



Hospital Direct Bundle

Manage the **unexpected costs** of illness and hospitalization with direct **cash** benefits

DID YOU KNOW?

Nearly
\$10,000
was the average cost of
a hospital stay in 2010.¹

Maintaining your financial security includes planning for costs related to illness or injury. The **Hospital Direct Bundle** combines selected benefit levels from our most popular illness and hospital plans to provide **the extra layer of protection you need**. 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

Hospital Direct Bundle At A Glance

- Coverage available for every member of your family
- Pays up to a:
 - **\$10,000 lump-sum cash benefit** based on the number of days of hospital confinement due to a covered injury
 - **\$5,000 lump-sum cash benefit** upon a first occurrence of a qualified critical illness
 - **\$250 daily cash benefit** for hospital confinement
- 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 \$11⁴⁶ per month²**

Cash benefits paid directly to you. Apply today!

¹ The Healthcare Cost and Utilization Project, sponsored by the Agency for Healthcare Research and Quality (AHRQ). Statistical Brief 146, Costs for Hospital Stays in the United States, 2010, Anne Pfuntner, Lauren M. Wier, M.P.H., and Claudia Steiner, M.D., M.P.H. | ² 30 year old female, non-tobacco
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Hospital Direct Bundle



Make sure you are protected with other popular SureBridge products:



Simplified Issue Term Life



Dental



Vision

DESCRIPTION		BENEFIT		
<p>Accident Direct: An accidental injury only insurance Policy which pays a lump-sum benefit based on number of days of hospital confinement resulting from injuries caused by an accident. Confinement must begin within 45 days of the injury. Injury must first occur after the Policy is in force. Benefits renew annually.</p> <p>14+ days: 100% of benefit 7 – 13 days: 60% of benefit 3 – 6 days: 30% of benefit 1 – 2 days: 15% of benefit, surgery required Common Accident benefit when two or more covered persons are injured in same accident.</p> <p style="text-align: right;">CH-26118-IP (01/10) MT</p>		<p>\$10,000 lump-sum</p>		
<p>Critical Illness Direct: A specified disease/condition and major organ transplant Policy which pays a lump-sum cash benefit upon a first occurrence of the qualified event or diagnosis listed below. Benefits reduce 50% at age 70. If a qualifying event occurs within 30 days following the effective date of coverage, we will pay no more than \$250 of the lifetime maximum benefit amount selected.</p> <p>Diagnosis paid at 100%: Advanced Alzheimer's, ALS, life-threatening cancer, coma (illness induced), heart attack, major organ transplant, stroke, end-stage renal failure.</p> <p>Diagnosis paid at 25%: Benign brain tumor, cancer in situ, coronary bypass.</p> <p style="text-align: right;">CH-26113-IP (03/14) MT</p>		<p>\$5,000 lump-sum</p>		
<p>Hospital Confinement Direct: A hospital confinement indemnity insurance Policy which pays a daily cash benefit on confinement to hospital due to illness or injury. Subject to a 365 day lifetime maximum.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> • 1-5 days: 100% of the benefit • 6-10 days: 50% of the benefit • 11-365 days: \$100 per day </td> <td style="width: 50%;"> <p>ICU/CCU Confinement Benefit Schedule (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> • 1-2 days: 200% of the benefit • 3-10 days: 100% of the benefit • 11-30 days: 50% of the benefit • 31-365 days: \$100 per day </td> </tr> </table> <p style="text-align: right;">CH-26116-IP (01/10) MT</p>		<p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> • 1-5 days: 100% of the benefit • 6-10 days: 50% of the benefit • 11-365 days: \$100 per day 	<p>ICU/CCU Confinement Benefit Schedule (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> • 1-2 days: 200% of the benefit • 3-10 days: 100% of the benefit • 11-30 days: 50% of the benefit • 31-365 days: \$100 per day 	<p>\$250 daily</p>
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MONTHLY PREMIUMS	Male	Female
40 Year Old Non-Tobacco	\$18 ⁰⁰	\$18 ⁰⁰
30 Year Old Non-Tobacco	\$11 ⁴⁶	\$11 ⁴⁶
Dependent 10 Year Old Child	\$6 ⁹⁰	\$6 ⁹⁰

Apply today for the Hospital Direct Bundle and get cash when you are ill or hospitalized

The information contained herein is accurate at the time of publication. This brochure provides only summary information. The charts above are only an illustration of benefit and premium options per covered person. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such.

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HOSPITAL DIRECT BUNDLE: OTHER IMPORTANT INFORMATION

Definitions (See Policy(s) 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 Diagnosis or First Diagnosed** means a diagnosis, as defined, which initially occurs for the first time in the insured person's lifetime after the waiting period and while the insured person's coverage is in effect under the Policy.
- **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.
- **Pre-Existing Condition Definition (for Hospital Confinement Direct)** means a medical condition, sickness or injury not excluded for which medical advice, consultation, or treatment was recommended by or received from a medical practitioner within the **two-year period** before the effective date of coverage.
- **Pre-Existing Condition Definition (for Critical Illness Direct)** 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.
- **Qualifying Event** means one of the diseases, conditions or procedures listed which first occurs while the Policy is in force and for which positive diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession.

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 (for Hospital Confinement Direct and Accident Direct):** 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 nonpayment 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 | On the date you reach age 65 | 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.

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. Forms CH-26118-IP (01/10) MT, CH-26116-IP (01/10) MT and CH-26113-IP (03/14) 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 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 (<i>Per Insured Person, per Year</i>):	\$10,000
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 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.

- **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;

- 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, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 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 Semiannually Annually

Policy CH-26118-IP (01/10) MT - described above:	\$ _____
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.

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

HOSPITAL CONFINEMENT INDEMNITY POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26116-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. HOSPITAL CONFINEMENT INDEMNITY POLICY** – The Hospital Confinement Indemnity plan pays a daily benefit for hospital confinement resulting from a Sickness or Injury. This coverage is NOT intended to cover all medical expenses.
- 3. BENEFITS** - Benefits are payable under the Policy for each day an Insured Person is Hospital Confined due to Sickness or Injury. All benefits are subject to the Lifetime Maximum shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Daily Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, any benefit limitations shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, the Exclusions and Limitations shown below, and all other provisions of the Policy.

LIFETIME MAXIMUM 365 Days

DAILY BENEFIT AMOUNT \$250

HOSPITAL CONFINEMENT BENEFIT

Day 1 - 5	100% of the Daily Benefit Amount
Day 6 – 10	50% of the Daily Benefit Amount
Day 11 and over	\$100 per day

INTENSIVE CARE/CARDIAC CARE UNIT CONFINEMENT BENEFIT

(Paid in lieu of Hospital Confinement Benefit)

Day 1 - 2	200% of the Daily Benefit Amount
Day 3 - 10	100% of the Daily Benefit Amount
Day 11 - 30	50% of the Daily Benefit Amount
Day 31 and over	\$100 per day

- 4. 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. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
 6. Mental or Nervous Disorders;
 7. 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;
 8. 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;

9. Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy;
10. 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;
11. 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;
12. Experimental or investigational medicine;
13. 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;
14. Cosmetic surgery;
15. Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;
16. Operating any motorized passenger vehicle for wage, compensation or profit;
17. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
18. A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
19. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
20. Committing or trying to commit a felony;
21. Hospital Confinement for routine or normal newborn child care;
22. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
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 (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.

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.

5. **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.
6. **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 Semiannually Annually

Policy CH-26116-IP (01/10) MT - described above:	\$ _____
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.

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**SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN TRANSPLANT POLICY
OUTLINE OF COVERAGE FOR POLICY FORM CH-26113-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 a **Qualifying Event** while coverage is in force under the Policy, subject to the **Waiting Period** and **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. SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN TRANSPLANT POLICY –** Specified disease coverage is designed to provide restricted coverage paying benefits **ONLY** when certain losses **First Occur** as a result of a **Qualifying Event.** **Coverage is NOT provided for basic hospital, basic medical-surgical, or major medical expenses or loss from Injury or accident.**
- 3. SCHEDULE OF BENEFITS –**

WAITING PERIOD: If the **First Diagnosis** of a **Qualifying Event** occurs within 30 days from the **Effective Date** of Coverage, We will pay no more than \$250 of the **Lifetime Maximum Benefit Amount** selected.

LIFETIME MAXIMUM BENEFIT AMOUNT

Primary Insured:	\$5,000
Dependent spouse /domestic partner:	\$5,000
Dependent child(ren):	\$5,000

<u>QUALIFYING EVENT</u>	<u>FIRST DIAGNOSIS BENEFIT PERCENTAGE</u>
Advanced Alzheimer's Disease	100%* of Lifetime Maximum Benefit Amount
Amyotrophic Lateral Sclerosis	100%* of Lifetime Maximum Benefit Amount
Benign Brain Tumor	25%* of Lifetime Maximum Benefit Amount
Cancer In Situ	25%* of Lifetime Maximum Benefit Amount
Coronary By-Pass	25%* of Lifetime Maximum Benefit Amount
End Stage Renal Failure	100%* of Lifetime Maximum Benefit Amount
Heart Attack	100%* of Lifetime Maximum Benefit Amount
Illness Induced Coma	100%* of Lifetime Maximum Benefit Amount
Life-Threatening Cancer	100%* of Lifetime Maximum Benefit Amount
Major Organ Transplant	100%* of Lifetime Maximum Benefit Amount
Stroke	100%* of Lifetime Maximum Benefit Amount

***THE FIRST DIAGNOSIS BENEFIT PERCENTAGE WILL BE REDUCED BY ONE-HALF ON THE DATE AN INSURED PERSON REACHES AGE 70.**

4. **BENEFITS** - Upon receipt of proof of the First Diagnosis of a Qualifying Event, We will pay the First Diagnosis Benefit Percentage of the Lifetime Maximum Benefit Amount, as shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, subject to the Pre-Existing Condition Limitation. If the First Diagnosis of the Qualifying Event occurs within 30 days following the Effective Date of Coverage, We will pay no more than \$250 of the Lifetime Maximum Benefit Amount selected.

The First Diagnosis Benefit Percentage shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, will be reduced by one-half on the date an Insured Person reaches age 70.

In no event will We pay more than the Lifetime Maximum Benefit Amount during an Insured Person's lifetime.

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

1. An Injury or accident;
2. Any care or benefits which are not specifically provided for in the Policy;
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. 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;
8. Experimental or investigational medicine;
9. Intentionally medically induced Qualifying Event, except in the case of Major Organ Transplant;
10. Cosmetic surgery;
11. Any Diagnosis, as defined, which is made by You or a member of Your Immediate Family or household;
12. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
13. A voluntary overdose of drugs, being voluntarily 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; or
15. Committing or trying to commit a felony.

Benefits will not be payable for:

1. Any Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex;
2. Any condition that is not Diagnosed as a Qualifying Event, as defined in the Policy;
3. Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event, as defined in the Policy. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Event or as a result of treatment of a Qualifying Event; or
4. Any amounts in excess of the Lifetime Maximum Benefit Amount.

Pre-Existing Condition Limitation - Benefits will not be payable for a Qualifying Event resulting from a Pre-Existing Condition unless the First Diagnosis of such Qualifying Event occurs more than 12 months after the Insured Person's Effective Date of Coverage, including the 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 the 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. 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. On the date the Lifetime Maximum Benefit Amount has been reached;
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 material 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. 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;
5. On the date the Lifetime Maximum Benefit Amount has been reached with respect to an Insured Person; or
6. 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 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 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.

Premium Due (at time of application) \$ _____

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.

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