



Accident Direct

Cash benefits paid directly to you for accident-related hospital stays

DID YOU KNOW?

1 in 8

persons seek medical attention from an injury each year.¹

Accidents happen and the **Accident Direct** plan can help you financially when they do. The plan offers **four, budget-friendly benefit level options**. If you are hospitalized 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.

Cash benefits can be used for:

- Co-pays or co-insurance
- Rent/mortgage
- Car payments
- Child care
- Everyday living expenses

Accident Direct At A Glance

- Pays up to a:
 - **\$25,000 lump-sum cash benefit** for accidental injuries that result in a hospital confinement of 14+ days
 - **\$15,000 lump-sum cash benefit** for accidental injuries that result in a hospital confinement of 7 - 13 days
 - **\$7,500 lump-sum cash benefit** for accidental injuries that result in a hospital confinement of 3 - 6 days
 - **\$3,750 lump-sum cash benefit** for accidental injuries that result in a hospital confinement of 1 - 2 days, requiring surgery
- Additional benefit when two or more covered persons are injured in the same accident
- 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 less than \$1⁰⁰ per month²**

Cash benefits paid directly to you. Apply today!

¹ National Safety Council, Injury Facts, 2012 | ² For female at \$5,000 benefit level.

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Accident Direct



Make sure you are protected with other popular SureBridge products:



Critical Illness Direct



Dental



Vision

| BENEFIT SCHEDULE ¹ | | | | |
|---|-------------------|-------------------|-------------------|-------------------|
| (per person, per Policy year) | \$5,000 | \$15,000 | \$20,000 | \$25,000 |
| 14+ days: 100% of benefit | \$5,000 | \$15,000 | \$20,000 | \$25,000 |
| 7 - 13 days: 60% of benefit | \$3,000 | \$9,000 | \$12,000 | \$15,000 |
| 3 - 6 days: 30% of benefit | \$1,500 | \$4,500 | \$6,000 | \$7,500 |
| 1 - 2 days: 15% of benefit surgery required | \$750 | \$2,250 | \$3,000 | \$3,750 |
| Common Accident Benefit when two or more covered persons are injured in the same accident | Included | Included | Included | Included |
| MONTHLY PREMIUMS | | | | |
| Male | \$1 ¹¹ | \$3 ³³ | \$4 ⁴⁴ | \$5 ⁵⁵ |
| Female | \$1 ¹¹ | \$3 ³³ | \$4 ⁴⁴ | \$5 ⁵⁵ |
| Dependent Child(ren) | \$1 ¹² | \$3 ³⁵ | \$4 ⁴⁶ | \$5 ⁵⁸ |

¹ Confinement must begin within 45 days of the injury. Injury must occur after the Policy is in force. The chart above is only an illustration of benefit and premium options per covered person. Consumer Preferred Status: Based on 73% of applicants selecting the \$25,000 benefit level (4/2013).

Apply today for Accident Direct to help cover costs related to accidental injuries

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. An Accidental Injury Only Policy, Form CH-26118-IP (01/10) MT.

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ACCIDENT DIRECT: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Information):

- **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 injury that initially occurred for the first time while the Policy is in force for the insured person. This does not include injuries that result in exacerbation or recurrence of a previous injury.
- **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.

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 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 | At the end of the month following the date of our receipt of your request of termination | 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 | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent. 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.

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 POLICY FORM: CH-26118-IP (01/10) MT

- 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 provides limited benefits 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 INSURANCE POLICY** - Accidental Injury Only coverage is designed to provide You or Your Covered Dependents with coverage for Accidental Injuries that First Occur and result in a Hospital Confinement within 45 days of such Accidental Injury. **The Policy does NOT provide benefits from loss of Sickness.**

3. SCHEDULE OF BENEFITS –

| <u>BENEFIT</u> | <u>AMOUNT OF BENEFIT</u> |
|---|--|
| MAXIMUM ACCIDENTAL INJURY BENEFIT AMOUNT (Per Insured Person, per Year): | <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 |
| ACCIDENTAL INJURY BENEFIT PAYABLE FOR: | |
| 14 days or more of Hospital Confinement with or without Surgery: | 100% of the Accidental Injury Benefit Amount |
| 7 to 13 days of Hospital Confinement with or without Surgery: | 60% of the Accidental Injury Benefit Amount; or |
| 3 to 6 days of Hospital Confinement with or without Surgery: | 30% of the Accidental Injury Benefit Amount; or |
| 1 to 2 days of Hospital Confinement with Surgery: | 15% of the Accidental Injury Benefit Amount; or |
| 1 to 2 days of Hospital Confinement without Surgery: | <i>No benefit payable</i> |

BENEFIT

AMOUNT OF BENEFIT

**COMMON ACCIDENTAL INJURY BENEFIT
PAYABLE WHEN 2 OR MORE INSURED PERSONS
ARE INJURED IN THE SAME ACCIDENTAL INJURY
AND AT LEAST 2 OF WHOM MEET ANY OF THE
CRITERIA BELOW:**

Criteria One: Hospital Confined for 3 or more days:

50% of the Accidental Injury Benefit Amount
(Limited to one Common Accidental Injury Benefit Amount
under the Policy per Year)

or

Criteria Two: Hospital Confined for 2 or more days with Surgery:

50% of the Accidental Injury Benefit Amount
(Limited to one Common Accidental Injury Benefit Amount
under the Policy per Year)

4. BENEFITS: Benefits are payable under the Policy for Accidental Injuries that First Occur and result in a Hospital Confinement within 45 days of such Accidental Injury and while an Insured Person's coverage is in force under the Policy. Unless otherwise stated herein, all benefits are subject to the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE, the Exclusions and Limitations, and all other provisions of the Policy.

- **Accidental Injury Benefit** - When an Insured Person is Hospital Confined within 45 days due to the First Occurrence of an Accidental Injury, We will pay the Accidental Injury Benefit Amount in accordance with the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE. Once the Maximum Accidental Injury Benefit Amount is exhausted for each Insured Person, no further benefits will be available for that Insured Person for the remainder of that Year (except as shown under the Common Accident Provision below). The AMOUNT OF BENEFIT payable per Hospital Confinement will be based on the date of the Accidental Injury that resulted in such Confinement.
- **Common Accidental Injury Benefit** - If two or more Insured Persons covered under the Policy are injured in the same Accidental Injury ("Common Accident"), and would qualify for a Common Accidental Injury Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, We will pay such amount in addition to any available Accidental Injury Benefit Amounts for such Insured Persons involved in the Common Accident. In the event any or all Insured Persons involved in the Common Accident have exhausted their available Accidental Injury Benefit Amounts, only the Common Accidental Injury Benefit Amount will be paid for such Insured Persons. **Only one Common Accidental Injury Benefit Amount will be payable under the Policy per Year**, regardless of how many Common Accidents occur, or which Insured Persons are/are not involved in a Common Accident within that Year.

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

1. Sickness;
2. Pregnancy and childbirth, including routine or normal newborn child care;
3. Any Sickness, disease, or other medical condition not the direct result of an Accidental Injury occurring while the Insured Person's coverage is in force;
4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
5. Accidental Injuries that do not result in Hospital Confinement;
6. Any act of war, declared or undeclared;
7. Active military duty in the service of any country;
8. Participation in a riot, civil commotion or insurrection;
9. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
10. Mental or Nervous Disorders;
11. Cosmetic surgery;
12. Operating any motorized passenger vehicle for wage, compensation or profit;
13. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;

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- 14. A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
- 15. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
- 16. Committing or trying to commit a felony;
- 17. 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
- 18. 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. 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. 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. 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 45 days prior to the effective date of the new rates. Such change will be on a Class Basis. 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.

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

- Monthly (Bank Draft)
 Quarterly
 Annually

Policy CH-26118-IP (01/10) 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.

Navigate life's twists and turns with the SureBridge portfolio of supplemental and life insurance products



Dental



Vision



Accident Direct



Income Protection Direct



Accident Disability Direct



CancerWise®



Critical Illness Direct



Hospital Confinement Direct



Critical Accident Direct



ProtectFit Plus



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Simplified Issue Term Life



Fixed Indemnity Direct

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For more information on SureBridge's
supplemental insurance products, please visit

www.SureBridgeInsurance.com



SureBridgeInsurance.com

800-815-8535

Weekdays, 8am to 5pm in all time zones

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