



Outline of coverage

Protection SeriesSM—

Dental Plus Insurance Plan

Policy Form CLIDVH20 FL

Continental Life Insurance Company
of Brentwood, Tennessee

An Aetna Company

Florida



CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

HOME OFFICE

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DENTAL POLICY

OUTLINE OF COVERAGE FOR POLICY FORM: CLIDVH20 FL

RETAIN THIS OUTLINE FOR YOUR RECORDS

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your insurance policy. This is not the insurance contract and only the actual policy provisions will control. The policy sets forth in detail, the rights and obligations of both you and the insurance company. It is therefore important that you **READ YOUR INSURANCE POLICY CAREFULLY!**

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the "Guide to Health Insurance for People With Medicare" available from us.

Coverage: Policies of this type are designed to provide limited or supplemental insurance coverage to person(s) insured. The policy does not provide any benefits other than the coverage described below.

Coverage Provided by the Policy: Your policy provides benefits for (1) preventive, basic, and major dental services, and (2) Orthodontia. All benefits are subject to any applicable Waiting Period, Policy Year Deductible, Policy Year Maximum Benefit, Exceptions and Limitations and all other provisions of the policy.

Refer to the Schedule of Benefits provided with your policy for details.

Plans may be offered with or without a Preferred Provider Organization (PPO) for dental expenses. Please refer to your Policy for details.

Exclusions and Limitations

Your Policy does not cover any expense not considered an Eligible Expense.

We will NOT pay benefits for:

1. Items, treatments or services:
 - a. not listed as an Eligible Expense in the Schedule of Benefits;
 - b. not prescribed by or performed by or under the direct supervision of a Dentist or a Provider;
 - c. not Medically Necessary;
 - d. any Experimental or Investigational procedure or treatment; or
 - e. performed by a member of Your Immediate Family.
2. Charges in excess of the Reasonable and Customary Charge;
3. Treatment resulting from:
 - a. Your participation in a war or an act of war, declared or undeclared;
 - b. Your attempt to commit, or committing, an assault or felony;
 - c. Your unlawful participation in a riot, rebellion, or insurrection; or
 - d. an intentional self-inflicted injury while sane or insane.
4. Services furnished primarily for cosmetic reasons, unless Medically Necessary including:
 - a. specialized techniques, characterizing and personalizing prosthetic devices;
 - b. making facings on prosthetic devices for any tooth in back of the second bicuspid;
 - c. replacements of restorations performed for cosmetic reasons; or
5. Charges for any appliance or service that is used to:
 - a. change vertical dimension;
 - b. restore or maintain occlusion;

- c. splint or stabilize teeth for periodontal reasons; or
- d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law.
- 6. Charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction.
- 7. Occlusal, athletic, or night guards.
- 8. Preventive root canal therapy.
- 9. Full mouth debridement.
- 10. Charges for any services that are considered to be an integral part of another service, such as pulp capping.
- 11. Surgical trays, or sutures.
- 12. Ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites.
- 13. Overdentures or precision attachments.
- 14. Space maintainers and sealants for an insured over the age of 16.
- 15. Preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly.
- 16. Duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense.
- 17. Replacing a lost, stolen or missing appliance or prosthetic device.
- 18. Application of chemotherapeutic agents.
- 19. Oral hygiene instruction, plaque control, diet instruction or infection control.
- 20. Charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies.
- 21. Treatment or diagnosis received while outside the territorial limits of the United States.
- 22. Treatment which is:
 - a. due to an on-the-job or job-related illness or injury; or
 - b. a condition for which benefits are payable by Workers' Compensation or similar laws, whether or not benefits are claimed.
- 23. Treatment for which no charge is made or for which You are not legally obligated to pay, including, but not limited to, treatment (or charges made) by:
 - a. Your employer, labor union or similar group, in its dental or medical department or clinic;
 - b. a facility owned or run by any government body; or
 - c. any public program, except Medicaid, paid for or sponsored by any government body.
- 24. Telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form.
- 25. Ancillary charges, including hospital, ambulatory surgical center or similar facility; or use of Provider office space.
- 26. Impacted wisdom teeth.
- 27. Prescription drugs.
- 28. Loss that occurs while the Policy is not in force.

Guaranteed Renewable: You have the right to renew the Policy for consecutive terms by paying the required premium by the end of each Grace Period subject to the Policy Termination provisions.

Policy Termination:

Your Policy will terminate at 12:01 a.m. local time in Your state of residence on the earliest of the following dates:

- 1. The date We receive Your written request to cancel Your Policy or on the specific date requested by You;
- 2. The Premium Due Date, if sufficient premium has not been paid by the end of the Grace Period. At least 10 days' written notice accompanied by the reason therefor shall be given to the Policy Owner if premium is paid less frequently than monthly and regularly collected by a licensed agent;
- 3. For a Child, on the date they no longer meet the eligibility requirements of a Child under the Policy;
- 4. For a Domestic Partner, on the date they no longer meet the eligibility requirements of a Domestic Partner under the Policy;
- 5. For a Spouse, on the date of a valid decree of divorce; or
- 6. The date of death of the Policy Owner.

An dependent Child who is incapable of sustaining employment by reason of intellectual or physical disability, and who is chiefly dependent on the Policy Owner for support and maintenance, will not terminate, so long as the coverage of the Policy Owner remains in force and the dependent Child remains in such condition. We may, at Our expense, require that You furnish proof of disability after the Child's eligibility would otherwise end. Thereafter, We may, at Our expense, require proof, but not more frequently than annually;

Premiums: Premiums for the Policy may change. Any change in premium will apply to all Insured Persons with Your same Policy type based on the state of issue of Your Policy. Any change in premium may occur on the premium due date following at least 45 days advance written notice mailed to Your last known address as shown by the Company's records, of such premium change to You.