



DentalWise

Dental plans for individuals
and families

DentalWise | AL, AR, AZ, CT, DE, FL, GA, IA, ID, IL, IN,
KS, KY, LA, ME, MI, MO, MS, ND, NE, NH,
NV, OH, OK, PA, SC, SD, TN, TX, UT, WI,
WV, and WY



THE CHESAPEAKE LIFE INSURANCE COMPANY IS THE UNDERWRITER OF THESE POLICIES. BENEFITS ARE ADMINISTERED BY DENTAL BENEFIT PROVIDERS, INC.

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Why choose dental coverage?



Dental Highlights

Coverage for your oral health in a convenient plan designed with budget-friendly premiums in mind.



Why Dental Insurance?

Taking care of your health goes beyond regular medical checkups. Dental health is just as important to your overall well-being. Having a supplemental plan like DentalWise can help provide the additional coverage you need to protect your overall health and budget.



Use dental benefits right away, no wait for most services

Our DentalWise plans offer you coverage without waiting periods for preventive, basic and most major services so you can start using them right away! This means you have immediate coverage for routine services like exams and cleanings, plus major repairs like crowns and root canals.



Helping to enhance your quality of life

Your overall health and well-being rely greatly on your dental care. When you smile more, life is naturally more enjoyable. Choosing a DentalWise plan can help enhance your quality of life and help you feel good about yourself.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone, and the complete terms of the coverage will be determined by the policy. State-specific differences may apply.

Dental Plan Options

Our plan options allow you to select a plan that best balances your premium and out-of-pocket expenses, with your anticipated benefit use, giving you the freedom to choose what works best for you.

DentalWise Plan Availability All benefits are per insured person, per Policy Year ¹ unless otherwise noted		Basic Plan²	Plan 1000²	Plan 2000²
Dental Waiting Period		None	None	None, except for Implants benefit only
Dental Benefit Deductible (per insured person, per Policy Year)	You pay:	\$100	\$100	\$100
Dental Benefit Maximum (per insured person, per Policy Year)	We pay up to:	\$1,000	\$1,000	\$2,000
Preventive Services³ (includes exams and x-rays)				
Includes 2 routine exams and cleanings per Policy Year	We pay:	100% (no deductible)	100% (no deductible)	100% (no deductible)
Basic Services³ (includes simple fillings)				
First Policy Year	We pay:	60% after deductible	60% after deductible	60% after deductible
Second Policy Year and After	We pay:	80% after deductible	80% after deductible	80% after deductible
Major Services³ (includes bridges, crowns, dentures, extractions, partials, root canals)				
First Policy Year	We pay:	Not covered	15% after deductible	15% after deductible
Second Policy Year and After	We pay:	Not covered	50% after deductible	50% after deductible
Implants (12 month waiting period) \$1,500 Implant Maximum Lifetime Benefit ⁴	We pay:	Not covered	Not covered	50% after deductible

State-specific differences may apply. (See State Variations for details.)

¹ Policy Year means each consecutive 12 month period beginning with the effective date. ² For covered Dental expenses, non-network provider benefits are determined by ZIP code. They are either based on the network negotiate rate or are based on the reasonable and customary charge (reasonable and customary benefits are identifiable by the word "Plus" added to the plan name). Non-network dentists can bill a patient for any remaining amount up to the billed charge.

³ Limitations and exclusions may apply based on type of service. ⁴ The Implant Maximum Lifetime Benefit is separate from, and not subject to, the Dental Benefit Maximum. Implant benefit in Maine is limited to insured persons over age 18.

Dental Benefit Network



Dental Benefits and How They Work

Dental benefits are administered by Dental Benefit Providers, Inc. We will cover dental services subject to the terms, conditions, exclusions and limitations of the policy. All services are subject to Dental Benefit Maximum and applicable coinsurance. All services, except Preventive, are subject to deductible. State-specific differences may apply. (See State Variations for details.)

Network Provider Services

You can see any dentist you want, anywhere across the country. When you choose a dentist who is part of the plan's large national network, you can receive network discounts without the hassle of negotiations. Visit YourDentalPlan.com/DentistSearch to find a provider and present the provider with your dental ID card. We will pay the provider the covered benefit, and the provider will bill you for the remainder.



There are no claim forms to fill out when obtaining services from a network provider.

Non-network Provider Services

The non-network provider may submit the claim to us directly. The provider can then bill you for any remaining amount due up to the billed charge. If a provider does not wish to submit the claim to us, you will need to pay in full at the time of service. You can then submit the claim for reimbursement by going to myuhc.com and completing the dental claim form.

Exclusions/Limitations

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see [State Variations](#)). The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

General Exclusions and Limitations

No benefits will be paid for any service or treatment for which charges incurred are not identified and included as covered expenses under the policy. You will be fully responsible for payment for any services for which charges incurred are not covered expenses under the policy.

For ALL plans, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Fees/surcharges imposed on the insured person by a provider but that are actually the responsibility of the provider to pay.
- Provided prior to the effective date or after the termination date of the policy.
- In excess of the frequency limitations or maximum benefits as shown in the policy.
- Covered expenses which exceed the non-network provider reimbursement, as shown in the policy.
- A service that is not rendered or that is not rendered within the scope of the provider's license.
- Telephone consultations or for failure to keep a scheduled appointment.
- Any service incurred as a result of the insured person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
- Experimental or investigational treatment or for complications there from.
- Which arise out of, or in the course of, employment for wage or profit, if the insured person is insured, or is required to be insured, by workers' compensation insurance pursuant to the applicable state or federal law.
- Intentionally self-inflicted bodily harm.
- Any act of declared or undeclared war.
- The insured person taking part in a riot.
- The insured person's commission or attempt to commit a felony.
- Provided by a government plan, program, hospital or other facility, unless by law an insured person must pay and it is otherwise a covered expense or which by law must be provided by an educational institution.
- Provided without cost to an insured person in the absence of insurance covering the charge.
- Provided by an immediate family member or someone who ordinarily resides with an insured person.
- Received outside of the United States, except for a dental emergency.
- Related to the temporomandibular joint (TMJ), upper and lower jaw bone surgery or orthognathic surgery.
- Teeth that can be restored by other means; for purposes of periodontal splinting; to correct abrasion, erosion, attrition, bruxism, abfraction, or for desensitization; or teeth that are not periodontally sound or have a questionable prognosis.
- Performed for cosmetic/aesthetic reasons.
- Mouthguards; precision or semi-precision attachments; duplicate dentures; harmful habit appliances; occlusal guard; replacement of lost or stolen appliances; treatment splints; bruxism appliance; sleep disorder appliance.
- Oral hygiene instructions; plaque control; charges for completing dental claim forms; photographs; any dental supplies including but not limited to take-home fluoride; sterilization fees; diagnostic casts; treatment of halitosis and any related procedures; lab procedures.
- Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the covered person's dental visit.
- Maxillofacial prosthetics and related services.
- Hospital or other facility charges and related anesthesia charges.
- Charges for dental services that are not documented in the dentist records, that are not directly associated with dental disease, or that are not performed in a dental setting.
- Two or more dental services are submitted and the dental services are considered part of the same dental service to one another, we will pay the most comprehensive dental service.

Exclusions/Limitations continued

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see *State Variations*). The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

- Two or more dental services are submitted on the same day and the dental services are considered mutually exclusive (when one dental service contradicts the need for the other dental service), we will pay for the dental service that represents the final treatment.
- Replacement of full or partial removable dentures, bridges, crowns, inlays, onlays or veneers which can be repaired or restored to natural function.
- Billed for incision and drainage if the involved abscessed tooth is removed on the same date of service.
- Reconstructive surgery when the primary purpose is to improve physiological functioning of the involved part of the body.
- Changing vertical dimension; restoring occlusion; bite analysis, congenital malformation.
- Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal.
- Treatment of malignant neoplasms or congenital anomalies of hard or soft tissue, including excision.
- Removal of sound functional restorations; temporary crowns and temporary prosthetics; provisional crowns and provisional prosthesis.
- Altering vertical dimension and/or restoring or maintaining occlusion.
- Non-intravenous conscious sedation, analgesia, anxiolysis, inhalation of nitrous oxide and conscious sedation.
- Acupuncture; acupressure and other forms of alternative treatment.
- Bone grafts, guided tissue regeneration, biologic materials to aid in soft and osseous tissue regeneration when performed in edentulous (toothless areas, ridge augmentation or preservations).
- Surgical extractions of wisdom teeth.

For Basic plans, the policy does not pay benefits for any service or treatment relating to major services, which includes all procedures or services related to endodontics, periodontics, major restorative services (crowns, inlays, onlays and veneers), dental implants, prosthetics (bridges and dentures, fixed or removable), and oral surgery.

For plans covering Major Services, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Replacement within 60 consecutive months of the last placement for full and partial dentures, crowns, bridges, inlays, onlays and veneers. This exclusion does not apply if the replacement is necessary because of extraction of a functioning natural tooth; or a present crown, bridge, or denture is temporary and a permanent crown, bridge or denture is installed within 12 months from the date the temporary service was installed.
- Replacement of complete dentures, fixed and removable partial dentures, or crowns, implants, implant crowns, implant prosthesis and implant supporting structures, if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the dentist. If replacement is necessary because of the insured person's non-compliance, the insured person is liable for the cost of the replacement.
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
- Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
- Initial placement of full or partial dentures or bridges and related services, to replace functional natural teeth that are: (a) congenitally missing; or (b) lost before insurance under the policy is in effect. However, benefits are available for covered expenses for initial placement of full or partial dentures or bridges to replace loss of functional natural teeth, including necessary adjustments during the first 6 months following the date of placement, only if: (a) the teeth were lost while the insured person was under the policy and the placement is within 12 months of the date of the loss of the teeth; or (b) the extraction took place while the insured person was both under age 16 and insured under the policy.

Exclusions/Limitations continued

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see [State Variations](#)). The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

For plans covering Major Services continued

- Replacement of crowns, bridges, dentures and fixed or removable prosthetic appliances, implants, implant crowns, implant prosthesis and implant supporting structures, inserted prior to plan coverage unless the insured person has been insured under the plan for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12-month period, dental services associated with the addition will be covered when the service is a covered expense.

For plans covering Implants, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Covered expenses incurred during the waiting period.

Plan Provisions

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations). The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

Policy Year

Policy Year means each consecutive 12 month period beginning with the effective date.

Eligibility

Plans can be issued to a primary insured ages 0 - 99 and spouse/domestic partner (as defined by state) ages 16 - 99. Eligible dependent children include your natural and adopted children and step-children under 26 years of age (or as defined by state.)

Age Misstatement

If the age of any insured person has been misstated, our records will be changed to show the correct age. Premium adjustments will be made so that we receive the premiums due at the correct age payable on the premium due date following our notification of an age correction. If the insured person's age has been misstated and we would not have issued coverage for the insured person, we will refund the premium paid minus any benefit amounts paid by us, and coverage will be void from the effective date.

Change of Residence

If you change your residence, we request you notify us.

Non-Network vs. Network

You may pay more using non-network providers. Non-network providers may bill you for any amount up to the billed charge after the portion covered by the policy has been paid. Network providers have agreed to discounted pricing for covered expenses with no additional billing to you other than the coinsurance and deductible amounts.

Premium Changes

We reserve the right to change the table of premiums on a class basis, as defined in the policy. We will give you written notice of at least 31 days prior to the effective date of the new rates. Each premium will be based on the rate table in effect on the premium due date.

Reimbursement

If dental services are caused by the acts or omissions of a third party, we have the right to be reimbursed to the extent of benefits we paid for dental services, as outlined in the policy.

Renewability and Termination of Coverage

The policy is renewable until the earliest of the following:

- Nonpayment of premiums when due, subject to the provisions in the policy.
- The end of the premium period following a request by you to terminate the policy.
- On the date you: perform an act or practice that constitutes fraud; or make an intentional misrepresentation of material fact, relating in any way to the coverage provided under the policy, including claims for benefits under the policy.
- On the date we elect to discontinue this plan, type of coverage, or all coverage in your state.
- The date of your death.

State Variations

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Alabama

Form: CH-26155-IP (06/22) AL

- There are no variations

Arizona

Form: CH-26155-IP (06/22) AZ

- The exclusion for services provided by an immediate family member or someone who ordinarily resides with an insured person does not apply.
- The Reimbursement provision does not apply.

Arkansas

Form: CH-26155-IP (06/22) AR

- An Outline of Coverage for this state, CH-26155-IP (0622) OC AR, can be viewed at <https://stage.uhone.com/api/suppliesystem/?Filename=49203OCAR-C202306.pdf>.
- In the Reimbursement provision, our right to be repaid applies only after the insured person is fully compensated for the loss.

Connecticut

Form: CH-26155-IP (06/22) CT

- The limiting age for dependent children is 27.
- The exclusion for intoxication or drug use applies to any service incurred by voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered or prescribed by a physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
- The Reimbursement provision does not apply.

Delaware

Form: CH-26155-IP (06/22) DE

- There are no variations.

Florida

Form: CH-26155-IP (06/22) FL

- Eligible dependent is expanded to include foster children. The limiting age for dependent children is 31 years of age.
- In the Premium Changes provision, we will provide at least a 45-day notice of changes.

- Termination of Coverage provision is revised: Your coverage will terminate and no benefits will be payable under the policy and any attached riders, if any, on the earliest of:
 - Nonpayment of premiums when due, subject to the provisions in the policy;
 - 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. We 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. We will give you and the proper state authority at least 180 days' notice before the date coverage will be discontinued; or
 - The date of your death, if this is a primary insured only policy.
- The exclusion regarding workers' compensation is revised: which arise out of, or in the course of, employment for wage or profit, if the insured person is insured by workers' compensation insurance pursuant to the applicable state or federal law and the services are paid for by workers' compensation.

Georgia

Form: CH-26155-IP (06/22) GA

- An Outline of Coverage for this state, CH-26155-IP (0622) OC GA, can be viewed at <https://stage.uhone.com/api/suppliesystem/?Filename=49203OCGA-C202306.pdf>.
- For a domestic partner to be eligible for coverage under the policy, you and your domestic partner must attest that you meet the definition of domestic partner as defined in the policy. Domestic partner means a person who: is of the same or opposite gender and who has been living with you in a single, shared residence for at least six months; has a committed, personal relationship with you that is mutually interdependent and intended to be

State Variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

(Georgia continued)

lifelong; agrees to be jointly obligated and responsible with you for each other's necessities; is not married or legally separated from anyone; is 18 years of age or older; is competent to enter into a contract; is not related to you by blood closer than would bar marriage in the state of Georgia; and is your sole partner.

- In the Premium Changes provision, we will provide at least a 60-day notice of changes.
- In the Termination of Coverage provision:
 - If we elect to discontinue the plan or type of coverage, we will give you at least a 90-day written notice prior to the termination. You will be offered an option to purchase any other similar coverage that we offer without regard to health status.
 - If we elect to discontinue coverage in your state, we will give you at least a 180-day written notice prior to the termination.
- The Reimbursement provision is replaced with Right of Recovery provision: If you, your spouse or domestic partner has a claim for damages or a right to recover damages from a third party or parties for any dental services for which benefits are payable under the policy, we may have a right of recovery. Our right of recovery shall be limited to the recovery of any benefits paid for identical covered expenses under the policy, but shall not include non-dental items. Money received for future medical care or pain and suffering may not be recovered. Our right of recovery may include compromise settlements. You or your attorney must inform us of any legal action or settlement agreement at least ten days prior to settlement or trial. We will then notify you of the amount we seek to recover for covered expenses paid. Our recovery may be reduced by the pro-rata share of your attorney's fees and expense of litigation.

Idaho

Form: CH-26155-IP (06/22) ID

- An Outline of Coverage for this state, CH-26155-IP (06/22) OC ID, can be viewed at <https://stage.uhone.com/api/supplystem/?Filename=49203OCID-C202306.pdf>.
- Eligible dependent is expanded to include an unmarried child of any age who is medically certified as disabled or dependent upon you.
- The exclusion for services as the result of a felony does not apply to an attempt. It only applies to commission of a felony.

Illinois

Form: CH-26155-IP (06/22) IL

- Eligible dependent means your lawful spouse/domestic partner (spouse includes your partner in a civil union under Illinois law) and your natural and adopted children, including children placed in your custody for placement of adoption, foster children, and grandchildren (if the grandparents have obtained an interim-court order that vests temporary custody) under 30 years of age.
- The exclusion for attempt to commit felony is restated: The insured person's commission or attempt to commit a felony, whether or not charged or to which a contributing cause was engaging in an illegal occupation.

Indiana

Form: CH-26155-IP (06/22) IN

- Eligible dependent means:
 - Your lawful spouse/domestic partner
 - Your natural children who are under 26 years of age
 - Your adopted children, upon the earlier of the date of placement for the purpose of adoption or the date of entry of an order granting the adoptive parent custody of the child for the purpose of adoption, unless the placement is disrupted prior to legal adoption and the child is removed from placement, who are under 26 years of age
 - Your step-children who are under 26 years of age
 - A child for whom legal guardianship has been awarded to you or your spouse who are under 26 years of age

Iowa

Form: CH-26155-IP (06/22) IA

- The exclusion for services when the insured person commits or attempts to commit a felony applies only if the person is being charged with the commission or attempt to commit a felony.

Kansas

Form: CH-26155-IP (06/22) KS

- In the Termination of Coverage provision, if you provide a written notice to terminate the policy, it is effective upon receipt of the notice or a later date as specified in the notice.

State Variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

(Kansas continued)

- In the exclusion regarding workers' compensation, if an insured person enters into a settlement that waives an insured person's right to recover future medical benefits under a workers' compensation law or insurance plan, this exclusion will still apply. In the event that the workers' compensation insurance carrier denies coverage for the insured person's workers' compensation claim, this exclusion will still apply unless that denial is appealed to the proper governmental agency and the denial is upheld by the agency.
- The Reimbursement provision does not apply.

Kentucky

Form: CH-26155-IP (06/22) KY

- In the Premium Changes provision, the premium table will not be increased within 12 months from date of issue or date of renewal.
- The Age Misstatement provision is revised: If the age of any insured person has been misstated, all amounts payable under the policy shall be such as the premium paid would have purchased at the correct age.

Louisiana

Form: CH-26155-IP (06/22) LA

- Eligible Dependent means your lawful spouse/domestic partner and your natural and adopted children (children placed in your home following execution of an act of voluntary surrender), step-children and grandchildren (in legal custody of grandparent) who are under 26 years of age.
- In the Premium Changes provision, we will provide at least a 45-day notice of changes. Rates will not increase more than once each 6-month period, following the initial 12-month period.
- In the Termination of Coverage provision, if we discontinue the plan or type of coverage, we will provide written notice at least 60 days prior to discontinuance.

Maine

Form: CH-26155-IP (06/22) ME

- An Outline of Coverage for this state, CH-26155-IP (0622) OC ME, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49203OCME-C202306.pdf>.
- Implant benefits are limited to insured persons over the age of 18 years.
- In the Premium Changes provision, we will provide at least a 60-day notice of changes.

Michigan

Form: CH-26155-IP (06/22) MI

- The following exclusions do not apply:
 - Any service incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
 - Intentionally self inflicted bodily harm.
 - The insured person taking part in a riot.
- The exclusion any act of declared or undeclared war applies while serving in the military or naval services, or any auxiliary unit of the United States.
- The exclusion for felony excludes services due to the insured person's committing or attempting to commit a misdemeanor or felony, whether or not charged or being engaged in an illegal occupation; other willful criminal activity was a contributing cause.

Mississippi

Form: CH-26155-IP (06/22) MS

- In the Premium Changes provision, we will provide at least a 75-day notice of changes.
- The Age Misstatement provision is revised: If the age of the insured person has been misstated, all amounts payable under the policy shall be such as the premium paid would have purchased at the correct age.

Missouri

Form: CH-26155-IP (06/22) MO

- In the Termination of Coverage provision, if we terminate coverage following a request by you, we will terminate coverage on the date we receive your request or a later date, if specified.
- The Reimbursement provision does not apply.

Nebraska

Form: CH-26155-IP (06/22) NE

- Eligible dependent is expanded to include children placed for adoption.
- In the Reimbursement provision, our right to be repaid applies only after the insured person is fully compensated for the loss.

State Variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Nevada

Form: CH-26155-IP (06/22) NV

- An Outline of Coverage for this state, CH-26155-IP (06/22) OC NV, can be viewed at <https://stage.uhone.com/api/supplsystem/?Filename=49203OCNV-C202306.pdf>.
- In the Premium Changes provision, we may change the premium with approval by the Division of Insurance, provided we have given at least a 60-day written notice prior to the change.
- The exclusion does not apply for any service incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
- The exclusion for felony applies only when the insured is being convicted of a felony and does not apply if the insured is the victim of domestic violence, regardless of whether the insured contributed to any loss or injury.
- The Reimbursement provision does not apply.

New Hampshire

Form: CH-26155-IP (06/22) NH

- An Outline of Coverage for this state, CH-26155-IP (06/22) OC NH, can be viewed at <https://stage.uhone.com/api/supplsystem/?Filename=49203OCNH-C202306.pdf>.
- Eligible dependent includes your lawful spouse/domestic partner and your children by blood or by law who are under 26 years of age.
- In the Termination of Coverage provision:
 - If coverage is terminated due to non-payment of premium, we will give you at least 30 days after the date of our mailing the written notice accompanied by the reason for the termination.
 - If you provide a request to terminate the policy, it is effective on the date we receive your request.
- The exclusion for services incurred as a result of insured person being intoxicated or under the influence of illegal narcotics or controlled substance is replaced with: The voluntary consumption of drugs that are not prescribed by the insured person's physician or used in the manner intended or felonious driving while intoxicated by alcoholic substances.
- The exclusion regarding worker's compensation is replaced with: Treatment provided in a government

hospital, benefits provided under Medicare or other governmental program (except Medicaid), a state or federal workers' compensation, employers' liability or occupational disease law services rendered by employees of hospitals, laboratories or other institutions.

- The exclusion for commission of a felony applies, but the exclusion for an attempt to commit a felony does not apply.
- The exclusion for services provided by a government plan, program, hospital or other facility does not apply.
- The exclusion for services provided by someone who ordinarily resides with the insured person does not apply, but the exclusion still applies for services provided by an immediate family member.
- The Reimbursement provision does not apply.

North Dakota

Form: CH-26155-IP (06/22) ND

- Eligible dependent is expanded to include dependents of covered dependents.

Ohio

Forms: CH-26155-IP (06/22) (PB) OH applies to Basic Plan; CH-26155-IP (06/22) (PBM) OH applies to Plan 1000; CH-26155-IP (06/22) (PBMI) OH applies to Plan 2000

- Eligible dependents include your lawful spouse/domestic partner and your natural and adopted children, or children placed for adoption, step-children and children for whom you must provide medical support under a court order, who are under 28 years of age.
- In the Termination of Coverage provision, if we terminate coverage following a request by you, we will terminate coverage on the date we receive your request or a later date, if specified.
- In the Reimbursement provision, if the insured person is not fully compensated by any recovery received by third party due to comparative negligence, reduction of the third party's liability, limited liability insurance, or any other cause, our claim shall be reduced in the same proportion as the insured person's interest is diminished.

State Variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Oklahoma

Form: CH-26155-IP (06/22) OK

- The exclusions for services as a result of intoxication or voluntary taking of over the counter drugs do not apply. However, the exclusion for any services sustained while under the influence of illegal narcotics or controlled substance unless administered or prescribed by a physician still applies.
- The exclusion for any act of declared or undeclared war applies while serving in the military or any auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer; participation in a felony, riot or insurrections, service in the armed forces or units auxiliary thereto.

Pennsylvania

Form: CH-26155-IP (06/22) PA

- The Reimbursement provision is revised: If an insured person's dental services are caused by the acts or omissions of a third party, we will not cover a loss to the extent that it is paid as part of a settlement or judgment by any third party. However, if payment by or for the third party has not been made by the time we receive acceptable proof of loss, we will pay regular policy benefits for the insured person's loss. We will have the right to be reimbursed if the insured person subsequently receives any payment from any third party for dental claims. The insured person (or the guardian, legal representatives, estate, or heirs of the insured person) shall promptly reimburse us from the settlement, judgment, or any payment received from any third party.

South Carolina

Form: CH-26155-IP (06/22) SC

- For plans that cover Major Services, the following will be considered as covered Major Services when received by your covered dependent for the care and treatment of cleft lip and cleft palate, as defined in the policy:
 - Diagnostic cephalometric film;
 - Limited orthodontic treatment of the primary, transitional, adolescent, or adult dentition;
 - Interceptive orthodontic treatment of the primary or transitional dentition;
 - Comprehensive orthodontic treatment of the transitional, adolescent, or adult dentition;
 - Removable appliance therapy; and
 - Pre-orthodontic treatment visit.

South Dakota

Form: CH-26155-IP (06/22) SD

- The exclusion for intoxication or under the influence of illegal narcotics or controlled substance does not apply.
- The exclusion for workers' compensation is revised: Benefits which are paid under any workers' compensation insurance pursuant to the applicable state or federal law.
- The exclusion for services provided by an immediate family member does not apply if they are the only provider within 50 miles and are acting within the scope of their license.
- The exclusion for teeth that are not periodontally sound does not apply. The exclusion still applies for teeth that have a questionable prognosis as determined by us.
- In the exclusions that reference natural teeth, "natural" does not apply.

Tennessee

Form: CH-26155-IP (06/22) TN

- In the exclusion for services provided prior to the effective date or after the termination date of the policy, if a specific treatment is started while an insured person is insured under the policy, we will pay benefits for covered dental services which are completed within 31 days after your termination date.
- Eligible dependent is expanded to include your children primarily dependent upon you for financial support and maintenance and your children for whom coverage has been ordered by a court of law or administrative order who are under 26 years of age.
- In the Termination of Coverage provision, if we discontinue plan, type of coverage, or coverage in your state, we will give you at least 30 days' notice before the date coverage will be discontinued.
- In the Reimbursement provision, we have the right to be reimbursed to the extent of benefits we paid for the dental services if the insured person subsequently receives any payment from any third party, but only after the insured person is fully compensated for his or her loss.

State Variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Texas

Form: CH-26155-IP (06/22) TX

- An Outline of Coverage for this state, CH-26155-IP (06/22) OC TX, can be viewed at <https://stage.uhone.com/api/suppliesystem/?Filename=49203OCTX-C202306.pdf>.
- Eligible dependent is expanded to include: your or your spouse's children for whom you or your spouse are a party in a suit for which adoption is sought; children for whom you must provide medical or dental support under a court order; your grandchildren who are dependent on you for the purposes of Federal Income Tax at the time of application and who are under 26 years of age; and dependents 26 and over who are incapable of self-sustaining employment by reason of mental retardation or physical handicap and chiefly dependent on you for support and maintenance.
- The exclusion for services provided by an immediate family member or someone who ordinarily resides with an insured person does not apply.

Utah

Form: CH-26155-IP (06/22) UT

- An Outline of Coverage for this state, CH-26155-IP (06/22) OC UT, can be viewed at <https://stage.uhone.com/api/suppliesystem/?Filename=49203OCUT-C202306.pdf>.
- Eligible dependent is expanded to include children placed for adoption or legally adopted, foster children, and children for whom a parent is required by a court or administrative order to provide dental coverage for.
- In the Premium Changes provision, we will provide written notice at least 45 days prior to any rate changes.
- The exclusion for intoxication and substance abuse is revised: Any service incurred as a direct result of the insured person being found guilty of voluntarily participating in an illegal activity while being intoxicated, as defined by applicable state law in the state in which the loss occurred, or being found guilty of voluntarily participating in an illegal activity while under the influence of illegal narcotics or controlled substance unless administered or prescribed by a physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
- The exclusions for insured person taking part in a riot or insured person's commission or attempt to commit a felony apply only if done voluntarily.
- The exclusion for reconstructive surgery does not apply when the service is incidental to or follows surgery

resulting from trauma, infection or diseases of the involved part or reconstructive surgery because of congenital disease or anomaly of a covered dependent child that has resulted in a functional defect.

- The exclusions regarding congenital malformation and congenital anomalies do not apply.

West Virginia

Form: CH-26155-IP (06/22) WV

- An Outline of Coverage for this state, CH-26155-IP (06/22) OC, can be viewed at <https://stage.uhone.com/api/suppliesystem/?Filename=49203OCWV-C202306.pdf>.

Wisconsin

Form: CH-26155-IP (06/22) WI

- An Outline of Coverage for this state, CH-26155-IP (06/22) OC WI, can be viewed at <https://stage.uhone.com/api/suppliesystem/?Filename=49203OCWI-C202306.pdf>.
- In the Premium Changes provision, we will provide at least a 60-day notice of changes.

Wyoming

Form: CH-26155-IP (06/22) WY

- Eligible dependent is expanded to include children of a non-custodial parent, or a parent sharing custody or temporary control pursuant to a court order.
- **This policy does not contain comprehensive adult wellness benefits as defined by Wyoming Law.**

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance or Medicare Advantage 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 benefits for covered expenses.
- 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 notice describes the limitations of this product, and is not a substitution for Medicare Supplement Insurance.

VIEW TEXAS NOTICE HERE: <https://stage.uhone.com/api/suppliesystem/?Filename=49656TX-C.pdf>

VIEW NOTICE FOR ALL OTHER STATES HERE: <https://stage.uhone.com/api/suppliesystem/?Filename=49656-C.pdf>

Health Plan Notices of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

VIEW NOTICE HERE. Please review it carefully.

(<https://www.uhc.com/content/dam/uhc.com/en/npp/HM-Carrier-NPP-uhcmemberhub-EN.pdf>)

Conditions Prior To Coverage (Applicable with or without the Conditional Receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by The Chesapeake Life Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date and any check is honored on first presentation for payment.
3. The policy is: (a) issued by The Chesapeake Life Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded. Keep an electronic copy of this document. It has important information.