

CancerWise®

An Insurance Coverage Overview



- The cost of cancer in 2008 was \$201.5 billion and 31% of the cost was for expenses related to medical costs.[†]
- The survival rate for all cancers is 68%.^{††}

FOCUS ON YOUR RECOVERY

In the U.S., one in two men and one in three women will develop or be diagnosed with cancer in their lifetime.^{†††} Thanks to advances in treatment, many people recover, but while they do, lives and jobs are often put on hold, adding financial strain to an already stressful time.

The CancerWise Plan, underwritten by The Chesapeake Life Insurance Company®, and brought to you by MetLife, is an insurance policy specifically designed to pay you cash in the event of a first diagnosis of cancer. This supplemental coverage can help cover the cost of everyday living expenses, alternative treatment options, out-of-pocket medical expenses, or whatever you desire. It's your money – you decide how to spend it.

THE CANCERWISE PLAN AT A GLANCE:

- Coverage starts at around \$1 per day.^{††††}
- Pays you or your loved-ones a one-time lump-sum cash benefit of up to \$50,000, pays \$500 if first diagnosed during the 30-day waiting period.
- Coverage available for the whole family – you, your spouse and your kids.
- You choose how your benefit is used – to assist with medical costs, reduce debts such as your mortgage or even to take a recuperative vacation.
- Applying is simple – your application can be completed within minutes online or over the phone. **1-855-GO2JOIN (1-855-462-5646)** Application subject to approval by the insurer.

Insurance policies underwritten and administered by The Chesapeake Life Insurance Company®

THIS IS A CANCER ONLY INSURANCE POLICY.

MetLife

ML/MT000001

*The Chesapeake Life
Insurance Company®*

LEARN MORE ABOUT THE CANCERWISE® INSURANCE PLAN

Provides a one-time lump-sum benefit upon a first diagnosis of cancer per insured person, per lifetime. Subject to a 30-day waiting period.

MONTHLY PREMIUMS*	AGE 30	AGE 35	AGE 40	AGE 45
One Time Lump-Sum Benefit Amount Chosen	Male and Female	Male and Female	Male and Female	Male and Female
\$20,000	\$7.90	\$9.84	\$12.84	\$14.93
\$30,000	\$11.84	\$14.76	\$19.26	\$22.39
\$50,000	\$19.74	\$24.60	\$32.10	\$37.32

*This is only an illustration of the benefit options and premiums and is based on non-tobacco rates.

Other Important Information

STARTING YOUR COVERAGE

Evidence of insurability is required before coverage is provided. Once your application is approved, and you have paid your initial premium, coverage will begin on the Policy date shown in the Policy schedule.

KEEPING YOUR COVERAGE

Your Policy is guaranteed renewable except that once any insured person receives a benefit under the Policy, coverage for that insured person will cease immediately and premiums will be adjusted accordingly.

Your Policy will remain in effect as long as you pay premiums, except:

- When your request to terminate the Policy is received.
- In the case of any act of insurance fraud or material misrepresentation by anyone applying for coverage or claiming benefits.
- In the event this plan should ever be discontinued for everyone in your state, you will be given written notice before the date of discontinuation.

IMPORTANT DEFINITIONS:

- Cancer is a malignant internal tumor characterized by the uncontrolled growth and spreading of malignant cells and/or the invasion of tissue, a malignant melanoma, Leukemia, or Hodgkin's Disease or cancer in situ. Cancer does not include pre-malignant potential or any other skin cancer which is not specifically Malignant Melanoma.
- First Diagnosis or First Diagnosis of Cancer means an insured person who has received a diagnosis, as defined, for the first time while his/her coverage is in effect under the Policy.

Policies issued and administered by The Chesapeake Life Insurance Company®.

"We", "our" or "us" refers to The Chesapeake Life Insurance Company.

The Chesapeake Life Insurance Company compensates Metropolitan Life Insurance Company for marketing services. The Chesapeake Life Insurance Company and Metropolitan Life Insurance Company are separate companies and are not affiliated with one another.

This brochure provides only summary information of the first diagnosis Cancer Benefit Policy, form CH-26055-IP (05/07) MT. The Policy is a supplemental plan and is not intended as a replacement for health insurance coverage. The Policy is the contract and includes complete information about the benefits, terms, exclusions and limitations of the Policy. A Right to Examine is provided during which the Policy may be returned to Chesapeake for a full refund of premium.

For use in MT.

† American Cancer Society, Cancer Facts & Figures 2008 and 2013. Atlanta: American Cancer Society; 2013.

†† American Cancer Society. Cancer Facts & Figures 2013. Atlanta: American Cancer Society; 2013.

††† American Cancer Society. Cancer Facts & Figures 2012. Atlanta: American Cancer Society; 2012.

†††† Based on a 40-year-old, non-tobacco, coverage of \$50,000.

The Chesapeake Life Insurance Company®
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1210-3778

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THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company
(Hereinafter called: the Company, We, Our or Us)
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Administrative Office: P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-815-8535

CANCER BENEFIT POLICY OUTLINE OF COVERAGE for Form: CH-26055-IP (5/07) MT

NOTICE TO BUYER:

This is a specified disease Cancer Benefit Policy. The Policy provides limited benefits for the First Diagnosis of Cancer. Benefits provided are supplemental and are not intended to cover all medical expenses.

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

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE. This insurance pays a lump sum benefit 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. If You are eligible for Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare available from the Company.

- 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.** Cancer Benefit Coverage is designed to provide You or Your Covered Dependents with coverage paying benefits under the Policy for First Diagnosis of Cancer. Coverage is provided for the benefits described in the **BENEFITS** section. The benefits described may be limited as outlined in the **EXCLUSIONS AND LIMITATIONS** section.
- 3. BENEFITS.**

First Diagnosis Benefit Amount. Benefits will be paid in accordance with the **First Diagnosis Benefit Amount**, as defined, while coverage is in force under the Policy. No benefit is payable for a Diagnosis that does not meet the definition of Cancer as defined under the Policy. The maximum benefit available for a Diagnosis is the **First Diagnosis Cancer Benefit Amount** and is limited to one benefit amount payable per Insured Person, per Lifetime.

Waiting Period First Diagnosis Cancer Benefit Amount. If You or Your Covered Dependents receive a First Diagnosis of Cancer during their Waiting Period, benefits will be paid in accordance with the **Waiting Period First Diagnosis Cancer Benefit Amount.**

SCHEDULE OF BENEFITS

BENEFIT

AMOUNT OF BENEFIT

FIRST DIAGNOSIS CANCER BENEFIT AMOUNT
(Limited to one benefit payable per Insured Person,
per Lifetime)

\$20,000 \$30,000
 \$40,000 \$50,000

**WAITING PERIOD FIRST DIAGNOSIS
CANCER BENEFIT AMOUNT**
(Limited to one benefit payable per Insured Person,
per Lifetime)

\$500

4. LIMITATIONS AND EXCLUSIONS. The Policy does not provide benefits for loss caused by, resulting from or in connection with the following:

1. Any services, supplies, care or treatment for Cancer, or any other disease, sickness or incapacity;
2. Any disease, sickness, or incapacity which is not included within the definition of Cancer as defined under the Policy;
3. All skin cancer which is not Diagnosed, by definition, specifically as Malignant Melanoma;
4. Any Diagnosis, as defined, which is determined to be caused by war or an act of war;
5. Any Diagnosis, as defined, which is made by You or a member of Your immediate family or household;
6. Any Diagnosis, as defined, which is made outside the U.S.; or
7. Any Diagnosis, as defined, which is made after the date on which coverage under the Policy has been terminated.

5. WAITING PERIOD. The policy contains a Waiting Period of 30 days. Benefits will be reduced if an Insured Person receives a First Diagnosis of Cancer, as defined, during the Waiting Period.

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 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. Premiums will not be increased more frequently than once during a 12-month period unless failure to increase the premium more than once during the 12-month period would place the Company in violation of the laws of the state of Montana or cause financial impairment of the Company to the extent that further transaction of insurance by the Company injures or is hazardous to its policyholders or the public.

7. PREMIUMS. Premiums are payable to the Company at its Administrative office. The Company reserves the right to change the table of premiums on a class basis, becoming due under the Policy provided 45 days advance written notice is given. The written notice will be mailed to Your last known address as shown by the Company records. If We fail to provide a written notice to You at least 45 days prior to the effective date of the new rates, Your coverage will remain in effect at the existing rate with the existing benefits until the full notice period has expired. Premiums will be adjusted as appropriate, for the termination of coverage of an Insured Person who receives a First Diagnosis Cancer Benefit Amount. In the event the Primary Insured Person is the only individual covered under the Policy, the Policy will terminate on the date the benefit is paid and no further benefits or premiums will be due, subject to the Grace Period. Premiums will not be increased more frequently than once during a 12-month period unless failure to increase the premium more than once during the 12-month period would place the Company in violation of the laws of the state of Montana or cause financial impairment of the Company to the extent that further transaction of insurance by the Company injures or is hazardous to its policyholders or the public.

Premium Due (at time of application) \$ _____

The state of Montana has required Us to advise You that there is no comparable Policy to provide trend information regarding premium increases or decreases at this time.