

**Because your senses are  
important to your overall health**

Protection Series<sup>SM</sup>—

**Dental, Vision and Hearing Plus  
Insurance Plans**

**New Jersey**

**Continental Life Insurance Company  
of Brentwood, Tennessee**

An Aetna Company



# Affordable with a wide range of options



**Dental, Vision and Hearing Plus** insurance covers expenses such as routine exams, fillings, eyeglasses and hearing aids, so you don't have to. The "Plus" plan covers a wide range of services including orthodontics and implants.

This insurance supplements and complements other health insurance plans. It can help reduce or even eliminate your out-of-pocket costs for preventive care for your teeth, eyes and ears.

This type of insurance is sometimes overlooked until what was once routine maintenance, becomes an urgent issue. Preventive care can lead to early detection of other diseases and health problems such as cancer and diabetes.

## Plus Plan features

- Guaranteed acceptance: no health questions
- Guaranteed renewable: as long as your premiums are paid on time
- Issue **ages 18 – 89**
- For individuals, couples and families
- Choose **\$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000, \$4,500, or \$5,000** maximum benefit per policy year that covers dental, vision and hearing per person
- Plan deductible = **\$100** per person per policy year
- Freedom to choose both in or out of network providers
- Benefits paid directly to you, or a provider that you designate
- Benefits paid in addition to any other health care coverage

### 30-day free look

Return your policy for any reason within 30 days for a full refund of all premiums paid.



When you choose our insurance coverage, you have our commitment to be there when you need us the most.

**Continental Life Insurance Company of Brentwood, Tennessee (CLI)**, a member of the Aetna family of companies and a CVS Health company, has an unwavering commitment to providing the best personal service possible, quick claims payment and quality products with solid financial backing. CLI has a financial strength rating of "A" (Excellent) by A.M. Best Company.\*

\*"A" (Excellent) is the third highest rating out of sixteen A.M. Best ratings. (Rating as of December 17, 2020.)

## Dental coverage



### **Class A: preventive care**

Deductible does not apply:

- No waiting period
- Covered at 100% when visiting a network provider
- Examinations and cleanings (three times per year)
- Diagnostic examinations and x-rays

### **Class B: basic care**

After deductible is applied:

- No waiting period
- Plan pays: 1<sup>st</sup> year = 65%, years 2+ = 80%
- Basic restorative services/oral surgery
- Periodontal services
- Fillings, extractions and non-surgical services

### **Class C: major care**

After deductible is applied:

- no waiting period
- Plan pays: 1<sup>st</sup> year = 20%, years 2+ = 50%
- Non-surgical extractions: up to four teeth annually; excludes impacted wisdom teeth
- Endodontics: includes root canals
- Periodontal surgery
- Fillings, bridges, crowns and full or partial dentures
- Implants: \$1,500 lifetime maximum

### **Orthodontics**

After deductible is applied:

- 6 month waiting period
- Plan pays: years 2+ = 50%
- \$1,500 lifetime maximum
- Clear aligners (\$750 lifetime maximum)

## Vision coverage

covered after 6 months



After deductible is applied:

- Plan pays: 1<sup>st</sup> year = 65%; years 2+ = 80%
- Pays up to \$200 during any two policy years
- Eye examinations
- Eyeglasses
- Contact lenses

## Hearing coverage

covered after 6 months



After deductible is applied:

- Plan pays: years 2+ = 80%
- Pays up to \$500 during any one policy year
- Hearing examinations
- Hearing aids



The above information represents a partial list of services. This brochure is a brief description of a Dental, Vision and Hearing Plus insurance policy form CLIDVH20 NJ and is not a contract of insurance. For complete details of all provisions or benefits, reference the Outline of Coverage and read your policy carefully.



## Exclusions and limitations

We will NOT pay benefits for the following.

### 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. Services furnished primarily for cosmetic reasons, including, but not limited to:

- a. specialized techniques, characterizing and personalizing prosthetic devices;
- b. making facings on prosthetic devices for any tooth in back of the second bicuspid;
- c. splint or stabilize teeth for periodontal reasons; or
- d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law.

### 4. 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.

5. Occlusal, athletic, or night guards.
6. Surgical trays, or sutures.
7. Overdentures or precision attachments.
8. Duplicate or temporary devices, appliances, and services except as listed as an eligible expense.
9. Treatment or diagnosis received while outside the territorial limits of the United States.
10. Impacted wisdom teeth.
11. Prescription drugs.
12. Any surgical procedure performed in the treatment of cataracts.
13. Loss that occurs while the policy is not in force.

### Benefits are limited as follows:

1. We will only be responsible for the amount charged of services performed by one dentist if:
  - you change dentists or providers during the course of treatment
  - more than one dentist or provider performs services for one eligible expense.
2. If you choose a more expensive course of treatment of an eligible expense, the policy will only pay the lesser amount of what is normally charged.

The above information is a partial list of exclusions and limitations. See the Outline of Coverage and policy for complete details.

**THIS POLICY PROVIDES LIMITED BENEFITS.**

Underwritten by

## Continental Life Insurance Company of Brentwood, Tennessee

An Aetna Company

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