

# Hospital Direct Bundle

## An Insurance Coverage Overview



### **A HOSPITAL STAY CAN HAVE FINANCIAL IMPACTS TO YOU AND YOUR FAMILY. IT'S BEST TO BE PREPARED.**

You do a great job in protecting your family. Health insurance is a great start, yet many families need a little extra help for unexpected needs. We have a solution that may help you protect your family and your financial assets...the Hospital Direct Bundle.

The Hospital Direct Bundle is comprised of select supplemental insurance policies, underwritten by The Chesapeake Life Insurance Company® and brought to you by MetLife. It offers extended value by bundling three core products, to help protect you and your family's health and financial assets. The Hospital Direct Bundle pays up to: \$250 per day for hospital confinement; \$10,000 coverage annually for hospital confinement that is the result of an accident, and \$5,000 upon a diagnosis of a covered critical illness.

### **THE HOSPITAL DIRECT BUNDLE PLAN AT A GLANCE:**

- Pays cash directly to you — not your doctor or hospital
- Covers accidents that occur on or off the job
- Complements your existing health insurance plan
- Helps provide financial protection that fits most budgets
- Cash Benefits for:
  - Hospital Confinement
  - Accident — resulting in hospital confinement — Benefits renew annually
  - Critical Illness
- Guaranteed renewable to age 65

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Insurance policies underwritten and administered by The Chesapeake Life Insurance Company®

**MetLife**

ML/GA000005

*The Chesapeake Life  
Insurance Company®*

## THE HOSPITAL DIRECT BUNDLE PLAN AT A GLANCE (continued)

- Simple application process and easy claim filing
- No restrictions on how benefits are used
- Coverage for spouse and eligible dependents
- Premium payments are made easy with multiple payment options offered, including credit card or electronic funds transfer
- Affordable premiums that do not increase as you get older, with coverage starting at less than \$23 per month.<sup>1</sup>

### HOSPITAL CONFINEMENT DIRECT \$250 DAILY BENEFIT AMOUNT

Pays a daily benefit on confinement to hospital due to illness or injury. Subject to a 30-day waiting period for illness and a 365 lifetime maximum.

#### Benefit Schedule

**1-5 days:** 100% of daily benefit      **6-10 days:** 50% of daily benefit      **11-365 days:** \$100 per day

#### ICU/CCU Confinement Benefit (paid in lieu of hospital confinement benefit):

**1-2 days:** 200% of the daily benefit      **3-10 days:** 100% of the daily benefit      **11-30 days:** 50% of the daily benefit  
**31-365 days:** \$100 per day

### ACCIDENT DIRECT \$10,000 BENEFIT AMOUNT

Pays a lump-sum benefit based on number of days of hospital confinement resulting from injuries caused by an accident. Benefits renew annually. Confinement must begin within 45 days of the injury. Injury must first occur after the Policy is in force.

#### Benefit Schedule

**1-2 days:** 15% of benefit      **3-6 days:** 30% of benefit      **7-13 days:** 60% of benefit  
**14+ days:** 100% of benefit

#### Common Accident Benefit

Additional benefit when two or more covered persons are injured in same accident.

#### Outpatient Accidental Injury Benefit

\$500 per insured per accident for medically necessary outpatient treatment.

### CRITICAL ILLNESS DIRECT \$5,000 BENEFIT AMOUNT

Pays a lump-sum benefit upon the covered event or diagnosis listed below. Subject to a 30-day waiting period. Benefits reduced by 50% at age 70.

#### Covered Event or Diagnosis

##### Diagnosis paid at 100%

Alzheimer's, ALS (Lou Gehrig's disease), life-threatening cancer, heart attack, major organ transplant, stroke, end-stage renal failure.

##### Diagnosis paid at 25%

Cancer in situ, coronary artery bypass.

## STARTING YOUR COVERAGE

Once your application is approved and you have paid your initial premium, coverage will begin on the Policy date shown in the Policy schedule. Should you have any questions, please give us a call at **1-855-GO2JOIN (1-855-462-5646)** or visit the FAQ section of the enrollment site.

<sup>1</sup> 30 year old female, non-tobacco.

## TERMS YOU NEED TO KNOW

**Accidental Injury** means sudden, non-recurrent, traumatic, accidental and unanticipated damage to your body (not of gradual onset) that requires immediate medical attention and not contributed, directly or indirectly, by a sickness.

**Hospital** means a licensed institution for care and treatment of sick and injured persons for which a charge is made that you are legally obligated to pay. The hospital (as licensed as a hospital by your state) must: 1) maintain on its premises organized facilities for inpatient medical, diagnostic and surgical care for sick and injured persons; 2) maintain a staff of one or more licensed physicians; 3) provide 24 hour nursing care; and 4) be accredited by the Joint Commission on Accreditation of Hospitals (this would not include hospitals outside of the United States). Hospital does not include: a hospice unit; convalescent home; rest or nursing facility; extended care facility; skilled nursing facility; or facility primarily for custodial or educational care, treatment of mental illness, drugs or alcohol, or care for the aged; and any military or veteran's hospital, soldier's home or any hospital contracted for or operated by the Federal Government for the treatment of members or former members of the Armed Forces, unless the insured person is legally required to pay for services provided by the facility.

## KEEPING YOUR COVERAGE

Your Policy is guaranteed renewable to the next monthly anniversary following your reaching age 65 (age 75 for the Critical Illness Direct), subject to our right to discontinue coverage as specified below.

Your Policy will remain in effect as long as you pay premiums, except:

- When we receive your request to terminate the Policy
- On the date the lifetime maximum benefit amount has been reached with respect to an insured person (for Critical Illness Direct only)
- In the case of any act or practice that constitutes fraud or intentional misrepresentation of material fact by anyone applying for coverage or claiming benefits
- In the event this plan should ever be discontinued for everyone in your state, you will be given written notice before the date of discontinuation
- On the next monthly anniversary following your reaching age 65 (age 75 for Critical Illness Direct)
- On the date an insured person is no longer a permanent resident of the United States

## PREMIUM CHANGES

We have the right to change premiums due for the Policy. You will be notified in writing at least 60 days prior to the effective date of the new rates.

# 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

## HOSPITAL CONFINEMENT INDEMNITY POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26116-IP (01/10) GA

- 1. READ YOUR POLICY CAREFULLY** – This outline of coverage provides a very brief description 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. HOSPITAL CONFINEMENT INDEMNITY POLICY** – The Hospital Confinement Indemnity plan pays a daily benefit for hospital confinement resulting from a Sickness or Injury. This coverage is NOT intended to cover all medical expenses.
- 3. BENEFITS** - Benefits are payable under the Policy for each day an Insured Person is Hospital Confined due to Sickness or Injury. All benefits are subject to the Lifetime Maximum shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Waiting Period shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Daily Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, any benefit limitations shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Exclusions and Limitations shown below, and all other provisions of the Policy.

<b>LIFETIME MAXIMUM</b>	365 Days
<b>WAITING PERIOD</b>	
For Sickness	30 Days
For Injury	0 Days
<b>DAILY BENEFIT AMOUNT</b>	\$250
<b>HOSPITAL CONFINEMENT BENEFIT</b>	
Day 1 - 5	100% of the Daily Benefit Amount
Day 6 - 10	50% of the Daily Benefit Amount
Day 11 and over	\$100 per day
<b>INTENSIVE CARE/CARDIAC CARE UNIT CONFINEMENT BENEFIT</b>	
(Paid in lieu of Hospital Confinement Benefit)	
Day 1 - 2	200% of the Daily Benefit Amount
Day 3 - 10	100% of the Daily Benefit Amount
Day 11 - 30	50% of the Daily Benefit Amount
Day 31 and over	\$100 per day

- 4. EXCLUSIONS AND LIMITATIONS.** We will not provide any benefits for any loss caused by, resulting from or in connection with:
  1. Any care or benefits which are not specifically provided for in the Policy;
  2. Any act of war, declared or undeclared;
  3. Active military duty in the service of any country;
  4. Participation in a riot, civil commotion or insurrection;
  5. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
  6. Mental or Nervous Disorders;
  7. Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion;

8. Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification;
9. Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy;
10. Modification of the physical body in order to improve the psychological mental or emotional well-being of the Insured Person, such as sex-change surgery;
11. Payment for care for military service connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires be treated in a public facility;
12. Experimental or Investigational Medicine, unless otherwise stated in the Policy;
13. Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: (a) artificial insemination; (b) in-vitro fertilization or other treatment for infertility; (c) treatment for impotency; (d) sterilization or reversal of sterilization; or (e) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the Policy;
14. Cosmetic surgery;
15. Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;
16. Operating any motorized passenger vehicle for wage, compensation or profit;
17. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless administered upon the advice of a Physician;
18. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly, unless administered upon the advice of a Physician;
19. Directly or indirectly engaging in an illegal occupation or a felony or an attempted felony;
20. Normal pregnancy, except for Complications of Pregnancy while Hospital Confined;
21. Hospital Confinement for routine or normal newborn child care;
22. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, heli-snowboarding or officiating or coaching such hazardous sport or activity; and
23. Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.

**Pre-Existing Condition** - We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined, unless the loss is incurred at least one year after the Effective Date of Coverage for an Insured Person.

5. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to the next monthly anniversary date following Your reaching age 65, at Your option, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Any change in rates will be effective on the next following premium due date. Please read the Premium Changes provision of the Policy carefully. The Company reserves the right to change the applicable table of premium rates on a Class Basis.
6. **PREMIUMS.** We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any Policy anniversary; provided, We have given You written notice of at least 60 days prior to the effective date of the new rates. Such change will be on a Class Basis.

# 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

## ACCIDENTAL INJURY ONLY INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM: CH-26118-IP (01/10) GA

- 1. READ YOUR POLICY CAREFULLY** – This outline of coverage provides a very brief description 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. ACCIDENTAL INJURY ONLY INSURANCE POLICY** - Accidental Injury Only coverage is designed to provide You or Your Covered Dependents with coverage for Accidental Injuries that First Occur and result in a Hospital Confinement within 45 days of such Accidental Injury. **The Policy does NOT provide benefits from loss of Sickness.**

### 3. SCHEDULE OF BENEFITS – BENEFIT

### AMOUNT OF BENEFIT

#### MAXIMUM ACCIDENTAL INJURY BENEFIT AMOUNT (*Per Insured Person, per Year*):

\$10,000

#### ACCIDENTAL INJURY BENEFIT PAYABLE FOR:

14 days or more of Hospital Confinement with or without Surgery:

100% of the Accidental Injury Benefit Amount

7 to 13 days of Hospital Confinement with or without Surgery:

60% of the Accidental Injury Benefit Amount; or

3 to 6 days of Hospital Confinement with or without Surgery:

30% of the Accidental Injury Benefit Amount; or

1 to 2 days of Hospital Confinement with or without Surgery:

15% of the Accidental Injury Benefit Amount; or

#### OUTPATIENT ACCIDENTAL INJURY BENEFIT PAYABLE FOR:

Medically Necessary outpatient treatment of Accidental Injuries:

\$500 per Insured Person, per Accidental Injury

#### COMMON ACCIDENTAL INJURY BENEFIT PAYABLE WHEN 2 OR MORE INSURED PERSONS ARE INJURED IN THE SAME ACCIDENTAL INJURY AND AT LEAST 2 OF WHOM MEET ANY OF THE CRITERIA BELOW:

**Criteria One:** Hospital Confined for 3 or more days:

50% of the Accidental Injury Benefit Amount  
(Limited to one Common Accidental Injury Benefit Amount under the Policy per Year)

**or**

**Criteria Two:** Hospital Confined for 2 or more days with Surgery:

50% of the Accidental Injury Benefit Amount  
(Limited to one Common Accidental Injury Benefit Amount under the Policy per Year)

4. **BENEFITS:** Benefits are payable under the Policy for Accidental Injuries that First Occur within 45 days of such Accidental Injury and while an Insured Person's coverage is in force under the Policy. Unless otherwise stated in the Policy, all benefits are subject to the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE, the Exclusions and Limitations, and all other provisions of the Policy.
- **Accidental Injury Benefit** - When an Insured Person is Hospital Confined or seeks Medically Necessary outpatient treatment from a Legally Qualified Physician within 45 days due to the First Occurrence of an Accidental Injury, We will pay the Accidental Injury Benefit Amount in accordance with the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE. Once the Maximum Accidental Injury Benefit Amount is exhausted for each Insured Person, no further benefits will be available for that Insured Person for the remainder of that Year (except as shown under the Common Accident Provision below). The AMOUNT OF BENEFIT payable per Hospital Confinement will be based on the date of the Accidental Injury that resulted in such Confinement. The AMOUNT OF BENEFIT payable for Medically Necessary outpatient treatment of Accidental Injuries is shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS.
  - **Common Accidental Injury Benefit** - If two or more Insured Persons covered under the Policy are injured in the same Accidental Injury ("Common Accident"), and would qualify for a Common Accidental Injury Benefit Amount shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS, We will pay such amount in addition to any available Accidental Injury Benefit Amounts for such Insured Persons involved in the Common Accident. In the event any or all Insured Persons involved in the Common Accident have exhausted their available Accidental Injury Benefit Amounts, only the Common Accidental Injury Benefit Amount will be paid for such Insured Persons. **Only one Common Accidental Injury Benefit Amount will be payable under the Policy per Year**, regardless of how many Common Accidents occur, or which Insured Persons are/are not involved in a Common Accident within that Year.
5. **EXCLUSIONS AND LIMITATIONS:** We will not provide any benefits for loss caused by, resulting from or in connection with:
1. Sickness;
  2. Pregnancy and childbirth, including routine or normal newborn child care;
  3. Any Sickness, disease, or other medical condition not the direct result of an Accidental Injury occurring while the Insured Person's coverage is in force;
  4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
  5. Any outpatient care that is not Medically Necessary;
  6. Any act of war, declared or undeclared;
  7. Active military duty in the service of any country;
  8. Participation in a riot, civil commotion or insurrection;
  9. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
  10. Mental or Nervous Disorders;
  11. Cosmetic surgery;
  12. Operating any motorized passenger vehicle for wage, compensation or profit;
  13. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless administered upon the advice of a Legally Qualified Physician;
  14. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly, unless administered upon the advice of a Legally Qualified Physician;
  15. Directly or indirectly engaging in an illegal occupation or a felony or an attempted felony;
  16. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, heli-snowboarding or officiating or coaching such hazardous sport or activity; and
  17. Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.
6. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to the next monthly anniversary date following Your reaching age 65, at Your option, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Any change in rates will be effective on the next following premium due date. Please read the Premium Changes provision of the Policy carefully. The Company reserves the right to change the applicable table of premium rates on a Class Basis.
7. **PREMIUMS.** We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any Policy anniversary; provided, We have given You written notice of a least 60 days prior to the effective date of the new rates. Such change will be on a Class Basis.

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## LIMITED BENEFIT HEALTH COVERAGE FOR SPECIFIED CRITICAL ILLNESS POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26113-IP (01/10) GA

1. The coverage is designed only as a supplement to a comprehensive health insurance Policy and should not be purchased unless You have this underlying coverage.
2. **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.**
3. **LIMITED BENEFIT HEALTH COVERAGE FOR SPECIFIED CRITICAL ILLNESS POLICY** – Specified disease coverage is designed to provide restricted coverage paying benefits ONLY when certain losses occur as a result of a Qualifying Event. **Coverage is NOT provided for basic hospital, basic medical-surgical, or major medical expenses or loss from Injury or accident.**
4. **SCHEDULE OF BENEFITS –**

### LIFETIME MAXIMUM BENEFIT AMOUNT

Primary Insured:	\$5,000
Dependent spouse:	\$5,000
Dependent child(ren):	\$5,000

**WAITING PERIOD:** 30 days from the Effective Date of Coverage.

<u>QUALIFYING EVENT</u>	<u>BENEFIT PERCENTAGE</u>
Alzheimer's Disease	100%* of Lifetime Maximum Benefit Amount
Amyotrophic Lateral Sclerosis	100%* of Lifetime Maximum Benefit Amount
Cancer In Situ	25%* of Lifetime Maximum Benefit Amount
Coronary By-Pass	25%* of Lifetime Maximum Benefit Amount

**\*THE BENEFIT PERCENTAGE WILL BE REDUCED BY ONE-HALF ON THE DATE AN INSURED PERSON REACHES AGE 70.**



**QUALIFYING EVENT**

**BENEFIT PERCENTAGE**

**End Stage Renal Failure**

100%\* of Lifetime Maximum Benefit Amount

**Heart Attack**

100%\* of Lifetime Maximum Benefit Amount

**Life-Threatening Cancer**

100%\* of Lifetime Maximum Benefit Amount

**Major Organ Transplant**

100%\* of Lifetime Maximum Benefit Amount

**Stroke**

100%\* of Lifetime Maximum Benefit Amount

**\*THE BENEFIT PERCENTAGE WILL BE REDUCED BY ONE-HALF ON THE DATE AN INSURED PERSON REACHES AGE 70.**

5. **BENEFITS** - Upon receipt of proof of the occurrence of a Qualifying Event, We will pay the Benefit Percentage of the Lifetime Maximum Benefit Amount, as shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS provided that the Qualifying Event occurred after the Waiting Period set forth in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

The Benefit Percentage shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, will be reduced by one-half on the date an Insured Person reaches age 70.

In no event will We pay more than the Lifetime Maximum Benefit Amount during an Insured Person's lifetime.

6. **EXCLUSIONS AND LIMITATIONS** – We will not provide any benefits for any loss caused by, resulting from or in connection with:

1. An Injury or accident;
2. Any care or benefits which are not specifically provided for in the Policy;
3. Any act of war, declared or undeclared;
4. Active military duty in the service of any country;
5. Participation in a riot, civil commotion or insurrection;
6. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
7. Payment for care for military service connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires be treated in a public facility;
8. Experimental or investigational medicine;
9. Cosmetic surgery;
10. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless administered upon the advice of a Physician;
11. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly, unless administered upon the advice of a Physician;
12. Directly or indirectly engaging in an illegal occupation or a felony or an attempted felony.

Benefits will not be payable for:

1. A Qualifying Event, which occurs prior to an Insured Person's Effective Date of Coverage or within the Waiting Period as specified in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
2. Any Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex;
3. Any condition that is not Diagnosed as a Qualifying Event, as defined in the Policy;

4. Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event, as defined in the Policy. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Event or as a result of treatment of a Qualifying Event; or
5. Any amounts in excess of the Lifetime Maximum Benefit Amount.

#### **Qualifying Event occurring during the Waiting Period**

If a Qualifying Event occurs during the Waiting Period, You must elect (a.) whether the Policy is to be voided and a full premium refund issued, or (b.) if the Policy is to remain in force. If the Policy remains in force, the diagnosed Qualifying Event will be subject to a six month pre-existing condition limitation beginning from the Effective Date of Coverage.

7. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to the next monthly anniversary date following Your reaching age 75, at Your option, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Any change in rates will be effective on the next following premium due date. Please read the Premium Changes provision of the Policy carefully. The Company reserves the right to change the applicable table of premium rates on the Class Basis with a 60 day written notice.
8. **PREMIUMS.** We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any Policy anniversary; provided, We have given You written notice of a least 60 days prior to the effective date of the new rates. Such change will be on a Class Basis.

Insurance policies underwritten and administered by The Chesapeake Life Insurance Company®

"We", "our" or "us" refers to The Chesapeake Life Insurance Company.

The Chesapeake Life Insurance Company compensates Metropolitan Life Insurance Company for marketing services. The Chesapeake Life Insurance Company and Metropolitan Life Insurance Company are separate companies and are not affiliated with one another.

This brochure provides only summary information of the Hospital Confinement Indemnity Policy, form CH 26116-IP (01/10) GA; the Accidental Injury Only Insurance Policy, form CH-26118-IP (01/10) GA; and the Specified Critical Illness Policy, form 26113-IP (01/10) GA. The Policy is a supplemental plan and is not intended as a replacement for health insurance coverage. The Policy is the contract and includes complete information about the benefits, terms, exclusions and limitations of the Policy. A Right to Examine is provided during which the Policy may be returned to Chesapeake for a full refund of premium.

**The Chesapeake Life Insurance Company®**  
**North Richland Hills, TX**  
**1 (800) 815-8535**

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