Protection Series[™]-

Dental, Vision and Hearing Insurance Plans



Underwritten by

Continental Life Insurance Company of Brentwood, Tennessee

An Aetna Company



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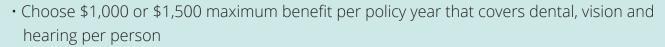
Affordable protection

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



- 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.)





Dental coverage

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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	\$27.00	\$54.00	\$75.60	\$113.40	\$30.00	\$60.00	\$84.00	\$126.00
26-50	\$29.00	\$58.00	\$77.60	\$117.40	\$34.00	\$68.00	\$88.00	\$134.00
51-70	\$34.00	\$68.00	\$82.60	\$127.40	\$40.00	\$80.00	\$94.00	\$146.00
71+	\$40.00	\$80.00	\$88.60	\$139.40	\$49.00	\$98.00	\$103.00	\$164.00

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. 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. an intentional self-inflicted injury while sane.
- 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, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of the covered dependent child which has resulted in a functional defect.

- 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.

Continental Life Insurance Company of Brentwood, Tennessee

An Aetna Company



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