



Underwritten by *The Chesapeake Life Insurance Company*

# Accident Direct



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

## 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.



SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental and life insurance products are underwritten by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.





# Accident Direct

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

## DID YOU KNOW?

**1 in 8**

persons seek medical attention from an injury each year.<sup>1</sup>

**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.

## Cash benefits can be used for:

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

## 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' Compensation<sup>2</sup>

<b>\$25,000</b>	<b>\$15,000</b>	<b>\$7,500</b>	<b>\$3,750</b>
for 14+ days	for 7 - 13 days	for 3 - 6 days	for 1 - 2 days

- 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 \$13<sup>01</sup> per month<sup>3</sup>**

<sup>1</sup> National Safety Council, Injury Facts, 2014 | <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 \$5,000 benefit level.

# Accident Direct



<b>BENEFIT SCHEDULE<sup>1</sup></b> (per person, per year)	<b>\$5,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>
14+ days: 100% of benefit	\$5,000	\$15,000	\$20,000	\$25,000
7 - 13 days: 60% of benefit	\$3,000	\$9,000	\$12,000	\$15,000
3 - 6 days: 30% of benefit	\$1,500	\$4,500	\$6,000	\$7,500
1 - 2 days: 15% of benefit	\$750	\$2,250	\$3,000	\$3,750
<b>Common Accident Benefit</b> when two or more covered persons are injured in the same accident	<b>Included</b>	<b>Included</b>	<b>Included</b>	<b>Included</b>

## Medically Necessary

**Outpatient Treatment of  
Accidental Injuries**

**\$500 per insured person, per accidental injury**

<b>MONTHLY PREMIUMS</b>				
Male	\$17 <sup>08</sup>	\$19 <sup>83</sup>	\$21 <sup>20</sup>	\$22 <sup>58</sup>
Female	\$13 <sup>01</sup>	\$15 <sup>11</sup>	\$16 <sup>15</sup>	\$17 <sup>20</sup>
Dependent Child(ren)	\$15 <sup>13</sup>	\$17 <sup>56</sup>	\$18 <sup>78</sup>	\$20 <sup>00</sup>

<sup>1</sup> Confinement 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.

Consumer Preferred Status: Based on 80% of customers with the \$25,000 benefit level (8/2016).

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) GA.

**THE CHESAPEAKE LIFE INSURANCE COMPANY®**

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

**ACCIDENTAL INJURY ONLY INSURANCE POLICY  
OUTLINE OF COVERAGE FOR POLICY FORM: CH-26118-IP (01/10) GA**

- 1. **READ YOUR POLICY CAREFULLY** – This outline of coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**
- 2. **ACCIDENTAL INJURY ONLY INSURANCE POLICY** - Accidental Injury Only coverage is designed to provide You or Your Covered Dependents with coverage for Accidental Injuries that First Occur and result in a Hospital Confinement within 45 days of such Accidental Injury. **The Policy does NOT provide benefits from loss of Sickness.**
- 3. **SCHEDULE OF BENEFITS** –

<u>BENEFIT</u>	<u>AMOUNT OF BENEFIT</u>
<b>MAXIMUM ACCIDENTAL INJURY BENEFIT AMOUNT (Per Insured Person, per Year):</b>	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000
<b>ACCIDENTAL INJURY BENEFIT PAYABLE FOR:</b>	
14 days or more of Hospital Confinement with or without Surgery:	100% of the Accidental Injury Benefit Amount
7 to 13 days of Hospital Confinement with or without Surgery:	60% of the Accidental Injury Benefit Amount; or
3 to 6 days of Hospital Confinement with or without Surgery:	30% of the Accidental Injury Benefit Amount; or
1 to 2 days of Hospital Confinement with or without Surgery:	15% of the Accidental Injury Benefit Amount; or

**OUTPATIENT ACCIDENTAL INJURY BENEFIT PAYABLE FOR:**

Medically Necessary outpatient treatment of Accidental Injuries: \$500 per Insured Person, per Accidental Injury

**COMMON ACCIDENTAL INJURY BENEFIT PAYABLE WHEN 2 OR MORE INSURED PERSONS ARE INJURED IN THE SAME ACCIDENTAL INJURY AND AT LEAST 2 OF WHOM MEET ANY OF THE CRITERIA BELOW:**

- Criteria One:** Hospital Confined for 3 or more days: 50% of the Accidental Injury Benefit Amount (Limited to one Common Accidental Injury Benefit Amount under the Policy per Year)
- or**
- Criteria Two:** Hospital Confined for 2 or more days with Surgery: 50% of the Accidental Injury Benefit Amount (Limited to one Common Accidental Injury Benefit Amount under the Policy per Year)

4. **BENEFITS:** Benefits are payable under the Policy for Accidental Injuries that First Occur within 45 days of such Accidental Injury and while an Insured Person's coverage is in force under the Policy. Unless otherwise stated herein, all benefits are subject to the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE, the Exclusions and Limitations, and all other provisions of the Policy.
- **Accidental Injury Benefit** - When an Insured Person is Hospital Confined or seeks Medically Necessary outpatient treatment from a Legally Qualified Physician within 45 days due to the First Occurrence of an Accidental Injury, We will pay the Accidental Injury Benefit Amount in accordance with the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE. Once the Maximum Accidental Injury Benefit Amount is exhausted for each Insured Person, no further benefits will be available for that Insured Person for the remainder of that Year (except as shown under the Common Accident Provision below). The AMOUNT OF BENEFIT payable per Hospital Confinement will be based on the date of the Accidental Injury that resulted in such Confinement. The AMOUNT OF BENEFIT payable for Medically Necessary outpatient treatment of Accidental Injuries is shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS.
  - **Common Accidental Injury Benefit** - If two or more Insured Persons covered under the Policy are injured in the same Accidental Injury ("Common Accident"), and would qualify for a Common Accidental Injury Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, We will pay such amount in addition to any available Accidental Injury Benefit Amounts for such Insured Persons involved in the Common Accident. In the event any or all Insured Persons involved in the Common Accident have exhausted their available Accidental Injury Benefit Amounts, only the Common Accidental Injury Benefit Amount will be paid for such Insured Persons. **Only one Common Accidental Injury Benefit Amount will be payable under the Policy per Year**, regardless of how many Common Accidents occur, or which Insured Persons are/are not involved in a Common Accident within that Year.
5. **EXCLUSIONS AND LIMITATIONS:** We will not provide any benefits for loss caused by, resulting from or in connection with:
1. Sickness;
  2. Pregnancy and childbirth, including routine or normal newborn child care;
  3. 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;
  4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
  5. Any outpatient care that is not Medically Necessary;
  6. Any act of war, declared or undeclared;
  7. Active military duty in the service of any country;
  8. Participation in a riot, civil commotion or insurrection;
  9. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
  10. Mental or Nervous Disorders;
  11. Cosmetic surgery;
  12. Operating any motorized passenger vehicle for wage, compensation or profit;
  13. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless administered upon the advice of a Legally Qualified Physician;
  14. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly, unless administered upon the advice of a Legally Qualified Physician;
  15. Directly or indirectly engaging in an illegal occupation or a felony or an attempted felony;
  16. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized 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; and
  17. 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 the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.
6. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to the next monthly anniversary date following Your reaching age 65, at Your option, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Any change in rates will be effective on the next following premium due date. Please read the Premium Changes provision of the Policy carefully. The Company reserves the right to change the applicable table of premium rates on a Class Basis.
7. **PREMIUMS.** We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any Policy anniversary; provided, We have given You written notice of a least 60 days prior to the effective date of the new rates. Such change will be on a Class Basis.



# 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)



SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental and life insurance products are underwritten by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.



# Navigate life's twists and turns

with the SureBridge portfolio  
of supplemental and life  
insurance products

## ACCIDENT DIRECT: 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.

### 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.
- **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, except as provided in the Waiver of Premium provision, subject to the Grace Period | At the end of the month following the date of our receipt of your written request of termination | If the insured person performs an act or practice that constitutes fraud or intentional misrepresentation of material fact in applying for or procuring coverage, subject to the Time Limit on Certain Defenses provision appearing under the General Provisions section of the Policy | On the date we elect to discontinue this plan or type of coverage. We will give you at least 90 written 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 we elect to discontinue all coverage in your state. We will give you and the Commissioner at least 180 days written 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 next monthly anniversary date following your reaching 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. Any unearned premium which has been paid by you will be refunded on a pro rata basis.

Dental | Accident Direct | Accident Disability Direct | Critical Illness Direct  
Critical Accident Direct | Accident Companion | Simplified Issue Term Life  
Vision | Income Protection Direct | CancerWise® | Hospital Confinement Direct  
ProtectFit Plus | Final Expense Whole Life | Fixed Indemnity Direct | Metal Gap

# SureBridgeInsurance.com

## 800-815-8535

Weekdays, 8am to 5pm in all time zones



Underwritten by *The Chesapeake Life Insurance Company*®