

# Hospital Confinement Insurance

## **HospitalWise**<sup>™</sup>

No matter how good your medical insurance, if you are hospitalized for an injury or sickness there will probably be medical expenses and out-of-pocket costs that aren't covered. HospitalWise from SureBridge provides an extra layer of financial protection so you can focus on what really matters.





## You Can Prepare for a Hospital Stay

We can't predict when an injury or sickness may put us into the hospital, but there is a way to make sure that the medical expenses we incur are kept under control: direct cash payments from HospitalWise™.

Most major medical insurance plans only pay a portion of hospital expenses. Maintaining your financial security includes planning for costs related to hospitalization.

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

Out-of-pocket medical expenses can add up! With benefits up to \$1,000 per day, you can use the HospitalWise cash payments to help cover costs for items such as:

- Out-of-network providers
- Mortgage payments
- Utility bills
- Prescriptions
- Car payments
- Caregivers

When you combine HospitalWise with a health insurance plan, it can provide an extra layer of financial protection – for anyone up to age 90 – to help you feel more comfortable with your insurance coverage.



## Can You Afford a Hospital Stay?

- Can you afford \$10,000? Each day you stay in the hospital costs an average of more than \$2,000,<sup>1</sup> with most stays lasting 4.5 days.<sup>2</sup> That's almost a full work week, and it's more than \$10,000 for one injury or sickness.
- Can you afford unexpected bills? Even if you have health insurance, your out-of-pocket costs for hospitalization will still typically be more than \$1,000.<sup>3</sup>
- Can you afford a medical surprise? Hospitalization due to more serious conditions such as a heart attack or appendicitis usually average \$1,500 or more.<sup>3</sup>

## HospitalWise™ at a Glance

- Pays up to a \$1,000 daily benefit for each day of confinement in a hospital due to sickness or injury with no waiting period
- Benefits paid directly to you – not your doctor or hospital
- Coverage is available for the whole family – you, your spouse, and your kids
- Affordable premiums that do not increase as you get older with coverage starting at just \$15.47 per month<sup>4</sup>
- Additional benefits for outpatient surgery, emergency room visits, and more are available



## No-Hassle Application Process

- Sign up in minutes!
- No medical history checks
- No prescription checks
- No personal history interview

<sup>1</sup>1999 - 2015 AHA Annual Survey, Copyright 2016 by Health Forum, LLC, an affiliate of the American Hospital Association. Special data request, 2016. Available at <http://www.ahaonlinestore.com> | <sup>2</sup><https://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf> | <sup>3</sup>JAMA Intern Med. 2016;176(9):1325-1332. doi:10.1001/jamainternmed.2016.3663 - <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2530418> | <sup>4</sup>25 year old female at \$500 daily benefit level





## HospitalWise™ Features

With the HospitalWise plan from SureBridge, a daily cash benefit will be paid directly to you, in addition to any other health insurance coverage you may have, for hospital confinement due to sickness or injury. With a wide range of benefit level options, you have the flexibility to choose the coverage that best fits your needs and budget.



### Benefit Amounts:

\$50 - \$1,000 per day



### Benefit Periods:

3, 6, 10, 21, 180, or 365 days



### Issue Ages:

0 through 90



### Renewability:

Renewable for life!

### Additional Plan Benefits

- **Hospital Observation:** Pays 100% of the Hospital Confinement Benefit per day for a maximum of 4 times per year when you're admitted to a hospital for a 12- to 24-hour observation period.
- **Mental or Nervous Disorder Benefit:** Pays a daily benefit of \$250 for a maximum of 7 days per year for confinement due to a mental or nervous disorder.

## Boost Your Benefits With Additional Riders

HospitalWise™ optional riders provide access to more benefits, payable in addition to the base daily benefits. The following optional riders are available for an additional cost, and all benefits are payable per insured person.

### Worried About Staying in the Hospital?

The Lump-Sum Hospital Confinement Rider pays a lump-sum benefit of \$250 - \$3,000 once per year for confinement due to sickness or injury in addition to the plan benefits. Form CH-26132-IR.

### Do Outpatient Surgery Expenses Concern You?

The Outpatient Surgery Rider pays a benefit of \$250 - \$2,000 twice per year for outpatient surgical procedures resulting from sickness or injury. Form CH-26133-IR.

### Do You Want Skilled Nursing Care?

The Skilled Nursing Facility Rider pays a daily benefit of \$100 - \$500 for confinement in a skilled nursing facility resulting from a sickness or injury. Must begin within 30 days of hospital confinement. Form CH-26134-IR.

**Benefit periods:** Days 1 – 20, Days 21 – 100, Days 1 – 100

### Concerned About Emergency Room Costs?

The Emergency Care Rider pays a benefit of \$100 - \$500 four times per year for emergency room visits due to sickness or injury. Form CH-26135-IR.

### Does the Cost of Ambulance Rides Worry You?

The Ambulance Transport Rider pays a benefit of \$100 - \$500 four times per year for ambulance transportation resulting in hospital confinement due to a sickness or injury. Form CH-26138-IR.

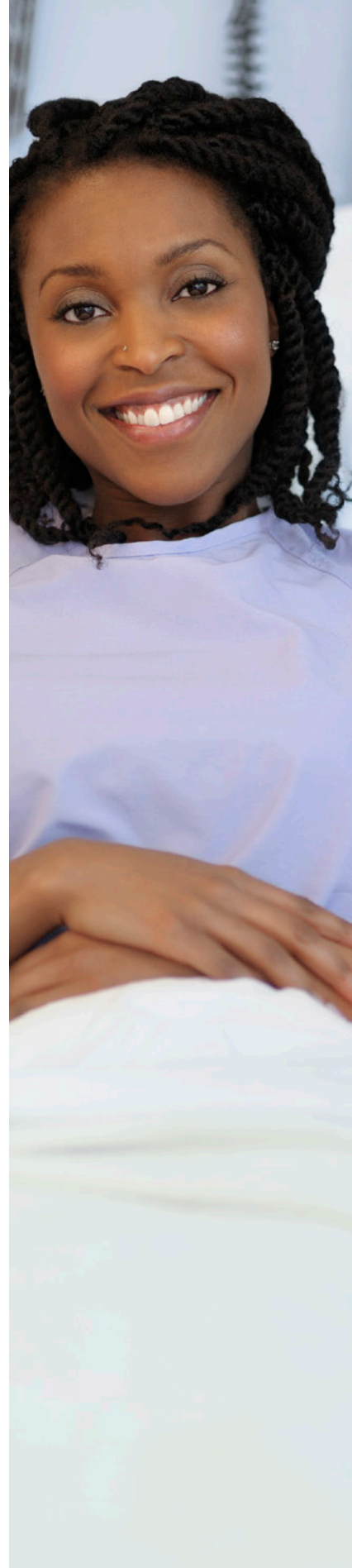
### Could Major Diagnostic Exam Costs Hit Hard?

The Outpatient Major Diagnostic Exam Rider pays a benefit of \$100 - \$500 two times per year for the following exams: CT, MRI, PET, CTA, EEG and EKG. Limited to 1 exam per insured person, per day. Form CH-26136-IR.

### Wellness Rider (Great for Families!)

Our Wellness Rider offers an incentive to stay healthy and help keep health care costs under control because individuals who have annual preventive care exams could detect diseases and conditions early. The Wellness Rider pays a benefit of \$50 per year for covered wellness exams, including physicals, blood tests, colonoscopies, mammograms, vision exams, and more. That's a benefit of up to \$300 for a family of six.<sup>1</sup> Form CH-26137-IR.

Riders are subject to all Policy provisions, exclusions and limitations. | <sup>1</sup>Wellness Rider subject to a 90 day waiting period. Please refer to Rider for details.



**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

www.chesapeakeplus.com

**HOSPITAL INDEMNITY INSURANCE POLICY  
OUTLINE OF COVERAGE FOR POLICY FORM CH-26131-IP (9/17) 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. **HOSPITAL INDEMNITY INSURANCE POLICY** – This plan is designed to provide coverage in the form of a fixed benefit during periods of Hospital Confinement or Hospital Observation resulting from a Sickness or Injury, 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:

**Hospital Confinement Benefit for Sickness or Injury:**

Benefit amount: \$ \_\_\_\_\_ (\$50 - \$1,000) per Insured Person, per day

Limited to: 3 days 6 days 10 days  
21 days 180 days 365 days  
per Insured Person, per Period of Confinement

**Hospital Observation Benefit for Sickness or Injury:**

*(Payable in lieu of Hospital Confinement Benefit)*

Benefit amount: \$ \_\_\_\_\_ (\$50 - \$1,000) per Insured Person, per admission to a Hospital

Limited to: 4 admissions, per Insured Person, per Calendar Year

**Hospital Confinement Benefit for Mental or Nervous Disorders:**

Benefit amount: \$250 per Insured Person, per day

Limited to: 7 days, per Insured Person, per Calendar Year

**OPTIONAL RIDER BENEFITS**

**Lump-Sum Hospital Confinement Rider:**

*(Payable only when Hospital Confined)*

Benefit amount: \$ \_\_\_\_\_ (\$250 - \$3,000) per Insured Person,  
per Confinement

Limited to: 1 Confinement, per Insured Person, per Calendar  
Year

**Outpatient Surgery Rider:**

Benefit amount: \$ \_\_\_\_\_ (\$250 - \$2,000) per Insured Person,  
per Surgery

Limited to: 2 Surgeries, per Insured Person, per Calendar Year

**Skilled Nursing Facility Rider:**

*(within 30 days of a Hospital Confinement for Sickness or Injury)*

Elimination Period: 0 days 20 days

Benefit amount: \$ \_\_\_\_\_ (\$100 - \$500) per Insured Person,  
per day

Limited to: 20 days 80 days 100 days  
per Insured Person, per Period of Care

**Emergency Care Rider:**

Benefit amount: \$ \_\_\_\_\_ (\$100 - \$500) per Insured Person,  
per visit

Limited to: 4 Emergency Room visits, per Insured Person, per  
Calendar Year

**Ambulance Transport Rider:**

*(payable only when Hospital Confined, due to a Sickness or Injury)*

Benefit amount: \$ \_\_\_\_\_ (\$100 - \$500) per Insured Person,  
per trip

Limited to: 4 trips, per Insured Person, per Calendar Year

**Outpatient Major Diagnostic Exam Rider:**

Benefit amount: \$ \_\_\_\_\_ (\$100 - \$500) per Insured Person,  
per exam

Limited to: 1 exam, per Insured Person, per day,  
2 exams, per Insured Person, per Calendar Year

**Wellness Rider:**

*(Subject to 90 day Waiting Period)*

Benefit amount: \$50 per Insured Person, per exam

Limited to: 1 exam, per Insured Person, per Calendar Year

**4. BENEFITS** – Benefits are payable 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, if any, shown in the POLICY SCHEDULE, the benefit amounts and limitations shown in the POLICY SCHEDULE, the Exclusions and Limitations, and all other provisions of the Policy.

**A. HOSPITAL CONFINEMENT FOR SICKNESS OR INJURY:** Benefits are payable under the Policy for each day an Insured Person is Hospital Confined due to Sickness or Injury, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE. Benefits are paid in lieu of and not in addition to the Hospital Observation benefit or Hospital Confinement benefit for a Mental or Nervous Disorder.



**B. HOSPITAL OBSERVATION FOR SICKNESS OR INJURY:** Benefits are payable under the Policy when an Insured Person is admitted for Hospital Observation as a result of a Sickness or Injury. Benefits will be paid in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE, and will not be payable for Hospital Observation that exceeds 24 hours. Benefits are paid in lieu of and not in addition to the Hospital Confinement benefit for Sickness or Injury.

**C. HOSPITAL CONFINEMENT FOR MENTAL OR NERVOUS DISORDER:** Benefits are payable under the Policy for each day an Insured Person is Hospital Confined due to a Mental or Nervous Disorder, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE. Benefits are paid in lieu of and not in addition to the Hospital Confinement benefits for Sickness or 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. 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. Mental or Nervous Disorders, unless otherwise stated in the Policy;
6. 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;
7. 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;
8. Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy;
9. 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;
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. A voluntary overdose of drugs, being voluntarily 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 a felony;
20. 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;
21. 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
22. 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 in the Policy, unless the loss is incurred at least six months 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 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. We will provide You written notice of at least 45 days prior to the effective date of the new rates.

**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 Your Eligible Dependent, if any, 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 and attached riders, if any:

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 You:
  - a. perform an act or practice that constitutes fraud; or
  - b. 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;
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.

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;
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. makes 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 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. RIDER BENEFITS –

**Lump-Sum Hospital Confinement Rider (Form CH-26132-IR)** - Benefits are payable when an Insured Person is Hospital Confined due to Sickness or Injury. This benefit is payable once per Insured Person, per Confinement and limited to one Confinement per Calendar Year. The Lump-Sum Hospital Confinement Rider benefit is not payable when an Insured Person is Hospital Confined due to Mental or Nervous Disorders or for Hospital Observation.

Benefit Amount: \$ \_\_\_\_\_ (\$250 - \$3,000) per Insured Person, per Confinement

**Outpatient Surgery Rider (Form CH-26133-IR)** - Benefits are payable for Surgery, due to Sickness or Injury, performed at an Outpatient Surgery Facility. This benefit is limited to 2 surgeries per Insured Person, per Calendar Year. If more than one Surgery is performed through the same incision during the same operation, only one Surgery benefit will be payable.

Benefit Amount: \$ \_\_\_\_\_ (\$250 - \$2,000) per Insured Person, per Surgery

**Skilled Nursing Facility Rider (Form CH-26134-IR)** - After the Elimination Period, if any, benefits are payable for Skilled Nursing Facility Confinement due to Sickness or Injury, provided Skilled Nursing Facility Confinement begins within 30 days of a Hospital Confinement. This benefit is limited to 20 days 80 days 100 days per Period of Care.

Elimination Period: 0 days 20 days

Benefit Amount: \$ \_\_\_\_\_ (\$100 - \$500) per Insured Person, per day

**Emergency Care Rider (Form CH-26135-IR)** - Benefits are payable for Emergency Care received in an Emergency Room for the treatment of a Sickness or Injury. This benefit is limited to 4 Emergency Room visits, per Insured Person, per Calendar Year.

Benefit Amount: \$ \_\_\_\_\_ (\$100 - \$500) per Insured Person, per visit

**Ambulance Transport Rider (Form CH-26138-IR)** - Benefits are payable for Ambulance transportation for a Sickness or Injury resulting in Hospital Confinement. This benefit is limited to 4 trips, per Insured Person, per Calendar Year. In no event will this benefit pay more than one Ambulance benefit amount per Insured Person, per day, regardless of how many Ambulance trips the Insured Person takes on the same day.

Benefit Amount: \$ \_\_\_\_\_ (\$100 - \$500) per Insured Person, per trip

**Outpatient Major Diagnostic Exam Rider (Form CH-26136-IR)** - Benefits are payable for the following Outpatient Major Diagnostic Exams when necessary for the diagnosis and treatment of the Sickness or Injury. This benefit is limited to 1 exam, per Insured Person, per day, 2 exams per Insured Person, per Calendar Year. 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).

Benefit Amount: \$ \_\_\_\_\_ (\$100 - \$500) per Insured Person, per exam

**Wellness Rider (Form CH-26137-IR)** – After the 90 day Waiting Period, benefits are payable for one of the following Wellness exams, while coverage under the Rider in force: annual physical, blood test for triglycerides, CA 19-9 (blood test for cancer), fast blood glucose test, hemocult stool analysis, PSA (blood test for prostate cancer, pap smear, immunizations/vaccinations, vision/hearing exams, serum protein electrophoresis (blood test for myeloma), stress test, biopsy for skin cancer, bone marrow biopsy and aspiration, breast ultrasound, CA 15-3 (blood test for cancer), CA 125 (blood test for cancer), CEA (blood test for cancer), chest X-ray, colonoscopy, flexible sigmoidoscopy, serum cholesterol test to determine level of HDL and LDL, mammography, and low-dose computed tomography (lung cancer screening). Benefits are limited to one exam per Insured Person, per Calendar Year.

Benefit Amount: \$50 per Insured Person, per exam

- 10. 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-26131-IP (9/17) 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.***

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

## IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.

Some health care services paid for by Medicare may also trigger the payment of benefits under the Policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. The Policy does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- outpatient prescription drugs if you are enrolled in Medicare Part D
- hospice
- physician services
- other approved items and services

The Policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

## BEFORE YOU BUY THIS INSURANCE

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

## HospitalWise™: 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 or persons with mental or nervous disorders 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 or persons with mental or nervous disorders 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.
- **Hospital Observation** means an insured person is admitted to a hospital for observation for period of not less than 12 hours but not more than 24 hours.
- **Mental or Nervous Disorder** means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a mental disorder, including but not limited to neurosis, psychoneurosis, psychopathy, psychosis, bipolar Affective Disorder or Autism. For the purpose of this definition, suicide, attempted suicide, or any intentionally self-inflicted injury is considered a mental or nervous disorder.
- **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.

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-26131-IP (9/17) MT.





Navigate Life's Twists & Turns  
with the SureBridge portfolio of supplemental  
and life insurance products

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

**SureBridgeInsurance.com**

**(800) 815-8535**

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



## 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.

### 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 carrier.
- 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 carrier.
- 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.

SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental and life 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.