CancerWise®

Cash benefits paid directly to you to help you focus on treatment and recovery, not expenses.

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.

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.

CancerWise®

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

DID YOU KNOW?

62%

of bankruptcies in 2007 were due to illness ...

78%

of those filers had health insurance.[1]

If **cancer strikes**, your focus should be on treatment and recovery, not on your finances. The **CancerWise plan can help.** It offers four affordable benefit level options that pay a one-time **lump-sum cash benefit 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

CancerWise At A Glance

- Pays up to a **$50,000 one-time lump-sum cash benefit** after the waiting period upon a first diagnosis of a cancer
- 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 $6^{16} per month**[2]

[1] The American Journal of Medicine, August 2009 | [2] For 25 year old female, non-tobacco at $20,000 benefit level.

BENEFIT OPTIONS	$20,000	$30,000	$40,000	$50,000
One-time benefits are payable under the Policy for first diagnosis of malignant internal tumor or malignant melanoma, per insured person. Pays $500 if cancer is first diagnosed during the 30-day waiting period. Includes Mammography Benefit, actual charge, up to $70.				
MONTHLY PREMIUMS[1]				
30 Year Old Male	$8.84	$13.27	$17.69	$22.11
30 Year Old Female	$8.84	$13.27	$17.69	$22.11
40 Year Old Male	$14.38	$21.57	$28.76	$35.95
40 Year Old Female	$14.38	$21.57	$28.76	$35.95
Dependent Male Child	$2.85	$4.27	$5.70	$7.12
Dependent Female Child	$2.85	$4.27	$5.70	$7.12

[1] The chart above is only an illustration of benefit and premium options per non-tobacco covered person.

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. A Cancer Benefit Policy, Form CH-26055-IP (03/14) MT.

CANCERWISE: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **Cancer** means a disease manifested by the presence of a malignant internal tumor characterized by the uncontrolled growth and spreading of malignant cells and/or the invasion of tissue, a malignant melanoma, leukemia, Hodgkin's disease, or cancer in situ that is in the natural or normal place, which is confined to the site of origin and has not invaded neighboring tissue. **Cancer does not include** pre-malignant conditions, conditions with malignant potential, or all other skin cancer which is not specifically malignant melanoma.
- **First Diagnosis** or **First Diagnosed** means a diagnosis, as defined within the Policy, which initially occurs for the first time in the insured person's lifetime and while such insured person's coverage is in effect under the Policy.
- **Pre-Existing Condition** means a condition, disease, infection, or disorder not excluded by name or specific description for which medical advice, diagnosis, care or treatment was recommended by or received from a legally qualified physician within the three year period before the effective date of coverage.

THE CHESAPEAKE LIFE INSURANCE COMPANY®
A Stock Company
(Hereinafter called: the Company, We, Our or Us)
Home Office: Oklahoma City, Oklahoma
Administrative Office: 9151 Grapevine Highway
North Richland Hills, Texas 76180
Customer Service: 1-800-815-8535

CANCER BENEFIT POLICY
OUTLINE OF COVERAGE FOR POLICY FORM CH-26055-IP (03/14) MT

NOTICE TO BUYER: THE POLICY PROVIDES LIMITED BENEFITS. The Policy is designed to provide, to Insured Persons, restricted coverage paying benefits ONLY for the First Diagnosis of Cancer while coverage is in force under the Policy, subject to the Pre-Existing Condition Limitation stated in the Policy. This coverage is supplemental and should not be considered a substitute for major medical expense insurance coverage.

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE. This insurance pays a lump sum benefit amount, regardless of Your expenses, if You meet the Policy conditions, for one of the specific diseases or health conditions named in the Policy. It does not pay Your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance. If You are eligible for Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare available from the Company.

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.**

2. **CANCER BENEFIT POLICY –** Cancer Benefit coverage is designed to provide You or Your Covered Dependents with coverage paying benefits under the Policy for First Diagnosis of Cancer. Coverage is provided for the benefits described in the BENEFITS section. The benefits described may be limited as outlined in the EXCLUSIONS AND LIMITATIONS section.

3. **SCHEDULE OF BENEFITS –**

(The Policy pays a lump sum benefit limited to one benefit amount payable per Insured Person, per Lifetime)

Waiting Period (from Effective Date of Coverage): 30 days

BENEFIT	AMOUNT OF BENEFIT
FIRST DIAGNOSIS CANCER BENEFIT AMOUNT ***(Limited to one benefit payable per Insured Person, per Lifetime)***	☐$20,000 ☐$30,000 ☐$40,000 ☐$50,000
WAITING PERIOD FIRST DIAGNOSIS CANCER BENEFIT AMOUNT ***(Limited to one benefit payable per Insured Person, per Lifetime)***	$500
MAMMOGRAPHY BENEFIT	Actual Charge, up to $70

4. **BENEFITS -** Benefits are payable under the Policy for the First Diagnosis of Cancer, while an Insured Person's coverage is in force under the Policy. Benefits are limited to one benefit amount payable per Insured Person, per lifetime, as shown in the POLICY SCHEDULE. Unless otherwise stated in the Policy, 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.

FIRST DIAGNOSIS CANCER BENEFIT

If an Insured Person receives a First Diagnosis of Cancer after their Waiting Period, and while coverage is in force under the Policy, We will pay benefits in accordance with the **First Diagnosis Cancer Benefit Amount** shown in the POLICY SCHEDULE, subject to the Pre-Existing Condition Limitation. No benefit is payable for a Diagnosis that does not meet the definition of Cancer as defined under the Policy. The maximum benefit available for a Diagnosis is the First Diagnosis Cancer Benefit Amount shown in the POLICY SCHEDULE, and is limited to one benefit amount payable per Insured Person, per lifetime. Once a First Diagnosis Cancer Benefit Amount has been paid for an Insured Person, no further benefits are available and coverage under the Policy will be terminated on the date the benefit is paid for that Insured Person.

If the Insured Person receiving the First Diagnosis Cancer Benefit Amount is also the primary Insured Person, the spouse of the primary Insured Person who is a Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person does not have a spouse who is a Covered Dependent under the Policy, the oldest Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person is the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the PREMIUMS section for details regarding how premiums will be adjusted in accordance with this.

WAITING PERIOD FIRST DIAGNOSIS CANCER BENEFIT

If an Insured Person receives a First Diagnosis of Cancer during their Waiting Period, but while coverage is in force under the Policy, We will pay benefits in accordance with the **Waiting Period First Diagnosis Cancer Benefit Amount** shown in the POLICY SCHEDULE, subject to the Pre-Existing Condition Limitation. No benefit is payable for a Diagnosis that does not meet the definition of Cancer as defined under the Policy. The maximum benefit available for a Diagnosis is the Waiting Period First Diagnosis Cancer Benefit Amount shown in the POLICY SCHEDULE, and is limited to one benefit amount payable per Insured Person, per lifetime. Once a Waiting Period First Diagnosis Cancer Benefit Amount has been paid for an Insured Person, no further benefits are available and coverage under the Policy will be terminated on the date the benefit is paid for that Insured Person.

If the Insured Person receiving the First Diagnosis Cancer Benefit Amount is also the primary Insured Person, the spouse of the primary Insured Person who is a Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person does not have a spouse who is a Covered Dependent under the Policy, the oldest Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person is the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the PREMIUMS section for details regarding how premiums will be adjusted in accordance with this.

MAMMOGRAPHY BENEFIT

Benefits will be payable for a mammography screening for a female Insured Person as follows:

1. One baseline mammogram for women who are 35 to 39 years of age or older;
2. One mammogram every 2 years or more frequent if recommended by Your Legally Qualified Physician, for women who are 40 to 49 years of age; and
3. One mammogram each year for women who are 50 years of age or older.

In no event will benefits payable for mammography screening under the Policy exceed the actual charge of the mammography screening. This Mammography Benefit is subject to the maximum shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

5. **EXCLUSIONS AND LIMITATIONS.** The Policy does not provide benefits for loss caused by, resulting from or in connection with the following:

   1. Any services, supplies, care or treatment of Cancer, or any other disease, sickness or incapacity;
   2. Any disease, sickness, or incapacity which is not included within the definition of Cancer as defined under the Policy;
   3. Any Cancer that is not First Diagnosed while coverage is in effect under the Policy;
   4. All skin cancer which is not Diagnosed, by definition, specifically as Malignant Melanoma;
   5. Any Diagnosis, as defined, which occurs prior to an Insured Person's Effective Date of Coverage;
   6. Any Diagnosis, as defined, which is determined to be caused by war or an act of war;
   7. Any Diagnosis, as defined, which is made by You or a member of Your Immediate Family or household;
   8. Any Diagnosis, as defined, which is made outside the U.S.; or
   9. Any Diagnosis, as defined, which occurs after the date on which coverage under the Policy has been terminated.

   Pre-Existing Condition Limitations - Benefits will not be payable for Cancer resulting from a Pre-Existing Condition unless the First Diagnosis of such Cancer occurs more than 12 months after the Insured Person's Effective Date of Coverage, including the Waiting Period.

   Waiting Period

   The Policy contains a Waiting Period of 30 days. Benefits will be reduced if an Insured Person receives a First Diagnosis of Cancer, during their Waiting Period, subject to the Pre-Existing Condition Limitation. Refer to the BENEFITS and POLICY SCHEDULE sections for details regarding how benefits will be paid if a First Diagnosis of Cancer is received during an Insured Person's Waiting Period.

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. **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. After a benefit has been paid to You (the primary Insured Person) for a First Diagnosis of Cancer, Your spouse / domestic partner who is a Covered Dependent under the Policy at the time You receive the benefit will become the new primary Insured Person. In the event You do not have a spouse / domestic partner who is a Covered Dependent under the Policy, Your oldest Covered Dependent under the Policy at the time You receive the benefit will become the new primary Insured Person. In the event You are the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the PREMIUMS section for details regarding how premiums will be adjusted in accordance with this;
   2. 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;
   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;
   5. On the date of fraud or misrepresentation by You;
   6. On the date We elect to discontinue this plan or type of coverage; or

7. 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. At the end of the period for which premium has been paid (subject to the Grace Period);
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;
5. On the date of fraud or misrepresentation by You or the Covered Dependent;
6. On the date We elect to discontinue this plan or type of coverage; or
7. On the date We elect to discontinue all coverage in Your state.

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 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.

Special Continuation Provision for Dependents

Your Covered Dependents may continue their same coverage under a new Policy without evidence of insurability if their coverage under the Policy would otherwise terminate because they cease to be an Eligible Dependent for any of the following reasons:

1. Divorce / legal separation, annulment;
2. Your death; or
3. A dependent child reaches the Limiting Age.

To continue coverage, You or Your Covered Dependent must request continuation of coverage by application or written notification within 31 days of the date coverage would otherwise terminate and pay any required premium.

In the event of Your death, Your spouse who is also a Covered Dependent under the Policy at the time of Your death will become the new primary Insured Person, and coverage under the Policy will continue for them and any other Covered Dependents, unless otherwise requested in writing by You or Your Covered Dependent spouse.

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. 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 for the Policy will be adjusted, as appropriate, for the termination of coverage of an Insured Person who receives a First Diagnosis Cancer Benefit Amount. In the event You are the only individual covered under the Policy, the Policy will

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About SureBridge

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 are available through HealthMarkets Insurance Agency, 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.

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

SureBridgeInsurance.com

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Navigate life's twists and turns

with the SureBridge portfolio of supplemental and life insurance products

- Dental
- Accident Direct
- Accident Disability Direct
- Critical Illness Direct
- Critical Accident Direct
- Accident Companion
- Simplified Issue Term Life
- Metal Gap
- Vision
- Income Protection Direct
- CancerWise®
- Hospital Confinement Direct
- ProtectFit Plus
- Final Expense Whole Life
- Fixed Indemnity Direct

SureBridgeInsurance.com
800-815-8535
Weekdays, 8am to 5pm in all time zones

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