



HospitalWise™ | AK, AL, AR, CO, CT, DC, DE, FL, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NV, OH, OK, PA, SC, SD, TN, TX, UT, VA, WI, WV, WY



Hospital Indemnity Insurance

HospitalWise™

A budget-friendly way to help with out-of-pocket costs not covered by medical insurance.

THIS PRODUCT IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA).

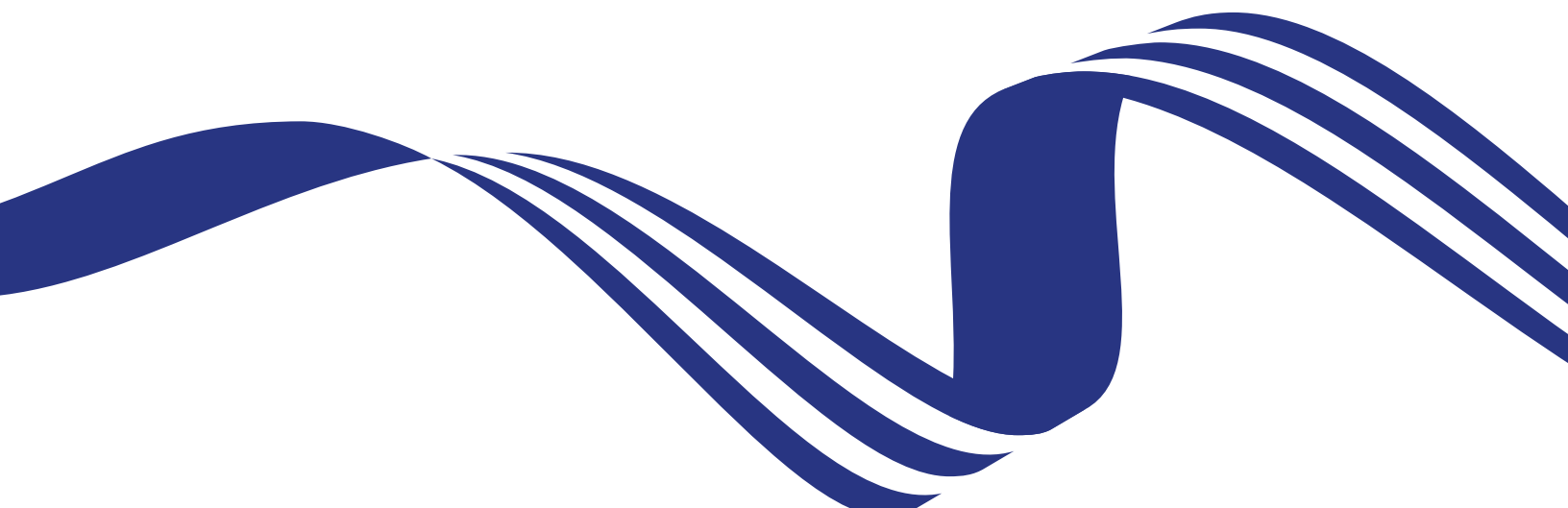
This hospital indemnity product provides limited benefits in a stated amount, regardless of the actual expenses incurred. The Chesapeake Life Insurance Company is the underwriter and administrator of these plans.

Policy Form CH-26131-IP (9/17) and other state variations

UnitedHealthcare®
The Chesapeake Life Insurance Co.

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Why a HospitalWise plan?

A hospital stay due to an injury or sickness isn't something you can predict, but it is something you can prepare for.

Most major medical insurance plans only pay a portion of hospital expenses. That may leave you with out-of-pocket expenses like your medical insurance deductible, your coinsurance responsibility, or just simply what your medical insurance doesn't cover.

HospitalWise is designed to pay the cash benefit amount you select for the number of days you choose per stay, to help reduce what comes out of your wallet.

Cash benefits can be used to help you with:

- Deductibles, copays or coinsurance on your current health plan
- Prescriptions
- Out-of-network care costs
- Everyday living expenses

It's also good to know:

- There is no waiting period to use these benefits*
- Premiums do not increase due to age
- Issue Ages: 0 through 90

Renewable for Life

- These plans are renewable for life as outlined in the Policy.

*Optional Wellness Rider requires a waiting period in most states.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy. State specific differences may apply.

Highlights of benefits

With the HospitalWise plan from The Chesapeake Life Insurance Company, a UnitedHealthcare company, you can choose from a flexible range of daily cash benefits and benefit periods to be paid for hospital confinement due to sickness or injury. This plan pays in addition to any other health insurance coverage you may have. Enhance coverage by adding optional benefits to your HospitalWise plan.

Benefits per person ¹	HospitalWise
Hospital Confinement Benefit For sickness or injury	Choose Benefit Amount: \$50 to \$1,000 (in increments of \$50) per day Choose Benefit Period: 3, 6, 10, 21, 180, or 365 days per period of confinement
Hospital Observation Benefit² For sickness or injury; payable in lieu of Hospital Confinement	100% of the chosen Hospital Confinement Benefit Amount per admission Maximum 4 times per calendar year
Hospital Confinement Benefit for Mental or Nervous Disorder Payable in lieu of Hospital Confinement	\$250 per day Maximum 7 days per calendar year

Optional Benefits per person (additional premium applies)

Lump-Sum Hospital Confinement Rider For sickness or injury ³	Choose from \$250 - \$3,000 (increments of \$250) per confinement Maximum 1 per calendar year
Outpatient Surgery Rider Performed at outpatient surgical facility	Choose from \$250 - \$2,000 (increments of \$250) per surgery Maximum 2 surgeries per calendar year
Skilled Nursing Facility Rider For confinement in skilled nursing facility for sickness or injury ⁴	Choose Benefit Amount: \$100 - \$500 (increments of \$100) per day Choose Benefit Period: Days 1-20, Days 1 - 100, Days 21-100 Maximum 2 per calendar year
Emergency Care Rider Emergency room visits for sickness or injury	Choose from \$100 - \$500 (increments of \$100) per visit Maximum 4 per calendar year
Ambulance Transport Rider For sickness or injury resulting in hospital confinement	Choose from \$100 - \$500 (increments of \$100) per trip Maximum 4 per calendar year
Outpatient Major Diagnostic Exam⁵ Rider	Choose from \$100 - \$500 (increments of \$100) per day Maximum 2 exams per calendar year
Wellness Rider 90-day Waiting Period	\$50 per exam Maximum 1 exam per calendar year

Plans are Guaranteed Issue (no underwriting) or Simplified Issue (some medical questions), depending on your state and the benefits chosen.

Optional Benefit Rider Forms: CH-26132-IR (Lump Sum Hospital Confinement), CH-26133-IR (Outpatient Surgery), CH-26134-IR (Skilled Nursing Facility), CH-26135-IR (Emergency Care), CH-26138-IR (Ambulance Transport), CH-26136-IR (Outpatient Major Diagnostic Exam), CH-26137-IR (Wellness) and their state variations.

¹ Benefit availability, amounts, periods, and limitations may vary by state. See State Variations. ² Payable when insured person is admitted to a hospital for observation period of 12-24 hours. ³ Payable in addition to the Hospital Confinement Benefit. Not payable when insured person is hospital confined due to mental or nervous disorders or for hospital observation. ⁴ Skilled Nursing confinement must begin within 30 days of a hospital confinement. ⁵ Outpatient Major Diagnostic Exams include: Computerized Tomography (CT), Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET) scan, Angiogram, Computerized Tomography Angiogram Scan (CTA), Electroencephalogram (EEG) or Electrocardiogram (EKG).

This Policy does not contain comprehensive adult wellness benefits as defined by Wyoming law.

Exclusions

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply. See State Variations. The purchase of the policy is not contingent upon purchasing or having any individual or group health insurance coverage.

NOTE: Any reference to “we”, “our” or “us” refers to Chesapeake Life Insurance Company.

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;
- Active military duty in the service of any country;
- 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;
- Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity;
- Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured is under the policy;
- Modification of the physical body in order to improve the psychological mental or emotional well-being of the insured person;
- 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, 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;
- Drug abuse or addiction, as outlined in the policy;
- An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs;
- 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;
- Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an

organized or unorganized 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;

- 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 certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip; and
- Care received outside of the United States.

Provisions:

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply. See State Variations. The purchase of the policy is not contingent upon purchasing or having any individual or group health insurance coverage.

NOTE: Any reference to “we”, “our” or “us” refers to Chesapeake Life Insurance Company.

Eligibility

At the time of application, the primary insured must be between the ages of 0 – 90 years. Eligible dependents include spouse /domestic partner (as defined by state), between the ages of 16 – 90, and your natural and adopted children and step-children under the age of 26, or as required by state.

Age Misstatement

If your age has been misstated, our records will be changed to show the correct age. The benefits provided will not be affected if you continue to be eligible for coverage at the correct age. However, premium adjustments, including collection of any premium due to us because of past underpayments, will be made so that we receive the premiums due at the correct age payable on the premium due date following our notification of an age correction.

Notice of Claim

Written notice of claim must be given to us within 60 days (or as required by state), or as soon as reasonably possible.

Pre-Existing Conditions

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

Pre-Existing Condition means a medical condition, sickness or injury not excluded by name or specific description for which:

- Medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the effective date of coverage; or
- Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six month period before the effective date of coverage.

Premium Changes

We reserve 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, we have given you written notice of at least 31 days prior to the effective date of the new rates.

Renewability and Termination of Coverage

The Policy is renewable until the earliest of the following:

- At the end of the period for which premium has been paid (subject to policy provisions);
- 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 termination;
- 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 date;

- 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, type of coverage, or all coverage in your state; or
- On the date an insured person is no longer a permanent resident of the United States.

Underwriting

If you provide incorrect or incomplete information on your application for insurance, your coverage may be voided or claims denied.

State Variations

Alabama

Form CH-26131-IP (9/17) AL

- The exclusions regarding drug abuse and being under the influence of drugs do not apply if taken as prescribed by a physician.

Alaska

Form CH-26131-IP (9/17) AK

- The exclusion regarding experimental or investigational medicine does not apply.
- The exclusion regarding overdose of drugs, being intoxicated or being under the influence of drugs does not apply if administered on the advice of a physician.
- The exclusion regarding care received outside of the U.S. does not apply to Canada.
- In the Premium Changes provision, we will give you written notice of at least 45 days prior to the effective date of the new rates.
- In the Notice of Claim provision, written notice of claim must be given to us within 20 days, or as soon as reasonably possible.
- The Termination of Coverage provision is revised: 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 policy provisions);
 - On the date we receive 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 or all coverage in your state. We will give you at least 45 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.

Arkansas

Form CH-26131-IP (9/17) AR

An Outline of Coverage for this state, CH-26131-IP (9/17) OC AR, can be viewed at <https://stage.uhone.com/api/supplsystem/?Filename=49575OCAR-C202307.pdf>.

- The \$50 per day Hospital Confinement Benefit is NOT available.
- The \$50 per day Hospital Observation Benefit is NOT available.
- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$80 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- In the exclusion for active military duty, upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services.

Colorado

Form CH-26131-IP (9/17) CO

- The optional Wellness Rider is NOT available.

Connecticut

Form CH-26131-IP (9/17) CT

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The following Optional Benefit Riders are NOT available:
 - Outpatient Surgery Rider
 - Emergency Care Rider
 - Outpatient Major Diagnostic Exam Rider
 - Wellness Rider
- The exclusion for drug abuse is revised: No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a physician.
- The exclusion for intoxication and being under the influence of drugs was revised: Being intoxicated or under the influence of intoxicant, 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.
- The exclusion for mountaineering and other activities does not apply.
- Dependent children are eligible under the age of 27.
- Pre-Existing condition means a medical condition, sickness or injury not excluded by name or specific description for which:
 - Medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the effective date of coverage; or
 - Symptoms existed within the six month period before the effective date of coverage.

Delaware

Form CH-26131-IP (9/17) DE

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.

District of Columbia

Form CH-26131-IP (9/17) DC

- Pre-Existing Condition means a medical condition, sickness or injury not excluded by name or specific description for which:
 - Medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the effective date of coverage; or
 - Symptoms existed which would cause a person to seek diagnosis, care or treatment within the six month period before the effective date of coverage.

Florida

Form CH-26131-IP (9/17) FL

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The exclusion for any act of war does not apply to terrorism.
- In the exclusion for active military duty, upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services.
- The exclusion for mandibular or maxillofacial surgery does not apply if deemed by a physician to be medically necessary.
- The exclusion for modification of the physical body in order to improve the psychological mental or emotional well-being of the insured person does not apply.
- The exclusions regarding drug abuse and being under the influence of drugs do not apply if taken as prescribed by a physician.
- The exclusion for mountaineering and other activities does not apply.
- The exclusion for care received outside of the United States does not apply.
- Dependent children are eligible under the age of 31.
- 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 exceeding the coverage provided under the HospitalWise plan 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.
- In the Premium Changes provision, we will give 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.
- The Termination of Coverage provision is revised: 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 policy provisions;
 - 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;

Florida (continued)

- 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; or
- On the date an insured person is no longer a permanent resident of the United States.

Idaho

Form CH-26131-IP (9/17) ID (07/20)

An Outline of Coverage for this state, CH-26131-IP (9/17) OC ID (07/20), can be viewed at <https://stage.uhone.com/api/supplsystem/?Filename=49575OCID-C202307.pdf>.

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- There is no Hospital Observation benefit.
- The Hospital Confinement Benefit for Mental or Nervous Disorders is limited to 31 days per person, per calendar year.
- There are no optional riders available.
- The exclusion for active military duty applies to service in the armed forces or units auxiliary to it.
- The exclusion regarding participation in a riot, civil commotion or insurrection is revised: Participation in a felony, riot, or insurrections.
- The exclusion for mental or nervous disorders is revised: Mental or emotional disorders, alcoholism and drug addiction, unless otherwise state in the policy.
- The exclusion for any treatment or procedure that promotes or prevents conception or prevent childbirth does not apply but was replaced with an exclusion for abortion unless the life of the mother would be endangered if the fetus were carried to term.
- The exclusion for cosmetic surgery does not apply when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child
- The exclusion for illegal activity or your being incarcerated does not apply. However, the exclusion for engaging in an illegal occupation still applies.
- The exclusion for mountaineering and other activities was revised to include participation as a professional in hazardous activities such as those.
- There is an exclusion for loss from professional aviation for wage or profit.
- The following exclusions do not apply:
 - 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
 - Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity
 - Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the policy

- Modification of the physical body in order to improve the psychological mental or emotional well-being of the insured person
 - Drug abuse or addiction, as outlined in the policy
 - An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs
 - Committing or trying to commit a felony
 - 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 certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip
- Pre-Existing Condition means a medical condition, sickness or injury not excluded by name or specific description for which:
 - A condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately preceding the effective date of coverage; or
 - A condition for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the effective date of coverage.

Illinois

Form CH-26131-IP (9/17) IL

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The exclusion regarding weight loss does not apply if treatment is for morbid obesity.
- The exclusions regarding drug abuse and being under the influence of drugs do not apply if taken as prescribed by a physician.
- The exclusion regarding an illegal occupation or illegal activity is revised: Directly engaging in an illegal occupation or your being incarcerated.
- In the exclusion for 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 certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip, “travel in or descent from any vehicle or device for aerial navigation” is replaced with “aviation.”
- The following exclusions do not apply:
 - Operating any motorized passenger vehicle for wage, compensation or profit
 - Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized 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
- Dependent children are eligible under the age of 30.

Indiana

Form CH-26131-IP (9/17) IN

- The exclusions regarding drug abuse and being under the influence of drugs do not apply if administered on the advice of a physician.

Iowa

Form CH-26131-IP (9/17) IA

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The exclusion regarding mountaineering and other activities does not apply.
- There is an exclusion for loss resulting from aviation, including experimental aviation or ultra-light flying.

Kansas

Form CH-26131-IP (9/17) KS

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The exclusions regarding drug abuse and being under the influence of drugs do not apply if taken as prescribed by a physician.
- The Termination of Coverage provision is revised by removing the events regarding termination by you.

Kentucky

Form CH-26131-IP (9/17) KY

- The exclusions regarding drug abuse and being under the influence of drugs do not apply if taken as prescribed by a physician.
- In the Premium Changes provision, the premium table will not increase within 12 months from the date of issue or date of renewal. The premium for the policy is based on the issue age of the insured person at the time in which the policy becomes effective. The premium for the policy may also change in amount by reason of a change in occupation, the insured person's change in geographic location or an increase in the policy's benefit level. If we change the premiums, we will give the insured person a written notice of at least 31 days prior to the effective date of the new rates.
- In the Age Misstatement provision, if the age of any insured person has been misstated, all amounts payable under the policy shall be such as the premium paid would have purchased at the correct age.

Louisiana

Form CH-26131-IP (9/17) LA

- The exclusion regarding overdose of drugs, being intoxicated or under the influence of drugs does not apply if administered by a physician.
- In the Premium Changes provision, we will give you written notice of at least 45 days prior to the effective date of the new rates. Such rates will not increase more than once each six-month period, following the initial twelve-month period.

- In the Termination of Coverage provision, if we elect to discontinue the plan or type of coverage, we will provide written notice at least 60 days prior to the date coverage is discontinued.

Maine

Form CH-26131-IP (9/17) ME

An Outline of Coverage for this state, CH-26131-IP (9/17) OC ME, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49575OCME-C202307.pdf>.

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The exclusion does not apply for 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.
- In the Premium Changes provision, we will give you written notice of at least 60 days prior to the effective date of the new rates.

Maryland

Form CH-26131-IP (9/17) MD

- The Waiting Period for the optional Wellness Rider does not apply.
- The exclusion for cosmetic surgery also applies to other modifications of the physical body in order to improve the psychological, mental or emotional well-being of the insured person, and/or when the treating physician determines that the treatment is cosmetic.
- The following exclusions do not apply:
 - Participation in a riot, civil commotion or insurrection
 - 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
 - Modification of the physical body in order to improve the psychological mental or emotional well-being of the insured person
 - Drug abuse or addiction, as outlined in the policy
 - An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs
 - Engaging in an illegal occupation or illegal activity; however, the exclusion for your being incarcerated still applies
 - Committing or trying to commit a felony
- Pre-Existing Condition means a medical condition that was not revealed in the application for the policy unless the condition is excluded by means of a signed waiver attached to the contract, for which:
 - Medical advice, consultation, or treatment was recommended by or received from a physician, within the six month period before the effective date of coverage; or

Maryland (continued)

- Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six month period before the effective date of coverage.
- In the Premium Changes provision, we will give you written notice of any increase in rates by mail at least 40 days prior to the effective date of the new rates.

Michigan

Form CH-26131-IP (9/17) MI

- The exclusion regarding a riot, civil commotion or insurrection is revised: Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony.
- The exclusions regarding drug abuse and being intoxicated do not apply.
- The exclusion regarding committing a felony is revised: Commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation or other willful criminal activity.

Minnesota

Form CH-26131-IP (9/17) MN

- The exclusion regarding drug abuse or addiction also excludes overdose of drugs, narcotics or hallucinogens unless administered on the advice of a physician.
- The exclusion regarding being intoxicated is revised: An overdose of drugs, being intoxicated (limited to an insured person driving or operating a motor vehicle and who has been determined to have a blood alcohol level exceeding the legal limit as defined by state law) or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly, unless administered on the advice of a physician.

Mississippi

Form CH-26131-IP (9/17) MS

- In the Premium Changes provision, we will give you written notice of at least 60 days prior to the effective date of the new rates.
- In the Age Misstatement provision, if the age of any insured person has been misstated, all amounts payable under the policy shall be such as the premium paid would have purchased at the correct age.

Missouri

Form CH-26131-IP (9/17) MO

- The exclusion regarding your being incarcerated does not apply; however, the exclusion regarding engaging in an illegal occupation or illegal activity still applies.
- In the Notice of Claim provision, written notice of claim must be given to us within 20 days after the occurrence or commencement of any loss, or as soon as reasonably possible.

Montana

Form CH-26131-IP (9/17) MT

An Outline of Coverage for this state, CH-26131-IP (9/17) OC MT, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49575OCMT-C202307.pdf>.

- The exclusion for overdose of drugs or intoxication applies only if it is voluntary.
- The exclusion for a felony applies only to the actual commission of a felony.
- The following exclusions do not apply:
 - Normal pregnancy, except for complications of pregnancy while hospital confined
 - Hospital confinement for routine or normal newborn child care
- In the Termination of Coverage provision:
 - If coverage is terminated due to non-payment of premium, we will give you at least 30 days after the date of our mailing the written notice accompanied by the reason for the termination.
 - On the date an insured person is no longer a permanent resident of the United States does not apply.
- In the Notice of Claim provision, written notice of claim must be given to us within 6 months, or as soon as reasonably possible.
- In the Premium Changes provision, we will give you written notice of at least 45 days prior to the effective date of the new rates. Premiums will not be increased more frequently than once during a 12-month period unless failure to increase the premium more than once during the 12-month period would place the Company in violation of the laws of the State of Montana or cause financial impairment of the Company to the extent that further transaction of insurance by the Company injures or is hazardous to its policyholders or the public.
- Pre-existing Condition means a medical condition, sickness or injury not excluded by name or specific description for which medical advice, diagnosis, care or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the effective date of coverage.

Nebraska

Form CH-26131-IP (9/17) NE

- The exclusions regarding drug abuse and being under the influence of narcotics do not apply if administered on the advice of a physician and must be intentional overdose of drugs.
- The exclusion regarding an illegal occupation or illegal activity is revised: Engaging in an illegal occupation or your being incarcerated.
- The exclusion regarding racing applies to organized events.
- Dependent children are eligible under the age of 30.
- Pre-Existing Condition means a medical condition, sickness or injury not excluded by name or specific description for which medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the effective date of coverage.

Nevada

Form CH-26131-IP (9/17) NV

An Outline of Coverage for this state, CH-26131-IP (9/17) OC NV, can be viewed at <https://stage.uhone.com/api/supplsystem/?Filename=49575OCNV-C202307.pdf>.

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The following exclusions do not apply:
 - Drug abuse or addiction, as outlined in the policy
 - An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs
- In the Premium Changes provision, any increase in premium rates with approval by the Division of Insurance and we will give you written notice of at least 60 days prior to the effective date of the new rates.

New Hampshire

Form CH-26131-IP (9/17) NH (11/19)

An Outline of Coverage for this state, CH-26131-IP (9/17) OC NH (11/19), can be viewed at <https://stage.uhone.com/api/supplsystem/?Filename=49575OCNH-C202307.pdf>.

- The optional Wellness Rider is NOT available.
- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The Hospital Confinement for Mental or Nervous Disorders Benefit pays the same benefit as Hospital Confinement Benefit.
- The optional Skilled Nursing Facility Rider benefit period for days 21-100 is NOT available.
- The Skilled Nursing Facility Rider does not require a Skilled Nursing Facility confinement to begin within 30 days of a hospital confinement.
- The exclusion regarding military is for service in the armed forces or units auxiliary to it.
- The exclusion regarding participation in a riot, civil commotion or insurrection is revised: Participation in a felony, riot, or insurrections.
- The exclusion regarding cosmetic surgery does not apply to reconstructive surgery incidental to or following surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery due to a congenital disease or anomaly of a covered dependent child that has resulted in a functional defect.
- The exclusion for drug abuse or addiction is revised: Drug abuse or addiction including alcoholism
- The following exclusions do not apply:
 - 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
 - Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity

- Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the policy
 - Modification of the physical body in order to improve the psychological mental or emotional well-being of the insured person
 - 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, 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
 - An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs
 - 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
 - Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized 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
- Pre-Existing conditions do not apply.
 - In the Premium Changes provision, rates will not be adjusted more than once in any 365 day period.
 - In the Termination of Coverage provision, events based on mode of premium were replaced with the date we receive your request of termination.

North Carolina

Form CH-26131-IP (9/17) NC

- The exclusion for any act of war does not apply to terrorism.
- The exclusion for participation in a riot, civil commotion or insurrection applies to active participation only.
- The exclusion regarding cosmetic surgery does not apply for congenital defects or anomalies associated with cleft lip or cleft palate.
- The exclusion regarding mandibular or maxillofacial surgery does not apply.
- The exclusion regarding overdose of drugs, being intoxicated or under the influence of drugs does not apply if administered on the advice of a physician.
- There is an exclusion for services or supplies for the treatment of an occupational injury or sickness which are

North Carolina (continued)

paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

- Pre-Existing Conditions do not apply to insured persons age 65 and older.
- Pre-Existing Condition means a medical condition, sickness or injury for which medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the effective date of coverage.
- In the Premium Changes provision, we will not change the premium for the first 12 months of the policy. We will give you written notice of at least 45 days prior to the effective date of the new rates and the new rates are approved by the Commissioner of North Carolina Department of Insurance.
- In the Termination of Coverage provision, a termination based on intentional misrepresentation of material fact will be within 2 years of the effective date. If we terminate due to discontinuation of the plan, type of coverage, or all coverage in your state, we will provide you with a 180 day notice.

North Dakota

Form CH-26131-IP (9/17) ND

- The Waiting Period for the optional Wellness Rider does not apply.
- The optional Skilled Nursing Facility Rider benefit period for days 21-100 is NOT available.
- The exclusion regarding normal pregnancy does not specify hospital confinement.
- Pre-Existing Condition means a medical condition, sickness or injury not excluded by name or specific description for which medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the effective date of coverage.
- In the Termination of Coverage provision, the first event is at the end of the period for which premium has not been paid.

Ohio

Form CH-26131-IP (9/17) OH

- In the Termination of Coverage provision, if we receive a request from you, it will occur on the date the request is received.
- Dependent children are eligible under the age of 29.

Oklahoma

Form CH-26131-IP (9/17) OK

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.

- The exclusion for an act of war applies while serving in the military or an auxiliary unit.
- The exclusion for operating any motorized passenger vehicle for wage, compensation or profit does not apply.
- The exclusion for drug abuse or addiction is revised: drug addiction or alcoholism.
- The exclusion for being under the influence of drugs applies only to narcotics, unless taken as prescribed by a physician.
- The exclusion for mountaineering and other activities does not apply.

Pennsylvania

Form CH-26131-IP (9/17) PA

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The exclusion for participation in a civil commotion does not apply. The exclusion for participation in a riot or insurrection still applies.
- The exclusion regarding cosmetic surgery does not apply when necessitated by a covered sickness or injury.
- The exclusion regarding drug abuse or addiction does not apply.
- The exclusion regarding overdose or intoxication is revised: Any loss sustained or contracted in consequence of the insured person being intoxicated, or under the influence of any narcotic, unless administered on the advice of a legally qualified physician.
- The exclusion for engaging in an illegal occupation is revised: Any loss to which a contributing cause was the insured person's commission of or attempt to commit a felony, or to which a contributing cause was the insured person's being engaged in an illegal occupation.
- The exclusion regarding normal pregnancy does not specify hospital confinement.
- There is an exclusion for loss due to your being incarcerated.
- Pre-Existing Condition means a medical condition, sickness or injury not excluded by name or specific description for which medical advice or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the effective date of coverage.
- In the Premium Changes provision, any increase in premium rates has been approved by the Pennsylvania Department of Insurance.

South Carolina

Form CH-26131-IP (9/17) SC

An Outline of Coverage for this state, CH-26131-IP (9/17) OC SC, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49575OCSC-C202307.pdf>.

- The following exclusions do not apply:
 - Drug abuse or addiction, as outlined in the policy.
 - An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs

South Dakota

Form CH-26131-IP (9/17) SD

- The Hospital Observation Benefit is NOT available.
- The following exclusions do not apply:
 - Any care or benefits which are not specifically provided for in the policy.
 - Drug abuse or addiction, as outlined in the policy
 - An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs
- Dependent children are eligible under the age of 30.

Tennessee

Form CH-26131-IP (9/17) TN

- The Waiting Period for the optional Wellness Rider is 30 days.
- In the exclusion regarding military service connected disabilities, payment for care for conditions that state or local law requires be treated in a public facility does not apply.
- In the exclusion regarding drug abuse or addiction, overdose of drugs must be intentional.
- The exclusion regarding being under the influence of narcotics does not apply unless administered on the advice of a physician.
- The exclusion regarding normal pregnancy does not specify hospital confinement.

Texas

Form CH-26131-IP (9/17) TX

An Outline of Coverage for this state, CH-26131-IP (9/17) OC TX, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49575OCTX-C202307.pdf>.

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The Skilled Nursing Facility Rider requires a Skilled Nursing Facility confinement to begin within 30 days after being discharged from hospital confinement.
- In the exclusion for active military duty, upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services.
- The exclusion for mental or nervous disorders applies to those without demonstrable organic disease.
- There is an exclusion for physician services provided by you or a member of your immediate family or household.
- The following exclusions do not apply:
 - 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
 - Operating any motorized passenger vehicle for wage, compensation or profit
 - Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized 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

- 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 certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip
- Care received outside of the United States
- Pre-Existing Condition means a medical condition, or sickness or illness not excluded by name or specific description for which:
 - Medical advice or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the effective date of coverage; or
 - Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six month period before the effective date of coverage.
- In the Termination of Coverage provision, the date an insured person is no longer a permanent resident of the United States does not apply.

Utah

Form CH-26131-IP (9/17) UT

An Outline of Coverage for this state, CH-26131-IP (9/17) OC UT, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49575OCUT-C202307.pdf>.

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The exclusion for participation in a riot, civil commotion or insurrection applies to voluntary participation only.
- The exclusion for being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs does not apply; however, the exclusion for overdose of those substances still applies.
- The exclusion regarding engaging in an illegal occupation or illegal activity applies if insured person is a voluntary participant.
- The exclusion regarding committing a felony applies if insured person is a voluntary participant.
- There is an exclusion for the use of alcohol that substantially contributes to, causes the loss, or is over the legal limit.
- In the Premium Changes provision, we will give you written notice of at least 45 days prior to the effective date of the new rates.

Virginia

Form CH-26131-IP (9/17) VA

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The Hospital Confinement for Mental or Nervous Disorders Benefit includes suicide, attempted suicide, or any intentionally self-inflicted injury.

Virginia (continued)

- In the Termination of Coverage provision, the following do not apply:
 - 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 termination;
 - 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 date;
 - On the date an insured person is no longer a permanent resident of the United States.
- The exclusion for war does not include terrorism.
- In the exclusion for active military duty, upon receipt of written notice, premiums will be refunded on a pro-rata basis for the period of such military services.
- The exclusion for participation in civil commotion does not apply. The exclusion for participation in a riot or insurrection still applies.
- The exclusion for illegal activity or your being incarcerated does not apply. The exclusion for engaging in an illegal occupation still applies.
- The exclusion regarding normal pregnancy does not specify hospital confinement.
- In the exclusion for 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 certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip, “travel in or descent from any vehicle or device for aerial navigation” is replaced with “aviation.”
- The following exclusions do not apply:
 - 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
 - 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
 - Operating any motorized passenger vehicle for wage, compensation or profit
 - Drug abuse or addiction, including alcoholism, or overdose of drugs, narcotics, or hallucinogens

- An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs
- Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized 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
- In the Premium Changes provision, any increase in premium rates has been approved by the Virginia Bureau of Insurance.
- In the Notice of Claim provision, written notice of claim must be given to us within 20 days, or as soon as reasonably possible.
- In the Age Misstatement provision, if the insured’s age has been misstated, the benefits will be those the premium paid would have purchased at the correct age.

West Virginia

Form CH-26131-IP (9/17) WV

An Outline of Coverage for this state, CH-26131-IP (9/17) OC WV, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49575OCWV-C202307.pdf>.

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up 31 days for a qualified hospital confinement.

Wisconsin

Form CH-26131-IP (9/17) WI

- An Outline of Coverage for this state, CH-26131-IP (9/17) OC WI, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=49575OCWI-C202307.pdf>.
- Dependent children are eligible under the age of 27.
- In the Premium Change provision, we will provide 60 days written notice of new rates.

Wyoming

Form CH-26131-IP (9/17) WY

- Pre-Existing Condition means a medical condition, sickness or injury not excluded by name or specific description for which medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the effective date of coverage.
- The exclusions regarding drug abuse and being intoxicated do not apply if used as prescribed by a physician.

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance or Medicare Advantage 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 benefits for covered expenses.
- 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.

Important Notice to Persons on Medicare

This notice describes the limitations of this product, and is not a substitution for Medicare Supplement Insurance.

VIEW TEXAS NOTICE HERE: <https://stage.uhone.com/api/supplysystem/?Filename=49655TX-C202304.pdf>

NOTICE FOR ALL OTHER STATES HERE: <https://stage.uhone.com/api/supplysystem/?Filename=49655-C202304.pdf>

Health Plan Notices of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

VIEW NOTICE HERE (<https://www.uhc.com/content/dam/uhcdotcom/en/npp/HM-Carrier-NPP-uhcmemberhub-EN.pdf>)

Please review it carefully.

Conditions Prior To Coverage (Applicable with or without the Conditional Receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by The Chesapeake Life Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date and any check is honored on first presentation for payment.
3. The policy is: (a) issued by The Chesapeake Life Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded. Keep an electronic copy of this document. It has important information.