

**AGENDA**

Kansas Board of Regents  
Student Health Insurance Committee  
Conference Call  
Wednesday, May 4, 2022, at 12:30 p.m.

- I. Approve: Minutes from the September 1, 2021, and October 27, 2021**
- II. Welcome new student members:** Aaron Coffey, WSU; Morgan Swartzlander, KUL, and Jennifer Williams, KSU
- III. Update on PY 22-23 filing with the Kansas Insurance Department**  
\*\*\*\*1/21/22 email from UHC-SR: We have filed the standard forms with the Kansas DOI and are pending approval. In the meantime, we are working on preparing the preliminary KBOR certificates and will be sending them to you for review within the next week. Any changes requested by the schools and/or the Kansas DOI will be incorporated into our final KBOR filing.
- IV. ECI Waiver Reports**
- V. Quarterly Reports – UHC-SR**
- VI. Introduction of new voluntary dental and vision programs for 2022-2023**
- VII. Good of the Order**
- VIII. Future SIAC meeting tentatively scheduled for 12:30**
  - A. Wednesday, September 7, 2022
  - B. Wednesday, December 7, 2022

**KANSAS BOARD OF REGENTS**  
**Student Insurance Advisory Committee**  
MINUTES  
September 1, 2021

The September 1, 2021, meeting of the Student Insurance Advisory Committee (SIAC) was called to order at 12:30 p.m.

*Members Participating by Video Conference Call:*

Diana Kuhlmann, ESU COBO rep, Chair	Matt Anderson, KUMC
Chelsea Dowell, KSU	Hollie Hall, KU student
Mary McDaniel-Anschutz, ESU	Sheryl McKelvey, WSU
Amber Roberts Graham, KU	David Schulte, FHSU student
Carol Solko-Olliff, FHSU	Karen Worley, PSU
Madi Vannaman, KBOR	

Also participating were Dale Burns, Matt Brinson and Traci Martin, UHC-SR; Jennifer Dahlquist, MHEC; Julene Miller, KBOR; Maria Beebe and Sharon Maike, KSU; Kiera Keegan, PSU; David Liu, WSU Student Government Association; Colyn Heimerman, KSU Student Government Association; Melissa Cole, KU.

**Minutes**

The minutes from the May 5, 2021, meeting were approved.

**Introduction**

All participants introduced themselves and two new student members were recognized: David Schulte, treasurer for FHSU Student Government Association, and Hollie Hall, KU Graduate Student Body Vice President 2021-2022.

**Wichita State Student Government Insurance Proposal**

David Liu outlined the two options under the proposal. Option 1: students wanting to enroll a dependent/spouse would enroll in a different plan. Option 2: students and spouses could enroll in the same plan but if children are to be enrolled, they would enroll in a different plan.

Dale Burns shared that he was really impressed with the professionalism of the proposal and the amount of time and effort it took to perform the research. He also shared that there are regulations, some associated with the Affordable Care Act (ACA), that impact student health insurance programs like the KBOR plans. Separate risk pools can be created for groups identified by the university such as undergraduates, graduates, medical students, domestic undergraduates, etc. Individual pools can be created for those groups but, within each of those pools, the student rate must be the same as the spouse rate, which has to be the same as the child rate, and the children rate cannot be more than 2x what the child rate is. Regulators consider student insurance plans to be an individual product and normal individual markets allow for age rating and for differences of up to 5x between younger and older ages. But a separate/different rate cannot legally be imposed for the spouse and child if the spouse and child are in the same risk pool.

If a separate risk pool was created for spouses and children, the premiums would have to be rated based on the plan's experience. UHC-SR works with 500 different schools and most have relatively small numbers of dependents (spouse or child) covered compared to the student population. When students, spouses and dependents are all in the same risk pool with the same rate, the students typically subsidize the covered dependents. Before the ACA and current regulations, plans could differentiate premium rates and it would have been typical to see something like a student rate of \$1,000, a child rate between \$1500 and \$2000 and a spouse rate of \$3500.

When UHC-SR looks at options that might be available, it has to develop options allowed by the regulations and UHC-SR cannot legally charge a student more based solely on the fact that they have dependents covered. Dependents (spouse and children) could be pulled out and rated separately but the number of dependents is relatively small compared to number of students.

For example, the annual premium for Plan Year 19-20 Option 1 was \$3643 for the student and was the same for a spouse and the same for a child. Because there is a small number of enrolled dependents, the loss ratio (claims compared to premiums) vary dramatically from year to year, and the plans are ACA compliant offering unlimited benefits and coverage for pre-existing conditions. UHC-SR underwriting was asked to provide premiums that would remove the subsidy from the student and would rate the spouse and child at the same rate. The result: the student rate would be \$3253; and the spouse and child rate would each be \$11,449. Because there are so few dependents enrolled compared to the students, even though dependent claims ratio is high, the student subsidy would only decrease by \$400 while increasing the other rates by over 300%.

The dependent coverage topic has been discussed in the past and the thought has been that it did not make a lot of sense to offer a spouse or child plan but to perhaps eliminate dependent coverage and offer a student only plan. But, because graduate and international students are interested in retaining an affordable option for their dependents, the status quo of continuing to offer dependent coverage has held. Holly Hall reiterated that removing the coverage option for dependents would be detrimental for graduate and international students.

Amber Roberts Graham asked about the long-range sustainability of the plan with separate risk pools for spouses and dependents. Matt Brinson replied that the Georgia system had eliminated or priced differently the spouse and child groups for one year but, because of negative feedback especially from graduate student groups, the plan options reverted back the following plan year.

Amber Roberts Graham asked if the cost increase would sufficiently reduce the number of enrollments in that pool and would that have negative implications for future plan years? Dale Burns replied that the federal exchange would become a more economical option for spouses and children, and he guessed that over the long run the plan would be eliminated based on low enrollment. North Dakota eliminated all domestic coverage students except for graduate and internationals about four years ago, and Minnesota did the same about eight years ago after ACA implementation

### **Plan Renewal for Plan Year 22-23**

Matt Brinson stated that UHC-SR underwriting wants to look at additional information at the end of September before providing a proposal (i.e., to see what enrollment is for the fall of the 21-22 policy year, including international enrollment, the impact of COVID on utilization).

The UHC-SR information will be shared with the SIAC in early October for review with their campus sub-committees. Questions about that information or requests for additional scenarios or tweaks will be provided to UHC-SR before a special SIAC meeting on Wednesday, October 27<sup>th</sup> at 12:30.

### **ECI Waiver Report**

Dale Burns referenced the addition of the key which had been requested by Amber Roberts Graham, and he stated that UHC-SR is pleased with the services ECI provides and plans to continue their involvement for PY 22-23.

### **UHC-SR Quarterly Reports**

Matt Brinson provided highlights about information in the reports.

### **Good of the Order**

Dale Burns asked if there is any interest in creating an opt out (waiver) program for any subset or group of domestic students in the KBOR system for whom it would make sense to require them to be insured?

Julene Miller stated that because the Kansas statute requires the student insurance plan be voluntary, we cannot require students to enroll in the KBOR student plan. Dale Burns stated the program would require the student to enroll in any coverage, but the default would be the KBOR plan. Carol Solko-Olliff stated that the international offices monitor coverage for international students but asked who would do so for domestic students? Matt Anderson stated that at KUMC insurance is required and a hold is placed on accounts by the Registrar's Office. Dale Burns stated that ECI is set up to perform waiver processes. Several SIAC members indicated there were other groups on their campuses that would need to be involved in this discussion such as residential life, student government, international students. Dale Burns acknowledged that such a change would take several years to get in place, and UHC-SR will provide illustrative premiums to show how this might impact premiums.

Julene Miller asked about the risk pools established a few years ago. Dale Burns stated that Option 1 (domestic students, the truly voluntary option as it is not subsidized and there is no insurance requirement) rates were set so that option could be self-sustainable and where students in the other options would not subsidize option 1. The rate for option 1 does not impact the other options. And, if option 1 was eliminated, premiums for the other options would not be impacted. Mary McDaniel-Anschutz stated she did not think it would be a good idea to eliminate Option 1. There are plans with similar premium rates but the deductible is \$6,000.

Chelsea Dowell asked what the metallic level is the KBOR plan? Matt Brinson stated that for the current year plan, all plan options are the gold metallic level under the ACA system. Dale Burns will provide information about past years.

### **Future SIAC meetings**

Future SIAC meetings tentatively scheduled for 12:30 (unless otherwise stated below):

- A. Wednesday, October 27, 2021 (special meeting)
- B. Wednesday, December 1, 2021
- C. Wednesday, February 2, 2022
- D. Wednesday, May 4, 2022
- E. Wednesday, December 7, 2022

**KANSAS BOARD OF REGENTS**  
**Student Insurance Advisory Committee**  
MINUTES  
October 27, 2021

The October 27, 2021, meeting of the Student Insurance Advisory Committee (SIAC) was called to order at 12:30 p.m.

*Members Participating by Video Conference Call:*

Diana Kuhlmann, ESU COBO rep, Chair  
Chelsea Dowell, KSU  
Mary McDaniel-Anschutz, ESU  
Amber Roberts Graham, KU  
Madi Vannaman, KBOR

Matt Anderson, KUMC  
Hollie Hall, KU student  
Sheryl McKelvey, WSU  
Carol Solko-Oliff, FHSU

Rita Girth participated for Karen Worley who had a scheduling conflict and David Schulte, FHSU student, was not able to attend. Also participating were Dale Burns and Matt Brinson, UHC-SR; Jennifer Dahlquist, MHEC; Julene Miller, KBOR; Aaron Coffey, WSU; David Liu and Balaji Karikeyan, WSU Student Government Association; Melissa Cole, KU; and Kelly Roberts and Carrie Armstrong, ESU.

**Plan Renewal for Plan Year 22-23**

The SIAC discussed the UHC-SR renewal proposals that Matt Brinson shared by email, along with subsequent questions raised by the university sub-committees and UHC-SR's answers.

Matt Brinson reviewed information shared in an October 21, 2021, email about UHC-SR's underwriting approach for the KBOR renewal. Underwriting sets a target that approximately \$.83 of every \$1.00 collected is allocated to the payment of claims. The remaining \$.17 is allocated to plan retention which makes up different facets of the policy that include plan administration, profit, compliance, state/federal taxes and fees.

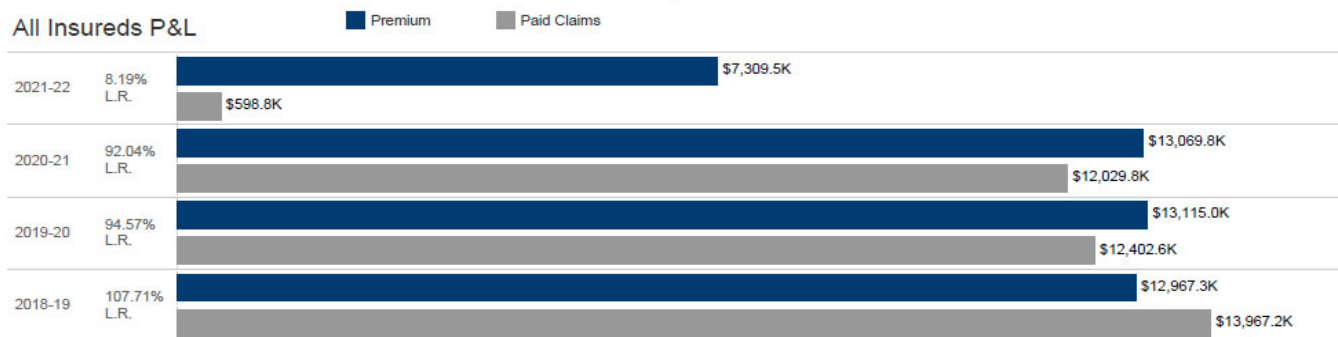
This background was provided to give context for the KBOR utilization over the last few years. Below is a recap of the prior 3 years.

- In 18-19 the policy ran at a 107% loss ratio (total claims divided by total premium). In other words, we paid \$1.07 toward claims payment for every dollar collected thus eliminating any plan retention and actually paying out more than was collected.
- 2019-2020 the policy ran at a 95% loss ratio. \$.95 of every dollar went to claim payments and \$.05 went to plan retention.
- Through the end of September 2021 for policy year 20-21, the account is at a 92% loss ratio. Although the policy year is complete, underwriting expects claims to continue for a few additional months and the final net loss ratio is projected to be in the 94-95% range. Similar to 19-20 UHC-SR expects to pay \$.95 of every dollar to claim payments and \$.05 to plan retention.

Pricing looks at historical data and underwriting looks at where the account has been running and projects for two years from a pricing perspective to establish a target rate to manage the plan. For Plan Year 20-21, we are currently at 92% but will have "tail claims" for the next five to six months and the projection is that we will be close to the 95-96% loss ratio again which exceeds the target on the account by 12%. At this point, the data for 21-22 is very immature as it is data through September 2021. Plan Year 20-21, there was an anomaly with a decrease in international student enrollment, but for 21-22 the numbers do not reflect the numbers from the 19-20 plan year. Trends for medical and pharmacy costs are incorporated into the pricing also. The medical trend is around 9.5% and underwriting would increase that a few percentage points for

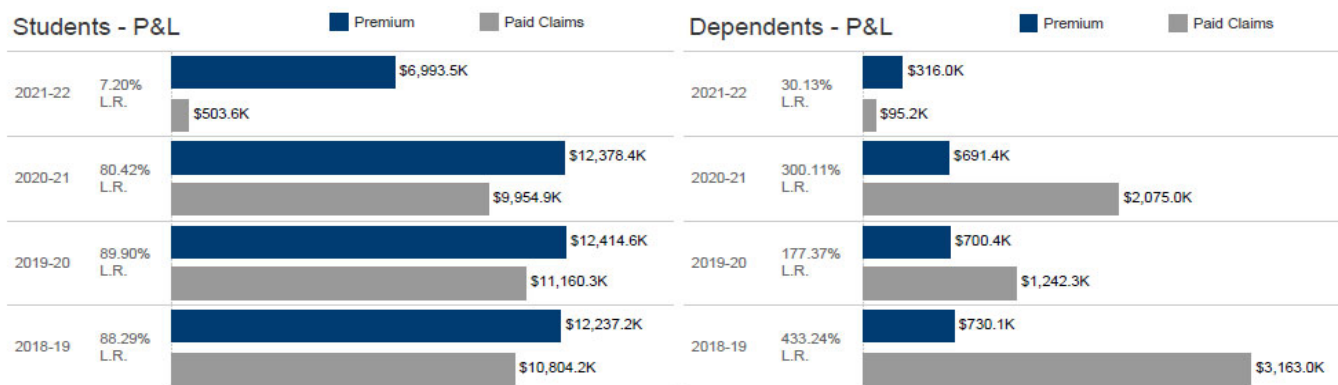
pricing. Pharmacy costs are also trending much higher, around 20%, but in the last 3 months there has been a dramatic decrease to between 12-16%.

## Plan Experience Overview



Values are displayed in thousands

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions (if applicable.)



Values are displayed in thousands

Values are displayed in thousands

Kansas State System (200118) - Utilization as of October 1, 2021  
 Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Sheryl McKelvey asked about PY 20-21 and how COVID related expenses impacted to the plan. Dale Burns responded that overall, UHC-SR has paid \$2.5M in COVID related claims since the start of the academic year. UHC-SR is trying to model that impact to the entire block of student insurance business. Vaccinations are still free, but the plans have to pay for the administration of vaccines. Currently UHC-SR is paying COVID claims as any other claims; previously those claims had to be paid at 100%.

Aaron Coffey asked whether, now that things are getting nominally better, there anticipation that the backlog of services that were delayed because of COVID will occur. Dale Burns responded that UHC-SR does anticipate that, with particular concern being those who have with chronic illnesses (or symptoms that could be chronic) not going to the doctor during the pandemic. There has been an increase in chronic situations that were not addressed during the worst of the pandemic: 6% trend each year to get to 22-23 year which results in the 13% across the board increase for 22-23, given the 92% claims loss ratio.

Carol Solko-Olliff stated that although international enrollment is down, they are required to have insurance. She asked what the utilization by international students is as the FHSU experience is that international students do not utilize services like domestic students do.

Hollie Hall stated that as an international student, she agrees that the plan is becoming so unaffordable that removing the voluntary plan might be the best option forward.

Aaron Coffey asked if Option 1 is eliminated, what would happen? Dale Burns responded that the Option 1 group (undergraduate domestic students who are not required to carry insurance and students not eligible for the other plan Options) is getting smaller and smaller, and UHC-SR is doing its best not to subsidize Option 1. It appears that students are electing coverage and enrolling dependents on the plan, knowing that the premium cost is less than the benefits provided. For Plan Year 20-21, \$600,000 in premiums were paid versus \$2 million in claims. For Plan Year 18-19, \$700,000 in premiums were paid and \$3.1 million in claims were paid. Also, dependent enrollment is small for this group.

Hollie Hall asked about the possibility of students agreeing to pay premiums over time instead of by the semester and whether insurance needs to be reactivated each month? Also, international students might be having difficulties transferring funds from their home country, particularly during the pandemic. Dale Burns responded that he has had recent conversations about tuition financing with another company to see if it would work on the student insurance side. Preliminary information is that it would require a \$50 payment and students would initially pay two months in advance and then continue to pay one month in advance. This discussion will continue as it may be a necessity going forward and information will be shared in the future. Sheryl McKelvey asked if the student does not pay, how would the universities track them and, if there is a huge claim, how would that be handled? Dale Burns responded that if insurance is required, then processes would have to be put in place. There is reluctance to promote it today as there are so many unknowns, and it would not be appropriate to put the international offices in between. Each of the universities responded that they bill international students each semester.

Mary McDaniel-Anschutz shared ESU's experience with Option 1 being elected primarily by students who age out of their parents' policy, or their parents lose their jobs/benefits. They have found the Marketplace is not very helpful in Kansas, with no subsidies, and Medicaid is useless for students unless the student is pregnant. Sheryl McKelvey reported the same difficulties and they have been in short-term plans for six months. Dale Burns stated that multiple companies offer short-term insurance and individuals would bounce back and forth between those plans, many do not have mental health parity, do not cover pre-existing conditions, etc. The State of Kansas is an active insurance regulator and that would be problematic.

Amber Roberts-Graham asked if dependent eligibility is eliminated for Option 1, what are the chances dependents would have another coverage option? Mary McDaniel-Anschutz responded that getting children under 19 on Kan-Care is not difficult, but at 19 getting onto Medicaid is difficult. It was confirmed that dependents can be enrolled in the KBOR student plan until age 26 but that international dependents would have to have their own status at age 21. Currently, there are eleven dependents covered under Option 1 (8 spouses and 3 students with one child each). Amber Roberts-Graham asked if dependent claims experience on Options 2, 3, and 4 is similar to that on Option 1? Matt Brinson responded that they are in the process of reviewing that data.

Dale Burns noted that Option 2 utilization is remarkably higher than the other Options. For the KBOR student plan, Option 2 is not exclusively for medical students as KU includes fellows and trainees (graduate students who get their own grants and no longer qualify for Option 3), pharmacy students, speech/language/hearing students and are included in Option 2. ESU, FHSU and PSU have nursing students that would fall in Option 2. KSU vet program and a PA program will be added. WSU includes nursing and athletic training students.

Matt Anderson stated that if dependents were removed from Option 2, that would hurt KU Med’s recruiting and retention of medical students. Of the 72 students in Option 2 with dependent coverage, 48 are at KUMC.

Diana Kuhlman asked if UHC-SR or MHEC had any other general information about these increases and how they compare to other clients. Is the KBOR plan an outlier because of claims experience? What can we do differently to help manage the claims and reign in the rates? Matt Brinson responded that UHC-SR is in the process of exploring their book of business, average rates, comparison against comparable universities from a ratings perspective, identifying trends, and impact of COVID as it relates to overall enrollment and utilization. Also, will review abatement of claims that occurred in the 20-21 policy and what might be seen going forward as we normalize going forward. UHC-SR will work with Jennifer Dahlquist, MHEC, to look at overall market trends for student insurance. Dale Burns stated that one thing that could be done is to mandate insurance coverage for students that don’t otherwise have comparable insurance coverage, as that would dramatically impact rates for each institution. Risk pools for Options 1 and 2, and dependents, would be much more stable and rates would decrease. It would be a major change to the current voluntary option and would take a multiple year effort to implement. Ohio State University requires all students to show proof of comparable coverage, or they are enrolled in the University sponsored SHIP plan. The plan covers about 15,000 students and dependents, and the annual medical rate is less than the cost of the Option 1 rates.

Julene Miller asked whether the 13%-across-the-board-increase rates are still lower than the highest medal rates available in the federal exchange. Dale Burns responded he would confirm, but the answer would be yes that the plans in the exchange have \$5,000 annual premiums, with \$10,000 deductibles and high coinsurance.

The initial renewal proposal included a 13% across the board premium increase, with no changes to benefits, eligibility or enrollment

	PY 21-22	PY 22-23	\$ Change	% Change
Option 1	\$3,861.00	\$4,363.00	\$502.00	13%
If dependents removed from Option 1	\$3,861.00	\$3,401.00	-\$460.00	-11.91%
Options 2, 3, 4	\$2,462.00	\$2,782.00	\$320.00	13%

UHC-SR provided additional renewal scenarios:

**Scenario 1:** Combine Options 2, 3 and 4 together and underwrite Option 1 on its own (and Scenario 3, remove dependents from Option 1)

	PY 21-22	PY 22-23	\$ Change	% Change
Option 1	\$3,861.00	\$5,998.00	\$2,137.00	55.35%
If dependents removed from Option 1	\$3,861.00	\$5,036.00	\$1,175.00	30.43%
Options 2, 3, 4	\$2,462.00	\$2,689.00	\$227.00	9.22%



**Scenario 2:** Combine Options 3 and 4 together and underwrite Option 1 and Option 2 on their own (and Scenario 3, remove dependents from Option 1)

	PY 21-22	PY 22-23	\$ Change	% Change
Option 1	\$3,861.00	\$5,998.00	\$2,137.00	55.35%
If dependents removed from Option 1	\$3,861.00	\$5,036.00	\$1,175.00	30.43%
Option 2	\$2,462.00	\$4,300.00	\$1,838.00	74.65%
Options 3, 4	\$2,462.00	\$2,462.00	\$0.00	0.00%

**Scenario 4:** For all Options, change the Preferred Provider Tier 1 copay per prescription from \$15 to \$30 and change the out of network generic drug copay per prescription from \$20 to \$50 would result in a \$12.00 decrease to the proposed student rate.

**Scenario 5:** For all Options, change the Preferred Provider out of pocket maximum from \$8,200 individual/\$16,400 family, to \$8,700 individual and \$17,400 family would result in a \$2.00 decrease to the proposed student rate.

Diana Kuhlman asked whether Scenario 4 and Scenario 5 were options that the Committee wanted to consider and there was no support voiced for either Scenario.

**Mary McDaniel-Anschutz, ESU** – the subcommittee leaned toward Scenario 2. But after today’s compelling discussion, and what might be best for the entire group, I support **Scenario 1** with the removal of dependents from Option 1.

**Carol Solko-Oliff, FHSU** – I support **Scenario 2**, but could live with Scenario 1, with the removal of dependents from Option 1. We are trying to protect the international population as they are required to have insurance.

**Amber Roberts-Graham, KU** – I support **Scenario 1** with removal of dependents from Option 1 because continuing efforts to further subdividing risk pools is antithetical to spreading the risk and that will not head us in the right direction in the long run. The subcommittee would be comfortable with the 13% across the board increase or Scenario 2.

**Matt Anderson, KUMC** – I support the **13% across the board increase**. I am uncomfortable with the 55.35% increase under Scenario 1. I abstain from voting on whether to remove dependents as that is not coverage utilized by KUMC. If it came down to Scenario 1 or 2, would support Scenario 1.

**Chelsea Dowell, KSU** – originally the subcommittee was split evenly between the 13% across the board increase and Scenario 1. With today’s information, I support **Scenario 1** with the removal of dependents from Option 1. But I would be comfortable with 13% increase.

**Rita Girth, PSU** – I am most comfortable with **Scenario 2**, similar to FHSU’s position, with the removal of dependents from Option 1. But I would be comfortable with Scenario 1.

**Aaron Coffey, WSU** – I support **Scenario 1** with removal of dependents from Option 1. If Scenario 2 or the 13% across the board increase was advanced, I do not have enough feedback to make a determination.

**[Hollie Hall** – student representative (Madi failed to ask for her vote during the meeting. When contacted after the meeting, Hollie indicated her vote would have been **Scenario 2** with removal of dependents from Option 1.)]

Total votes: Scenario 1, with removal of dependents from Option 1 (4): ESU, KU, KSU, WSU

Scenario 2, with removal of dependents from Option 1 (3): FHSU, PSU, student representative  
13% across the board increase, abstaining from voting whether to remove dependents from Option 1 (1): KUMC

Diana Kuhlman asked UHC-SR whether this is the best and final proposal that can be presented to our system. Dale Burns responded they would go back to underwriter to ask for one last look considering Scenario 1, removing dependents from Option 1 to determine if there is anything else that can be done to mitigate the increase. A review of the entire analysis will be requested. Once that information is provided, it will be incorporated into the presentation to the Council of Business Officers.

Dale Burns asked for feedback about returning international students stating that at this point it appears 75% returned from the prior year. Carol Solko-Olliff responded that consulates have been closed, so the biggest challenge has been in obtaining visas. FHSU is encouraging students to start on-line and return when their visa is available. There are also some new vaccine requirements and Covid and any variants will impact them also. Mary McDaniel Anschutz responded that ESU's situation is similar to FHSU's; there is no shortage of students who want to come but travel and documentation are problematic. Aaron Coffey responded that at WSU there is no decline in international student enrollment, but an increase is expected.

As the meeting closed, Chelsea Dowell and Amber Roberts-Graham announced they will be leaving their respective universities. Jennifer Williams will replace Chelsea as KSU's representative, but KU has not yet determined Amber's replacement. Also, Sheryl McKelvey is retiring, and Aaron Coffey will be WSU's representative. The Committee expressed their appreciation for all the fantastic contributions Sheryl, Chelsea and Amber have made and wish them the very best!

Jennifer Dahlquist, Matt Brinson and Dale Burns stated that they would be available, if needed, to participate via Zoom in meetings as the Plan Year 22-23 proposal advances with the Council of Business Officers, the Council of Presidents, the Board's Governance Committee and/or the Board of Regents.

[On October 28, 2021, revised pricing (focused on Scenario 1 only) was provided and included the following information from Matt Brinson: "This revised pricing was accomplished in a two part approach. We initially met with underwriting and expressed the difficult decisions faced by the committee in reviewing all possible scenarios related to the 2022-23 SHIP renewal. They took that under consideration, our long-standing partnership with KBOR along with the potential return of additional students in future years.

In addition to this, UHCSR was awarded the MHECare contract continuing into the 22-23 policy year in which KBOR participates. As part of the contract award, there was a component of the contract that enabled MHECare participating members to achieve an increased target loss ratio based on increased membership from the prior year. This component of the contract is executed after membership in December 2021 is finalized. Although policy year 2021-2022 overall December membership has not been finalized; we have received approval to involve this component of the contract that would make it applicable to the KBOR 2022-23 renewal.

With underwritings willingness to further reduce rates in conjunction with our partnership with MHECare we were able to provide additional rate relief on the 2022-23 Scenario 1 renewal."

<b>Scenario 1. Combine -2, -3, and -4 plan options together and underwrite -1 plan option on its own</b>					
	Option 1	21-22	22-23	% Change	\$ Change
Original	Student	\$ 3,861.00	\$ 5,036.00	30.43%	\$ 1,175.00
Revised	Student	\$ 3,861.00	\$ 4,998.00	29.45%	\$ 1,137.00
	*Removed dependents				
	Options 2,3, and 4	21-22	22-23	% Change	
Original	Student	\$ 2,462.00	\$ 2,689.00	9.22%	\$ 227.00
Revised	Student	\$ 2,462.00	\$ 2,658.00	7.96%	\$ 196.00
	Spouse	\$ 2,462.00	\$ 2,658.00		\$ 196.00
	Ea. Child	\$ 2,462.00	\$ 2,658.00		\$ 196.00
	All Children	\$ 4,924.00	\$ 5,316.00		\$ 392.00
	All Deps.	\$ 7,386.00	\$ 7,974.00		\$ 588.00

**Future SIAC meetings**

Future SIAC meetings tentatively scheduled for 12:30 (unless otherwise stated below):

- A. Wednesday, February 2, 2022
- B. Wednesday, May 4, 2022
- C. Wednesday, December 7, 2022

# ECI Services

## Waiver Statistics Report

### Definitions Key

Definitions Key	
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	Students who selected to enroll in SHIP* by submitting the on-line enrollment form
DENIED WAIVERS - PENDING ENROLLMENT	Students will be enrolled on SHIP* due to waivers being denied
DEFAULT ENROLLED PAID (ACTIVE)	Student that did not submit a waiver or positively enroll on the insurance plan so are automatically enrolled on SHIP*
APPROVED WAIVERS	Student submitted waiver was approved
DENIED WAIVERS	Student submitted waiver was denied
PENDING WAIVERS	Student submitted waiver is in the process of being audited
VOIDED WAIVERS	School requested to void the waiver for reasons such as student dropped out of school or waiver was submitted in error
STUDENTS WITHDRAWN FROM PROCESS	Student has been removed from the eligibility process at the school's request for reasons such as 1) student dropped below the number of hours, 2) student dropped out of school, 3) student is on another school plan (i.e., a graduate plan such as GTA/GRA/GA)
STUDENTS DROPPED FROM SHIP	Student has been dropped from SHIP* as the school's request or student has a subsequently approved waiver after they were enrolled on SHIP*
STUDENTS WHO ARE DISAPPROVED FROM SHIP	Student enrolled on SHIP (possibly in error) and enrollment hasn't been activated at the carrier
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	Student has submitted a waiver that was approved/denied. At a later date the student drops out of school or has been withdrawn from school for other reasons.
STUDENTS WITH DENIED WAIVERS AND ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	Student that has an approved waiver on file, but subsequently enrolls on SHIP*, but student is not yet Active on carrier's system.

\* SHIP = Student Health Insurance Plan



**Kansas Board of Regents**

**KBOR Quarterly Meeting**

**Eligibility and Waiver Audit Services  
Overview of Spring 2022 Processes**

Date of Report: April 11, 2022

At the request of the Kansas Board of Regents (KBOR) this document serves as an overview of the work ECI has performed for six of the seven KBOR schools: (1) University of Kansas (KU), (2) University of Kansas Medical Center (KUMC), (3) Kansas State University (KSU), (4) Emporia State University (ESU), (5) Wichita State University (WSU), and (6) Pittsburg State University (PSU). The six Universities currently utilizing ECI services have concluded the Spring waiver/enrollment period. The attached report with data for Spring 2022 reflects complete Spring audit and enrollment data as of the date of this report.

The waiver/enrollment processes have proceeded normally for audits, enrollment if applicable, and Customer Service. ECI handled 269 written customer service messages and 146 inbound calls for KBOR for the Spring 2022 semester.

Attached are the Spring 2022 Elev834 reports with present results on waiver data for Spring 2022 waiver audits and, if applicable, eligibility enrollment. ECI does not report on monthly enrollments and special handling or dependent enrollment.

We appreciate your business. As a partner to KBOR and United HealthCare Student Resources and are always looking for better ways to serve the schools of the Kansas Board of Regents.

## University of Kansas

### Statistics Report

Spring 2022

April 11, 2022

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	101
<b>DEFAULT ENROLLMENTS</b>	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	1
DEFAULT ENROLLED PAID (ACTIVE)	810
<b>TOTAL ENROLLMENTS</b>	<b>912</b>

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	245
DENIED WAIVERS	17
PENDING WAIVERS	0
VOIDED WAIVERS	1
<b>NUMBER OF SUBMITTED WAIVERS</b>	<b>263</b>

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	942
STUDENTS DROPPED FROM SHIP	49
STUDENTS WHO ARE DISAPPROVED FROM SHIP	2
<b>NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS</b>	<b>993</b>

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	-10
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	-2
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-8
<b>NUMBER OF STUDENTS WITH MULTIPLE RESULTS</b>	<b>-20</b>

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	912
WAIVERS PROCESSED	263
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	993
STUDENTS WITH MULTIPLE RESULTS	-20
<b>TOTAL NUMBER STUDENTS RECEIVED</b>	<b>2148</b>

## Wichita State University

### Statistics Report

Spring 2022

April 11, 2022

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	289
<b>DEFAULT ENROLLMENTS</b>	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	0
DEFAULT ENROLLED PAID (ACTIVE)	1090
<b>TOTAL ENROLLMENTS</b>	<b>1379</b>

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	83
DENIED WAIVERS	22
PENDING WAIVERS	0
VOIDED WAIVERS	0
<b>NUMBER OF SUBMITTED WAIVERS</b>	<b>105</b>

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	300
STUDENTS DROPPED FROM SHIP	129
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
<b>NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS</b>	<b>429</b>

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	-14
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-22
<b>NUMBER OF STUDENTS WITH MULTIPLE RESULTS</b>	<b>-36</b>

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	1379
WAIVERS PROCESSED	105
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	429
STUDENTS WITH MULTIPLE RESULTS	-36
<b>TOTAL NUMBER STUDENTS RECEIVED</b>	<b>1877</b>

Kansas State University

Statistics Report

Spring 2022

April 11, 2022

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	25
<b>DEFAULT ENROLLMENTS</b>	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	0
DEFAULT ENROLLED PAID (ACTIVE)	350
<b>TOTAL ENROLLMENTS</b>	<b>375</b>

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	18
DENIED WAIVERS	11
PENDING WAIVERS	0
VOIDED WAIVERS	0
<b>NUMBER OF SUBMITTED WAIVERS</b>	<b>29</b>

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	108
STUDENTS DROPPED FROM SHIP	506
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
<b>NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS</b>	<b>614</b>

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	-1
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	-17
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-11
<b>NUMBER OF STUDENTS WITH MULTIPLE RESULTS</b>	<b>-29</b>

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	375
WAIVERS PROCESSED	29
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	614
STUDENTS WITH MULTIPLE RESULTS	-29
<b>TOTAL NUMBER STUDENTS RECEIVED</b>	<b>989</b>



## Emporia State University

### Statistics Report

Spring 2022

April 11, 2022

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	2
<b>DEFAULT ENROLLMENTS</b>	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	0
DEFAULT ENROLLED PAID (ACTIVE)	122
<b>TOTAL ENROLLMENTS</b>	<b>124</b>

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	3
DENIED WAIVERS	2
PENDING WAIVERS	0
VOIDED WAIVERS	1
<b>NUMBER OF SUBMITTED WAIVERS</b>	<b>6</b>

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	81
STUDENTS DROPPED FROM SHIP	48
STUDENTS WHO ARE DISAPPROVED FROM SHIP	1
<b>NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS</b>	<b>130</b>

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	-3
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	-1
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-2
<b>NUMBER OF STUDENTS WITH MULTIPLE RESULTS</b>	<b>-6</b>

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	124
WAIVERS PROCESSED	6
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	130
STUDENTS WITH MULTIPLE RESULTS	-6
<b>TOTAL NUMBER STUDENTS RECEIVED</b>	<b>254</b>

Pittsburg State University

Statistics Report

Spring 2022

April 11, 2022

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	1
<b>DEFAULT ENROLLMENTS</b>	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	0
DEFAULT ENROLLED PAID (ACTIVE)	159
<b>TOTAL ENROLLMENTS</b>	<b>160</b>

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	0
DENIED WAIVERS	4
PENDING WAIVERS	0
VOIDED WAIVERS	0
<b>NUMBER OF SUBMITTED WAIVERS</b>	<b>4</b>

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	62
STUDENTS DROPPED FROM SHIP	1
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
<b>NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS</b>	<b>63</b>

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	-1
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-3
<b>NUMBER OF STUDENTS WITH MULTIPLE RESULTS</b>	<b>-4</b>

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	160
WAIVERS PROCESSED	4
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	63
STUDENTS WITH MULTIPLE RESULTS	-4
<b>TOTAL NUMBER STUDENTS RECEIVED</b>	<b>223</b>

## University of Kansas Medical Center

### Statistics Report

Spring 2022

April 11, 2022

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	0
<b>DEFAULT ENROLLMENTS</b>	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	60
DEFAULT ENROLLED PAID (ACTIVE)	0
<b>TOTAL ENROLLMENTS</b>	<b>60</b>

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	32
DENIED WAIVERS	2
PENDING WAIVERS	0
VOIDED WAIVERS	0
<b>NUMBER OF SUBMITTED WAIVERS</b>	<b>34</b>

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	0
STUDENTS DROPPED FROM SHIP	0
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
<b>NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS</b>	<b>0</b>

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	0
<b>NUMBER OF STUDENTS WITH MULTIPLE RESULTS</b>	<b>0</b>

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	60
WAIVERS PROCESSED	34
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	0
STUDENTS WITH MULTIPLE RESULTS	0
<b>TOTAL NUMBER STUDENTS RECEIVED</b>	<b>94</b>

**Kansas Board of Regents**  
**Waiver Processing Time Report**

**Spring 2022**

April 11, 2022

**University of Kansas**

<b>Spring 2022 Audits</b>	<b>Total Audits Average Processing Time (days)</b>	<b>Total Average QA Time (days)</b>
263	0.74	0.09

**Wichita State University**

<b>Spring 2022 Audits</b>	<b>Total Audits Average Processing Time (days)</b>	<b>Total Average QA Time (days)</b>
105	0.82	0.07

**Kansas State University**

<b>Spring 2022 Audits</b>	<b>Total Audits Average Processing Time (days)</b>	<b>Total Average QA Time (days)</b>
29	0.96	0.1

**Emporia State University**

<b>Spring 2022 Audits</b>	<b>Total Audits Average Processing Time (days)</b>	<b>Total Average QA Time (days)</b>
6	2.28	0.05

**Pittsburg State University**

<b>Spring 2022 Audits</b>	<b>Total Audits Average Processing Time (days)</b>	<b>Total Average QA Time (days)</b>
4	0.29	0.19

**University of Kansas Medical Center**

<b>Spring 2022 Audits</b>	<b>Total Audits Average Processing Time (days)</b>	<b>Total Average QA Time (days)</b>
34	0.89	0.05

## University of Kansas

### Waiver Audit Results

Spring 2022

April 11, 2022

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	245	93.16%
8	Policy is not active	8	3.04%
4	Invalid Student Insurance Information	3	1.14%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	3	1.14%
20	The insurance company is not authorized to do business in the state by the Kansas Department of Insurance	2	0.76%
99	Void	1	0.38%
9	Plan does not provide insured prescription drug coverage	1	0.38%
<b>Grand Total</b>		<b>263</b>	<b>100%</b>

Audits Adjusted	Total
Additional Documentation	3
Audit Adjustment	10
Client Request	13
Student Provided MER	8
Student Resubmitted Waiver	7
Student Updated Insurance	7
<b>Grand Total</b>	<b>48</b>

<b>% Adjusted of Total Audits Completed</b>	<b>18.25%</b>
---------------------------------------------	---------------

Total	Count
Final, Completed Audit Results	263
Audits Adjusted	48
<b>Total</b>	<b>311</b>

## Wichita State University

### Waiver Audit Results

Spring 2022

April 11, 2022

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	83	79.05%
9	Plan does not provide insured prescription drug coverage	7	6.67%
8	Policy is not active	4	3.81%
6	Carrier refuses to disclose information.	2	1.90%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	2	1.90%
13	Plan does not provide coverage for pre-existing conditions	2	1.90%
17	Patient Co-insurance is over 25%	1	0.95%
15	The individual annual deductible is over \$500	1	0.95%
20	The insurance company is not authorized to do business in the state by the Kansas Department of Insurance	1	0.95%
21	This plan does not provide coverage for all required service types such as pediatric dental and vision for covered dependents.	1	0.95%
14	Plan does not provide unlimited benefits with no per-service, per-diagnosis, or per-accident limitations	1	0.95%
Grand Total		105	100%

Audits Adjusted	Total
Additional Documentation	1
Audit Adjustment	12
Client Request	1
Student Provided MER	5
Student Resubmitted Waiver	6
Student Updated Insurance	6
Grand Total	31

% Adjusted of Total Audits Completed	29.52%
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Total	Count
Final, Completed Audit Results	105
Audits Adjusted	31
<b>Total</b>	<b>136</b>

**Kansas State University**

**Waiver Audit Results**

**Spring 2022**

April 11, 2022

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	18	62.07%
4	Invalid Student Insurance Information	3	10.34%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	3	10.34%
9	Plan does not provide insured prescription drug coverage	2	6.90%
11	Plan does not provide maternity coverage	2	6.90%
14	Plan does not provide unlimited benefits with no per-service, per-diagnosis, or per-accident limitations	1	3.45%
Grand Total		29	100%

Audits Adjusted	Total
Audit Adjustment	6
Student Provided MER	3
Student Resubmitted Waiver	1
Grand Total	10

<b>% Adjusted of Total Audits Completed</b>	<b>34.48%</b>
---------------------------------------------	---------------

Total	Count
Final, Completed Audit Results	29
Audits Adjusted	10
<b>Total</b>	<b>39</b>

## Emporia State University

### Waiver Audit Results

**Spring 2022**

April 11, 2022

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	3	50.00%
6	Carrier refuses to disclose information.	1	16.67%
9	Plan does not provide insured prescription drug coverage	1	16.67%
99	Void	1	16.67%
Grand Total		6	100%

Audits Adjusted	Total
Audit Adjustment	5
Student Provided MER	2
Grand Total	7

% Adjusted of Total Audits Completed	116.67%
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Total	Count
Final, Completed Audit Results	6
Audits Adjusted	7
<b>Total</b>	<b>13</b>



**Pittsburg State University**

**Waiver Audit Results**

Spring 2022

April 11, 2022

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
4	Invalid Student Insurance Information	1	25.00%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	1	25.00%
9	Plan does not provide insured prescription drug coverage	1	25.00%
2	Unknown	1	25.00%
Grand Total		4	100%

Audits Adjusted	Total
Audit Adjustment	3
Grand Total	3

% Adjusted of Total Audits Completed	75.00%
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Total	Count
Final, Completed Audit Results	4
Audits Adjusted	3
<b>Total</b>	<b>7</b>

**University of Kansas Medical Center**

**Waiver Audit Results**

Spring 2022

April 11, 2022

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	32	94.12%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	1	2.94%
20	The insurance company is not authorized to do business in the state by the Kansas Department of Insurance	1	2.94%
Grand Total		34	100%

Audits Adjusted	Total
Audit Adjustment	4
Student Provided MER	4
Grand Total	8

<b>% Adjusted of Total Audits Completed</b>	<b>23.53%</b>
---------------------------------------------	---------------

Total	Count
Final, Completed Audit Results	34
Audits Adjusted	8
<b>Total</b>	<b>42</b>

## 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.**





### Dental

Get regular dental visits with no out-of-pocket costs. Regular checkups can help protect your teeth and your overall health.



### Vision

No more squinting! Routine vision exams are covered to help you see what you've been missing and catch potential issues early.



### Hearing

Hearing loss can isolate you from friends and family. Hearing aids and routine hearing exams help keep you in the conversation.



### Did You Know?

Original Medicare doesn't cover preventive dental, vision, or hearing care. So you have to pay full-price on your own when you visit a dentist, eye doctor, or audiologist. Those costs can add up!

**Prime DVH saves you money and costs less than purchasing three separate policies.**

## Prime DVH at a Glance



100% coverage with **no waiting period** for routine dental, vision, and hearing exams<sup>1</sup>



**Issue ages:**  
0 through 90



Visit **any provider** of your choice or take advantage of big discounts by using the plan's large network of participating providers.



Coverage is available for the whole family—you, your spouse, and your kids.



Affordable premiums that do not increase as you get older. Coverage **starts at \$25 per month.**<sup>2</sup>



Guaranteed issue and renewable for life!

<sup>1</sup> Careington Benefit Solutions, a CAREINGTON International Company, administers the dental insurance plans through their extensive Maximum Care Network. Hearing benefits are administered through the TruHearing® network of more than 3,800 provider locations across the country. | <sup>2</sup> Premium for a 40-year-old with \$1,000 annual maximum benefit.



## BENEFIT SUMMARY

Combined Annual Benefit Options	\$1,000, \$1,500, or \$2,000 per insured, per policy year
---------------------------------	-----------------------------------------------------------

### DENTAL

Covered Services <sup>1</sup>	Preventive, diagnostic, restorative, adjunctive services, endodontics, periodontics, prosthodontics and oral surgery services
-------------------------------	-------------------------------------------------------------------------------------------------------------------------------

Type I (Preventive)	100% No waiting period
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Type II (Basic)	We pay up to: Year 1: 60% per insured Year 2: 70% per insured Year 3+: 80% per insured No waiting period
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Type III (Major)	We pay up to: Year 1: 60% per insured Year 2: 70% per insured Year 3+: 80% per insured 9-month waiting period
------------------	---------------------------------------------------------------------------------------------------------------------------

### VISION

Maximum Vision Benefit	\$200 per insured, per policy year, subject to policy maximum
------------------------	---------------------------------------------------------------

Comprehensive Eye Exams	100% No waiting period
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Follow-Up Visits Contact Lenses, Frames, Corrective Spectacle Lenses, and Corrective Spectacle Lens Fittings	We pay up to: Year 1: 60% per insured Year 2: 70% per insured Year 3+: 80% per insured 9-month waiting period
--------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

### HEARING

Maximum Hearing Benefit	\$500 per insured / 2 years, subject to policy maximum
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Hearing Examination	100% up to \$75, per insured, per policy year No waiting period
---------------------	--------------------------------------------------------------------

Hearing Aids Hearing Aid Repairs	We pay up to: Year 1: 60% per insured Year 2: 70% per insured Year 3+: 80% per insured 9-month waiting period
-------------------------------------	---------------------------------------------------------------------------------------------------------------------------

\* Covered Services are payable after \$100 policy deductible, per insured person, per policy year. | For AK, Dental Covered Expenses do not include charges that exceed Usual and Customary Charges, as defined in the Policy. The insured person will be responsible for any charges in excess of the Usual and Customary Charges.

<sup>1</sup> Certain services include limitations. See Policy for details. | Note: If an insured person opts to receive dental services or procedures that are not covered expenses under the Policy, a network provider dentist may charge his or her usual and customary rate for such services or procedures. Prior to providing an insured person dental services or procedures that are not covered expenses, the dentist should provide a treatment plan that includes each anticipated service or procedure to be provided and the estimated cost of each service or procedure. To fully understand the coverage provided under the Policy, you should read your Policy carefully.

# Dental Benefits

## Type I Covered Services

### Preventive:

- Prophylaxis - once every six months
- Topical Fluoride - once every 12 months, up to age 16
- Sealants - once every 36 months, up to age 16

### Diagnostic:

- Oral evaluations - once every six months
- Re-evaluations
- Comprehensive periodontal evaluations - once every six months
- Bitewing X-rays - once every 12 months
- Vertical bitewings - once every 36 months
- Diagnostic casts

## Type II Covered Services<sup>1</sup>

### Preventive:

- Space maintainers - up to age six

### Diagnostic:

- Intraoral films, extraoral films, and panoramic film - once every 36 months

### Restorative:

- Amalgam, primary or permanent & resin-based composite

### Adjunctive:

- Palliative (emergency) treatment of pain<sup>2</sup>
- Fixed partial denture sectioning
- Local anesthesia
- Analgesia - up to age 13
- Inhalation of nitrous oxide
- Consultation
- Application - Desensitizing medicament and desensitizing resin for cervical and/or root service
- Occlusion analysis and occlusion adjustment

<sup>1</sup>For MN and NM, the Type II and Type III benefits include the listed covered expenses when received for the care and treatment of TMJ disorders and craniomandibular disorders. | <sup>2</sup>For UT, this is revised to 'Palliative Emergency Dental Care for treatment of dental pain'

Dental, Vision and Hearing Insurance Policy Form CH-26151-IP (10/18) or its state variation. | This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language.

However, the contract language stands alone and the complete terms of the coverage will be determined by the Policy. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. Benefits and rates may vary by state.

## Type III Covered Services<sup>1</sup>

### Restorative:

- Inlays and onlays (and recementing, once every 12 months after a six-month waiting period)
- Crowns; cast posts and core buildups
- Pin retention in addition to restoration - up to two procedures every 12 months
- Protective restoration
- Sedative fillings

### Endodontics:

- Pulp caps; therapeutic pulpotomy; pulpal therapy
- Internal tooth repair of perforation defects
- Apexification/recalcification or apicoectomy periradicular surgery
- Retrograde fillings
- Root canal or endodontic therapy

### Oral Surgery:

- Extraction of erupted tooth; removal of impacted tooth
- Tooth transplantation
- Alveoloplasty
- Biopsy of oral tissue, soft or hard; Removal of cyst/tumor 1.25 cm in diameter and greater
- Incision and drainage of abscess
- Sinus augmentation
- Frenulectomy
- Excision of hyperplastic tissue or pericoronal gingival

### Prosthetics:

- Complete and partial dentures - once every five years for complete dentures to replace missing/broken teeth
- Adjustment and repair of dentures
- Retainer

### Periodontics:

- Gingivectomy/gingivoplasty - once every 36 months
- Gingival flap procedure - once every 36 months
- Soft tissue graft procedures and hard tissue clinical crown lengthening
- Osseous surgery - once every 36 months
- Bone replacement grafts and guided tissue regenerations
- Periodontal scaling and root planning - limited to four separate quadrants every two years
- Full-mouth debridement to enable evaluation and diagnosis - once every 36 months
- Periodontal maintenance

## Hearing Benefits

### Covered Services

- Hearing examination
- Purchase of hearing aids
- Necessary repairs of hearing aids

### Additional Savings from TruHearing

- Members get to choose from a wide selection of the latest digital hearing aids at prices 30-60% below the national average at over 3,800 providers nationwide.
- Members have a 45-day risk-free trial period after purchasing hearing aids through TruHearing

## Vision Benefits

### Covered Services

- Comprehensive eye exams
- Follow-up visits and vision hardware including contact lenses, frames, corrective spectacle lenses, and corrective spectacle lens fittings

## Free-Look Period

It's important that you're satisfied with your optional supplemental coverage. If you aren't satisfied, you may cancel within the free-look period listed in the policy. We'll cancel the coverage as of the policy's effective date, and we'll refund all premiums paid.



## Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance coverage you may have purchased with another insurance company.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional benefits for covered expenses.
- This plan is not required in order to purchase health insurance with another insurance company.
- This plan should not be used as a substitute for comprehensive health insurance coverage. It is not considered Minimum Essential Coverage under the Affordable Care Act.







## IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.

**Some health care services paid for by Medicare may also trigger the payment of benefits under the Policy.**

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the Policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- Hospitalization
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Physician services
- Other approved items and services

### Before You Buy This Insurance

- ✓ Check the coverage in ALL health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

## Other Important Information

### Definitions (See Policy for Other Important Definitions):

- **Dental Covered Expenses** means the Usual and Customary Charges for the dental services and supplies covered under the Policy, which are incurred by an insured person and not otherwise excluded or limited in the Policy. Dental Covered Expenses are incurred on the date that the service is performed or the date the charge for the supply is incurred. Dental Covered Expenses must be incurred while this coverage is in force.
- **Hearing Covered Expenses** means the actual charge for services and supplies listed in the Policy schedule. When services are provided by a PPO provider, Hearing Covered Expenses means the negotiated rate in effect with a PPO on the date it provides a covered expense.
- **Participating Provider Organization** ("PPO") means a group of physicians or other providers who have contracted with the company or a company-designated organization to provide services, treatment and supplies to an insured person at negotiated fees.
- **Usual and Customary Charges** means charge which is the smallest of: 1. The actual charge; 2. The charge usually made for the covered expense by the provider who furnishes it; or 3. The charge equal to the 75th percentile of charges billed by providers in the geographic area. When services are provided by a PPO provider, Usual and Customary Charges means the negotiated rate in effect with a PPO on the date it provides a covered expense.<sup>1</sup>
- **Vision Covered Expenses** means the actual charge for services and supplies listed in the Policy schedule. When services are provided by a PPO provider, Vision Covered Expenses means the negotiated rate in effect with a PPO on the date it provides a covered expense.
- **Waiting Period** means the consecutive period of time beginning from the effective date of coverage in which an insured person must be insured under the Policy before benefits are payable. The Waiting Period is shown in the Policy schedule.

<sup>1</sup>AK: revises '75th' to '80th'

## Other Important Information

### Coverage Information:

**COVERAGE BEGINS:** Once Chesapeake has approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.

**RENEWABILITY:** Your Policy is guaranteed renewable, subject to Chesapeake's right to discontinue or terminate the coverage as provided in the Termination of Coverage section of the Policy.<sup>1</sup>

**PREMIUM CHANGES:** Chesapeake reserves the right to change the table of premiums, on a class basis, becoming due under the Policy at any time and from time to time; provided, Chesapeake has given you written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a class basis. The premium for the Policy is based on the issue age of the insured person at the time in which the Policy becomes effective.<sup>2</sup>

**TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy and any attached riders, if any: | At the end of the period for which premium has been paid (subject to the grace period)<sup>3</sup> | If your mode of premium is monthly, at the end of the period through which premium has been paid following our receipt of your request of termination<sup>4</sup> | If your mode of premium is other than monthly, upon the next monthly anniversary day following our receipt of your request of termination. Premium will be refunded for any amounts paid beyond the termination date<sup>5</sup> | On the date you perform an act or practice that constitutes fraud; or make an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy | On the date we elect to discontinue this plan or type of coverage<sup>6</sup> | On the date we elect to discontinue all coverage in your state<sup>7</sup> | On the date an insured person is no longer a permanent resident of the United States.<sup>8</sup>

### EXCLUSIONS AND LIMITATIONS

#### We will not provide any benefits for charges arising directly or indirectly, in whole or in part, from:<sup>9</sup>

Treatment, care, services or supplies for which benefits are not specifically provided for in the Policy | Charges exceeding the Benefit Maximums, if any | Attempted suicide or any intentionally self-inflicted injury<sup>10</sup> | Directly or indirectly engaging in illegal activity<sup>11</sup> | Treatment of disturbances of the temporomandibular joint (TMJ)<sup>12</sup> | 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 | 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 | The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function | Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouth-guards; precision or semi-precision attachments; denture duplication; or splinting

<sup>1</sup>AZ, DE, IA, KS, KY, ND, TN: revises 'guaranteed' to 'conditionally' | <sup>2</sup>AK: revises '31 days' to '45 days' IL: removes 'and from time to time' KY: revises first sentence to 'Chesapeake reserves the right to change the table of premiums, on a class basis; however, the premium table will not be increased within 12 months from the date of issue or date of renewal. If we change the premiums, we will give you a written notice of at least 31 days prior to the effective date of the new rates.' LA: revises '31 days' to '45 days' and adds 'Such rates will not increase more than once each six-month period, following the initial twelve-month period.' MS, NM, WI: revises '31 days' to '60 days' PA: adds 'and any increase in premium rates has been approved by the Pennsylvania Department of Insurance' after 'new rates' UT: revises '31 days prior to the effective date of the new rates' to '45 days prior to the renewal date upon which the new rates will be effective' | <sup>3</sup>MO: adds 'if coverage is terminated due to non-payment of premium, we will give you at least 30 days after the date of our mailing the written notice accompanied by the reason for the termination' KY, ND: adds 'not' before 'been paid' | <sup>4</sup>AK, OH: revises to 'on the date we receive your request of termination' KS: removes entirely MO: revises to 'on the date we receive your request of termination or on the date specified in your termination request, whichever is later' | <sup>5</sup>AK, KS, MO, OH: removes entirely | <sup>6</sup>AK, TN: adds 'we will give you at least ('45' for AK; '30' for TN) days notice before the date coverage will be discontinued' LA: adds 'We will provide written notice to you of such discontinuation at least 60 days prior to the date coverage will discontinue' | <sup>7</sup>AK, TN: adds 'we will give you at least ('45' for AK; '30' for TN) days notice before the date coverage will be discontinued' | <sup>8</sup>AK: adds 'We will promptly return any unearned portion of the premium paid, but in any event shall return the unearned portion of the premium within 45 days. The earned premium shall be computed on a pro-rata basis.' | <sup>9</sup>IL: removes 'or indirectly' | <sup>10</sup>MI, MN: removes entirely | <sup>11</sup>CA: revises to 'any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation' CT: revises 'illegal' to 'felonious' IL: removes 'or indirectly' and replaces 'activity' with 'occupation' MI: revises to 'Directly or indirectly engaging in willful criminal activity per Michigan Compiled Law Section 500.3452' NE: revises to 'Engaging in an illegal occupation' UT: removes 'or indirectly' | <sup>12</sup>MN, NM: removes entirely

## Other Important Information

### EXCLUSIONS AND LIMITATIONS (continued)

#### We will not provide any benefits for charges arising directly or indirectly, in whole or in part, from:

Plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs | 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 | Oral/facial images, including intra- and extra-oral images | Pulp vitality tests | Post removals UNLESS in conjunction with endodontic therapy | Chairside, labial veneers (laminates) | Intentional re-implantation, including necessary splinting | Surgical procedure for isolation of tooth with rubber dam | Canal preparation and fitting of performed dowel or post | Regional block anesthesia | Hospital, house, or extended care facility calls | Office visits for the purpose of observation, during or after regularly scheduled hours | Office visits outside of regularly scheduled hours<sup>5</sup> | Enamel microabrasions | An initial placement of a 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 | Services not completed by the end of the month in which coverage terminates<sup>6</sup> | Procedures that are begun, but not completed<sup>7</sup> | Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge | Services in connection with war or any 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<sup>8</sup> | Any services, supplies or care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law<sup>9</sup> | Orthodontic procedures | Covered Expenses for which an insured person is not legally obligated to pay | Orthoptic or vision training and any associated supplemental testing | Plano lenses | Medical or surgical treatment of the eyes | Any type of corrective vision surgery, including LASIK surgery | Any eye examination, or any corrective eyewear, required by an employer as a condition of employment | Safety eyewear | Replacement of lost or broken lenses, frames, glasses, or contact lenses | Contact lens fitting | Sub-normal vision aids or non-prescription lenses | 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 | Experimental/ Investigational or non-conventional treatment or device | Charges incurred after the Policy has terminated or coverage has ended | Assistive Listening Devices (ALDs) | Medical and/or surgical treatment of the internal or external structures of the ear | Hearing aids not prescribed by an audiologist or physician | Ear protective devices or plugs | 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 requirements that such removable dentures; fixed bridgework and other prosthetic services are (1) needed to replace one or more natural teeth that were removed while the Policy was in force for the insured person; and (2) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 8 years.

#### From EyeMed:

Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing | Aniseikonic lenses | Medical and/or surgical treatment of the eye, eyes or supporting structures | Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under plan | Services provided as a result of any Workers' Compensation Law | Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount) | Services or materials provided by any other group benefit providing for vision care | Two pair of glasses in lieu of bifocals or trifocals

<sup>5</sup>AK: adds 'excess fees charged for' before 'office' | <sup>6</sup>TN: removes entirely | <sup>7</sup>TN: adds 'within 30 days of the termination of the Policy' | <sup>8</sup>AR: adds 'Upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services' | <sup>9</sup>CA: revises 'payable' to 'paid' | KS: revises to 'Benefits will not be provided for services or injuries or diseases related to your job to the extent you are covered or are required to be covered by the Workers' Compensation law. If you enter into a settlement giving up your right to recover future medical benefits under a Workers' Compensation law, the Policy will not pay those medical benefits that would have been payable in absence of that settlement'

For use in AK, AL, AR, AZ, CA, CO, CT, DC, DE, IA, IL, IN, KS, KY, LA, MI, MN, MO, MS, ND, NE, NM, OH, PA, TN, UT, WI and WY



## About Us

SureBridge is one of the leading brands of supplemental insurance coverage in the United States, helping to provide financial security for Americans of all ages and their families. Our comprehensive portfolio of products is available from licensed insurance agents in 45 states and the District of Columbia and is available through HealthMarkets Insurance Agency Inc., as well as through other unaffiliated insurance distributors. SureBridge policyholders can receive direct cash benefits for expenses caused by unexpected medical issues, sustained illnesses, and end-of-life challenges.

The SureBridge portfolio includes dental, vision, and other insurance plans that complement an individual's health insurance. These plans help provide an additional layer of protection in the event of accidental injury, catastrophic illness, hospitalization, or cancer.

SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental and life insurance products are underwritten by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.

# Navigate Life's Twists & Turns

with the SureBridge portfolio of supplemental  
and life insurance products

**Accident | Dental | Disability | Fixed Indemnity  
Illness | Life | Metal Gap | Vision**



## SureBridge®

Underwritten by  
The Chesapeake Life Insurance Company®

**SureBridgeInsurance.com**  
**(800) 815-8535**

Weekdays 8:00 a.m. to 5:00 p.m. in all time zones

Dental Coverage  
**PPO Dental**

Coverage to help you keep a healthy smile.





## Coverage For Your Dental Care Needs.

Research shows that oral health and overall health are closely related. So when you keep your teeth healthy, you are also helping to keep your body healthy.

Our **PPO Dental** plan offers coverage options for **preventive/diagnostic, basic and major restorative services** through Careington's Maximum Care **network of 200,000 providers**.

**Applying is simple and can be completed in minutes.**

### PPO Dental At A Glance



100% coverage on both plans for many preventive services like cleanings, X-rays and oral exams<sup>1</sup>



Pays up to **\$1,200** per person, per calendar year for covered services on the Premiere Plan



Large network of dentists and specialists to choose from. **Visit ChesapeakePlus.com** to view a list of in-network providers<sup>1</sup>



Affordable premiums that do not increase as you get older with Basic coverage **starting at \$19 per month**<sup>2</sup>

<sup>1</sup> Careington Benefit Solutions, a CAREINGTON International Company administers the dental insurance plans on behalf of Chesapeake through their extensive **Maximum Care Network**. | <sup>2</sup> Premium for an adult Basic PPO Dental plan.





BENEFITS - Network Provider <sup>1</sup>	Basic	Premiere
Covered Services	Preventive, diagnostic, restorative and adjunctive services	Preventive, diagnostic, restorative, adjunctive, endodontics, periodontics, prosthodontics and oral surgery services
• Type I	100% No waiting period	100% No waiting period
• Type II	50% Six month waiting period	80% Six month waiting period*
• Type III	Not covered	60% 12 month waiting period*
Calendar year deductible <i>(Applies to Type II and III only)</i>	\$100 per person Three max per family	\$50 per person Three max per family
Calendar year maximum	\$1,000 per person \$5,000 per family	\$1,200 per person \$6,000 per family

MONTHLY PREMIUMS		
Adult	\$19. <sup>00</sup>	\$39. <sup>00</sup>
Child (Unless Primary Policyholder)	\$16. <sup>00</sup>	\$28. <sup>00</sup>

See the following pages for Type I, Type II and Type III covered services details | The chart above is only an illustration of benefit and premium options per covered person. Premiums may vary by state | Visit [ChesapeakePlus.com](http://ChesapeakePlus.com) to view a list of in-network providers | \*Waiting periods are waived for an insured person previously covered under full dental coverage, provided such prior coverage was in effect for at least 12 consecutive months and is continuous to a date no more than 63 days prior to your application date.

<sup>1</sup> Certain services include limitations. Benefits are reduced for non-network providers. See Policy for details. | Note: If an insured person opts to receive dental services or procedures that are not covered expenses under the Policy, a network provider dentist may charge his or her usual and customary rate for such services or procedures. Prior to providing an insured person dental services or procedures that are not covered expenses, the dentist should provide a treatment plan that includes each anticipated service or procedure to be provided and the estimated cost of each service or procedure. To fully understand the coverage provided under the Policy, you should read your Policy carefully.

## Type I Covered Services<sup>1</sup>

Premiere and Basic plans include the following services with no waiting period:

### Preventive:

- Prophylaxis - once every six months
- Topical Fluoride - once every 12 months, up to age 16
- Sealants - once every 36 months, up to age 16

### Diagnostic:

- Oral evaluations - once every six months
- Bitewing X-rays - once every 12 months
- Vertical bitewings - once every 36 months
- Diagnostic casts

## Type II Covered Services<sup>2</sup>

Premiere and Basic plans include the following services with a 6 month waiting period:

### Preventive:

- Space maintainers - up to age six

### Diagnostic:

- Intraoral films, extraoral films and panoramic film - once every 36 months

### Restorative:

- Amalgam, primary or permanent & resin-based composite

### Adjunctive:

- Palliative (emergency) treatment of pain
- Fixed partial denture sectioning
- Local anesthesia
- Analgesia - up to age 13
- Inhalation of nitrous oxide
- Occlusion analysis and occlusion adjustment



<sup>1</sup>Type I services for Premiere and Basic plans are covered at 100% in-network and 80% non-network. | <sup>2</sup>Type II services for Premiere plan are covered at 80% in-network and 60% non-network. Type II services for Basic plan are covered at 50% for both in-network and non-network.

## Type III Covered Services<sup>1</sup>

Premiere plan only includes the following services with a 12 month waiting period, unless stated otherwise:

### Restorative:

- Inlays and onlays (and recementing, once every 12 months after a six month waiting period)
- Crowns; cast posts and core buildups
- Pin retention in addition to restoration - up to two procedures every 12 months
- Sedative fillings

### Endodontics:

- Pulp caps; therapeutic pulpotomy; pulpal therapy
- Root canal or endodontic therapy

### Oral Surgery:

- Extraction of erupted tooth; removal of impacted tooth
- Tooth transplantation
- Alveoloplasty
- Removal of cyst/tumor 1.25 cm and greater
- Incision and drainage of abscess

### Prosthodontics:

- Complete and partial dentures - once every five years for complete dentures to replace missing/broken teeth
- Adjustment and repair of dentures

### Periodontics:

- Gingivectomy/gingivoplasty - once every 36 months
- Gingival flap procedure and osseous surgery - each limited to once every 36 months
- Soft tissue graft procedures
- Periodontal scaling and root planning - limited to four separate quadrants every two years
- Full-mouth debridement to enable evaluation and diagnosis - once every 36 months

<sup>1</sup>Type III services for Premiere plan only are covered at 60% in-network and 50% non-network.

For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of any discrepancies contained in this brochure, the terms and conditions contained in the Policy documents shall govern. Dental Insurance Preferred Provider Organization (PPO) Policy, Form CH-26121-IP (01/12) or its state variation. | The information contained herein is accurate at the time of publication. This brochure provides only summary information and the benefits and rates may vary by state.

## Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance coverage you may have purchased with another insurance company.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional protection.
- This plan is not required in order to purchase health insurance with another insurance company.
- This plan should not be used as a substitute for comprehensive health insurance coverage. It is not considered Minimum Essential Coverage under the Affordable Care Act.



## Other Important Information

### EXCLUSIONS AND LIMITATIONS

#### We will not provide any benefits for charges arising directly or indirectly, in whole or in part, from:<sup>1</sup>

**For Basic and Premiere Plans:** Treatment, care, services or supplies for which benefits are not specifically provided for in the Policy | Charges exceeding the maximum benefit amount, if any | Attempted suicide or any intentionally self-inflicted injury<sup>2</sup> | Directly or indirectly engaging in illegal activity<sup>3</sup> | Treatment of disturbances of the temporomandibular joint (TMJ)<sup>4</sup> | 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 | Plaque control, completion of claim forms; broken appointments, prescription or take-home fluoride, or diagnostic photographs | Oral/facial images, including intra- and extra-oral images | Pulp vitality tests | Chairside, labial veneers (laminates) | Regional block anesthesia | Hospital, house or extended care facility calls | Office visits for the purpose of observation, during or after regularly scheduled hours | Office visits outside of regularly scheduled hours | Enamel microabrasions | Services not completed by the end of the month in which coverage terminates | Procedures that are begun, but not completed<sup>5</sup> | Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge | Services in connection with war or any 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 | Care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law | Orthodontic procedures | Covered expenses for which an insured person is not legally obligated to pay | Experimental/Investigational treatment<sup>6</sup>

**For Basic Plan Only:** Cosmetic procedures<sup>7</sup>

**For Premiere Plan Only:** 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<sup>8</sup> | The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function | Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouth-guards; precision or semiprecision attachments; denture duplication; or splinting | 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 | Post removals unless in conjunction with endodontic therapy | Intentional re-implantation, including necessary splinting | Surgical procedure for isolation of tooth with rubber dam | Canal preparation and fitting of performed dowel or post | An initial placement of a 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<sup>9</sup>

### Coverage Information:

**COVERAGE BEGINS:** Once Chesapeake has approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.

**RENEWABILITY:** Your Policy is guaranteed<sup>10</sup> renewable, subject to Chesapeake's right to discontinue or terminate the coverage as provided in the Termination of Coverage section of the Policy.

**PREMIUM CHANGES:** Chesapeake reserves the right to change the table of premiums, on a class basis, becoming due under the Policy at any time and from time to time; provided, Chesapeake has given you written notice of at least 31 days prior to the effective date of the new rates.<sup>11</sup>

**TERMINATION OF COVERAGE:** Your coverage will terminate and no further benefits will be payable under the Policy or any attached riders, if any: | At the end of the period for which premium has been paid<sup>12</sup> | If your mode of premium is monthly, at the end of the period through which premium has been paid following our receipt of your request of termination | If your mode of premium is other than monthly, upon the next monthly anniversary day following our receipt of your request of termination. Premium will be refunded for any amounts paid beyond the termination date | On the date of fraud or misrepresentation by you<sup>13</sup> | On the date we elect to discontinue this plan or type of coverage<sup>14</sup> | On the date we elect to discontinue all coverage in your state<sup>15</sup> | On the date an insured person is no longer a permanent resident of the United States.<sup>15</sup>

<sup>1</sup>IL: removes 'or indirectly, in whole or in part' | <sup>2</sup>MI, MN: removes entirely | <sup>3</sup>CA: revises to 'any loss to which a contributing cause was the insured person's commission of or attempt to commit a felony or to which a contributing cause was the insured person's being engaged in an illegal occupation' | IL, UT: removes 'or indirectly' | MI: revises to 'directly or indirectly engaging in willful criminal activity per Michigan Compiled Law Section 500.3452' | NE: revised to read 'engaging in an illegal occupation' | <sup>4</sup>MN, NM: deleted entirely | <sup>5</sup>CA: removes entirely | TN: adds at the end 'within 30 days of the termination of the Policy' | <sup>6</sup>CA: removes entirely | <sup>7</sup>CA: removes entirely | <sup>8</sup>CA: removes 'natural' | <sup>9</sup>IA, KS, KY, MN, TN: 'guaranteed' is changed to 'conditionally' | <sup>10</sup>KY: revises to 'We reserve the right to change the table of premiums, on a Class Basis, however, the premium table will not be increased within 12 months from date of issue or date of renewal. The premium for the Policy may also change in amount by reason of an increase in the attained age of the insured person, the insured person's change in geographic location or an increase in the Policy benefit level. If we change the premiums, we will give the insured person a written notice of at least 31 days prior to the effective date of the new rates.' | MS, WI: '31 days' is changed to '60 days' | UT: '31 days' is changed to '45 days' | <sup>12</sup>NE, PA: adds at the end '(subject to the grace period)' | <sup>13</sup>AL: adds at the end 'subject to the Time Limit on Certain Defenses provision in the General Provisions section' | CT: adds at the end '(subject to the Incontestability provision)' | KY: revised to 'on the date of intentional fraud or misrepresentation of material fact under the terms of the Policy by you' | <sup>14</sup>ND: removes entirely | <sup>15</sup>KS: adds the section 'Cancellation by Insured Person: You may cancel the Policy at any time by written notice delivered or mailed to us, effective upon receipt of such notice on or on such late date as may be specified in such notice. In the event of cancellation, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed by the use of the pro-rata method. Cancellation shall be without prejudice to any claim origination prior to the effective date of cancellation.'

For use in AL, AR, AZ, CA, CO, CT, DE, DC, IA, IL, IN, KS, KY, MI, MN, MO, MS, ND, NE, NM, OH, PA, TN, UT, WI, and WY

# Navigate Life's Twists & Turns

with the SureBridge portfolio of supplemental insurance products

**Accident | Dental | Disability | Fixed Indemnity  
Illness | Metal Gap | Vision**

**SureBridgeInsurance.com  
(800) 815-8535**

Weekdays 8:00 a.m. to 5:00 p.m. in all time zones



**SureBridge**<sup>®</sup>  
Underwritten by  
The Chesapeake Life Insurance Company<sup>®</sup>

## About Us

SureBridge is one of the leading brands of supplemental insurance coverage in the United States, helping to provide financial security for Americans of all ages and their families. Our comprehensive portfolio of products is available from licensed insurance agents in 46 states and the District of Columbia and is available through HealthMarkets Insurance Agency Inc., as well as through other unaffiliated insurance distributors. SureBridge policyholders can receive direct cash benefits for expenses caused by unexpected medical issues, sustained illnesses, and end-of-life challenges.

The SureBridge portfolio includes dental, vision, and other insurance plans that complement an individual's health insurance. These plans help provide an additional layer of protection in the event of accidental injury, catastrophic illness, hospitalization, or cancer.

SureBridge<sup>®</sup> is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental insurance products are underwritten by The Chesapeake Life Insurance Company<sup>®</sup>. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.

Vision Coverage

# Premiere Vision

Coverage to help keep your vision healthy and your world in focus





## Coverage For Your Vision Care Needs.

An annual eye exam is about much more than healthy vision. It can help identify the early signs of serious health conditions like diabetes and high blood pressure.

Our **Premiere Vision** plan offers access to **thousands of network providers nationwide** through EyeMed Vision Care's "Select" Network of independent providers and **retail chains**. Visit [EyeMedVisionCare.com/Locator](https://www.eyemedvisioncare.com/locator) for participating locations in your area.

**Applying is simple and can be completed in minutes.**



## Premiere Vision At A Glance



100% coverage for routine eye exam<sup>1</sup>



Discounts on contact lenses and additional savings from EyeMed<sup>2</sup>



Large network of providers to choose from. For a list of participating providers, visit [eyemedvisioncare.com](https://eyemedvisioncare.com) and choose the "Select" vision network



Coverage is available for the whole family - you, your spouse and your kids



Affordable premiums that do not increase as you get older with individual coverage for **\$9.00 per month**



## Did You Know?

**3** in **4** Americans need some type of corrective lens.<sup>3</sup>

<sup>1</sup> Per insured, per 12 month period. | <sup>2</sup> EyeMed is a discount program only and not insurance. | <sup>3</sup> [www.StatisticBrain.com/corrective-lenses-statistics](https://www.StatisticBrain.com/corrective-lenses-statistics)



INSURED VISION PLAN <sup>1</sup>	Network Provider	Non-Network Provider
Eye Exam	100%, no copay	100% up to \$30, no copay
Corrective Spectacle Lenses (in lieu of corrective contact lenses)	Standard uncoated plastic lenses, with \$10 copay • 100%	Standard uncoated plastic lenses, with \$10 copay • Single Vision: 100% up to \$35 • Bifocal: 100% up to \$55 • Trifocal: 100% up to \$90
Frames (in lieu of corrective contact lenses)	\$10 copay with \$120 allowance	\$10 copay with \$60 allowance
Corrective Contact Lenses (in lieu of corrective spectacle lenses and frames)	\$10 copay with \$120 allowance	\$10 copay with \$120 allowance

For a list of participating providers, visit [EyeMedVisionCare.com](http://EyeMedVisionCare.com) and choose the "Select" network | <sup>1</sup>Per insured, per 12 month period.

## ADDITIONAL SAVINGS FROM EYEMED VISION CARE<sup>1</sup>

In addition to your insured vision plan benefits, you have access to the following discounts through EyeMed where you pay:

Frames	20% off balance over \$120 allowance
Contact Lenses, Non-Disposable	15% off balance over \$120 allowance
Additional Pairs Benefit	Members also receive a 40% discount off a complete pair of eyeglasses and a 15% discount off conventional contact lenses once the funded benefits have been used
Lens Options	<ul style="list-style-type: none"> <li>• Standard Polycarbonate: \$40</li> <li>• PRS Scratch Coat: \$15</li> <li>• Tints (Solid and Gradient): \$15</li> <li>• Standard UV Coating: \$15</li> <li>• Standard Anti-Reflective: \$45</li> <li>• Other Lens Options: 20% off retail</li> </ul>
Non-Scheduled Items	20% off retail
LASIK or PRK Vision Correction	15% off retail or 5% off promotional price

## MONTHLY PREMIUMS

Individual	\$9.00
2 Persons	\$16.00
Family	\$25.00

The chart above is only an illustration of benefit and premium options per insured per 12 month period.

<sup>1</sup>EyeMed is a discount program only and not insurance. This program provides discounts only at certain contracted providers. You are obligated to pay all fees at the time of service, but will receive a discount from those providers who have contracted with EyeMed. The program does not make payments directly to the providers of services.

## Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance coverage you may have purchased with another insurance company.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional protection.
- This plan is not required in order to purchase health insurance with another insurance company.
- This plan should not be used as a substitute for comprehensive health insurance coverage. It is not considered Minimum Essential Coverage under the Affordable Care Act.



## Other Important Information

### EXCLUSIONS AND LIMITATIONS

#### Benefits will not be provided under the Policy for expenses associated with the following:

Orthoptic or vision training and any associated supplemental testing | Plano lenses | Lens coating | Two pair of glasses, in lieu of bifocals or trifocals | Medical or surgical treatment of the eyes | Any type of corrective vision surgery, including LASIK surgery | Any eye examination, or any corrective eye wear, required by an employer as a condition of employment | Any services or supplies when paid under any Workers' Compensation or similar law | No-line bifocal or progressive lenses | Photochromic, transition or polycarbonate lenses | Lenticular lenses | Sub-normal vision aids or non-prescription lenses | 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 | Eyeglasses when the change in prescription is less than .5 Diopter | Experimental or investigational or non-conventional treatment or device | Eyeglass lens treatments, including "add-ons", UV coating, anti-reflective coating, scratch resistant coating, tinting, or edge polishing | Oversized lenses | High index lenses of any material type | Fitting for contact lenses | Follow-up visits | Charges incurred after the Policy has terminated or coverage has ended.

#### From EyeMed:

Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing | Aniseikonic lenses | Medical and/or surgical treatment of the eye, eyes or supporting structures | Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under plan | Services provided as a result of any Workers' Compensation Law | Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount) | Services or materials provided by any other group benefit providing for vision care | Two pair of glasses in lieu of bifocals or trifocals

## Coverage Information:

**COVERAGE BEGINS:** Chesapeake requires evidence of insurability before coverage is provided. Once Chesapeake has approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.

**RENEWABILITY:** Your Policy is guaranteed renewable, subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy.<sup>1</sup>

**PREMIUM CHANGES:** Chesapeake reserves the right to change the table of premiums, on a class basis, becoming due under the Policy at any time and from time to time; provided, Chesapeake has given you written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a class basis.<sup>2</sup>

**TERMINATION OF COVERAGE<sup>3</sup>:** Your coverage will terminate and no benefits will be payable under the Policy and any attached riders: At the end of the month for which premium has been paid<sup>4</sup> | If your mode of premium is monthly, at the end of the period through which premium has been paid following our receipt of your request of termination<sup>5</sup> | If your mode of premium is other than monthly, upon the next monthly anniversary day following our receipt of your request of termination. Premium will be refunded for any months paid beyond the termination date<sup>5</sup> | On the date of fraud or misrepresentation by you<sup>6</sup> | On the date we elect to discontinue this plan or type of coverage<sup>7</sup> | On the date we elect to discontinue all coverage in your state<sup>8</sup> | On the date an Insured Person is no longer a permanent resident of the United States | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent.

<sup>1</sup>KS, KY: changes 'guaranteed' to 'conditionally' | <sup>2</sup>NM: changes '31 days' to '60 days' UT: changes '31 days' to '45 days' KY: revises to 'We reserve the right to change the table of premiums, on a class basis, however, the premium table will not be increased within 12 months from date of issue or date of renewal. The premium for the Policy may also change in amount by reason of an increase in the attained age of the insured person, the insured person's change in geographic location or an increase in the Policy benefit level. If we change the premiums, we will give the insured person a written notice of at least 31 days prior to the effective date of the new rates' | <sup>3</sup>KS: add the following section titled 'Cancellation by Insured Person' to Termination of Coverage 'You may cancel the Policy at any time by written notice delivered or mailed to us, effective upon receipt of such notice or on such late date as may be specified in such notice. In the event of cancellation, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed by the use of the pro-rata method. Cancellation shall be without prejudice to any claim origination prior to the effective date of cancellation' | <sup>4</sup>KY: adds 'If coverage is terminated due to non-payment of premium, we will give you at least 14 days written notice accompanied by the reason for the termination' | <sup>5</sup>KS: deleted entirely | <sup>6</sup>CT: adds '(subject to the Incontestability provision)' KY: adds 'intentional' before 'misrepresentation' | <sup>7</sup>KY: adds 'We will give you at least 90 days advance written notice before the date coverage will be discontinued. The cancellation notice will be mailed to your last address as shown by our records. You will be offered an option to purchase any other coverage that we offer without regard to health status' | <sup>8</sup>KY: adds 'We will give you at least 180 days notice before the date coverage will be discontinued'

For use in CT, IL, KS, KY, MO, NM, OH, PA and UT

For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of any discrepancies contained in this brochure, the terms and conditions contained in the Policy documents shall govern. The information contained herein is accurate at the time of publication. This brochure provides only summary information and the benefits and rates may vary by state. Vision Insurance Preferred Provider Organization (PPO) Policy, Form CH-26120-IP (01/12) OON, or its state variation.

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