



Accident Companion

Help with the out-of-pocket costs of accidental injuries

DID YOU KNOW?

1 in 8

persons seek medical attention from an injury each year.¹

Accidents happen and the **Accident Companion** plan can help you financially when they do. The plan offers **four, budget-friendly benefit level options**. 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**.

Applying is simple and can be completed in minutes.

Accident Companion At A Glance

Cash benefits can be used for:

- Co-pays or co-insurance
- Rent/mortgage
- Car payments
- Child care
- Everyday living expenses

- Pays up to a:
 - **\$10,000 lump-sum cash benefit** for accidental injuries that result in an inpatient hospital confinement
 - **\$1,000 lump-sum cash benefit** per injury for emergency treatment received in an ER or urgent care facility
 - **\$100 lump-sum cash benefit** per visit for follow-up treatment or physical therapy (up to five visits per year)
- Benefits are paid directly to you - not your doctor or hospital
- Affordable premiums that do not increase as you get older with coverage **starting at \$7⁵⁰ per month²**

Cash benefits paid directly to you. Apply today!

¹ National Safety Council, Injury Facts, 2012 | ² For coverage Option 1. See chart on next page for full list of coverage option levels.

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Accident Companion



Make sure you are protected with other popular SureBridge products:



Critical Illness Direct



Dental



Vision

BENEFITS (per person, per accidental injury)	Option 1	Option 2	Option 3	Option 4
Inpatient Hospital Confinement ¹ (one per Policy year)	\$2,500	\$5,000	\$7,500	\$10,000
Emergency Treatment ² (within 72 hours of Injury)	\$250 per injury	\$500 per injury	\$750 per injury	\$1,000 per injury
Follow-up Treatment ³ (up to five visits per Policy year) OR	\$50 per visit	\$100 per visit	\$100 per visit	\$100 per visit
Follow-up Physical Therapy ³ (up to five visits per Policy year)	\$50 per visit	\$100 per visit	\$100 per visit	\$100 per visit
MONTHLY PREMIUMS	\$7.50	\$15.00	\$21.50	\$28.00

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

¹ Hospital confinement must begin within 30 days of the accidental injury | ² Treatment in Emergency Room or Urgent Care Facility | ³ Benefits following Emergency Room or Urgent Care treatment and therapy provided within 30 days of initial onset. Follow-up treatment and physical therapy received on the same day will only receive one benefit.

Consumer Preferred Status: Based on 41% of applicants selecting the "Option 4" \$10,000 benefit level (4/2013)

Apply today for Accident Companion to help cover costs related to accidental injuries

This brochure provides only summary information. The information contained herein is accurate at the time of publication. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such. 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. An Accident Only Insurance Policy. Form CH-26122-IP (01/11) GA.

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ACCIDENT COMPANION: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **Accidental Injury** means sudden, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to by a sickness. The accidental injury must occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- **Hospital** means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the insured person is legally obligated to pay. The institution must maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis; maintain a staff of one or more duly licensed physicians; provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and is accredited as a hospital by the Joint Commission on Accreditation of Hospitals.
- **Policy Year** means each consecutive 12 month period beginning with your effective date of coverage.
- **Urgent Care Center** means a free-standing facility, center or other entity that operates primarily to provide specialty medical treatment of an unforeseen, unexpected accidental injury on an urgently needed or prompt 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

ACCIDENT ONLY INSURANCE POLICY OUTLINE OF COVERAGE FOR FORM CH-26122-IP (01/11) GA

- 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. ACCIDENT ONLY COVERAGE –** This coverage is designed to provide You or Your Covered Dependents with coverage for certain losses resulting from Accidental Injuries that First Occur after Your coverage has become effective and while the coverage is in force under the Policy. The Policy does not provide benefits for loss from Sickness.
- 3. SCHEDULE OF BENEFITS –** The Policy is intended to pay lump-sum benefits for the following Covered Expenses. Unless otherwise stated in the Policy, all benefits are subject to the Benefit Amount, Benefit Limitations, Exclusions & Limitations, and all other provisions of the Policy.

BENEFIT AMOUNT

ONE-TIME LUMP-SUM INPATIENT HOSPITAL CONFINEMENT BENEFIT

(Hospital Confinement must begin within 30 days of Accidental Injury and limited to one benefit, per Insured Person, per Policy Year)

☐\$2,500; ☐\$5,000; ☐\$7,500; ☐\$10,000 per Insured Person

OUTPATIENT EMERGENCY

Accidental Injury Emergency Treatment Benefit

(Treatment must be received within 72 hours of Accidental Injury):

You and/or Your Covered Dependent Spouse:

☐\$250; ☐\$500; ☐\$750; ☐\$1,000 per Insured Person, per Accidental Injury

Your Covered Dependent Child(ren):

☐\$250; ☐\$500; ☐\$750; ☐\$1,000 per Insured Person, per Accidental Injury

FOLLOW-UP / RESTORATIVE

Accidental Injury Follow-up Treatment Benefit

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury):

☐\$50; ☐\$100 per visit, per Insured Person, not to exceed 5 visits per Policy year

Accidental Injury Follow-up Physical Therapy Benefit

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury):

☐\$50; ☐\$100 per visit, per Insured Person, not to exceed 5 visits per Policy year

NOTE: When claims are presented for multiple services performed on the same date, and when only one benefit is payable, We will consider the higher benefit amount.

4. BENEFITS – Benefits under the Policy include the following:

ONE-TIME LUMP-SUM INPATIENT HOSPITAL CONFINEMENT BENEFIT: When an Insured Person is Hospital Confined due to an Accidental Injury, We will pay the applicable Inpatient Hospital Confinement Benefit shown in the SCHEDULE OF BENEFITS.

- Confinement must begin within 30 days of the Accidental Injury. Benefit is payable once per Insured Person, per Policy Year.

OUTPATIENT EMERGENCY:

- **Accidental Injury Emergency Treatment Benefit –** When an Insured Person receives Medically Necessary treatment of an Accidental Injury at a Hospital Emergency Room or Urgent Care Center within 72 hours of the initial onset of such Accidental Injury, We will pay the Accidental Injury Emergency Treatment Benefit shown in the SCHEDULE OF BENEFITS.

FOLLOW-UP / RESTORATIVE BENEFITS:

- **Accidental Injury Follow-up Treatment Benefit –** When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up treatment, We will pay the Accidental Injury Follow-up Treatment Benefit shown in the SCHEDULE OF BENEFITS, provided such treatment is received within 30 days of the initial onset of the Accidental Injury. Accidental Injury follow-up treatment is in lieu of and **not** in addition to the Accidental Injury Follow-up Physical Therapy benefit, per individual date of service, and does not include chiropractic or alternative medicine services.
- **Accidental Injury Follow-up Physical Therapy Benefit –** When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up physical therapy treatment, We will pay the Accidental Injury Follow-up Physical Therapy Treatment Benefit shown in the SCHEDULE OF BENEFITS, provided such physical therapy treatment is received within 30 days of the initial onset of the Accidental Injury. Accidental Injury Physical Therapy Follow-up treatment is paid in lieu of and **not** in addition to the Accidental Injury follow-up benefit, per individual date of service.

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

1. Sickness, including but not limited to pregnancy and childbirth;
2. Any care not Medically Necessary (except as specifically provided herein) or benefits which are not specifically provided for in the Policy;
3. Hospital Confinement for childbirth, including routine or normal newborn child care;
4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
5. Any act of war, declared or undeclared;
6. Active military duty in the service of any country;
7. Participation in a riot, civil commotion or insurrection;
8. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
9. Mental or nervous disorders;
10. Having Cosmetic Surgery or other elective procedures that are not Medically Necessary;
11. Operating any motorized passenger vehicle for wage, compensation or profit;
12. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, unless administered upon the advice of a Physician;
13. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, unless administered upon the advice of a Physician;
14. Engaging in an illegal occupation;
15. Committing or trying to commit a 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 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; 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. **RENEWABILITY** – The Policy is guaranteed renewable to the Policy 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. The Company reserves the right to change the applicable table of premium rates on a Class Basis, with a 60 day written notice. The premium for the Policy is based on the issue age of the Insured Person at the time in which the Policy becomes effective.
7. **BEGINNING OF COVERAGE** - Once We have approved Your application and received the first premium 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.
8. **TERMINATION OF COVERAGE** –

You

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

1. At the end of the month for which premium has been paid, subject to the Grace Period;
2. At the end of the month following the date of Our receipt of Your written request of termination;
3. If the Insured Person performs an act or practice, that constitutes fraud or intentional misrepresentation of material fact in applying for or procuring coverage, subject to the Time Limit on Certain Defenses provision appearing under the General Provisions section of the Policy;
4. On the date We elect to discontinue this plan or type of coverage. We will give You at least 90 written days notice before the date coverage will be discontinued. You will be offered an option to purchase any other coverage that We offer without regard to health status;
5. On the date We elect to discontinue all coverage in Your state. We will give You and the Commissioner at least 180 days written notice before the date coverage will be discontinued;
6. On the date an Insured Person is no longer a permanent resident of the United States; or
7. On the next Policy anniversary date following Your reaching age 65.

Any unearned premium which has been paid by You will be refunded on a pro rata basis.

Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

Covered Dependents

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

1. The date Your coverage terminates, except as provided in the SPECIAL CONTINUATION FOR DEPENDENTS provision;
2. At the end of the month following the date such dependent ceases to be an Eligible Dependent;
3. At the end of the month following the date of Our receipt of Your written request of termination; or
4. The date the Covered Dependent:
 - a. performs an act or practice, which constitutes fraud or intentional misrepresentation of material fact in applying for or procuring coverage, subject to the Time Limit on Certain Defenses provision appearing under the General Provisions section of this Policy.

Any unearned premium which has been paid by You will be refunded on a pro rata basis.

Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

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 written proof that the dependent child is in fact a disabled and dependent person within 31 days after his or her attainment of the Limiting Age. Thereafter, We may require such written proof not more frequently than annually after the two-year period following the child’s attainment of the Limiting Age. In the absence of such proof, We may terminate the coverage of such person after the attainment of the Limiting Age.

9. **PREMIUMS** – We also 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 premium for the Policy is based on the issue age of the Insured Person at the time in which the Policy becomes effective.

Premium Due (at time of application) \$ _____

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