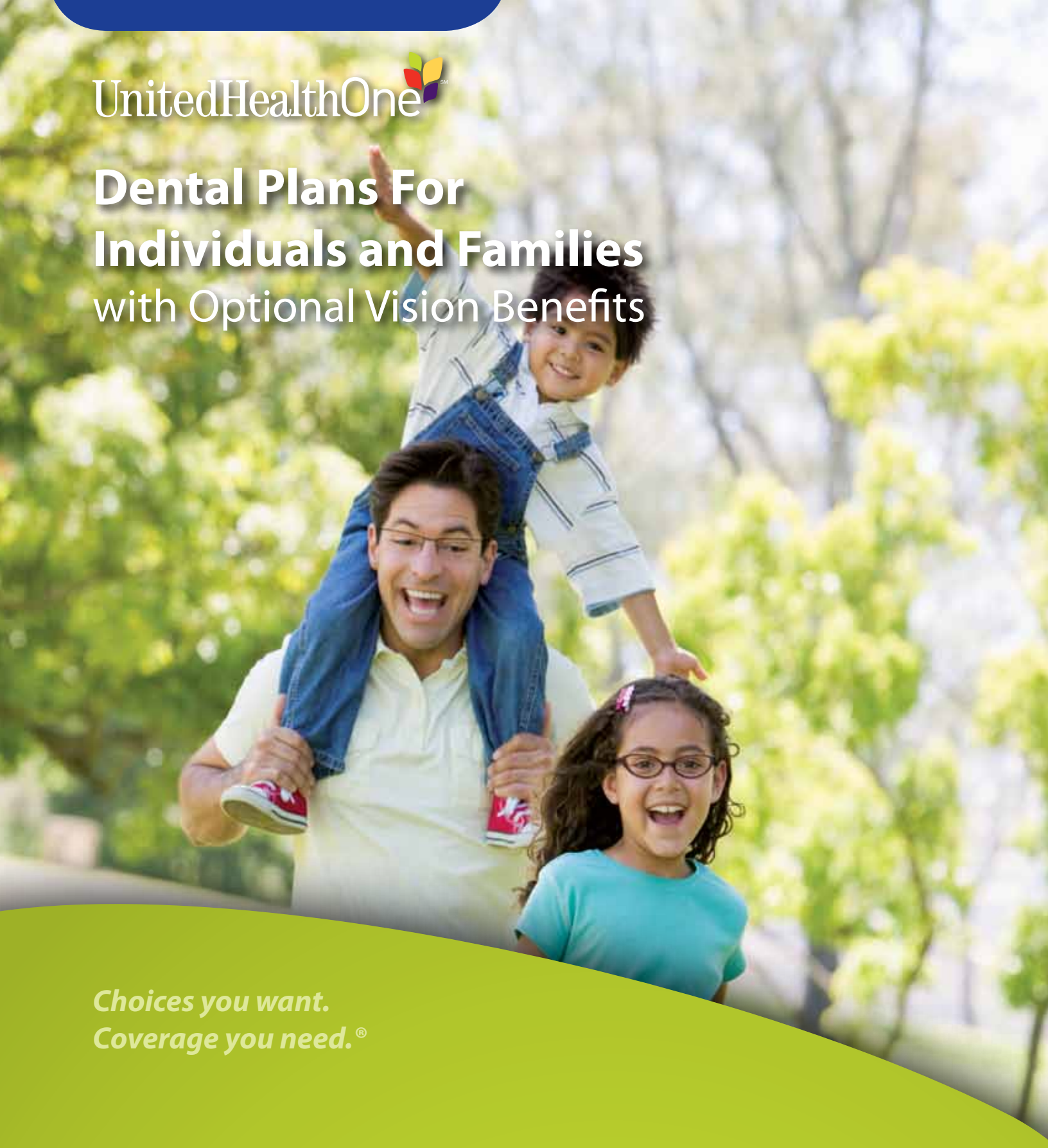

UnitedHealthOne℠

Dental Plans For Individuals and Families

with Optional Vision Benefits

Choices you want.
Coverage you need.®

UnitedHealthOne

UnitedHealthOne is a brand name used for products underwritten by Golden Rule Insurance Company. This product is administered by Dental Benefit Providers, Inc.

Policy Forms GRI-DEN1, -01, -02, -03, -04, -05, -06, -07, -08, -12, -13, -14, -15, -16, -17, -19, -23, -24, -25, -26, -30, -34, -35, -37, -39R, -40, -41, -42, -43, -45, -47, -48, -49 and GRI-DEN2-09.

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Something to Smile About

Keeping your smile beautiful doesn't have to be expensive. Our dental coverage can help keep you smiling brightly. We offer an extensive network of dental care providers that can provide you significant savings.

From dental cleanings to root canals, it can be difficult to predict how much money you're going to spend for your dental care — Our individual dental insurance plans provide you with the coverage you need to promote good dental health.

UnitedHealthcare Dental Benefit — Two Options to Choose From

UnitedHealthcare Dental Premier℠ Benefit

- Best option if your dentist is **not** in our network.
  Visit *www.myuhcdental.com/goldenrule* for a list of dentists.
- Pays more than *Dental Value* for care from non-network dentists.

UnitedHealthcare Dental Value℠ Benefit (not available in all areas)

- Best option if you use a network dentist.
  Visit *www.myuhcdental.com/goldenrule* for a list of dentists.
- Lowest premiums.

With both of our options, you can take advantage of:

- Preventive care covered at 100% with NO deductible or waiting period.
- Access to an extensive network that today has over 125,000 dentists!
- Two options with the flexibility of using in- and out-of-network dentists.
- A $50 calendar-year deductible per person (limited to 3 individual $50 deductibles per family for Basic Services and Major Services). Then we pay 80% for Basic Services and 50% for Major Services.*
- A calendar-year maximum benefit of $1,000 per covered person.

*Six-month waiting period for Basic Services. Twelve-month waiting period for Major Services.

Quality Coverage at Significant Savings

UnitedHealthcare Dental Network Savings Examples (as of February 2010)

	Procedure (ADA Code)	Dentists' Retail Charge	Both Options In-network You Pay	*Dental Premier* Out-of-network You Pay	*Dental Value* Out-of-network You Pay
Preventive	Adult Prophylaxis (D1110)	$ 82.00	$0	$ 4.00	$ 25.00
	Child Prophylaxis (D1120)	$ 63.00	$0	$ 4.00	$ 23.00
	Child Topical Application of Fluoride (D1203)	$ 40.00	$0	$ 5.00	$ 17.00
Basic	Amalgam One Surface, Primary or Permanent (D2140)	$160.00	$ 14.40	$ 40.80	$ 102.40
	Resin-Based Composite, One Surface Anterior (D2330)	$160.00	$ 18.00	$ 40.80	$ 88.00
	Resin-Based Composite, One Surface Posterior (D2391)	$179.00	$ 21.00	$ 51.00	$ 95.00
Major	Molar Root Canal (D3330)	$1,108.00	$367.00	$620.50	$741.00
	Removal of Impacted Tooth, Soft Tissue (D7220)	$ 314.00	$ 98.50	$157.00	$215.50

- Utilizing network dentists reduces costs under **both options** because these dentists have agreed to lower fees (network negotiated rate) for covered expenses.
- If you use an out-of-network dentist, ***Dental Premier*** pays benefits based on the reasonable and customary charge.
- If you use an out-of-network dentist, ***Dental Value*** pays benefits based on the network negotiated rate — which is usually less than the reasonable and customary charge.
- After benefits have been paid under the policy, an out-of-network dentist can bill a patient for any remaining amount up to the billed charge.

Fees in examples are based on national averages and network coverage for ZIP Code 432XX. This chart assumes $50 deductible has been satisfied.

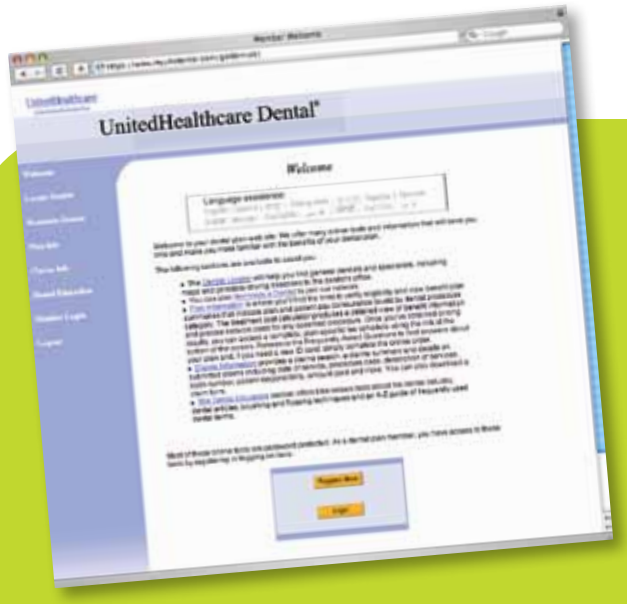
With Dental Coverage From UnitedHealthcare — You Have the Advantage.

With UnitedHealthcare dental coverage, your family has access to over 125,000 network dentists. The result can be significant discounts on quality care, and you never file a claim form. A healthy smile can be easier than you thought.

Preventive services have no waiting period and include oral evaluations, X-rays, prophylaxis (routine cleanings), fluoride treatment, sealants, and space maintainers.

Basic services have a 6-month waiting period and include simple (nonsurgical) extractions, emergency treatment to ease dental pain, amalgam fillings, and resin-based composite fillings.

Major services have a 12-month waiting period and include treatment for disease of the pulp (including root canals), bone and other tissues supporting the teeth, crowns, inlays, onlays, veneers, bridges, dentures, surgical extractions, and periodontal maintenance.



We're here to help you.

Use *www.myuhcdental.com/goldenrule* to:

- find a dentist in your area
- access your plan information
- see your claim status
- find general dental information, and more.

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You'll find complete coverage details in the policy.

Covered Expenses

Subject to all policy provisions, the following dental expenses are covered.

- Oral evaluations – two per calendar year.
- Routine cleaning – two per calendar year.
- Fluoride treatment, covered person under age 16 – two per calendar year.
- X-rays – once per calendar year.
- Simple (nonsurgical) extractions.
- Amalgam fillings and resin-based composite fillings.
- Stainless steel crowns on primary teeth.
- Space maintainers for premature loss of primary teeth, under age 16.
- Repair of dental work but not within 6 months of the initial placement and not more than once in any 12-month period.
- Root canals and pulpotomies on primary teeth.
- Treatment for disease of the gums and bone-supporting teeth – two per calendar year.
- Inlays, onlays, or veneers limited to one time per 60 consecutive months.
- First installation of bridgework to replace one or more lost functioning natural teeth.
- Full or partial dentures or overdentures, payable once every 5 years.
- Oral surgery, including: Alveoloplasty, Biopsy, Frenectomy, Incision and Drainage, Removal of a Benign Cyst, Removal of Exostosis, Root Recovery, Root Removal, Simple Extractions, Surgical Extraction of Erupted Teeth and Roots, and Surgical Extraction of Impacted Teeth.
- Sealants – once per first or second permanent molar every 36 months under age 16.

Definitions

- **Preventive services have no waiting period and include** oral evaluations, X-rays, prophylaxis (routine cleanings), fluoride treatment, sealants, and space maintainers.
- **Basic services have a 6-month waiting period and include** simple (nonsurgical) extractions, emergency treatment to ease dental pain, amalgam fillings, and resin-based composite fillings.
- **Major services have a 12-month waiting period and include** treatment for disease of the pulp (including root canals), bone and other tissues supporting the teeth, crowns, inlays, onlays, veneers, bridges, dentures, surgical extractions, and periodontal maintenance.

Exclusions

No benefits are payable for dental expenses which:

- Are for orthodontia; braces.
- Are for dental implants.
- Are for oral surgery, except as expressly provided for under the policy.
- Result from intoxication, as defined by applicable state law in the state where the illness or injury occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor. Not applicable in SD.
- Are in relation to, or incurred in conjunction with, investigational treatment.
- Are for jaw/joint problems or malposition of jaw bones except as provided for under the policy.
- Are for mouthguards; duplicate dentures; harmful habit appliances; replacement of lost or stolen appliances; sleep disorder appliance; and gold foil restorations.
- Result from or in the course of your employment for wage or profit. Applicable in FL & SD, if services are paid by workers' compensation.
- Are for cosmetic dentistry.
- Are for hospital or other facility charges and related anesthesia charges except if expressly provided for under the policy.
- Are for replacement of dental work which can be repaired or restored to natural function.
- Result from war, intentionally self-inflicted bodily harm (whether sane or insane — insane is not applicable for MO and MT), or participation in a felony (whether or not charged).
- Are provided by a family member or by someone who ordinarily resides with you or your covered dependent. Not applicable in TX; In NE, must be immediate family member.
- Are received outside of the United States, except for a dental emergency.
- Are for changing vertical dimension, restoring occlusion, bite analysis, or congenital malformation.
- Are for setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- Are for initial placement of dentures or bridges to replace functional natural teeth that are congenitally missing or lost before this policy is in effect.
- Are for acupuncture, acupressure, and other forms of alternative treatment.
- Are for any dental services for which benefits are payable under a medical policy issued by us.

EXCLUSION ON CHARGES IN EXCESS OF REASONABLE AND CUSTOMARY: Charges in excess of reasonable and customary will not qualify as a covered expense under this policy. This only applies to Dental Premier. Information regarding how the usual and customary fee is determined is available upon request.

Additional Information

Dependents: Eligible dependents are your lawful spouse (or domestic partner in CA) and eligible children. Eligible children must be unmarried and under 26 years of age at time of application.

Dental Claims: Mail to Claims Unit, P.O. Box 30567 Salt Lake City, UT 84130-0567

Effective Date: The effective date will be the later of: (i) the requested effective date; or (ii) the day after the postmark date affixed by the U.S. Postal Service; or (iii) effective date of the health policy/certificate. If mailed and not postmarked by the U.S. Postal Service or if the postmark is not legible, the effective date will be the later of: (i) the requested effective date; or (ii) the date received by Golden Rule; or (iii) effective date of the health policy/certificate. If the application is sent by any electronic means, your policy will take effect on the later of: (i) the requested effective date; or (ii) the day after the date received by Golden Rule; or (iii) effective date of the health policy/certificate.

Premium: From time to time, we will change the rate table used for this policy form. Each premium will be based on the rate table in effect on that premium's due date. The policy plan, age and sex of covered persons, type and level of benefits, time the policy has been in force, and place of residence on the premium due date could be some of the factors used in determining your premium rates. Premium rates are expected to increase over time.

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 this policy.

Renewability: The policy term begins as of the effective date of the policy. You may keep the policy in force by paying us the required premium as it comes due. However, we may cancel the policy if there is fraud or material misrepresentation made by or with the knowledge of a covered person in filing a claim.

Optional Vision Benefit

Keep an eye on your family's vision health by adding our optional Vision Benefit rider to your dental plan today. Our extensive vision care network today includes about 24,000 private practice and retail chain providers.* We'll help keep your family seeing clearly, so you can focus on savings!

We're here to help you.

Use *www.myuhcvision.com/goldenrule* to find a provider in your area, access your plan information, see your claim status, find general vision information, and more.

UnitedHealthcare Vision Benefit Rider

You may use a non-network provider, but by staying in-network you are eligible to receive better discounts:

- Eye exam — $10 copay – once every 12 months.
- Frames — $25 copay – once every 24 months.
- Lenses — $25 copay – once every 12 months.
- Contacts in lieu of glasses — $25 copay – once every 12 months.

See how you can save by using our Vision network

Service/Material	In-network You Pay	In-network We Pay[1]	Out-of-network We Pay
Eye exam once every 12 months	$ 10 copay	100%	Up to $ 40
Frames[3] once every 24 months	$ 25 copay[2]	100%	Up to $ 45
Single Vision lenses	$ 25 copay[2]	100%	Up to $ 40
Bifocal lenses	$ 25 copay[2]	100%	Up to $ 60
Trifocal or Lenticular lenses	$ 25 copay[2]	100%	Up to $ 80
Contacts[4] in lieu of glasses	$ 25 copay	100%	Up to $105

[1] After copay.

[2] Purchase frames and lenses at the same time from a Preferred Provider and you pay only one copay.

[3] Frames chosen from the Covered Frames Selection at a Preferred Provider. For non-selection Frames, there is an allowance of $50 wholesale or $130 retail, depending on type of Preferred Provider. No copay with non-selection Frames.

[4] Contacts chosen from the Covered Contact Lens Selection at a Preferred Provider. Non-selection lenses will receive an allowance. No copay for non-selection Contact Lenses.

*Network availability may vary by state, and a specific vision care provider's contract status can change at any time. Therefore, before you receive care, it is recommended that you verify with the vision care provider that he or she is still contracted with the network.

Policy Form SA-S-1384 or SA-S-1356R

This product is administered by Spectera, Inc. Additional premium is required. Availability varies by state.

UnitedHealthOne

Covered Expenses

Subject to all policy provisions, the following vision expenses are covered:

- Comprehensive eye examinations. Benefits are limited to 1 exam per 12 months.
- Prescription eyewear. Benefits are limited to 1 pair of prescription single vision lenses per 12 months and 1 pair of frames per 24 months:
  - Spectacle lenses as prescribed by an ophthalmologist or optometrist; frames and their fitting and subsequent adjustments to maintain comfort and efficiency; or
  - Elective contact lenses that are in lieu of prescription spectacle lenses and frames; and
  - Medically necessary contact lenses and professional services when prescribed or received following cataract surgery or to correct extreme visual acuity problems that cannot be corrected with spectacle lenses.

Please Note: This vision benefit program is designed to cover vision needs rather than cosmetic extras. Cosmetic extras include: blended lenses, oversize lenses, photochromic lenses, tinted lenses except pink #1 or #2, progressive multifocal lenses, coating of a lens or lenses, laminating of a lens or lenses, frames that cost more than the plan allowance, cosmetic lenses, optional cosmetic processes, and UV (ultraviolet) protected lenses.

If you or your covered dependent select a cosmetic extra, the plan will pay the medically necessary costs of the allowed lenses and you or your covered dependent will be responsible for the additional cost of the cosmetic extra.

Definitions

- **Comprehensive eye examination** means an examination by an ophthalmologist or optometrist to determine the health of the eye, including glaucoma tests and refractive examinations to measure the eye for corrective lenses.
- **Medically necessary** means a comprehensive eye examination or prescription eyewear that is necessary and appropriate to determine the health of the eye or correct visual acuity. This determination will be made by us based on our consultation with an appropriate licensed ophthalmologist or optometrist. A comprehensive eye examination or prescription eyewear will not be considered medically necessary if: (A) it is provided only as a convenience to the covered person or provider; (B) it is not appropriate for the covered person's diagnosis or symptoms; or (C) it exceeds (in scope, duration, or intensity) that level of care that is needed to provide safe, adequate, and appropriate diagnosis or treatment to the covered person.
- **Vision benefit preferred provider** is an ophthalmologist or optometrist who has contracted with the vision benefit network and is licensed and otherwise qualified to practice vision care and/or provide vision care materials.
- **Vision benefit non-preferred provider** is any ophthalmologist, optometrist, optician, or other licensed and qualified vision care provider who has not contracted with the vision benefit network to provide vision care services and/or vision care materials.

How the Vision Program Works

Copayment, deductible amounts and coinsurance may differ when services are rendered and billed directly by a:

A. Vision benefit preferred provider; or

B. Vision benefit non-preferred provider.

We have a contract with a vision benefit network. Vision benefit preferred providers agree to discount their service fees. You or your covered dependents pay any applicable copayments, deductible amount or coinsurance. Vision benefit preferred providers then agree to accept our benefit payment as payment in full for covered expenses.

We do not have a contract with vision benefit non-preferred providers. You or your covered dependent must pay any applicable copayments, deductible amount or coinsurance. After satisfaction of applicable copayments, deductible amount or coinsurance benefits are limited up to the applicable allowance amount.

When the amount of actual charges exceeds the allowance amount, the vision benefit non-network providers may bill you or your covered dependent for the excess amount.

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);
- Replacement of 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 Photo-refractive Keratectomy (PRK);
- Elective contact lenses if prescription spectacle lenses and frames are received in any 12 month period;
- Prescription spectacle lenses and frames if elective contact lenses are received in any 24 month period;
- Eyewear except prescription eyewear;
- Charges that exceed the allowance amount; and
- Services or treatments that are already excluded in the General Exclusions and Limitations section of the certificate or policy.

Discounts on Laser Eye Surgery

An alliance with the Laser Vision Network of America allows our policyholders access to substantial discounts on laser eye surgery procedures from highly reputable providers throughout the U.S.
Laser eye surgery is a noncovered expense.

NOTICE OF INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We (including our affiliates listed at the end of this notice) are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices. If we do, we will provide the revised notice to you within 60 days by direct mail or post it on our websites located at *www.goldenrule.com* or *www.eams.com*

How We Use or Disclose Information

We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative); and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information to pay for your health care and operate our business. For example, we may use your health information:

- **For Payment** of premiums due us and to process claims for health-care services you receive.
- **For Treatment.** We may disclose health information to your physicians or hospitals to help them provide medical care to you.
- **For Health-Care Operations.** We may use or disclose health information as necessary to operate and manage our business and to help manage your health-care coverage. For example, we might conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs. We may use your health information for underwriting purposes; however, we are prohibited by law from using or disclosing genetic information for underwriting purposes.
- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restriction on its use and disclosure of the information.
- **For Appointment Reminders.** We may use health information to contact you for appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.
- **For Public Health Activities** such as reporting disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person.
- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers Compensation** including disclosures required by state workers compensation laws of job-related injuries.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets all privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information for procurement, banking or transplantation of organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. As of 2/17/10, our business associates are also directly subject to federal privacy laws.
- **For Data Breach Notification Purposes.** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information.
- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: HIV/AIDS; mental health; genetic tests; alcohol and drug abuse; sexually transmitted diseases and reproductive health information; and child or adult abuse or neglect, including sexual assault.

If none of the above reasons applies, **then we must get your written authorization to use or disclose your health information.** If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. In some states, your authorization may also be required for disclosure of your health information. Authorization is required for the use and disclosure of psychotherapy notes or for marketing. In many states, your authorization may be required in order for us to disclose your highly confidential health information. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, contact the phone number listed on your ID card.

What Are Your Rights

The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health-care operations and to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with its policies, we are not required to agree to any restriction.**
- **You have the right to request that a provider not send health information** to us in certain circumstances if the health information concerns a health-care item or service for which you have paid the provider out of pocket in full.
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. We will accept verbal requests to receive confidential communications, but request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that may be used to make decisions about you such as claims and case or medical management records. You also may receive a summary of this health information. You must make a written request to inspect and copy your health information. In certain limited circumstances, we may deny your request to inspect and copy your health information.
- **You have the right to ask to amend information** we maintain about you if you believe the health information about you is wrong or incomplete. We will notify you within 30 days if we deny your request and provide a reason for our decision. If we deny your request, you may have a statement of your disagreement added to your health information. We will notify you in writing of any amendments we make at your request. We will provide updates to all parties that have received information from us within the past two years (seven years for support organizations).
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) made prior to April 14, 2003; (ii) for treatment, payment, and health-care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) that federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. In addition, you may obtain a copy of this notice at our websites, *www.eAMS.com* or *www.goldenrule.com*.
- In New Mexico, you have the right to be considered a protected person. A "protected person" is a victim of domestic abuse who also is either: (1) an applicant for insurance with us: (2) a person who is or may be covered by our insurance; or (3) someone who has a claim for benefits under our insurance.

Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, call the phone number on your ID card.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the following address:
- Privacy Officer, Golden Rule Insurance Company, 7440 Woodland Drive, Indianapolis, IN 47278-1719
- **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

Fair Credit Reporting Act Notice

In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the federal Fair Credit Reporting Act.

We may disclose information solely about our transactions or experiences with you to our affiliates.

Medical Information Bureau

In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a nonprofit organization of life and health insurance companies that operates an information exchange on behalf of its members.

If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Ste. 400, Braintree, MA 02184-8734, (866) 692-6901, *www.mib.com* or (TTY) (866) 346-3642.

FINANCIAL INFORMATION PRIVACY NOTICE

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information, other than health information, about an insured or an applicant for health-care coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing health-care coverage to the individual.

We collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age and social security number; and
- Information about your transactions with us, our affiliates or others, such as premium payment history.

We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law.

We restrict access to personal financial information about you to employees, affiliates and service providers who are involved in administering your health-care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your personal financial information.

Send written requests to access, correct, amend or delete information to:

- Privacy Officer, Golden Rule Insurance Company, 7440 Woodland Drive, Indianapolis, IN 47278-1719

We may disclose personal financial information to financial institutions which perform services for us. These services may include marketing our products or services or joint marketing of financial products or services.

The Notice of Information Practices , effective November 2010, is provided on behalf of American Medical Security Life Insurance Company; Golden Rule Insurance Company; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company, UnitedHealthcare Insurance Company, All Savers Insurance Company; and All Savers Life Insurance Company of California.

To obtain an authorization to release your personal information to another party, please go to appropriate website listed at the bottom of the page.

Smile more often!

Taking care of your teeth is an important part of your overall health, and we can help keep your smile healthy and happy with our dental plan options.

With our dental plans, you can take advantage of:

- Preventive care covered at 100% with NO deductible or waiting period.
- Access to UnitedHealthcare's dental network of over 125,000 dentists!*
- Two plans with the flexibility of using in- and out-of-network dentists.
- A $50 calendar-year deductible per person (limited to 3 individual $50 deductibles per family for Basic Services and Major Services). Then we pay 80% for Basic Services and 50% for Major Services.**
- Preventive Services** include: oral evaluations, X-rays, routine cleanings, and more.
- Basic Services** include: simple (nonsurgical) extractions, amalgam fillings, resin-based composite filings, and more.

Dental coverage from a company you can trust.

Strong and stable: Approximately 25 million customers have entrusted UnitedHealthcare with their health insurance needs.*** Dental Benefit Providers, Inc., a UnitedHealthcare company, is the administrator of these dental plans.

Experience: Golden Rule Insurance Company, the underwriter of these plans, has served individuals and families with their health insurance needs for over 60 years.

UnitedHealthOne is the brand name for the family of UnitedHealthcare companies, including Golden Rule, offering personal health insurance.

Visit *www.myuhcvision.com/goldenrule* to find a provider in your area.
Visit *www.myuhcdental.com/goldenrule* to find a dentist in your area.

*As of 8/2/10, Dental Benefit Provider's, Inc. Network availability may vary by state, and a specific dental care provider's contract status can change at any time. Therefore, before you receive care, it is recommended that you verify with the dental care provider that he or she is still contracted with the network.

**See your policy for a complete list.

***UnitedHealth Group Annual Form 10-K for year ended 12/31/09.

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