

### **COMMONWEALTH OF MASSACHUSETTS**

# Office of Consumer Affairs and Business Regulation DIVISION OF INSURANCE

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# INDIVIDUAL VISION EXPENSE INSURANCE POLICIES THAT MEET THE REQUIREMENTS OF MASSACHUSETTS' REGULATION 211 CMR 42.00

Company Name Approval Date

#### 1. AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

1932 Wynnton Road Columbus, GA 31999-0001 (800) 992-3522

Policy #s:

VSN100MA<sup>1</sup>

(vision insurance policy)

08/06

#### 2. AMERITAS LIFE INSURANCE CORP.

5900 O Street P.O. Box 81889 Lincoln, NE 68501-1889 (800) 756-1112

Policy #s:

Indiv. 9000 MA Ed. 7-16 - V No PPO (vision insurance policy)

09/17

## 3. THE CHESAPEAKE LIFE INSURANCE COMPANY <sup>2</sup>

9151 Grapevine Highway North Richland Hills, TX 76180 (800) 733-1110

Policy #s:

CH-26023-IP (5/07) MA

(vision insurance policy)

06/11

Product is a guaranteed renewable vision insurance policy sold on a voluntary basis and is only offered through a worksite venue on a payroll deduction basis.

Product is a conditionally renewable vision insured preferred provider plan. Please call the carrier directly if you have any questions about whether the plan is specifically available in your area and whether your eye care provider participates in the carrier's vision care network.

#### INDIVIDUAL VISION EXPENSE INSURANCE POLICIES

Company Name Approval Date

# 4. MASSACHUSETTS VISION SERVICE PLAN

3333 Quality Drive Rancho Cordova, CA 95670 (800) 877-7195

Policy #s:

VSP IND MA 0315 <sup>3</sup>

(vision insurance policy)

09/15

Plan is a Closed Network Plan or so-called Exclusive Provider Plan ("EPO"). Services are only available from a VSP Preferred Provider.