

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 \$8.00 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

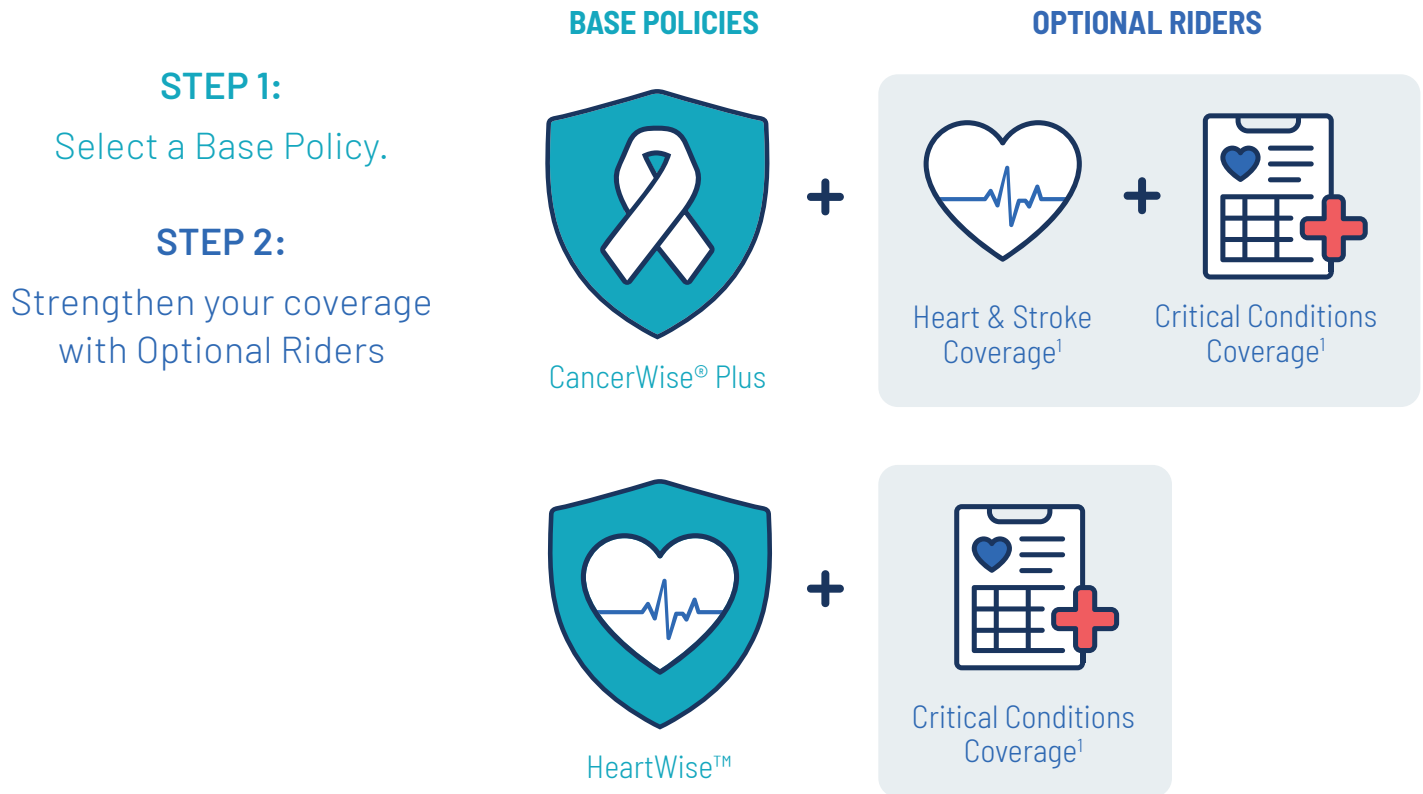
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More Financial Protection

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:

0² 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.

¹Rider availability may vary by state. | ²Represents 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, or its state variation		CRITICAL CONDITIONS CATEGORY Optional Critical Conditions Rider** Form CH-26145-IR, or its state variation	
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 Riders²

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 Rider³ 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, or its state variation.

Worried About Recurring Heart Attacks or Strokes?

Heart Attack and Stroke Recurrence Rider³ 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, or its state variation.

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.⁴ Form CH-26137-IR, or its state variation.

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. | ²Rider availability may vary by state | ³Qualifying recurrent diagnoses must be separated by a period of 365 consecutive days during which the insured was symptom- and treatment-free. |

⁴Wellness 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, 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 by the term. 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.¹
 - **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.²
 - **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, 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.³
- **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.⁴

¹UT: removes 'who is a board certified cardiologist' | ²UT: removes 'who is a board certified cardiothoracic surgeon' | ³MS: removes entirely | ⁴IL: removes entirely MS: revises 'two-year' to 'five-year' and revises 'one-year' to 'two-year' NC: revises to 'a medical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a legally qualified physician within the one-year period before the effective date of coverage' NE: removes 2) entirely UT: revises to 'a condition which first manifested itself within the 6 months prior to the effective date of coverage or which was diagnosed by a legally qualified physician at any time prior to the effective date of coverage.'

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) and Form 26150-IP (02/18), or their state variations.

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 undeclared¹ | Any diagnosis, as defined, which is made by you or a member of your immediate family or household | Any diagnosis, as defined, which occurs prior to an insured person's effective date of coverage | Any diagnosis, as defined, which is made outside the U.S. | Any diagnosis, as defined, 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 schedule² | Any qualifying event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex³ | 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.⁴

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, including the waiting period.⁵

In addition to the above, the following also applies to the HeartWise Policy: An injury or accident | Active military duty in the service of any country⁶ | Participation in a riot, civil commotion or insurrection⁷ | 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 facility⁸ | Experimental or investigational medicine | Cosmetic surgery | Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly⁹ | An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly¹⁰ | Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated¹¹ | Committing or trying to commit a felony.¹²

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.
- **RENEWABILITY:** Your Policy is guaranteed renewable, subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy.¹³
- **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 31 days prior to the effective date of the new rates.¹⁴
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy and any 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) | If your mode of premium is monthly, at the end of the period through which premium has been paid following our receipt of your request of termination¹⁵ | If your mode of premium is other than monthly, upon the next monthly anniversary day following our receipt of your request of termination. Premium will be refunded for any amounts paid beyond the termination date¹⁶ | On the date you: 1) perform an act or practice that constitutes fraud; or 2) make an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy¹⁷ | On the date we elect to discontinue this plan or type of coverage¹⁸ | On the date we elect to discontinue all coverage in your state¹⁹ | 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 | Premium will only be refunded for any full months paid beyond the termination date.²⁰

¹NC: adds 'except for terrorism' | ²MS: removes 'first' | ³IA, NC: removes entirely IL: removes 'or indirectly' | ⁴IL: removes 'or indirectly' UT: removes entirely | ⁵IL: removes entirely MS: removes 'first' and revises '12 months' to '24 months' NC: adds 'Pre-existing conditions do not apply to insured person that are sixty-five (65) or older on the Policy effective date, unless specifically excluded by rider' UT: changes '12 months' to '6 months' | ⁶AR: adds 'Upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services' | ⁷UT: adds 'voluntary' before 'participation' | ⁸AR: adds 'for which, in the absence of insurance, the insured person would not be required to pay' | ⁹AL, IL, KS: adds 'unless taken as prescribed by a legally qualified physician' IL: removes 'directly or indirectly' NC: adds 'unless administered on the advice of a legally qualified physician' NE: adds 'unless administered on the advice of a physician' after 'narcotics' | ¹⁰AL, KS: adds 'unless taken as prescribed by a legally qualified physician' AL: removes 'or under the influence of intoxicants' IL: revises to 'Being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a legally qualified physician' LA: removes 'or other drugs' and adds 'unless administered by a legally qualified physician' NC: adds 'unless administered on the advice of a legally qualified physician' NE: revises to 'an intentional overdose of drugs, being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician, or other illegal drugs, directly or indirectly' UT: removes 'being intoxicated or under the influence of intoxicants' and adds the new exclusion 'the use of alcohol that substantially contributes to, causes the loss, or is over the legal limit' | ¹¹IA: removes 'or your being incarcerated' IL: removes 'or indirectly' and 'or illegal activity' NE: revises to 'engaging in an illegal occupation or your being incarcerated' UT: adds 'as a voluntary participant' after 'illegal activity' | ¹²UT: adds 'as a voluntary participant' | ¹³IA, KS: revises 'guaranteed' to 'conditionally' NC: adds 'at the option of the insured, unless sufficient notice of non-renewal is given to you in writing by us' after 'renewable' and adds 'Any rate adjustment will be preceded by a 45 day notice' | ¹⁴IL: removes 'and from time to time' LA, NC, UT: revises '31 days' to '45 days' LA: adds 'Such rates will not increase more than once each six-month period, following the initial twelve-month period' MS, WI: revises '31 days' to '60 days' NC: revises 'at any time and from time to time' to 'for a period not less than twelve months' and adds 'and the new rates are approved by the Commissioner of North Carolina Department of Insurance' | ¹⁵KS: removes entirely | ¹⁶KS: removes entirely | ¹⁷NC: adds '(subject to the Incontestability provision) after 1) and adds 'within 2 years of the effective date of coverage' after 'material fact' | ¹⁸LA: adds '(We will provide written notice to you of such discontinuation at least 60 days prior to the date coverage will discontinue)' NC: adds 'we will provide you with a 180 day notice in the event we terminate this plan' | ¹⁹NC: adds 'we will provide you with a 180 day notice in the event we terminate this plan' | ²⁰IL: revises to 'Except when termination of the Policy is due to your death, premium will only be refunded for any full months paid beyond the termination date. When termination of the Policy is due to your death, the company will refund any unearned premiums for you upon written request by any person entitled to the unearned premium'

For use in AL, AR, IA, IL, KS, LA, MS, NC, NE, UT and WI



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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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