



Dental

# Coverage to help you keep a healthy smile

## DID YOU KNOW?

Every **\$1** in  
preventive oral care can  
save **\$8-50**  
in restorative and  
emergency treatments.<sup>1</sup>

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, basic and major restorative services** through Careington's Maximum Care **network of 200,000 providers**.

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

## Dental At A Glance

- 100% coverage on both plans for many preventive services like cleanings, X-rays and oral exams<sup>2</sup>
- Complements your Original Medicare insurance plan
- Large network of dentists and specialists to choose from. Visit [ChesapeakePlus.com](http://ChesapeakePlus.com) to view a list of in-network providers.<sup>2</sup>
- Pays up to **\$1,200** per person, per calendar year for covered services on the Gold Plan
- Affordable premiums that do not increase as you get older with Basic coverage **starting at \$23<sup>00</sup> per month<sup>3</sup>**

**Get coverage for your dental care needs. Apply today!**

<sup>1</sup> American Dental Hygienist Association, [www.adha.org](http://www.adha.org) | <sup>2</sup> Core Five Solutions, a CAREINGTON International Company administers the dental insurance plans on behalf of Chesapeake through their extensive Maximum Care Network. | <sup>3</sup> Premium for an adult Silver Dental plan.

CH SR DEN ME 714



Underwritten by *The Chesapeake Life Insurance Company*<sup>®</sup>

# Dental



Make sure you are protected with other popular SureBridge products:



Vision



Final Expense  
Whole Life

BENEFITS <sup>1</sup>	Silver	Gold
<b>Covered Services</b>	Basic restorative; major restorative; preventive/ diagnostic	
• Preventive/Diagnostic	No Deductible No waiting period for most services	No Deductible No waiting period for most services
<b>Deductible</b>	\$100 per person per calendar year	\$100 per person lifetime deductible
<b>Calendar year maximum</b>	\$1,000 per person (excludes orthodontics)	\$1,200 per person (excludes orthodontics)
<b>Orthodontia</b>	\$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
<b>MONTHLY PREMIUMS</b>	\$23 <sup>00</sup>	\$34 <sup>00</sup>

The chart above is only an illustration of benefit and premium options per covered person.

<sup>1</sup> Certain 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.

CH SR DEN ME 714

## DENTAL PLAN: OTHER IMPORTANT INFORMATION

### 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.
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be paid under the Policy or any attached riders: | 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.

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 Policy. Form CH-26099-IP (01/08) ME (01/12).

CH SR DEN ME 714

# 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 or 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.

# 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.

**LIFETIME DEDUCTIBLE:** **\$100 per Insured Person**  
Deductible does not apply to Diagnostic Evaluation, Diagnostic X-Ray, Diagnostic Services or Preventive/Prophy Services

**ANNUAL BENEFIT MAXIMUM:** **\$1,200 per Insured Person**  
*(Excludes Orthodontics)*

**MONTHLY ORTHODONTICS BENEFIT MAXIMUM:** **\$50 per Insured Person**  
(Counts toward Orthodontics Lifetime Maximum)

**ORTHODONTICS LIFETIME MAXIMUM:** **\$1,200 per Insured Person**

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

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

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

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

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 or 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>	\$
	_____

**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.

This page intentionally left blank.

This page intentionally left blank.

For more information on SureBridge's  
supplemental insurance products, please visit

[www.SureBridgeInsurance.com](http://www.SureBridgeInsurance.com)

**SureBridgeInsurance.com**

**800-815-8535**

Weekdays, 8am to 5pm in all time zones

**©2014 The Chesapeake Life Insurance Company®**

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

