

Dental, Vision & Hearing Coverage

Prime DVH

Three Services. One Premium.

Save money protecting your teeth, sight, and hearing under a single policy.

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!

Prime DVH saves you money and costs less than purchasing three separate policies.

Prime DVH at a Glance



100% coverage of the scheduled amount shown in the policy for routine dental, vision, and hearing exams¹



Issue ages:
0 through 90



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



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



Affordable premiums that do not increase as you get older. Coverage **starts at \$25 per month.**²



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. 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 Services¹

Preventive, diagnostic, restorative, adjunctive services, endodontics, periodontics, prosthodontics and oral surgery services

Type I (Preventive)

100%
No waiting period

Type II (Basic)

We pay up to:
Year 1: 60% per insured
Year 2: 70% per insured
Year 3+: 80% per insured
No waiting period

Type III (Major)

We pay up to:
Year 1: 60% per insured
Year 2: 70% per insured
Year 3+: 80% per insured
9-month waiting period

VISION

Maximum Vision Benefit

\$200 per insured, per policy year, subject to policy maximum

Comprehensive Eye Exams

100%
No waiting period

Follow-Up Visits

Contact Lenses, Frames,
Corrective Spectacle Lenses,
and Corrective Spectacle
Lens Fittings

We pay up to:
Year 1: 60% per insured
Year 2: 70% per insured
Year 3+: 80% per insured
9-month waiting period

HEARING

Maximum Hearing Benefit

\$500 per insured / 2 years, subject to policy maximum

Hearing Examination

100% up to \$75, per insured, per policy year
No waiting period

Hearing Aids
Hearing Aid Repairs

We pay up to:
Year 1: 60% per insured
Year 2: 70% per insured
Year 3+: 80% per insured
9-month waiting period

* Covered Services are payable after \$100 policy deductible, per insured person, per policy year.

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 Fluoride - 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 Services¹

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

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

¹Covered expenses for Type III will also include congenital defects or anomalies, including all necessary treatment and care needed by your covered dependent(s) born with cleft lip or cleft palate. | 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) NC. | The information contained herein is accurate at the time of publication. This brochure provides only summary information.

Hearing Benefits

Covered Services

- Hearing examination
- Purchase of hearing aids
- Necessary repairs 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

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.



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.

Other Important Information

EXCLUSIONS AND LIMITATIONS

We will not provide any benefits for charges arising directly or indirectly, in whole or in part, from:

Treatment, care, services or supplies for which benefits are not specifically provided for in the Policy | Charges exceeding the Benefit Maximums, if any | Attempted suicide or any intentionally self-inflicted injury | Directly or indirectly engaging in illegal activity | 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 are ordered by the Dentist | 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 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 5 years of the date of the last replacement, UNLESS due to an injury | Oral/facial images, including intra- and extra-oral images | Pulp vitality tests | Post removals UNLESS in conjunction with endodontic therapy | Chairside, labial veneers (laminates) | Intentional re-implantation, including necessary splinting | Surgical procedure for isolation of tooth with rubber dam | Canal preparation and fitting of performed dowel or post | 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 | 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 | 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, except for terrorism or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries | Any services, supplies or care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law | Orthodontic procedures, except for congenital defects or anomalies, including all necessary treatment and care needed by your covered dependent(s) born with cleft lip or cleft palate | Covered Expenses for which an insured person is not legally obligated to pay | Orthoptic or vision training and any associated supplemental testing | Plano lenses | Medical or surgical treatment of the eyes | Any type of corrective vision surgery, including LASIK surgery | Any eye examination, or any corrective eyewear, required by an employer as a condition of employment | Safety eyewear | Replacement of lost or broken lenses, frames, glasses, or contact lenses | Contact lens fitting | Sub-normal vision aids or non-prescription lenses | 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 | Experimental/ Investigational or non-conventional treatment or device | Charges incurred after the Policy has terminated or coverage has ended | Assistive Listening Devices (ALDs) | Medical and/ or surgical treatment of the internal or external structures of the ear | Hearing Aids not prescribed by an Audiologist or Physician | Ear protective devices or plugs | Hearing Aids maintenance including batteries, maintenance/service contracts, fittings, and ear molds. **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.

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, at the option of the insured, unless sufficient notice of non-renewal is given to you in writing by us. The Policy is subject to Chesapeake's right to discontinue or terminate the coverage as provided in the Termination of Coverage section of the Policy.

PREMIUM CHANGES: The table of premiums for the Policy are guaranteed to not change for 12 months from the effective date of coverage. After expiration of the 12 month period, Chesapeake reserves the right to change the table of premiums, on a class basis, becoming due under the Policy; 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 Commissioner of North Carolina Department of Insurance. The approved rates shall be guaranteed for a period of not less than 12 months. 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.

TERMINATION OF COVERAGE: Your coverage will terminate and no benefits will be payable under the Policy and any attached riders, if any: | At the end of the period for which premium has been paid (subject to the grace period) | 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 you perform an act or practice that constitutes fraud (subject to the Incontestability provision); or make an intentional misrepresentation of material fact, within 2 years of the effective date of coverage, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy | On the date we elect to discontinue this plan or type of coverage. Chesapeake 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. Chesapeake 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.

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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.

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