

Vision Coverage for Seniors

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 **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

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 \$3.50 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^{1,2}**Network Provider**

Eye Exam	Covered at 100%
Corrective Spectacle Lenses (Standard, uncoated plastic lenses, in lieu of corrective contact lenses)	Covered at 100%
Corrective Contact Lenses (in lieu of corrective spectacle lenses)	<ul style="list-style-type: none"> • Non-Disposable: 100% • Disposable: 100%

ADDITIONAL SAVINGS FROM EYEMED VISION CARE³

In addition to your insured vision plan benefits, you have access to the following discounts through EyeMed where you pay:

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	\$3.50
Two Persons	\$8.00

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 and choose the "Select" network | ¹Benefits are reduced for non-network providers. Non-network eye exams are covered 100% at the network provider negotiated rate, per 12 month period; other non-network services are not covered unless otherwise stated. See Policy for details. | ²Per insured, per 12 month period | ³EyeMed 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.

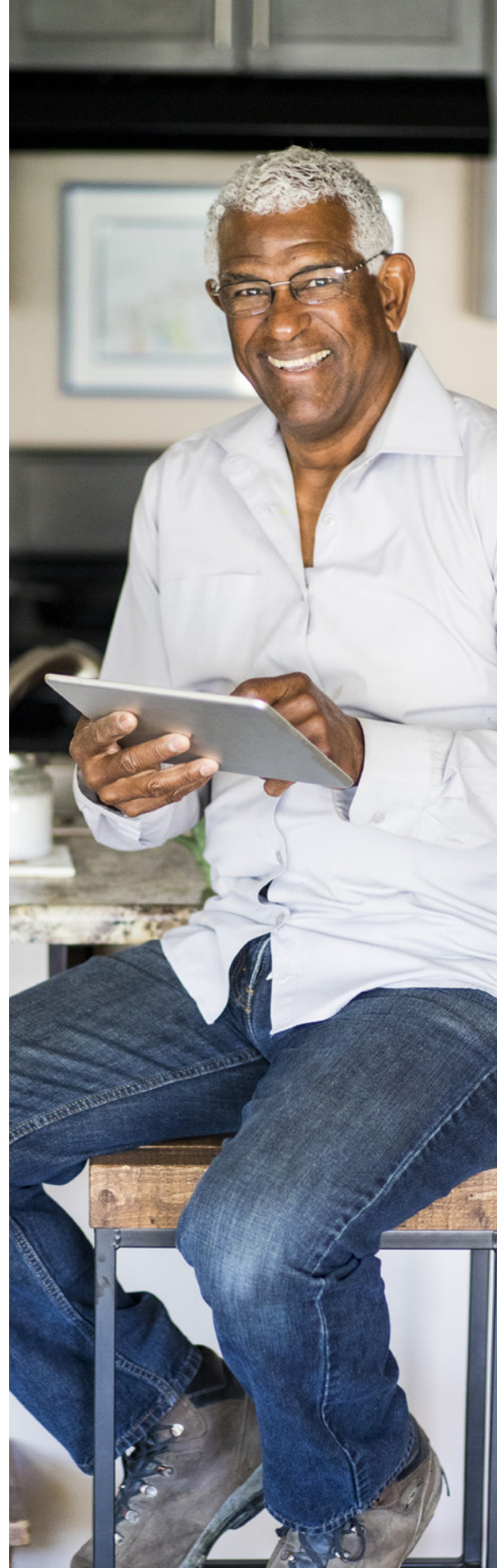
This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

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 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.

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.

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 brochure provides only summary information. Vision Insurance Policy, Form CH-26023-IP (5/07) NH (09/19).

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

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Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

www.Chesapeakeplus.com

VISION INSURANCE POLICY

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE for Form: CH-26023-IP (5/07) NH (09/19)

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to health Insurance for People With Medicare available from the Company.

- 1. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY**.
- 2.** Vision Benefit Coverage is designed to provide You or Your Covered Dependents with coverage paying benefits only when certain losses are incurred for vision services and supplies. Coverage is provided for the benefits described in the BENEFITS section below. The benefits described may be limited as outlined in the EXCLUSIONS AND LIMITATIONS section.
- 3. BENEFITS PROVIDED –** While the Policy is in force, benefits are provided for the Vision Care services and supplies shown in the Policy Schedule. Charges must be incurred for a Comprehensive Eye Examination, Corrective Spectacle Lenses and/or Corrective Contact Lenses as provided for by an authorized provider (i.e., ophthalmologist, optometrist, or optical dispensary). Payment of benefits for any such service or supply will be made in accordance with the specified Benefit Payment Rate. The Benefit Payment Rate is the maximum amount of Covered Expenses We will pay for each occurrence or purchase of a supply or service.

Covered Expenses include the following:

BENEFITS

BENEFIT PAYMENT RATE

Network Provider

Non- Network Provider

Comprehensive Eye Examination

100%

100% of the Network Provider negotiated rate

(Limited to one Comprehensive Eye Examination every 12 months from last date of service, per Insured Person.)

Corrective Spectacle Lenses (standard, uncoated plastic lenses)

(Limited to one purchase every 12 months from last date of service, per Insured Person.)

Single Vision Lenses

100%

Not Covered

Bifocal Lenses

100%

Not Covered

Trifocal Lenses

100%

Not Covered

Corrective Contact Lenses

(In lieu of corrective spectacle lenses; limited to one purchase every 12 months from last date of service, per Insured Person.)

Non-disposable	100%	Not Covered
Disposable	100%	Not Covered
Therapeutic	Not Covered	Not Covered
Frames	Not Covered	Not Covered
Contact Lens Fitting	Not Covered	Not Covered
Follow-Up Visits	Not Covered	Not Covered

4. LIMITATIONS AND EXCLUSIONS – Certain expenses that You or Your Covered Dependents may incur for vision care do not qualify as Covered Expenses under the Policy. The Policy does not cover the following:

1. orthoptic or vision training and any associated supplemental testing;
2. plano lenses;
3. lens coating;
4. two pair of glasses, in lieu of bifocals or trifocals;
5. medical or surgical treatment of the eyes;
6. any type of corrective vision surgery, including LASIK surgery;
7. any eye examination, or any corrective eyewear, required by an employer as a condition of employment;
8. any services or supplies when paid under any Worker's Compensation or similar law;
9. no-line bifocal or progressive lenses;
10. photochromic, transition, or polycarbonate lenses;
11. lenticular lenses;
12. sub-normal vision aids or non-prescription lenses;
13. 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;
14. eyeglasses when the change in prescription is less than .5 Diopter;
15. eyeglass lens treatments, including "add-ons", UV coating, anti-reflective coating, scratch resistant coating, tinting, or edge polishing;
16. oversized lenses;
17. high index lenses of any material type;
18. fitting for contact lenses;
19. follow-up visits;
20. frames for corrective spectacle lenses;
21. Therapeutic Contact Lenses; or
22. charges incurred after the Policy has terminated or coverage has ended.

LIMITATIONS

Covered Expenses for services and supplies will be limited to once every 12 months from the last date of service.

5. RENEWAL CONDITIONS – The Policy is conditionally renewable, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis.

6. TERMINATION OF COVERAGE – Your coverage will terminate and no benefits will be payable under the Policy: at the end of the period for which premium has been paid (subject to the Grace Period). 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; on the date We receive Your request of termination; on the date of fraud or misrepresentation by You, subject to the Incontestability provision in the General Provision section of the Policy; on the date We elect to discontinue this plan or type of coverage or all coverage in Your state; or on the date an Insured Person is no longer a permanent resident of the United States.

7. **PREMIUMS** – The Company reserves the right to change the table of premiums on a class basis; however, premium rates will not be adjusted more than once in any 365-day period. We will provide You written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis.

Premium Due (at time of application) \$ _____



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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.

SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental insurance products are underwritten by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.

