

# Dental Coverage

# **PPO Dental**

Coverage to help you keep a healthy smile.





## Coverage For Your Dental Care Needs.

Research shows that oral health and overall health are closely related. So when you keep your teeth healthy, you are also helping to keep your body healthy.

Our **PPO Dental** plan offers coverage options for **preventive/diagnostic, basic and major restorative services** through Careington's Maximum Care **network of 200,000 providers**.

**Applying is simple and can be completed in minutes.**

### PPO Dental At A Glance



100% coverage on both plans for many preventive services like cleanings, X-rays and oral exams<sup>1</sup>



Pays up to **\$1,200** per person, per calendar year for covered services on the Premiere Plan



Large network of dentists and specialists to choose from. **Visit ChesapeakePlus.com** to view a list of in-network providers<sup>1</sup>



Affordable premiums that do not increase as you get older with Basic coverage **starting at \$20 per month**<sup>2</sup>

<sup>1</sup> Careington Benefit Solutions, a **CAREINGTON** International Company administers the dental insurance plans on behalf of Chesapeake through their extensive **Maximum Care Network**. | <sup>2</sup> Premium for an adult Basic PPO Dental plan.



BENEFITS - Network Provider <sup>1</sup>		
	Basic	Premiere
Covered Services	Preventive, diagnostic, restorative and adjunctive services	Preventive, diagnostic, restorative, adjunctive, endodontics, periodontics, prosthodontics and oral surgery services
• Type I	100% No waiting period	100% No waiting period
• Type II	50% No waiting period for Preventive and Diagnostic  Six month waiting period for Restorative and Adjunctive (waived for Emergency Dental Care)	80% No waiting period for Preventive and Diagnostic  Six month waiting period for Restorative and Adjunctive (waived for Emergency Dental Care)
• Type III	Not covered	60% 12 month waiting period
Calendar year deductible (Applies to Type II and III only)	\$100 per person Three max per family	\$50 per person Three max per family
Calendar year maximum	\$1,000 per person \$5,000 per family	\$1,200 per person \$6,000 per family

MONTHLY PREMIUMS		
Adult	\$20 <sup>00</sup>	\$41 <sup>00</sup>
Child	\$17 <sup>00</sup>	\$29 <sup>40</sup>

See the following pages for Type I, Type II and Type III covered services details | The chart above is only an illustration of benefit and premium options per covered person | Visit [ChesapeakePlus.com](http://ChesapeakePlus.com) to view a list of in-network providers.

<sup>1</sup> Certain services include limitations. Benefits are reduced for non-network providers. 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.



## Type I Covered Services<sup>1</sup>

Premiere and Basic plans include the following services with no waiting period:

### Preventive:

- Prophylaxis - twice a year
- Tropical Flouride - once a year, up to age 16
- Sealants - once every 3 years, up to age 16

### Diagnostic:

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

## Type II Covered Services<sup>2</sup>

Premiere and Basic plans include the following services with a 6 month waiting period:

### 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 Dental Care for treatment of pain
- Fixed partial denture sectioning
- Local anesthesia
- Analgesia - up to age 13
- Inhalation of nitrous oxide
- Occlusion analysis and occlusion adjustment



<sup>1</sup>Type I services for Premiere and Basic plans are covered at 100% in-network and 80% non-network. | <sup>2</sup>Type II services for Premiere plan are covered at 80% in-network and 60% non-network. Type II services for Basic plan are covered at 50% for both in-network and non-network.

## Type III Covered Services<sup>1</sup>

Premiere plan only includes the following services with a 12 month waiting period, unless stated otherwise:

### 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
- Sedative fillings

### Endodontics:

- Pulp caps; therapeutic pulpotomy; pulpal therapy
- Root canal or endodontic therapy

### Oral Surgery:

- Extraction of erupted tooth; removal of impacted tooth
- Tooth transplantation
- Alveoloplasty
- Removal of cyst/tumor 1.25 cm and greater
- Incision and drainage of abscess

### Prosthodontics:

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

### Periodontics:

- Gingivectomy/gingivoplasty - once every 36 months
- Gingival flap procedure and osseous surgery - each limited to once every 36 months
- Soft tissue graft procedures
- 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

<sup>1</sup>Type III services for Premiere plan only are covered at 60% in-network and 50% non-network.

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 Insurance Preferred Provider Organization (PPO) Policy, Form CH-26121-IP (01/12) (B) MD or CH-26121-IP (01/12) (P) MD. | The information contained herein is accurate at the time of publication. This brochure provides only summary information.



## 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.



## Other Important Information

### EXCLUSIONS AND LIMITATIONS

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

**For Basic and Premiere Plans:** Treatment, care, services or supplies for which benefits are not specifically provided for in the Policy | Charges exceeding the maximum benefit amount, if any | Attempted suicide or any intentionally self-inflicted injury | 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 | Plaque control, completion of claim forms; broken appointments, prescription or take-home fluoride, or diagnostic photographs | Oral/facial images, including intra- and extra-oral images | Pulp vitality tests | Chairside, labial veneers (laminates) | 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 | Services not completed within 90 days after coverage terminates | Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge, except when received in a hospital or other institution of the state or of a county or municipal corporation of the state, whether or not the hospital or other institution is deemed charitable | 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 | 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

**For Premiere Plan Only:** 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 mouth-guards; precision or semi-precision attachments; denture duplication; or splinting | Replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within five years of the date of the last replacement, unless due to an injury | Post removals unless in conjunction with endodontic therapy | Intentional re-implantation, including necessary splinting | Surgical procedure for isolation of tooth with rubber dam | Canal preparation and fitting of performed dowel or post | 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

**Pre-Existing Condition Limitation:** We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined, unless the loss is incurred at least one year after the effective date of coverage for an insured person. Pre-Existing Condition means a dental condition not excluded by name or specific description for which services, procedures or treatment was recommended by or received from a dentist or physician within the one year period before the effective date of coverage.

### 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, subject to Chesapeake's right to discontinue or terminate coverage as provided 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 31 days prior to the effective date of the new rates.

**TERMINATION OF COVERAGE:** Subject to the Extension of Benefits, your coverage will terminate and no further benefits will be payable under the Policy or any attached riders, if any: | Termination will occur on the last day of the grace period, if the premium due is not paid by the end of the grace period | 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, subject to the Time Limit on Certain Defenses | 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.



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