

Sickness and Injury Coverage
Fixed Indemnity Direct

Cash benefits for covered healthcare services ... with no deductible.



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

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**.

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 have
- Pays a benefit for a covered sickness or injury even if benefits are also paid under Workers' Compensation¹
- Flexible benefit options with six plans to choose from



Benefits are paid directly to you, not your doctor or hospital. Cash benefits can be used for:

- Copays or coinsurance
- Rent/Mortgage
- Car payment
- Child care
- Everyday living expenses



Affordable premiums with coverage **starting at \$26.31 per month.**²

THIS POLICY PROVIDES LIMITED BENEFITS. This type of plan is a supplement to health insurance and 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. Plan availability may be limited by age of applicant | ¹Benefits are not coordinated with Workers' Compensation. Exclusions & Limitations and Policy provisions may apply. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. | ²Sample rate is based on a 30-year-old non-tobacco male for Plan 1. Premiums may vary by current date.

DAILY BENEFITS ¹	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Availability	Ages 1-63					
Hospital Confinement (Maximum 365 days per confinement.)						
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 hospital confinement benefit. Maximum 30 days per confinement.)						
	\$200	\$500	\$1,000	\$2,000	\$4,000	\$6,000
Outpatient Surgery (Maximum three days per calendar year.)						
	\$350	\$500	\$750	\$1,500	\$2,500	\$3,500
Continuous Care (Paid in lieu of hospital confinement or ICU/CCU confinement benefit. Care must begin within seven days of a hospital confinement. Maximum 30 days per calendar year.)						
	\$50	\$125	\$250	\$250	\$250	\$250
Emergency Room (Maximum two days per calendar year.)						
	\$50	\$50	\$50	\$75	\$100	\$150
Outpatient X-Ray and Laboratory Procedures (Maximum five days per calendar year.) ²						
	\$50	\$50	\$50	\$100	\$100	\$100
Outpatient Diagnostic Imaging Procedures (Maximum two days per calendar year.) ²						
	\$100	\$250	\$250	\$500	\$500	\$500
Physician Office Visit (Maximum four days per calendar year.) ²						
	\$75	\$75	\$75	\$75	\$75	\$75

¹ Subject to a 30-day waiting period for sickness | ² Payable if within 30 days of Outpatient Surgery or Hospital Confinement.

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. Plan availability may be limited by age of applicant. The information contained herein is accurate at the time of publication. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such. 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) CA.

MONTHLY PREMIUMS ¹	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
30 Year Old Male						
Non-Tobacco	\$26.31	\$34.53	\$45.50	\$75.17	\$112.25	\$149.88
Tobacco	\$36.84	\$48.34	\$63.70	\$105.24	\$157.14	\$209.84
30 Year Old Female						
Non-Tobacco	\$48.24	\$63.30	\$83.41	\$137.81	\$205.78	\$274.79
Tobacco	\$65.13	\$85.45	\$112.61	\$186.04	\$277.81	\$370.96
45 Year Old Male						
Non-Tobacco	\$44.25	\$58.06	\$76.51	\$126.40	\$188.74	\$252.03
Tobacco	\$61.95	\$81.28	\$107.11	\$176.96	\$264.24	\$352.84
45 Year Old Female						
Non-Tobacco	\$54.41	\$71.39	\$94.07	\$155.42	\$232.09	\$309.91
Tobacco	\$73.45	\$96.38	\$127.00	\$209.82	\$313.32	\$418.38
Dependent Child²	\$41.94	\$53.22	\$69.10	\$104.69	\$162.45	\$221.15

The chart above is only an illustration of benefit and premium options per covered person for plans. Sample rates are based on zip code 90004. Premiums may vary by current date. |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.

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 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 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

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):

- **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 sickness 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 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.
- **Injury** means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to by a sickness.
- **Pre-Existing Condition** means a medical condition, sickness or injury not excluded by name or specific description for which diagnosis or treatment was 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.
- **Sickness** means an illness or disease.
- **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.

Other Important Information (continued)

Coverage Information:

- **COVERAGE BEGINS:** 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, subject to Chesapeake's right to discontinue or terminate the 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 65 | 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 Chesapeake elects to discontinue this plan or type of coverage or all coverage in your state | On the date an insured person is no longer a permanent resident of the United States | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent.

Other Important Information (continued)

EXCLUSIONS AND LIMITATIONS

We will not provide any 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 | 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 | 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), 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 | Being intoxicated or under the influence of any controlled substance, unless administered on the advice of a physician | Any loss to which a contributing cause was the insured person's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation | 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, para-sailing, 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.

Sickness Waiting Period: An insured person must be insured under the Policy for a period of 30 consecutive days beginning from his/her effective date of coverage before benefits are payable for sickness, as defined in the Policy. The Waiting Period for sickness is shown in the Policy Schedule.

Pre-Existing Condition Limitation: Chesapeake 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 one year after the effective date of coverage for an insured person.



About Us

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