

Dental, Vision & Hearing Coverage

DentalWise™ Plus

Three Services. One Premium.

Be wise! Save money with a single policy for your teeth, sight, and hearing.

Smile bigger. See brighter. Listen better.





Dental

Get regular dental visits with no out-of-pocket costs. Regular checkups can help protect your teeth and your overall health.



Vision

No more squinting! Routine vision exams are covered to help you see what you've been missing and catch potential issues early.



Hearing

Hearing loss can isolate you from friends and family. Hearing aids and routine hearing exams help keep you in the conversation.



Did You Know?

Original Medicare doesn't cover preventive dental, vision, or hearing care. So you have to pay full price on your own when you visit a dentist, eye doctor, or audiologist. Those costs can add up!

Get Wise! DentalWise™ Plus saves you money and costs less than buying three policies.

DentalWise™ Plus at a Glance



100% coverage with **no waiting period** for routine dental, vision, and hearing exams¹



Issue ages:
0 through 90



Visit **any provider** of your choice or take advantage of big discounts by using the plan's large network of participating providers.



Coverage is available for the whole family—you, your spouse, and your kids.



Affordable premiums that do not increase as you get older. Coverage **starts at \$21 per month.**²



Guaranteed issue and renewable for life!

¹ Careington Benefit Solutions, a CAREINGTON International Company, administers the dental insurance plans through their extensive Maximum Care Network. Vision benefits are administered through EyeMed Vision Care's "Select" Network of independent providers and retail chains including LensCrafters®, Sears Optical®, Target Optical®, JCPenney Optical® and most Pearle Vision® locations. Hearing benefits are administered through the TruHearing® network of more than 3,800 provider locations across the country | ² Premium for a 40-year-old with \$1,000 annual maximum benefit.



BENEFIT SUMMARY

Combined Annual Benefit Options	\$1,000, \$1,500, or \$2,000 per insured, per policy year
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DENTAL

Covered Services ¹	Preventive, diagnostic, restorative, adjunctive services, endodontics, periodontics, prosthodontics and oral surgery services
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Type I (Preventive)	100% No waiting period
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Type II (Basic)	Year 1: 60% per insured* Year 2: 70% per insured* Year 3+: 80% per insured* 6-month waiting period**
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Type III (Major)	Year 1: 0% per insured*** Year 2: 70% per insured* Year 3+: 80% per insured* 12-month waiting period**
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VISION

Comprehensive Eye Exams	100% up to \$75 per insured, per policy year No waiting period
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Follow-up Visits Contact Lenses, Frames, Corrective Spectacle Lenses, and Corrective Spectacle Lens Fittings	\$20 Copay, 100% up to \$200 per insured, per policy year No waiting period
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HEARING

Hearing Examination	100% up to \$75 per insured, per policy year No waiting period
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Hearing Aids	Year 1: \$200 Year 2: \$400 Year 3+: \$600 (Benefit increases each year it goes unused. Returns to \$200 if used for that insured.) No waiting period
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^{*}Covered Services are payable after \$100 policy deductible, per insured person, per policy year. | ^{**}Waiting periods are waived with acceptable proof of previous dental insurance for a period of 12 consecutive months prior to issue date of new coverage | ^{***}Benefit will be payable at 60% after policy deductible during the first policy year for an insured person previously covered under full dental coverage, provided such prior coverage was in effect for at least 12 consecutive months and is continuous to a date no more than 63 days prior to your application date.

¹Certain services include limitations. See Policy for details. | Note: If an insured person opts to receive dental services or procedures that are not covered expenses under the Policy, 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 service or procedure. To fully understand the coverage provided under the Policy, you should read your Policy carefully.

Dental Benefits

Type I Covered Services

Preventive:

- Prophylaxis - once every six months
- Topical Fluoride - once every 12 months, up to age 16
- Sealants - once every 36 months, up to age 16

Diagnostic:

- Oral evaluations - once every six months
- Re-evaluations
- Comprehensive periodontal evaluations - once every six months
- Bitewing X-rays - once every 12 months
- Vertical bitewings - once every 36 months
- Diagnostic casts

Type II Covered Services

Preventive:

- Space maintainers - up to age six

Diagnostic:

- Intraoral films, extraoral films, and panoramic film - once every 36 months

Restorative:

- Amalgam, primary or permanent & resin-based composite

Adjunctive:

- Palliative (emergency) treatment of pain
- Fixed partial denture sectioning
- Local anesthesia
- Analgesia - up to age 13
- Inhalation of nitrous oxide
- Consultation
- Application - Desensitizing medicament and desensitizing resin for cervical and/or root service
- Occlusion analysis and occlusion adjustment

Type III Covered Services

Restorative:

- Inlays and onlays (and recementing, once every 12 months after a six-month waiting period)
- Crowns; cast posts and core buildups
- Pin retention in addition to restoration - up to two procedures every 12 months
- Protective restoration
- Sedative fillings

Endodontics:

- Pulp caps; therapeutic pulpotomy; pulpal therapy
- Internal tooth repair of perforation defects
- Apexification/recalcification or apicoectomy periradicular surgery
- Retrograde fillings
- Root canal or endodontic therapy

Oral Surgery:

- Extraction of erupted tooth; removal of impacted tooth
- Tooth transplantation
- Alveoloplasty
- Biopsy of oral tissue, soft or hard; Removal of cyst/tumor 1.25 cm in diameter and greater
- Incision and drainage of abscess
- Sinus augmentation
- Frenulectomy
- Excision of hyperplastic tissue or pericoronal gingival

Prosthetics:

- Complete and partial dentures - once every five years for complete dentures to replace missing/broken teeth
- Adjustment and repair of dentures
- Retainer

Periodontics:

- Gingivectomy/gingivoplasty - once every 36 months
- Gingival flap procedure - once every 36 months
- Soft tissue graft procedures and hard tissue clinical crown lengthening
- Osseous surgery - once every 36 months
- Bone replacement grafts and guided tissue regenerations
- Periodontal scaling and root planning - limited to four separate quadrants every two years
- Full-mouth debridement to enable evaluation and diagnosis - once every 36 months
- Periodontal maintenance

For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of any discrepancies contained in this brochure, the terms and conditions contained in the Policy documents shall govern. Dental, Vision and Hearing Insurance Policy Form CH-26151-IP (10/18) FL. | The information contained herein is accurate at the time of publication. This brochure provides only summary information.

Hearing Benefits

Covered Services

- Hearing examination
- Purchase of hearing aids

Additional Savings from TruHearing

- Members get to choose from a wide selection of the latest digital hearing aids at prices 30-60% below the national average at over 3,800 providers nationwide.
- Members have a 45-day risk-free trial period after purchasing hearing aids through TruHearing

Vision Benefits

Covered Services

- Comprehensive eye exams
- Follow-up visits and vision hardware including contact lenses, frames, corrective spectacle lenses, and corrective spectacle lens fittings

Additional Savings from EyeMed¹

In addition to your insured vision plan benefits, you have access to the following discounts through EyeMed where you pay:

Frames	• 20% off balance
Contact Lenses, Non-Disposable	• 15% off balance
Additional Pairs Benefit	• Members also receive a 40% discount off a complete pair of eyeglasses and a 15% discount off correctional contact lenses once the funded benefits have been used
Lenses	<ul style="list-style-type: none">• Standard Polycarbonate: \$40• PRS Scratch Coat: \$15• Tints (Solid and Gradient): \$15• Standard UV Coating: \$15• Standard Anti-Reflective: \$45• Other Lens Options: 20% off retail
Non-Scheduled Items	• 20% off retail
LASIK or PRK Vision Correction	• 15% off retail or 5% off promotional price

Free-Look Period

It's important that you're satisfied with your optional supplemental coverage. If you aren't satisfied, you may cancel within the free-look period listed in the policy. We'll cancel the coverage as of the policy's effective date, and we'll refund all premiums paid.

¹EyeMed is a discount program only and not insurance. This program provides discounts only at certain contracted providers. You are obligated to pay all health care fees at the time of service, but will receive a discount from those providers who have contracted with the discount plan organization. The program does not make payments directly to the providers of medical services.



Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance coverage you may have purchased with another insurance company.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional protection.
- This plan is not required in order to purchase health insurance with another insurance company.
- This plan should not be used as a substitute for comprehensive health insurance coverage. It is not considered Minimum Essential Coverage under the Affordable Care Act.

IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.

Some health care services paid for by Medicare may also trigger the payment of benefits under the Policy.

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

Before You Buy This Insurance

- ✓ Check the coverage in ALL health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

Other Important Information

Definitions (See Policy for Other Important Definitions):

- **Dental Covered Expenses** means the Usual and Customary Charges for the dental services and supplies covered under the Policy, which are incurred by an insured person and not otherwise excluded or limited in the Policy. Dental Covered Expenses are incurred on the date that the service is performed or the date the charge for the supply is incurred. Dental Covered Expenses must be incurred while this coverage is in force.
- **Hearing Covered Expenses** means the actual charge for services and supplies listed in the Policy schedule. When services are provided by a PPO provider, Hearing Covered Expenses means the negotiated rate in effect with a PPO on the date it provides a covered expense.
- **Participating Provider Organization ("PPO")** means a group of physicians or other providers who have contracted with the company or a company-designated organization to provide services, treatment and supplies to an insured person at negotiated fees.
- **Usual and Customary Charges** means charge which is the smallest of: 1. The actual charge; 2. The charge usually made for the covered expense by the provider who furnishes it; or 3. The charge equal to the 75th percentile of charges billed by providers in the geographic area. When services are provided by a PPO provider, Usual and Customary Charges means the negotiated rate in effect with a PPO on the date it provides a covered expense.
- **Vision Covered Expenses** means the actual charge for services and supplies listed in the Policy schedule. When services are provided by a PPO provider, Vision Covered Expenses means the negotiated rate in effect with a PPO on the date it provides a covered expense.
- **Waiting Period** means the consecutive period of time beginning from the effective date of coverage in which an insured person must be insured under the Policy before benefits are payable. The Waiting Period is shown in the Policy schedule. If an insured person was previously covered under a full dental coverage plan as disclosed on your application, we will waive the Waiting Period applicable to dental benefits under the Policy for that insured person, provided such prior coverage was in effect for at least 12 consecutive months and is continuous to a date no more than 63 days prior to your application date for this coverage.

Other Important Information

EXCLUSIONS AND LIMITATIONS

We will not provide any benefits for charges arising directly or indirectly, in whole or in part, from:

Treatment, care, services or supplies for which benefits are not specifically provided for in the Policy | Charges exceeding the Benefit Maximums, if any | Attempted suicide or any intentionally self-inflicted injury | Directly or indirectly engaging in felonious activity | Treatment of disturbances of the temporomandibular joint (TMJ) | 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 | Cosmetic procedures, UNLESS due to an injury or for congenital / developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic | The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function | Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouthguards; precision or semi-precision attachments; denture duplication; or splinting | Plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs | 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 | Oral/facial images, including intra- and extra-oral images | Pulp vitality tests | Post removals UNLESS in conjunction with endodontic therapy | Chairside, labial veneers (laminates) | Intentional re-implantation, including necessary splinting | Surgical procedure for isolation of tooth with rubber dam | Canal preparation and fitting of performed dowel or post | Regional block anesthesia | Hospital, house, or extended care facility calls | Office visits for the purpose of observation, during or after regularly scheduled hours | Office visits outside of regularly scheduled hours | Enamel microabrasions | 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 | Services not completed by the end of the month in which coverage terminates | Procedures that are begun before an insured person's effective date of coverage but not completed | Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge | 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 | Any services, supplies or care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law | Orthodontic procedures | Covered Expenses for which an insured person is not legally obligated to pay | Orthoptic or vision training and any associated supplemental testing | Plano lenses | Medical or surgical treatment of the eyes | Any type of corrective vision surgery, including LASIK surgery | Any eye examination, or any corrective eyewear, required by an employer as a condition of employment | Safety eyewear | Replacement of lost or broken lenses, frames, glasses, or contact lenses | Contact lens fitting | Sub-normal vision aids or non-prescription lenses | Services rendered or supplies purchased outside the U.S. or Canada, unless the insured person resides in the U.S. or Canada and the charges are incurred while on a business or pleasure trip | Experimental/Investigational or non-conventional treatment or device | Charges incurred after the Policy has terminated or coverage has ended | Assistive Listening Devices (ALDs) | Medical and/or surgical treatment of the internal or external structures of the ear | Hearing aids not prescribed by an audiologist or physician | Ear protective devices or plugs | Hearing aids maintenance including batteries, maintenance/service contracts, fittings, ear molds and other miscellaneous repairs. **Tooth Missing But Not Replaced Rule:** Coverage for the first installation of removable dentures; fixed bridgework and other Type III Prosthetic or Prosthodontic services are subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (1) needed to replace one or more natural teeth that were removed while the Policy was in force for the insured person; and (2) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 8 years.

From EyeMed:

Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing | Aniseikonic lenses | Medical and/or surgical treatment of the eye, eyes or supporting structures | Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under plan | Services provided as a result of any Workers' Compensation Law | Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount) | Services or materials provided by any other group benefit providing for vision care | Two pair of glasses in lieu of bifocals or trifocals

Coverage Information:

COVERAGE BEGINS: Once Chesapeake has approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.

RENEWABILITY: Your Policy is conditionally renewable. Renewal can be declined as stated in the Termination of Coverage section of the Policy.

PREMIUM CHANGES: Chesapeake reserves 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, Chesapeake has given you written notice of at least 45 days prior to the effective date of the new rates and any premium changes will be approved by the Florida Insurance Department. Such change will be on a class basis. The premium for the Policy is based on the issue age of the insured person at the time in which the Policy becomes effective.

TERMINATION OF COVERAGE: Your coverage will terminate and no benefits will be payable under the Policy and any attached riders, if any: | At the end of the period for which premium has been paid (subject to the grace period) | Upon our receipt of your request of termination | As of the date you present a claim containing any false, incomplete or misleading information concerning any fact or thing material to such claim provided we give you at least 45 days written notice prior to terminating coverage | As of the Policy effective date, as if coverage never existed, in the event that facts material to the application for coverage are false, incomplete or misleading provided we have given you at least 45 days written notice prior to terminating coverage | On the date we elect to discontinue this plan or type of coverage, Chesapeake will give you at least 90 days notice before the date coverage will be discontinued. You will be offered an option to purchase any other similar coverage that we offer without regard to health status | On the date we elect to discontinue all coverage in your state, Chesapeake will give you and the proper state authority at least 180 days notice before the date coverage will be discontinued | On the date an insured person is no longer a permanent resident of the United States. If you request termination, we will promptly return the unearned portion of the premium paid. The earned premium shall be computed by the use of the pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

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About Us

SureBridge is one of the leading brands of supplemental insurance coverage in the United States, helping to provide financial security for Americans of all ages and their families. Our comprehensive portfolio of products is available from licensed insurance agents in 46 states and the District of Columbia and is available through HealthMarkets Insurance Agency Inc., as well as through other unaffiliated insurance distributors. SureBridge policyholders can receive direct cash benefits for expenses caused by unexpected medical issues, sustained illnesses, and end-of-life challenges.

The SureBridge portfolio includes dental, vision, and other insurance plans that complement an individual's health insurance. These plans help provide an additional layer of protection in the event of accidental injury, catastrophic illness, hospitalization, or cancer.

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