



## 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.<sup>1</sup>

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
  - **\$5,000 lump-sum cash benefit** upon a first occurrence of a 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 \$9<sup>98</sup> per month<sup>2</sup>**

## Cash benefits paid directly to you. Apply today!

<sup>1</sup> 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. | <sup>2</sup> 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><b>Accident Direct:</b> 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><b>14+ days:</b> 100% of benefit   <b>7 – 13 days:</b> 60% of benefit   <b>3 – 6 days:</b> 30% of benefit   <b>1 – 2 days:</b> 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) OR</p>		<p><b>\$10,000</b> <b>lump-sum</b></p>		
<p><b>Critical Illness Direct:</b> 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. Subject to a 30-day waiting period. Benefits reduce 50% at age 70.</p> <p><b>Diagnosis paid at 100%:</b> Advanced Alzheimer's, ALS, life-threatening cancer, coma (illness induced), heart attack, major organ transplant, stroke, end-stage renal failure.</p> <p><b>Diagnosis paid at 25%:</b> Benign brain tumor, cancer in situ, coronary artery bypass.</p> <p style="text-align: right;">CH-26113-IP (03/14) OR</p>		<p><b>\$5,000</b> <b>lump-sum</b></p>		
<p><b>Hospital Confinement Direct:</b> A hospital confinement indemnity insurance Policy which pays a daily cash benefit on confinement to hospital due to illness or injury. Subject to a 30-day waiting period for illness and 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"> <li>• 1-5 days: 100% of the benefit</li> <li>• 6-10 days: 50% of the benefit</li> <li>• 11-365 days: \$100 per day</li> </ul> </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"> <li>• 1-2 days: 200% of the benefit</li> <li>• 3-10 days: 100% of the benefit</li> <li>• 11-30 days: 50% of the benefit</li> <li>• 31-365 days: \$100 per day</li> </ul> </td> </tr> </table> <p style="text-align: right;">CH-26116-IP (01/10) OR</p>		<p>Hospital Confinement Benefit Schedule</p> <ul style="list-style-type: none"> <li>• 1-5 days: 100% of the benefit</li> <li>• 6-10 days: 50% of the benefit</li> <li>• 11-365 days: \$100 per day</li> </ul>	<p>ICU/CCU Confinement Benefit Schedule (Paid in lieu of Hospital Confinement Benefit)</p> <ul style="list-style-type: none"> <li>• 1-2 days: 200% of the benefit</li> <li>• 3-10 days: 100% of the benefit</li> <li>• 11-30 days: 50% of the benefit</li> <li>• 31-365 days: \$100 per day</li> </ul>	<p><b>\$250</b> <b>daily</b></p>
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MONTHLY PREMIUMS	Male	Female
40 Year Old Non-Tobacco	\$19 <sup>94</sup>	\$15 <sup>81</sup>
30 Year Old Non-Tobacco	\$12 <sup>87</sup>	\$9 <sup>98</sup>
Dependent 10 Year Old Child	\$6 <sup>83</sup>	\$6 <sup>97</sup>

## 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:

- **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 Occur, First Occurred or First Occurrence** means any diagnosis, treatment, surgery or advice by a legally qualified physician having initially occurred for the first time in the insured person's lifetime and while the Policy is in force for the insured person.
- **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: 1) 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 or 2) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment 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: 1) medical advice, consultation or treatment was recommended by or received from a legally qualified physician within the two year period before the effective date of coverage; or 2) symptoms existed within the one year period before the effective date of coverage, which would cause an ordinarily prudent person to seek diagnosis, examination, care or treatment.
- **Qualified 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; see Outline of Coverage for Critical Illness 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 (except as provided in the Waiver of Premium provision, for Hospital Confinement Direct only) | On the date the lifetime maximum benefit amount has been reached (for Critical Illness Direct only) | 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 an insured person is no longer a permanent resident of the United States | On the date you reach age 65 (75, for Critical Illness Direct only). The unearned portion of any premium paid will be refunded promptly. The earned premium shall be computed pro rata..

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) OR, CH-26113-IP (03/14) OR and CH-26116-IP (01/10) OR.

# 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) OR

- 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. 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>
<b>MAXIMUM ACCIDENTAL INJURY BENEFIT AMOUNT (Per Insured Person, per Year):</b>	\$10,000
<b>ACCIDENTAL INJURY BENEFIT PAYABLE FOR:</b>	
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>

### 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. Voluntary 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. Sickness arising from drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless taken as prescribed by a Legally Qualified Physician;
  14. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
  15. Committing or trying to commit a felony;
  16. 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
  17. 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 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. Subject to the prior approval by the Oregon Insurance Division, the Company reserves the right to change the applicable table of premium rates on a Class Basis.
7. **PREMIUMS.** Subject to the prior approval by the Oregon Insurance Division, 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. Any change in rates will be effective on the next following Premium Due Date.

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**SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN TRANSPLANT POLICY  
OUTLINE OF COVERAGE FOR POLICY FORM CH-26113-IP (03/14) OR**

**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.

- 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:** 30 days from the Effective Date of Coverage.

**LIFETIME MAXIMUM BENEFIT AMOUNT**

<b>Primary Insured:</b>	<input type="checkbox"/> \$5,000
<b>Dependent spouse /domestic partner:</b>	<input type="checkbox"/> \$5,000
<b>Dependent child(ren):</b>	<input type="checkbox"/> \$5,000

<u>QUALIFYING EVENT</u>	<u>FIRST DIAGNOSIS BENEFIT PERCENTAGE</u>
<b>Advanced Alzheimer's Disease</b>	100%* of Lifetime Maximum Benefit Amount
<b>Amyotrophic Lateral Sclerosis</b>	100%* of Lifetime Maximum Benefit Amount
<b>Benign Brain Tumor</b>	25%* of Lifetime Maximum Benefit Amount
<b>Cancer In Situ</b>	25%* of Lifetime Maximum Benefit Amount
<b>Coronary By-Pass</b>	25%* of Lifetime Maximum Benefit Amount
<b>End Stage Renal Failure</b>	100%* of Lifetime Maximum Benefit Amount
<b>Heart Attack</b>	100%* of Lifetime Maximum Benefit Amount
<b>Illness Induced Coma</b>	100%* of Lifetime Maximum Benefit Amount
<b>Life-Threatening Cancer</b>	100%* of Lifetime Maximum Benefit Amount
<b>Major Organ Transplant</b>	100%* of Lifetime Maximum Benefit Amount
<b>Stroke</b>	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 provided that the First Diagnosis of the Qualifying Event occurs after the Waiting Period set forth in the POLICY SCHEDULE – SCHEDULE OF BENEFITS and subject to the Pre-Existing Condition Limitation.

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. Voluntary participation in a riot, civil commotion or insurrection;
6. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;

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. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated; or
13. Committing or trying to commit a felony.

Benefits will not be payable for:

1. The First Diagnosis of a Qualifying Event, which occurs within the Waiting Period as specified in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
2. Any Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex;
3. Any condition that is not Diagnosed as a Qualifying Event, as defined in the Policy;
4. 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
5. 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 to age 75, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Subject to the prior approval by the Oregon Insurance Division, the Company reserves the right to change the table of premiums becoming due under the Policy as often as permitted by applicable law. Such change will be on a Class Basis. We will provide the Policyholder with written notice of at least 31 days prior to the effective date of the new rates. Any change in rates will be effective on the next following Premium Due Date. The premium for the Policy may change in amount by reason of a change in occupation.
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 –**

The Policy is guaranteed renewable, subject to the following termination provisions:

#### **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);
2. On the date You reach age 75;
3. On the date the Lifetime Maximum Benefit Amount has been reached;
4. 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;
5. 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;
6. On the date of fraud or material misrepresentation by You;
7. On the date We elect to discontinue this plan or type of coverage;
8. On the date We elect to discontinue all coverage in Your state; or



9. On the date an Insured Person is no longer a permanent resident of the United States.

The unearned portion of any premium paid will be refunded promptly. The earned premium shall be computed pro rata.

**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 unearned portion of any premium paid will be refunded promptly. The earned premium shall be computed pro rata.

Termination of insurance will be without prejudice to any claim arising prior to the date of termination. If We accept any premium for coverage extending beyond the date for termination, coverage will continue during the period for which a premium has been accepted, except as provided below and in the age misstatement provision.

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.

**9. PREMIUMS.** Subject to the prior approval by the Oregon Insurance Division, We reserve the right to change the table of premiums becoming due under the Policy as often as permitted by applicable law. Such change will be on a Class Basis. We will provide the Policyholder with written notice of at least 31 days prior to the effective date of the new rates. Any change in rates will be effective on the next following Premium Due Date. The premium for the Policy may change in amount by reason of a change in occupation.

Premium Due (at time of application) \$ \_\_\_\_\_

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## HOSPITAL CONFINEMENT INDEMNITY POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26116-IP (01/10) OR

- 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 Waiting Period 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

**WAITING PERIOD**

For Sickness 30 Days  
For Injury 0 Days

**DAILY BENEFIT AMOUNT** \$250

*(After satisfaction of the Waiting Period, if any, benefits are payable for each day an Insured Person is Hospital Confined due to Sickness or Injury, in accordance with the Schedule of Benefits shown below)*

**HOSPITAL CONFINEMENT BENEFIT**

*(After satisfaction of the Waiting Period, if any, benefits are payable for each day an Insured Person is Hospital Confined due to Sickness or Injury, in accordance with the Schedule of Benefits shown below)*

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. Voluntary 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. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
18. Committing or trying to commit a felony;
19. Normal pregnancy, except for Complications of Pregnancy while Hospital Confined;
20. Routine or normal newborn child care while Hospital Confined;
21. 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
22. 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 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. Subject to the prior approval by the Oregon Insurance Division, the Company reserves the right to change the applicable table of premium rates on a Class Basis.

**6. PREMIUMS.** Subject to the prior approval by the Oregon Insurance Division, 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. Any change in rates will be effective on the next following Premium Due Date.

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