

Hospital Confinement Insurance

HospitalWise[™]

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 \$2,000,¹ with most stays lasting 4.5 days.² 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 \$1,000.³
- 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.³

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 \$15.02 per month⁴
- 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

¹1999 - 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> | ²<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf> | ³JAMA Intern Med. 2016;176(9):1325-1332. doi:10.1001/jamainternmed.2016.3663 - <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2530418> | ⁴25 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 period of 24 or more consecutive hours with no discharge or interruption 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. Form CH-26134-IR NH (11/19).

Benefit periods: Days 1 – 20, 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 NH.

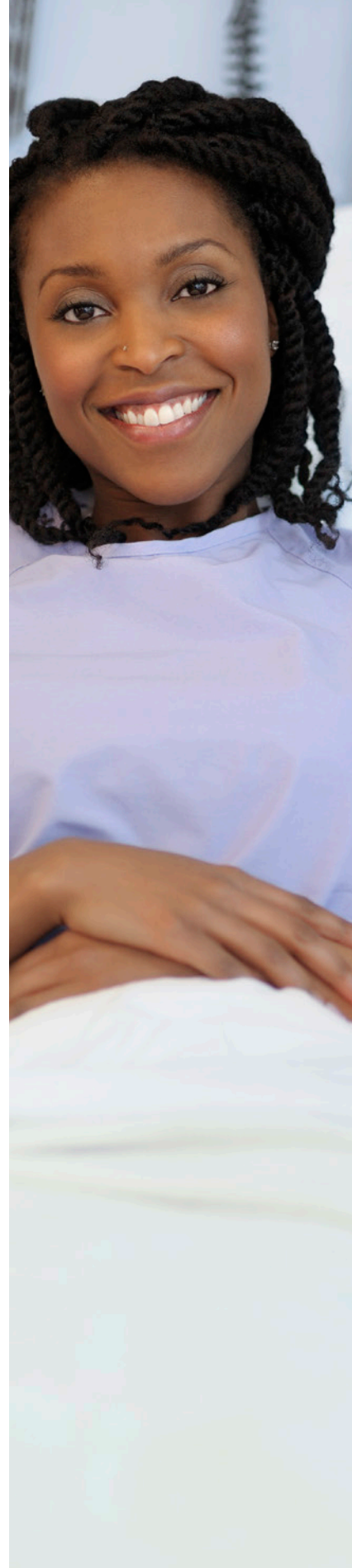
Does the Cost of Ambulance Rides Worry You?

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.

Riders are subject to all Policy provisions, exclusions and limitations.



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 licensed to operate as a hospital pursuant to law. The institution must: 1) Be primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the hospital on a prearranged basis; 2) Maintain organized facilities for medical, diagnostic and surgical care for medical care of sick and injured person or persons with mental or nervous disorders on an inpatient basis for which a charge is made and the insured person is legally obligated to pay; 3) Maintain a staff of one or more duly licensed physicians; and 4) Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.).
- **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, psychosis, or mental or emotional disease or similar disorder of any kind. For the purpose of this definition, suicide, attempted suicide, or any intentionally self-inflicted injury is considered a mental or nervous disorder.

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) NH.

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

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Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

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**HOSPITAL INDEMNITY INSURANCE POLICY
OUTLINE OF COVERAGE FOR POLICY FORM CH-26131-IP (9/17) NH (11/19)**

THIS POLICY PROVIDES LIMITED BENEFITS

**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.**

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!**
- 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:

Period of Confinement:

Days 1 through 3 6 10 21 180 365

\$ _____ (\$50 - \$1,000) per Insured Person,
per day

Days 4 7 11 22 through 31:

\$50 per Insured Person, per day

Maximum number of Period of Confinements,
Per Calendar Year:

None

Hospital Observation Benefit for Sickness or Injury:

(Payable when admitted for Hospital Observation for a period of not less than 12 hours but not more than 24 hours)

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:

Period of Confinement:

Days 1 through 3 6 10 21 180 365

\$ _____ (\$50 - \$1,000) per Insured Person,
per day

Days 4 7 11 22 through 31:

\$50 per Insured Person, per day

Maximum number of Period of Confinements,
Per Calendar Year:

None

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:

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

Limited to: 20 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

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 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 for a period of 24 or more consecutive hours with no discharge or interruption due to Sickness or Injury, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE.

B. HOSPITAL OBSERVATION FOR SICKNESS OR INJURY: Benefits are payable under the Policy when an Insured Person is admitted for Hospital Observation for a period of not less than 12 hours but not more than 24 hours 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.

C. HOSPITAL CONFINEMENT FOR MENTAL OR NERVOUS DISORDER: Benefits are payable under the Policy for each day an Insured Person is Hospital Confined for a period of 24 or more consecutive hours with no discharge or interruption due to a Mental or Nervous Disorder, in accordance with the Schedule of Benefits shown in the POLICY SCHEDULE.

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. War or act of war, declared or undeclared;
3. Service in the armed forces or units auxiliary to it;
4. Participation in a felony, riot or insurrections;
5. Cosmetic surgery, except reconstructive surgery incidental to or following surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery due to a congenital disease or anomaly of a Covered Dependent child that has resulted in a functional defect;
6. Drug abuse or addiction including alcoholism;
7. Aviation, except as a fare-paying passenger; and
8. Care received outside of the United States.

6. RENEWAL CONDITIONS - The Policy is conditionally 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.

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);
2. On the date We receive Your request of termination;
3. 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;
4. On the date We elect to discontinue the plan or type of coverage;
5. On the date We elect to discontinue all coverage in Your state; or
6. On the date an Insured Person is no longer a permanent resident of the United States.

We will promptly return any unearned portion of the premium paid, but in any event shall return the unearned portion of the premium within 30 days. The earned premium shall be computed on a pro-rata basis.

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. On the date We receive Your request of termination; or
4. 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.

We will promptly return any unearned portion of the premium paid, but in any event shall return the unearned portion of the premium within 30 days. The earned premium shall be computed on a pro-rata basis.

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 mental or physical handicap; 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 NH (11/19)) - Benefits are payable for Skilled Nursing Facility Confinement due to Sickness or Injury. This benefit is limited to 20 days 100 days per Period of Care.

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

Emergency Care Rider (Form CH-26135-IR NH) - 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

10. PREMIUMS - We reserve the right to change the table of premiums, on a Class Basis; however, premium rates will not be adjusted more than once in any 365 day period. We will provide You written notice of at least 31 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.

Premium Due (at time of application) \$ _____



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with the SureBridge portfolio of supplemental insurance products

**Accident | Dental | Disability | Fixed Indemnity
Illness | 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.

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