



Hospital Direct Bundle

Manage the **unexpected costs** of illness and hospitalization with direct **cash** benefits

DID YOU KNOW?

Nearly
\$10,000
was the average cost of
a hospital stay in 2010.¹

Maintaining your financial security includes planning for costs related to illness or injury. The **Hospital Direct Bundle** combines selected benefit levels from our most popular illness and hospital plans to provide **the extra layer of protection you need**. The money can be used to **pay unexpected medical costs or everyday living expenses**.

Applying is simple and can be completed in minutes.

Cash benefits can be used for:

- Co-pays or co-insurance
- Rent/mortgage
- Car payments
- Child care
- Everyday living expenses

Hospital Direct Bundle At A Glance

- Coverage available for every member of your family
- Pays up to a:
 - **\$10,000 lump-sum cash benefit** based on the number of days of hospital confinement
 - **\$5,000 lump-sum cash benefit** upon a first diagnosis of a critical illness
 - **\$250 daily cash benefit** for hospital confinement
- 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 \$9⁹⁸ per month²**

Cash benefits paid directly to you. Apply today!

¹ The Healthcare Cost and Utilization Project, sponsored by the Agency for Healthcare Research and Quality (AHRQ). Statistical Brief 146, Costs for Hospital Stays in the United States, 2010, Anne Pfuntner, Lauren M. Wier, M.P.H., and Claudia Steiner, M.D., M.P.H. | ² 30 year old female, non-tobacco. CH HOSP DIR BUN B 315

Hospital Direct Bundle



Make sure you are protected with other popular SureBridge products:



Simplified Issue Term Life



Dental



Vision

| DESCRIPTION | BENEFIT | | |
|---|--|--|---------------------------|
| <p>Accident Direct: An accidental injury only insurance Policy which pays a lump-sum benefit based on number of days of hospital confinement resulting from injuries caused by an accident. Confinement must begin within 45 days of the injury. Injury must first occur after the Policy is in force. Benefits renew annually.</p> <p>14+ days: 100% of benefit 7 – 13 days: 60% of benefit 3 – 6 days: 30% of benefit 1 – 2 days: 15% of benefit, surgery required Common Accident benefit when two or more covered persons are injured in same accident. <small>CH-26118-IP (01/10), or its state variation</small></p> | <p>\$10,000 lump-sum</p> | | |
| <p>Critical Illness Direct: A specified disease/condition and major organ transplant Policy which pays a lump-sum cash benefit upon a first diagnosis of the qualified event or diagnosis listed below. Subject to a 30-day waiting period.¹ Benefits reduce 50% at age 70.</p> <p>Diagnosis paid at 100%: Advanced Alzheimer's, ALS, life-threatening cancer, coma (illness induced), heart attack, major organ transplant, stroke, end-stage renal failure.</p> <p>Diagnosis paid at 25%: Benign brain tumor, cancer in situ, coronary bypass. <small>CH-26113-IP (03/14), or its state variation</small></p> | <p>\$5,000 lump-sum</p> | | |
| <p>Hospital Confinement Direct: A hospital confinement indemnity insurance Policy which pays a daily cash benefit for confinement to a hospital due to illness or injury. Subject to a 30-day waiting period for illness and a 365 day lifetime maximum.</p> <table border="0"> <tr> <td> <p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> • 1-5 days: 100% of the benefit • 6-10 days: 50% of the benefit • 11-365 days: \$100 per day </td> <td> <p>ICU/CCU Confinement Benefit Schedule (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> • 1-2 days: 200% of the benefit • 3-10 days: 100% of the benefit • 11-30 days: 50% of the benefit • 31-365 days: \$100 per day </td> </tr> </table> <p><small>CH-26116-IP (01/10), or its state variation</small></p> | <p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> • 1-5 days: 100% of the benefit • 6-10 days: 50% of the benefit • 11-365 days: \$100 per day | <p>ICU/CCU Confinement Benefit Schedule (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> • 1-2 days: 200% of the benefit • 3-10 days: 100% of the benefit • 11-30 days: 50% of the benefit • 31-365 days: \$100 per day | <p>\$250 daily</p> |
| <p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> • 1-5 days: 100% of the benefit • 6-10 days: 50% of the benefit • 11-365 days: \$100 per day | <p>ICU/CCU Confinement Benefit Schedule (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> • 1-2 days: 200% of the benefit • 3-10 days: 100% of the benefit • 11-30 days: 50% of the benefit • 31-365 days: \$100 per day | | |

| MONTHLY PREMIUMS | Male | Female |
|-----------------------------|--------------------|--------------------|
| 40 Year Old Non-Tobacco | \$19 ⁹⁴ | \$15 ⁸¹ |
| 30 Year Old Non-Tobacco | \$12 ⁸⁷ | \$9 ⁹⁸ |
| Dependent 10 Year Old Child | \$6 ⁸³ | \$6 ⁹⁷ |

Apply today for the Hospital Direct Bundle and get cash when you are ill or hospitalized

¹ For MD, all references to Waiting Period are removed; for KS, all references to Waiting Period are removed for Hospital Confinement Direct only | The information contained herein is accurate at the time of publication. This brochure provides only summary information and the benefits and rates may vary by state. The charts above are only an illustration of benefit and premium options per covered person. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such. CH HOSP DIR BUN B 315

HOSPITAL DIRECT BUNDLE: OTHER IMPORTANT INFORMATION

Definitions (See Policy(s) for Other Important Definitions):

- **Accidental Injury** means sudden, non-recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to, directly or indirectly, by a sickness. The accidental injury must first occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- **First Diagnosis or First Diagnosed (for Critical Illness Direct)** means a diagnosis, as defined, 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** means one of the diseases, conditions or procedures listed for which positive diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession.
- **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.¹

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 guaranteed renewable to age 65 (75 for Critical Illness), subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy.²
- **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. Such change will be 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.³
- **TERMINATION OF COVERAGE (for Hospital Confinement Direct and Accident Direct):** Your coverage will terminate and no benefits will be payable under the Policy: At the end of the month for which premium has been paid (except as provided in the Waiver of Premium provision, for Hospital Confinement Direct only)⁴ | At the end of the month following the date of our receipt of your request of termination | On the date of fraud or material misrepresentation by you⁵ | On the date we elect to discontinue this plan or type of coverage or all coverage in your state⁶ | On the date an insured person is no longer a permanent resident of the United States⁷ | On the date you reach age 65 | Your 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.
- **TERMINATION OF COVERAGE (for Critical Illness Direct):** 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 the age of 75 | on the date the lifetime maximum benefit amount has been reached | 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 termination⁸ | 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 date⁹ | on the date of fraud or material misrepresentation by you¹⁰ | on the date we elect to discontinue this plan or type of coverage or all coverage in your state¹¹, or | on the date an insured person is no longer a permanent resident of the United States.

¹AK: removes last provision for Accident Direct Plan only IA: 1) is revised to 'be operated pursuant to Iowa law; 2) is revised to 'be primarily and continuously engaged in providing and operating, either on its premises or in facilities available to the hospital on a prearranged basis and under the supervision of a staff of legally qualified physician, medical diagnostic and major surgical facilities for the medical care and treatment of sick or injured person on an inpatient basis for which a charge is made' and 4) is removed entirely LA: adds '5) is owned and operated by the State of Louisiana or any of its political subdivisions' MD: adds 'or 66 if coverage is issued at the age of 64' after '65' | ²IA: revises 'guaranteed renewable to age 65' to 'conditionally renewable to age 65, or Medicare eligibility, whichever occurs first' KS: revises 'guaranteed' to 'conditionally' TN: revises 'guaranteed' to 'conditionally' for Hospital Confinement Direct and Accident Direct only | ³LA: revises '31 days' to '45 days' and adds 'Such rates will not increase more than once each six-month period following the initial twelve-month period' MD: changes '31 days' to '40 days' AK, MS: revises '31 days' to '45 days' MS, NM, WI: revises '31 days' to '60 days' | ⁴AK: adds 'subject to the grace period' MD: revises 'except as provided in the Waiver of Premium provision' to 'subject to the Grace Period Provision' | ⁶AL, MD: adds 'subject to the Time Limit on Certain Defenses provision in the General Provisions section' | ⁶AK: adds 'we will give you at least 45 days notice before the date coverage will be discontinued' RI: for Accident Direct and Income Protection Direct, deleted entirely TN: adds 'laterally' after 'discontinue' | ⁷AL, MD: adds 'subject to the Time Limit on Certain Defenses provision in the General Provisions section' | ⁸OH: revised to 'on the date we receive your request of termination' | ⁹OH: removed entirely | ¹⁰AK: adds 'we will give you at least 45 days notice before the date coverage will be discontinued' AL, MD: adds 'subject to the Time Limit on Certain Defenses provision in the General Provisions section' KY: revises 'material' to 'intentional' and adds 'of material fact under the terms of the Policy' after 'misrepresentation' | ¹¹TN: removed entirely.

HOSPITAL DIRECT BUNDLE: OTHER IMPORTANT INFORMATION (continued)

EXCLUSIONS AND LIMITATIONS

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

For All Plans: Any act of war, declared or undeclared | Active military duty in the service of any country | Participation in a riot, civil commotion or insurrection¹ | Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane² | Operating any motorized passenger vehicle for wage, compensation or profit (Not applicable to Critical Illness Direct) | Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly³ | An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly⁴ | Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated⁵ | Committing or trying to commit a felony⁶ | 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, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or helisnowboarding (Not applicable to Critical Illness Direct)⁷ and | 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 (other than a charter airline) certified by U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip (Not applicable to Critical Illness Direct).

For the Hospital Confinement Direct Plan: Any care or benefits which are not specifically provided for in the Policy | 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 Policy⁸ | 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 for 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 medicine⁹ | Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: 1) artificial insemination 2) in-vitro fertilization or other treatment for infertility 3) treatment for impotency 4) sterilization or reversal of sterilization or 5) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the Policy | Cosmetic surgery¹⁰ | Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any refractive error | Normal pregnancy, except for complications of pregnancy while hospital confined¹¹ | Hospital confinement for routine or normal newborn child care.

Pre-Existing Condition Limitations for Hospital Confinement Direct: We will not provide benefits for any loss resulting from a pre-existing condition, unless the loss is incurred at least one-year after the effective date of coverage. A pre-existing condition means a medical condition, sickness or injury not excluded for which: 1) medical advice, consultation, or treatment was recommended by or received from a medical practitioner within the two-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 two-year period before the effective date of coverage.¹²

¹MD: removed entirely | ²CO, MO: removes 'or insane' MD: removes 'sane or' | ³AL, WY: adds 'unless taken as prescribed by a legally qualified physician' IN: adds 'unless administered on the advice of a legally qualified physician' for Critical Illness Direct only KS: removed entirely for Hospital Confinement Direct only LA: revised to read 'addiction of alcohol, narcotics, or hallucinogens directly or indirectly' except for Critical Illness Direct MD: removed entirely MI: removed entirely for Critical Illness Direct only NE: for Critical Illness Direct only, revises 'drugs, narcotics, or hallucinogens' to 'illegal drugs, or being under the influence of any narcotic unless administered on the advice of a physician' | ⁴AK: for Accident Direct only, adds 'unless administered on the advice of a physician' after 'narcotics' AL: adds 'unless taken as prescribed by a legally qualified physician' and removes 'or under the influence of intoxicants' IN: deleted entirely for Hospital Confinement Direct and Accident Direct; adds 'unless administered on the advice of a legally qualified physician for Critical Illness Direct LA: revised to read 'being intoxicated or under the influence of intoxicants, hallucinogens or narcotics, directly or indirectly' except for Critical Illness Direct, which adds 'unless administered by a legally qualified physician' MD: removed entirely MI: removed entirely for Critical Illness Direct only NE: for Critical Illness Direct only, revises 'intoxicants, hallucinogens, narcotics, or other drugs' to any narcotic unless administered on the advice of a physician' WY: adds 'unless taken as prescribed by a legally qualified physician' TN: adds 'for alcohol intoxication this means over the legal limit of .08' after 'being intoxicated' and for Critical Illness, adds 'unless administered on the advice of a physician' after 'other drugs' | ⁵IA, MO: removes 'or your being incarcerated' MD: removed entirely NE: revised to read 'engaging in an illegal occupation' and makes 'your being incarcerated' a separate exclusion for Critical Illness Direct only | ⁶MD: removed entirely | ⁷IA: removed entirely | ⁸IN: removes 'performed while insured under the Policy' | ⁹MD: adds 'when the treating physician determines that the treatment is experimental or investigational medicine' | ¹⁰MD: adds 'when the treating physician determines that the treatment is cosmetic' | ¹¹KS: adds 'except if added by rider' | ¹²AL: changes 'two-year' to 'five-month' IA, NE: adds 'acting within the scope of his or her license' after 'practitioner' KS, MS: revises 'two year' to 'one year' MD: revises 'sickness or injury not excluded by name or specific condition' to 'that was not revealed in the application for the Policy unless the condition is excluded by means of a signed waiver,' revises 'medical practitioner acting' to 'physician,' removes 'scope of his or her license, within the' and revises both uses of 'two year' to '12 month' WY: definition revised to 'a medical condition, sickness or injury not excluded by name or specific description for which 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 six month period before the effective date of coverage.'

HOSPITAL DIRECT BUNDLE: OTHER IMPORTANT INFORMATION (continued)

EXCLUSIONS AND LIMITATIONS (continued)

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

For the Accident Direct Plan:¹ Sickness | Pregnancy and childbirth, including routine or normal newborn child care² | Any sickness, disease, or other medical condition not the direct result of an accidental injury occurring while the insured person's coverage is in force | Accidental injuries that do not first occur while the Policy is in force for the insured person | Accidental injuries that do not result in a hospital confinement | Mental or nervous disorders | Cosmetic surgery.³

For the Critical Illness Direct Plan: An injury or accident | Any care or benefits which are not specifically provided for in the Policy | 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 facility⁴ | Experimental or investigational medicine⁵ | Intentionally medically induced qualifying event, except in the case of a major organ transplant | Cosmetic surgery⁶ | Any diagnosis, as defined, which is made by you or a member of your immediate family or household | The first diagnosis of a qualifying event, which occurs within the waiting period as specified in the Policy schedule⁷ | Any qualifying event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex⁸ | 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, or | Any amounts in excess of the lifetime benefit amount.

Pre-Existing Condition Limitation for Critical Illness Direct: 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, including the waiting period. A 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.⁹

¹KS: adds the following exclusion: 'treatment, services or supplies received outside the U.S. or Canada. However, treatment, services or supplies received as a result of an acute accidental injury sustained during the first 30 days of travel outside of the U.S. or Canada will be considered a covered expense. In no event will treatment, services or supplies received beyond the first 30 days of travel outside of the U.S. or Canada be considered a covered expense.' | ²TN: adds 'except for complications of pregnancy' | ³MD: adds 'when the treating physician determines that the treatment is experimental or investigational medicine' | ³MD: adds 'when the treating physician determines that the treatment is cosmetic' | ⁴TN: removed entirely | ⁵MD: adds 'when the treating physician determines that the treatment is experimental or investigational medicine' | ⁶MD: adds 'when the treating physician determines that the treatment is cosmetic' | ⁷KS: adds '(when the Policy replaces another specified disease policy, we will give credit for the expired portion of any waiting period, elimination period, probationary period or any similar provision. This credit will not exceed that time earned by the insured person under the replaced or previously existing policy. This credit will not be used to place the insured person in a more favorable position than would have been the case had a replacement or additional policy not been issued)' MD: removes 'which occurs within the waiting period' MO: removed entirely | ⁸AZ, IA, MD, TN: removed entirely | ⁹MD: 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' NE: 2) is removed entirely NM: revises '12 months,' 'two year' and 'one year' to '6 month' WY: definition revised to 'a medical condition, disease, infection, or disorder not excluded by name or specific description for which medical advice, consultation or treatment was recommended by or received from a legally qualified physician within the six month period before the effective date of coverage.'

For use in AK, AL, AR, AZ, CO, DE, IA, IN, KS, LA, MD, MI, MO, MS, NE, NM, OH, RI, TN, WI and WY

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. Forms CH 26118-IP (01/10), CH-26113-IP (03/14) and CH-26116-IP (01/10), or their state variation.

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Fixed Indemnity Direct

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800-815-8535

Weekdays, 8am to 5pm in all time zones

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