

Accident Coverage

Accident Companion

As premium costs for health insurance continue to increase, many are purchasing plans with a higher deductible and coinsurance. Our Accident Companion plan is designed to help with out-of-pocket costs for accidental injuries.





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

Accidents happen and the **Accident Companion** plan can help you financially when they do. The plan offers **four budget-friendly benefit level options**. When you receive treatment for an accidental injury, the plan pays **lump-sum cash benefits** directly to you. The money can be used to pay **unexpected medical costs or everyday living expenses**.

Applying is simple and can be completed in minutes.

Accident Companion at a Glance



Pays lump-sum cash benefits for accidental injuries even if benefits are also paid under Workers Compensation¹, up to:

- **\$10,000 lump-sum cash benefit** for accidental injuries that result in a hospital confinement
- **\$1,000 lump-sum cash benefit** per injury for emergency treatment received in an ER or urgent care facility
- **\$1,000 lump-sum cash benefit** for major diagnostic exam (one exam per Policy year)
- **\$100 lump-sum cash benefit** per visit for follow-up treatment or physical therapy (up to five visits per Policy year)



Benefits are paid directly to you, not your doctor or hospital. Cash benefits can be used for:

- Copays or coinsurance
- Rent/Mortgage
- Car payment
- Child care
- Everyday living expenses



Affordable premiums that do not increase as you get older with coverage **starting at \$7.50 per month.**²



Did You Know?

1 in **8** people seeks
medical attention
from an injury each year.³

¹ Benefits are not coordinated with Workers' Compensation. Exclusions & Limitations and Policy provisions may apply. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. | ² For coverage Option 1. See chart on next page for full list of coverage option levels. | ³ National Safety Council, Injury Facts, 2014



BENEFITS per person per accidental injury	Option 1	Option 2	Option 3	Option 4
Hospital Confinement ¹ <i>(one per Policy year)</i>	\$2,500	\$5,000	\$7,500	\$10,000
Emergency Treatment ² <i>(within 72 hours of injury)</i>	\$250 per injury	\$500 per injury	\$750 per injury	\$1,000 per injury
Major Diagnostic Exam <i>(one per Policy year at hospital or urgent care center)</i>	\$250	\$500	\$750	\$1,000
Follow-up Treatment ³ <i>(up to five visits per Policy year)</i> OR Follow-up Physical Therapy ³ <i>(up to five visits per Policy year)</i>	\$50 per visit	\$100 per visit	\$100 per visit	\$100 per visit
MONTHLY PREMIUMS	\$7.50	\$15.00	\$21.50	\$28.00

The chart above is only an illustration of benefit and premium options per covered person.

¹ Hospital confinement must begin within 30 days of the accidental injury | ² Treatment in Emergency Room or Urgent Care Facility | ³ Benefits following Emergency Room or Urgent Care treatment and therapy provided within 30 days of initial onset. Follow-up treatment and physical therapy received on the same day will only receive one benefit.

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance coverage you may have purchased with another insurance company.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional protection.
- This plan is not required in order to purchase health insurance with another insurance company.
- This plan should not be used as a substitute for comprehensive health insurance coverage. It is not considered Minimum Essential Coverage under the Affordable Care Act.



Other Important Information

Definitions (See Policy for Other Important Definitions):

- **Accidental Injury** means sudden, non-recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to, directly or indirectly, by a sickness. The accidental injury must first occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- **First Occur, First Occurred or First Occurrence** means an accidental injury for which diagnosis, treatment, surgery or advice by a physician, or manifested symptoms, initially occurred while the Policy is in force for the insured person and for the first time in the insured person's lifetime.
- **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 maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis; maintain a staff of one or more duly licensed physicians; provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and is accredited as a hospital by the Joint Commission on Accreditation of Hospitals.
- **Policy Year** means each consecutive 12 month period beginning with your effective date of coverage.
- **Urgent Care Center** means a free-standing facility, center or other entity that operates primarily to provide specialty medical treatment of an unforeseen, unexpected accidental injury on an urgently needed or prompt basis.

This brochure provides only summary information. The information contained herein is accurate at the time of publication. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of any discrepancies contained in this brochure, the terms and conditions contained in the Policy documents shall govern. Form CH-26122-IP (01/11) MT.

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company
(Hereinafter called: the Company, We, Our or Us)
Home Office: Oklahoma City, Oklahoma
Administrative Office: P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-815-8535

ACCIDENTAL INJURY ONLY INSURANCE POLICY OUTLINE OF COVERAGE FOR FORM CH-26122-IP (01/11) MT

- 1. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some 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.**

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS. This is not Medicare Supplement Insurance. This insurance provides limited benefit if You meet the conditions listed in the Policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

- 2. ACCIDENTAL INJURY ONLY COVERAGE –** This coverage is designed to provide You or Your Covered Dependents with coverage for certain losses resulting from Accidental Injuries that First Occur after Your coverage has become effective and while the coverage is in force under the Policy. The Policy does not provide benefits for loss from Sickness.
- 3. SCHEDULE OF BENEFITS –** The Policy is intended to pay lump-sum benefits for the following Covered Expenses. Unless otherwise stated in the Policy, all benefits are subject to the Benefit Amount, Benefit Limitations, Exclusions & Limitations, and all other provisions of the Policy.

BENEFIT AMOUNT

INPATIENT HOSPITAL CONFINEMENT BENEFIT

(Hospital Confinement must begin within 30 days of Accidental Injury)

One-time Lump-sum Hospital Confinement Benefit:
(limited to one benefit, per Insured Person, per Policy Year)

\$2,500; \$5,000; \$7,500; \$10,000
per Insured Person

OUTPATIENT EMERGENCY/DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit

(Treatment must be received within 72 hours of Accidental Injury):

You and/or Your Covered Dependent Spouse:

\$250; \$500; \$750; \$1,000 per Insured Person, per Accidental Injury

Your Covered Dependent Child(ren):

\$250; \$500; \$750; \$1,000 per Insured Person, per Accidental Injury

Major Diagnostic Exam Benefit:

(limited to one diagnostic exam per Insured Person, per Policy Year)

\$250; \$500; \$750; \$1,000 per Insured Person

FOLLOW-UP / RESTORATIVE

Accidental Injury Follow-up Treatment Benefit

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury):

\$50; \$100 per visit, per Insured Person, not to exceed 5 visits per Policy year

Accidental Injury Follow-up Physical Therapy Benefit

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury):

□\$50; □\$100 per visit, per Insured Person, not to exceed 5 visits per Policy year

NOTE: When claims are presented for multiple services performed on the same date, and when only one benefit is payable, We will consider the higher benefit amount, provided claims for such covered services are submitted on a single claim form. Otherwise, claims submitted will be processed based on order of receipt.

4. BENEFITS – Benefits under the Policy include the following:

INPATIENT HOSPITAL CONFINEMENT BENEFIT: When an Insured Person is Hospital Confined due to an Accidental Injury, We will pay the applicable Inpatient Hospital Confinement Benefit shown in the SCHEDULE OF BENEFITS.

- **One-time Lump-Sum Hospital Confinement Benefit-** Confinement must begin within 30 days of the Accidental Injury. Benefit is payable once per Insured Person, per Policy Year.

OUTPATIENT EMERGENCY / DIAGNOSTIC BENEFITS:

- **Accidental Injury Emergency Treatment Benefit –** When an Insured Person receives treatment of an Accidental Injury at a Hospital Emergency Room or Urgent Care Center within 72 hours of the initial onset of such Accidental Injury, We will pay the Accidental Injury Emergency Treatment Benefit shown in the SCHEDULE OF BENEFITS.
- **Major Diagnostic Exam Benefit –** When an Insured Person receives a diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center that is related to an Accidental Injury, We will pay the Major Diagnostic Exam Benefit shown in the SCHEDULE OF BENEFITS. Benefit is payable once per Insured Person, per Policy Year.

FOLLOW-UP / RESTORATIVE BENEFITS:

- **Accidental Injury Follow-up Treatment Benefit –** When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up treatment, We will pay the Accidental Injury Follow-up Treatment Benefit shown in the SCHEDULE OF BENEFITS, provided such treatment is received within 30 days of the initial onset of the Accidental Injury. Accidental Injury follow-up treatment is in lieu of and **not** in addition to the Accidental Injury Follow-up Physical Therapy benefit, per individual date of service, and does not include chiropractic or alternative medicine services.
- **Accidental Injury Follow-up Physical Therapy Benefit –** When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up physical therapy treatment, We will pay the Accidental Injury Follow-up Physical Therapy Treatment Benefit shown in the SCHEDULE OF BENEFITS, provided such physical therapy treatment is received within 30 days of the initial onset of the Accidental Injury. Accidental Injury Physical Therapy Follow-up treatment is paid in lieu of and **not** in addition to the Accidental Injury follow-up benefit, per individual date of service.

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

1. Sickness;
2. Any care (except as specifically provided herein) or benefits which are not specifically provided for in the Policy;
3. Hospital Confinement for childbirth, including routine or normal newborn child care;
4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
5. Any act of war, declared or undeclared;
6. Active military duty in the service of any country;
7. Participation in a riot, civil commotion or insurrection;
8. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
9. Mental or nervous disorders;
10. Cosmetic Surgery;
11. Operating any motorized passenger vehicle for wage, compensation or profit;
12. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;

13. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
14. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
15. Committing or trying to commit a felony;
16. 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; and
17. Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.

6. RENEWABILITY – The Policy is guaranteed renewable, 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. 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 is based on the issue age of the Insured Person at the time in which the Policy becomes effective. 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.

7. BEGINNING OF COVERAGE - Once We have approved Your application based upon the information You provided therein, the Effective Date of Coverage for You and those Eligible Dependents listed in the application and accepted by Us will be the Policy Date shown in the POLICY SCHEDULE.

8. TERMINATION OF COVERAGE –

You

Your coverage will terminate and no benefits will be payable under the Policy:

1. At the end of the month for which premium has been paid;
 - 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;
 - If coverage is terminated due to reasons other than non-payment of premium, We will give You at least 90 days after the date of Our mailing the written notice accompanied by the reason for the termination;
2. At the end of the month following the date of Our receipt of Your request of termination;
3. On the date of fraud or material misrepresentation by You;
4. On the date We elect to discontinue this plan or type of coverage; or
5. On the date We elect to discontinue all coverage in Your state.

Termination shall be without prejudice to any claim originating while this Policy is in force.

Premium will only be refunded for any full months paid beyond the termination date.

Covered Dependents

Your Covered Dependent's coverage will terminate under the Policy on:

1. The date Your coverage terminates, except as provided in the SPECIAL CONTINUATION FOR DEPENDENTS provision;
2. At the end of the month following the date such dependent ceases to be an Eligible Dependent;
3. At the end of the month following the date of Our receipt of Your request of termination; or
4. On the date the Covered Dependent:
 - a. performs an act or practice that constitutes fraud; or
 - b. has made an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy.

Premium will only be refunded for any full months paid beyond the termination date.

The attainment of the Limiting Age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
2. Chiefly Dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent receives the majority of his or her financial support from You.

We will require that You provide written proof that the dependent child is in fact a disabled and dependent person within 31 days after his or her attainment of the Limiting Age. Thereafter, We may require such written proof not more frequently than annually after the two-year period following the child's attainment of the Limiting Age. In the absence of such proof, We may terminate the coverage of such person after the attainment of the Limiting Age.

9. **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 at least 45 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy is based on the issue age of the Insured Person at the time in which the Policy becomes effective. 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.

Premium Due (at time of application) \$ _____

Premiums - based on the mode of payment, checked below, the initial premiums are as follows:

- Monthly (Bank Draft) Quarterly Annually

Policy CH-26122-IP (01/11) MT - described above:

RIDERS (if any)

	\$ _____
	\$ _____
	\$ _____
TOTAL	\$ _____

The state of Montana has required Us to advise You that there have been no premium increases or decreases for comparable policies issued by the insurer during the preceding 5 years.

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About Us

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