

Cancer Coverage

CancerWise® Plus

Cancer takes more than a physical toll — it can impact your finances as well. The CancerWise Plus Plan can help provide financial relief so you can focus on what really matters.





Cash benefits paid directly to you, not your doctor or hospital.

If cancer strikes, your focus should be on treatment and recovery, not on your finances. Our CancerWise Plus plan can help. It offers a range of affordable benefit level options that pay a one-time lump-sum cash benefit 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.



CancerWise Plus at a Glance



Pays up to a **\$100,000 one-time lump-sum cash benefit** upon a first diagnosis of cancer



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 less than \$6.00 per month**¹

¹ For 25 year old female, non-tobacco at \$20,000 benefit level.

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



Co-pays or co-insurance



Rent/mortgage



Car payments



Child care



Everyday living expenses

Did You Know?

If you're diagnosed with cancer,
the cost of treatment could be

up to three times

your monthly income.¹



¹ Asbestos.com, "Average US Income vs. Cost of Cancer Care". January, 2021. 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. Rates may vary by current date. The information contained herein is accurate at the time of publication. 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. A First Diagnosis of a Cancer Benefit Qualifying Event Policy, Form CH-26143-IP (02/18) ID (07/20)

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 first diagnosis of a covered cancer benefit qualifying event.



Cancer Lifetime Maximum Benefit Amounts:

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



Renewability:

Renewable for life!



Issue Ages:

0¹ through 90

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?² The chart below lists the percentage of the benefit amount you would be eligible to receive as a lump-sum cash payment upon the First Diagnosis of a cancer benefit qualifying event, subject to the Pre-Existing Condition Limitation and the Waiting Period³.

CANCER BENEFIT QUALIFYING EVENT	BENEFIT
Invasive Cancer	100%
Cancer in Situ	25%
Benign Brain Tumor	25%
Skin Cancer	\$1,000 ⁴

Boost Your Benefits With an Additional Rider

The **Invasive Cancer Recurrence Rider**⁵ provides a lump-sum benefit equal to 50% of the Invasive Cancer benefit for recurrent diagnosis of invasive cancer. Form CH-26146-IR ID (07/20)

Available for an additional cost and subject to all Policy provisions, exclusions and limitations.

¹Represents dependent child age, child primaries not allowed | ²Findings from NerdWallet Health's analysis of data from the U.S. Census, Centers for Disease Control, the federal court system, and the Commonwealth Fund. | ³Waiting Period is 30 days from the Effective Date of Coverage. | ⁴Provides a one-time \$1,000 benefit upon the diagnosis of skin cancer. | ⁵Qualifying recurrent diagnoses must be separated by a period of 365 consecutive days during which the insured was symptom- and treatment-free.

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 (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; nor any non-malignant mass originally diagnosed prior to the Effective Date of the Policy.
- **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; skin cancer; or any cancer originally diagnosed prior to the Effective Date of the Policy or the metastasis of any such 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; Skin Cancer; or any cancer originally diagnosed prior to the Effective Date of the Policy or the metastasis of any such 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.
- **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.
- **Pre-Existing Condition** means a condition for which medical advice, diagnosis, care or treatment was recommended or received within the six month period immediately before the effective date of coverage.
- **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.

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

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Salt Lake City, Utah 84131-0382

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**FIRST DIAGNOSIS OF A CANCER BENEFIT QUALIFYING EVENT POLICY
OUTLINE OF COVERAGE FOR POLICY FORM CH-26143-IP (02/18) ID (07/20)**

NOTICE TO BUYER: THE POLICY PROVIDES LIMITED BENEFITS. The Policy is designed to provide, to Insured Persons, restricted coverage paying benefits ONLY for the First Diagnosis of a Cancer Benefit Qualifying Event while coverage is in force under the Policy, subject to the Waiting Period and Pre-Existing Condition Limitation stated in the Policy. This coverage is supplemental and should not be considered a substitute for comprehensive health insurance coverage.

This is NOT a Medicare supplement Policy and should not be considered a substitute for comprehensive health insurance coverage.

- 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. **SPECIFIED DISEASE CANCER BENEFIT POLICY –** Specified disease coverage is designed to provide restricted coverage paying benefits ONLY when certain losses are First Diagnosed as a result of a Cancer Benefit Qualifying Event, subject to the Waiting Period and Pre-Existing Condition Limitation. **Coverage is NOT provided for basic hospital, basic medical-surgical, or major medical expenses or loss from Injury or accident.**
- 3. **SCHEDULE OF BENEFITS –** Benefits are payable under the Policy as follows:

CANCER

WAITING PERIOD: 30 days from the Effective Date of Coverage

Cancer Lifetime Maximum Benefit Amount*:

Primary Insured:	\$ _____	(\$5,000 - \$100,000)
Dependent spouse/domestic partner:	<input type="checkbox"/> No Benefit <input type="checkbox"/> \$ _____	(\$5,000 - \$100,000)
Dependent child(ren):	<input type="checkbox"/> No Benefit <input type="checkbox"/> \$ _____	(\$5,000 - \$100,000)

Cancer Benefit Qualifying Events

First Diagnosis Benefit

Invasive Cancer

100% of Lifetime Maximum Benefit Amount

Cancer In Situ

(Limited to one benefit payable, per Insured Person, per lifetime)

25% of Lifetime Maximum Benefit Amount

Benign Brain Tumor

(Limited to one benefit payable, per Insured Person, per lifetime)

25% of Lifetime Maximum Benefit Amount

Skin Cancer
(Limited to one benefit payable, per
Insured Person, per lifetime)

\$1,000 of Lifetime Maximum Benefit Amount

***Once the Cancer Lifetime Maximum Benefit Amount is exhausted by an Insured Person, no further benefits will be paid under the Policy for a Cancer Benefit Qualifying Event for that Insured Person, unless where coverage for such Insured Person includes the Invasive Cancer Recurrence Rider.**

OPTIONAL RIDER BENEFIT

INVASIVE CANCER RECURRENCE RIDER

**Invasive Cancer Recurrence Benefit
following Period of Remission***

50% of Cancer Lifetime Maximum Benefit
Amount

***Once an Invasive Cancer Recurrence benefit is paid to an Insured Person, no further benefits will be paid under the Invasive Cancer Recurrence Rider for that Insured Person.**

4. **BENEFITS** – Upon receipt of proof of the First Diagnosis of a Cancer Benefit Qualifying Event under the Policy, We will pay the applicable First Diagnosis benefit, as shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, subject to the Pre-Existing Condition Limitation and the Waiting Period.

If an Insured Person is Diagnosed with a subsequent Qualifying Event while coverage is in effect under the Policy and any attached Riders, no benefit will be payable if the subsequent Qualifying Event is resulting from, caused by, connected to, or associated with a prior Qualifying Event for which a benefit was paid under the Policy or any attached Riders, unless the Insured Person's coverage includes the Invasive Cancer Recurrence Rider, and only to the extent coverage for the subsequent Qualifying Event is provided under the Invasive Cancer Recurrence Rider.

Benefit Payment Limitation

In no event will We pay more than the Cancer Lifetime Maximum Benefit Amount during an Insured Person's lifetime, unless where coverage for such Insured Person includes the Invasive Cancer Recurrence Rider.

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

1. Any Diagnosis, as defined in the Policy, which is determined to be caused by war or act of war, declared or undeclared;
2. Any Diagnosis, as defined in the Policy, which is made by You or a member of Your Immediate Family or household;
3. Any Diagnosis, as defined in the Policy, which occurs prior to an Insured Person's Effective Date of Coverage;
4. Any Diagnosis, as defined in the Policy, which is made outside the U.S.; or
5. 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:

1. The First Diagnosis of a Cancer Benefit Qualifying Event, which occurs within the Waiting Period as specified in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
2. Any condition that is not Diagnosed as a Cancer Benefit Qualifying Event, as defined in the Policy; or
3. Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Cancer Benefit 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 Cancer Benefit Qualifying Event or as a result of treatment of a Cancer Benefit Qualifying Event.

Pre-Existing Condition Limitation - Benefits will not be payable for a Cancer Benefit Qualifying Event resulting from a Pre-Existing Condition unless the First Diagnosis of such Cancer Benefit Qualifying Event occurs more than 12 months after the Insured Person's Effective Date of Coverage.

6. **RENEWABILITY** – The Policy is guaranteed renewable, 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 for all like Policies. 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 based upon the information You provided in the Policy, the Effective Date of Coverage for You and Your Eligible Dependents, if any, 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 is guaranteed renewable at Your option, except due to any of the following cases for which coverage will terminate and no benefits will be payable under the Policy and attached riders, if any:

1. On the date that all benefits have been exhausted under the Policy and all attached riders, if any;
2. 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 termination;
4. 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;
5. On the date You:
 - a. perform an act or practice that constitutes fraud; or
 - b. 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;
6. On the date We elect to discontinue this plan or type of coverage;
7. On the date We elect to discontinue all coverage in Your state; or
8. On the date an Insured Person is no longer a permanent resident of the United States.

We will promptly return any unearned portion of the premium paid, but in any event shall return the unearned portion of the premium within 30 days. The earned premium shall be computed on a pro-rata basis.

Covered Dependents

Your Covered Dependent's coverage will terminate under the Policy and any attached riders on:

1. The date Your coverage terminates;
2. At the end of the month following the date such dependent ceases to be an Eligible Dependent;
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 termination;
4. 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; or
5. On the date the Covered Dependent or the Covered Dependent's representative(s):
 - a. performs an act or practice that constitutes fraud; or
 - b. makes an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy.

We will promptly return any unearned portion of the premium paid, but in any event shall return the unearned portion of the premium within 30 days. The earned premium shall be computed on a pro-rata basis.

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 intellectual disability or physical disability; 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 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. RIDER BENEFIT –

Invasive Cancer Recurrence Rider (Form CH-26146-ID) - If an Insured Person experiences a Recurrence of an Invasive Cancer that was First Diagnosed at least 31 days after the Policy Effective Date of Coverage, We will pay the Percentage of Cancer Lifetime Maximum Benefit Amount shown in the POLICY SCHEDULE—SCHEDULE OF BENEFITS provided the Insured Person was Symptom- and Treatment-Free for the Period of Remission prior to the date of Diagnosis of the Invasive Cancer Recurrence. No benefits are payable for Recurrence of an Invasive Cancer that was First Diagnosed within 30 days after the Policy Effective Date of Coverage. Once an Invasive Cancer Recurrence benefit is paid to an Insured Person, no further benefits will be paid under the Invasive Cancer Recurrence Rider for that Insured Person.

- 10. PREMIUMS –** We reserve the right to change the table of premiums, for all like policies, 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. Such change will apply to all like policies. 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) \$ _____



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.

Navigate Life's Twists & Turns

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and life insurance products

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