

Accident Coverage

Accident Direct

Cash benefits paid directly to you for accident-related hospital stays.





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

Accidents happen and the **Accident Direct** plan can help you financially when they do. The plan offers **four budget-friendly benefit level options**. If you are hospitalized 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 Direct at a Glance

Pays lump-sum cash benefit for accidental injuries which result in a hospital confinement even if benefits are also paid under Workers' Compensation²

- **\$25,000** for 14+ days
- **\$15,000** for 7 - 13 days
- **\$7,500** for 3 - 6 days
- **\$3,750** for 1 - 2 days, surgery required

Additional benefit when two or more covered persons are injured in the same accident.

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 less than \$1.00 per month³**.

Cash benefits can be used for:



Co-pays or co-insurance



Rent/mortgage



Car payments



Child care



Everyday living expenses



Did You Know?

1 in **8** people seeks
medical attention
from an injury each year.¹

¹National Safety Council, Injury Facts, 2014 | ² Benefits are not coordinated with Worker's Compensation. Exclusions & Limitations and Policy provisions may apply. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. | ³ For female at \$5,000 benefit level.



BENEFIT SCHEDULE ¹ per person, per policy year	\$5,000	\$15,000	\$20,000	\$25,000
14+ days <i>(100% of benefit)</i>	\$5,000	\$15,000	\$20,000	\$25,000
7 - 13 days <i>(60% of benefit)</i>	\$3,000	\$9,000	\$12,000	\$15,000
3 - 6 days <i>(30% of benefit)</i>	\$1,500	\$4,500	\$6,000	\$7,500
1 - 2 days <i>(15% of benefit, surgery required)</i>	\$750	\$2,250	\$3,000	\$3,750
Common Accident Benefit <i>when two or more covered persons are injured in the same accidental injury</i>	included	included	included	included
MONTHLY PREMIUMS				
Male	\$1.26	\$3.78	\$5.04	\$6.30
Female	\$0.96	\$2.88	\$3.84	\$4.80
Dependent Child(ren)	\$1.12	\$3.35	\$4.46	\$5.58

¹Confinement must begin within 365 days of the injury. Injury must occur after the Policy is in force. | The chart above is only an illustration of benefit and premium options per 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. An Accidental Injury Only Insurance Policy, Form CH-26118-IP (01/10) WA.

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.



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 that initially occurred for the first time while the Policy is in force for the insured person. This does not include accidental injuries that result in exacerbation or recurrence of a previous injury.
- **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.

Coverage Information:

- **COVERAGE BEGINS:** 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:** 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 Chesapeake elects 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.

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 DISCLOSURE FOR POLICY FORM: CH-26118-IP (01/10) WA

Save this statement! It may be important to You in the future. The Washington State Insurance Commissioner requires that We give You the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most Hospital or other medical services.

This disclosure document provides a very brief description of the important features of the coverage You are considering. It is not an insurance contract and only the actual Policy provisions will control. The Policy itself will include in detail the rights and obligations of both You and The Chesapeake Life Insurance Company.

This coverage is designed to pay You a fixed dollar amount, regardless of the amount that Your Provider charges. Payments are not based on a percentage of Your Provider's charge and are paid in addition to any other health plan coverage You may have.

CAUTION: If You are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), before You purchase this coverage You should check with Your tax advisor to be sure that You will continue to be eligible to contribute to the HSA if You purchase this coverage.

- 1. READ YOUR POLICY CAREFULLY** – This disclosure 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 365 days of such Accidental Injury. **The Policy does NOT provide benefits from loss of Sickness.**

3. SCHEDULE OF BENEFITS – BENEFIT

AMOUNT OF BENEFIT

MAXIMUM ACCIDENTAL INJURY BENEFIT

AMOUNT (Per Insured Person, per Year):

\$5,000 \$15,000 \$20,000 \$25,000

ACCIDENTAL INJURY BENEFIT PAYABLE FOR:

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:

No benefit payable

**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 365 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 365 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. Participation in a riot, civil commotion or insurrection;
9. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane, unless such act is the direct result of an underlying medical condition;
10. Mental or Nervous Disorders;
11. Cosmetic surgery;
12. Operating any motorized passenger vehicle for wage, compensation or profit;
13. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
14. An overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person's being intoxicated or under the influence of a narcotic is not excluded;
15. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;

16. Committing or trying to commit a felony;
 17. Aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding;
 18. 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; and
 19. Treatment, services or supplies received outside the U.S. or Canada. However, treatment, services or supplies received as a result of an acute Accidental Injury sustained during the first 30 days of travel outside of the U.S. or Canada will be considered a Covered Expense. In no event will treatment, services or supplies received beyond the first 30 days of travel outside of the U.S. or Canada be considered a Covered Expense.
6. **RENEWAL CONDITIONS:** The Policy is not guaranteed renewable; however, it is 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 may change in amount by reason of a change in occupation.
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 45 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of a change in occupation.

Navigate Life's Twists & Turns

with the SureBridge portfolio of supplemental insurance products

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**SureBridgeInsurance.com
(800) 815-8535**

Weekdays 8:00 a.m. to 5:00 p.m. in all time zones



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Underwritten by
The Chesapeake Life Insurance Company[®]

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.

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[®]. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.