

Lump Sum Fixed Indemnity Coverage **Metal Gap Plan**

Cash benefits to help cover expenses ... left by your health insurance.





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

SureBridge insurance products provide an added layer of coverage designed to fill financial gaps left by your health plan coverage. They **help you manage out-of-pocket expenses such as deductibles, coinsurance and co-payments**. This type of coverage is especially important to those who may have health insurance plans with lower premiums but higher out-of-pocket expenses.

The Metal Gap plan comes in three benefit levels that help **complement the Bronze, Silver, and Gold Affordable Care Act (ACA) plans**.

Applying is simple and can be completed in minutes.

THIS POLICY PROVIDES LIMITED BENEFITS. This type of plan is a supplement to health insurance and is not considered "minimum essential coverage" under the Affordable Care Act and therefore a Lump Sum Fixed Indemnity Insurance Policy does not satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a tax penalty.

Metal Gap at a Glance



Pays a lump-sum cash benefit even if benefits are also paid under Workers' Compensation¹:

- **\$6,000** for hospital confinement
- **\$3,000** for outpatient surgery
- **\$500** for Emergency Room treatment related to an injury

Helps fill the gaps left by Bronze, Silver and Gold level ACA compliant health insurance plans

Cash benefits can be used for:



Co-pays or co-insurance



Rent/mortgage



Car payments



Child care



Everyday living expenses



Did You Know?

43% of those with private insurance said their deductible was either **difficult or impossible to afford.**²

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. Rates may vary by current date. The information contained herein is accurate at the time of publication. 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. A Lump Sum Fixed Indemnity Insurance Policy, Form CH-26127-IP (03/15) MT. |

¹ Benefits are not coordinated with Workers' Compensation. Exclusions & Limitations and Policy provisions may apply. | ² InsuranceNewsNet Magazine, March 2015 issue. Magazine source: The Commonwealth Fund



A Metal Gap plan from SureBridge helps by providing **cash benefits**. The money is **paid directly to you**, not the hospital, and can be **used for anything you choose**. It's your money, your decision.

METAL GAP BENEFITS			
Designed to coordinate with:	Gold	Silver	Bronze
Benefits (per person, per calendar year) ¹	Plan A	Plan B	Plan C
Hospital Confinement (Lump Sum)	\$2,000	\$4,000	\$6,000
Outpatient Surgery	\$1,000	\$2,000	\$3,000
Emergency Room (Injury only)	\$250	\$350	\$500

Maximum benefit per person, in a calendar year, is equal to the Hospital Confinement benefit. Maximum benefit per family, in a calendar year, is equal to 2 times the Hospital Confinement benefit. | ¹ Subject to a 30-day waiting period for sickness; 0 days for injury.

MONTHLY PREMIUMS			
30 Year Old Non-Tobacco Male	\$42.86	\$84.12	\$125.92
30 Year Old Tobacco Male	\$51.44	\$100.94	\$151.10
30 Year Old Non-Tobacco Female	\$42.86	\$84.12	\$125.92
30 Year Old Tobacco Female	\$51.44	\$100.94	\$151.10
45 Year Old Non-Tobacco Male	\$34.53	\$66.96	\$100.08
45 Year Old Tobacco Male	\$41.44	\$80.35	\$120.09
45 Year Old Non-Tobacco Female	\$34.53	\$66.96	\$100.08
45 Year Old Tobacco Female	\$41.44	\$80.35	\$120.09
Dependent Child (0-17 years of age)	\$26.18	\$50.50	\$75.44

The chart above is only an illustration of premium options. Sample rates are based on zip code 59601. Premiums may vary by current date.

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 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.



Other Important Information

Definitions (See Policy for Other Important Definitions):

- **Confined/Confinement** means an insured person's admission to and subsequent continued stay in a hospital for which a daily charge for room and board is made for each day of confinement with no discharge or interruption in such hospital stay.
- **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 physicians; (3) Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and (4) Be accredited as a hospital by the Joint Commission on Accreditation of Hospitals.
- **Injury** means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness.
- **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 one year period before the effective date of coverage.
- **Sickness** means an illness or disease.
- **Waiting Period** means the consecutive period of time beginning from the effective date of coverage in which an insured person must be insured under the Policy before benefits are payable.

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 Address: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

www.chesapeakeplus.com

**LUMP SUM FIXED INDEMNITY INSURANCE POLICY
OUTLINE OF COVERAGE FOR POLICY FORM CH-26127-IP (03/15) MT**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL
MEDICAL EXPENSES**

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE
FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE
(OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN
ADDITIONAL PAYMENT WITH YOUR TAXES.**

This is NOT a Medicare supplement Policy and should not be considered a substitute for comprehensive health insurance coverage.

- 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!**

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS. This is not Medicare Supplement Insurance. This insurance pays a fixed amount, regardless of Your expenses, 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. LUMP SUM FIXED INDEMNITY INSURANCE POLICY** – The plan is designed to provide coverage for Sickness or Injury in the form of a fixed benefit, subject to any limitations set forth in the Policy. This coverage is NOT intended to provide for any benefits other than the fixed indemnity benefits described below.
- 3. SCHEDULE OF BENEFITS** – Benefits are payable under the Policy as follows:

WAITING PERIOD

For Sickness: 30 days

For Injury: 0 days

CALENDAR YEAR MAXIMUM

per Insured Person	\$2,000	\$4,000	\$6,000
per Insured family	\$4,000	\$8,000	\$12,000

BENEFITS

Lump Sum Hospital Confinement Benefit

per Insured Person, per Calendar Year	\$2,000	\$4,000	\$6,000
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Outpatient Surgery Benefit

per Insured Person, per Calendar Year	\$1,000	\$2,000	\$3,000
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Injury-Only Emergency Room Benefit

per Insured Person, per Calendar Year	\$250	\$350	\$500
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4. BENEFITS – Benefits are payable for Sickness or Injury and as stated in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, while an Insured Person’s coverage is in force under the Policy. Such benefits are subject to the Waiting Period shown in the POLICY SCHEDULE, the Calendar Year Maximum shown in the POLICY SCHEDULE, the Exclusions and Limitations, and all other provisions of the Policy.

A. LUMP SUM HOSPITAL CONFINEMENT BENEFIT: The Lump Sum Hospital Confinement benefit is payable in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE, when an Insured Person is Hospital Confined due to Sickness or Injury.

B. OUTPATIENT SURGERY BENEFIT: The Outpatient Surgery benefit is payable in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE, when an Insured Person receives Surgery at an Outpatient Surgery Facility.

C. INJURY-ONLY EMERGENCY ROOM BENEFIT: The Emergency Room benefit is payable in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE, when an Insured Person receives Emergency Treatment in an emergency room of a Hospital due to an Injury.

5. 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. Routine and/or preventive Physician office visits;
3. Any act of war, declared or undeclared;
4. Active military duty in the service of any country;
5. Participation in a riot, civil commotion or insurrection;
6. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane;
7. Mental or Nervous Disorders;
8. 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;
9. 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;
10. Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy;
11. 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;
12. 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;
13. Experimental or investigational medicine;

14. 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;
15. Cosmetic surgery;
16. Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;
17. Operating any motorized passenger vehicle for wage, compensation or profit;
18. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
19. A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
20. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
21. Committing or trying to commit a felony;
22. 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;
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 certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip; and
24. Care received outside of the United States.

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.

6. RENEWAL CONDITIONS – 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 may change in amount by reason of an increase in the Attained Age of the Insured Person. 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 period for which premium has been paid (subject to the Grace Period);
 - 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;
2. 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;
3. 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;
4. On the date of fraud or material misrepresentation by You;
5. On the date We elect to discontinue the plan or type of coverage; or
6. On the date We elect to discontinue all coverage in Your state.

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

Covered Dependents

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

1. The date Your coverage terminates;
2. At the end of the month following the date such dependent ceases to be an Eligible Dependent;

3. 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;
4. 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; or
5. 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.

The attainment of the Limiting Age for a Covered 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 intellectual disability or physical disability; and
2. Chiefly Dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Covered Dependent receives the majority of his or her financial support from You.

We will require that You provide written proof that the dependent 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 may change in amount by reason of an increase in the Attained Age of the Insured Person. 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-26127-IP (03/15) MT - described above:

RIDERS (if any)

\$ _____

\$ _____

\$ _____

TOTAL

\$ _____

The state of Montana has required Us to advise You that there is no comparable Policy to provide trend information regarding premium increases or decreases at this time.



About Us

SureBridge is one of the leading brands of supplemental insurance coverage in the United States, helping to provide financial security for Americans of all ages and their families. Our comprehensive portfolio of products is available from licensed insurance agents in 46 states and the District of Columbia and is available through HealthMarkets Insurance Agency Inc., as well as through other unaffiliated insurance distributors. SureBridge policyholders can receive direct cash benefits for expenses caused by unexpected medical issues, sustained illnesses, and end-of-life challenges.

The SureBridge portfolio includes dental, vision, and other insurance plans that complement an individual's health insurance. These plans help provide an additional layer of protection in the event of accidental injury, catastrophic illness, hospitalization, or cancer.

SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental insurance products are underwritten by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.



Navigate Life's Twists & Turns

with the SureBridge portfolio of supplemental insurance products

**Accident | Dental | Disability | Fixed Indemnity
Illness | Metal Gap | Vision**

SureBridge[®]
Underwritten by
The Chesapeake Life Insurance Company[®]

SureBridgeInsurance.com
(800) 815-8535

Weekdays 8:00 a.m. to 5:00 p.m. in all time zones