Protection Series℠–

Dental, Vision and Hearing Insurance Plans

Underwritten by

Continental Life Insurance Company of Brentwood, Tennessee

An Aetna Company

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Oklahoma

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Affordable protection

This valuable dental, vision and hearing insurance coverage can help you and your family smile bigger and brighter, protect healthy vision to see clearer, and hear the world just that much better. When you choose our insurance coverage, you have our unwavering commitment to be there when you need us most.

Plan features

- Guaranteed acceptance – there are no health questions
- Guaranteed renewable – as long as your premiums are paid on time
- Issue ages 0 – 89
- For individuals and families
- Choose $1,000 or $1,500 maximum benefit per policy year that covers dental, vision and hearing per person
- Plan deductible = $100 per policy year per person
- Freedom to choose any provider or get even better pricing if you go in-network
- 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

Continental Life Insurance Company of Brentwood, Tennessee (CLI), a member of the Aetna family of companies, 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 6, 2017.)

This brochure is a brief description of a Dental, Vision and Hearing insurance policy and is not a contract of insurance. For complete details of all provisions or benefits, please read your policy carefully.

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Dental coverage

Covered immediately:

- After deductible, the plan pays: year 1 = 60%; year 2 = 70%; year 3+ = 80%
- Examinations and cleanings (twice/per year)
- Examination x-rays
- Fillings
- Non-surgical extractions – up to 4 teeth annually; excludes impacted wisdom teeth
- Diagnostic x-rays
- Diagnostic examinations
- Emergency palliative treatment

Covered after 12 months:

- After deductible, the plan pays: year 2+ = 60%
- Endodontics – includes root canals
- Periodontal surgery
- Bridges, crowns, and full/partial dentures

Vision coverage

Covered after 6 months:

- After deductible, the plan pays: year 1 = 60%; year 2 = 70%; year 3+ = 80%
- Pays up to $200 during any 2 policy years
- Eye examinations
- Eyeglasses
- Contact lens

Hearing coverage

Covered after 12 months:

- After deductible, the plan pays: year 2 = 70%; year 3+ = 80%
- Pays up to $500 during any one policy year
- Hearing examinations
- Hearing aids

The above information represents a partial list of services.
Reference Outline of Coverage and policy for complete details.

Monthly premium

Issue age	$1,000 annual benefit premium				$1,500 annual benefit premium			
	Individual	Individual and spouse	Individual and children	Individual and family	Individual	Individual and spouse	Individual and children	Individual and family
18-25	$22.68	$45.36	$63.50	$95.26	$25.20	$50.40	$70.56	$105.84
26-50	$24.36	$48.72	$65.18	$98.62	$28.56	$57.12	$73.92	$112.56
51-70	$28.56	$57.12	$69.38	$107.02	$33.60	$67.20	$78.96	$122.64
71+	$33.60	$67.20	$74.42	$117.10	$41.16	$82.32	$86.52	$137.76

Premiums are subject to change. Reference Outline of Coverage and policy for complete details.

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 of 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. War or act of war, (whether declared or undeclared); while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;
   b. your attempt to commit, or committing, an assault or felony; or
   c. an intentional self-inflicted injury while sane or insane.
4. Services furnished primarily for cosmetic reasons, including but not limited to charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures.
5. Orthodontic treatment; implantology and related services; implants and all related procedures, including removal of implants.
6. Charges for any appliance or service that is used to treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law.
7. Occlusal, athletic, or night guards.
8. Treatment or diagnosis received while outside the territorial limits of the United States.
9. 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.
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.

The above information represents a partial list of exclusions and limitations. Reference Outline of Coverage and policy for complete details.

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