Hospital Confinement Direct

Manage unexpected hospitalization costs with cash benefits paid directly to you

DID YOU KNOW?

Nearly **$10,000** was the average cost of a hospital stay in 2010.[1]

No matter how good your medical insurance is, if you are hospitalized for an injury or illness there will likely be expenses that aren't covered.

The **Hospital Confinement Direct** plan offers **four budget-friendly benefit level options** that may help to provide **the extra layer of protection you need**. 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

Hospital Confinement Direct At A Glance

- Pays up to a **$1,000 daily cash benefit** per hospital confinement resulting from a covered illness or injury
- Waiver of Premium benefit included
- 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 $6[26] per month**[2]

Cash benefits paid directly to you. Apply today!

[1] The Healthcare Cost and Utilization Project, sponsored by the Agency for Healthcare Research and Quality (AHRQ). Statistical Brief 146, Costs for Hospital Stays in the United States, 2010, Anne Pfuntner, Lauren M. Wier, M.P.H., and Claudia Steiner, M.D., M.P.H. | [2] 25 year old female at $500 daily benefit level.

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Covering Life's Twists and Turns

Underwritten by *The Chesapeake Life Insurance Company®*

Hospital Confinement Direct

DAILY BENEFITS PER CONFINEMENT	$250[1]	$500	$750	$1,000
Hospital Confinement Benefit[2]				
• 1 - 5 days: 100% of daily benefit	$250	$500	$750	$1,000
• 6 - 10 days: 50% of daily benefit	$125	$250	$375	$500
• 11 - 365 days	$100 per day	$100 per day	$100 per day	$100 per day
ICU/CCU Confinement Benefit[2] (paid in lieu of Hospital Confinement Benefit)				
• 1 - 2 days: 200% of daily benefit	$500	$1,000	$1,500	$2,000
• 3 - 10 days: 100% of daily benefit	$250	$500	$750	$1,000
• 11 - 30 days: 50% of daily benefit	$125	$250	$375	$500
• 31 - 365 days	$100 per day	$100 per day	$100 per day	$100 per day

WAIVER OF PREMIUM BENEFIT

After a period of hospital confinement for at least 30 consecutive days, this additional benefit waives the monthly premium, up to the maximum period payable, with no interruption in coverage. Premium payments must resume within 31 days of the expiration of the waiver of premium benefit to continue coverage. Once premiums resume, any new hospital confinements are subject to a 30 day continued confinement without discharge, before premiums are waived.

MONTHLY PREMIUMS

30 Year Old Female	$4.99	$7.98	$11.97	$15.96
30 Year Old Male	$6.36	$10.17	$15.25	$20.34
45 Year Old Female	$9.88	$15.80	$23.70	$31.60
45 Year Old Male	$12.81	$20.49	$30.74	$40.99

[1] This benefit level is guaranteed acceptance regardless of health or medical history; subject to eligibility requirements and pre-existing condition limitations. | [2] Subject to a 30-day waiting period for illness and a lifetime maximum of 365 days, per insured person. | The chart above is only an illustration of benefit and premium options per covered person. Premiums may vary by state.

Make sure you are protected with other popular SureBridge products:

Critical Illness Direct

Dental

Vision

Apply today for the Hospital Confinement Direct and get cash when you are hospitalized

This brochure provides only summary information and the benefits and rates may vary by state. The information contained herein is accurate at the time of publication. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such.

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HOSPITAL CONFINEMENT DIRECT: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **Hospital** means an institution operated pursuant to its license for the care and treatment of sick and injured persons 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.[1]

EXCLUSIONS AND LIMITATIONS

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

Any care or benefits which are not specifically provided for in the Policy | Any act of war, declared or undeclared | Active military duty in the service of any country | Participation in a riot, civil commotion or insurrection[2] | Suicide, attempted suicide, or any intentionally self-inflicted injury while sane or insane[3] | Mental or nervous disorders[4] | 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, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification | Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy[5] | Modification of the physical body in order to improve the psychological, mental or emotional well-being of the insured person, such as sex-change surgery | 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[6] | Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: 1) artificial insemination 2) in-vitro fertilization or other treatment for infertility 3) treatment for impotency 4) sterilization or reversal of sterilization or 5) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the Policy[7] | Cosmetic surgery[8] | 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[9] | Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens directly or indirectly[10]

MO: all references to 'waiting period' are deleted | [1]IA: revises provision 1 and 2 to "1) be operated pursuant to Iowa law; 2) be primarily and continuously engaged in providing and operating, either on its premises or in facilities available to the hospital on a prearranged basis and under the supervision of a staff of legally qualified physician, medical diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made" and removes the last provision IL adds 'or in facilities having an agreement to provide' after 'organized facilities for' LA: adds the provision 'is owned and operated by the State of Louisiana or any of its political subdivisions' UT: removes the last provision | [2]MD: removes entirely | [3]CO, MO: removes 'or insane' MD: removes 'sane or' | [4]DC: adds 'except as mandated by D.C.' | [5]IN: removes 'performed while insured under the Policy' | [6]DC: adds 'except as mandated by D.C.' | [7]DC: adds 'except as mandated by D.C.' MD: adds 'when the treating physician determines that the treatment is experimental or investigational medicine' | [8]DC: adds 'except as mandated by D.C.' MD: adds 'when the treating physician determines that the treatment is cosmetic' | [9]IL: removes entirely | [10]AL, IL: adds at the end 'unless taken as prescribed by a legally qualified physician' DC, MI: removes entirely LA: revises to 'addiction of alcohol, narcotics, or hallucinogens, directly or indirectly' FL: adds 'unless taken as prescribed by a physician' MD: removes entirely

HOSPITAL CONFINEMENT DIRECT: OTHER IMPORTANT INFORMATION

EXCLUSIONS AND LIMITATIONS (Continued)

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

An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs directly or indirectly[1] | Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated[2] | Committing or trying to commit a felony[3] | 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, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding[4] | Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.

Pre-Existing Condition: We will not provide benefits for any loss resulting from a pre-existing condition, as defined in the Policy, unless the loss is incurred at least **one-year** after the effective date of coverage for an insured person. A pre-existing condition means a medical condition, sickness or injury not excluded by name or specific description for which: 1) 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 **two-year** period before the effective date of coverage or 2) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the **two-year** period before the effective date of coverage.[5]

[1]AL: adds at the end 'unless taken as prescribed by a legally qualified physician' and removes 'or under the influence of intoxicants' DC: revises to 'the voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescriptions drugs, except as mandated by D.C.' IA, IN, MD, MI: removes entirely FL: adds 'unless taken as prescribed by a physician' IL: revises '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 'an overdose of drugs' and 'or other drugs' TN: adds 'for alcohol intoxication this means over the legal limit of .08' after 'intoxicants' UT: removes 'being intoxicated or under the influence of intoxicants' and adds the new exclusion 'the use of alcohol that substantially contributes to, cause the loss, or is over the legal limit' | [2]IL: removes 'or indirectly' and 'illegal activity or' MD: removes entirely MO: removes 'or your being incarcerated' NE: revises to 'engaging in an illegal occupation' UT: adds 'as a voluntary participant' after 'illegal activity' | [3]MD: removes entirely UT: adds 'as a voluntary participant' | [4]IA: revises to read 'aviation, including experimental aviation, or ultra-light flying' IL: removes entirely | [5]AL: changes 'two-year' to 'five-month' DC: changes 'two-year' to 'one-year' and removes 'an ordinarily prudent' IL: changes only the second 'two-year' to 'one-year' MD: revises definition to 'a medical condition that was not revealed in the application for the Policy unless the condition is excluded by means of a signed waiver, for which: 1) medical advice, consultation, or treatment was recommended by or received from a physician within the 12 month period before the effective date of coverage; or 2) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 month period before the effective date of coverage' MS: changes 'two-year' to 'one-year' NM: changes 'two-year' and 'one-year' to 'six-month'.

HOSPITAL CONFINEMENT DIRECT: OTHER IMPORTANT INFORMATION (continued)

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 to age 65, subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy.[1]
- **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.[2]
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy:[3] At the end of the month for which premium has been paid, except as provided in the Waiver of Premium provision[4] | At the end of the month following the date of our receipt of your request of termination[5] | On the date of fraud or material misrepresentation by you[6] | On the date we elect to discontinue this plan or type of coverage or all coverage in your state[7] | On the date an insured person is no longer a permanent resident of the United States | On the date you reach 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. Premium will only be refunded for any full months paid beyond the termination date[8].

[1]IA: revises 'guaranteed renewable to age 65' to 'conditionally renewable to age 65, or Medicare eligibility, whichever comes first' FL, TN: revises 'guaranteed' to 'conditionally' | [2]IL: revises '31 days' to '45 days' and adds 'such rates will not increase more than once each six month period, following the initial twelve-month period' MD: revises '31 days' to '40 days' MS, NM, WI: changes '31 days' to '60 days' FL, UT: revises '31 days' to '45 days' | [3]MD: adds (subject to the Extension of Benefits provision) | [4]MD: revises 'except as provided in the Waiver of Premium provision' to '(subject to the Grace Period provision)' | [5]FL: revises to 'on the date of our receipt of your request for termination or on the date specified in the termination request' | [6]MD: adds '(subject to the Time Limit on Certain Defenses provision) | [7]FL: adds 'we will give you at least 90 days notices (180 for all coverage in your state) before the date coverage will be discontinued' TN: adds 'laterally' after 'discontinue' | [8]FL: removes 'Premium will only be refunded...' sentence.
For use in AK, AL, AR, AZ, CO, DC, DE, FL, IN, IA, IL, LA, MD, MI, MO, MS, NE, NM, OH, TN, RI, UT, WI

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. This is a Hospital Confinement Indemnity Insurance Policy. Form CH-26116-IP (01/10), or its state variation.

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