



## Hospital Confinement Direct

Manage **unexpected hospitalization** costs with **cash benefits** paid directly to you

### DID YOU KNOW?

More than  
**\$10,000**  
was the average cost of  
a hospital stay in 2012.<sup>1</sup>

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 **two 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 **\$500 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 \$5<sup>41</sup> per month<sup>2</sup>**

**Cash benefits paid directly to you. Apply today!**

<sup>1</sup> Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), National (Nationwide) Inpatient Sample (NIS), 2003, 2008, and 2012. | <sup>2</sup> 25 year old female at \$500 daily benefit level.

# Hospital Confinement Direct



DAILY BENEFITS PER CONFINEMENT	\$250 <sup>1</sup>	\$500
<b>Hospital Confinement Benefit<sup>2</sup></b>		
• 1 - 5 days: 100% of daily benefit	\$250	\$500
• 6 - 10 days: 50% of daily benefit	\$125	\$250
• 11 - 365 days	\$100 per day	\$100 per day
<b>ICU/CCU Confinement Benefit<sup>2</sup> (paid in lieu of Hospital Confinement Benefit)</b>		
• 1 - 10 days: 100% of daily benefit	\$250	\$500
• 11 - 30 days: 50% of daily benefit	\$125	\$250
• 31 - 365 days	\$100 per day	\$100 per day
<b>WAIVER OF PREMIUM BENEFIT</b>		
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.		
<b>MONTHLY PREMIUMS</b>		
30 Year Old Female	\$4 <sup>31</sup>	\$6 <sup>90</sup>
30 Year Old Male	\$5 <sup>50</sup>	\$8 <sup>79</sup>
45 Year Old Female	\$8 <sup>54</sup>	\$13 <sup>67</sup>
45 Year Old Male	\$11 <sup>08</sup>	\$17 <sup>72</sup>

<sup>1</sup> This benefit level is guaranteed acceptance regardless of health or medical history; subject to eligibility requirements and pre-existing condition limitations. | <sup>2</sup> 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.

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. 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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Underwritten by *The Chesapeake Life Insurance Company*<sup>®</sup>

## 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.
- **Pre-Existing Condition** means a medical condition for which: 1) medical advice 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 medical advice or treatment within the **two-year** period before the effective date of coverage.

### Coverage Information:

- **COVERAGE BEGINS:** Chesapeake requires evidence of insurability before coverage is provided. Once Chesapeake has approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy: At the beginning of the period for which premium has not been paid subject to the grace period, except as provided in the Waiver of Premium provision | If your mode of premium is monthly, at the end of the month following the date of 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 of fraud or material misrepresentation by you | On the date we elect to discontinue this plan or type of coverage or all coverage in your state | 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.

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 Policy, form CH-26116-IP (01/10) MA.

# THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

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

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

## HOSPITAL CONFINEMENT INDEMNITY POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26116-IP (01/10) MA

- 1. READ YOUR POLICY CAREFULLY** – This outline of coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**
- 2. 10 DAY RIGHT TO EXAMINE THE POLICY** -It is important to Us that You understand and are satisfied with the coverage being provided to You. If You are not satisfied that this coverage will meet Your insurance needs, You may return this Policy to Us at Our Administrative Office in North Richland Hills, Texas within 10 days after You receive it. Upon receipt, We will cancel Your coverage as of the Policy Date, and You will receive a full refund of all the premiums You have paid.
- 3. THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.**
- 4. HOSPITAL CONFINEMENT INDEMNITY POLICY** – The Hospital Confinement Indemnity plan pays a daily benefit for hospital confinement resulting from a Sickness or Injury. This coverage is NOT intended to cover all medical expenses.
- 5. BENEFITS** - Benefits are payable under the Policy for each day an Insured Person is Hospital Confined due to Sickness or Injury. All benefits are subject to the Lifetime Maximum shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Waiting Period shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Daily Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, any benefit limitations shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Exclusions and Limitations shown below, and all other provisions of the Policy.

**LIFETIME MAXIMUM** 365 Days

**WAITING PERIOD**

For Sickness 30 Days

For Injury 0 Days

**DAILY BENEFIT AMOUNT**  \$250  \$500

**HOSPITAL CONFINEMENT BENEFIT**

Day 1 - 5 100% of the Daily Benefit Amount

Day 6 – 10 50% of the Daily Benefit Amount

Day 11 and over \$100 per day

**INTENSIVE CARE/CARDIAC CARE UNIT CONFINEMENT BENEFIT**

(Paid in lieu of Hospital Confinement Benefit)

Day 1 – 10 100% of the Daily Benefit Amount

Day 11 - 30 50% of the Daily Benefit Amount

Day 31 and over \$100 per day

**6. EXCLUSIONS AND LIMITATIONS.** We will not provide any benefits for any loss caused by, resulting from or in connection with:

1. Any care or benefits which are not specifically provided for in the Policy;
2. Any act of war, declared or undeclared;
3. Active military duty in the service of any country;
4. Participation in a riot, civil commotion or insurrection;
5. Attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
6. Mental or Nervous Disorders;
7. 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;
8. 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;
9. Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy;
10. 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;
11. Experimental or investigational medicine;
12. Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: (a) artificial insemination; (b) in-vitro fertilization or other treatment for infertility; (c) treatment for impotency; (d) sterilization or reversal of sterilization; or (e) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the Policy;
13. Cosmetic surgery;
14. Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;
15. Operating any motorized passenger vehicle for wage, compensation or profit;
16. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
17. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
18. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
19. Committing or trying to commit a felony;
20. Normal pregnancy, except for Complications of Pregnancy while Hospital Confined;
21. Hospital Confinement for routine or normal newborn child care;
22. 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; and
23. Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.

**Pre-Existing Condition** - We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined, unless the loss is incurred at least one year after the Effective Date of Coverage for an Insured Person.

- 7. RENEWAL CONDITIONS.** The Policy is conditionally renewable to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis.
- 8. PREMIUMS.** 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 a least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis.
- 9. COMPLAINTS:** If You have a complaint call Us toll-free at Telephone: 1-800-889-8223. If You are not satisfied, You may call the Massachusetts Division of Insurance.

**800-815-8535**  
Weekdays, 8am to 5pm in all time zones