



Vision

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

DID YOU KNOW?

3 in 4 Americans
need some type of
corrective lens.¹

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 **Vision** plan offers access to **thousands of in-network providers nationwide** through EyeMed Vision Care's Select Network of independent providers and **retail chains** including: **LensCrafters®**, **Sears Optical®**, **Target Optical®**, **JCPenney Optical®** and most **Pearle Vision®** locations.

Applying is simple and can be completed in minutes.

Vision Plan At A Glance

- 100% coverage for routine eye exam and standard lenses²
- Discounts on contact lenses and additional savings from Eyemed³
- Large network of providers to choose from. For a list of participating providers, visit EyeMedVisionCare.com
- 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 **\$3⁰⁰ per month**

Get coverage for your vision care needs. Apply today!

¹ www.StatisticBrain.com/corrective-lenses-statistics | ² Per insured, per 12 month period. | ³ EyeMed is a discount program only and not insurance.

CH VIS 713

Vision



Make sure you are protected with other popular SureBridge products:



Accident Direct



Critical Illness



Dental

VISION- Network Provider¹

Eye Exam ²	Covered at 100%
Lenses ²	Covered 100% for standard uncoated plastic lenses In lieu of corrective lenses
Contact Lenses ²	<ul style="list-style-type: none"> • Non-Disposable: 100% up to \$40. Discount off balance over \$40 • Disposable: 100% up to \$40 • Therapeutic: 100%

ADDITIONAL SAVINGS FROM EYEMED³

You pay:

Frames	60% of retail
Lenses	<ul style="list-style-type: none"> • 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

MONTHLY PREMIUMS

Individual	\$3 ⁰⁰
Family	\$7 ⁰⁰

The chart above is only an illustration of benefit and premium options per insured per 12 month period. | For a list of participating providers, visit EyeMedVisionCare.com

¹ Non-network eye exams are covered 100% up to \$30 per person, per 12 month period; other non-network services are not covered unless otherwise stated. See plan for details. | ² Per insured, per 12 month period | ³ 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.

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VISION PLAN: OTHER IMPORTANT INFORMATION

We will not provide benefits for loss caused by, resulting from, or in connection with:

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, edge polishing | Oversized lenses | High index lenses of any material type | Fitting for contact lenses | Follow-up visits | Frames for corrective spectacle lenses | Charges incurred after the Policy has terminated or coverage has ended.

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 to age 75, subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy.¹
- **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.² Such change will be on a class basis. The premium may also change due to an increase in the attained age of the insured person.³
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be paid under the Policy or any attached riders: | 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 you⁴ | 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 the age of 75.

AR: Non-network lenses covered 75% and non-network contact lenses covered 100% up to \$30 for disposable/non-disposable and 75% for therapeutic CT: Non-network eye exams covered 50%; non-network lenses covered 50%; non-network contact lenses covered 50% up to \$40 for disposable/non-disposable and 50% for therapeutic IL: Non-network single vision lenses covered 50% up to \$25; non-network bifocal lenses covered 50% up to \$40; non-network trifocal lenses covered 50% up to \$55; and non-network contact lenses covered 50% up to \$20 for disposable/non-disposable and 50% for therapeutic MD: Non-network eye exams are covered 100%; non-network spectacle lenses covered 50%; and non-network contact lenses covered 100% up to \$35 for disposable/non-disposable and 50% for therapeutic OH: Non-network lenses covered 50% and non-network contact lenses are covered 100% up to \$20 for disposable/non-disposable and 50% for therapeutic UT: Non-network eyes exams and corrective spectacle lenses covered 75% and non-network corrective contact lenses covered 75% for therapeutic and 100% up to \$30 for disposable/non-disposable | ¹TN: 'guaranteed' revised to 'conditionally' | ²MS, NM, WI: revises '31 days' to '60 days' MD: revises '31 days' to '40 days' UT: revised '31 days' to '45 days' | ³TN: last sentence deleted | ⁴CT: revised to read 'on the date of fraud on a claim, or on the date of any misrepresentation by you (subject to the Incontestability Provision)' MD: revised to read 'after 2 years from your effective date of coverage, no misstatements, except fraudulent misstatements made by the applicant in the application, will be used to void the coverage, or deny a claim, unless the loss was incurred during the first 2 years following your effective date of coverage'

For use in AL, AR, AZ, CT, DC, DE, IA, IL, IN, MD, MI, MO, MS, NE, NM, OH, RI, TN, UT, WI and WY

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. A vision insurance policy. Form CH-26023-IP (05/07), or its state variation.

Exclusions and Limitations 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 nonprescription 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

Navigate life's twists and turns with the SureBridge portfolio of supplemental and life insurance products



Dental



Vision



Accident Direct



Income Protection Direct



Accident Disability Direct



CancerWise®



Critical Illness Direct



Hospital Confinement Direct



Critical Accident Direct



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