

Accident Coverage

# Critical Accident Direct

Cash benefits paid directly to you to cover expenses that result from a serious accident.





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

With advances in emergency medical treatment and trauma care, the likelihood of surviving a critical accident continues to improve. However, there are likely to be many unexpected expenses related to an extended recovery period with an injury that is life altering.

The **Critical Accident Direct** plan offers **budget-friendly 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.



## Critical Accident Direct at a Glance



Pays up to a **\$60,000 lump-sum cash benefit** for a qualifying injury<sup>1</sup> even if benefits are also paid under Workers' Compensation<sup>2</sup>



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 \$0.87 per month**<sup>3</sup>

<sup>1</sup> Available on the highest option | <sup>2</sup> 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. | <sup>3</sup> For female at \$10,000 benefit level.

## Cash benefits can be used for:



Co-pays or co-insurance



Rent/mortgage



Car payments



Child care



Everyday living expenses

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## Did You Know?

**7** in **10**

workers say they could not cover normal living expenses for more than 6 months without a paycheck.<sup>1</sup>

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<sup>1</sup> Social Security Administration, Fact Sheet February 2013

## How Does the Coverage Work?

Pays a one-time lump-sum cash benefit<sup>1</sup> for the conditions listed below. All qualifying injuries must be caused by an accident, independent of any other causes, and occur within 60 days of the accident.

- Quadriplegia: total paralysis of both upper and lower limbs<sup>2</sup>
- Paraplegia: total paralysis of lower limbs<sup>2</sup>
- Hemiplegia: total paralysis of upper and lower limbs on one side of body<sup>2</sup>
- Third degree burn to 10% of body
- Second degree burn to 20% of the body
- Coma
- Loss of sight in both eyes
- Loss of hearing in both ears

**Family Security Benefit:** Beginning with the next premium due date following the receipt of due proof of the death of the policy holder, we will waive premiums for a period of 12 months for covered dependents. During this premium waiver period, no increase in benefits or addition of eligible dependents, except newborns, will be considered. Provisions for termination of coverage for covered dependents will apply. However, upon expiration of the waiver period, your covered dependent may continue coverage, as stated in the Special Continuation Provision For Dependents, by designating a new payor and making required premium payments, so long as such covered dependent continues to be an eligible dependent. If, upon expiration of the waiver period, your covered dependent child(ren) has exceeded the Limiting Age, coverage will terminate for such covered dependent(s) in accordance with the Termination of Coverage provision.

### Monthly Premiums

	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Male	\$1.66	\$2.49	\$3.32	\$4.98	\$6.64	\$8.30	\$9.96
Female	\$.087	\$1.31	\$1.74	\$2.61	\$3.48	\$4.35	\$5.22
Dependent Child	\$1.27	\$1.91	\$2.54	\$3.81	\$5.08	\$6.35	\$7.62

The chart above is only an illustration of benefit and premium options per covered person.

## 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 occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- **Qualifying Injury** means one of the conditions listed in the Policy schedule which occurs while the Policy is in force, is a direct result of an accidental injury, occurs within 60 days of such accidental injury, and for which a positive diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by a medical profession.

<sup>1</sup>In no event will the Policy pay more than one benefit amount for each insured person during that insured person's lifetime | <sup>2</sup>For a continuous period of at least 30 days | 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, definitions, 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 Critical Accidental Injury Policy, Form CH-26123-IP (04/11) 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 (continued)

### EXCLUSIONS AND LIMITATIONS

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

Sickness | Any care or benefits which are not specifically provided for in the Policy | 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 | 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 | Intentionally medically induced qualifying injury | 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 (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 | Sunburn.

Benefits will not be payable for: A qualifying injury that occurred prior to an insured person's effective date of coverage | Any condition that is not a qualifying injury, as defined in the Policy | Loss resulting from any other condition or incapacity, other than loss resulting from a qualifying injury, as defined in the Policy. This includes any other condition or incapacity which may have been complicated or directly or indirectly affected or caused by a qualifying injury or as a result of treatment of a qualifying injury | Any amounts in excess of the benefit amount.

### 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 75, 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 the qualifying injury occurs and a benefit 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 you reach age 75 | 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.

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