



Premiere 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.<sup>1</sup>

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®**, **JCPenney Optical®** and **Pearle Vision®** locations.

**Applying is simple and can be completed in minutes.**

### Premiere Vision Plan At A Glance

- 100% coverage for routine eye exam<sup>2</sup>
- Discounts on contact lenses and additional savings from EyeMed<sup>3</sup>
- Complements your Original Medicare insurance plan
- Large network of providers to choose from. For a list of participating providers, visit [EyeMedVisionCare.com](http://EyeMedVisionCare.com)
- Coverage is available for you and your spouse
- Affordable premiums that do not increase as you get older with individual coverage for **\$10<sup>00</sup> per month**

**Get coverage for your vision care needs. Apply today!**

<sup>1</sup> [www.StatisticBrain.com/corrective-lenses-statistics](http://www.StatisticBrain.com/corrective-lenses-statistics) | <sup>2</sup> Per insured, per 12 month period. | <sup>3</sup> EyeMed is a discount program only and not insurance.

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Underwritten by *The Chesapeake Life Insurance Company*®

# Premiere Vision

Make sure you are protected with other popular SureBridge products:



Dental



Final Expense Whole Life

VISION- Network Provider <sup>1</sup>	
Eye Exam <sup>2</sup>	100%, no copay
Corrective Spectacle Lenses <sup>2</sup>	\$10 copay for standard, uncoated plastic lenses
Frames <sup>2</sup>	\$10 copay with \$120 allowance
Corrective Contact Lenses <sup>2</sup> (in lieu of corrective spectacle lenses)	\$10 copay with \$120 allowance
ADDITIONAL SAVINGS FROM EYEMED <sup>3</sup>	
<b>You pay:</b>	
Frames	60% of retail
Lenses	<ul style="list-style-type: none"> <li>• Standard Polycarbonate: \$40</li> <li>• Standard Scratch Resistance: \$15</li> <li>• Tints (Solid and Gradient): \$15</li> <li>• Standard Progressive Lenses: \$65</li> <li>• Premium Progressive Lenses: \$65+ (80% of retail) less \$120 allowance</li> <li>• UV Coating: \$15</li> <li>• Standard Anti-Reflective: \$45</li> <li>• Nonprescription Glasses and Sunglasses: 80% of retail</li> <li>• Other Lens Options: 80% of retail</li> </ul>
LASIK or PRK Vision Correction	15% off retail or 5% off promotional price
MONTHLY PREMIUMS	
Individual	\$10 <sup>00</sup>
Two Persons	\$18 <sup>00</sup>

The chart above is only an illustration of benefit and premium options.

<sup>1</sup> Per insured, per 12 month period | <sup>2</sup> 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 | <sup>3</sup> 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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## PREMIERE VISION: OTHER IMPORTANT INFORMATION

### EXCLUSIONS AND LIMITATIONS

#### 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; or | Charges incurred after the Policy has terminated or coverage has ended.

#### Coverage Information:

- **COVERAGE BEGINS:** In consideration of your premiums paid as shown in the Policy schedule and 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 conditionally 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 31 days prior to the effective date of the new rates. Such change will be on a class basis.
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy: At the end of the month for which premium has not been paid (subject to the grace period) | On the date we receive your written notice of request for termination, or on such later date as may be specified in the written notice. Premium will be refunded for any months paid beyond the termination date | On the date of fraudulent misstatements in the application 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. Premium will only be refunded for any full months paid beyond the termination date.

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) VA.

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#### 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.

For more information on SureBridge's  
supplemental insurance products, please visit

[www.SureBridgeInsurance.com](http://www.SureBridgeInsurance.com)

**SureBridgeInsurance.com**

**800-815-8535**

Weekdays, 8am to 5pm in all time zones

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