

THE CHESAPEAKE LIFE INSURANCE COMPANY

A Stock Company

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

Home Office: Oklahoma City, Oklahoma

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Salt Lake City, Utah 84131-0382

Customer Service: 1-800-815-8535

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ACCIDENTAL INJURY ONLY INSURANCE POLICY

THIS POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE FOR FORM CH-26152-IP (03/21) WV

- 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 –** Benefits are payable under the Policy as follows:

BENEFITS

Lump-Sum Hospital Confinement Benefit:

(Hospital Confinement must begin within 30 days of Accidental Injury)

Benefit Amount: \$10,000; \$12,500; \$15,000; \$20,000 per Insured Person

Limited to: one benefit, per Insured Person, per Policy Year

Accidental Injury Emergency Room Treatment Benefit:

(Treatment must be received within 72 hours of Accidental Injury. Only one treatment payable per Insured Person, per day)

Benefit Amount: \$1,000; \$1,250; \$1,500; \$2,000 per Insured Person, per Accidental Injury

Limited to: 4 Emergency Room treatment(s), per Insured Person, per Policy Year

Accidental Injury Urgent Care Center Treatment Benefit:

(Treatment must be received within 72 hours of Accidental Injury. Only one treatment payable per Insured Person, per day)

Benefit Amount: \$200; \$250; \$300; \$400 per Insured Person, per Accidental Injury

Limited to: 4 Urgent Care Center treatment(s), per Insured Person, per Policy Year

Major Diagnostic Exam Benefit:

(Exam must be performed within 30 days of Accidental Injury. Only one exam payable per Insured Person, per day)

Benefit Amount: \$1,000; \$1,250; \$1,500; \$2,000 per exam, per Insured Person

Limited to: 1 diagnostic exam(s), per Insured Person, per Policy Year

Accidental Injury Follow-up Treatment Benefit:

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury)

Benefit Amount: \$100; \$125; \$150; \$200 per visit, per Insured Person

Limited to: 5 visit(s), per Insured Person, per Policy Year

Accidental Injury Follow-up Physical Therapy Benefit:

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury)

Benefit Amount: \$100; \$125; \$150; \$200 per visit, per Insured Person

Limited to: 5 visit(s), per Insured Person, per Policy Year

Outpatient Surgery Benefit:

(Surgery must occur within 30 days of initial onset of Accidental Injury)

Benefit Amount: \$1,000; \$1,250; \$1,500; \$2,000 per surgery, per Insured Person

Limited to: 1 surgery(ies), per Insured Person, per Policy Year

Accidental Loss of Life, Limb or Sight Benefit:

(Loss must occur within 90 days of initial onset of Accidental Injury)

Benefit Amount: \$10,000; \$12,500; \$15,000; \$20,000 per Insured Person

Limited to: one benefit, per Insured Person, per lifetime

4. **BENEFITS** – Benefits are payable as stated in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, while an Insured Person’s coverage is in force under the Policy. Unless otherwise stated in the Policy, all benefits are subject to the benefit amounts and limitations shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS, the Exclusions and Limitations, and all other provisions of the Policy.

Lump-Sum Hospital Confinement Benefit

When an Insured Person is Hospital Confined due to an Accidental Injury, We will pay the Lump-Sum Hospital Confinement Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Benefit is payable once per Insured Person, per Policy Year.

Accidental Injury Emergency Room Treatment Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital Emergency Room, We will pay the Accidental Injury Emergency Room Treatment Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS.

Accidental Injury Urgent Care Center Treatment Benefit

When an Insured Person receives treatment of an Accidental Injury at an Urgent Care Center, We will pay the Accidental Injury Urgent Care Center Treatment Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS.

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 in the POLICY SCHEDULE – SCHEDULE OF 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 in the POLICY SCHEDULE - SCHEDULE OF BENEFITS. 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 in the POLICY SCHEDULE - SCHEDULE OF BENEFITS. Accidental Injury Physical Therapy Follow-up Treatment is paid in lieu of and **not** in addition to the Accidental Injury Follow-up Treatment Benefit, per individual date of service.

Outpatient Surgery Benefit

When an Insured Person receives Surgical Treatment of an Accidental Injury at an Outpatient Surgery Facility, We will pay the Outpatient Surgery Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS. If more than one Surgery is performed through the same incision during the same operation, only one Outpatient Surgery Benefit will be payable.

Accidental Loss of Life, Limb or Sight Benefit

If an Accidental Injury causes an Insured Person to suffer a loss of life, Loss of Limb, or Loss of Sight, We will pay the Accidental Loss of Life, Limb or Sight Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS. Benefit is payable once per Insured Person, per lifetime.

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. Any care received outside of the United States;
4. Hospital Confinement for childbirth, including routine or normal newborn child care;
5. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
6. Minor injuries that are safely and routinely treated at home, including, but not limited to: minor cuts, scrapes and bruising, first degree burns, minor sprains or strains;
7. Services for which no charge is made;
8. Infections of any kind regardless of how contracted, including those resulting from Surgery, 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;
9. Any act of war, declared or undeclared;
10. Active military duty in the service of any country;
11. Participation in a riot, civil commotion or insurrection;
12. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
13. Mental or Nervous Disorders;

14. Having Cosmetic Surgery or other elective procedures that are not Medically Necessary;
15. Operating any motorized passenger vehicle for wage, compensation or profit;
16. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
17. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
18. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
19. Committing or trying to commit a felony;
20. 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
21. 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 guaranteed 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.

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 (subject to the Grace Period);
2. 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;
3. 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;
4. On the date You:
 - a. perform an act or practice that constitutes fraud; or
 - b. 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;
5. On the date We elect to discontinue this plan or type of coverage;
6. On the date We elect to discontinue all coverage in Your state; or
7. 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:

1. The date Your coverage terminates, except as provided in the Special Continuation Provision For Your Dependent 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. 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 child 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.

Premium Due (at time of application) \$ _____