

Dental Coverage

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 **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



Pays 100% of the scheduled amount shown in your Policy for many preventive services like cleanings, X-rays and oral exams¹



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



Visit **any provider** of your choice or take advantage of big discounts by using the plan’s large network of participating providers¹



Affordable premiums that do not increase as you get older with coverage **starting at \$12 per month**²

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



BENEFITS ¹	Bronze	Silver	Gold
Covered Services	Preventive/Diagnostic	Basic Restorative; Major Restorative; Preventive/Diagnostic	Basic Restorative; Major Restorative; Preventive/Diagnostic
• Preventive/Diagnostic	No deductible No waiting period	No deductible No waiting period for most services	No deductible No waiting period for most services
Deductible	Not applicable	\$100 per person per calendar year	\$100 per person lifetime deductible
Calendar year maximum	Not applicable	\$1,000 per person	\$1,200 per person (excludes orthodontics)
Orthodontia	Not covered	Not covered	\$1,200 per person lifetime maximum \$50 per person monthly benefit

MONTHLY PREMIUMS			
Adult	\$12 ⁰⁰	\$21 ⁰⁰	\$31 ⁰⁰
Child	\$10 ⁰⁰	\$15 ⁰⁰	\$24 ⁰⁰

The chart above is only an illustration of benefit and premium options per covered person | Visit ChesapeakePlus.com to view a list of in-network providers.

¹ 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.

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 any loss caused by or resulting from:

Any portion of a charge for any service not listed as a covered expense in the Policy schedule/schedule of benefits | Care, treatment, services or supplies that exceed the scheduled benefit amount | 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 ordered by the dentist | 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 | The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function | Implants, replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouthguards, precision or semi-precision attachments, denture duplication, or splinting | Plaque control, completion of claim forms; broken appointments, prescription or take-home fluoride, or diagnostic photographs | Replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within five years of the date of the last replacement, unless due to an injury | An initial placement of a partial or full removable denture or fixed bridge work if it involves the replacement of one or more natural teeth lost before coverage was effective under the Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy | Services not completed by the end of the month in which coverage terminates | Procedures that are begun, but not completed | Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge | Services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the Armed Forces of any country or combination of countries | Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act | Charges that are applied toward the satisfaction of a deductible, if any (does not apply to Bronze Plan) | Orthodontic procedures unless in association with congenital defects or anomalies for covered dependent newborn children (does not apply to Gold Plan) | Covered expenses for which an insured person is not legally obligated to pay.

Other Important Information (continued)

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 guaranteed renewable to age 65, subject to Chesapeake's right to discontinue or terminate the 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 not more frequently than once in any 12 month period; provided, Chesapeake has given you written notice of at least 45 days prior to the effective date of the new rates and the new rates are approved by the North Carolina Department of Insurance.

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 grace period for which premium has not 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 we elect to discontinue this plan or type of coverage. We will provide you with a 180 day notice in the event we terminate the plan | On the date we elect to discontinue all coverage in your state. We will provide you with a 180 day notice in the event we terminate the plan | On the date an insured person is no longer a permanent resident of the United States | Upon attainment of age 65.

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. A Dental Insurance Policy, form CH-26099-IP (01/08) NC.

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

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