SureBridge®
Underwritten by
The Chesapeake Life Insurance Company®

Dental, Vision & Hearing Coverage

DentalWise™ Plus

Three Services. One Premium.
Be wise! Save money with a single policy for your teeth, sight, and hearing.

Smile bigger. See brighter. Listen better.

Dental

Get regular dental visits with no out-of-pocket costs. Regular checkups can help protect your teeth and your overall health.

Vision

No more squinting! Routine vision exams are covered to help you see what you've been missing and catch potential issues early.

Hearing

Hearing loss can isolate you from friends and family. Hearing aids and routine hearing exams help keep you in the conversation.

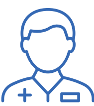
Did You Know?

Original Medicare doesn't cover preventive dental, vision, or hearing care. So you have to pay full price on your own when you visit a dentist, eye doctor, or audiologist. Those costs can add up!

Get Wise! DentalWise™ Plus saves you money and costs less than buying three policies.

DentalWise™ Plus at a Glance

100% coverage with **no waiting period** for routine dental, vision, and hearing exams[1]



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

Affordable premiums that do not increase as you get older. Coverage **starts at $23 per month.**[2]

Issue ages:
0 through 90

Coverage is available for the whole family—you, your spouse, and your kids.

Guaranteed issue and renewable for life!

[1] Careington Benefit Solutions, a CAREINGTON International Company, administers the dental insurance plans through their extensive Maximum Care Network. Vision benefits are administered through EyeMed Vision Care's "Select" Network of independent providers and retail chains. Visit EyeMedVisionCare.com/Locator for participating locations in your area. Hearing benefits are administered through the TruHearing® network of more than 3,800 provider locations across the country | [2] Premium for a 40-year-old with $1,000 annual maximum benefit.

BENEFIT SUMMARY	
Combined Annual Benefit Options	$1,000, $1,500, or $2,000 per insured, per policy year
DENTAL	
Covered Services[1]	Preventive, diagnostic, restorative, adjunctive services, endodontics, periodontics, prosthodontics and oral surgery services
Type I (Preventive)	100% No waiting period
Type II (Basic)	Year 1: 60% per insured* | Year 2: 70% per insured* | Year 3+: 80% per insured* 6-month waiting period**
Type III (Major)	Year 1: 60% per insured* | Year 2: 70% per insured* | Year 3+: 80% per insured* 12-month waiting period**

Orthodontics covered expenses under Type III for dental services and procedures will ***only*** be payable when received by your covered dependents for the care and treatment of cleft lip and cleft palate.

VISION	
Comprehensive Eye Exams	100% up to $75 per insured, per policy year No waiting period
Follow-up Visits Contact Lenses, Frames, Corrective Spectacle Lenses, and Corrective Spectacle Lens Fittings	$20 Copay, 100% up to $200 per insured, per policy year No waiting period
HEARING	
Hearing Examination	100% up to $75 per insured, per policy year No waiting period
Hearing Aids	Year 1: $200 | Year 2: $400 | Year 3+: $600 (Benefit increases each year it goes unused. Returns to $200 if used for that insured.) No waiting period

*Covered Services are payable after $100 policy deductible, per insured person, per policy year. | ** Waiting periods are waived with acceptable proof of previous dental insurance for a period of 12 consecutive months prior to issue date of new coverage. | *** Benefit will be payable at 60% after policy deductible during the first policy year for an insured person previously covered under full dental coverage, provided such prior coverage was in effect for at least 12 consecutive months and is continuous to a date no more than 63 days prior to your application date.

[1] 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.

Dental Benefits

Type I Covered Services

Preventive:
- Prophylaxis - once every six months
- Topical Flouride - once every 12 months, up to age 16
- Sealants - once every 36 months, up to age 16

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

Type II Covered Services

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) treatment of pain
- Fixed partial denture sectioning
- Local anesthesia
- Analgesia - up to age 13
- Inhalation of nitrous oxide
- Consultation
- Application - Desensitizing medicament and desensitizing resin for cervical and/or root service
- Occlusion analysis and occlusion adjustment

Type III Covered Services

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
- Protective restoration
- Sedative fillings

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, Vision and Hearing Insurance Policy Form CH-26151-IP (10/18) SC. | The information contained herein is accurate at the time of publication. This brochure provides only summary information.

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Type III Covered Services Continued

Endodontics:
- Pulp caps; therapeutic pulpotomy; pulpal therapy
- Internal tooth repair of perforation defects
- Apexification/recalcification or apicoectomy periradicular surgery
- Retrograde fillings
- Root canal or endodontic therapy

Oral Surgery:
- Extraction of erupted tooth; removal of impacted tooth
- Tooth transplantation
- Alveoloplasty
- Biopsy of oral tissue, soft or hard; Removal of cyst/tumor 1.25 cm in diameter and greater
- Incision and drainage of abscess
- Sinus augmentation
- Frenulectomy
- Excision of hyperplastic tissue or pericoronal gingival

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

Periodontics:
- Gingivectomy/gingivoplasty - once every 36 months
- Gingival flap procedure - once every 36 months
- Soft tissue graft procedures and hard tissue clinical crown lengthening
- Osseous surgery - once every 36 months
- Bone replacement grafts and guided tissue regenerations
- 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
- Periodontal maintenance

Orthodontics*:
- 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
- Pre-orthodontic treatment visit

*Orthodontics covered expenses under Type III for dental services and procedures will only be payable when received by your covered dependents for the care and treatment of cleft lip and cleft palate.

Hearing Benefits

Covered Services

- Hearing examination
- Purchase of hearing aids

Additional Savings from TruHearing

- Members get to choose from a wide selection of the latest digital hearing aids at prices 30-60% below the national average at over 3,800 providers nationwide.
- Members have a 45-day risk-free trial period after purchasing hearing aids through TruHearing

Vision Benefits

Covered Services

- Comprehensive eye exams
- Follow-up visits and vision hardware including contact lenses, frames, corrective spectacle lenses, and corrective spectacle lens fittings

Additional Savings from EyeMed[1]

In addition to your insured vision plan benefits, you have access to the following discounts through EyeMed where you pay:

Frames	• 20% off balance
Contact Lenses, Non-Disposable	• 15% off balance
Additional Pairs Benefit	• Members also receive a 40% discount off a complete pair of eyeglasses and a 15% discount off conventional contact lenses once the funded benefits have been used
Lenses	• Standard Polycarbonate: $40 • PRS Scratch Coat: $15 • Tints (Solid and Gradient): $15 • Standard UV Coating: $15 • Standard Anti-Reflective: $45 • Other Lens Options: 20% off retail
Non-Scheduled Items	• 20% off retail
LASIK or PRK Vision Correction	• 15% off retail or 5% off promotional price

Free-Look Period

It's important that you're satisfied with your optional supplemental coverage. If you aren't satisfied, you may cancel within the free-look period listed in the policy. We'll cancel the coverage as of the policy's effective date, and we'll refund all premiums paid.

[1] EyeMed is a discount program only and not insurance. This program provides discounts only at certain contracted providers. You are obligated to pay all health care fees at the time of service, but will receive a discount from those providers who have contracted with the discount plan organization. The program does not make payments directly to the providers of medical services.

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).

Other Important Information

Definitions (See Policy for Other Important Definitions):

- **Dental Covered Expenses** means the Usual and Customary Charges for the dental services and supplies covered under the Policy, which are incurred by an insured person and not otherwise excluded or limited in the Policy. Dental Covered Expenses are incurred on the date that the service is performed or the date the charge for the supply is incurred. Dental Covered Expenses must be incurred while this coverage is in force.
- **Hearing Covered Expenses** means the actual charge for services and supplies listed in the Policy Schedule. When services are provided by a PPO provider, Hearing Covered Expenses means the negotiated rate in effect with a PPO on the date it provides a covered expense.
- **Participating Provider Organization** ("PPO") means a group of physicians or other providers who have contracted with the company or a company-designated organization to provide services, treatment and supplies to an insured person at negotiated fees.
- **Usual and Customary Charges** means charge which is the smallest of: 1. The actual charge; 2. The charge usually made for the covered expense by the provider who furnishes it; or 3. The charge equal to the 75th percentile of charges billed by providers in the geographic area. When services are provided by a PPO provider, Usual and Customary Charges means the negotiated rate in effect with a PPO on the date it provides a covered expense.
- **Vision Covered Expenses** means the actual charge for services and supplies listed in the Policy Schedule. When services are provided by a PPO provider, Vision Covered Expenses means the negotiated rate in effect with a PPO on the date it provides a covered expense.
- **Waiting Period** means the consecutive period of time beginning from the effective date of coverage in which an insured person must be insured under the Policy before benefits are payable. The Waiting Period is shown in the Policy Schedule. If an insured person was previously covered under a full dental coverage plan as disclosed on your application, we will waive the Waiting Period applicable to dental benefits under the Policy for that insured person, provided such prior coverage was in effect for at least 12 consecutive months and is continuous to a date no more than 63 days prior to your application date for this coverage.

Exclusions and Limitations from EyeMed:

Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing | Aniseikonic lenses | Medical and/or surgical treatment of the eye, eyes or supporting structures | Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under plan | Services provided as a result of any Workers' Compensation Law | Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount) | Services or materials provided by any other group benefit providing for vision care | Two pair of glasses in lieu of bifocals or trifocals

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
www.Chesapeakeplus.com

DENTAL, VISION AND HEARING INSURANCE POLICY
OUTLINE OF COVERAGE FOR POLICY FORM CH-26151-IP (10/18) SC

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.

1. **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!**

2. **DENTAL, VISION AND HEARING INSURANCE POLICY** – The Policy is intended to provide benefits for Type I, II, and III Dental Covered Expenses, Vision Covered Expenses, and Hearing Covered Expenses as specified in the Policy when received by an Insured Person. Unless otherwise stated within the Policy, all benefits are subject to the Waiting Period, if any, Deductible, if any, Benefit Maximum, Limitations & Exclusions, and all other provisions of the Policy.

3. **SCHEDULE OF BENEFITS** – Benefits are payable under the Policy as follows:

POLICY DEDUCTIBLE, PER INSURED PERSON: $100 per Policy Year
Policy Deductible waived for Type I Dental Covered Expenses, Vision Benefits and Hearing Benefits

POLICY YEAR BENEFIT MAXIMUM, PER INSURED PERSON: ☐$1,000 ☐$1,500 ☐$2,000

DENTAL BENEFITS	COINSURANCE
Type I Dental Covered Expenses:	100%
Type II Dental Covered Expenses: *(subject to 6 month Waiting Period)*	
First Policy Year:	60% per Insured Person, after Policy Deductible
Second Policy Year:	70% per Insured Person, after Policy Deductible
Each Policy Year thereafter:	80% per Insured Person, after Policy Deductible
Type III Dental Covered Expenses: *(subject to 12 month Waiting Period)*	
First Policy Year:	0%* per Insured Person, after Policy Deductible
Second Policy Year:	70% per Insured Person, after Policy Deductible
Each Policy Year thereafter:	80% per Insured Person, after Policy Deductible

*Benefits will be payable at 60% after Policy Deductible during the First Policy Year for an Insured Person who was previously covered under full dental coverage as disclosed on the application, provided such prior coverage was in effect for at least 12 consecutive months and is continuous to a date no more than 63 days prior to Your application date for this coverage. Please refer to definition of Waiting Period in the Policy.

VISION BENEFITS	COINSURANCE
Comprehensive Eye Examination:	100% up to $75 per Insured Person, per Policy Year
Corrective spectacle lenses, frames, contact lenses, corrective spectacle lens fittings and follow-up visits:	100% following $20 Copayment per Insured Person, per Policy year; up to $200 per Insured Person, per Policy Year

HEARING BENEFITS	
Hearing Examination:	100% up to $75 per Insured Person, per Policy Year
Hearing Aids:	$200* per Insured Person, per Policy Year

**For each Policy Year an Insured Person does not use the Hearing Aids benefit, this amount will increase for that Insured person, according to the schedule below:*

Benefit following 1st Policy Year:	$400
Benefit following 2nd Policy Year and thereafter:	$600

Once the Hearing Aids benefit is used by an Insured Person, the benefit payable per Insured Person, per Policy Year will start over at $200 for that Insured Person.

4. **BENEFITS** – Benefits are payable as stated in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, while an Insured Person's coverage is in force under the Policy. Such benefits are subject to the Waiting Period, if any, shown in the POLICY SCHEDULE, the benefit amounts and limitations shown in the POLICY SCHEDULE, the Exclusions and Limitations, and all other provisions of the Policy.

   A. **DENTAL BENEFITS:** Dental Covered Expenses include Type I, II, and III dental services and procedures when received by an Insured Person, payable in accordance with the Benefits shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Orthodontics Covered Expenses under Type III for dental services and procedures will only be payable when received by Your Covered Dependent(s) for the care and treatment of Cleft Lip and Cleft Palate.

   To be a Dental 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 under the supervision and direction of a Dentist.

   Dental Covered Expenses must be incurred while the Insured Person's coverage under the Policy is in force.

   A Dental Covered Expense is considered to be incurred on the date the service is performed, unless otherwise stated below:

   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; or
   4. Periodontal surgery – on the date surgery is performed.

   B. **VISION BENEFITS:** Vision Covered Expenses include comprehensive eye examinations performed by a Physician, and corrective spectacle lenses, frames, and contact lenses prescribed by a Physician, payable in accordance with the Benefits shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Covered Expenses also include corrective spectacle lens fittings and follow-up visits. A Vision Covered Expense is considered to be incurred on the date the service is performed or the date the charge for the supply is incurred.

C. HEARING BENEFITS: Hearing Covered Expenses include hearing examinations performed by a Physician, and Hearing Aids prescribed by a Physician, payable in accordance with the Benefits shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. A Hearing Covered Expense is considered to be incurred on the date the service is performed or the date the charge for the supply is incurred.

5. IMPORTANT INFORMATION REGARDING PARTICIPATING PROVIDER ORGANIZATIONS -

The Policy provides benefits for Covered Expenses obtained from both Participating Provider Organizations and non-participating providers. For the purpose of this provision, Participating Provider Organizations are those providers who have agreed to provide Covered Expenses at negotiated rates. Non-participating providers have not agreed to negotiated rates or arrangements.

Using a Participating Provider Organization May Lower Costs. Covered Expenses rendered by a non-participating provider may cost the Insured Person more than Covered Expenses rendered by a Participating Provider Organization. Covered Expenses for a non-participating provider's services may be substantially lower than the actual charges. The Covered Insured's responsibility includes the portion of the expense not payable under the Policy, plus all of the non-participating provider's charges that exceed the Covered Expense.

To minimize out-of-pocket costs, it is important that the Insured Person receive services from a Participating Provider Organization.

6. LIMITATIONS & EXCLUSIONS – We will not provide any benefits for charges arising directly or indirectly, in whole or in part, from:

1. Treatment, care, services or supplies for which benefits are not specifically provided for in the Policy;
2. Charges exceeding the Benefit Maximums, if any;
3. Attempted suicide or any intentionally self-inflicted injury;
4. Directly or indirectly engaging in illegal activity;
5. Treatment of disturbances of the temporomandibular joint (TMJ);
6. 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;
7. Cosmetic procedures, UNLESS due to an injury or for congenital / developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic;
8. The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
9. Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouth-guards; precision or semi-precision attachments; denture duplication; or splinting;
10. Plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;
11. 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;
12. Oral/facial images, including intra- and extra-oral images;
13. Pulp vitality tests;
14. Post removals UNLESS in conjunction with endodontic therapy;
15. Chairside, labial veneers (laminates);
16. Intentional re-implantation, including necessary splinting;
17. Surgical procedure for isolation of tooth with rubber dam;
18. Canal preparation and fitting of performed dowel or post;
19. Regional block anesthesia;
20. Hospital, house, or extended care facility calls;
21. Office visits for the purpose of observation, during or after regularly scheduled hours;
22. Office visits outside of regularly scheduled hours;
23. Enamel microabrasions;
24. 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;
25. Services not completed by the end of the month in which coverage terminates;
26. Procedures that are begun, but not completed;
27. Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;
28. 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;

29. Any services, supplies or care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;
30. Orthodontic procedures, except for necessary care and treatment of Your Covered Dependent(s) Cleft Lip and Cleft Palate;
31. Covered Expenses for which an Insured Person is not legally obligated to pay;
32. Orthoptic or vision training and any associated supplemental testing;
33. Plano lenses;
34. Medical or surgical treatment of the eyes;
35. Any type of corrective vision surgery, including LASIK surgery;
36. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment;
37. Safety eyewear;
38. Replacement of lost or broken lenses, frames, glasses, or contact lenses;
39. Contact lens fitting;
40. Sub-normal vision aids or non-prescription lenses;
41. Services rendered or supplies purchased outside the U.S. or Canada, unless the Insured Person resides in the U.S. or Canada and the charges are incurred while on a business or pleasure trip;
42. Experimental/Investigational or non-conventional treatment or device;
43. Charges incurred after the Policy has terminated or coverage has ended;
44. Assistive Listening Devices (ALDs);
45. Medical and/or surgical treatment of the internal or external structures of the ear;
46. Hearing Aids not prescribed by an Audiologist or Physician;
47. Ear protective devices or plugs; or
48. Hearing Aids maintenance including batteries, maintenance/service contracts, fittings, ear molds and other miscellaneous repairs.

Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other Type III Prosthetic or Prosthodontic services are subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (1) needed to replace one or more natural teeth that were removed while the Policy was in force for the Insured Person; and (2) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 8 years.

7. **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. The premium for the Policy is based on the issue age of the Insured Person at the time in which the Policy becomes effective.

8. **BEGINNING OF COVERAGE -** Once We have approved Your application based upon the information You provided therein, the Effective Date of Coverage for You and those Eligible Dependents listed in the application and accepted by Us will be the Policy Date shown in the POLICY SCHEDULE.

9. **TERMINATION OF COVERAGE –**

You

Your coverage will terminate and no benefits will be payable under the Policy and any attached riders, if any:

1. At the end of the period for which premium has been paid (subject to the Grace Period);
2. 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;
3. 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;
4. On the date You:
   a. perform an act or practice that constitutes fraud; or
   b. 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;
5. On the date We elect to discontinue this plan or type of coverage;
6. On the date We elect to discontinue all coverage in Your state; or
7. On the date an Insured Person is no longer a permanent resident of the United States.

Premium will only be refunded for any full months paid beyond the termination date.

Covered Dependents

Your Covered Dependent's coverage will terminate under the Policy and any attached riders on:

1. The date Your coverage terminates;
2. At the end of the month following the date such dependent ceases to be an Eligible Dependent;
3. 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;
4. 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; or
5. On the date the Covered Dependent:
   a. performs an act or practice that constitutes fraud; or
   b. makes an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy.

Premium will only be refunded for any full months paid beyond the termination date.

The attainment of the limiting age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
2. Chiefly Dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent receives the majority of his or her financial support from You.

We will require that You provide written proof that the dependent is in fact a disabled and dependent person within 31 days after his or her attainment of the Limiting Age. Thereafter, We may require such written proof not more frequently than annually after the two-year period following the child's attainment of the Limiting Age. In the absence of such proof We may terminate the coverage of such person after the attainment of the Limiting Age.

10. 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 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy is based on the issue age of the Insured Person at the time in which the Policy becomes effective.

Premium Due (at time of application) $ _______________

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Illness | Metal Gap | Vision

SureBridgeInsurance.com
(800) 815-8535

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

SureBridge®
Underwritten by
The Chesapeake Life Insurance Company®

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 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.