

Critical Illness Direct

Insurance that pays you, not your provider

A critical illness can strike suddenly and disrupt your daily life in ways that are both physical and financial. While it is important to have health insurance to cover the cost of your medical care, it is equally important to have coverage that can help you cover normal living expenses as well as other unexpected costs.

In America, a heart attack occurs every 34 seconds,¹ strokes are the leading cause of serious long-term disability,² and medical bills contribute to 62 percent of all bankruptcies even though three-quarters of the families had medical insurance.³

Our Critical Illness Direct supplemental insurance plan is simple. It pays you a **lump sum cash benefit** in the event

of a covered critical illness. These additional financial resources can be used for anything you choose; out-of-pocket medical expenses and deductibles, help offsetting a loss of income, or help with everyday living expenses. It's your money; how you spend it is your decision.

Critical Illness Direct

Description	Pays a lump sum benefit upon a first occurrence of the conditions listed below. Subject to a 30-day waiting period.
Benefit Options*	Primary/Spouse: \$10,000, \$15,000, \$20,000, \$30,000, \$40,000, \$50,000 or \$ 60,000 Child: \$10,000
Covered Event or Diagnosis	Diagnosis paid at 100% Advanced Alzheimer's, ALS, life-threatening cancer, coma (illness induced), heart attack, major organ transplant, stroke, end-stage renal failure. Diagnosis paid at 25% Benign brain tumor, cancer in situ, coronary artery bypass.

*Benefits are reduced 50% over age 70

Supplemental insurance plans:

- Provide customizable protection for you and your family to fit any budget
- Complement your existing health insurance plan
- Pay the cash benefit directly to you—not your doctor or hospital

Speak with your health insurance broker

to learn more about how you can customize or combine multiple plans to fit your specific budget and needs.

¹ American Heart Association. (2010). Heart disease & stroke statistics

² Centers for Disease Control and Prevention.

³ American Journal of Medicine, Vol. 122, David U. Himmelstein, Deborah Thorne, Elizabeth Warren, Steffie Woolhandler, Medical Bankruptcy in the United States, 2007: Results of a National Study, pages 741-746, Copyright Elsevier, 2009.

UnitedHealthOne is a brand name that represents a portfolio of insurance options for individuals.

The individual supplemental insurance product described above is underwritten, and administered, by The Chesapeake Life Insurance Company. The administrative offices of The Chesapeake Life Insurance Company are located in North Richland Hills, Texas. Insurance product availability may vary by state. For premium costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the Policy may be continued in force, please contact your licensed insurance broker.

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Plan availability may vary by state.

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BR/000005 Exp. 6/12
CH-26113-IP (01/10)



Underwritten by *The Chesapeake Life Insurance Company®*

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

SPECIFIED DISEASE/CONDITION AND MAJOR ORGAN TRANSPLANT POLICY OUTLINE OF COVERAGE FOR POLICY FORM CH-26113-IP (01/10) IL

1. The coverage is designed only as a supplement to a comprehensive health insurance Policy and should not be purchased unless You have the underlying coverage. The Policy IS NOT A MEDICARE SUPPLEMENT Policy. It does not fully supplement Your Federal Medicare health insurance. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare.
2. **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.**
3. **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.**
4. **SCHEDULE OF BENEFITS –**

LIFETIME MAXIMUM BENEFIT AMOUNT

Primary Insured:

☐ \$10,000 ☐ \$15,000
☐ \$20,000 ☐ \$30,000 ☐ \$40,000
☐ \$50,000 ☐ \$60,000

Dependent spouse:

☐ \$10,000 ☐ \$15,000
☐ \$20,000 ☐ \$30,000 ☐ \$40,000
☐ \$50,000 ☐ \$60,000

Dependent child(ren):

☐ \$10,000

WAITING PERIOD: 30 days from the Effective Date of Coverage.

QUALIFYING EVENT

FIRST OCCURRENCE BENEFIT PERCENTAGE

Advanced Alzheimer's Disease

100%* of Lifetime Maximum
Benefit Amount

Amyotrophic Lateral Sclerosis

100%* of Lifetime Maximum
Benefit Amount

Benign Brain Tumor

25%* of Lifetime Maximum
Benefit Amount

Cancer In Situ

25%* of Lifetime Maximum
Benefit Amount

Coronary By-Pass

25%* of Lifetime Maximum
Benefit Amount

***THE FIRST OCCURRENCE BENEFIT PERCENTAGE WILL BE REDUCED BY
ONE-HALF ON THE DATE AN INSURED PERSON REACHES AGE 70.**

QUALIFYING EVENT**FIRST OCCURRENCE
BENEFIT PERCENTAGE****End Stage Renal Failure**100%* of Lifetime Maximum
Benefit Amount**Heart Attack**100%* of Lifetime Maximum
Benefit Amount**Illness Induced Coma**100%* of Lifetime Maximum
Benefit Amount**Life-Threatening Cancer**100%* of Lifetime Maximum
Benefit Amount**Major Organ Transplant**100%* of Lifetime Maximum
Benefit Amount**Stroke**100%* of Lifetime Maximum
Benefit Amount

***THE FIRST OCCURRENCE BENEFIT PERCENTAGE WILL BE REDUCED BY
ONE-HALF ON THE DATE AN INSURED PERSON REACHES AGE 70.**

- 5. BENEFITS** - Upon receipt of proof of the First Occurrence of a Qualifying Event, We will pay the First Occurrence Benefit Percentage of the Lifetime Maximum Benefit Amount, as shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS provided that the Qualifying Event First Occurred after the Waiting Period set forth in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

The First Occurrence 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.

- 6. 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. 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. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a Legally Qualified Physician;
12. Being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a Legally Qualified Physician;
13. Directly engaging in an illegal occupation or Your being incarcerated; or
14. Committing or trying to commit a felony.

Benefits will not be payable for:

1. A Qualifying Event, which First Occurs prior to an Insured Person's Effective Date of Coverage or within the Waiting Period as specified in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;
 2. Any Qualifying Event caused directly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex;
 3. Any condition that is not Diagnosed as a Qualifying Event, as defined herein;
 4. Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event, as defined herein. This includes any other disease or incapacity which may have been complicated or directly 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.
- 7. 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. The Company reserves the right to change the applicable table of premium rates on the Class Basis.
- 8. 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 31 days prior to the effective date of the new rates. Such change will be on a Class Basis.

The Chesapeake Life Insurance Company®
Administrative Office:
P.O. Box 982010
North Richland Hills, TX 76182-8010
Toll Free: 1-800-815-8535

This attachment page form CH-26113-IP (01/10) SS IL 5/11, must be used with the Specified Disease/Condition and Major Organ Transplant Outline of Coverage when marketing. For details about covered expenses, exclusions and limitations of the Critical Illness Direct plan (form CH-26113-IP (01/10) IL), refer to the Outline of Coverage to which this is attached.

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.

Claim Submission

You must notify the company in order for your claim to be considered. Refer to your policy materials for the claim form and additional instructions.

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 ■ On the date you reach age 75 ■ On the date the lifetime maximum benefit amount has been reached ■ 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 ■ On the date we elect to discontinue all coverage in your state ■ On the date an insured person is no longer a permanent resident of the United States. 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: The date your coverage terminates ■ At the end of the month following the date such dependent ceases to be an eligible dependent ■ At the end of the month following the date of our receipt of your request of termination ■ On the date the lifetime maximum benefit amount has been reached with respect to an insured person ■ On the date the covered dependent performs an act or practice that constitutes fraud or 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.