



Hospital Confinement Direct

Manage **unexpected hospitalization costs** with **cash benefits** paid directly to you

DID YOU KNOW?

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

No matter how good your medical insurance is, if you are hospitalized for an injury or illness there will likely be expenses that aren't covered.

The **Hospital Confinement Direct** plan offers **three, budget-friendly benefit level options** that may help 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 Confinement Direct At A Glance

- Pays up to a **\$1,000 daily cash benefit** per hospital confinement resulting from a covered illness or injury
- Waiver of Premium benefit included
- 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 \$7³⁵ 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 25 year old female at \$500 daily benefit level.

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Hospital Confinement Direct



Make sure you are protected with other popular SureBridge products:



Critical Illness Direct



Dental



Vision

DAILY BENEFITS PER CONFINEMENT	\$500	\$750	\$1,000
Hospital Confinement Benefit¹			
• 1 - 5 days: 100% of daily benefit	\$500	\$750	\$1,000
• 6 - 10 days: 50% of daily benefit	\$250	\$375	\$500
• 11 - 365 days	\$100 per day	\$100 per day	\$100 per day
ICU/CCU Confinement Benefit¹ (paid in lieu of Hospital Confinement Benefit)			
• 1 - 2 days: 200% of daily benefit	\$1,000	\$1,500	\$2,000
• 3 - 10 days: 100% of daily benefit	\$500	\$750	\$1,000
• 11 - 30 days: 50% of daily benefit	\$250	\$375	\$500
• 31 - 365 days	\$100 per day	\$100 per day	\$100 per day

WAIVER OF PREMIUM BENEFIT

After a period of hospital confinement for at least 30 consecutive days, this additional benefit waives the monthly premium, up to the maximum period payable, with no interruption in coverage. Premium payments must resume within 31 days of the expiration of the waiver of premium benefit to continue coverage. Once premiums resume, any new hospital confinements are subject to a 30 day continued confinement without discharge, before premiums are waived.

MONTHLY PREMIUMS

30 Year Old Female	\$9 ⁰⁷	\$13 ⁶¹	\$18 ¹⁵
30 Year Old Male	\$9 ⁰⁷	\$13 ⁶¹	\$18 ¹⁵
45 Year Old Female	\$18 ³⁰	\$27 ⁴⁶	\$36 ⁶¹
45 Year Old Male	\$18 ³⁰	\$27 ⁴⁶	\$36 ⁶¹

¹ Subject to a lifetime maximum of 365 days, per insured person. | The chart above is only an illustration of benefit and premium options per covered person.

Apply today for the Hospital Confinement Direct and get cash when you are hospitalized

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.

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HOSPITAL CONFINEMENT DIRECT: 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 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** means a medical condition, sickness or injury not excluded by name or specific description for which medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the **two-year** period before the effective date of coverage.

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, except as provided in the waiver of premium provision; 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 | 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.

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	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000
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	
<i>(Paid in lieu of Hospital Confinement Benefit)</i>	
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.

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



Accident Companion



Final Expense Whole Life



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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