

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**. Visit EyeMedVisionCare.com/Locator for participating locations in your area.



1 in 3 adults

will have vision-reducing eye disease by the age 65¹



Overall health

can be adversely impacted by vision loss²



Difficulty identifying

medications can have serious consequences³

Premiere Vision At A Glance



100% coverage for routine eye exam⁴



Coverage is available for you and your spouse



Discounts on contact lenses and additional savings from EyeMed⁵
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

¹www.aafp.org/afp/1999/0701/p99.html | ²Centers 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 | ³American Foundation[®] for the Blind, www.afb.org/section.aspx?SectionID=68&TopicID=320&DocumentID=3374&rewrite=0 | ⁴Per insured, per 12 month period. | ⁵EyeMed is a discount program only and not insurance.

INSURED VISION PLAN ¹	Network Provider	Non-Network Provider
Eye Exam	100%, no copay	100% up to \$30, no copay
Corrective Spectacle Lenses (in lieu of corrective contact lenses)	Standard uncoated plastic lenses, with \$10 copay <ul style="list-style-type: none"> • 100% 	Standard uncoated plastic lenses, with \$10 copay <ul style="list-style-type: none"> • Single Vision: 100% up to \$35 • Bifocal: 100% up to \$55 • Trifocal: 100% up to \$90
Frames (in lieu of corrective contact lenses)	\$10 copay with \$120 allowance	\$10 copay with \$60 allowance
Corrective Contact Lenses (in lieu of corrective spectacle lenses and frames)	\$10 copay with \$120 allowance	\$10 copay with \$120 allowance

ADDITIONAL SAVINGS FROM EYEMED VISION CARE²

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	<ul style="list-style-type: none"> • Standard Polycarbonate: \$40 • PRS Scratch Coat: \$15 • Tints (Solid and Gradient): \$15 • Standard UV Coating: \$15 • Standard Anti-Reflective: \$45 • 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	\$10⁰⁰
Two Persons	\$18⁰⁰

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 and choose the "Select" network | ¹Per insured, per 12 month period | ²EyeMed 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 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 IS NOT MEDICARE SUPPLEMENT INSURANCE.

Some health care services paid for by Medicare may also trigger the payment of benefits under the Policy.

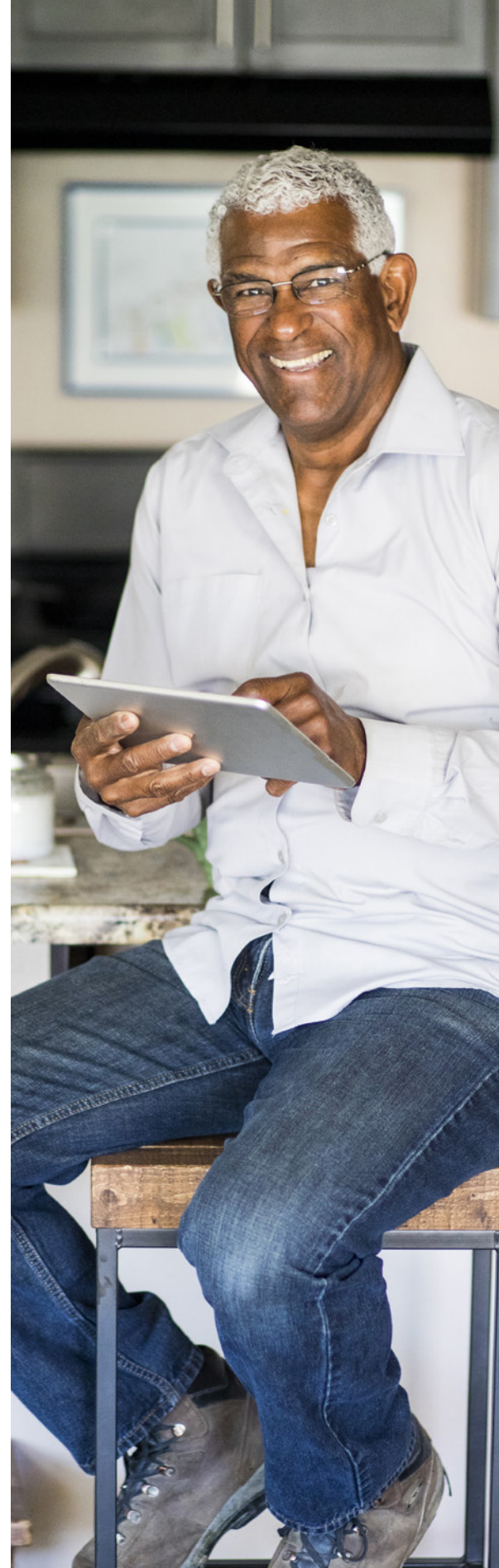
This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

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 injury or sickness arising out of, or in the course of, employment for wage or profit, for which benefits are paid under the Worker's Compensation Act, Occupational Disease Act, or similar act or law and if determined by a final adjudication of the claim, the employee, employer or Workers Compensation Carrier under such article or by an order of the North Carolina Industrial Commission, is liable/responsible for such charges, unless the insured is self-employed | 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: 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: The table of premiums for the Policy are guaranteed to not change for twelve months from the effective date of coverage. After expiration of this twelve month period, 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 and the new rates are approved by North Carolina Department of Insurance. The approved rates shall be guaranteed for a period of not less than 12 months. 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 grace period for which premium has not 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 misrepresentation by you, subject to the Incontestability provision | On the date we elect to discontinue this plan or type of coverage, we will provide you with a 180 day notice in the event we terminate the plan. You will be offered the option to purchase any other coverage that we offer without regard to health status | On the date we elect to discontinue all coverage in your state, we will provide you with a 180 day notice in the event we terminate the plan | 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. The information contained herein is accurate at the time of publication. This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy. Vision Insurance Preferred Provider Organization (PPO) Policy, Form CH-26120-IP (01/12) OON NC.

Other Important Information (continued)

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

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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.

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