \$55 reimbursement

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

EAP WITH WORKLIFE SERVICES

Support services that offer consultation and referrals, online resources and services, and educational resources on a wide variety of subjects, including Child/Parenting Support Services, Adult/Elder Support Services, Chronic Condition Support Services and much more.

Health Value Discounts

A discount program offering savings of 5% to 50% on health-related products and services:

- Vision (eye exams, LASIK eye surgery, optical products) 5% - 50%
- Dental (general dental, cosmetic dentistry, orthodontia) 10% -35%
- Alternative Medicine (chiropractic, massage therapy, acupuncture) 20%
- Wellness (fitness, smoking cessation, weight management, nutrition) 10% - 50%
- Long Term Care (home health care, DME, hospice) 5% - 30%
- Hearing (testing and hearing devices) 20%-60% off MSRP
- Infertility (In-vitro fertilization, fertility medications) 12%-33% off

Please note: This is a sample summary provided for informational purposes only. Coverage is subject to the terms and conditions of the Member Certificate provided by the third-party vendor, or other applicable Member benefit information.

Underwriting Guidelines

SUMMARY

The following is a summary of the Underwriting Guidelines that apply to Oxford Benefit ManagementSM (OBM) plans for dental products underwritten by United HealthCare Insurance Company and distributed by OBM. Please note: All employer groups must submit wage & tax information when enrolling. A wage and tax statement will not be required if the employer group has Oxford Health Plans or UnitedHealthcare medical coverage.

1. Eligibility Requirements

- ☐ Employees must actively work at least 30 hours per week on a full-time basis to be eligible for this plan.
- ☐ Eligible dependents include spouse and any children from birth through age 19.
- ☐ Children age 20 and older are eligible if they are dependent, full-time students under age 25 (26 for CT).

2. Effective Dates & Renewals

- ☐ Effective dates of coverage can only be the first of each month.
- ☐ Renewal dates will always be the first of the month.

3. Participation requirements

- ☐ For Contributory plans at least 75% of eligible employees (excluding spousal waivers) must be enrolled, not to fall below 50% of all eligible employees.
- ☐ Voluntary Plans require that at least two employees enroll.
- ☐ For orthodontia, an employer group must have a minimum of 10 enrolled employees. Orthodontia benefits are for dependent children only up to age 19. Dependent, full-time students are not eligible.

4. Employer Contribution

- ☐ For Contributory plans an employer must contribute at least 50% of the employee only premium (employers are not responsible for dependent premium).
- ☐ For Voluntary Plans, an employer can contribute 49% of the premium at most.

5. Excluded Industries

- ☐ All industries are eligible for coverage under the OBM plans.
- ☐ Private households are not eligible. (SIC Codes: 8800, 8810, and 8811)

6. Waiting Periods for New and Takeover Plans

- ☐ The following waiting periods apply for all groups sized 2 to 99 lives for major and orthodontic services in the OBMSM Preferred Specialty Option, OBMSM Voluntary Specialty Option, OBMSM Elite Specialty Option, OBMSM Incentive Specialty Option and OBMSM Premier Specialty Option.
- ☐ Endodontics, Periodontics and Oral Surgery are class shifted to Major Care in the OBM Voluntary Specialty Option.

New York

Major Services	6 months
Orthodontic Services	6 months

New Jersey and Connecticut

Major Services	12 months
Orthodontic Services	12 months

- ☐ For an additional charge, benefit waiting periods for new and takeover plans may be waived for existing employees and future hires.

7. Takeover benefits from a prior carrier

- The waiting period limitations will be waived if an insured was continuously covered under the group's prior insured dental plan for the same services within the same period of time as above. The employer group would need to supply a prior carrier bill, as well as Summary of Benefits document. For example, if a group had 12 months of prior coverage that included major and orthodontic services, the waiting period for all employees at the initial effective date of the group will be waived. Any new hires or late entrants would be subject to the waiting periods above.
- Employees enrolled under the prior dental carrier's plan will receive a deductible credit toward the new plan's deductible. Benefits paid from the prior carrier will be deducted from the maximum during the first plan year.

8. Late Entrants

- A late entrant is any person who becomes insured more than 31 days after he or she is eligible or becomes insured again after his or her insurance ended due to nonpayment of premium.
- Once a late entrant becomes insured, the plan will pay for covered preventive and basic services immediately; however, the plan will pay for covered major and orthodontic services after 12 months for Connecticut and New Jersey groups and after 6 months for New York groups. These waiting periods will be waived if eligible employees or dependents who initially waived coverage because they had coverage elsewhere now enroll because that coverage has terminated. Proof of prior coverage must accompany the UnitedHealthcare Dental and Spectera Member Enrollment Forms.

9. Pretreatment Review

If a dental examination reveals that treatment is expected to exceed \$200, the dentist must notify UnitedHealthcare Dental, via claim form, within 20 days of the exam. If requested, the dentist must provide dental x-rays, study models or other information necessary to evaluate the treatment plan for purposes of benefit determination.

The underwriting company will decide if the proposed treatment is covered under the policy and estimate the amount of payment. The estimate of benefits payable will be sent to the dentist and will be subject to all terms, conditions and provisions of the policy. If a treatment plan is not submitted, the covered person will be responsible for payment of any dental treatment not approved by UnitedHealthcare Dental. Clinical situations that cannot be effectively treated by a less costly, clinically acceptable alternative procedure will be assigned a benefit based on the less costly procedure.

Pretreatment review of benefits is not an agreement to pay for expenses. This review lets the covered person know in advance approximately what portion of the expenses will be considered for payment. No benefits will be paid for a dental service that is not begun within 90 days after the treatment plan notice is sent to the UnitedHealthcare Dental.

Please note: This is a sample summary of the Underwriting Guidelines provided for informational purposes only. For a complete listing, visit the Broker Site on www.oxfordbenefitmanagement.com