



PPO 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.¹

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 exams²
- Complements your Original Medicare insurance plan
- Large network of dentists and specialists to choose from. Visit ChesapeakePlus.com to view a list of in-network providers.²
- Pays up to **\$1,200** per person, per calendar year for covered services on the Premiere Plan
- Affordable premiums that do not increase as you get older with Basic coverage **starting at \$21⁰⁰ per month³**

Get coverage for your dental care needs. Apply today!

¹ American Dental Hygienist Association, www.adha.org | ² Core Five Solutions, a CAREINGTON International Company administers the dental insurance plans on behalf of Chesapeake through their extensive Maximum Care Network | ³ Premium for an adult Basic PPO Dental plan.

CH SR DEN PPO VA 314

PPO Dental

Make sure you are protected with other popular SureBridge products:



Vision



Final Expense Whole Life

| BENEFITS - Network Provider ¹ | Basic | Premiere |
|--|---|--|
| Covered Services | Preventive, diagnostic, restorative and adjunctive services | Preventive, diagnostic, restorative, adjunctive, endodontics, periodontics, prosthodontics and oral services |
| • Type I | 100% No waiting period | 100% No waiting period |
| • Type II | 50% Six month waiting period | 80% Six month waiting period |
| • Type III | Not covered | 60% 12 month waiting period |
| Calendar year deductible | \$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 | \$21 ⁰⁰ | \$43 ⁰⁰ |

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.

¹ 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.

CH SR DEN PPO VA 314



PPO Dental

Type I Covered Services¹

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

Preventive:

- Prophylaxis - once every six months

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 Services²

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

Diagnostic:

- Intraoral films, extraoral films and panoramic film - once every 36 months

Restorative:

- Amalgam, primary or permanent and resin-based composite

Adjunctive:

- Palliative (emergency) treatment of pain
- Fixed partial denture sectioning
- Local anesthesia
- Inhalation of nitrous oxide
- Occlusion and analysis and occlusion adjustment

¹Type I services for Premiere and Basic plans are covered at 100% in-network and 80% non-network | ²Type 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.

CH SR DEN PPO VA 314

PPO Dental

Type III Covered Services¹

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; pupal therapy
- Root canal or endodontic therapy

Oral Surgery:

- Extraction of erupted tooth; removal of impacted tooth
- Tooth transplantation
- Alveoloplasty
- Removal of cyst/tumor 1.25cm 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

¹ Type III service 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) VA.

| The information contained herein is accurate at the time of print. This brochure provides only summary information.

CH SR DEN PPO VA 314

PPO Dental: 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 or disturbances of the temporomandibular joint (TMJ) | A service not rendered by a dentist or physician, unless by a dental hygienist under the dentist's supervision and x-rays are ordered by the dentist or physician | 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 | 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 ("war" does not include terrorism) | 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 | Experimental/Investigational treatment.

For Basic Plan Only: Cosmetic procedures, unless due to an injury or for congenital/developmental malformation.

For Premiere Plan Only: 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 | 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 | 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.

Coverage Information:

- **COVERAGE BEGINS:** Chesapeake requires evidence of insurability before coverage is provided. In consideration of your premiums paid as shown in the Policy schedule, and 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. Such change will be on a class basis.
- **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 not been paid (subject to the Grace Period) | on the date we receive your written notice of request for termination, or on such later date as may be specified in the written notice. Premium will be refunded for any amounts paid beyond the termination date | On the date of fraudulent misstatements in the application 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.

CH SR DEN PPO VA 314

This page intentionally left blank.

This page intentionally left blank.

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

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.

