



VisionWise | California

VisionWise

Vision plans for individuals
and families



THE CHESAPEAKE LIFE INSURANCE COMPANY IS THE UNDERWRITER OF THESE POLICIES.
BENEFITS ARE ADMINISTERED BY SPECTERA, INC.

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Vision Highlights

Coverage for your eye health in a convenient plan designed with budget-friendly premiums in mind.



Why Vision Insurance?

Taking care of your health goes beyond regular medical checkups. Did you know vision exams can help detect early signs of health concerns like diabetes and heart issues? Having a supplemental plan like VisionWise can help provide the additional coverage you need to protect your overall health and budget.



Eye exams and eyewear, no waiting period

Vision health and routine eye exams are not only important for seeing better, but also have been shown to help with early detection of serious medical conditions like diabetes, heart disease, even Parkinson's disease. Our VisionWise plans offer coverage for your annual vision exams, plus coverage for glasses and contacts. The vision network includes private practice and leading retail providers.



Helping to enhance your quality of life

Being able to see clearly is important in nearly everything we do. Work, school, activities, even relationships rely on our eyes to be able to take in the world around us. Investing in your eye health, supported by vision insurance, like a VisionWise plan, can help keep you healthy beyond vision correction.



Vision Plan Benefits

VisionWise plan has straight-forward benefits with coverage for both glasses and contacts, so you can get the eye care and eye wear that's right for you.

Vision Benefits (per insured person once per Policy Year¹)

Vision Waiting Period

None

| | | Network ² | Non-network |
|---------------------------------------------------------------|-----------------------|-----------------------------------------------|--------------------------------|
| Eye Exam | | You pay \$0 We pay 100% | We pay up to a \$50 allowance |
| Standard Lenses³ and Frames⁴ | Single-Vision Lenses | You pay \$10 copay We pay 100% after copay | We pay up to a \$40 allowance |
| | Bifocal-lined Lenses | You pay \$10 copay We pay 100% after copay | We pay up to a \$60 allowance |
| | Trifocal-lined Lenses | You pay \$10 copay We pay 100% after copay | We pay up to an \$80 allowance |
| | Frames | We pay up to a \$150 allowance | We pay up to a \$75 allowance |
| Contact Lenses Up to 12-month supply | | We pay up to a \$150 allowance | We pay up to a \$105 allowance |

What is an "allowance"?

An allowance is a maximum benefit paid by a plan for a benefit. For example, if you purchase new frames from an **in-network provider** for \$100, based on the benefits above, we would pay \$100 because it is under the allowed amount. If your new frames were from a **non-network provider**, we would only pay \$75 and you would be responsible for paying the remaining \$25.

¹ Policy Year means each consecutive 12 month period beginning with the effective date. ² You may go outside the network, but you are eligible for better discounts using network providers. Go to myuhcvision.com for a list of providers. ³ Standard lenses include single vision, bifocal, and trifocal/lenticular lenses, including standard scratch-resistant coating for eligible lenses as prescribed by a vision provider. ⁴ Standard frames include eyeglass frames, their fitting, and subsequent adjustments to maintain comfort and efficiency.

Vision Benefit Network



Vision Benefits and How They Work

Vision benefits are administered by Spectera, Inc. We will cover vision services subject to the terms, conditions, exclusions and limitations of the policy.

Network Provider Services

These plans use the UnitedHealthcare Vision Network.* You will get the most value from your coverage when you see a provider in this large national network of eye doctors, optometrists and ophthalmologists, including both local doctors and well-known retail providers. Choose from network providers by visiting myuhcvision.com. Contact the provider, identify yourself as having UnitedHealthcare Vision coverage, and provide your name and date of birth to get started.



No ID card is needed, and there are no claim forms to fill out when obtaining services from a network provider.

Non-network Provider Services

You will need to pay in full at the time of service. You may then submit the details to us for reimbursement of covered benefits. See Vision Rider in the policy for details.

* Not all providers participate in all plans. Check with your provider before using your benefits.

Exclusions/Limitations

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

Covered vision expenses will not include and no benefits are payable for any charges incurred for the following:

- Any expense or service related to that expense:
 - That is not a covered expense or part of a covered expense that is subject to a copayment or your responsibility.
 - For which no vision benefit is described in the policy.
 - For a vision service that is not rendered or that is not rendered within the scope of the vision provider's license.
 - For which an insured person is compensated under Workers' Compensation Law, or other similar employer liability law.
- Any vision service:
 - Provided without cost to an insured person in the absence of insurance covering the charge.
 - That exceeds the frequency limitations or exceeds any applicable benefit allowance as shown in the policy.
 - Performed by a vision provider who is a member of the insured person's immediate family.
 - Provided prior to the effective date or after the termination date of the Vision Rider or the policy.
- Orthoptics or vision therapy training and any associated supplemental testing.
- Non-prescription items (e.g. plano lenses).
- Oversize lenses.
- Replacement of eyeglass frame and eyeglass lenses furnished under the policy which are lost or broken except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Missed appointment charges.
- Applicable sales tax charge on vision care services.
- Any eye examination or any corrective eyewear, required by an employer as a condition of employment.
- Corrective vision treatment of an experimental or investigative nature.
- Corrective surgical procedures such as, but not limited to, Radial Keratotomy (RK), Photo-refractive Keratectomy (PRK) and LASIK surgery.
- Eyewear except prescription eyewear.
- Optional lens extras.

Policy Year

Policy Year means each consecutive 12 month period beginning with the effective date.

Plan Provisions

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

Eligibility

Plans can be issued to a primary insured ages 0 - 99 and spouse/domestic partner (as defined by CA Family Code section 297) ages 16 - 99. Eligible dependent children include your natural and adopted children and step-children (including children of domestic partner) under 26 years of age. Eligible dependent also includes your dependents who are incapable of self-sustaining employment by reason of intellectual disability or physical disability; and chiefly dependent on you (receives majority of financial support) for support and maintenance.

Age Misstatement

If the age of any individual covered under the policy has been misstated, there shall be an adjustment of the premium for the policy so that there shall be paid to the insurer the premium for the coverage of such individual at his or her correct age, and the amount of the insurance coverage shall not be affected.

Change of Residence

If you change your residence, we request you notify us.

Non-Network vs. Network

You may pay more using non-network providers. Non-network providers may bill you for any amount up to the billed charge after the portion covered by the policy has been paid.

Network providers have agreed to discounted pricing for covered expenses with no additional billing to you other than a copayment, if applicable.

Premium Changes

We reserve the right to change the table of premiums on a class basis, as defined in the policy. We will give you written

notice of at least 31 days prior to the effective date of the new rates. Each premium will be based on the rate table in effect on the premium due date.

Renewability and Termination of Coverage

The policy is renewable until the earliest of the following:

- Nonpayment of premiums when due, subject to the provisions in the policy.
- The end of the premium period following a request by you to terminate the policy.
- 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, type of coverage, or all coverage in your state.
- The date of your death.

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance or Medicare Advantage 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 notice describes the limitations of this product, and is not a substitution for Medicare Supplement Insurance.

VIEW NOTICE HERE: <https://stage.uhone.com/api/supplysystem/?Filename=49656-C.pdf>

Health Plan Notices of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

VIEW NOTICE HERE. Please review it carefully.

(<https://www.uhc.com/content/dam/uhcdotcom/en/npp/HM-Carrier-NPP-uhcmemberhub-EN.pdf>)

Conditions Prior To Coverage (Applicable with or without the Conditional Receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by The Chesapeake Life Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date and any check is honored on first presentation for payment.
3. The policy is: (a) issued by The Chesapeake Life Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded. Keep an electronic copy of this document. It has important information.

California Nondiscrimination Notice and Access to Communication Services

The Chesapeake Life Insurance Company does not exclude, deny covered health care benefits to or otherwise discriminate against any member on the ground of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability for participation in or receipt of the covered health care services under any of its health plans, whether carried out by The Chesapeake Life Insurance Company directly or through a Network Medical Group or any other entity with which The Chesapeake Life Insurance Company arranges to carry out covered health care services under any of its health plans.

Free services are available to help you communicate with us. Such as letters in other languages or in other formats like large print. Or you can ask for an interpreter at no charge. To ask for help, please call the toll-free number (800) 815-8535. TTY 711

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Grievance Administrator
PO Box 31383
Salt Lake City UT 84131-0383
Fax: 817-255-3585
Phone: 800-815-8535

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free number listed on your health plan ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

California Language Assistance Notice

English

IMPORTANT LANGUAGE INFORMATION:

You may be entitled to the rights and services below. You can get an interpreter or translation services at no charge. Written information may also be available in some languages at no charge. To get help in your language, please call your health plan at: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Spanish

INFORMACIÓN IMPORTANTE DEL LENGUAJE:

Puede tener derecho a los derechos y servicios a continuación. Puede obtener un intérprete o servicios de traducción sin cargo. La información por escrito también puede estar disponible en algunos idiomas sin cargo. Para obtener ayuda en su idioma, llame a su plan de salud al: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Chinese

重要語言信息：

您可能有權享受以下權利和服務。您可以免費獲得口譯或翻譯服務。書面信息也可能以某些語言免費提供。如需獲得您的語言幫助，請致電您的健康計劃：The Chesapeake Life Insurance Company 1-800-815-8535 / TTY：711.

Arabic

معلومات مهمة عن اللغة:

قد يحق لك الحصول على الحقوق والخدمات أدناه. يمكنك الحصول على مترجم أو خدمات ترجمة بدون مقابل. قد تكون المعلومات المكتوبة متاحة أيضًا في بعض اللغات دون مقابل. للحصول على المساعدة بلغتك، يرجى الاتصال بخطة الرعاية الصحية الخاصة بك على العنوان التالي The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԻ ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ:

Դուք կարող եք իրավասվել ստորև նշված իրավունքներին եւ ծառայություններին: Դուք կարող եք անվճար թարգմանիչ կամ թարգմանչական ծառայություններ ստանալ: Գրավոր տեղեկությունները կարող են մատչելի լինել նաև որոշ լեզուներով անվճար: Ձեր լեզվով օգնություն ստանալու համար խնդրում ենք զանգահարել ձեր առողջապահական ծրագիրը՝ The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Cambodian

ព័ត៌មានជាភាសាសំខាន់:

អ្នកអាចមានសិទ្ធិទទួលបានសិទ្ធិនិងសេវាកម្មដូចខាងក្រោម។
អ្នកអាចទទួលបានអ្នកបកប្រែឬអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃ។
ព័ត៌មានដែលអាចសរសេរបានអាចមានជាភាសាមួយចំនួនដោយមិនគិតថ្លៃ។
ដើម្បីទទួលបានជំនួយជាភាសារបស់អ្នកសូមទូរស័ព្ទទៅផែនការសុខភាពរបស់អ្នកនៅ: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Farsi

اطلاعات مهم در مورد زبان:

شما ممکن است به حقوق و خدمات زیر توجه داشته باشید. شما می توانید مترجم یا خدمات ترجمه را بدون هزینه دریافت کنید. اطلاعات نوشته شده ممکن است در بعضی از زبانها بدون پرداخت هزینه باشد. برای دریافت کمک به زبان خود، لطفاً با برنامه بهداشتی خود تماس بگیرید:

The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Hindi

महत्वपूर्ण भाषा जानकारी:

आप नीचे अधिकार और सेवाओं के हकदार हो सकते हैं। आप बिना किसी शुल्क के एक दुभाषिया या अनुवाद सेवाएं प्राप्त कर सकते हैं। बिना किसी शुल्क के लिखित जानकारी कुछ भाषाओं में भी उपलब्ध हो सकती है। अपनी भाषा में सहायता प्राप्त करने के लिए, कृपया अपनी स्वास्थ्य योजना यहां कॉल करें: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Hmong

COV LUS LUS TSEEM CEEB:

Koj tuaj yeem tsim nyog tau cov cai thiab cov kev pab hauv qab no. Koj tuaj yeem tau txais neeg txhais lus los yog txhais lus pab dawb tsis them nyiaj. Cov ntaub ntauv sau kuj muaj nyob rau qee hom lus dawb xwb. Xav tau kev pabcuam ntawm koj hom lus, thov hu rau koj qhov kev npaj khomob ntawm: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Japanese

重要な言語情報 :

あなたは以下の権利とサービスを受ける権利があります。通訳や翻訳サービスを無料で受けることができます。書かれた情報は、一部の言語で無償で入手できる場合もあります。あなたの言語で助けを得るためには、あなたの健康計画に電話してください : The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Korean

□□한 □□ □□ :

귀하는 아래 권리와 서비스를 받을 자격이 있습니다. 통역사 또는 번역 서비스를 무료로 받으실 수 있습니다. 서면 □□는 일부 □□로 무료로 제공 될 수도 있습니다. 귀하의 □□로 도움을 받으려면 다음의 건강 플랜에 전화하십시오. The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਭਾਸ਼ੀਆ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ. ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਕੁਝ ਭਾਗੀਦਾਰਾਂ 'ਤੇ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ' ਤੇ ਵੀ ਉਪਲਬਧ ਹੋ ਸਕਦੀ ਹੈ. ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Russian

ВАЖНАЯ ИНФОРМАЦИЯ ЯЗЫКА:

Вы можете иметь право на права и услуги, указанные ниже. Вы можете бесплатно получить переводчика или услуги переводчика. Письменная информация также может быть доступна на некоторых языках бесплатно. Чтобы получить помощь на своем языке, позвоните в свой план медицинского обслуживания по адресу: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Tagalog

IMPORMASYONG IMPORMASYON SA LANGUAGE:

Maaaring may karapatan ka sa mga karapatan at serbisyo sa ibaba. Maaari kang makakuha ng isang interpreter o mga serbisyo ng pagsasalin nang walang bayad. Ang nakasulat na impormasyon ay maaari ding makuha sa ilang mga wika nang walang bayad. Upang makakuha ng tulong sa iyong wika, mangyaring tawagan ang iyong planong pangkalusugan sa: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Thai

ข้อมูลภาษาสำคัญ:

คุณอาจได้รับสิทธิ์และบริการด้านล่าง คุณสามารถขอรับบริการล่ามหรือแปลภาษาโดยไม่มีค่าใช้จ่าย ข้อมูลที่เป็นลายลักษณ์อักษรอาจมีให้บริการในบางภาษาโดยไม่มีค่าใช้จ่าย หากต้องการความช่วยเหลือในภาษาของคุณโปรดติดต่อแผนประกันสุขภาพของคุณได้ที่: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Vietnamese

THÔNG TIN NGÔN NGỮ QUAN TRỌNG:

Bạn có thể được hưởng các quyền và dịch vụ dưới đây. Quý vị có thể nhận dịch vụ phiên dịch hoặc dịch thuật miễn phí. Thông tin bằng văn bản cũng có thể có sẵn bằng một số ngôn ngữ miễn phí. Để nhận trợ giúp bằng ngôn ngữ của bạn, vui lòng gọi cho chương trình sức khỏe của bạn tại: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.