

# Hospital Confinement Insurance

## **HospitalWise™**

No matter how good your medical insurance, if you are hospitalized for an injury or sickness there will probably be medical expenses and out-of-pocket costs that aren't covered. HospitalWise from SureBridge provides an extra layer of financial protection so you can focus on what really matters.





## You Can Prepare for a Hospital Stay

We can't predict when an injury or sickness may put us into the hospital, but there is a way to make sure that the medical expenses we incur are kept under control: direct cash payments from HospitalWise™.

Most major medical insurance plans only pay a portion of hospital expenses. Maintaining your financial security includes planning for costs related to hospitalization.

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

Out-of-pocket medical expenses can add up! With benefits up to \$1,000 per day, you can use the HospitalWise cash payments to help cover costs for items such as:

- Out-of-network providers
- Mortgage payments
- Utility bills
- Prescriptions
- Car payments
- Caregivers

When you combine HospitalWise with a health insurance plan, it can provide an extra layer of financial protection – for anyone up to age 90 – to help you feel more comfortable with your insurance coverage.



## Can You Afford a Hospital Stay?

- Can you afford \$10,000? Each day you stay in the hospital costs an average of more than \$2,000,<sup>1</sup> with most stays lasting 4.5 days.<sup>2</sup> That's almost a full work week, and it's more than \$10,000 for one injury or sickness.
- Can you afford unexpected bills? Even if you have health insurance, your out-of-pocket costs for hospitalization will still typically be more than \$1,000.<sup>3</sup>
- Can you afford a medical surprise? Hospitalization due to more serious conditions such as a heart attack or appendicitis usually average \$1,500 or more.<sup>3</sup>

## HospitalWise™ at a Glance

- Pays up to a \$1,000 daily benefit for each day of confinement in a hospital due to sickness or injury with no waiting period
- 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 just \$7.63 per month<sup>4</sup>
- Additional benefits for outpatient surgery, emergency room visits, and more are available



## No-Hassle Application Process

- Sign up in minutes!
- No medical history checks
- No prescription checks
- No personal history interview

<sup>1</sup>1999 - 2015 AHA Annual Survey, Copyright 2016 by Health Forum, LLC, an affiliate of the American Hospital Association. Special data request, 2016. Available at <http://www.ahaonlinestore.com> | <sup>2</sup><https://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf> | <sup>3</sup>JAMA Intern Med. 2016;176(9):1325-1332. doi:10.1001/jamainternmed.2016.3663 - <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2530418> | <sup>4</sup>25 year old female at \$500 daily benefit level



## HospitalWise™ Features

With the HospitalWise plan from SureBridge, a daily cash benefit will be paid directly to you, in addition to any other health insurance coverage you may have, for hospital confinement due to sickness or injury. With a wide range of benefit level options, you have the flexibility to choose the coverage that best fits your needs and budget.



### Benefit Amounts:

\$50 - \$1,000 per day



### Benefit Periods:

3, 6, 10, 21, 180, or 365 days



### Issue Ages:

0 through 90



### Renewability:

Renewable for life!

### Additional Plan Benefits

- **Hospital Observation:** Pays 100% of the Hospital Confinement Benefit per day for a maximum of 4 times per year when you're admitted to a hospital for a 12- to 24-hour observation period.
- **Mental or Nervous Disorder Benefit:** Pays a daily benefit of \$250 for a maximum of 7 days per year for confinement due to a mental or nervous disorder.

## Boost Your Benefits With Additional Riders

HospitalWise™ optional riders provide access to more benefits, payable in addition to the base daily benefits. The following optional riders are available for an additional cost, and all benefits are payable per insured person.

### Worried About Staying in the Hospital?

The Lump-Sum Hospital Confinement Rider pays a lump-sum benefit of \$250 - \$3,000 once per year for confinement due to sickness or injury in addition to the plan benefits. Form CH-26132-IR.

### Do Outpatient Surgery Expenses Concern You?

The Outpatient Surgery Rider pays a benefit of \$250 - \$2,000 twice per year for outpatient surgical procedures resulting from sickness or injury. Form CH-26133-IR.

### Do You Want Skilled Nursing Care?

The Skilled Nursing Facility Rider pays a daily benefit of \$100 - \$500 for confinement in a skilled nursing facility resulting from a sickness or injury. Must begin within 30 days of hospital confinement. Form CH-26134-IR.

**Benefit periods:** Days 1 – 20, Days 21 – 100, Days 1 – 100

### Concerned About Emergency Room Costs?

The Emergency Care Rider pays a benefit of \$100 - \$500 four times per year for emergency room visits due to sickness or injury. Form CH-26135-IR.

### Does the Cost of Ambulance Rides Worry You?

The Ambulance Transport Rider pays a benefit of \$100 - \$500 four times per year for ambulance transportation resulting in hospital confinement due to a sickness or injury. Form CH-26138-IR.

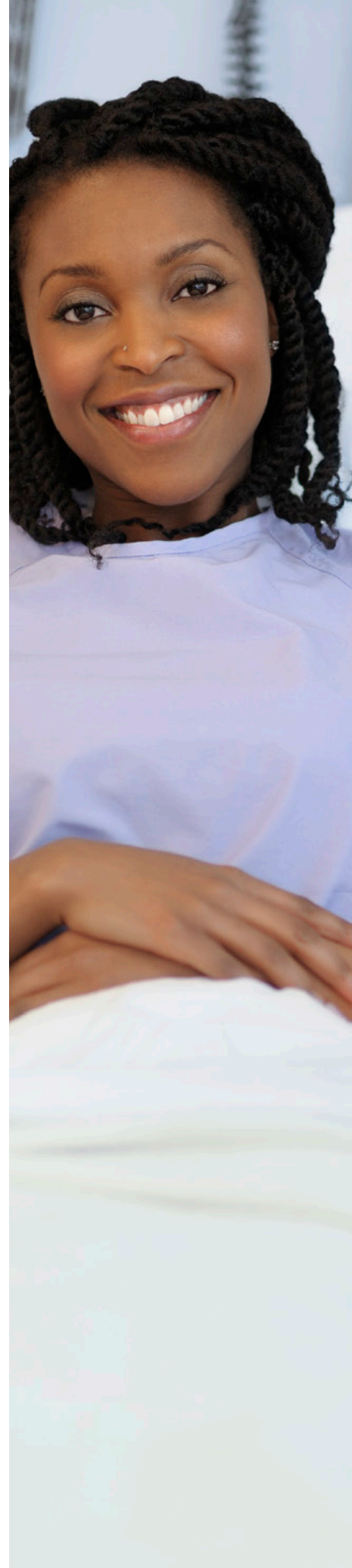
### Could Major Diagnostic Exam Costs Hit Hard?

The Outpatient Major Diagnostic Exam Rider pays a benefit of \$100 - \$500 two times per year for the following exams: CT, MRI, PET, CTA, EEG and EKG. Limited to 1 exam per insured person, per day. Form CH-26136-IR.

### 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 for covered wellness exams, including physicals, blood tests, colonoscopies, mammograms, vision exams, and more. That's a benefit of up to \$200 for a family of four.<sup>1</sup> Form CH-26137-IR.

Riders are subject to all Policy provisions, exclusions and limitations. | <sup>1</sup>Wellness Rider may be subject to a 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, for each day you meet the policy conditions. The Policy 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).

## HospitalWise™: Other Important Information

### Definitions (See Policy for Other Important Definitions):

- **Hospital** means an institution operated pursuant to its license for the care and treatment of sick and injured persons or persons with mental or nervous disorders 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 or persons with mental or nervous disorders on an inpatient basis; 2) Maintain a staff of one or more duly licensed physicians; 3) Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and 4) Be accredited as a hospital by the Joint Commission on Accreditation of Hospitals.
- **Hospital Observation** means an insured person is admitted to a hospital for observation for period of not less than 12 hours but not more than 24 hours.
- **Mental or Nervous Disorder** means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a mental disorder, including but not limited to neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.
- **Pre-Existing Condition** means a medical condition, sickness or injury not excluded by name or specific description for which, during the 6 month period immediately preceding an insured person's effective date of coverage, had manifested themselves in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received. Credit will be given for the time such insured person was covered under previous coverage if the previous coverage was a hospital indemnity plan similar to or exceeded the coverage provided under the Policy and if the previous coverage was continuous to a date not more than 62 days before such insured person's effective date of coverage under the Policy.

### 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, 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 | Mental or nervous disorders, unless otherwise stated in the Policy | Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion, unless deemed to be medically necessary by a physician | Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification | Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy | 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 | Any treatment or procedure that either promotes or prevents conception or prevents childbirth: 1) artificial insemination 2) in-vitro fertilization or other treatment for infertility 3) treatment for impotency 4) sterilization or reversal of sterilization or 5) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the Policy | Cosmetic surgery | 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

## HospitalWise™: Other Important Information (Continued)

### EXCLUSIONS AND LIMITATIONS (Continued)

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

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 | Normal pregnancy, except for complications of pregnancy while hospital confined | Hospital confinement for routine or normal newborn child care | 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.

**Pre-Existing Condition:** We will not provide benefits for any loss resulting from a pre-existing condition, as defined in the Policy, unless the loss is incurred at least six months after the effective date of coverage for an insured person.

### Coverage Information:

- **COVERAGE BEGINS:** Once Chesapeake has approved your application based on the information you provided, the effective date of the coverage for you and your eligible dependent, if any, listed in the application and accepted by Chesapeake will be 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: 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 | 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 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.

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-26131-IP (9/17) FL.



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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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