



Underwritten by *The Chesapeake Life Insurance Company*[®]

CancerWise[®]



Cash benefits paid directly to you to help you focus on treatment and recovery, not expenses.

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 insurance company.
- 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 insurance company.
- 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.



SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental and life insurance products are underwritten by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.



CancerWise[®]

Cash benefits paid directly to you, not your doctor or hospital.

DID YOU KNOW?

62%

of bankruptcies in 2007
were due to illness ...

78%

of those filers had
health insurance.¹

Cash benefits can be used for:

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

If **cancer strikes**, your focus should be on treatment and recovery, not on your finances. The **CancerWise plan can help**. It offers four affordable benefit level options that pay a one-time **lump-sum cash benefit 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.

CancerWise At A Glance

- Pays up to a **\$50,000 one-time lump-sum cash benefit** after the waiting period upon a first diagnosis of a cancer
- 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 \$5¹⁸ per month²**

¹ The American Journal of Medicine, August 2009 | ² For 25 year old female, non-tobacco at \$20,000 benefit level.

BENEFIT OPTIONS	\$20,000	\$30,000	\$40,000	\$50,000
-----------------	----------	----------	----------	----------

One-time benefits are payable under the Policy for first diagnosis of malignant internal tumor or malignant melanoma, per insured person. Pays \$500 if cancer is first diagnosed during the 30-day waiting period.

MONTHLY PREMIUMS¹

30 Year Old Male	\$8 ²⁶	\$12 ³⁸	\$16 ⁵¹	\$20 ⁶⁴
30 Year Old Female	\$7 ⁴⁶	\$11 ²⁰	\$14 ⁹³	\$18 ⁶⁶
40 Year Old Male	\$14 ¹⁴	\$21 ²⁰	\$28 ²⁷	\$35 ³⁴
40 Year Old Female	\$11 ²⁸	\$16 ⁹²	\$22 ⁵⁶	\$28 ²⁰
Dependent Male Child	\$2 ⁴²	\$3 ⁶⁴	\$4 ⁸⁵	\$6 ⁰⁶
Dependent Female Child	\$2 ⁷¹	\$4 ⁰⁷	\$5 ⁴²	\$6 ⁷⁸

¹ The chart above is only an illustration of benefit and premium options per non-tobacco covered person.

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. A Cancer Benefit Policy, Form CH-26055-IP (03/14) SC.

CANCERWISE: OTHER IMPORTANT INFORMATION

Definitions (See Policy for Other Important Definitions):

- **Cancer** means a disease manifested by the presence of a malignant internal tumor characterized by the uncontrolled growth and spreading of malignant cells and/or the invasion of tissue, a malignant melanoma, leukemia, Hodgkin's disease, or cancer in situ that is in the natural or normal place, which is confined to the site of origin and has not invaded neighboring tissue. **Cancer does not include** pre-malignant conditions, conditions with malignant potential, or all other skin cancer which is not specifically malignant melanoma.
- **First Diagnosis** or **First Diagnosed** means a diagnosis, as defined within the Policy, which initially occurs for the first time in the insured person's lifetime and while such insured person's coverage is in effect under the Policy.
- **Pre-Existing Condition** 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.

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

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

Home Office: Oklahoma City, Oklahoma

Administrative Office: 9151 Grapevine Highway

North Richland Hills, Texas 76180

Customer Service: 1-800-815-8535

**CANCER BENEFIT POLICY
OUTLINE OF COVERAGE FOR POLICY FORM CH-26055-IP (03/14) SC**

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 Cancer while coverage is in force under the Policy, subject to the 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.

The coverage provided by the Policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and therefore, the Policy does not satisfy the requirement for minimum essential coverage under the Federal Patient Protection and Affordable Care Act.

- 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. CANCER BENEFIT POLICY –** Cancer Benefit coverage is designed to provide You or Your Covered Dependents with coverage paying benefits under the Policy for First Diagnosis of Cancer. Coverage is provided for the benefits described in the BENEFITS section. The benefits described may be limited as outlined in the EXCLUSIONS AND LIMITATIONS section.
- 3. SCHEDULE OF BENEFITS –**

Waiting Period (from Effective Date of Coverage): 30 days

<u>BENEFIT</u>	<u>AMOUNT OF BENEFIT</u>
FIRST DIAGNOSIS CANCER BENEFIT AMOUNT <i>(Limited to one benefit payable per Insured Person, per Lifetime)</i>	<input type="checkbox"/> \$20,000, <input type="checkbox"/> \$30,000, <input type="checkbox"/> \$40,000, <input type="checkbox"/> \$50,000
WAITING PERIOD FIRST DIAGNOSIS CANCER BENEFIT AMOUNT <i>(Limited to one benefit payable per Insured Person, per Lifetime)</i>	\$500

- 4. BENEFITS -** Benefits are payable under the Policy for the First Diagnosis of Cancer, while an Insured Person’s coverage is in force under the Policy. Benefits are limited to one benefit amount payable per Insured Person, per lifetime, as shown in the POLICY SCHEDULE. 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.

FIRST DIAGNOSIS CANCER BENEFIT

If an Insured Person receives a First Diagnosis of Cancer after their Waiting Period, and while coverage is in force under the Policy, We will pay benefits in accordance with the **First Diagnosis Cancer Benefit Amount** shown in the POLICY SCHEDULE, subject to the Pre-Existing Condition Limitation. No benefit is payable for a Diagnosis that does not meet the definition of Cancer as defined under the Policy. The maximum benefit available for a Diagnosis is the First Diagnosis Cancer Benefit Amount shown in the POLICY SCHEDULE, and is limited to one benefit amount payable per Insured Person, per lifetime. Once a First Diagnosis Cancer Benefit Amount has been paid for an Insured Person, no further benefits are available and coverage under the Policy will be terminated on the date the benefit is paid for that Insured Person.

If the Insured Person receiving the First Diagnosis Cancer Benefit Amount is also the primary Insured Person, the spouse of the primary Insured Person who is a Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person does not have a spouse who is a Covered Dependent under the Policy, the oldest Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person is the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the PREMIUMS section for details regarding how premiums will be adjusted in accordance with this.

WAITING PERIOD FIRST DIAGNOSIS CANCER BENEFIT

If an Insured Person receives a First Diagnosis of Cancer during their Waiting Period, but while coverage is in force under the Policy, We will pay benefits in accordance with the **Waiting Period First Diagnosis Cancer Benefit Amount** shown in the POLICY SCHEDULE, subject to the Pre-Existing Condition Limitation. No benefit is payable for a Diagnosis that does not meet the definition of Cancer as defined under the Policy. The maximum benefit available for a Diagnosis is the Waiting Period First Diagnosis Cancer Benefit Amount shown in the POLICY SCHEDULE, and is limited to one benefit amount payable per Insured Person, per lifetime. Once a Waiting Period First Diagnosis Cancer Benefit Amount has been paid for an Insured Person, no further benefits are available and coverage under the Policy will be terminated on the date the benefit is paid for that Insured Person.

If the Insured Person receiving the First Diagnosis Cancer Benefit Amount is also the primary Insured Person, the spouse of the primary Insured Person who is a Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person does not have a spouse who is a Covered Dependent under the Policy, the oldest Covered Dependent under the Policy at the time the primary Insured Person receives the benefit will become the new primary Insured Person. In the event the primary Insured Person is the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the PREMIUMS section for details regarding how premiums will be adjusted in accordance with this.

5. **EXCLUSIONS AND LIMITATIONS.** The Policy does not provide benefits for loss caused by, resulting from or in connection with the following:
1. Any services, supplies, care or treatment of Cancer, or any other disease, sickness or incapacity;
 2. Any disease, sickness, or incapacity which is not included within the definition of Cancer as defined under the Policy;
 3. Any Cancer that is not First Diagnosed while coverage is in effect under the Policy;
 4. All skin cancer which is not Diagnosed, by definition, specifically as Malignant Melanoma;
 5. Any Diagnosis, as defined, which occurs prior to an Insured Person's Effective Date of Coverage;
 6. Any Diagnosis, as defined, which is determined to be caused by war or an act of war;
 7. Any Diagnosis, as defined, which is made by You or a member of Your Immediate Family or household;
 8. Any Diagnosis, as defined, which is made outside the U.S.; or
 9. Any Diagnosis, as defined, which occurs after the date on which coverage under the Policy has been terminated.

Pre-Existing Condition Limitations - Benefits will not be payable for Cancer resulting from a Pre-Existing Condition unless the First Diagnosis of such Cancer occurs more than 12 months after the Insured Person's Effective Date of Coverage, including the Waiting Period.

Waiting Period

The Policy contains a Waiting Period of 30 days. Benefits will be reduced if an Insured Person receives a First Diagnosis of Cancer, during their Waiting Period, subject to the Pre-Existing Condition Limitation. Refer to the BENEFITS and POLICY SCHEDULE sections for details regarding how benefits will be paid if a First Diagnosis of Cancer is received during an Insured Person's Waiting Period.

- 6. RENEWAL CONDITIONS.** The Policy is guaranteed renewable to age 65, or Medicare eligibility, whichever occurs first, 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.
- 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 -**

You

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

1. After a benefit has been paid to You (the primary Insured Person) for a First Diagnosis of Cancer, Your spouse / domestic partner who is a Covered Dependent under the Policy at the time You receive the benefit will become the new primary Insured Person. In the event You do not have a spouse / domestic partner who is a Covered Dependent under the Policy, Your oldest Covered Dependent under the Policy at the time You receive the benefit will become the new primary Insured Person. In the event You are the only individual covered under the Policy, the Policy will terminate in its entirety. Please refer to the PREMIUMS section for details regarding how premiums will be adjusted in accordance with this;
2. At the end of the period for which premium has been paid (subject to the Grace Period);
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 of fraud or misrepresentation by You;
6. On the date We elect to discontinue this plan or type of coverage;
7. On the date We elect to discontinue all coverage in Your state;
8. On the date You are no longer a permanent resident of the United States; or
9. On the date You reach the age of 65, or become eligible for Medicare, whichever comes first.

Covered Dependents

Your Covered Dependent's coverage will terminate under the Policy on:

1. At the end of the period for which premium has been paid (subject to the Grace Period);
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 of fraud or misrepresentation by You or the Covered Dependent;
6. On the date We elect to discontinue this plan or type of coverage;

7. On the date We elect to discontinue all coverage in Your state;
8. On the date the Covered Dependent is no longer a permanent resident of the United States; or
9. On the date the Covered Dependent reaches the age of 65, or becomes eligible for Medicare, whichever comes first.

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.** 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 at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. Premiums for the Policy will be adjusted, as appropriate, for the termination of coverage of an Insured Person who receives a First Diagnosis Cancer Benefit Amount. In the event You are the only individual covered under the Policy, the Policy will terminate in its entirety on the date the benefit is paid for You, and no further benefits or premiums will be due.

Premium Due (at time of application) \$ _____

This page intentionally left blank.

About SureBridge

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 are available through HealthMarkets Insurance Agency, 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.

For more information on SureBridge's supplemental insurance products, please visit [SureBridgeInsurance.com](https://www.SureBridgeInsurance.com)



SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental and life insurance products are underwritten by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.



Navigate life's twists and turns

with the SureBridge portfolio
of supplemental and life
insurance products

Dental

Accident Direct

Accident Disability Direct

Critical Illness Direct

Critical Accident Direct

Accident Companion

Simplified Issue Term Life

Metal Gap

Vision

Income Protection Direct

CancerWise®

Hospital Confinement Direct

ProtectFit Plus

Final Expense Whole Life

Fixed Indemnity Direct

SureBridgeInsurance.com

800-815-8535

Weekdays, 8am to 5pm in all time zones



Underwritten by *The Chesapeake Life Insurance Company*®