

# Prime DVH

## Dental, Vision, and Hearing

Underwritten by The Chesapeake Life Insurance Company®  
*See CLICO Product and Underwriting Guide for State-Specific Variations*

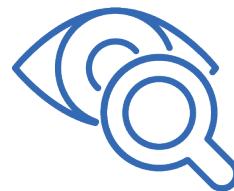
Policy Form CH-26151-IP (10/18), or its state variation



For more plan details, refer to the product materials.  
The benefits described in this presentation are subject to all provisions, terms, definitions, and limitations and exclusions of the applicable policy.  
Supplemental plans serve a specific purpose in the insurance market. These plans are not intended as substitutes for accident and sickness health insurance and should not be construed as such.

# Introduction

- ▶ Prime DVH provides dental, vision, and hearing benefits in an all-in-one product design.



# The Market for DVH Insurance

- ▶ Over 37 Million Traditional Medicare Fee-For-Service Enrollees – Only 21 own private dental insurance<sup>1</sup>
- ▶ Over 8 Million Medicare Advantage Enrollees in plans with no embedded Dental Coverage<sup>1</sup>
- ▶ Many Medicare Advantage plans with “embedded dental” provide very limited coverage for basic and major dental services
- ▶ Roughly 1 in 4 Americans don’t have dental coverage, according to industry figures<sup>2</sup>



<sup>1</sup> <https://www.kff.org/medicare/issue-brief/drilling-down-on-dental-coverage-and-costs-for-medicare-beneficiaries/> | <sup>2</sup> <https://apnews.com/7f1b9f8b7dff45588557bde32b782a26>

# Did You Know?



## Dental

- ▶ Regular cleanings and checkups:
  - Detect oral cancer and lower chance of spreading by up to 90%<sup>3</sup>
  - Prevent gum diseases like gingivitis
  - Prevent cavities, tooth loss and bad breath
- ▶ Individuals without benefits are:
  - 67% more likely to have heart disease<sup>4</sup>
  - 50% more likely to have osteoporosis<sup>4</sup>
  - 29% more likely to have diabetes<sup>4</sup>



## Hearing

- ▶ Hearing loss is a big issue:
  - 3rd most common health problem in the US<sup>2</sup>
  - linked to cognitive decline, brain tissue loss, depression, and dementia<sup>2</sup>
  - 28.8 million adults in the US could benefit from using hearing aids<sup>1</sup>



## Vision

- ▶ Exams are often the first to detect chronic diseases:
  - 65% of the time for high cholesterol<sup>1</sup>
  - 20% of the time for diabetes<sup>1</sup>
  - 30% of the time for hypertension<sup>1</sup>

<sup>1</sup> Human Capital Management Services Group. 2011. "Early Detection of Chronic Disease through Eye Care." | <sup>2</sup> <https://www.hearingplanet.com/en/find-a-clinic/hear-what-matters/five-benefits-of-getting-your-hearing-tested-early.html> | <sup>3</sup> <https://santafe.com/article/why-regular-dental-cleaning-and-check-ups-make-a-huge-difference> | <sup>4</sup> [https://www.nadp.org/dental\\_benefits\\_basics/dental\\_bb\\_1.aspx](https://www.nadp.org/dental_benefits_basics/dental_bb_1.aspx)

# You Just Have to Ask!

- ▶ When was the last time you:
  - Had your teeth cleaned?
  - Saw your Optometrist?
  - Completed a hearing examination?
  
- ▶ Did you know that **Traditional Medicare** does not cover your expenses for:
  - Basic dental services
  - Vision exams, glasses and contacts
  - Hearing exams and hearing aids



# Benefits Schedule Overview

Benefit Levels: **Combined annual maximum options of \$1,000, \$1,500, or \$2,000** per policy year that covers dental, vision, and hearing per person.

Benefit Type	Type	Policy Deductible/ Copay	Coverage Level
Dental	Preventive	None	100% Coverage in all years
	Basic	\$100 Deductible*	60% in Year 1, 70% in Year 2, 80% in Years 3+
	Major	\$100 Deductible*	60% in Year 1, 70% in Year 2, 80% in Years 3+
Vision	Exams	None	100% in all years
	Hardware	\$100 Deductible*	60% in Year 1, 70% in Year 2, 80% in Years 3+
<b>Vision Maximum Benefit is \$200 per person, per policy year</b>			
Hearing	Exams	None	100% (up to \$75) in all years
	Hardware	\$100 Deductible*	60% in Year 1, 70% in Year 2, 80% in Years 3+
<b>Hearing Maximum Benefit is \$500 per person, during any 2 policy years</b>			

**\*Note:** Policy Deductible is only payable once per person, per policy year

# Issue Details & Eligibility

Details	Prime DVH	Eligibility
Issue Ages	<b>0 – 90</b>	
Renewability	<b>Guaranteed for Life</b>	
Underwriting	<b>Guaranteed Issue</b>	
Rates	<b>Issue Age, Unisex, Unismoke, Individually Rated</b>	May be sold with a Non-Senior DVH for a different applicant
Pre-Existing Conditions	<b>None</b>	May be sold with a Senior DVH for a different applicant
		Cannot be sold with any other DVH, Dental, or Vision Plan offered by Mid-West or CLICO

# Participating Providers

- ▶ Pays a benefit for dental, vision, and hearing services through participating **and non-participating providers**.
- ▶ Option to choose any provider; however, customers may **get better pricing for covered services when rendered by participating provider organizations below**.

Benefit Type	Participating Provider Organization
Dental*	Careington Maximum Care Network
Vision**	N/A
Hearing*	TruHearing

**\*Note: Plan benefits are paid directly to the provider.**

**\*\*Note: Vision benefits paid directly to customer.**

# Monthly Premium Examples

Prime DVH			
Policy Year Maximum	\$1,000	\$1,500	\$2,000
Issue Ages 0 – 17	\$20	\$25	\$31
Issue Ages 18 – 25	\$22	\$28	\$33
Issue Ages 26 – 40	\$25	\$30	\$39
Issue Ages 41 – 65	\$29	\$36	\$46
Issue Ages 66 – 90	\$38	\$47	\$60

Rates can change. The chart above is only an illustration of benefit and premium options per covered person for plans. Premiums may vary by state.

# Coverage Waiting Periods

- ▶ DVH Services that are Covered Immediately
  - Preventive and Basic Dental Services
  - Vision/Hearing Exams
- ▶ Services Covered after 9-month Waiting period
  - Major Dental Services
  - Vision/Hearing Hardware

# Dental Benefit Schedule



Benefits	Prime DVH
<p><b>Type I Covered Expenses</b></p> <p><b>Preventative</b></p> <ul style="list-style-type: none"><li>• Prophylaxis, once every 6 months</li><li>• Topical fluoride, once every 12 months, up to age 16</li><li>• Sealants, once every 36 months, up to age 16</li></ul> <p><b>Diagnostic</b></p> <ul style="list-style-type: none"><li>• Oral evaluations, once every 6 months</li><li>• Re-evaluations</li><li>• Bitewing x-rays, once every 12 months</li><li>• Vertical bitewings, once every 36 months</li><li>• Diagnostic casts</li></ul>	<p><b>No Deductible</b></p> <p><b>100% Coverage in all years</b></p> <p><b>No Waiting Period</b></p>

# Dental Benefit Schedule (Continued)



Benefits	Prime DVH
<p><b>Type II Covered Expenses</b></p> <p><b>Preventive:</b></p> <ul style="list-style-type: none"><li>Space maintainers, up to age 6</li></ul> <p><b>Diagnostic:</b></p> <ul style="list-style-type: none"><li>Intraoral films, extraoral films, and panoramic film, once every 36 months</li></ul> <p><b>Restorative:</b></p> <ul style="list-style-type: none"><li>Amalgam, primary or permanent and resin-based composite</li></ul> <p><b>Adjunctive Services</b> <i>Includes services such as:</i></p> <ul style="list-style-type: none"><li>Palliative (emergency) treatment of pain</li><li>Fixed partial denture sectioning</li><li>Local anesthesia</li><li>Analgesia, up to age 13</li><li>Inhalation of nitrous oxide</li></ul>	<p><b>Deductible:</b> <b>\$100 per insured, per policy year</b></p> <p><b>No Waiting Period</b></p> <p><b>Percentage of Covered Expenses, we pay:</b></p> <p><b>60% Year 1</b></p> <p><b>70% Year 2</b></p> <p><b>80% Year 3+</b></p>

# Dental Benefit Schedule (Continued)



Benefits	Prime DVH
<p><b>Type III Covered Expenses</b></p> <p><b>Restorative</b> <i>Includes services such as:</i></p> <ul style="list-style-type: none"><li>• Inlays and onlays (and recementing, once every 12 months)</li><li>• Crowns; cast posts and core buildups</li></ul> <p><b>Endodontics</b> <i>Includes services such as:</i></p> <ul style="list-style-type: none"><li>• Pulp caps; therapeutic pulpotomy; pulpal therapy</li><li>• Root canal or endodontic therapy</li></ul> <p><b>Periodontics</b> <i>Includes services such as:</i></p> <ul style="list-style-type: none"><li>• Gingivectomy/gingivoplasty, once every 36 months</li><li>• Gingival flap procedure and osseous surgery, each limited to once every 36 months</li></ul> <p><b>Prosthodontics</b> <i>Includes services such as:</i></p> <ul style="list-style-type: none"><li>• Complete and partial dentures (once every 5 years for complete dentures to replace missing/broken teeth)</li><li>• Adjustment and repair of dentures</li></ul>	<p><b>Deductible:</b> <b>\$100 per insured, per policy year</b></p> <p><b>Waiting Period:</b> <b>9 months</b></p> <p><b>Percentage of Covered Expenses, we pay:</b></p> <p><b>60% Year 1</b></p> <p><b>70% Year 2</b></p> <p><b>80% Year 3+</b></p>

# Dental Benefit Schedule (Continued)



Benefits	Prime DVH
<p><b>Type III Covered Expenses, Continued</b></p> <p><b>Oral Surgery</b> <i>Includes services such as:</i></p> <ul style="list-style-type: none"><li>• Extraction of erupted tooth; removal of impacted tooth</li><li>• Tooth transplantation</li><li>• Alveoloplasty</li><li>• Removal of cyst/tumor</li></ul>	<p><b>Deductible: \$100 per insured, per policy year</b></p> <p><b>Waiting Period: 9 Months</b></p> <p><b>Percentage of Covered Expenses, we pay:</b></p> <p><b>60% Year 1</b></p> <p><b>70% Year 2</b></p> <p><b>80% Year 3+</b></p>

# Vision Benefit Schedule



Benefits	Prime DVH
<b>Examination</b> <ul style="list-style-type: none"><li>Includes comprehensive eye exams</li></ul>	<b>100% per insured person</b>
<b>Hardware</b> <ul style="list-style-type: none"><li>Includes corrective spectacle lenses, frames, contact lenses, corrective spectacle lens fittings and follow-up visits</li></ul>	<b>Percentage of Covered Expenses, we pay:</b> <b>60% Year 1</b> <b>70% Year 2</b> <b>80% Year 3+</b>

# Hearing Benefit Schedule



Benefits	Prime DVH
<b>Examination</b> <ul style="list-style-type: none"><li>Includes hearing exams</li></ul>	<b>100% (up to \$75) per insured person</b>
<b>Hardware</b> <ul style="list-style-type: none"><li>Includes hearing aids and hearing aid repair</li></ul>	<b>Percentage of Covered Expenses, we pay:</b> <b>60% Year 1</b> <b>70% Year 2</b> <b>80% Year 3+</b>

# Exclusions and Limitations

- Policy does not provide benefits for charges arising directly or indirectly, in whole or in part, from:
  1. Treatment, care, services or supplies for which benefits are not specifically provided for in the Policy
  2. Charges exceeding the Benefit Maximums, if any
  3. Attempted suicide or any intentionally self-inflicted injury
  4. Directly or indirectly engaging in illegal activity
  5. Treatment of disturbances of the temporomandibular joint (TMJ)
  6. 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
  7. 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
  8. The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function
  9. Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouth-guards; precision or semi-precision attachments; denture duplication; or splinting
  10. Plaque control; completion of claims; broken appointments; prescription or take-home fluoride; or diagnostic photographs
  11. 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
  12. Oral/facial images, including intra- and extra-oral images
  13. Pulp vitality tests
  14. Post removals unless in conjunction with endodontic therapy
  15. Chairside, labial veneers (laminates)
  16. Intentional re-implantation, including necessary splinting
  17. Surgical procedure for isolation of tooth with rubber dam
  18. Canal preparation and fitting of performed dowel or post
  19. Regional block anesthesia
  20. Hospital, house, or extended care facility calls
  21. Office visits for the purpose of observation, during or after regularly scheduled hours

# Exclusions and Limitations (Continued)

- ▶ Policy does not provide benefits for charges arising directly or indirectly, in whole or in part, from:
  1. Office visits outside of regularly scheduled hours
  2. Enamel microabrasions
  3. An initial placement of 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
  4. Services not completed by the end of the month in which coverage terminates
  5. Procedures that are begun, but not completed
  6. Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge
  7. Services in connection with any war or act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries
  8. Any services, supplies or care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law
  9. Orthodontic procedures
  10. Covered Expenses for which an Insured Person is not legally obligated to pay
  11. Orthoptic or vision training and any associated supplemental testing
  12. Plano lenses
  13. Medical or surgical treatment of the eyes
  14. Any type of corrective vision surgery, including LASIK surgery
  15. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
  16. Safety eyewear
  17. Replacement of lost or broken lenses, frames, glasses, or contact lenses
  18. Contact lens fitting
  19. Sub-normal vision aids or non-prescription lenses

# Exclusions and Limitations (Continued)

- ▶ Policy does not provide benefits for charges arising directly or indirectly, in whole or in part, from:
  1. 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
  2. Experimental/Investigational or non-conventional treatment or device
  3. Charges incurred after the policy has terminated or coverage has ended
  4. Assistive Listening Devices (ALDs)
  5. Medical and/or surgical treatment of the internal or external structures of the ear
  6. Hearing Aids not prescribed by an Audiologist or Physician
  7. Ear protective devices or plugs
  8. 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 following requirements:

- Such services are needed to replace one or more natural teeth that were removed while this Policy was in force for the Insured Person; and
- Such services are not abutments to a partial denture, removable bridge, or fixed bridge installed during the prior 8 years.

# Important Reminders

- ▶ Supplemental products are additional coverage purchases and cannot be marketed as part of a health plan
  - Additional premium is required for supplemental plans
- ▶ All supplemental purchases are voluntary and are not required to purchase health insurance
- ▶ While these plans can be offered to Senior clients, agents are still required to follow all CMS marketing guidelines
- ▶ These individual supplemental insurance products serve a specific purpose in the insurance market. They are:
  - **OPTIONAL** for an additional premium
  - **NOT** comprehensive health insurance plans (or Minimum Essential Coverage)
  - **NOT** Medicare supplement policies nor do they fully supplement any federal Medicare health insurance
  - **NOT** required in order to purchase comprehensive health insurance from another insurance carrier
  - **NOT** available as group coverage

# Senior Market Marketing Guidelines

When marketing these plans to senior clients alongside a Medicare Advantage (“MA”) plan, you MUST:

- ▶ Determine Suitability
  - It is imperative that you assist senior clients with insurance purchase decisions that are most beneficial to your client.**
    - You must thoroughly review the MA plan the client is applying for to assure that the MA plan along with any voluntary supplemental insurance plans purchased will not result in over-insurance.
    - Because MA benefits change annually in response to changes in Medicare, to avoid over-insurance, you should complete an annual review of your client’s voluntary supplemental insurance plans to make sure that the plan benefits along with any annual changes to their MA plan benefits does not result in over-insurance.

# Senior Market Marketing Guidelines (Continued)

## ► OBTAIN A SCOPE OF APPOINTMENT

You must obtain a signed Scope of Appointment (SOA) form *prior to the appointment*, if possible. If not possible, you must obtain a signed SOA at the start of the appointment. If you would like to discuss additional products during the appointment in which the client indicates interest, but did not agree to discuss in advance, you must document a second SOA for the additional products to continue the appointment.

These guidelines relate only to the sale of SureBridge® products. Other carriers may have different guidelines or requirements in relation to their products. Additionally, you are solely responsible for ensuring your actions comply with all applicable federal, state, and local laws, rules and regulations that apply to you, including without limitation those relating to the marketing and sale of MA plans.

# Thank You for Everything You Do!

## ► For More Information

- See the CLICO Product and Underwriting Guide on your broker portal
- Producer Support at (888) 797-4447 or [ProducerSupport@SureBridgeInsurance.com](mailto:ProducerSupport@SureBridgeInsurance.com)
- Contact your Sales Director

**SureBridge®**  
Underwritten by  
The Chesapeake Life Insurance Company®

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.



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