



Accidental Injury Only Coverage

AccidentWise™

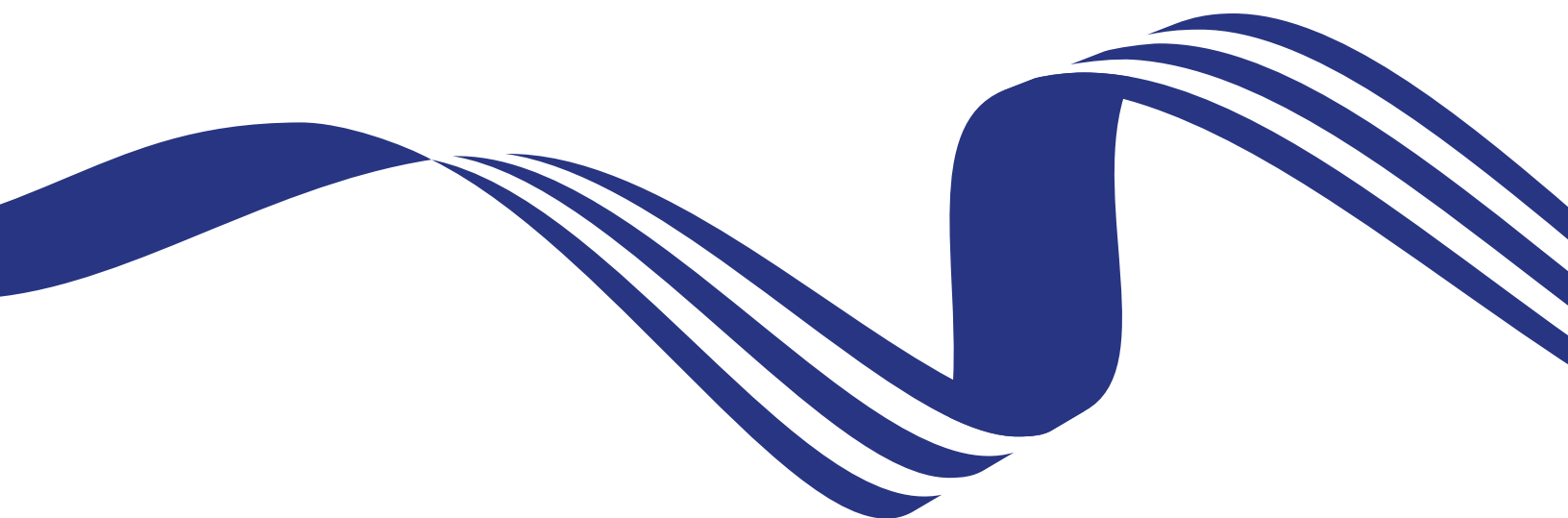
Accidents can happen unexpectedly, but that doesn't mean you can't be prepared. Our AccidentWise plan is designed to provide cash benefits to help with the out-of-pocket costs associated with accidental injuries.

This Accidental Injury Only coverage provides limited benefits. AccidentWise is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act. This coverage provides benefits for losses resulting from accidental bodily injury.

The Chesapeake Life Insurance Company is the underwriter and administrator of these plans.
Policy Form CH-26152-IP (03/21) CA

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Why an AccidentWise plan?

Accidents happen and the **AccidentWise** plan can help you cover some expenses related to accidental injury and treatment. Choose from four budget-friendly options to find a plan that offers the right benefit amounts for you. When you receive treatment for an accidental injury, the plan pays lump-sum cash benefits directly to you. The money can be used to pay unexpected medical costs or everyday living expenses.

Cash benefits can be used to help you with:

- Deductibles, copays or coinsurance on your current health plan
- Rent/Mortgage
- Car payment
- Child care
- Everyday living expenses

It's also good to know:

- Premiums do not increase due to age
- Issue Ages: 0 through 64

Renewable for Life

- These plans are renewable for life as outlined in the Policy.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the Policy.

Highlights of benefits

Choose an AccidentWise plan

The AccidentWise plan is designed to help provide financial assistance for a range of accident-related expenses. From a hospital stay to outpatient surgery, diagnostic exams, and more, you can choose the right amount of benefits to fit your needs and your wallet. Review the options below to find the AccidentWise plan that's best for you.

BENEFITS related to Accidental Injury (referred to as "Injury" here forward), per person	Option 1	Option 2	Option 3	Option 4
Hospital Confinement (lump sum) within 30 days of Injury <i>(one per Policy year)</i>	\$10,000	\$12,500	\$15,000	\$20,000
Emergency Room Treatment within 72 hours of Injury <i>(one per day; 4 per Policy year)</i>	\$1,000 per injury	\$1,250 per injury	\$1,500 per injury	\$2,000 per injury
Urgent Care Center Treatment within 72 hours of Injury <i>(one per day; 4 per Policy year)</i>	\$200 per injury	\$250 per injury	\$300 per injury	\$400 per injury
Major Diagnostic Exam¹ within 30 days of Injury <i>(one per Policy year)</i>	\$1,000	\$1,250	\$1,500	\$2,000
Follow-up Treatment OR Follow-up Physical Therapy² within 30 days of initial onset of Injury <i>(up to five visits per Policy year)</i>	\$100 per visit	\$125 per visit	\$150 per visit	\$200 per visit
Outpatient Surgery within 30 days of initial onset of Injury <i>(one per Policy year)</i>	\$1,000	\$1,250	\$1,500	\$2,000
Accidental Loss of Life, Limb or Sight within 90 days of initial onset of Injury <i>(one benefit per lifetime)</i>	\$10,000	\$12,500	\$15,000	\$20,000

¹ Exam for diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center related to Accidental Injury. ² Follow-up treatment must come after treatment of Accidental Injury at a hospital emergency room or urgent care center. Follow-up treatment and follow-up physical therapy received on the same day will only receive one benefit.

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance or Medicare Advantage 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 benefits for covered expenses.
- 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 notice describes the limitations of this product, and is not a substitution for Medicare Supplement insurance.

VIEW NOTICE HERE: <https://stage.uhone.com/api/supplysystem/?Filename=49657-C202304.pdf>

EXCLUSIONS AND LIMITATIONS

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance Policy. You will find complete coverage details in the Policy. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

NOTE: Any reference to “we, our, or us” refers to Chesapeake.

We will not provide any benefits for loss caused or directly related to any of the following:

- Sickness, including pregnancy and childbirth;
- Any care or benefits which are not specifically provided for in the Policy;
- Any care received outside of the United States;
- Hospital confinement for childbirth, including routine or normal newborn child care;
- Accidental Injuries that do not first occur while the Policy is in force for the insured person;
- Minor injuries that are safely and routinely treated at home;
- Services for which no charge is made;
- Infections of any kind regardless of how contracted, except bacterial infection that is the direct result of an accidental cut or wound or accidental ingestion of a contaminated substance, independent of any underlying sickness or condition;
- Any act of war, declared or undeclared;
- Active military duty in the service of any country;
- Participation in a riot, civil commotion or insurrection;
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- Mental or nervous disorders;
- Having cosmetic surgery or other elective procedures;
- Operating any motorized passenger vehicle for wage, compensation or profit;
- Being intoxicated or under the influence of any controlled substance unless administered by a physician;

- The Insured Person’s commission of or attempt to commit a felony or the Insured Person being engaged in an illegal occupation
- Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, para-planing experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
- 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.

POLICY PROVISIONS

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance Policy. You will find complete coverage details in the Policy. The purchase of the Policy is not contingent upon purchasing or having any individual or group health insurance coverage.

NOTE: Any reference to “we, our, or us” refers to Chesapeake.

AGE MISSTATEMENT: If an insured person’s age has been misstated and we would not have issued coverage for the insured person, we will refund the premium paid minus any benefit amounts paid by us, and coverage would be void from the effective date.

COVERAGE BEGINS: Once we have approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.

ELIGIBILITY: At the time of application, the primary insured must be between the ages of 0 - 64 years. Eligible dependents include spouse /domestic partner (as defined by CA Family Code section 297), between the ages of 16 - 64, and your natural and adopted children and step-children (including children of a domestic partner) under the age of 26.

POLICY PROVISIONS continued

IMPORTANT DEFINITIONS:

- **Accidental Injury:** Sudden, non-recurrent, accidental and unanticipated damage to the body, not of gradual onset, requiring immediate medical attention. The Accidental Injury must first occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- **Policy:** The written description of coverage provided to you.
- **Policy year:** Each consecutive 12-month period beginning with the insured person's effective date.

NOTICE OF CLAIM: Written notice of claim must be given to us within 60 days after an Accidental Injury, or as soon as reasonably possible.

PREMIUM CHANGES: 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 you written notice of at least 31 days prior to the effective date of the new rates.

PROOF OF LOSS: We must receive written proof of loss within 90 days after the termination of the period for which we are liable and in case of claim for any other loss within 90 days after the date of such. Proof of loss furnished more than 1 year after the date written proof of loss is required to be submitted will not be accepted, unless you or your covered dependent had no legal capacity in that year.

TERMINATION OF COVERAGE AND RENEWABILITY

The Policy is guaranteed renewable until the earliest of the following:

- The end of the period for which premium has been paid (subject to the Policy provisions)
- 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
- 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

- The date you perform an act or practice that constitutes fraud; or make an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy
- The date we elect to discontinue this plan or type of coverage
- The date we elect to discontinue all coverage in your state
- The date an insured person is no longer a permanent resident of the United States.

UNDERWRITING

Plans are guaranteed issue and are not subject to health underwriting. If you provide incorrect or incomplete information on your application for insurance, your coverage may be voided or claims denied.

Health Plan Notices of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

VIEW NOTICE HERE

(<https://www.uhc.com/content/dam/uhcdotcom/en/npp/HM-Carrier-NPP-uhcmemberhub-EN.pdf>)

Please review it carefully.

Conditions Prior to Coverage (Applicable with or without the Conditional Receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by The Chesapeake Life Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date and any check is honored on first presentation for payment.
3. The policy is: (a) issued by The Chesapeake Life Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded. Keep an electronic copy of this document. It has important information.



UnitedHealthcare®



California Nondiscrimination Notice and Access to Communication Services

The Chesapeake Life Insurance Company does not exclude, deny covered health care benefits to or otherwise discriminate against any member on the ground of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability for participation in or receipt of the covered health care services under any of its health plans, whether carried out by The Chesapeake Life Insurance Company directly or through a Network Medical Group or any other entity with which The Chesapeake Life Insurance Company arranges to carry out covered health care services under any of its health plans.

Free services are available to help you communicate with us. Such as letters in other languages or in other formats like large print. Or you can ask for an interpreter at no charge. To ask for help, please call the toll-free number (800) 815-8535. TTY 711

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Grievance Administrator
PO Box 31383
Salt Lake City UT 84131-0383
Fax: 817-255-3585
Phone: 800-815-8535

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free number listed on your health plan ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

California Language Assistance Notice

English

IMPORTANT LANGUAGE INFORMATION:

You may be entitled to the rights and services below. You can get an interpreter or translation services at no charge. Written information may also be available in some languages at no charge. To get help in your language, please call your health plan at: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Spanish

INFORMACIÓN IMPORTANTE DEL LENGUAJE:

Puede tener derecho a los derechos y servicios a continuación. Puede obtener un intérprete o servicios de traducción sin cargo. La información por escrito también puede estar disponible en algunos idiomas sin cargo. Para obtener ayuda en su idioma, llame a su plan de salud al: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Chinese

重要語言信息：

您可能有權享受以下權利和服務。您可以免費獲得口譯或翻譯服務。書面信息也可能以某些語言免費提供。如需獲得您的語言幫助，請致電您的健康計劃：The Chesapeake Life Insurance Company 1-800-815-8535 / TTY：711.

Arabic

معلومات مهمة عن اللغة:

قد يحق لك الحصول على الحقوق والخدمات أدناه. يمكنك الحصول على مترجم أو خدمات ترجمة بدون مقابل. قد تكون المعلومات المكتوبة متاحة أيضًا في بعض اللغات دون مقابل. للحصول على المساعدة بلغتك، يرجى الاتصال بخطة الرعاية الصحية الخاصة بك على العنوان التالي The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԻ ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ.

Դուք կարող եք իրավասվել ստորև նշված իրավունքներին եւ ծառայություններին: Դուք կարող եք անվճար թարգմանիչ կամ թարգմանչական ծառայություններ ստանալ: Գրավոր տեղեկությունները կարող են մատչելի լինել նաև որոշ լեզուներով անվճար: Ձեր լեզվով օգնություն ստանալու համար խնդրում ենք զանգահարել ձեր առողջապահական ծրագիրը՝ The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Cambodian

ព័ត៌មានជាភាសាសំខាន់:

អ្នកអាចមានសិទ្ធិទទួលបានសិទ្ធិនិងសេវាកម្មដូចខាងក្រោម។
អ្នកអាចទទួលបានអ្នកបកប្រែឬអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃ។
ព័ត៌មានដែលអាចសរសេរបានអាចមានជាភាសាមួយចំនួនដោយមិនគិតថ្លៃ។
ដើម្បីទទួលបានជំនួយជាភាសារបស់អ្នកសូមទូរស័ព្ទទៅផែនការសុខភាពរបស់អ្នកនៅ: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Farsi

اطلاعات مهم در مورد زبان:

شما ممکن است به حقوق و خدمات زیر توجه داشته باشید. شما می توانید مترجم یا خدمات ترجمه را بدون هزینه دریافت کنید. اطلاعات نوشته شده ممکن است در بعضی از زبانها بدون پرداخت هزینه باشد. برای دریافت کمک به زبان خود، لطفاً با برنامه بهداشتی خود تماس بگیرید:

The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Hindi

महत्वपूर्ण भाषा जानकारी:

आप नीचे अधिकार और सेवाओं के हकदार हो सकते हैं। आप बिना किसी शुल्क के एक दुभाषिया या अनुवाद सेवाएं प्राप्त कर सकते हैं। बिना किसी शुल्क के लिखित जानकारी कुछ भाषाओं में भी उपलब्ध हो सकती है। अपनी भाषा में सहायता प्राप्त करने के लिए, कृपया अपनी स्वास्थ्य योजना यहां कॉल करें: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Hmong

COV LUS LUS TSEEM CEEB:

Koj tuaj yeem tsim nyog tau cov cai thiab cov kev pab hauv qab no. Koj tuaj yeem tau txais neeg txhais lus los yog txhais lus pab dawb tsis them nyiaj. Cov ntaub ntawv sau kuj muaj nyob rau qee hom lus dawb xwb. Xav tau kev pabcuam ntawm koj hom lus, thov hu rau koj qhov kev npaj khomob ntawm: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Japanese

重要な言語情報 :

あなたは以下の権利とサービスを受ける権利があります。通訳や翻訳サービスを無料で受けることができます。書かれた情報は、一部の言語で無償で入手できる場合もあります。あなたの言語で助けを得るためには、あなたの健康計画に電話してください : The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Korean

□□한 □□ □□ :

귀하는 아래 권리와 서비스를 받을 자격이 있습니다. 통역사 또는 번역 서비스를 무료로 받으실 수 있습니다. 서면 □□는 일부 □□로 무료로 제공 될 수도 있습니다. 귀하의 □□로 도움을 받으려면 다음의 건강 플랜에 전화하십시오. The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਭਾਸ਼ੀਆ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ. ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਕੁਝ ਭਾਗੀਦਾਰਾਂ 'ਤੇ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ' ਤੇ ਵੀ ਉਪਲਬਧ ਹੋ ਸਕਦੀ ਹੈ. ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Russian

ВАЖНАЯ ИНФОРМАЦИЯ ЯЗЫКА:

Вы можете иметь право на права и услуги, указанные ниже. Вы можете бесплатно получить переводчика или услуги переводчика. Письменная информация также может быть доступна на некоторых языках бесплатно. Чтобы получить помощь на своем языке, позвоните в свой план медицинского обслуживания по адресу: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Tagalog

IMPORMASYONG IMPORMASYON SA LANGUAGE:

Maaaring may karapatan ka sa mga karapatan at serbisyo sa ibaba. Maaari kang makakuha ng isang interpreter o mga serbisyo ng pagsasalain nang walang bayad. Ang nakasulat na impormasyon ay maaari ding makuha sa ilang mga wika nang walang bayad. Upang makakuha ng tulong sa iyong wika, mangyaring tawagan ang iyong planong pangkalusugan sa: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Thai

ข้อมูลภาษาสำคัญ:

คุณอาจได้รับสิทธิและบริการด้านล่าง คุณสามารถขอรับบริการล่ามหรือแปลภาษาโดยไม่มีค่าใช้จ่าย ข้อมูลที่เป็นลายลักษณ์อักษรอาจมีให้บริการในบางภาษาโดยไม่มีค่าใช้จ่าย หากต้องการความช่วยเหลือในภาษาของคุณโปรดติดต่อแผนประกันสุขภาพของคุณได้ที่: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Vietnamese

THÔNG TIN NGÔN NGỮ QUAN TRỌNG:

Bạn có thể được hưởng các quyền và dịch vụ dưới đây. Quý vị có thể nhận dịch vụ phiên dịch hoặc dịch thuật miễn phí. Thông tin bằng văn bản cũng có thể có sẵn bằng một số ngôn ngữ miễn phí. Để nhận trợ giúp bằng ngôn ngữ của bạn, vui lòng gọi cho chương trình sức khỏe của bạn tại: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.