

## Vision

# Coverage you can actually see



Accident



Disability



Vision



Hospital



Dental

SureBridge® offers a vision plan that complements your health insurance plan and delivers savings on both eye examinations and eyewear.

Through EyeMed Vision Care's Select Network, our vision plan offers thousands of retail providers nationwide, including locations in large retail stores such as Target,® Sears,® LensCrafters,® Pearle Vision® and other private practitioners.

### SureBridge® Vision insurance plans:

- Provide protection for you and your family to fit any budget
- Complement your existing health insurance plan
- Give you access to additional savings through in-network providers

**Contact your local agent or visit [SureBridgeinsurance.com](http://SureBridgeinsurance.com)** to learn more about how you can customize or combine multiple plans to fit your specific budget and needs.

### Vision

#### Eye Exam (per person, per 12 month period)

Covered at 100%

#### Lenses (per person, per 12 month period)

Standard uncoated plastic lenses are covered at 100%

#### Contact Lenses (in lieu of corrective lenses, per person, per 12 month period)

Non-Disposable: 100% up to \$40. 15% off balance over \$40

Disposable: 100% up to \$40

Therapeutic: 100%

#### Additional Savings from EyeMed<sup>1</sup>

You Pay:

Frames: 60% of retail

Standard Polycarbonate: \$40

Standard Scratch-Resistance: \$15

Tints (Solid and Gradient): \$15

Standard Progressive Lenses: \$65

Premium Progressive Lenses: \$65+ (80% of retail) less \$120 allowance

UV Coating: \$15

Standard Anti-Reflective: \$45

Nonprescription glasses and sunglasses: 80% of retail

Other Lens Options: 80% of retail

LASIK or PRK Vision Correction: 15% off retail or 5% off promotional price

<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 health care fees at the time of service, but will receive a discount from those providers who have contracted with the discount plan organization. The program does not make payments directly to the providers of medical services.

SureBridge® is a brand name used for supplemental insurance products underwritten, and administered, by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Insurance product availability may vary by state. For premium costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the Policy may be continued in force, please contact your licensed insurance agent/producer.

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SB/000010 Exp. 1/13

CH-26023-IP (05/07), or its state variation.

# THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

## VISION INSURANCE POLICY OUTLINE OF COVERAGE for Form: CH 26023-IP (5/07) AK

- 1. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- Vision Benefit Coverage is designed to provide You or Your Covered Dependents with coverage paying benefits only when certain losses are incurred for vision services and supplies. Coverage is provided for the benefits described in the BENEFITS section below. The benefits described may be limited as outlined in the EXCLUSIONS AND LIMITATIONS section.
- 3. BENEFITS PROVIDED.** While the Policy is in force, benefits are provided for the Vision Care services and supplies shown in the Policy Schedule. Charges must be incurred for a Comprehensive Eye Examination, Corrective Spectacle Lenses and/or Corrective Contact Lenses as provided for by an authorized provider (i.e., ophthalmologist, optometrist, or optical dispensary). Payment of benefits for any such service or supply will be made in accordance with the specified Benefit Payment Rate and any Deductible Amounts. The Benefit Payment Rate is the maximum amount of Covered Expenses We will pay for each occurrence or purchase of a supply or service.

**Covered Expenses include the following:**

### BENEFITS

### BENEFIT PAYMENT RATE

	<u>Network Provider</u>	<u>Non- Network Provider</u>
<b>Comprehensive Eye Examination</b> (Limited to one Comprehensive Eye Examination every 12 months from last date of service, per Insured Person.)	100%	100% up to \$30
<b>Corrective Spectacle Lenses (standard, uncoated plastic lenses)</b> (Limited to one purchase every 12 months from last date of service, per Insured Person.)		
Single Vision Lenses	100%	Not Covered
Bifocal Lenses	100%	Not Covered
Trifocal Lenses	100%	Not Covered
<b>Corrective Contact Lenses</b> (In lieu of corrective spectacle lenses; limited to one purchase every 12 months from last date of service, per Insured Person.)		
Non-disposable	100% up to \$40	Not Covered
Disposable	100% up to \$40	Not Covered
Therapeutic	100%	Not Covered
<b>Frames</b>	Not Covered	Not Covered
<b>Contact Lens Fitting</b>	Not Covered	Not Covered
<b>Follow-Up Visits</b>	Not Covered	Not Covered

- 4. LIMITATIONS AND EXCLUSIONS.** Certain expenses that You or Your Covered Dependents may incur for vision care do not qualify as Covered Expenses under the Policy. The Policy does not cover the following:
1. orthoptic or vision training and any associated supplemental testing;
  2. plano lenses;
  3. lens coating;
  4. two pair of glasses, in lieu of bifocals or trifocals;
  5. medical or surgical treatment of the eyes;
  6. any type of corrective vision surgery, including LASIK surgery;
  7. any eye examination, or any corrective eyewear, required by an employer as a condition of employment;
  8. any services or supplies when paid under any Worker's Compensation or similar law;
  9. no-line bifocal or progressive lenses;
  10. photochromic, transition, or polycarbonate lenses;
  11. lenticular lenses;
  12. sub-normal vision aids or non-prescription lenses;
  13. 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;
  14. eyeglasses when the change in prescription is less than .5 Diopter;
  15. experimental or investigational or non-conventional treatment or device;
  16. eyeglass lens treatments, including "add-ons", UV coating, anti-reflective coating, scratch resistant coating, tinting, edge polishing
  17. oversized lenses;
  18. high index lenses of any material type;
  19. fitting for contact lenses;
  20. follow-up visits;
  21. frames for corrective spectacle lenses; or
  22. charges incurred after the Policy has terminated or coverage has ended.

#### **LIMITATIONS**

Covered Expenses for services and supplies will be limited to once every 12 months from the last date of service.

- 5. RENEWAL CONDITIONS.** The Policy is guaranteed renewable to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis. The amount of premium for the Policy may change by reason of an increase in the age of an Insured Person.
- 6. PREMIUMS.** Premiums are payable to the Company at its Administrative office. The Company reserves the right to change the table of premiums on a class basis, becoming due under the Policy at any time provided 31 days advance written notice is given.

Premium Due (at time of application) \$ \_\_\_\_\_

**The Chesapeake Life Insurance Company®**  
**Administrative Office:**  
**P.O. Box 982010**  
**North Richland Hills, TX 76182-8010**  
**Toll Free: 1-800-815-8535**

This attachment page form CH-26023-IP (5/07) SS AK 5/11, must be used with the Vision Outline of Coverage when marketing. For details about covered expenses, exclusions and limitations of the Vision plan (form CH-26023-IP (5/07) AK), refer to the Outline of Coverage to which this is attached.

## **Coverage Begins**

We require evidence of insurability before coverage is provided. Once we have approved your application based upon the information you provided, the effective date of coverage for you and those eligible dependents listed in the application and accepted by us will be the Policy Date shown in the Policy Schedule.

## **Termination of Coverage**

Your coverage will terminate and no benefits will be payable under the Policy: ■ At the end of the period for which premium has been paid ■ 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 ■ On the date we elect to discontinue this plan or type of coverage ■ On the date we elect to discontinue all coverage in your state ■ On the date an insured person is no longer a permanent resident of the United States, or ■ On the date you reach age 65, or become eligible for Medicare, whichever comes first.