



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 **four 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 \$6⁵⁷ 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



| DAILY BENEFITS PER CONFINEMENT | \$250 ¹ | \$500 | \$750 | \$1,000 |
|--|--------------------|--------------------|--------------------|--------------------|
| Hospital Confinement Benefit | | | | |
| • 1 - 5 days: 100% of daily benefit | \$250 | \$500 | \$750 | \$1,000 |
| • 6 - 10 days: 50% of daily benefit | \$125 | \$250 | \$375 | \$500 |
| • 11 - 365 days | \$100 per day | \$100 per day | \$100 per day | \$100 per day |
| ICU/CCU Confinement Benefit (paid in lieu of Hospital Confinement Benefit) | | | | |
| • 1 - 2 days: 200% of daily benefit | \$500 | \$1,000 | \$1,500 | \$2,000 |
| • 3 - 10 days: 100% of daily benefit | \$250 | \$500 | \$750 | \$1,000 |
| • 11 - 30 days: 50% of daily benefit | \$125 | \$250 | \$375 | \$500 |
| • 31 - 365 days | \$100 per day | \$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 | \$5 ²⁴ | \$8 ³⁸ | \$12 ⁵⁷ | \$16 ⁷⁶ |
| 30 Year Old Male | \$6 ⁶⁷ | \$10 ⁶⁸ | \$16 ⁰² | \$21 ³⁶ |
| 45 Year Old Female | \$10 ³⁷ | \$16 ⁵⁹ | \$24 ⁸⁹ | \$33 ¹⁸ |
| 45 Year Old Male | \$13 ⁴⁵ | \$21 ⁵² | \$32 ²⁸ | \$43 ⁰⁴ |

¹This benefit level is guaranteed acceptance regardless of health or medical history; subject to eligibility requirements and pre-existing condition limitations | The chart above is only an illustration of benefit and premium options per covered person.

Make sure you are protected with other popular SureBridge products:



Critical Illness Direct



Dental



Vision

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 organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis, either on its premises or in facilities available to the hospital on a prearranged basis; 2) Maintain a staff of one or more duly licensed 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.
- **Injury** means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness.
- **Sickness** means an illness or disease.

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.

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
www.Chesapeakeins.com

HOSPITAL CONFINEMENT INDEMNITY POLICY

THIS POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE FOR POLICY FORM CH-26116-IP (01/10) NH (03/14)

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare 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 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 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"/> \$250 <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 | |
| (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. War or act of war, declared or undeclared;
3. Service in the armed forces or units auxiliary to it;
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. 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;
8. Drug abuse or addiction including alcoholism;
9. Committing or trying to commit a felony;
10. Normal pregnancy, except for Complications of Pregnancy while Hospital Confined; and
11. 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.

5. RENEWAL CONDITIONS. The Policy is guaranteed renewable to age 65, 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.

**6. TERMINATION OF COVERAGE –
You**

Your coverage will terminate and no benefits will be payable under this Policy:

1. At the end of the month for which premium has been paid, except as provided in the Waiver of Premium provision;
2. On the date You reach age 65;
3. At the end of the month following the date of Our receipt of Your request of termination;
4. On the date of fraud or material misrepresentation by You, subject to the Incontestability provision in the General Provision section;
5. On the date We elect to discontinue this plan or type of coverage;
6. On the date We elect to discontinue all coverage in Your state; or
7. 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 this 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. At the end of the month following the date of Our receipt of Your request of termination; or
4. 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.

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 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 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.

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 31 days prior to the effective date of the new rates. Such change will be on a Class Basis.

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



Dental



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Accident Direct



Income Protection Direct



Accident Disability Direct



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Critical Illness Direct



Hospital Confinement Direct



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Final Expense Whole Life



Simplified Issue Term Life



Fixed Indemnity Direct



Metal Gap

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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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