

Hospital Confinement Insurance

HospitalWise™

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 through age 64 – to help you feel more comfortable with your insurance coverage.



Can You Afford a Hospital Stay?

- Can you afford \$10,000? Each day you stay in the hospital costs an average of more than \$2,000,¹ with most stays lasting 4.5 days.² That's almost a full work week, and it's more than \$10,000 for one injury or sickness.
- Can you afford unexpected bills? Even if you have health insurance, your out-of-pocket costs for hospitalization will still typically be more than \$1,000.³
- Can you afford a medical surprise? Hospitalization due to more serious conditions such as a heart attack or appendicitis usually average \$1,500 or more.³

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 \$8.71 per month⁴
- Additional benefits for outpatient surgery, emergency room visits, and more are available



No-Hassle Application Process

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

¹1999 - 2015 AHA Annual Survey, Copyright 2016 by Health Forum, LLC, an affiliate of the American Hospital Association. Special data request, 2016. Available at <http://www.ahaonlinestore.com> | ²<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf> | ³JAMA Intern Med. 2016;176(9):1325-1332. doi:10.1001/jamainternmed.2016.3663 - <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2530418> | ⁴25 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



Periods of Confinement:

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



Issue Ages:

0 through 64



Renewability:

Renewable for life!

Additional Plan Benefits

- **Hospital Observation:** Pays 100% of the Hospital Confinement Benefit per day for a maximum of 4 times per year when you're admitted to a hospital for a 12- to 24-hour observation period.
- **Mental or Nervous Disorder Benefit:** Pays a daily benefit of \$250 for a maximum of 7 days per year for confinement due to a mental or nervous disorder.

Boost Your Benefits With Additional Riders

HospitalWise™ optional riders provide access to more benefits, payable in addition to the base daily benefits. The following optional riders are available for an additional cost, and all benefits are payable per insured person.

Worried About Staying in the Hospital?

The Lump-Sum Hospital Confinement Rider pays a lump-sum benefit of \$250 - \$3,000 once per year for confinement due to sickness or injury in addition to the plan benefits. Form CH-26132-IR.

Do Outpatient Surgery Expenses Concern You?

The Outpatient Surgery Rider pays a benefit of \$250 - \$2,000 twice per year for outpatient surgical procedures resulting from sickness or injury. Form CH-26133-IR CA.

Do You Want Skilled Nursing Care?

The Skilled Nursing Facility Rider pays a daily benefit of \$100 - \$500 for confinement in a skilled nursing facility resulting from a sickness or injury. Must begin within 30 days of hospital confinement. Form CH-26134-IR.

Benefit periods: Days 1 – 20, Days 21 – 100, Days 1 – 100

Concerned About Emergency Room Costs?

The Emergency Care Rider pays a benefit of \$100 - \$500 four times per year for emergency room visits due to sickness or injury. Form CH-26135-IR.

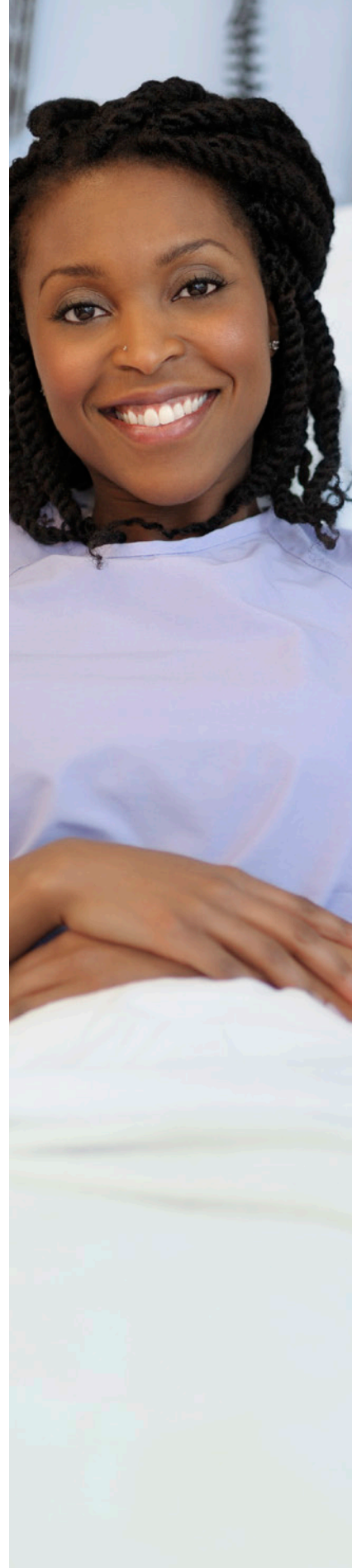
Could Major Diagnostic Exam Costs Hit Hard?

The Outpatient Major Diagnostic Exam Rider pays a benefit of \$100 - \$500 two times per year for the following exams: CT, MRI, PET, CTA, EEG and EKG. Limited to 1 exam per insured person, per day. Form CH-26136-IR.

Wellness Rider (Great for Families!)

Our Wellness Rider offers an incentive to stay healthy and help keep health care costs under control because individuals who have annual preventive care exams could detect diseases and conditions early. The Wellness Rider pays a benefit of \$50 per year for covered wellness exams, including physicals, blood tests, colonoscopies, mammograms, vision exams, and more. That's a benefit of up to \$200 for a family of four.¹ Form CH-26137-IR CA.

Riders are subject to all Policy provisions, exclusions and limitations. | ¹Wellness Rider subject to a 90 day waiting period. Please refer to Rider for details.



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, for each day you meet the policy conditions. The Policy 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 expenses.

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
- hospice
- physician services
- other approved items and services

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).

HospitalWise™: 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 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.
- **Hospital Observation** means an insured person is admitted to a hospital for observation for period of not less than 12 hours but not more than 24 hours.
- **Mental or Nervous Disorder** means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a mental disorder, including but not limited to neurosis, psychoneurosis, psychopathy, psychosis, bipolar Affective Disorder or Autism. 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 diagnosis or treatment was 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.

EXCLUSIONS AND LIMITATIONS

We will not provide any benefits for any 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 | Mental or nervous disorders, unless otherwise stated in the Policy | 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 | Care, services or treatment for sexual reassignment or change, including medications, implants, hormone therapy, surgery, medical or psychiatric treatment | Experimental or investigational medicine | 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 surgery, for the sole purpose of improvement of physical appearance, unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy | 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

HospitalWise™: Other Important Information (Continued)

EXCLUSIONS AND LIMITATIONS (Continued)

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

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, 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 | 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 U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip | 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.

Coverage Information:

- **COVERAGE BEGINS:** Once Chesapeake has approved your application based on the information you provided, the effective date of the coverage for you and your eligible dependent, if any, listed in the application and accepted by Chesapeake will be the policy date shown in the Policy Schedule.
- **RENEWABILITY:** Your Policy is guaranteed renewable, 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 and attached riders, if any: At the end of the period for which premium has been paid, (subject to the Grace Period) | 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 you perform an act or practice that constitutes fraud or 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 | On the date we elect 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. Premium will only be refunded for any full months paid beyond the termination date.

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. Form CH-26131-IP (9/17) CA.



Navigate Life's Twists & Turns
with the SureBridge portfolio of supplemental
and life insurance products

**Accident | Dental | Disability | Fixed Indemnity
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SureBridgeInsurance.com

(800) 815-8535

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



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 46 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.

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 carrier.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional protection.
- This plan is not required in order to purchase health insurance with another carrier.
- 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.

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