

# Hospital Confinement Insurance

## **HospitalWise**<sup>™</sup>

No matter how good your medical insurance, if you are hospitalized for an injury or sickness there will probably be medical expenses and out-of-pocket costs that aren't covered. HospitalWise from SureBridge provides an extra layer of financial protection so you can focus on what really matters.





## You Can Prepare for a Hospital Stay

We can't predict when an injury or sickness may put us into the hospital, but there is a way to make sure that the medical expenses we incur are kept under control: direct cash payments from HospitalWise™.

Most major medical insurance plans only pay a portion of hospital expenses. Maintaining your financial security includes planning for costs related to hospitalization.

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

Out-of-pocket medical expenses can add up! With benefits up to \$1,000 per day, you can use the HospitalWise cash payments to help cover costs for items such as:

- Out-of-network providers
- Mortgage payments
- Utility bills
- Prescriptions
- Car payments
- Caregivers

When you combine HospitalWise with a health insurance plan, it can provide an extra layer of financial protection – for anyone up to age 90 – to help you feel more comfortable with your insurance coverage.



## Can You Afford a Hospital Stay?

Can you afford \$12,000? Each day you stay in the hospital costs an average of more than \$2,600,<sup>1</sup> with most stays lasting 5.1 days.<sup>2</sup> That's almost a full work week, and it's more than \$12,000 for one injury or sickness.

### HospitalWise™ at a Glance

- Pays up to a \$1,000 daily benefit for each day of confinement in a hospital due to sickness or injury with no waiting period
- 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 just \$12.54 per month<sup>3</sup>



### No-Hassle Application Process

- Sign up in minutes!
- No medical history checks
- No prescription checks
- No personal history interview

<sup>1</sup>Debt.org's Hospital and Surgery Costs, updated May 31, 2021. Available at <http://www.debt.org/medical/hospital-surgery-costs/> | <sup>2</sup>Trella Health: 2020 Trends: Inpatient Average Length of Stay. Available at <http://www.trellahealth.com/blog/q2-2020-trends-inpatient-average-length-of-stay/> | <sup>3</sup>25 year old female at \$500 daily benefit level





## HospitalWise™ Features

With the HospitalWise plan from SureBridge, a daily cash benefit will be paid directly to you, in addition to any other health insurance coverage you may have, for hospital confinement due to sickness or injury. With a wide range of benefit level options, you have the flexibility to choose the coverage that best fits your needs and budget.



### Benefit Amounts:

\$50 - \$1,000 per day



### Benefit Periods:

3, 6, 10, 21, 180, or 365 days



### Issue Ages:

0 through 90



### Renewability:

Renewable for life!

### Additional Plan Benefit

- **Mental or Nervous Disorder Benefit:** Pays a daily benefit of \$250 for a maximum of 31 days per year for confinement due to a mental or nervous disorder.

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 Hospital Indemnity Insurance Policy, Form CH-26131-IP (09/17) ID (07/20).

## 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):

- **Hospital** means an institution operated pursuant to its license for the care and treatment of sick and injured persons or persons with mental or nervous disorders for which a charge is made that the insured person is legally obligated to pay. The institution must: 1) Maintain on its premises, or in facilities available to the hospital on a contractual or pre-arranged basis, organized facilities for medical, diagnostic and surgical care for sick and injured persons or persons with mental or nervous disorders on an inpatient basis; 2) Maintain a staff of one or more duly licensed physicians; 3) Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and 4) Be accredited as a hospital by the Joint Commission on Accreditation of Hospitals.
- **Mental or Nervous Disorder** means neurosis, psychoneurosis, psychosis or mental or emotional disease or disorder of any kind. For the purpose of this definition, suicide, attempted suicide, or any intentionally self-inflicted injury is considered a mental or nervous disorder.
- **Pre-Existing Condition** means a medical condition, sickness or injury not excluded by name or specific description for which: 1) a condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately preceding the effective date of coverage or 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the effective date of coverage.

**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 31382  
Salt Lake City, UT 84131-0382  
Customer Service: 1-800-815-8535  
www.chesapeakeplus.com

**HOSPITAL INDEMNITY INSURANCE POLICY  
OUTLINE OF COVERAGE FOR POLICY FORM CH-26131-IP (9/17) ID (07/20)**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL  
MEDICAL EXPENSES**

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE  
FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE  
(OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN  
ADDITIONAL PAYMENT WITH YOUR TAXES.**

**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 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 INDEMNITY INSURANCE POLICY** – This plan is designed to provide coverage in the form of a fixed benefit during periods of Hospital Confinement resulting from a Sickness or Injury, subject to any limitations set forth in the Policy. This coverage is NOT intended to provide for any benefits other than the fixed indemnity benefits described below.
- 3. SCHEDULE OF BENEFITS** – Benefits are payable under the Policy as follows:

**Hospital Confinement Benefit for Sickness or Injury:**

Period of Confinement:

Days 1 through 3 6 10 21 180 365

\$\_\_\_\_\_ (\$50 - \$1,000) per Insured Person,  
per day

Days 4 7 11 22 through 31:

\$50 per Insured Person, per day

**Hospital Confinement Benefit for Mental or  
Nervous Disorders:**

Benefit amount:

\$250 per Insured Person, per day

Limited to:

31 days, per Insured Person, per  
Calendar Year



**4. BENEFITS** – Benefits are payable as stated in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, while an Insured Person’s coverage is in force under the Policy. Such benefits are subject to the benefit amount and limitations shown in the POLICY SCHEDULE, the Exclusions and Limitations, and all other provisions of the Policy.

**A. HOSPITAL CONFINEMENT FOR SICKNESS OR INJURY:** Benefits are payable under the Policy for each day an Insured Person is Hospital Confined due to Sickness or Injury, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE. Benefits are paid in lieu of and not in addition to the Hospital Confinement benefit for a Mental or Nervous Disorder.

**B. HOSPITAL CONFINEMENT FOR MENTAL OR NERVOUS DISORDER:** Benefits are payable under the Policy for each day an Insured Person is Hospital Confined due to a Mental or Nervous Disorder, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE. Benefits are paid in lieu of and not in addition to the Hospital Confinement benefits for Sickness or Injury.

**5. 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. Service in the armed forces or units auxiliary to it;
4. Participation in a felony, riot, or insurrections;
5. Mental or emotional disorders, alcoholism and drug addiction, unless otherwise stated in the Policy;
6. 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;
7. Experimental or investigational medicine;
8. Abortion (unless the life of the mother would be endangered if the fetus were carried to term);
9. Cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a Covered Dependent child;
10. Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;
11. Operating any motorized passenger vehicle for wage, compensation or profit;
12. Any loss to which a contributing cause was the Insured Person being engaged in an illegal occupation;
13. Normal pregnancy, except for Complications of Pregnancy while Hospital Confined;
14. Hospital Confinement for routine or normal newborn child care;
15. Participation as a professional in hazardous activities, such as 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, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding;
16. Professional aviation for wage or profit; and
17. Care received outside of the United States.

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

**6. RENEWAL CONDITIONS** - 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 therein, the Effective Date of Coverage for You and Your Eligible Dependent, 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. At the end of the period for which premium has been paid (subject to the Grace Period);
2. 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;
3. 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;
4. 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;
5. On the date We elect to discontinue the plan or type of coverage;
6. On the date We elect to discontinue all coverage in Your state; or
7. On the date an Insured Person is no longer a permanent resident of the United States.

Premium will only be refunded for any full months paid beyond the termination date.

**Covered Dependents**

Your Covered Dependent's coverage will terminate under the Policy 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 Dependents 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.

Premium will only be refunded for any full months paid beyond the termination date.

The attainment of the Limiting Age for a Covered 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 upon such Insured Person for support and maintenance.

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. 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 polices. 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

with the SureBridge portfolio of supplemental  
and life insurance products

**Accident | Dental | Disability | Fixed Indemnity  
Illness | Life | Metal Gap | Vision**



**SureBridge**<sup>®</sup>  
Underwritten by  
The Chesapeake Life Insurance Company<sup>®</sup>

**SureBridgeInsurance.com**

**(800) 815-8535**

Weekdays 8:00 a.m. to 5:00 p.m. in all time zones