

Dental

Coverage that keeps you smiling



Accident



Disability



Dental



Critical Illness



Vision

The SureBridgeSM Dental plan offers two options for benefits that are designed to fit you and your family's specific needs and budget. Each plan complements your health insurance coverage and provides benefits for a range of preventative, diagnostic and restorative services.

Core Five Solutions, a CAREINGTON International Company, administers the SureBridge dental insurance plans through their extensive CAREINGTON Maximum Care Network of 135,000 providers.

SureBridge Dental insurance plans:

- Provide three plan options that fit most budgets
- Offer benefits for preventative, diagnostic and restorative services
- Complement your existing health insurance plan

**Contact your local agent or visit
SureBridgeinsurance.com**
to learn more about how you can customize
or combine multiple plans to fit your
specific budget and needs.

GOLD

COVERED BENEFITS: Basic Restorative; Major Restorative; Preventive/Diagnostic (No deductible or waiting periods for preventive and diagnostics)

ORTHODONTIA: \$1,200 lifetime maximum

DEDUCTIBLE: \$100 lifetime per person

ANNUAL MAXIMUM: \$1,200 per person (excludes orthodontics)

SILVER

COVERED BENEFITS: Basic Restorative; Major Restorative; Preventive/Diagnostic (No deductible for preventive and diagnostics and no waiting period for most services)

DEDUCTIBLE: \$100 calendar year per person

ANNUAL MAXIMUM: \$1,000 per person

BRONZE

COVERED BENEFITS: Preventive/Diagnostic (No deductible for preventive and diagnostics and no waiting period for most services)

NOTE: If an insured person opts to receive dental services or procedures that are not Covered Expenses under the Policy selected, a Network Provider Dentist may charge his or her usual and customary rate for such services or procedures. Prior to providing an insured person dental services or procedures that are not Covered Expenses, the Dentist should provide a treatment plan that includes each anticipated service or procedure to be provided and the estimated cost of each such service or procedure.

CH-26099-IP (1/08), or its state variation

SureBridgeSM is a brand name used for supplemental insurance products underwritten, and administered, by The Chesapeake Life Insurance Company[®]. The administrative offices of The Chesapeake Life Insurance Company are located in North Richland Hills, TX. Insurance product availability may vary by state. For premium costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the Policy may be continued in force, please contact your licensed insurance agent/producer.

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SB/000009 Exp. 10/12



Underwritten by *The Chesapeake Life Insurance Company[®]*

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

DENTAL INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26099-IP (1/08)

- A. READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract, and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Us. It is, therefore, important that You READ YOUR POLICY CAREFULLY!
- B. Dental Insurance Policy** – This plan is designed to provide limited dental expense coverage based on American Dental Association Codes (ADA Codes), up to the scheduled amounts shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.
- C. Schedule of Benefits** - Benefits are payable under the Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

DEDUCTIBLE:

None

COVERED EXPENSES: Includes coverage for the preventive and diagnostic dental benefits outlined in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

LIMITATIONS:

Certain ADA Codes are subject to a limitation, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

WAITING PERIODS:

None

- D. BENEFITS** - Benefits are payable under the Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS that are received by an Insured Person. Unless otherwise stated in the policy, all benefits are subject to:
1. the scheduled benefit amount shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. If the actual charge is less than the scheduled benefit amount, then the actual charge for the procedure or service will be paid;
 2. any benefit or Lifetime Maximums shown in the POLICY SCHEDULE/ SCHEDULE OF BENEFITS;
 3. the LIMITATIONS AND EXCLUSIONS; and
 4. all other provisions of the Policy.

To be a Covered Expense, the dental service must be performed by:

1. a licensed Dentist acting within the scope of his/her license;
2. a licensed Physician performing dental services within the scope of his/her license; or
3. a licensed dental hygienist under the supervision and direction of a Dentist.

Covered Expenses must be incurred while the Insured Person's coverage under the Policy is in force.

Important PPO Information

Participating and Non-Participating Providers

The Policy provides benefits for Covered Expenses obtained from both Participating Providers and Non-Participating Providers.

For the purpose of this provision, Participating Providers are those providers who have agreed to participate in the Company's Preferred Provider Organization and provide dental care at scheduled fees. Non-Participating Providers have not agreed to scheduled fees or arrangements.

Using a Participating Provider May Lower Costs. Covered Expenses rendered by a Non-Participating Provider may cost the Insured Person more than Covered Expenses rendered by a Participating Provider. Covered Expenses for a Non-Participating Provider's services may be substantially lower than the actual charges. The covered Person's responsibility includes the portion of the expense not payable under the Policy, plus all of the Non-Participating Provider's charges that exceed the Covered Expense.

To minimize out-of-pocket costs, it is important that the Insured Person receives services from a Participating Provider.

E. LIMITATIONS AND EXCLUSIONS - We will not provide any benefits for any loss caused by or resulting from:

1. any portion of a charge for any service not listed as a Covered Expense in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;
2. care, treatment, services or supplies that exceed the scheduled benefit amount;
3. treatment of disturbances of the temporomandibular joint (TMJ);
4. a service not furnished by a Dentist, unless by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist;
5. cosmetic procedures, unless due to an injury or for congenital or developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic;
6. the replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
7. implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouthguards; precision or semi-precision attachments; denture duplication; or splinting;
8. plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;
9. replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, unless due to an injury;
10. an initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one or more natural teeth lost before coverage was effective under the Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy;
11. services not completed by the end of the month in which coverage terminates;
12. procedures that are begun, but not completed;
13. those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;
14. services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
15. care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;
16. orthodontic procedures;
17. Covered Expenses for which an Insured Person is not legally obligated to pay.

F. RENEWABILITY - The Policy is guaranteed renewable to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis. On each anniversary of the Policy Date, the premium for the Policy may change in amount by reason of an increase in the age of an Insured Person.

- G. PREMIUMS** - We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given the Insured Person written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person.

Premiums - based on the mode of payment the initial premiums are as follows:

Policy CH-26099-IP (1/08), described above

Total \$

- H. GRACE PERIOD** -There is a grace period of 31 days for the payment of any premiums due, except the first. At the end of the 31 day grace period, We may cancel the Policy without further notice. During the grace period, the contract will remain in force; however, the Company is not obligated to pay any claims incurred by Insured Persons during the grace period unless and until the premium due is received during the grace period.

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company
(Hereinafter called: the Company, We, Our or Us)
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DENTAL INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26099-IP (1/08)

- A. READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract, and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Us. It is, therefore, important that You READ YOUR POLICY CAREFULLY!
- B. Dental Insurance Policy** – This plan is designed to provide limited dental expense coverage based on American Dental Association Codes (ADA Codes), up to the scheduled amounts shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.
- C. Schedule of Benefits** - Benefits are payable under the Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

ANNUAL DEDUCTIBLE:

\$100 per Insured Person

Deductible does not apply to Diagnostic Evaluation, Diagnostic X-Ray, Diagnostic Services or Preventive/Prophy Services

ANNUAL BENEFIT MAXIMUM:

\$1,000 per Insured Person

COVERED EXPENSES: Includes coverage for preventive, diagnostic, restorative and major procedure dental benefits outlined in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

LIMITATIONS:

Certain ADA Codes are subject to a limitation, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

WAITING PERIODS:

Certain ADA Codes are subject to a Waiting Period, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

- D. BENEFITS** - Benefits are payable under the Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS that are received by an Insured Person. Unless otherwise stated in the policy, all benefits are subject to:
1. the scheduled benefit amount shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. If the actual charge is less than the scheduled benefit amount, then the actual charge for the procedure or service will be paid;
 2. the Deductibles shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;
 3. any benefit or Lifetime Maximums shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;
 4. the LIMITATIONS AND EXCLUSIONS; and
 5. all other provisions of the Policy.

To be a Covered Expense, the dental service must be performed by:

1. a licensed Dentist acting within the scope of his/her license;
2. a licensed Physician performing dental services within the scope of his/her license; or
3. a licensed dental hygienist under the supervision and direction of a Dentist.

Covered Expenses must be incurred while the Insured Person's coverage under the Policy is in force.

A Covered Expense is considered to be incurred on the following dates:

1. full and partial dentures – on the date the final impression is taken;
2. fixed bridges, crowns, inlays and onlays – on the date the teeth are first prepared;
3. root canal therapy – on the date the pulp chamber is opened;
4. periodontal surgery – on the date surgery is performed; or
5. all other services – on the date the service is performed.

Alternate Treatment

If more than one type of service can be used to treat a condition, We have the right to base benefits on the least expensive service which is within the range of professionally adequate standards of dental practice. In the case of bilateral multiple adjacent missing teeth, the benefit amount will be based on a removable partial denture.

Important PPO Information

Participating and Non-Participating Providers

The Policy provides benefits for Covered Expenses obtained from both Participating Providers and Non-Participating Providers.

For the purpose of this provision, Participating Providers are those providers who have agreed to participate in the Company's Preferred Provider Organization and provide dental care at scheduled fees. Non-Participating Providers have not agreed to scheduled fees or arrangements.

Using a Participating Provider May Lower Costs. Covered Expenses rendered by a Non-Participating Provider may cost the Insured Person more than Covered Expenses rendered by a Participating Provider. Covered Expenses for a Non-Participating Provider's services may be substantially lower than the actual charges. The Covered Person's responsibility includes the portion of the expense not payable under the Policy, plus all of the Non-Participating Provider's charges that exceed the Covered Expense.

To minimize out-of-pocket costs, it is important that the Insured Person receives services from a Participating Provider.

E. LIMITATIONS AND EXCLUSIONS - We will not provide any benefits for any loss caused by or resulting from:

1. any portion of a charge for any service not listed as a Covered Expense in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;
2. care, treatment, services or supplies that exceed the scheduled benefit amount;
3. treatment of disturbances of the temporomandibular joint (TMJ);
4. a service not furnished by a Dentist, unless by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist;
5. cosmetic procedures, unless due to an injury or for congenital or developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic;
6. the replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
7. implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouthguards; precision or semi-precision attachments; denture duplication; or splinting;
8. plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;
9. replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, unless due to an injury;
10. an initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one or more natural teeth lost before coverage was effective under the Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy;
11. services not completed by the end of the month in which coverage terminates;

12. procedures that are begun, but not completed;
13. those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;
14. services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
15. care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;
16. charges that are applied toward the satisfaction of a Deductible, if any;
17. orthodontic procedures; or
18. Covered Expenses for which an Insured Person is not legally obligated to pay.

F. RENEWABILITY - The Policy is guaranteed renewable to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis. On each anniversary of the Policy Date, the premium for the Policy may change in amount by reason of an increase in the age of an Insured Person.

G. PREMIUMS - We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given the Insured Person written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person.

Premiums - based on the mode of payment the initial premiums are as follows:

Policy CH-26099-IP (1/08), described above

Total \$

H. GRACE PERIOD -There is a grace period of 31 days for the payment of any premiums due, except the first. At the end of the 31 day grace period, We may cancel the Policy without further notice. During the grace period, the contract will remain in force; however, the Company is not obligated to pay any claims incurred by Insured Persons during the grace period unless and until the premium due is received during the grace period.

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

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- B. Dental Insurance Policy** – This plan is designed to provide limited dental expense coverage based on American Dental Association Codes (ADA Codes), up to the scheduled amounts shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.
- C. Schedule of Benefits** - Benefits are payable under the Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

LIFETIME DEDUCTIBLE:

\$100 per Insured Person

Deductible does not apply to Diagnostic Evaluation, Diagnostic X-Ray, Diagnostic Services or Preventive/Prophy Services

ANNUAL BENEFIT MAXIMUM:

\$1,200 per Insured Person

(Excludes Orthodontics)

MONTHLY ORTHODONTICS BENEFIT MAXIMUM:

\$50 per Insured Person

(Counts toward Orthodontics Lifetime Maximum)

ORTHODONTICS LIFETIME MAXIMUM:

\$1,200 per Insured Person

COVERED EXPENSES: Includes coverage for preventive, diagnostic, restorative, major procedure and orthodontic dental benefits outlined in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

LIMITATIONS:

Certain ADA Codes are subject to a limitation, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

WAITING PERIODS:

Certain ADA Codes are subject to a Waiting Period, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

- D. BENEFITS** - Benefits are payable under the Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS that are received by an Insured Person. Unless otherwise stated in the policy, all benefits are subject to:
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 4. the LIMITATIONS AND EXCLUSIONS; and

5. all other provisions of the Policy.

To be a Covered Expense, the dental service must be performed by:

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2. a licensed Physician performing dental services within the scope of his/her license; or
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A Covered Expense is considered to be incurred on the following dates:

1. full and partial dentures – on the date the final impression is taken;
2. fixed bridges, crowns, inlays and onlays – on the date the teeth are first prepared;
3. root canal therapy – on the date the pulp chamber is opened;
4. periodontal surgery – on the date surgery is performed; or
5. all other services – on the date the service is performed.

Alternate Treatment

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Important PPO Information

Participating and Non-Participating Providers

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E. LIMITATIONS AND EXCLUSIONS - We will not provide any benefits for any loss caused by or resulting from:

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3. treatment of disturbances of the temporomandibular joint (TMJ);
4. a service not furnished by a Dentist, unless by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist;
5. cosmetic procedures, unless due to an injury or for congenital or developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic;
6. the replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
7. implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouthguards; precision or semi-precision attachments; denture duplication; or splinting;

8. plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;
9. replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, unless due to an injury;
10. an initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one or more natural teeth lost before coverage was effective under the Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy;
11. services not completed by the end of the month in which coverage terminates;
12. procedures that are begun, but not completed;
13. those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;
14. services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
15. care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;
16. charges that are applied toward the satisfaction of a Deductible, if any; or
17. covered Expenses for which an Insured Person is not legally obligated to pay.

F. RENEWABILITY - The Policy is guaranteed renewable to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis. On each anniversary of the Policy Date, the premium for the Policy may change in amount by reason of an increase in the age of an Insured Person.

G. PREMIUMS - We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given the Insured Person written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person.

Premiums - based on the mode of payment the initial premiums are as follows:

Policy CH-26099-IP (1/08), described above

Total \$

H. GRACE PERIOD -There is a grace period of 31 days for the payment of any premiums due, except the first. At the end of the 31 day grace period, We may cancel the Policy without further notice. During the grace period, the contract will remain in force; however, the Company is not obligated to pay any claims incurred by Insured Persons during the grace period unless and until the premium due is received during the grace period.

The Chesapeake Life Insurance Company®

Administrative Office:

P.O. Box 982010

North Richland Hills, TX 76182-8010

Toll Free: 1-800-815-8535

This attachment page form CH-26099-IP (1/08) SS 5/11, must be used with the Dental Outline of Coverage when marketing. For details about covered expenses, exclusions and limitations of the Dental plan (form CH-26099-IP (1/08); or its state variation), refer to the Outline of Coverage to which this is attached.

Coverage Begins

Once we have approved your application based upon the information you provided, the effective date of coverage for you and those eligible dependents listed in the application and accepted by us will be the Policy Date shown in the Policy Schedule.

Termination of Coverage

Your coverage will terminate and no benefits will be payable under the Policy: ■ At the end of the period for which premium has been paid ■ If your mode of premium is monthly, at the end of the period through which premium has been paid following our receipt of your request of termination ■ If your mode of premium is other than monthly, upon the next monthly anniversary day following our receipt of your request of termination. Premium will be refunded for any amounts paid beyond the termination date ■ On the date of fraud or misrepresentation by you ■ On the date we elect to discontinue this plan or type of coverage ■ On the date we elect to discontinue all coverage in your state ■ On the date an insured person is no longer a permanent resident of the United States, or ■ On the date you reach age 65.

Benefits

Under the Benefits section in all three plans, in provision # 1 regarding "if the actual charge is less," the following is added: "If the actual charge is more than the scheduled benefit amount, the insured person will be responsible for charges exceeding the scheduled benefit amount."