

Dental Coverage for Seniors

# Dental

Dental plans that complement your Original Medicare and product benefits to help protect your dental health.



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



## Dental At A Glance



100% coverage 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 Gold Plan



Complements your Original Medicare insurance plan



Affordable premiums that do not increase as you get older with Basic coverage **starting at \$23 per month<sup>2</sup>**



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

## BENEFITS - Network Provider<sup>1</sup>

### Silver

### Gold

Covered Services	Basic restorative; Major restorative; Preventive/Diagnostic; Orthodontia	
• Preventive/Diagnostic	No deductible No waiting period for most services	No deductible No waiting period for most services
Deductible	\$100 per person, per calendar year	\$100 per person lifetime deductible
Calendar year maximum	\$1,000 per person (excludes orthodontics)	\$1,200 per person (excluded orthodontics)
Orthodontia	\$1,000 per person lifetime maximum 12 month waiting period, \$50 monthly maximum reimbursement per person	\$1,200 per person lifetime maximum 12 month waiting period, \$50 monthly maximum reimbursement per person

## MONTHLY PREMIUMS

### MONTHLY PREMIUMS

\$23<sup>00</sup>

\$34<sup>00</sup>

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.

## Other Important Information

### Coverage Information:

**COVERAGE BEGINS:** Chesapeake requires evidence of insurability before coverage is provided. Once Chesapeake has approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.

**TERMINATION OF COVERAGE:** Your coverage will terminate and no further 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 | 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.

<sup>1</sup> Certain services include limitations. See Policy for details. | 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 or each service or procedure. To fully understand the coverage provided under the Policy, you should read your Policy carefully. Dental Insurance Policy, Form CH-26099-IP (1/08) ME (01/12)

## 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.**

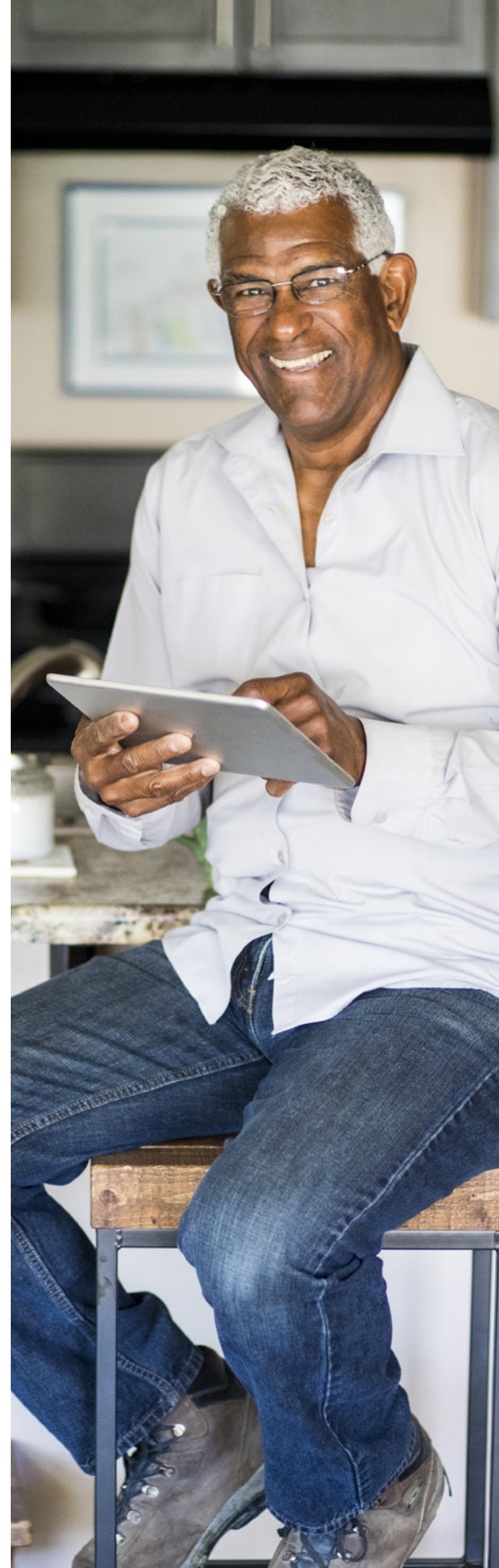
This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**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).



**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) ME (01/12)**

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to health Insurance for People With Medicare available from the Company.

- 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:  
(Excludes Orthodontics)**

**\$1,000 per Insured Person**

**MONTHLY ORTHODONTICS BENEFIT MAXIMUM:  
(Counts toward Orthodontics Lifetime Maximum)**

**\$50 per Insured Person**

**ORTHODONTICS LIFETIME MAXIMUM:**

**\$1,000 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:

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 either in independent practice or 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.

**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; or
- 17. Covered Expenses for which an Insured Person is not legally obligated to pay.

**F. RENEWABILITY** - The Policy is guaranteed renewable, 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 60 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, checked below, the initial premiums are as follows:

- Monthly (Bank Draft)     
  Quarterly     
  Semiannually     
  Annually

Policy CH-26099-IP (1/08) ME (01/12), described above	\$
_____	_____
_____	\$
_____	\$
<b>TOTAL</b>	<b>\$</b>

**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.



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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**

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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 either in independent practice or 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.

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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.

**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; or
17. Covered Expenses for which an Insured Person is not legally obligated to pay.

**F. RENEWABILITY** - The Policy is guaranteed renewable, 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 60 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.

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**Premiums** - based on the mode of payment, checked below, the initial premiums are as follows:

- Monthly (Bank Draft)       Quarterly       Semiannually       Annually

Policy CH-26099-IP (1/08) ME (01/12), described above	\$	
	\$	
	\$	
<b>TOTAL</b>	<b>\$</b>	

**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.



**Navigate Life's Twists & Turns**  
with the SureBridge portfolio of supplemental  
and life insurance products

**Accident | Dental | Disability | Fixed Indemnity  
Illness | Life | Metal Gap | Vision**

**SureBridgeInsurance.com  
(800) 815-8535**

Weekdays 8:00 a.m. to 5:00 p.m. in all time zones



## 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.

SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental and life insurance products are underwritten by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.

