



Tennessee Fixed Indemnity Direct

THIS POLICY PROVIDES LIMITED BENEFITS. This type of plan is not considered "minimum essential coverage" under the Affordable Care Act and therefore a Fixed Indemnity Insurance Policy does not satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a tax penalty.

CH FIX IND TN 414

Underwritten by The Chesapeake Life Insurance Company®

The Chesapeake Life Insurance Company

Administrative Office • P.O. Box 982010 • North Richland Hills, TX 76182-8010

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

• Any expenses or services covered by the policy are also covered by Medicare

Medicare generally pays for most or all of these expenses.

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

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

Before You Buy This Insurance

 \sqrt{Check} the coverage in all health insurance policies you already have.

 $\sqrt{1}$ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

 $\sqrt{10}$ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program.

CH MED SUPP DISC 11/13



The Fixed Indemnity Direct offers six, budget-friendly benefit levels that provide **cash benefits without having to worry about meeting a deductible**. The money can be used to **pay unexpected medical costs or everyday living expenses**.

Cash benefits can be used to help pay for:

- Medical expenses
- Prescription drugs
- Loss of income
- Rent/mortgage
 payments
- Car payments
- Everyday expenses

Applying is simple and can be completed in minutes.

Fixed Indemnity Direct At A Glance

- No Annual Deductible
- Affordable plan that supplements other health insurance you may have¹
- Benefits are paid directly to you not your doctor or hospital
- Flexible benefit options with six plans to choose from
- Affordable premiums with coverage starting at \$17²⁴ per month²

Cash benefits paid directly to you. Apply today!

¹ This type of plan is not considered "minimum essential coverage" under the Affordable Care Act. Plan availability may be limited by age of applicant | ² Based on 30 year old non-tobacco male for Plan 1.

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Fixed Indemnity Direct 💮

| DAILY BENEFITS ¹ | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 | Plan 6 | |
|--|--|---|--|--|---|-------------------------|--|
| Availability | Ages 1 - 83 | | | Ages 1 - 64 | | | |
| Hospital Confinement | (Maximum 365 | days per confi | nement.) | | | | |
| Without Surgery | \$100 | \$250 | \$500 | \$1,000 | \$2,000 | \$3,000 | |
| With Surgery | \$200 | \$500 | \$750 | \$1,500 | \$2,500 | \$3,500 | |
| ICU/CCU Confinement | (Paid in lieu of l | nospital confine | ment benefit. l | Maximum 30 da | iys per confiner | nent.) | |
| | \$200 | \$500 | \$1,000 | \$2,000 | \$4,000 | \$6,000 | |
| Outpatient Surgery (M | laximum three | days per calend | ar year.) | | | | |
| | \$350 | \$500 | \$750 | \$1,500 | \$2,500 | \$3,500 | |
| Continuous Care (Paid | | | | | nt. Care must be | egin within | |
| seven days of a hospital o | | | • • | | \$250 | \$250 | |
| | \$50 | \$125 | \$250 | /ear.) \$250 | \$250 | \$250 | |
| seven days of a hospital o Emergency Room (Max | \$50 | \$125 | \$250 | | \$250 \$100 | \$250 \$150 | |
| | \$50 kimum two day: \$50 | \$125 s per calendar y \$50 | \$250 ear.) \$50 | \$250 \$75 | \$100 | - | |
| Emergency Room (Max | \$50 kimum two day: \$50 | \$125 s per calendar y \$50 | \$250 ear.) \$50 | \$250 \$75 | \$100 | - | |
| Emergency Room (Max | \$50 kimum two day: \$50 Laboratory Pr \$50 | \$125 s per calendar y \$50 rocedures (Max \$50 | \$250 ear.) \$50 kimum five day \$50 | \$250 \$75 s per calendar y \$100 | \$100 rear.) \$100 | \$150 | |
| Emergency Room (Max Outpatient X-Ray and | \$50 kimum two day: \$50 Laboratory Pr \$50 | \$125 s per calendar y \$50 rocedures (Max \$50 | \$250 ear.) \$50 kimum five day \$50 | \$250 \$75 s per calendar y \$100 | \$100 rear.) \$100 | \$150 | |
| Emergency Room (Max Outpatient X-Ray and | \$50 kimum two day: \$50 Laboratory Pr \$50 : Imaging Proc \$100 | \$125 s per calendar y \$50 cocedures (Max \$50 cedures (Maxir \$250 | \$250 ear.) \$50 kimum five day \$50 num two days \$250 | \$250 \$75 s per calendar y \$100 per calendar yea \$500 | \$100 rear.) \$100 ar.) | \$150 \$100 | |
| Emergency Room (Max Outpatient X-Ray and Outpatient Diagnostic | \$50 kimum two day: \$50 Laboratory Pr \$50 : Imaging Proc \$100 | \$125 s per calendar y \$50 cocedures (Max \$50 cedures (Maxir \$250 | \$250 ear.) \$50 kimum five day \$50 num two days \$250 | \$250 \$75 s per calendar y \$100 per calendar yea \$500 | \$100 rear.) \$100 ar.) | \$150 \$100 | |
| Emergency Room (Max Outpatient X-Ray and Outpatient Diagnostic | \$50 kimum two day: \$50 Laboratory Pr \$50 : Imaging Prod \$100 ater or air. Paid \$100 | \$125 s per calendar y \$50 rocedures (Max \$50 cedures (Maxir \$250 up to a maximu \$200 | \$250 ear.) \$50 kimum five day \$50 num two days \$250 m \$2,400 per li \$200 | \$250 \$75 s per calendar y \$100 per calendar yea \$500 ifetime.) | \$100 rear.) \$100 ar.) \$500 | \$150 \$100 \$500 | |

¹ Subject to a 30-day waiting period for illness.

This brochure provides only summary information. The information contained herein is accurate at the time of print. 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 Fixed Indemnity Insurance Policy. Form CH-26126-IP (10/13) TN. Plan availability may be limited by age of applicant.



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Fixed Indemnity Direct 🕀

| MONTHLY PREMIUMS ¹ | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 | Plan 6 | | |
|-------------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|--|
| | Fidii I | Fidil Z | ridii S | Fidli 4 | Fidli S | Fidil 0 | | |
| 30 Year Old Male | t a = 24 | + n = 16 | to =)) | 400/7 | ta a = 15 | | | |
| Non-Tobacco | \$17 ²⁴ | \$25 ¹⁶ | \$35 ²² | \$83 ⁴⁷ | \$117 ⁴⁵ | \$151 ⁹⁴ | | |
| Тоbассо | \$24 ¹³ | \$35 ²³ | \$49 ³⁰ | \$116 ⁸⁶ | \$164 ⁴³ | \$ 212 ⁷² | | |
| 30 Year Old Female | | | | | | | | |
| Non-Tobacco | \$ 31 ⁶⁰ | \$46 ¹³ | \$64 ⁵⁶ | \$153 ⁰⁴ | \$215 ³³ | \$278 ⁵⁷ | | |
| Торассо | \$42 ⁶⁵ | \$62 ²⁸ | \$ 87 ¹⁶ | \$ 206 ⁶⁰ | \$ 290 ⁷⁰ | \$376 ⁰⁶ | | |
| 45 Year Old Male | | | | | | | | |
| Non-Tobacco | \$28 ⁹⁸ | \$42 ³¹ | \$ 59 ²² | \$140 ³⁷ | \$197 ⁴⁹ | \$255 ⁴⁹ | | |
| Tobacco | \$40 ⁵⁷ | \$59 ²³ | \$82 ⁹⁰ | \$196 ⁵¹ | \$276 ⁴⁹ | \$ 357 ⁶⁹ | | |
| 45 Year Old Female | | | | | | | | |
| Non-Tobacco | \$35 ⁶³ | \$ 52 ⁰² | \$72 ⁸¹ | \$172 ⁶⁰ | \$242 ⁸⁵ | \$ 314 ¹⁷ | | |
| Tobacco | \$48 ¹⁰ | \$70 ²⁴ | \$98 ³⁰ | \$233 ⁰¹ | \$327 ⁸⁵ | \$424 ¹² | | |
| 65 Year Old Male | | | | | | | | |
| Non-Tobacco | \$68 ⁰⁸ | \$99 ⁴⁰ | \$ 139 ¹¹ | Not Available | | | | |
| Tobacco | \$95 ³⁰ | \$139 ¹⁶ | \$194 ⁷⁶ | | | | | |
| 65 Year Old Female | | NOT AVAIIADIE | | | | | | |
| Non-Tobacco | \$68 ⁷⁹ | \$100 ⁴⁴ | \$140 ⁵⁷ | | | | | |
| Tobacco | \$92 ⁸⁶ | \$135 ⁵⁹ | \$189 ⁷⁷ | | | | | |
| Dependent Child ² | \$13 ¹⁷ | \$23 ⁶⁶ | \$38 ²⁰ | \$ 98 ⁷⁹ | \$151 ⁷² | \$ 205 ⁵⁰ | | |

Apply today for Fixed Indemnity Direct and get cash when you are sick or injured

The chart above is only an illustration of benefit and premium options per covered person for plans |¹ An application fee of up to \$20 may be applied at the time of application |² Dependent child is a male or female, 1 - 17 years of age.





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FIXED INDEMNITY DIRECT: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **Confined/Confinement** means an insured person's admission to and subsequent continued stay in a hospital, a hospital intensive care/cardiac care unit, skilled nursing facility, rehabilitation facility, rehabilitation unit, or hospice unit, for which a daily charge for room and board is made for each day of confinement. Confinement for the same illness or injury separated by less than 60 days are considered a continuation of the same confinement.
- 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: (1) Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis; (2) Maintain a staff of one or more duly licensed legally qualified physicians; (3) Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and (4) Is accredited as a hospital by the Joint Commission on Accreditation of Hospitals. Hospital does not include: a rehabilitation unit or facility; hospice; convalescent home; rest or nursing facility; extended care facility; skilled nursing facility; mental health facility; substance abuse treatment facility; military or veteran's hospital (unless insured is required to pay charges).
- Illness means a sickness or disease.
- Injury means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness.
- Pre-Existing Condition means a medical condition, sickness or injury not excluded by name or specific description for which: (1) Medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the **one year** period before the effective date of coverage; or (2) Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the **one year** period before the effective date of coverage | We will not provide benefits for any loss resulting from a pre-existing condition, as defined, unless the loss is incurred at least **one year** after the effective date of coverage for an insured person.
- 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 benefits are payable. Such period will not exceed 30 days for sickness. There is no waiting period for injury.

Coverage Information:

- **COVERAGE BEGINS:** Chesapeake requires evidence of insurability before coverage is provided. 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 conditionally renewable to age 85, subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy.
- **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.
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy : At the end of the period for which premium has been paid (subject to the grace period) | On the date you reach age 85 | 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 | On the date of fraud or material misrepresentation by you | On the date we elect to discontinue this plan or type of coverage | On the date we elect to discontinue all coverage in your state | On the date an insured person is no longer a permanent resident of the United States.

FIXED INDEMNITY DIRECT: OTHER IMPORTANT INFORMATION (Continued) EXCLUSIONS AND LIMITATIONS

We will not provide benefits for 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 | 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 | Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion | Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification | Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy | Modification of the physical body in order to improve the psychological mental or emotional well-being of the insured person, such as sex-change surgery | 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 | Experimental or investigational medicine | Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: (a) artificial insemination; (b) in-vitro fertilization or other treatment for infertility; (c) treatment for impotency; (d) sterilization or reversal of sterilization; or (e) abortion (unless the life of the mother would be endangered if the fetus were carried to term or the fetus is non-viable), unless otherwise stated in the Policy | Cosmetic surgery | Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error | Operating any motorized passenger vehicle for wage, compensation or profit | Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly | An overdose of drugs, being intoxicated or under the influence of intoxicants, for alcohol intoxication this means over the legal limit of .08, hallucinogens, narcotics or other drugs, directly or indirectly | Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated Committing or trying to commit a felony Normal pregnancy, except for complications of pregnancy while hospital confined | Hospital confinement for routine or normal newborn child care | Mountaineering using ropes and/or other equipment, parachuting, hang gliding, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, parasailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding | 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 certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip; and | Care received outside of the United States.

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

