

Premiere Vision

Coverage to help keep your world in focus



Accident



Disability



Vision



Hospital



Dental

SureBridgeSM offers a vision plan that complements your health insurance plan and delivers savings on both eye examinations and eyewear.

Through EyeMed Vision Care's Select Network, our vision plan offers thousands of retail providers nationwide, including locations in large retail stores such as Target,[®] Sears,[®] LensCrafters,[®] Pearle Vision[®] and other private practitioners.

SureBridge Premiere Vision:

- Complements your existing health insurance plan
- Gives you access to additional savings through in-network providers

**Contact your local agent or visit
SureBridgeinsurance.com**
to learn more about how you can
customize or combine multiple plans to
fit your specific budget and needs.

Premiere Vision

Insurance Benefits* (per person, per 12 month period)

| | |
|-----------------------------------|------------------------------------|
| Exam | No copay |
| Standard, uncoated plastic lenses | \$10 copay |
| Frames | \$10 copay with \$120 allowance |
| Or | |
| Corrective Contact Lenses | \$10 copay with \$120 allowance |

Additional Savings from EyeMed¹

You Pay:

Frames: 60% of retail
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

*Benefits are reduced for non-network providers. See plan for details.

¹ 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 vision services.

SureBridge is a brand name used for supplemental insurance products underwritten, and administered, by The Chesapeake Life Insurance Company. The administrative offices of The Chesapeake Life Insurance Company are located in North Richland Hills, TX. Insurance product availability may vary by state. For premium costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the Policy may be continued in force, please contact your licensed insurance agent/producer. © 2011 The Chesapeake Life Insurance Company.

CH-26120-IP (04/11), or its state variation.
SB/000020 Exp. 8/12

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

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

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

VISION INSURANCE PREFERRED PROVIDER ORGANIZATION (PPO) POLICY

OUTLINE OF COVERAGE FOR FORM: CH-26120-IP (04/11) OR

- 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 INSURANCE POLICY** – The Policy is designed to provide You or Your Covered Dependents with coverage 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 & LIMITATIONS section.
- 3. BENEFITS** – While the Policy is in force, Covered Expenses include the Vision Care services and supplies shown below when provided 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 and any Deductible and Copayment Amounts shown below. The Benefit Payment Rate is the maximum amount of Covered Expenses We will pay for each occurrence or purchase of a supply or service. Any Deductible Amounts will be applied first and then the Benefit Payment Rate will be applied.

Deductible (per Insured Person, per calendar year): \$0

BENEFITS

BENEFIT PAYMENT RATE

| | <u>NETWORK PROVIDER</u> | <u>NON-NETWORK PROVIDER</u> |
|--|-------------------------|-----------------------------|
| Comprehensive Eye Examination <i>(Limited to one Comprehensive Eye Examination every 12 months from last date of service, per Insured Person.)</i> | 100% | 100% up to \$30 |

Corrective Spectacle Lenses

(standard, uncoated plastic lenses)

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

Copayment (per Insured Person): \$10

| | | |
|----------------------|------|-------------|
| Single Vision Lenses | 100% | Not Covered |
| Bifocal Lenses | 100% | Not Covered |
| Trifocal Lenses | 100% | Not Covered |

BENEFITS**BENEFIT PAYMENT RATE****NETWORK PROVIDER****NON-NETWORK PROVIDER****Frames**

100% up to \$120

Not Covered

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

Copayment (per Insured Person): \$10

Corrective Contact Lenses

(In lieu of Corrective Spectacle Lenses and Frames; limited to one purchase every 12 months from last date of service, per Insured Person.)

Copayment (per Insured Person): \$10

Non-disposable

100% up to \$120

Not Covered

Disposable

100% up to \$120

Not Covered

Therapeutic

100% up to \$120

Not Covered

Contact Lens Fitting

Not Covered

Not Covered

Follow-Up Visits

Not Covered

Not Covered

4. EXCLUSIONS & LIMITATIONS – Benefits will not be provided under the Policy for expenses associated with 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. Photo-chromic, 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. Experimental or investigational or non-conventional treatment or device;
16. Eyeglass lens treatments, including "add-ons", UV coating, anti-reflective coating, scratch resistant coating, tinting, edge polishing
17. Oversized lenses;
18. High index lenses of any material type;
19. Fitting for contact lenses;
20. Follow-up visits; or
21. Charges incurred after the Policy has terminated or coverage has ended.

5. RENEWABILITY – The Policy is guaranteed renewable to age 75, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Subject to prior approval by the Oregon Insurance Division, the Company reserves the right to change the applicable table of premium rates on a Class Basis.

- 6. BEGINNING OF COVERAGE** - Once We have approved Your application based upon the information You provided therein, the Effective Date of Coverage for You and those Eligible Dependents listed in the application and accepted by Us will be the Policy Date shown in the POLICY SCHEDULE.

We will not deny enrollment of a child under the parent's policy on the grounds that the child was born out of wedlock, the child is not claimed as a dependent on the parent's federal tax return or the child does not reside with the child's parent or the insurer's service area.

7. TERTMINATION OF COVERAGE –

You

Your coverage will terminate and no benefits will be payable under the Policy and any attached Riders:

1. At the end of the period for which premium has been paid;
2. 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;
3. 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;
4. On the date of fraud or misrepresentation by You;
5. On the date We elect to discontinue this plan or type of coverage;
6. On the date We elect to discontinue all coverage in Your state;
7. On the date an Insured Person is no longer a permanent resident of the United States; or
8. On the date You reach age 75.

Covered Dependents

Your Covered Dependent's coverage will terminate under the Policy on:

1. The date Your coverage terminates, except as provided under the SPECIAL CONTINUATION FOR DEPENDENTS provision;
2. The date such dependent ceases to be an Eligible Dependent; or
3. The date We receive Your written request to terminate a Covered Dependent's coverage.

The attainment of the Limiting Age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
2. Chiefly Dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent receives the majority of his or her financial support from You.

We will require that You provide proof that the dependent is in fact a disabled and dependent person at least 31 days prior to the date upon which the dependent would otherwise reach the Limiting Age, and thereafter We may require such proof not more frequently than annually. In the absence of such proof, We may terminate the coverage of such person after the attainment of the Limiting Age.

- 8. PREMIUMS** – Subject to the prior approval of the Oregon Insurance Division, We reserve 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, We have given the Insured Person written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. Class Basis is based on individual or family coverage.

Premium Due (at time of application) \$ _____