

Accident Coverage

Accident Direct

Cash benefits paid directly to you for accident-related hospital stays.





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

Accidents happen and the **Accident Direct** plan can help you financially when they do. The plan offers **four budget-friendly benefit level options**. If you are hospitalized for an accidental injury, the plan pays lump-sum cash benefits 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.

Accident Direct at a Glance

Pays lump-sum cash benefit for accidental injuries which result in a hospital confinement even if benefits are also paid under Workers' Compensation²

- **\$25,000** for 14+ days
- **\$15,000** for 7 - 13 days
- **\$7,500** for 3 - 6 days
- **\$3,750** for 1 - 2 days, surgery required

Additional benefit when two or more covered persons are injured in the same accident.

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 less than \$1.00 per month³**.

Cash benefits can be used for:



Co-pays or co-insurance



Rent/mortgage



Car payments



Child care



Everyday living expenses



Did You Know?

1 in **8** people seeks
medical attention
from an injury each year.¹

¹National Safety Council, Injury Facts, 2014 | ² Benefits are not coordinated with Worker's Compensation. Exclusions & Limitations and Policy provisions may apply. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. | ³ For female at \$5,000 benefit level.



| BENEFIT SCHEDULE ¹ per person, per policy year | \$5,000 | \$15,000 | \$20,000 | \$25,000 |
|--|----------|----------|----------|----------|
| 14+ days <i>(100% of benefit)</i> | \$5,000 | \$15,000 | \$20,000 | \$25,000 |
| 7 - 13 days <i>(60% of benefit)</i> | \$3,000 | \$9,000 | \$12,000 | \$15,000 |
| 3 - 6 days <i>(30% of benefit)</i> | \$1,500 | \$4,500 | \$6,000 | \$7,500 |
| 1 - 2 days <i>(15% of benefit, surgery required)</i> | \$750 | \$2,250 | \$3,000 | \$3,750 |
| Common Accident Benefit <i>when two or more covered persons are injured in the same accidental injury</i> | included | included | included | included |
| MONTHLY PREMIUMS | | | | |
| Male | \$1.11 | \$3.33 | \$4.44 | \$5.55 |
| Female | \$0.63 | \$1.89 | \$2.52 | \$3.15 |
| Dependent Child(ren) | \$0.39 | \$1.17 | \$1.56 | \$1.95 |

¹Confinement must begin within 45 days of the injury. Injury must occur after the Policy is in force. | The chart above is only an illustration of benefit and premium options per covered person.

This brochure provides only summary information. 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. An Accidental Injury Only Insurance Policy, Form CH-26118-IP (01/10) FL (06/11).

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.



Other Important Information

Definitions (See Policy 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 Occur, First Occurred or First Occurrence** means an accidental injury that initially occurred for the first time while the Policy is in force for the insured person. This does not include accidental injuries that result in exacerbation or recurrence of a previous injury.
- **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.

EXCLUSIONS AND LIMITATIONS

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

Sickness | Pregnancy and childbirth, including routine or normal newborn child care | 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 | Any act of war, declared or undeclared, except for terrorism | 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 while sane or insane | Cosmetic surgery | Mental or nervous disorders | Operating any motorized passenger vehicle for wage, compensation or profit | Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens directly or indirectly, unless taken as prescribed by a physician | An overdose of drugs, being intoxicated (defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted) or under the influence of intoxicants, hallucinogens, narcotics or other drugs directly or indirectly, unless taken as prescribed by a physician | Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated | Committing or trying to commit a felony | Mountaineering using ropes, ice axes, screws, belays, anchors and harnesses, 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 (other than a charter airline) certified by U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.

Other Important Information

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 conditionally 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 45 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 month for which premium has been paid | On the date of our receipt of your request for termination or on the date specified in the termination request, whichever is later | On the date of fraud or material misrepresentation by you | On the date Chesapeake elects to discontinue this plan or type of coverage. We will give you at least 90 days notice before the date coverage will be discontinued. You will be offered an option to purchase any other coverage that we offer without regard to health status | On the date Chesapeake elects to discontinue all coverage in your state. We will give you and the proper state authority at least 180 days notice before the date coverage will be discontinued | On the date an insured person is no longer a permanent resident of the United States | 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.

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-26118-IP (01/10) FL (06/11).

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