AccidentWise™ | AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, WI, WV, WY

Accidental Injury Only Coverage

AccidentWise™

Accidents can happen unexpectedly, but that doesn't mean you can't be prepared. Our AccidentWise plan is designed to provide cash benefits to help with the out-of-pocket costs associated with accidental injuries.

This Accidental Injury Only coverage provides limited benefits. AccidentWise is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act. This coverage provides benefits for losses resulting from accidental bodily injury.

The Chesapeake Life Insurance Company is the underwriter and administrator of these plans.
Policy Form CH-26152-IP (03/21) and other state variations

UnitedHealthcare®
The Chesapeake Life Insurance Co.

Why an AccidentWise plan?

Accidents happen and the **AccidentWise** plan can help you cover some expenses related to accidental injury and treatment. Choose from four budget-friendly options to find a plan that offers the right benefit amounts for you. 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.

Cash benefits can be used to help you with:

- Deductibles, copays or coinsurance on your current health plan
- Rent/Mortgage
- Car payment
- Child care
- Everyday living expenses

It's also good to know:

- Premiums do not increase due to age
- Issue Ages: 0 through 75*

Renewable for Life

- These plans are renewable for life as outlined in the Policy.

*Issue Ages: 0 through 64 in California.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the Policy. State specific differences may apply.

Highlights of benefits

Choose an AccidentWise plan

The AccidentWise plan is designed to help provide financial assistance for a range of accident-related expenses. From a hospital stay to outpatient surgery, diagnostic exams, and more, you can choose the right amount of benefits to fit your needs and your wallet. Review the options below to find the AccidentWise plan that's best for you.

BENEFITS related to Accidental Injury (referred to as "Injury" here forward), per person	Option 1	Option 2	Option 3	Option 4
Hospital Confinement (lump sum) within 30 days of Injury *(one per Policy year)*	$10,000	$12,500	$15,000	$20,000
Emergency Room Treatment within 72 hours of Injury *(one per day; 4 per Policy year)*	$1,000 per injury	$1,250 per injury	$1,500 per injury	$2,000 per injury
Urgent Care Center Treatment within 72 hours of Injury *(one per day; 4 per Policy year)*	$200 per injury	$250 per injury	$300 per injury	$400 per injury
Major Diagnostic Exam[1] within 30 days of Injury *(one per Policy year)*	$1,000	$1,250	$1,500	$2,000
Follow-up Treatment OR Follow-up Physical Therapy[2] within 30 days of initial onset of Injury *(up to five visits per Policy year)*	$100 per visit	$125 per visit	$150 per visit	$200 per visit
Outpatient Surgery within 30 days of initial onset of Injury *(one per Policy year)*	$1,000	$1,250	$1,500	$2,000
Accidental Loss of Life, Limb or Sight within 90 days of initial onset of Injury *(one benefit per lifetime)*	$10,000	$12,500	$15,000	$20,000

Benefits may vary by state. See State Variations.

[1] Exam for diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center related to Accidental Injury. [2] Follow-up treatment must come after treatment of Accidental Injury at a hospital emergency room or urgent care center. Follow-up treatment and follow-up physical therapy received on the same day will only receive one benefit.

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance or Medicare Advantage 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 benefits for covered expenses.
- 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.

IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.

This insurance provides limited benefits if you meet the conditions listed in the Policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- the benefits stated in the Policy and coverage for the same event as provided by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

Before You Buy This Insurance

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

EXCLUSIONS AND LIMITATIONS

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance Policy. You will find complete coverage details in the Policy. Some state exceptions may apply. See State Variations. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

NOTE: Any reference to "we, our, or us" refers to Chesapeake.

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

- Sickness, including 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;
- Any care received outside of the United States;
- 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;
- Minor injuries that are safely and routinely treated at home;
- Services for which no charge is made;
- Infections of any kind regardless of how contracted, except bacterial infection that is the direct result of an accidental cut or wound or accidental ingestion of a contaminated substance, independent of any underlying sickness or condition;
- Any act of war;
- Active military duty in the service of any country;
- Participation in a riot, civil commotion or insurrection;
- Suicide, attempted suicide, or any intentionally self-inflicted injury;
- 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;
- Drug abuse or addiction including alcoholism, or overdose of drugs;
- An overdose of drugs, being intoxicated or under the influence of drugs;
- 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, para-planing 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.

POLICY PROVISIONS

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance Policy. You will find complete coverage details in the Policy. Some state exceptions may apply. See State Variations. The purchase of the Policy is not contingent upon purchasing or having any individual or group health insurance coverage.

NOTE: Any reference to "we, our, or us" refers to Chesapeake.

AGE MISSTATEMENT: If an insured person's age has been misstated and we would not have issued coverage for the insured person, we will refund the premium paid minus any benefit amounts paid by us, and coverage would be void from the effective date.

COVERAGE BEGINS: Once we have approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.

ELIGIBILITY: At the time of application, the primary insured must be between the ages of 0 - 75 years. Eligible dependents include spouse /domestic partner (as defined by state), between the ages of 16 - 75, and your natural and adopted children and step-children under the age of 26, or as required by state.

POLICY PROVISIONS continued

IMPORTANT DEFINITIONS:

- **Accidental Injury:** Sudden, non-recurrent, 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.
- **Medically Necessary or Medical Necessity:** A service or supply is necessary and appropriate for the diagnosis or treatment of an Accidental Injury based on generally accepted current medical practice and is not considered experimental or investigative.
- **Policy:** The written description of coverage provided to you.
- **Policy year:** Each consecutive 12-month period beginning with the insured person's effective date.

NOTICE OF CLAIM: Written notice of claim must be given to us within 60 days after an Accidental Injury, or as soon as reasonably possible.

PREMIUM CHANGES: 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.

PROOF OF LOSS: We must receive written proof of loss within 90 days after the date of the loss, or as soon as reasonably possible. Proof of loss furnished more than 1 year after the date written proof of loss is required to be submitted will not be accepted, unless you or your covered dependent had no legal capacity in that year.

TERMINATION OF COVERAGE AND RENEWABILITY

The Policy is guaranteed renewable until the earliest of the following:

- The end of the period for which premium has been paid (subject to the Policy provisions)
- 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
- 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
- The date you perform an act or practice that constitutes fraud; or make an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy
- The date we elect to discontinue this plan or type of coverage
- The date we elect to discontinue all coverage in your state
- The date an insured person is no longer a permanent resident of the United States.

UNDERWRITING

Plans are guaranteed issue and are not subject to health underwriting. If you provide incorrect or incomplete information on your application for insurance, your coverage may be voided or claims denied.

STATE VARIATIONS

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

NOTE: Any reference to "we, our, or us" refers to Chesapeake.

Utah Form CH-26152-IP (03/21) UT

- Accidental Injury means accidental bodily injury sustained by the insured person that is the direct cause of the condition for which benefits are provided, independent of disease or bodily infirmity or any other cause and that occurs while the Policy is in force.
- Medically Necessary or Medical Necessity means treatment, services or supplies that a prudent health care professional would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: in accordance with generally accepted standards of medical practice in the United States; clinically appropriate, in terms of type, frequency, extent, site, and duration; not primarily for convenience of the patient, Physician, or other health care provider; and covered under the contract. When a medical question-of-fact exists, Medically Necessity shall include the most appropriate available supply or level of service for the individual in question, considering potential benefits and harms to the individual, and known to be effective. For interventions not yet in widespread use, the effectiveness shall be based on scientific evidence. For established interventions, the effectiveness shall be based on scientific evidence, professional standards, and expert opinion.
- Eligible dependent is expanded to include children placed for adoption or legally adopted, foster children, and children for whom a covered parent is required by a court or administrative order to provide health insurance coverage for.
- In the Premium Changes provision, we will provide 45 days notice prior to rate change. Premium rates may be adjusted based on a new requirement under state or federal law or when a change in any existing state or federal requirement becomes effective which applies to the Policy. We will make no change in your premium solely because of claims made under the Policy or a change in an insured person's health. While the Policy is in force, we will not restrict coverage already in force.
- The exclusion regarding minor injuries does not apply.
- The exclusion regarding a riot applies to voluntary participation.
- The exclusion regarding drug abuse is replaced with: Alcoholism and drug addictions.
- The exclusion regarding overdose does not apply.
- The exclusions regarding an illegal occupation/