



Accident Companion

Help with the out-of-pocket costs of accidental injuries

DID YOU KNOW?

1 in 8

persons seek medical attention from an injury each year.¹

Accidents happen and the **Accident Companion** plan can help you financially when they do. This plan, underwritten by The Chesapeake Life Insurance Company® and brought to you by Priority Health, offers **four, budget-friendly benefit level options**. When you receive treatment for an accidental injury, the plan pays **lump-sum cash benefits** directly to you. The money can be used to **pay unexpected medical costs or everyday living expenses**.

Applying is simple and can be completed in minutes.

Accident Companion At A Glance

Cash benefits can be used for:

- Co-pays or co-insurance
- Rent/mortgage
- Car payments
- Child care
- Everyday living expenses

- Pays up to a:
 - **\$10,000 lump-sum cash benefit** for accidental injuries that result in a hospital confinement
 - **\$1,000 lump-sum cash benefit** per injury for emergency treatment received in an ER or urgent care facility
 - **\$1,000 lump-sum cash benefit** for major diagnostic exam (one exam per Policy year)
 - **\$100 lump-sum cash benefit** per visit for follow-up treatment or physical therapy (up to five visits per Policy year)
- 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 \$7⁵⁰ per month²**

Cash benefits paid directly to you. Apply today!

¹ National Safety Council, Injury Facts, 2012 | ² For coverage Option 1. See chart on next page for full list of coverage option levels.

Insurance policy underwritten by The Chesapeake Life Insurance Company®



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SB ACC COM (PH) 1016

Accident Companion



BENEFITS (per person, per accidental injury)	Option 1	Option 2	Option 3	Option 4
Hospital Confinement ¹ (one per Policy year)	\$2,500	\$5,000	\$7,500	\$10,000
Emergency Treatment ² (within 72 hours of Injury)	\$250 per injury	\$500 per injury	\$750 per injury	\$1,000 per injury
Major Diagnostic Exam (one per Policy year at hospital or urgent care center)	\$250	\$500	\$750	\$1,000
Follow-up Treatment ³ (up to five visits per Policy year) OR	\$50 per visit	\$100 per visit	\$100 per visit	\$100 per visit
Follow-up Physical Therapy ³ (up to five visits per Policy year)	\$50 per visit	\$100 per visit	\$100 per visit	\$100 per visit
MONTHLY PREMIUMS	\$7.50	\$15.00	\$21.50	\$28.00

The chart above is only an illustration of benefit and premium options per covered person.

¹ Hospital confinement must begin within 30 days of the accidental injury | ² Treatment in Emergency Room or Urgent Care Facility | ³ Benefits following Emergency Room or Urgent Care treatment and therapy provided within 30 days of initial onset. Follow-up treatment and physical therapy received on the same day will only receive one benefit.

Apply today for Accident Companion to help cover costs related to accidental injuries

Questions?

Please contact your Priority Health agent.



ACCIDENT COMPANION: OTHER IMPORTANT INFORMATION

Definitions (See Policy 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 Occur, First Occurred or First Occurrence** means an accidental injury for which diagnosis, treatment, surgery or advice by a physician, or manifested symptoms, initially occurred while the Policy is in force for the insured person and for the first time in the insured person's lifetime.
- **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 maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis; maintain a staff of one or more duly licensed physicians; provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and is accredited as a hospital by the Joint Commission on Accreditation of Hospitals.
- **Policy Year** means each consecutive 12 month period beginning with your effective date of coverage.
- **Urgent Care Center** means a free-standing facility, center or other entity that operates primarily to provide specialty medical treatment of an unforeseen, unexpected accidental injury on an urgently needed or prompt basis.

EXCLUSIONS AND LIMITATIONS

We will not provide benefits for loss caused by, resulting from, or in connection with:

Sickness, including but not limited to pregnancy and childbirth | Any care not medically necessary (except as specifically provided in the Policy) or benefits which are not specifically provided for in the Policy | Hospital Confinement for childbirth, including routine or normal newborn child care | Accidental Injuries that do not first occur while the Policy is in force for the insured person | Any act of war, declared or undeclared | Active military duty in the service or any country | Participation in a riot, civil commotion or insurrection | Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane | Mental or Nervous disorders | Having cosmetic surgery or other elective procedures that are not medically necessary | Operating any motorized passenger vehicle for wage, compensation or profit | Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated | Committing or trying to commit a felony | Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding and | 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.

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.
- **RENEWABILITY:** Your Policy is guaranteed renewable to age 65, subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy.
- **PREMIUM CHANGES:** Chesapeake reserves 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, Chesapeake has given 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.
- **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 | 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 | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent. Premium will only be refunded for any full months paid beyond the termination date.

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. 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. This is an Accidental Injury Only Insurance Policy, Form CH-26122-IP (01/11) MI. SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental insurance products are underwritten by The Chesapeake Life Insurance Company®. "We," "our" or "us" refers to The Chesapeake Life Insurance Company. The Chesapeake Life Insurance Company compensates Priority Health for marketing services. The Chesapeake Life Insurance Company and Priority Health are separate companies and are not affiliated with one another.