



Underwritten by *The Chesapeake Life Insurance Company*®

CancerWise®



**Cash benefits paid directly to you to help you focus
on treatment and recovery, not expenses.**

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 protection.
- 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.





CancerWise®

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

DID YOU KNOW?

62%

of bankruptcies in 2007
were due to illness ...

78%

of those filers had
health insurance.¹

Cash benefits can be used for:

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

If **cancer strikes**, your focus should be on treatment and recovery, not on your finances. The **CancerWise plan can help**. It offers four affordable benefit level options that pay a one-time **lump-sum cash benefit directly to you**. The money can be used to **pay unexpected medical costs or everyday living expenses**.

Applying is simple and can be completed in minutes.

CancerWise At A Glance

- Pays up to a **\$50,000 one-time lump-sum cash benefit** after the waiting period upon a first diagnosis of a cancer
- 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 coverage² **starting at \$5¹⁸ per month³**

¹ The American Journal of Medicine, August 2009 | ² Not applicable to KY | ³ For 25 year old female, non-tobacco at \$20,000 benefit level.

BENEFIT OPTIONS	\$20,000	\$30,000	\$40,000	\$50,000
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One-time benefits are payable under the Policy for first diagnosis of malignant internal tumor or malignant melanoma, per insured person. Pays \$500 if cancer is first diagnosed during the 30-day waiting period.¹

MONTHLY PREMIUMS²

30 Year Old Male	\$8 ²⁶	\$12 ³⁸	\$16 ⁵¹	\$20 ⁶⁴
30 Year Old Female	\$7 ⁴⁶	\$11 ²⁰	\$14 ⁹³	\$18 ⁶⁶
40 Year Old Male	\$14 ¹⁴	\$21 ²⁰	\$28 ²⁷	\$35 ³⁴
40 Year Old Female	\$11 ²⁸	\$16 ⁹²	\$22 ⁵⁶	\$28 ²⁰
Dependent Male Child	\$2 ⁴²	\$3 ⁶⁴	\$4 ⁸⁵	\$6 ⁰⁶
Dependent Female Child	\$2 ⁷¹	\$4 ⁰⁷	\$5 ⁴²	\$6 ⁷⁸

¹ Waiting period and \$500 first diagnosis benefit are not applicable in MD | ² The chart above is only an illustration of benefit and premium options per non-tobacco covered person. Premiums may vary by state.

This brochure provides only summary information and the benefits and rates may vary by state. 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 Cancer Benefit Policy, Form CH-26055-IP (03/14), or its state variation.

CANCERWISE: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **Cancer** means a disease manifested by the presence of a malignant internal tumor characterized by the uncontrolled growth and spreading of malignant cells and/or the invasion of tissue, a malignant melanoma, leukemia, Hodgkin's disease, or cancer in situ that is in the natural or normal place, which is confined to the site of origin and has not invaded neighboring tissue. **Cancer does not include** pre-malignant conditions, conditions with malignant potential, or all other skin cancer which is not specifically malignant melanoma.¹
- **First Diagnosis or First Diagnosed** means a diagnosis, as defined, which initially occurs for the first time in the insured person's lifetime and while such insured person's coverage is in effect under the Policy.
- **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.²

EXCLUSIONS AND LIMITATIONS

We will not provide benefits for loss caused by, resulting from, or in connection with:³

Any services, supplies, care or treatment of cancer, or any other disease, sickness or incapacity⁴ | Any disease, sickness, or incapacity which is not included within the definition of cancer as defined under the Policy | Any cancer that is not first diagnosed while coverage is in effect under the Policy | All skin cancer which is not diagnosed, by definition, specifically as malignant melanoma | Any diagnosis, as defined, which occurs prior to an insured person's effective date of coverage | Any diagnosis, as defined, which is determined to be caused by war or an act of war⁵ | Any diagnosis, as defined, which is made by you or a member of your immediate family or household | Any diagnosis, as defined, which is made outside the U.S. | Any diagnosis, as defined, which occurs after the date on which coverage under the Policy has been terminated.

Pre-Existing Condition Limitation

Benefits will not be payable for cancer resulting from a pre-existing condition unless the first diagnosis of such cancer occurs more than 12 months after the insured person's effective date of coverage, including the waiting period.⁶

¹NC: adds 'when a pathological diagnosis is determined to be medically inappropriate, a clinical diagnosis will be accepted as an alternative' | ²CT: revises 'two year' to 'twelve (12) month' and removes the second provision DC: removes 'an ordinarily prudent' MD: 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' NC: revises to 'a medical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the twelve month period before the effective date of coverage' NE: removes second provision entirely NM: revises 'two year' and 'one year' to '6 month' UT: revised to 'a condition which first manifested itself within 6 months prior to the effective date of coverage or which was diagnosed by a legally qualified physician at any time prior to the effective date of coverage' | ³LA: adds at the beginning 'This Policy provides benefits only for the first diagnosis of cancer' NC: adds the exclusion 'services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act' | ⁴LA: removed entirely | ⁵NC: adds 'except for terrorism' | ⁶MD: removes 'including the waiting period' NM, UT: revised '12 months' to '6 months'

CANCERWISE: OTHER IMPORTANT INFORMATION (continued)

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, subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy.¹
- **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.²
- **TERMINATION OF COVERAGE:** Your coverage and your covered dependents coverage will terminate and no benefits will be payable under the Policy | After a benefit has been paid to you (the primary insured person) for a first diagnosis of cancer. Your spouse/domestic partner who is a covered dependent under the Policy at the time you receive the benefit will become the new primary insured person. In the event you do not have a spouse/domestic partner who is a covered dependent under the Policy, your oldest covered dependent under the Policy at the time you receive the benefit will become the new primary insured person. In the event you are the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the premiums section for details regarding how premiums will be adjusted in accordance with this. | 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 termination³ | 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 date⁴ | 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 you are no longer a permanent resident of the United States | On the date you reach age 65, or become eligible for Medicare, whichever comes first⁷ | In addition, your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent.

¹CT: removes 'to age 65' and 'discontinue or' IA, KS, KY: changes 'guaranteed' to 'conditionally' NC: adds 'any rate adjustment will be preceded by a 45 day notice and shall be guaranteed for a period of not less than 12 months' | ²AK, UT: revises '31 days' to '45 days' KY: revises 'becoming due under the Policy at any time and from time to time; provided we have given you' to 'however, the premium table will not be increased within 12 months from date of issue or date of renewal. If we change the premiums, we will give the insured person a' LA: changes '31 days prior to the effective date of the new rates' to '45 days prior to the effective date of the new rates. Such rates will not be increased during the initial twelve-months of coverage and not more than once in any six-month period following the initial twelve-month period, except for increases in premium amount due to the addition of a newly covered dependent or a change in age or geographic location of an insured person or an increase in the Policy benefit levels' MD: revises '31 days' to '40 days' MS, NM, WI: revises '31 days' to '60 days' NC: revised to 'we reserve the right to change the table of premiums, on a class basis, becoming due under the Policy not more frequently than once in any 12 month period; provided, we have given you written notice of at least 45 days prior to the effective date of the new rates and the new rates are approved by the North Carolina Department of Insurance.' | ³KS: removed OH: revised to 'on the date we receive your request of termination' | ⁴KS, OH: removed | ⁵AL, MD: adds 'subject to the Time Limit on Certain Defenses Provision in the General Provisions section' CT: adds 'material' before 'misrepresentation' and adds (subject to the Incontestability provision) at end KY: revises 'misrepresentation' to 'intentional misrepresentation of material fact under the terms of the Policy' NC: removed entirely | ⁶AK: adds 'we will give you at least 45 days notice before the date coverage will be discontinued' CT: removed entirely NC: adds 'we will provide you with a 180 day notice in the event we terminate the plan' TN: removed entirely | ⁷CT: removed entirely UT: removes 'or become eligible for Medicare, whichver comes first'

For use in AK, AL, AR, AZ, CO, CT, DC, DE, IA, IN, KS, KY, LA, MD, MI, MO, MS, NC, NE, NM, OH, TN, UT and WI

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-26055-IP (03/14), or its state variation.

About SureBridge

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 are available through HealthMarkets Insurance Agency, 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.

For more information on SureBridge's
supplemental insurance products, please visit
[SureBridgeInsurance.com](https://www.SureBridgeInsurance.com)



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Weekdays, 8am to 5pm in all time zones



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