



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. The plan 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 year)
 - **\$100 lump-sum cash benefit** per visit for follow-up treatment or physical therapy (up to five visits per 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.

Accident Companion



Make sure you are protected with other popular SureBridge products:



Critical Illness Direct



Dental



Vision

BENEFITS (per person, per accidental injury)	Option 1	Option 2	Option 3	Option 4
Hospital Confinement ¹ (one per 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 year at hospital or urgent care center)	\$250	\$500	\$750	\$1,000
Follow-up Treatment ³ (up to five visits per year) OR	\$50 per visit	\$100 per visit	\$100 per visit	\$100 per visit
Follow-up Physical Therapy ³ (up to five visits per 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 365 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 365 days of initial onset. Follow-up treatment and physical therapy received on the same day will only receive one benefit.

Consumer Preferred Status: Based on 41% of applicants selecting the "Option 4" \$10,000 benefit level (4/2013).

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

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 Policy, Form CH-26122-IP (01/11) WA.

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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 this 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.
- **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.

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 Policy, Form CH-26122-IP (01/11) WA.

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: 1-800-733-1110

ACCIDENTAL INJURY ONLY INSURANCE POLICY DISCLOSURE FOR FORM CH-26122-IP (01/11) 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 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. ACCIDENTAL INJURY ONLY COVERAGE –** This coverage is designed to provide You or Your Covered Dependents with coverage for certain losses resulting from Accidental Injuries that First Occur after Your coverage has become effective and while the coverage is in force under the Policy. The Policy does not provide benefits for loss from Sickness.
- 3. SCHEDULE OF BENEFITS –** The Policy is intended to pay lump-sum benefits for the following Covered Expenses. Unless otherwise stated in the Policy, all benefits are subject to the Benefit Amount, Benefit Limitations, Exclusions & Limitations, and all other provisions of the Policy.

BENEFIT AMOUNT

INPATIENT HOSPITAL CONFINEMENT BENEFIT

One-Time Lump-sum Hospital Confinement Benefit:

\$2,500; \$5,000; \$7,500; \$10,000 per Insured Person, per Policy Year

(Hospital Confinement must begin within 365 days of Accidental Injury.)

OUTPATIENT EMERGENCY/DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit:

You and/or Your Covered Dependent Spouse:

\$250; \$500; \$750; \$1,000 per Insured Person, per Accidental Injury

Your Covered Dependent Child(ren):

\$250; \$500; \$750; \$1,000 per Insured Person, per Accidental Injury

(Treatment must be received within 365 of Accidental Injury.)

Major Diagnostic Exam Benefit:

\$250; \$500; \$750; \$1,000 per Insured Person, per Policy Year

(Limited to one diagnostic exam per Insured Person, per Policy Year.)

Disclosure CH-26122-IP (01/11) WA

FOLLOW-UP / RESTORATIVE

Accidental Injury Follow-up Treatment Benefit:

☐\$50; ☐\$100 per visit, per Insured Person, not to exceed 5 visits per Policy Year

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 365 of initial onset of Accidental Injury.)

Accidental Injury Follow-up Physical Therapy Benefit:

☐\$50; ☐\$100 per visit, per Insured Person, not to exceed 5 visits per Policy Year

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 365 of initial onset of Accidental Injury.)

4. BENEFITS – Benefits under the Policy include the following:

INPATIENT HOSPITAL CONFINEMENT BENEFIT: When an Insured Person is Hospital Confined due to an Accidental Injury, We will pay the applicable **One-Time Lump-Sum Hospital Confinement Benefit** shown above. Confinement must begin within 365 days of the Accidental Injury. This benefit is payable once per Insured Person, per Policy Year.

OUTPATIENT EMERGENCY / DIAGNOSTIC BENEFITS:

- **Accidental Injury Emergency Treatment Benefit** – When an Insured Person receives Medically Necessary treatment of an Accidental Injury at a Hospital Emergency Room or Urgent Care Center within 365 of the initial onset of such Accidental Injury, We will pay the *Accidental Injury Emergency Treatment Benefit* shown above.
- **Major Diagnostic Exam Benefit** – When an Insured Person receives a diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center that is related to an Accidental Injury, We will pay the **Major Diagnostic Exam Benefit** shown above. This benefit is payable once per Insured Person, per Policy Year.

FOLLOW-UP / RESTORATIVE BENEFITS:

- **Accidental Injury Follow-up Treatment Benefit** – When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up treatment, We will pay the **Accidental Injury Follow-up Treatment Benefit** shown above, provided such treatment is received within 365 of the initial onset of the Accidental Injury. *Accidental Injury follow-up treatment is in lieu of and **not** in addition to the Accidental Injury Follow-up Physical Therapy benefit, per individual date of service, and does not include chiropractic or alternative medicine services.*
- **Accidental Injury Follow-up Physical Therapy Benefit** – When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up physical therapy treatment, We will pay the **Accidental Injury Follow-up Physical Therapy Treatment Benefit** shown above, provided such physical therapy treatment is received within 365 of the initial onset of the Accidental Injury. *Accidental Injury Physical Therapy Follow-up treatment is paid in lieu of and **not** in addition to the Accidental Injury follow-up benefit, per individual date of service.*

5. EXCLUSIONS AND LIMITATIONS – We will not provide any benefits for loss caused by, resulting from or in connection with:

1. Sickness, including but not limited to pregnancy and childbirth;
2. Any care not Medically Necessary (except as specifically provided herein) or benefits which are not specifically provided for in the Policy;
3. Hospital Confinement for childbirth, including routine or normal newborn child care;
4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
5. Any act of war, declared or undeclared;
6. Active military duty in the service of any country;
7. Participation in a riot, civil commotion or insurrection;
8. 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;
9. Mental or nervous disorders;
10. Having Cosmetic Surgery or other elective procedures that are not Medically Necessary;
11. Operating any motorized passenger vehicle for wage, compensation or profit;
12. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
13. Committing or trying to commit a felony;
14. Aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and

15. 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. RENEWABILITY – 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 is based on the issue age of the Insured Person at the time in which the Policy becomes effective.

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. At the end of the month for which premium has been paid;
2. At the end of the month following the date of Our receipt of Your request of termination;
3. On the date of fraud or material misrepresentation by You;
4. On the date We elect to discontinue this plan or type of coverage;
5. On the date We elect to discontinue all coverage in Your state;
6. On the date an Insured Person is no longer a permanent resident of the United States; or
7. On the date You reach age 65.

Premium will only be refunded for any full months paid beyond the termination date.

Covered Dependents

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

1. The date Your coverage terminates, except as provided in the SPECIAL CONTINUATION FOR DEPENDENTS provision;
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.

Premium will only be refunded for any full months paid beyond the termination date.

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. Unable to engage in substantial gainful employment to the degree that the Covered Dependent child can achieve economic independence, due to a medically determinable physical or mental impairment, which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months; 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 proof of the incapacity and dependency be furnished by You within 30 days of the Effective Date of Coverage or the date upon which the dependent would otherwise reach the Limiting Age, and thereafter, We may require such proof not more frequently than annually after the two-year period following attainment of the Limiting Age by the disabled dependent person. 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 45 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.

Premium Due (at time of application) \$ _____

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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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