

Critical Illness Coverage
CancerWise® Plus
HeartWise™

Serious illness takes more than a physical toll — it can impact your finances as well. Our Critical Illness suite of products can provide an extra layer of financial protection so you can focus on what really matters.



THIS IS A LIMITED BENEFITS POLICY.

SureBridgeInsurance.com

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What is a Critical Illness?

A critical illness is a serious medical condition that can strike suddenly and disrupt your life physically and financially. Chances are someone close to you has had a critical illness diagnosis such as cancer, heart attack, stroke, Alzheimer's, or end-stage renal failure.

Our Critical Illness suite of products was created for people up to age 90 to help with some of the out-of-pocket expenses that can add up during diagnosis and recovery.



Can You Afford a Critical Illness?

- Can you afford \$50,000? Time away from work can take its toll. The average loss of income due to critical illness is more than \$50,000.¹
- Can you afford 3 months? Most heart attack patients can't go back to work for up to 3 months.²
- Can you afford a surprise? If you're diagnosed with cancer, you might spend 1/3 of your income on expenses your health insurance doesn't cover.³

Critical Illness Coverage at a Glance

- Pays up to a \$100,000 lump-sum cash benefit on a first diagnosis of a covered critical illness or qualifying event
- Benefits paid directly to you – not your doctor or hospital
- Coverage is available for the whole family – you, your spouse, and your kids
- Affordable premiums that do not increase as you get older with coverage starting at \$8.00 per month⁴

¹http://www.whymetlife.com/boi/downloads/MetLife_Accident_Critical_Illness_Whitepaper_Infographic.pdf | ²American Heart Association, "Heart Attack Recovery FAQs" n.d. Web. 26 July 2011. www.heart.org | ³Research Letter, "Out-of-Pocket Costs, Financial Distress, and Underinsurance in Cancer Care". JAMA Oncol. 2017;3(11):1582-1584. doi:10.1001/jamaoncol.2017.2148. <https://jamanetwork.com/journals/jamaoncology/article-abstract/2648318> | ⁴For 30-year-old female at \$20,000 benefit level. Premium Rate Assumptions: Generic Pricing, Full Suite Configuration (Cancer, Heart/Stroke, and Critical Conditions). Premiums may vary by state.

How Can Critical Illness Coverage Help Your Family?

Our suite of products offers affordable benefit level options that pay lump-sum cash benefits directly to you. The money can be used to pay unexpected medical costs or everyday living expenses, so you and your family can focus on healing instead of finances.

Use Your Cash Benefits to Cover Out-of-Pocket Costs

With lump-sum cash benefits up to \$100,000, you can use them to help cover out-of-pocket costs including:



Transportation to and from Treatment Centers



Experimental Treatments



Out-of-Network Providers



Mortgage Payments



Prescriptions



Car Payments



Hotel Stays



Utility Bills

Combining Critical Illness coverage with a health insurance plan can provide an extra layer of financial protection to help you feel more comfortable with your insurance coverage.



Critical Illness Coverage

+



Health Insurance

=



More Financial Protection

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. The information contained herein is accurate at the time of publication. 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. Form CH-26143-IP (02/18) and Form CH-26150-IP (02/18) or their state variations.

How Does the Coverage Work?

Our suite of critical illness products can provide as little or as much coverage as you need to fit your family and your budget. Choose the best option to customize your coverage:

STEP 1:

Select a Base Policy.

STEP 2:

Strengthen your coverage with Optional Riders

BASE POLICIES



CancerWise® Plus

OPTIONAL RIDERS



Heart & Stroke Coverage



Critical Condition Coverage



HeartWise™



Critical Condition Coverage

Insurance Features

A lump-sum cash benefit will be paid directly to you, in addition to any other health insurance coverage you may have, on the diagnosis of a covered critical illness or qualifying event.



Benefit Amounts:

Ages 0 - 63: \$5,000 - \$100,000
Ages 64+: \$5,000 - \$50,000



Renewability:

Renewable for life!



Issue Ages:

0¹ through 90



Other Options:

Only looking for cancer or heart insurance? We have options.

Receive up to 100% of the benefit amount for **each** covered category: Cancer, Heart, Critical Conditions. The maximum benefit is payable up to three times, once for each covered category.

¹Represents dependent child age, child primaries not allowed



How Much Does It Cover?

Did you know that nearly 10 million adults with health insurance will still accumulate medical bills they can't pay?¹ We can help protect you and your family with a suite of three coverage categories — you can choose what you need for the most financial protection.

The chart below lists the percentage of the benefit amount that you would be eligible to receive as a lump-sum cash payment upon the First Diagnosis of a qualifying event with base policy and optional heart attack & stroke and/or critical condition rider.

CANCER BENEFIT QUALIFYING EVENTS CancerWise® Plus		HEART ATTACK AND STROKE QUALIFYING EVENTS HeartWise™ or Optional Heart Attack & Stroke Rider** Form CH-26144-IR		CRITICAL CONDITION RIDER QUALIFYING EVENTS ² Optional Critical Conditions Rider** Form CH-26145-IR	
Invasive Cancer	100%	Heart Attack	100%	ALS	100%
Cancer in Situ	25%	Stroke	100%	Alzheimer's	100%
Benign Brain Tumor	25%	Coronary Artery Bypass Graft	25%	Coma	100%
Skin Cancer	\$250*	Angioplasty	10%	Major Organ Transplant	100%
				End-Stage Renal Failure	100%
				Loss of Independent Living	25%

* Provides a one-time \$250 benefit upon the diagnosis of skin cancer.

Maximum Benefits: The benefit amount is payable up to 100% for each covered category (Cancer Category, Heart Category, Critical Conditions Category).

** Optional riders cost extra. Riders are subject to all Policy provisions, exclusions and limitations.

MO: Benefits for a qualifying event that first occurs within 30 days from the effective date of coverage will be limited to \$250 per insured person, per lifetime. The lifetime maximum benefit will be reduced by any benefit paid within 30 days from the effective date of coverage and no further benefits will be paid under the policy for such insured person for that particular qualifying event.

²Rider issue ages are 0-75. Represents dependent child age, child primaries not allowed.

¹Findings from NerdWallet Health's analysis of data from the U.S. Census, Centers for Disease Control, the federal court system, and the Commonwealth Fund.



Boost Your Benefits With Additional Riders¹

Our optional riders provide access to more benefits, payable in addition to the base lump-sum benefits. The following optional riders are available for an additional cost.

Worried About Recurring Cancer?

Invasive Cancer Recurrence Rider² provides a one-time lump-sum benefit equal to 50% of the Invasive Cancer benefit for recurrent diagnosis of invasive cancer. Form CH-26146-IR, or its state variation.

Worried About Recurring Heart Attacks or Strokes?

Heart Attack and Stroke Recurrence Rider² provides a one-time lump-sum benefit equal to 50% of the Heart Attack and Stroke benefit for a recurrent diagnosis of heart attack or stroke.

Form CH-26147-IR, or its state variation.

Wellness Rider (Great for Families!)

Our Wellness Rider offers an incentive to stay healthy and help keep health care costs under control because individuals who have annual preventive care exams could detect diseases and conditions early. The Wellness Rider pays a benefit of \$50 per year per insured person for covered wellness exams, such as annual physicals, and vision and hearing exams. For example, that's a benefit of up to \$300 for a family of six.³

Form CH-26137-IR, or its state variation.

¹Rider availability may vary by state | ²Qualifying recurrent diagnoses must be separated by a period of 365 consecutive days during which the insured was symptom- and treatment-free. Not available in TN. | ³Wellness Rider may be subject to a waiting period. Not available in CT, MD, MI, and MO. Please refer to Rider for details.

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance 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 IS NOT MEDICARE SUPPLEMENT INSURANCE.

Some health care services paid for by Medicare may also trigger the payment of benefits under the Policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions for one of the specific diseases or health conditions named in the Policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expense.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Physician services
- Other approved items and services
- Hospice

The Policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- ✓ Check the coverage in ALL health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

Other Important Information

DEFINITIONS FOR CANCERWISE PLUS AND HEARTWISE POLICIES (See Policy for Other Important Definitions):

- **Cancer Benefit Qualifying Event** includes the diseases or conditions listed below for which positive diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession.
- **Benign Brain Tumor** means a non-malignant mass present within the substance of the brain tissue resulting in permanent deficit to the neurological system. Benign Brain Tumor does not include cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins and tumors of the cranial nerves, pituitary or spinal cord, unless documented by a legally qualified physician as causing damage to surrounding neurological tissue.
- **Cancer In Situ** means a diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue, except as specifically excluded below. As used herein, stage 0 disease and early prostate cancer requiring medical treatment shall be considered Cancer In Situ. Cancer In Situ does not include: premalignant lesions, tumors or polyps; benign tumors or polyps; or Skin Cancer.
- **Invasive Cancer** means only those types of cancer manifested by the presence of a malignant neoplasm characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Invasive Cancer also includes but is not limited to leukemia, Hodgkin's disease, myeloproliferative and myelodysplastic blood disorders, and invasive melanoma in the dermis or deeper. Invasive Cancer does not include: premalignant lesions, tumors or polyps; benign tumors or polyps; Cancer In Situ; or Skin Cancer.
- **Skin Cancer** means a type of disease for which malignant cancer cells are found in the outer layer of the skin and has not been diagnosed as a malignant melanoma in the dermis or deeper or skin malignancy that has become Invasive Cancer, as defined in the Policy. Skin Cancer does not include: premalignant lesions, tumors or polyps; or benign tumors of polyps.
- **First Diagnosis or First Diagnosed** means a diagnosis, as defined in the Policy, which initially occurs for the first time in the insured person's lifetime after the waiting period and while the insured person's coverage is in effect under the Policy.¹
- **Qualifying Event** includes any of the specific diseases, conditions or procedures as shown in the Policy Schedule as defined in the Policy and any attached riders.

¹MD: removes 'in the insured person's lifetime after the waiting period and'

Other Important Information (continued)

DEFINITIONS FOR CANCERWISE PLUS AND HEARTWISE POLICIES (See Policy for Other Important Definitions):

- **Heart Attack and Stroke Qualifying Event** includes the diseases, conditions or procedures listed below for which positive diagnosis is made by a legally qualified physician based on a diagnostic criteria generally accepted by the medical profession.
- **Angioplasty** means a medically necessary surgical technique for restoring normal blood flow through one or more coronary arteries narrowed or blocked by atherosclerosis, either by inserting a balloon into the narrowed section and inflating it or by using a laser beam. The procedure must be performed by a legally qualified physician who is a board certified cardiologist.
- **Coronary Artery Bypass** means coronary artery revascularization surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, performed by a legally qualified physician who is a board certified cardiothoracic surgeon.
- **Heart Attack** means irreversible damage and death of a portion of the myocardium of heart muscle caused by either: 1) coronary thrombosis (complete occlusion of a coronary artery); or 2) severe stenosis or narrowing of a coronary artery causing an occlusion of a coronary artery; which is first positively diagnosed by a legally qualified physician. We may require medical records and appropriate test results to show that the onset of such acute myocardial infarction is confirmed by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities. Heart Attack does not include cardiac arrest.
- **Stroke** means any acute cerebrovascular incident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent, except as specifically excluded below. In order for Stroke to be covered under the Policy, the Stroke must be positively diagnosed by a legally qualified physician based upon generally accepted diagnostic criteria. Stroke does not include: 1) head injury by any external force; 2) transient ischemic attack (TIA) (i.e. mini stroke); or 3) indications or symptoms related to chronic cerebrovascular insufficiency.
- **Pre-Existing Condition** means a condition, disease, infection, or disorder not excluded by name or specific description for which: 1) medical advice, consultation or treatment was recommended by or received from a legally qualified physician within the two-year period before the effective date of coverage; or 2) symptoms existed within the one-year period before the effective date of coverage, which would cause an ordinarily prudent person to seek diagnosis, examination, care or treatment.¹
- **Waiting Period** means the consecutive period of time beginning from the effective date of coverage in which an insured person must be insured under the Policy before any benefits will be payable. The Waiting Period is shown in the Policy Schedule.²

¹CT: revises 'the two year' to 'a twelve (12) month' CT, ND: removes 2) entirely DC: removes 'an ordinarily prudent' MD: revises 'not excluded by name or specific description' to 'that was not revealed in the application for the Policy unless the condition is excluded by means of a signed waiver' and revises 'one-year' to 'two-year' in 2) NM: revises 'two-year' and 'one-year' to 'six-month' and revises 'symptoms existed' to 'the condition manifested' | ²MD: removes entirely MO: revises to 'means the Waiting Period shown in the Policy Schedule' TN: adds 'Such period will not exceed 30 days'.

Other Important Information (continued)

EXCLUSIONS AND LIMITATIONS

We will not provide any benefits for any loss caused by, resulting from, or in connection with:

Any care or benefits which are not specifically provided for in the Policy | Any act of war, declared or undeclared | Any diagnosis, as defined in the Policy, which is made by you or a member of your immediate family or household¹ | Any diagnosis, as defined in the Policy, which occurs prior to an insured person's effective date of coverage² | Any diagnosis, as defined in the Policy, which is made outside the U.S.³ | Any diagnosis, as defined in the Policy, which occurs after the date on which coverage under the Policy has been terminated.

Benefits will not be payable for: The first diagnosis of a qualifying event, which occurs within the waiting period as specified in the Policy schedule⁴ | Any qualifying event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex⁵ | Any condition that is not diagnosed as a qualifying event as defined in the Policy | 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.

Pre-Existing Condition Limitation: Benefits will not be payable for a qualifying event resulting from a pre-existing condition unless the first diagnosis of such qualifying event occurs more than 12 months after the insured person's effective date of coverage.⁶

¹AZ: removes entirely CT: removes entirely for HeartWise only | ²IN, MD: removes entirely | ³AK: adds 'or Canada' | ⁴MD, MO: removes entirely | ⁵AZ, KY, MD, TN: removes entirely | ⁶MD: revises '12 months' to '2 years' NM: revises '12 months' to '6 months'

Other Important Information (continued)

EXCLUSIONS AND LIMITATIONS (continued)

We will not provide any benefits for any loss caused by, resulting from, or in connection with:

The following exclusions also apply to the HeartWise Policy: An injury or accident | Active military duty in the service of any country | Participation in a riot, civil commotion or insurrection¹ | Suicide, attempted suicide, or any self-inflicted injury, while sane or insane² | 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 facility³ | Experimental or investigational medicine⁴ | Cosmetic surgery⁵ | Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly⁶ | An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly⁷ | Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated⁸ | Committing or trying to commit a felony.⁹

¹MD: removes entirely MI: revises to 'Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony' | ²CO: removes 'or insane' MI, MN: removes entirely | ³TN: removes 'and payment for care for conditions that state or local law requires be treated in a public facility' | ⁴AK: removes entirely MD: adds 'when the treating legally qualified physician determines that the treatment is experimental or investigational medicine' | ⁵MD: adds 'or other modification of the physical body in order to improve the psychological or emotional well-being of the insured person, and/or when the treating legally qualified physician determines that the treatment is cosmetic' | ⁶AZ, KY: adds 'unless taken as prescribed by a legally qualified physician' CT: revises to 'No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a legally qualified physician for the insured' IN, MN: adds 'unless administered on the advice of a legally qualified physician' MD, MI: removes entirely MN: removes 'including alcoholism' TN: adds 'intentional' before 'overdose' | ⁷AK, IN, MN: adds 'unless administered on the advice of a legally qualified physician' AZ, KY: adds 'unless taken as prescribed by a legally qualified physician' CT: revises to 'Being intoxicated; defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted' MD, MI: removes entirely MN: removes 'intoxicants' and adds '(limited to an insured person driving or operating a motor vehicle and who has been determined to have a blood alcohol level exceeding the legal limit as defined by state law)' after 'being intoxicated' TN: revises to 'Being intoxicated or under the influence of any narcotic, unless administered on the advice of a legally qualified physician' | ⁸CT: removes entirely MD: revises to 'Your being incarcerated' AZ, MO: removes 'or your being incarcerated' TN: removes 'or illegal activity' | ⁹CT: revises to 'Loss caused by the commission of a felony for which you have been convicted under state or federal law' MD: removes entirely MI: revises to 'Commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation or other willful criminal activity per Michigan Compiled Law Section 500.3452'

Other Important Information (continued)

Coverage Information:

- **COVERAGE BEGINS:** Once Chesapeake has approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.
- **RENEWABILITY:** Your Policy is guaranteed renewable, subject to Chesapeake's right to discontinue or terminate the coverage as provided in the Termination of Coverage section of the Policy.¹
- **PREMIUM CHANGES:** Chesapeake reserves 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, Chesapeake has given you written notice of at least 31 days prior to the effective date of the new rates.²
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy and attached riders, if any: On the date that all benefits have been exhausted under the Policy and all attached riders, if any | At the end of the period for which premium has been paid (subject to the grace period)³ | 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 termination⁴ | 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 date⁵ | On the date you: 1) perform an act or practice that constitutes fraud; or 2) make an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy⁶ | On the date Chesapeake elects to discontinue this plan or type of coverage⁷ | On the date Chesapeake elects to discontinue all coverage in your state⁸ | On the date an insured person is no longer a permanent resident of the United States | Your covered dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent | Premium will only be refunded for any full months paid beyond the termination date.⁹

¹AZ, DE, KY, ND, TN: revises 'guaranteed' to 'conditionally' CT: removes 'discontinue or' | ²AK: revises '31 days' to '45 days' KY: revises 'becoming due under the Policy at any time and from time to time; provided, Chesapeake has given you' to 'however, the premium table will not be increased within 12 months from the date of issue or date of renewal. If Chesapeake changes the premiums, we will give the insured person a' MD: revises '31 days' to '40 days' and adds 'any increase in rates by mail' after 'written notice of' NM: revises '31 days' to '60 days' | ³MD: revises to 'On the last day of the grace period, if the premium due is not paid by the last day of the grace period' MO: adds 'if coverage is terminated due to non-payment of premium, Chesapeake will give you at least 30 days after the date of our mailing the written notice accompanied by the reason for the termination' ND: adds 'not' before 'been paid' | ⁴AK, OH: revises to 'On the date Chesapeake receives your request of termination' MO: revises to 'On the date we receive your request of termination or on the date specified in your termination request, whichever is later' | ⁵AK, MO, OH: removes entirely | ⁶CT: removes 1) entirely MD: adds '(subject to the Time Limit on Certain Defenses provision)' | ⁷AK: adds 'Chesapeake will give you at least 45 days notice before the date coverage will be discontinued' CT: removes entirely | ⁸AK: adds 'Chesapeake will give you at least 45 days notice before the date coverage will be discontinued' CT: removes entirely | ⁹AK: revises last sentence to 'Chesapeake will promptly return any unearned portion of the premium paid, but in any event shall return the unearned portion of the premium within 45 days. The earned premium shall be computed on a pro-rata basis.' KY, MO, OH: removes last sentence

For use in AK, AZ, CO, CT, DC, DE, IN, KY, MD, MI, MO, MN, ND, NM, OH, TN



About Us

SureBridge is one of the leading brands of supplemental insurance coverage in the United States, helping to provide financial security for Americans of all ages and their families. Our comprehensive portfolio of products is available from licensed insurance agents in 45 states and the District of Columbia and is available through HealthMarkets Insurance Agency Inc., as well as through other unaffiliated insurance distributors. SureBridge policyholders can receive direct cash benefits for expenses caused by unexpected medical issues, sustained illnesses, and end-of-life challenges.

The SureBridge portfolio includes dental, vision, and other insurance plans that complement an individual's health insurance. These plans help provide an additional layer of protection in the event of accidental injury, catastrophic illness, hospitalization, or cancer.

SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental and/or life insurance products are underwritten by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.

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