SureBridge®
Underwritten by
The Chesapeake Life Insurance Company®

Vision Coverage for Seniors

# Premiere Vision

Get vision coverage that can offer you savings on vital eye care, including exams and prescription glasses, benefits that are not included in your Original Medicare plan.

# 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** including: **LensCrafters®, Sears Optical®, Target Optical®** and most **Pearle Vision®** locations.

**1 in 3 adults**
will have vision-reducing eye disease by the age 65[1]

**Overall health**
can be adversely impacted by vision loss[2]

**Difficulty identifying**
medications can have serious consequences[3]

## Premiere Vision At A Glance

100% coverage for routine eye exam[4]

Coverage is available for you and your spouse

Discounts on contact lenses and additional savings from EyeMed[5]
Complements your Original Medicare insurance plan

Affordable premiums that don't increase as you age with individual coverage for $10 per month

Large network of providers to choose from. For a list of participating providers, visit EyeMedVisionCare.com

[1]www.aafp.org/afp/1999/0701/p99.html | [2]Centers for Disease Control and Prevention, National Center for Health Statistics, "Falls Among Persons Aged ≥65 Years With and Without Severe Vision Impairment — United States, 2014" May 2016 | [3]American Foundation® for the Blind, www.afb.org/section.aspx?SectionID=68&TopicID=320&DocumentID=3374&rewrite=0 | [4]Per insured, per 12 month period. | [5]EyeMed is a discount program only and not insurance.

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| INSURED VISION PLAN[1,2] | Network Provider |
|---|---|
| Eye Exam | 100%, no copay |
| Corrective Spectacle Lenses (standard, uncoated plastic lenses) (in lieu of corrective contact lenses) | $10 copay |
| Frames (in lieu of corrective contact lenses) | $10 copay with $120 allowance |
| Corrective Contact Lenses (in lieu of corrective spectacle lenses and frames) | $10 copay with $120 allowance |

## ADDITIONAL SAVINGS FROM EYEMED VISION CARE[3]

**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 | • Standard Polycarbonate: $40<br>• PRS Scratch Coat: $15<br>• Tints (Solid and Gradient): $15<br>• Standard UV Coating: $15<br>• Standard Anti-Reflective: $45<br>• Other Lens Options: 20% off retail |
| Non-Scheduled Items | 20% off retail |
| LASIK or PRK Vision Correction | 15% off retail or 5% off promotional price |

## MONTHLY PREMIUMS

| | |
|---|---|
| **Individual** | **$10$^{00}$** |
| **Two Persons** | **$18$^{00}$** |

The chart above is only an illustration of benefit and premium options per insured per 12 month period. | [1]Per insured, per 12 month period | [2]Benefits are reduced for non-network providers. 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 Policy for details. For a list of participating providers, visit EyeMedVisionCare.com and choose the "Select" network | [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 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.

## 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:**

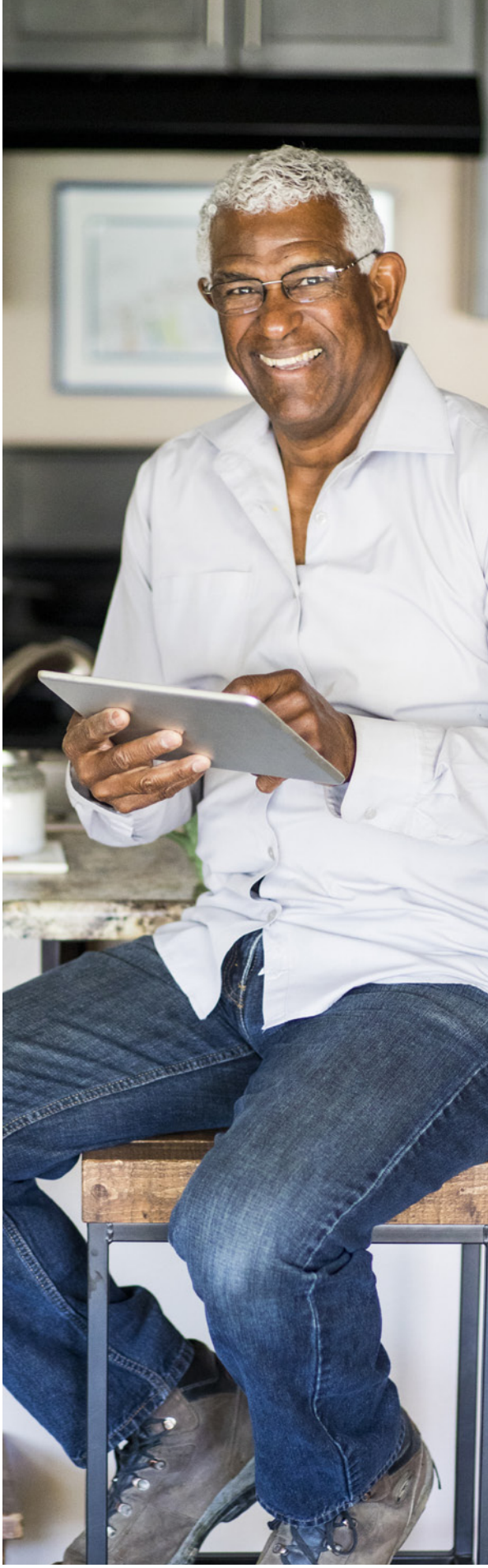
- Hospitalization
- Physician services
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

### 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

## 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 eyewear, 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.

### 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.

**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 45 days prior to the effective date of the new rates. Such rates will not increase more than once each six-month period, following the initial twelve-month period. Such change will be on a class basis.

**TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy and 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 you | On the date we elect to discontinue this plan or type of coverage or all coverage in your state | 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.

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. Vision Insurance Preferred Provider Organization (PPO) Policy, Form CH-26120-IP (01/12) LA.

### 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 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.

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## 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.