



VisionWise

Vision plans for individuals
and families

VisionWise | AL, AR, AZ, CT, DE, FL, GA, IA, ID, KS, KY,
LA, ME, MI, MO, MS, ND, NE, NH, NV, OH,
OK, PA, SD, TN, TX, UT, WI, WV, and WY



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
	Bifocal-lined Lenses	You pay \$10 copay We pay 100% after copay
	Trifocal-lined Lenses	You pay \$10 copay We pay 100% after copay
	Frames	We pay up to a \$150 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.

State-specific differences may apply. (See State Variations for details.)

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, and other state variations. (See State Variations for details.)

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. Some state exceptions may apply (see [State Variations](#)). 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.
- 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) and Photo-refractive Keratectomy (PRK).
- Eyewear except prescription eyewear.
- Optional lens extras.

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. Some state exceptions may apply (see State Variations). The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

Policy Year

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

Eligibility

Plans can be issued to a primary insured ages 0 - 99 and spouse/domestic partner (as defined by state) ages 16 - 99. Eligible dependent children include your natural and adopted children and step-children under 26 years of age (or as defined by state.)

Age Misstatement

If the age of any insured person has been misstated, our records will be changed to show the correct age. Premium adjustments will be made so that we receive the premiums due at the correct age payable on the premium due date following our notification of an age correction. If the insured person's age has been misstated and we would not have issued coverage for the insured person, we will refund the premium paid minus any benefit amounts paid by us, and coverage will be void from the effective date.

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.

State Variations

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Alabama

Form: CH-26160-IP (06/22) AL

- There are no variations

Arizona

Form: CH-26160-IP (06/22) AZ

- The exclusion for services provided by an immediate family member does not apply.

Arkansas

Form: CH-26160-IP (06/22) AR

- An Outline of Coverage for this state, CH-26160-IP (0622) OC AR, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49205OCAR-C202306.pdf>.

Connecticut

Form: CH-26160-IP (06/22) CT

- Eligible dependent is expanded to include your children and step-children who are under 27 years of age.

Delaware

Form: CH-26160-IP (06/22) DE

- There are no variations.

Florida

Form: CH-26160-IP (06/22) FL

- Eligible dependent is expanded to include foster children. The limiting age for dependent children is 31 years of age.
- In the Premium Changes provision, we will provide at least a 45-day notice of changes.
- Termination of Coverage provision is revised:
Your coverage will terminate and no benefits will be payable under the policy and any attached riders, if any, on the earliest of:
 - Nonpayment of premiums when due (subject to provisions in the policy);
 - Upon our receipt of your request of termination;
 - As of the date you present a claim containing any false, incomplete or misleading information concerning any fact or thing material to such claim provided we give

you at least 45 days written notice prior to terminating coverage;

- As of the policy effective date, as if coverage never existed, in the event that facts material to the application for coverage are false, incomplete or misleading provided we have given you at least 45 days written notice prior to terminating coverage;
- On the date we elect to discontinue this plan or type of coverage. we will give you at least 90 days' notice before the date coverage will be discontinued. You will be offered an option to purchase any other similar coverage that we offer without regard to health status;
- On the date we elect to discontinue all coverage in your state. We will give you and the proper state authority at least 180 days' notice before the date coverage will be discontinued; or
- The date of your death, if this is a primary insured only policy.

Georgia

Form: CH-26160-IP (06/22) GA

- An Outline of Coverage for this state, CH-26160-IP (0622) OC GA, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49205OCGA-C202306.pdf>.
- For a domestic partner to be eligible for coverage under the policy, you and your domestic partner must attest that you meet the definition of domestic partner as defined in the policy. Domestic partner means a person who: is of the same or opposite gender and who has been living with you in a single, shared residence for at least six months; has a committed, personal relationship with you that is mutually interdependent and intended to be lifelong; agrees to be jointly obligated and responsible with you for each other's necessities; is not married or legally separated from anyone; is 18 years of age or older; is competent to enter into a contract; is not related to you by blood closer than would bar marriage in the state of Georgia; and is your sole partner.
- In the Premium Changes provision, we will provide at least a 60-day notice of changes.
- In the Termination of Coverage provision:
 - if we elect to discontinue the plan or type of coverage, we will give you at least a 90-day written notice prior to the termination. You will be offered an option to purchase any other similar coverage that we offer without regard to health status.

State Variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

(Georgia continued)

- If we elect to discontinue coverage in your state, we will give you at least a 180-day written notice prior to the termination.

Idaho

Form: CH-26160-IP (06/22) ID

- An Outline of Coverage for this state, CH-26160-IP (0622) OC ID, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49205OCID-C202306.pdf>.
- Eligible dependent is expanded to include an unmarried child of any age who is medically certified as disabled or dependent upon you.

Iowa

Form: CH-26160-IP (06/22) IA

- There are no variations.

Kansas

Form: CH-26160-IP (06/22) KS

- In the Termination of Coverage provision, if you provide a written notice to terminate the policy, it is effective upon receipt of the notice or a later date as specified in the notice.
- In the exclusion regarding workers' compensation, if an insured person enters into a settlement that waives an insured person's right to recover future medical benefits under a workers' compensation law or insurance plan, this exclusion will still apply. In the event that the workers' compensation insurance carrier denies coverage for the insured person's workers' compensation claim, this exclusion will still apply unless that denial is appealed to the proper governmental agency and the denial is upheld by the agency.

Kentucky

Form: CH-26160-IP (06/22) KY

- In the Premium Changes provision, the premium table will not be increased within 12 months from date of issue or date of renewal.
- The Age Misstatement provision was revised: If the age of any insured person has been misstated, all amounts payable under the policy shall be such as the premium paid would have purchased at the correct age.

Louisiana

Form: CH-26160-IP (06/22) LA

- Eligible Dependent means your lawful spouse/domestic partner and your natural and adopted children (children placed in your home following execution of an act of voluntary surrender), step-children and grandchildren (in legal custody of grandparent) who are under 26 years of age.
- In the Premium Changes provision, we will provide at least a 45-day notice of changes.
- In the Termination of You provision, if we discontinue the plan or type of coverage, we will provide at least 60 days' notice prior to discontinuance.

Maine

Form: CH-26160-IP (06/22) ME

- An Outline of Coverage for this state, CH-26160-IP (0622) OC ME, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49205OCME-C202306.pdf>.
- In the Premium Changes provision, we will provide at least a 60-day notice of changes.

Michigan

Form: CH-26160-IP (06/22) MI

- There are no variations.

Mississippi

Form: CH-26160-IP (06/22) MS

- In the Premium Changes provision, we will provide at least a 75-day notice of changes.
- The Age Misstatement provision is revised: If the age of the insured person has been misstated, all amounts payable under the policy shall be such as the premium paid would have purchased at the correct age.

Missouri

Form: CH-26160-IP (06/22) MO

- In the Termination of Coverage provision, if we terminate coverage following a request by you, we will terminate coverage on the date we receive your request or a later date, if specified.

State Variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Nebraska

Form: CH-26160-IP (06/22) NE

- Eligible dependent is expanded to include children placed for adoption.

Nevada

Form: CH-26160-IP (06/22) NV

- An Outline of Coverage for this state, CH-26160-IP (0622) OC NV, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49205OCNV-C202306.pdf>.
- In the Premium Changes provision, we may change the premium with approval by the Division of Insurance, provided we have given at least a 60-day written notice prior to the change.

New Hampshire

Form: CH-26160-IP (06/22) NH

- An Outline of Coverage for this state, CH-26160-IP (0622) OC NH, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49205OCNH-C202306.pdf>.
- Eligible dependent includes your lawful spouse/domestic partner and your children by blood or by law who are under 26 years of age.
- In the Termination of Coverage provision:
 - 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.
 - If you provide a request to terminate the policy, it is effective on the date we receive your request.

North Dakota

Form: CH-26160-IP (06/22) ND

- Eligible dependent is expanded to include dependents of covered dependents.

Ohio

Form: CH-26160-IP (06/22) (P) OH

- Eligible dependents include your lawful spouse/domestic partner and your natural and adopted children, or children placed for adoption, step-children and children for whom you must provide medical support under a court order, who are under 28 years of age.

- In the Termination of Coverage provision, if we terminate coverage following a request by you, we will terminate coverage on the date we receive your request or a later date, if specified.
- In the Age Misstatement provision, the language does not apply that states if the insured person's age has been misstated and we would not have issued coverage for the insured person, we will refund the premium paid minus any benefit amounts paid by us and coverage will be void from the effective date.

Oklahoma

Form: CH-26160-IP (06/22) OK

- There are no variations.

Pennsylvania

Form: CH-26160-IP (06/22) PA

- There are no variations.

South Dakota

Form: CH-26160-IP (06/22) SD

- The exclusion for services provided by an immediate family member does not apply if they are the only provider within 50 miles and are acting within the scope of their license.

Tennessee

Form: CH-26160-IP (06/22) TN

- Eligible dependent is expanded to include your children primarily dependent upon you for financial support and maintenance and your children for whom coverage has been ordered by a court of law or administrative order who are under 26 years of age.
- In the Termination of Coverage provision, if we discontinue plan, type of coverage, or coverage in your state, we will give you at least 30 days' notice before the date coverage will be discontinued.

Texas

Form: CH-26160-IP (06/22) TX

- An Outline of Coverage for this state, CH-26160-IP (0622) OC TX, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49205OCTX-C202306.pdf>.

State Variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

(Texas continued)

- Eligible dependent is expanded to include: your or your spouse's children for whom you or your spouse are a party in a suit for which adoption is sought; children for whom you must provide medical or dental support under a court order; your grandchildren who are dependent on you for the purposes of Federal Income Tax at the time of application and who are under 26 years of age; and dependents 26 and over who are incapable of self-sustaining employment by reason of mental retardation or physical handicap and chiefly dependent on you for support and maintenance.
- The exclusion for services provided by an immediate family member or someone who ordinarily resides with an insured person does not apply.

Utah

Form: CH-26160-IP (06/22) UT

- An Outline of Coverage for this state, CH-26160-IP (0622) OC UT, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49205OCUT-C202306.pdf>.
- Eligible dependent is expanded to include children placed for adoption, foster children, and children for whom a parent is required by a court or administrative order to provide vision coverage for.
- In the Premium Changes provision, we will provide at least a 45-day notice of changes.

West Virginia

Form: CH-26160-IP (06/22) WV

- An Outline of Coverage for this state, CH-26160-IP (0622) OC, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49205OCWV-C202306.pdf>.

Wisconsin

Form: CH-26160-IP (06/22) WI

- An Outline of Coverage for this state, CH-26160-IP (0622) OC WI, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49205OCWI-C202306.pdf>.
- In the Premium Changes provision, we will provide at least a 60-day notice of changes.

Wyoming

Form: CH-26160-IP (06/22) WY

- Eligible dependent is expanded to include children of a non-custodial parent, or a parent sharing custody or temporary control pursuant to a court order.
- **This policy does not contain comprehensive adult wellness benefits as defined by Wyoming Law.**

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

VIEW NOTICE FOR ALL OTHER STATES 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/uhc.com/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.