



Hospital Indemnity Insurance

HospitalWise™

A budget-friendly way to help with out-of-pocket costs not covered by medical insurance.

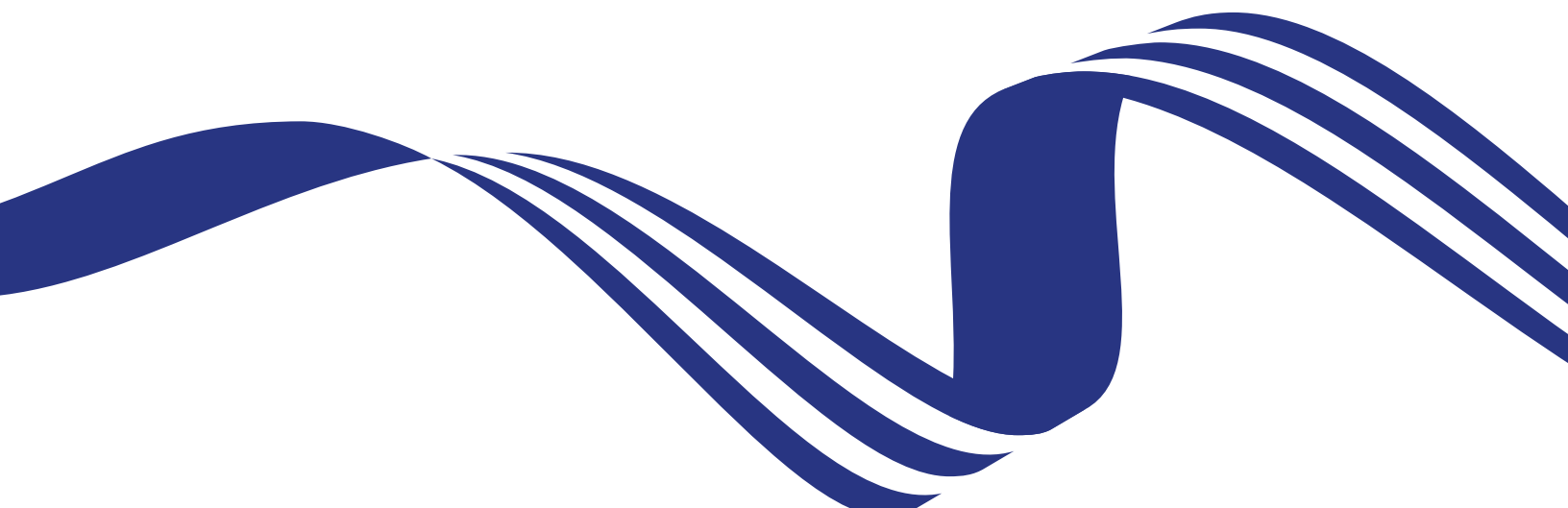
THIS PRODUCT IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA).

This hospital indemnity product provides limited benefits in a stated amount, regardless of the actual expenses incurred. The Chesapeake Life Insurance Company is the underwriter and administrator of these plans.

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

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Why a HospitalWise plan?

A hospital stay due to an injury or sickness isn't something you can predict, but it is something you can prepare for.

Most major medical insurance plans only pay a portion of hospital expenses. That may leave you with out-of-pocket expenses like your medical insurance deductible, your coinsurance responsibility, or just simply what your medical insurance doesn't cover.

HospitalWise is designed to pay the cash benefit amount you select for the number of days you choose per stay, to help reduce what comes out of your wallet.

Cash benefits can be used to help you with:

- Deductibles, copays or coinsurance on your current health plan
- Prescriptions
- Out-of-network care costs
- Everyday living expenses

It's also good to know:

- There is no waiting period to use these benefits*
- Premiums do not increase due to age
- Issue Ages: 0 through 64

Renewable for Life

- These plans are renewable for life as outlined in the Policy.

*Optional Wellness Rider requires a waiting period.

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.

Highlights of benefits

With the HospitalWise plan from The Chesapeake Life Insurance Company, a UnitedHealthcare company, you can choose from a flexible range of daily cash benefits and benefit periods to be paid for hospital confinement due to sickness or injury. This plan pays in addition to any other health insurance coverage you may have. Enhance coverage by adding optional benefits to your HospitalWise plan.

Benefits per person

HospitalWise

Hospital Confinement Benefit¹

For sickness or injury

Choose Benefit Amount: \$50 to \$1,000 (in increments of \$50) per day

Choose Benefit Period: 3, 6, 10, 21, 180, or 365 days per period of confinement

Hospital Observation Benefit²

For sickness or injury; payable in lieu of Hospital Confinement

100% of the chosen Hospital Confinement Benefit Amount per admission

Maximum 4 times per calendar year

Hospital Confinement Benefit for Mental or Nervous Disorder

Payable in lieu of Hospital Confinement

\$250 per day

Maximum 7 days per calendar year

Optional Benefits per person (additional premium applies)

Lump-Sum Hospital Confinement Rider

For sickness or injury³

Choose from \$250 - \$3,000 (increments of \$250) per confinement

Maximum 1 per calendar year

Outpatient Surgery Rider

Performed at outpatient surgical facility

Choose from \$250 - \$2,000 (increments of \$250) per surgery

Maximum 2 surgeries per calendar year

Skilled Nursing Facility Rider

For confinement in skilled nursing facility for sickness or injury⁴

Choose Benefit Amount: \$100 - \$500 (increments of \$100) per day

Choose Benefit Period: Days 1-20, Days 1 - 100, Days 21-100

Maximum 2 per calendar year

Emergency Care Rider

Emergency room visits for sickness or injury

Choose from \$100 - \$500 (increments of \$100) per visit

Maximum 4 per calendar year

Outpatient Major Diagnostic Exam⁵ Rider

Choose from \$100 - \$500 (increments of \$100) per day

Maximum 2 exams per calendar year

Wellness Rider

90-day Waiting Period

\$50 per exam

Maximum 1 exam per calendar year

Plans are Guaranteed Issue (no underwriting) or Simplified Issue (some medical questions), depending on benefits chosen.

Optional Benefit Rider Forms: CH-26132-IR (Lump Sum Hospital Confinement), CH-26133-IR (Outpatient Surgery), CH-26134-IR (Skilled Nursing Facility), CH-26135-IR (Emergency Care), CH-26136-IR (Outpatient Major Diagnostic Exam), and CH-26137-IR CA(Wellness)

¹For selected benefit periods of less than 60 days, once the chosen benefit amount has been paid for the selected benefit period of a qualified hospital confinement, then a benefit of \$50 per day is payable for any remainder of days in that confinement, up to 60 days. ²Payable when insured person is admitted to a hospital for observation period of 12-24 hours. ³Payable in addition to the Hospital Confinement Benefit. Not payable when insured person is hospital confined due to mental or nervous disorders or for hospital observation. ⁴Skilled Nursing confinement must begin within 30 days of a hospital confinement. ⁵Outpatient Major Diagnostic Exams include: Computerized Tomography (CT), Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET) scan, Angiogram, Computerized Tomography Angiogram Scan (CTA), Electroencephalogram (EEG) or Electrocardiogram (EKG).

Exclusions

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. The purchase of the policy is not contingent upon purchasing or having any individual or group health insurance coverage.

NOTE: Any reference to “we”, “our” or “us” refers to Chesapeake Life Insurance Company.

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;
- 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;
- Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured is 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, 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;
- 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 the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip; and
- Care received outside of the United States.

Provisions:

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. The purchase of the policy is not contingent upon purchasing or having any individual or group health insurance coverage.

NOTE: Any reference to “we”, “our” or “us” refers to Chesapeake Life Insurance Company.

Eligibility

At the time of application, the primary insured must be between the ages of 0 – 64 years. Eligible dependents include spouse / domestic partner, between the ages of 16 – 64, and your natural and adopted children and step-children under the age of 26.

Age Misstatement

If the age of any individual covered under the policy has been misstated, there shall be an adjustment of the premium for the policy so that there shall be paid to the insurer the premium for the coverage of such individual at his correct age, and the amount of the insurance coverage shall not be affected.

Notice of Claim

Written notice of claim must be given to us within 60 days, or as soon as reasonably possible.

Pre-Existing Conditions

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.

Premium Changes

We reserve 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, we have given you written notice of at least 31 days prior to the effective date of the new rates.

Renewability and Termination of Coverage

The Policy is renewable until the earliest of the following:

- At the end of the period for which premium has been paid (subject to policy provisions);
- 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, type of coverage, or all coverage in your state; or
- On the date an insured person is no longer a permanent resident of the United States.

Underwriting

If you provide incorrect or incomplete information on your application for insurance, your coverage may be voided or claims denied.

California Nondiscrimination Notice and Access to Communication Services

The Chesapeake Life Insurance Company does not exclude, deny covered health care benefits to or otherwise discriminate against any member on the ground of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability for participation in or receipt of the covered health care services under any of its health plans, whether carried out by The Chesapeake Life Insurance Company directly or through a Network Medical Group or any other entity with which The Chesapeake Life Insurance Company arranges to carry out covered health care services under any of its health plans.

Free services are available to help you communicate with us. Such as letters in other languages or in other formats like large print. Or you can ask for an interpreter at no charge. To ask for help, please call the toll-free number (800) 815-8535. TTY 711

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Grievance Administrator
 PO Box 31383
 Salt Lake City UT 84131-0383
 Fax: 817-255-3585
 Phone: 800-815-8535

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free number listed on your health plan ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building
 Washington, D.C. 20201

45642-C-0323

California Language Assistance Notice

English

IMPORTANT LANGUAGE INFORMATION:

You may be entitled to the rights and services below. You can get an interpreter or translation services at no charge. Written information may also be available in some languages at no charge. To get help in your language, please call your health plan at: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Spanish

INFORMACIÓN IMPORTANTE DEL LENGUAJE:

Puede tener derecho a los derechos y servicios a continuación. Puede obtener un intérprete o servicios de traducción sin cargo. La información por escrito también puede estar disponible en algunos idiomas sin cargo. Para obtener ayuda en su idioma, llame a su plan de salud al: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Chinese

重要語言信息：

您可能有權享受以下權利和服務。您可以免費獲得口譯或翻譯服務。書面信息也可能以某些語言免費提供。如需獲得您的語言幫助，請致電您的健康計劃：The Chesapeake Life Insurance Company 1-800-815-8535 / TTY：711.

Arabic

معلومات مهمة عن اللغة:

قد يحق لك الحصول على الحقوق والخدمات أدناه. يمكنك الحصول على مترجم أو خدمات ترجمة بدون مقابل. قد تكون المعلومات المكتوبة متاحة أيضًا في بعض اللغات دون مقابل. للحصول على المساعدة بلغتك، يرجى الاتصال بخطة الرعاية الصحية الخاصة بك على العنوان التالي The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԻՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ:

Դուք կարող եք իրավասվել ստորեւ նշված իրավունքներին եւ ծառայություններին: Դուք կարող եք անվճար թարգմանիչ կամ թարգմանչական ծառայություններ ստանալ: Գրավոր տեղեկությունները կարող են մատչելի լինել նաեւ որոշ լեզուներով անվճար: Ձեր լեզվով օգնություն ստանալու համար խնդրում ենք զանգահարել ձեր առողջապահական ծրագիրը՝ The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Cambodian

ព័ត៌មានជាភាសាសំខាន់៖

អ្នកអាចមានសិទ្ធិទទួលបានសិទ្ធិនិងសេវាកម្មដូចខាងក្រោម។
អ្នកអាចទទួលបានអ្នកបកប្រែឬអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃ។
ព័ត៌មានដែលអាចសរសេរបានអាចមានជាភាសាមួយចំនួនដោយមិនគិតថ្លៃ។
ដើម្បីទទួលបានជំនួយជាភាសារបស់អ្នកសូមទូរស័ព្ទទៅផែនការសុខភាពរបស់អ្នកនៅ: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Farsi

اطلاعات مهم در مورد زبان:

شما ممکن است به حقوق و خدمات زیر توجه داشته باشید. شما می توانید مترجم یا خدمات ترجمه را بدون هزینه دریافت کنید. اطلاعات نوشته شده ممکن است در بعضی از زبانها بدون پرداخت هزینه باشد. برای دریافت کمک به زبان خود، لطفاً با برنامه بهداشتی خود تماس بگیرید:

The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Hindi

महत्वपूर्ण भाषा जानकारी:

आप नीचे अधिकार और सेवाओं के हकदार हो सकते हैं। आप बिना किसी शुल्क के एक दुभाषिया या अनुवाद सेवाएं प्राप्त कर सकते हैं। बिना किसी शुल्क के लिखित जानकारी कुछ भाषाओं में भी उपलब्ध हो सकती है। अपनी भाषा में सहायता प्राप्त करने के लिए, कृपया अपनी स्वास्थ्य योजना यहां कॉल करें: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Hmong

COV LUS LUS TSEEM CEEB:

Koj tuaj yeem tsim nyog tau cov cai thiab cov kev pab hauv qab no. Koj tuaj yeem tau txais neeg txhais lus los yog txhais lus pab dawb tsis them nyiaj. Cov ntaub ntawv sau kuj muaj nyob rau qee hom lus dawb xwb. Xav tau kev pabcuam ntawm koj hom lus, thov hu rau koj qhov kev npaj khomob ntawm: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Japanese

重要な言語情報 :

あなたは以下の権利とサービスを受ける権利があります。通訳や翻訳サービスを無料で受けることができます。書かれた情報は、一部の言語で無償で入手できる場合もあります。あなたの言語で助けを得るためには、あなたの健康計画に電話してください : The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Korean

□□한 □□ □□ :

귀하는 아래 권리와 서비스를 받을 자격이 있습니다. 통역사 또는 번역 서비스를 무료로 받으실 수 있습니다. 서면 □□는 일부 □□로 무료로 제공 될 수도 있습니다. 귀하의 □□로 도움을 받으려면 다음의 건강 플랜에 전화하십시오. The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਭਾਸ਼ੀਆ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ. ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਕੁਝ ਭਾਗੀਦਾਰਾਂ 'ਤੇ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ' ਤੇ ਵੀ ਉਪਲਬਧ ਹੋ ਸਕਦੀ ਹੈ. ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Russian

ВАЖНАЯ ИНФОРМАЦИЯ ЯЗЫКА:

Вы можете иметь право на права и услуги, указанные ниже. Вы можете бесплатно получить переводчика или услуги переводчика. Письменная информация также может быть доступна на некоторых языках бесплатно. Чтобы получить помощь на своем языке, позвоните в свой план медицинского обслуживания по адресу: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Tagalog

IMPORMASYONG IMPORMASYON SA LANGUAGE:

Maaaring may karapatan ka sa mga karapatan at serbisyo sa ibaba. Maaari kang makakuha ng isang interpreter o mga serbisyo ng pagsasalina nang walang bayad. Ang nakasulat na impormasyon ay maaari ding makuha sa ilang mga wika nang walang bayad. Upang makakuha ng tulong sa iyong wika, mangyaring tawagan ang iyong planong pangkalusugan sa: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Thai

ข้อมูลภาษาสำคัญ:

คุณอาจได้รับสิทธิ์และบริการด้านล่าง คุณสามารถขอรับบริการล่ามหรือแปลภาษาโดยไม่มีค่าใช้จ่าย ข้อมูลที่เป็นลายลักษณ์อักษรอาจมีให้บริการในบางภาษาโดยไม่มีค่าใช้จ่าย หากต้องการความช่วยเหลือในภาษาของคุณโปรดติดต่อแผนประกันสุขภาพของคุณได้ที่: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Vietnamese

THÔNG TIN NGÔN NGỮ QUAN TRỌNG:

Bạn có thể được hưởng các quyền và dịch vụ dưới đây. Quý vị có thể nhận dịch vụ phiên dịch hoặc dịch thuật miễn phí. Thông tin bằng văn bản cũng có thể có sẵn bằng một số ngôn ngữ miễn phí. Để nhận trợ giúp bằng ngôn ngữ của bạn, vui lòng gọi cho chương trình sức khỏe của bạn tại: The Chesapeake Life Insurance Company 1-800-815-8535 / TTY: 711.

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance or Medicare Advantage 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 notice describes the limitations of this product, and is not a substitution for Medicare Supplement Insurance.

VIEW NOTICE HERE: <https://stage.uhone.com/api/supplysystem/?Filename=49655-C202304.pdf>

Health Plan Notices of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

VIEW NOTICE HERE (<https://www.uhc.com/content/dam/uhcdotcom/en/npp/HM-Carrier-NPP-uhcmemberhub-EN.pdf>)

Please review it carefully.

Conditions Prior To Coverage (Applicable with or without the Conditional Receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by The Chesapeake Life Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date and any check is honored on first presentation for payment.
3. The policy is: (a) issued by The Chesapeake Life Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded. Keep an electronic copy of this document. It has important information.