

Dental Coverage  
**PPO 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 **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 exams<sup>1</sup>



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



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



Affordable premiums that do not increase as you get older with Basic coverage **starting at \$19 per month**<sup>2</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 Basic PPO Dental plan.



| BENEFITS - Network Provider <sup>1</sup>                             |  | Basic   | Premiere   |
|--|--|---|--|
| Covered Services   |  | Preventive, diagnostic, restorative and adjunctive services | Preventive, diagnostic, restorative, adjunctive, endodontics, periodontics, prosthodontics and oral surgery services |
| • Type I   |  | 100%<br>No waiting period                                   | 100%<br>No waiting period  |
| • Type II  |  | 50%<br>Six month waiting period                             | 80%<br>Six month waiting period*   |
| • Type III   |  | Not covered   | 60%<br>12 month waiting period*  |
| Calendar year deductible<br><i>(Applies to Type II and III only)</i> |  | \$100 per person<br>Three max per family                    | \$50 per person<br>Three max per family  |
| Calendar year maximum  |  | \$1,000 per person<br>\$5,000 per family                    | \$1,200 per person<br>\$6,000 per family   |

### MONTHLY PREMIUMS

|                                     |                    |                    |
|-------------------------------------|--------------------|--------------------|
| Adult                               | \$19 <sup>00</sup> | \$39 <sup>00</sup> |
| Child (Unless Primary Policyholder) | \$16 <sup>00</sup> | \$28 <sup>00</sup> |

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 | Visit [ChesapeakePlus.com](http://ChesapeakePlus.com) to view a list of in-network providers | \*Waiting periods are waived 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.

<sup>1</sup> 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.

## Type I Covered Services<sup>1</sup>

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

### 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
- Bitewing X-rays - once every 12 months
- Vertical bitewings - once every 36 months
- Diagnostic casts

## Type II Covered Services<sup>2</sup>

Premiere and Basic plans include the following services with a 6 month waiting period:

### 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
- Occlusion analysis and occlusion adjustment



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

## Type III Covered Services<sup>1</sup>

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; pulpal therapy
- Root canal or endodontic therapy

### Oral Surgery:

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

<sup>1</sup>Type III services 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) OK. | The information contained herein is accurate at the time of publication. This brochure provides only summary information.

## 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.



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**SureBridge**<sup>®</sup>  
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The Chesapeake Life Insurance Company<sup>®</sup>

## 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<sup>®</sup> 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<sup>®</sup>. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.