

Critical Illness Coverage
CancerWise® Plus
HeartWise™

Serious illness takes more than a physical toll — it can impact your finances as well. Our Critical Illness suite of products, can provide an extra layer of financial protection so you can focus on what really matters.



What is a Critical Illness?

A critical illness is a serious medical condition that can strike suddenly and disrupt your life physically and financially. Chances are someone close to you has had a critical illness diagnosis such as cancer, heart attack, stroke, Alzheimer's, or end-stage renal failure.

Our Critical Illness suite of products was created for people up to age 90 to help with some of the out-of-pocket expenses that can add up during diagnosis and recovery.



Can You Afford a Critical Illness?

- Can you afford \$50,000? Time away from work can take its toll. The average loss of income due to critical illness is more than \$50,000.¹
- Can you afford 3 months? Most heart attack patients can't go back to work for up to 3 months.²
- Can you afford a surprise? If you're diagnosed with cancer, you might spend 1/3 of your income on expenses your health insurance doesn't cover.³

Critical Illness Coverage at a Glance

- Pays up to a \$100,000 lump-sum cash benefit on a first diagnosis of a covered critical illness or qualifying event
- 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 \$7.42 per month⁴

¹http://www.whymetlife.com/boi/downloads/MetLife_Accident_Critical_Illness_Whitepaper_Infographic.pdf | ²American Heart Association, "Heart Attack Recovery FAQs" n.d. Web. 26 July 2011. www.heart.org | ³Research Letter, "Out-of-Pocket Costs, Financial Distress, and Underinsurance in Cancer Care". JAMA Oncol. 2017;3(11):1582-1584. doi:10.1001/jamaoncol.2017.2148. <https://jamanetwork.com/journals/jamaoncology/article-abstract/2648318> | ⁴For 30-year-old female at \$20,000 benefit level. Premium Rate Assumptions: Generic Pricing, Full Suite Configuration (Cancer, Heart/Stroke, and Critical Conditions)

How Can Critical Illness Coverage Help Your Family?

Our suite of products offers affordable benefit level options that pay lump-sum cash benefits directly to you. The money can be used to pay unexpected medical costs or everyday living expenses, so you and your family can focus on healing instead of finances.

Use Your Cash Benefits to Cover Out-of-Pocket Costs

With lump-sum cash benefits up to \$100,000, you can use them to help cover out-of-pocket costs including:



Transportation to and from Treatment Centers



Experimental Treatments



Out-of-Network Providers



Mortgage Payments



Prescriptions



Car Payments



Hotel Stays



Utility Bills

Combining Critical Illness coverage with a health insurance plan can provide an extra layer of financial protection to help you feel more comfortable with your insurance coverage.



Critical Illness Coverage

+



Health Insurance

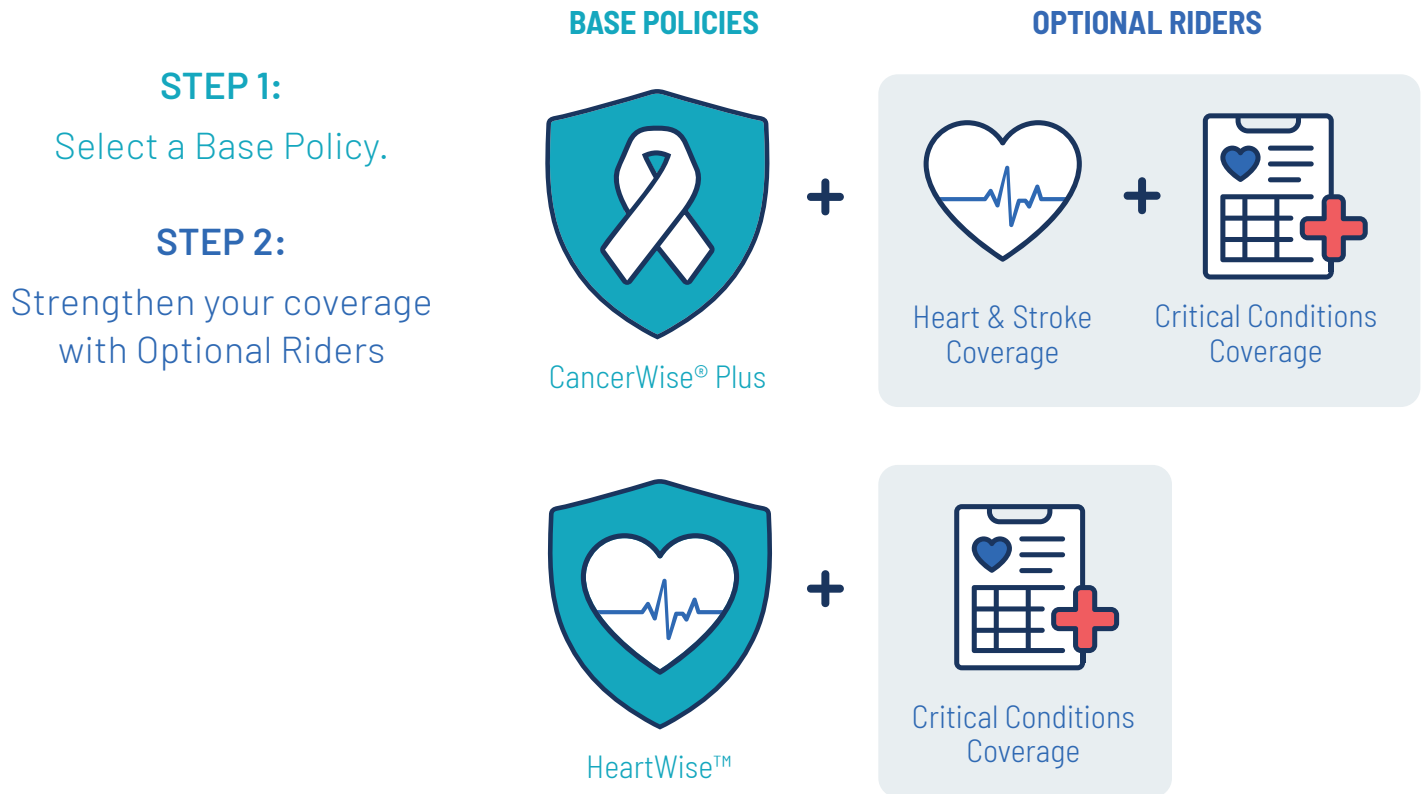
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More Financial Protection

How Does the Coverage Work?

Our suite of critical illness products can provide as little or as much coverage as you need to fit your family and your budget. Choose the best option to customize your coverage:



Insurance Features

A lump-sum cash benefit will be paid directly to you, in addition to any other health insurance coverage you may have, on the diagnosis of a covered critical illness or qualifying event.



Benefit Amounts:

Ages 0 - 63: \$5,000 - \$100,000
Ages 64+: \$5,000 - \$50,000



Renewability:

Renewable for life!



Issue Ages:

0¹ through 90



Other Options:

Only looking for cancer or heart insurance? We have options.

Receive up to 100% of the benefit amount for **each** covered category: Cancer, Heart, Critical Conditions. The maximum benefit is payable up to three times, once for each covered category.

¹Represents dependent child age, child primaries not allowed

How Much Does It Cover?

Did you know that nearly 10 million adults with health insurance will still accumulate medical bills they can't pay?¹ We can help protect you and your family with a suite of three coverage categories — you can choose what you need for the most financial protection.

The chart below lists the percentage of the benefit amount that you would be eligible to receive as a lump-sum cash payment upon the first diagnosis of a qualifying event with base policy and optional heart attack & stroke and/or critical conditions rider.

CANCER CATEGORY CancerWise® Plus		HEART CATEGORY HeartWise™ or Optional Heart Attack & Stroke Rider** Form CH-26144-IR FL		CRITICAL CONDITIONS CATEGORY Optional Critical Conditions Rider** Form CH-26145-IR FL	
Invasive Cancer	100%	Heart Attack	100%	ALS	100%
Cancer in Situ	25%	Stroke	100%	Alzheimer's	100%
Benign Brain Tumor	25%	Coronary Artery Bypass Graft	25%	Coma	100%
Skin Cancer	\$250*	Angioplasty	10%	Major Organ Transplant	100%
				End-Stage Renal Failure	100%
				Loss of Independent Living	25%

* Provides a one-time \$250 benefit upon the diagnosis of skin cancer.

Maximum Benefits: The benefit amount is payable up to 100% for each covered category (Cancer Category, Heart Category, Critical Conditions Category).

** Optional riders cost extra. Riders are subject to all Policy provisions, exclusions and limitations.

Boost Your Benefits With Additional Riders

Our optional riders provide access to more benefits, payable in addition to the base lump-sum benefits. The following optional riders are available for an additional cost.

Worried About Recurring Cancer?

Invasive Cancer Recurrence Rider² provides a one-time lump-sum benefit equal to 50% of the Invasive Cancer benefit for recurrent diagnosis of invasive cancer. Form CH-26146-IR FL.

Worried About Recurring Heart Attacks or Strokes?

Heart Attack and Stroke Recurrence Rider² provides a one-time lump-sum benefit equal to 50% of the Heart Attack and Stroke benefit for a recurrent diagnosis of heart attack or stroke. Form CH-26147-IR FL.

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 per insured person for covered wellness exams, such as annual physicals, and vision and hearing exams. For example, that's a benefit of up to \$300 for a family of six.³ Form CH-26137-IR.

¹Findings from NerdWallet Health's analysis of data from the U.S. Census, Centers for Disease Control, the federal court system, and the Commonwealth Fund. | ²Qualifying recurrent diagnoses must be separated by a period of 365 consecutive days during which the insured was symptom- and treatment-free. | ³Wellness 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, if you meet the policy conditions for one of the specific diseases or health conditions named in the Policy. It 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).

Other Important Information

DEFINITIONS FOR CANCERWISE PLUS AND HEARTWISE POLICIES (See Policy for Other Important Definitions):

- **Cancer Benefit Qualifying Event** includes the diseases or conditions listed below for which positive diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession.
 - **Benign Brain Tumor** means a non-malignant mass present within the substance of the brain tissue resulting in permanent deficit to the neurological system. Benign Brain Tumor does not include cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins and tumors of the cranial nerves, pituitary or spinal cord, unless documented by a legally qualified physician as causing damage to surrounding neurological tissue.
 - **Cancer In Situ** means a diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue, except as specifically excluded below. As used herein, stage 0 disease and early prostate cancer requiring medical treatment shall be considered Cancer In Situ. Cancer In Situ does not include: premalignant lesions, tumors or polyps; benign tumors or polyps; or Skin Cancer.
 - **Invasive Cancer** means only those types of cancer manifested by the presence of a malignant neoplasm characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Invasive Cancer also includes but is not limited to leukemia, Hodgkin's disease, myeloproliferative and myelodysplastic blood disorders, and invasive melanoma in the dermis or deeper. Invasive Cancer does not include: premalignant lesions, tumors or polyps; benign tumors or polyps; Cancer In Situ; or Skin Cancer.
 - **Skin Cancer** means a type of disease for which malignant cancer cells are found in the outer layer of the skin and has not been diagnosed as a malignant melanoma in the dermis or deeper or skin malignancy that has become Invasive Cancer, as defined in the Policy. Skin Cancer does not include: premalignant lesions, tumors or polyps; or benign tumors or polyps.
- **Heart Attack and Stroke Qualifying Event** includes the diseases, conditions or procedures listed below for which positive diagnosis is made by a legally qualified physician based on a diagnostic criteria generally accepted by the medical profession.
 - **Angioplasty** means a medically necessary surgical technique for restoring normal blood flow through one or more coronary arteries narrowed or blocked by atherosclerosis, either by inserting a balloon into the narrowed section and inflating it or by using a laser beam. The procedure must be performed by a legally qualified physician who is a board certified cardiologist.
 - **Coronary Artery Bypass** means coronary artery revascularization surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, performed by a legally qualified physician who is a board certified cardiothoracic surgeon.
 - **Heart Attack** means irreversible damage and death of a portion of the myocardium of heart muscle caused by either: 1) coronary thrombosis (complete occlusion of a coronary artery); or 2) severe stenosis or narrowing of a coronary artery causing an occlusion of a coronary artery; which is first positively diagnosed by a legally qualified physician. We may require medical records and appropriate test results to show that the onset of such acute myocardial infarction is confirmed by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities. Heart Attack does not include cardiac arrest.
 - **Stroke** means any acute cerebrovascular incident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent, except as specifically excluded below. In order for Stroke to be covered under the Policy, the Stroke must be positively diagnosed by a legally qualified physician based upon generally accepted diagnostic criteria. Stroke does not include: 1) head injury by any external force; 2) transient ischemic attack (TIA) (i.e. mini stroke); or 3) indications or symptoms related to chronic cerebrovascular insufficiency.
- **First Diagnosis or First Diagnosed** means a diagnosis, as defined in the Policy, which initially occurs for the first time in the insured person's lifetime after the waiting period and while the insured person's coverage is in effect under the Policy.
- **Qualifying Event** includes any of the specific diseases, conditions or procedures as shown in the Policy Schedule as defined in the Policy and any attached riders.
- **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.

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-26143-IP (02/18) FL and Form CH-26150-IP (02/18) FL.

Other Important Information (continued)

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 | Any diagnosis, as defined in the Policy, which is made by you or a member of your immediate family or household | Any diagnosis, as defined in the Policy, which occurs prior to an insured person's effective date of coverage | Any diagnosis, as defined in the Policy, which is made outside the U.S. | Any diagnosis, as defined in the Policy, which occurs after the date on which coverage under the Policy has been terminated.

Benefits will not be payable for: The first diagnosis of a qualifying event, which occurs within the waiting period as specified in the Policy schedule | Any condition that is not diagnosed as a qualifying event as defined in the Policy | Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a qualifying event, as defined in the Policy. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a qualifying event or as a result of treatment of a qualifying event.

Pre-Existing Condition Limitation: Benefits will not be payable for a qualifying event resulting from a pre-existing condition unless the first diagnosis of such qualifying event occurs more than 12 months after the insured person's effective date of coverage.

In addition to the above, the following also applies to the HeartWise Policy: An injury or accident | Any act of war, declared or undeclared, except for terrorism | Active military duty in the service of any country. Upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services | Participation in a riot, civil commotion or insurrection | Suicide, attempted suicide, or any self-inflicted injury, while sane or insane | Payment for care for military service connected disabilities for which the insured person is legally entitled to services and for which facilities are reasonably available to the insured person and payment for care for conditions that state or local law requires be treated in a public facility | Experimental or investigational medicine | Cosmetic surgery | 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 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.

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. Renewal can be declined based on the following, as stated in the Termination of Coverage section of the Policy: 1) on a class basis; 2) by geographic area; 3) for fraud or intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy; 4) if we elect to discontinue this plan or type of coverage; 5) if we elect to discontinue all coverage in your state; or 6) if an insured person is no longer a permanent resident of the United States.
- **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 and any premium changes will be approved by the Florida Insurance Department.
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy and attached riders, if any: On the date that all benefits have been exhausted under the Policy and all attached riders, if any | At the end of the period for which premium has been paid, (subject to the Grace Period) | Upon our receipt of your request of termination | As of the date you present a claim containing any false, incomplete or misleading information concerning any fact or thing material to such claim provided we give you at least 45 days written notice prior to terminating coverage | As of the Policy effective date, as if coverage never existed, in the event that facts material to the application for coverage are false, incomplete or misleading provided we have give you at least 45 days written notice prior to terminating coverage | On the date we elect 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 similar coverage that we offer without regard to health status | On the date we elect 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 | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent. If you request termination, we will promptly return any unearned portion of the premium paid. Any earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.



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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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