

<i>SERFF Tracking Number:</i>	<i>MGCC-126137840</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Chesapeake Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42364</i>
<i>Company Tracking Number:</i>	<i>CLICO RIDERS (0309)</i>		
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>CLICO RIDERS (0309)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CLICO RIDERS (0309)

SERFF Tr Num: MGCC-126137840 State: ArkansasLH

TOI: H15I Individual Health -

SERFF Status: Closed

State Tr Num: 42364

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health -

Co Tr Num: CLICO RIDERS (0309) State Status: Approved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Form/Rate

Co Status:

Reviewer(s): Rosalind Minor

Authors: Kathleen Allen, Jaime

Disposition Date: 06/17/2009

Butler, Courtney Sharp

Date Submitted: 05/08/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/17/2009

Explanation for Other Group Market Type:

State Status Changed: 06/17/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please refer to cover letter.

SERFF Tracking Number: MGCC-126137840 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 42364
 Company Tracking Number: CLICO RIDERS (0309)
 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: CLICO RIDERS (0309)
 Project Name/Number: /

Company and Contact

Filing Contact Information

Kathleen Allen, Senior Compliance Analyst kathleen.allen@healthmarkets.com
 9151 Boulevard 26 (817) 255-3590 [Phone]
 North Richland Hills, TX 76180 (817) 255-8153[FAX]

Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma
 9151 Boulevard 26 Group Code: 264 Company Type: Health
 North Richland Hills, TX 76180 Group Name: State ID Number:
 (817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

Filing Fees

Fee Required? Yes
 Fee Amount: \$0.00
 Retaliatory? No
 Fee Explanation: \$20.00 x 8 forms=\$160.00
 \$50.00 x 8 rate filings= \$400.00
 \$160.00 forms total + \$400.00 rate total=\$560.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$560.00	05/08/2009	27737003

SERFF Tracking Number: MGCC-126137840 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/17/2009	06/17/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/15/2009	05/15/2009	Kathleen Allen	06/17/2009	06/17/2009

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover letter	Approved-Closed	Yes
Form	Pregnancy/Childbirth Benefit Rider	Approved-Closed	Yes
Form	Prescription Drug Rider	Approved-Closed	Yes
Form	Outpatient Accident Expense Benefit Rider	Approved-Closed	Yes
Form	Physician Office Services Benefit Rider	Approved-Closed	Yes
Form	Outpatient Speech Therapy, Physical Therapy and Occupational Therapy Rider	Approved-Closed	Yes
Form	Continued Care Benefit Rider	Approved-Closed	Yes
Form	Outpatient Diagnostic Services Benefit Rider	Approved-Closed	Yes
Form	Covered Services Extension Rider	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes
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Product Name: CLICO RIDERS (0309)
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/15/2009
Submitted Date 05/15/2009

Respond By Date

Dear Kathleen Allen,

This will acknowledge receipt of the captioned filing.

Objection 1

- Outpatient Speech Therapy, Physical Therapy and Occupational Therapy Rider (Form)

Comment: The Speech Therapy benefit under this rider seems to duplicate the benefits required by our mandated benefit for speech or hearing impairment coverage which should be part of the policy. Please refer to ACA 23-79-130.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/17/2009
Submitted Date 06/17/2009

Dear Rosalind Minor,

Comments:

Thank you for your recent review of our submission.

Response 1

Comments: Please be assured that the mandate for speech or hearing impairment coverage is a part of the policy that we have submitted under separate cover that complies with ACA 23-79-130. It will not duplicate the mandated benefit, first the rider is an optional benefit that the applicant can choose to purchase in addition to their policy. The rider gives them first dollar coverage without being subject to a deductible or coinsurance to where the mandate is under the base plan of coverage.

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Hospital/Surgical/Medical Expense Expense
Product Name: CLICO RIDERS (0309)
Project Name/Number: /

Related Objection 1

Applies To:

- Outpatient Speech Therapy, Physical Therapy and Occupational Therapy Rider (Form)

Comment:

The Speech Therapy benefit under this rider seems to duplicate the benefits required by our mandated benefit for speech or hearing impairment coverage which should be part of the policy. Please refer to ACA 23-79-130.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I hope that I have addressed your concern appropriately. If you have any further questions, please let me know. Thank you for your continued review of this submission.

Sincerely,

Courtney Sharp, Jaime Butler, Kathleen Allen

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CH-26213-IR (03/09) AR	Policy/Cont	Pregnancy/Childbirth Initial ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			CH-26213-IR 0309AR.pdf
Approved-Closed	CH-26214-IR (03/09) AR	Policy/Cont	Prescription Drug ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			CH-26214-IR 0309 AR.pdf
Approved-Closed	CH-26221-IR (03/09)	Policy/Cont	Outpatient Accident ract/Fratern Expense Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			CH-26221-IR 0309.pdf
Approved-Closed	CH-26223-IR (03/09)	Policy/Cont	Physician Office ract/Fratern Services Benefit al Rider Certificate:	Initial			CH-26223-IR 0309.pdf

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Approved- CH-26224- Policy/Cont Outpatient Speech Initial CH-26224 -IR
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Approved- CH-26226- Policy/Cont Outpatient DiagnosticInitial CH-26226-IR
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Approved- CH-26228- Policy/Cont Covered Services Initial CH-26228-IR
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Project Name/Number: /

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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

PREGNANCY/CHILDBIRTH BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. The Rider is subject to all provisions, terms, DEFINITIONS and EXCLUSIONS AND LIMITATIONS of the Policy which are not inconsistent with the provisions of this Rider.

The benefits provided by this Rider will not duplicate the benefits provided under the Policy and any other Rider, and are subject to the [Coinsurance and the Maximum Benefit Amount] shown below.

[Benefits paid under this Rider will not be considered a Covered Service under the Policy, and are not subject to and will not be used to satisfy the Policy Deductible.]

COVERED SERVICES

Covered Services under this Rider include charges for normal pregnancy and childbirth as follows:

Coinsurance 0-24 months in force	[100%] Coinsurance not to exceed a [\$1,000][\$2,000][\$3,000] Maximum Benefit Amount, per in vitro fertilization procedure and/or per pregnancy/childbirth, for You or Your Covered Dependent spouse
25 months in force and over	[100%] Coinsurance not to exceed a [\$2,000][\$4,000][\$6,000] Maximum Benefit Amount, per in vitro fertilization procedure and/or per pregnancy/childbirth, for You or Your Covered Dependent spouse

In vitro fertilization benefits will be limited to a Lifetime Maximum of [\$15,000].

In Vitro Fertilization

Covered Expenses incurred for expenses arising from in vitro fertilization procedures performed on the Insured Person or Insured Person's Covered Dependent spouse if the following requirements are met:

1. the Insured Person or Insured Person's Covered Dependent spouse's oocytes are fertilized with the sperm of the Insured Person or Insured Person's Covered Dependent spouse;
2. the Insured Person and the Insured Person's Covered Dependent spouse have a history of unexplained infertility of at least two (2) years' duration or the infertility is associated with one or more of the following conditions:
 - a. endometriosis;
 - b. exposure in utero to diethylstilbestrol (DES);
 - c. blockage of or removal of one or both fallopian tubes (lateral or bilateral salpingectomy) not a result of voluntary sterilization; or
 - d. abnormal male factors contributing to the infertility; and
3. the in vitro fertilization procedures are performed at a medical facility, licensed or certified by the Arkansas Department of Health, those performed at a facility certified by the Arkansas Department of Health which conform to the American College of Obstetricians and Gynecologists' guidelines for in vitro fertilization clinics, or those performed at a facility certified by the Arkansas Department of Health which meet the American Fertility Society's minimal standards for programs of in vitro fertilization.

4. the Insured Person or Insured Person's Covered Depended spouse has been unable to attain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under this contract.

Cryopreservation, the procedure whereby embryos are frozen for later implantation, will be included as an in vitro fertilization procedure.

If childbirth should occur prematurely, benefits payable will be those benefits, if any, which would have been payable if childbirth had occurred at full term.

Minimum Stay Requirements for Covered Maternity Care

Subject to the Maximum Benefit amount, if any, Deductibles and all other provisions, terms, DEFINITIONS, EXCLUSION AND LIMITATIONS of the Policy, a Hospital length of stay in connection with childbirth for the mother or newborn child, shall not be restricted to less than 48 hours for an uncomplicated vaginal delivery or less than 96 hours following an uncomplicated caesarean section.

Complications of Pregnancy, as defined in the Policy, are payable under the Policy and are subject to the Policy Deductibles, if any, and all provisions, terms, DEFINITIONS and EXCLUSIONS AND LIMITATIONS of the Policy.

We will provide this benefit in consideration of the payment of the required premium for this Rider.

Rider effective date, if different from Policy Date: _____

THE CHESAPEAKE LIFE INSURANCE COMPANY



SECRETARY



PRESIDENT

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

PRESCRIPTION DRUG EXPENSE RIDER

This Rider is made a part of the Policy to which it is attached. The Rider is subject to all provisions, terms and DEFINITIONS of the Policy which are not inconsistent with the provisions of this Rider.

Benefits paid under this Rider will not duplicate the benefits provided under the Policy and any other Rider, and are subject to the [Benefit Payment Rate/Deductible/Copayment and Benefit Maximum] [Policy Deductible and the Coinsurance] stated herein.

BENEFITS

This Rider provides benefits for Legend Prescription Drugs. The Allowable Amount for Legend Prescription Drugs is equal to the actual charge based on Pharmacy prices, subject to the applicable [Benefit Payment Rate/Deductible/Copayment and Maximum Benefit shown below][Policy Deductible and the Coinsurance] stated herein. Expenses are considered incurred on the date of Pharmacy service.

[We have adopted a list of preferred medications that meet quality, safety and efficacy standards and are more cost effective to the Plan. You may call Us if You wish to obtain a copy of the preferred list. All drugs which do not appear on Our preferred list are referred to as "non-preferred drugs." Non-preferred drugs require a higher cost sharing amount on Your part.] [You have the option to receive drugs either retail or through Our Mail Service Legend Prescription Drug Program.]

{Option A}

BENEFIT PAYMENT RATE/DEDUCTIBLE/COPAYMENT

BENEFIT PAYMENT RATE/DEDUCTIBLE/COPAYMENT

After the [Policy] Deductible is met, if applicable, We will pay benefits subject to the applicable Benefit Payment Rate and/or Copayment specified below.

DEDUCTIBLE

Generic Drugs

Brand Name Drugs

[\$0] per Insured Person, per Calendar Year

[\$50][\$250] per Insured Person, per Calendar Year

PHARMACY BENEFITS

Generic Drugs (not to exceed a 30 day supply)

Generic preferred drugs

Generic non-preferred

We pay [100%] less the [\$5] Copayment

We pay [100%] less the [\$15] Copayment

Brand Name Drugs (not to exceed a 30 day supply)

Brand preferred drugs

Brand non-preferred drugs

[We pay [50%], You pay the remainder]

We pay [25%][50%], You pay the remainder

BENEFIT PAYMENT RATE/DEDUCTIBLE/COPAYMENT

MAIL SERVICE LEGEND PRESCRIPTION DRUGS

Generic Drugs (not to exceed a 90 day supply)

Generic preferred drugs

We pay [100%] less the [\$15] Copayment

Generic non-preferred drugs

We pay [100%] less the [\$45] Copayment

Brand Name Drugs (not to exceed a 90 day supply)

Brand preferred Drugs

[We pay [50%], You pay the remainder]

Brand non-preferred Drugs

We pay [25%], You pay the remainder

BENEFIT MAXIMUM

Per Insured Person

[\$1,500][\$2,000][\$5,000] per Calendar Year]

LEGEND PRESCRIPTION DRUGS FROM A PHARMACY OR MAIL ORDER VENDOR:

Upon activation of this plan, You will be provided with a list of Pharmacies whom have entered into a participation agreement with Us to submit claims for You for generic [preferred and non-preferred] drugs and brand name preferred and non-preferred drugs. All Benefits payable are subject to the BENEFIT PAYMENT RATE/DEDUCTIBLE/COPAYMENT section, where applicable.

If You have a prescription filled through one of the Pharmacies that is included on the list, You must pay the Pharmacy the amount set forth above in the BENEFIT PAYMENT RATE/DEDUCTIBLE/COPAYMENT section for each separate prescription or refill. The Pharmacy will then be paid directly by Us for the remainder of the cost of the prescription or refill.

1. If You have a prescription filled through a Pharmacy that is not included on the list, You will still receive the benefits set forth in the BENEFIT PAYMENT RATE/DEDUCTIBLE/COPAYMENT section above, however You must pay the Pharmacy the full amount for each separate prescription or refill at the time it is dispensed and then You must submit the claim for reimbursement to ["Caremark Claims Department, P.O. Box 52136, Phoenix, AZ 85072-2136"].
2. If You have a prescription filled with a **brand name** drug, and there is a therapeutic generic equivalent drug for that brand name drug, We have special payment rules regarding reimbursement when a therapeutic generic equivalent drug could have been prescribed. We have created a list of generic drugs that the FDA has categorized as therapeutic equivalents to the corresponding brand name drug.

Our payment will be based on the therapeutic generic equivalent drug fee schedule, which We have created for these therapeutic generic equivalent drugs or the actual drug charge, whichever is less. **You will be responsible for the amount set forth above for generic drugs in the BENEFIT PAYMENT RATE/DEDUCTIBLE/COPAYMENT section and the difference in cost between Our payment and the actual cost of the brand name drug.**

[For example, assume You have a prescription for a brand name drug that costs \$100, and the therapeutic equivalent generic has a fee schedule of \$25. We will pay the \$25, less the applicable Copayment amount (\$[15.00]). **You must pay the generic drug Copayment amount plus the [\$75] balance remaining on the \$100 charge.**]

{OPTION B}

BENEFIT PAYMENT RATE/DEDUCTIBLE/COINSURANCE

After the Policy Deductible is met, We will pay benefits subject to the Coinsurance and benefit maximum shown below.

PHARMACY BENEFITS

Generic Drugs / Brand Name Drugs
(not to exceed a 30 day supply)

[70%][80%][90%] [100%] Coinsurance

MAIL SERVICE LEGEND PRESCRIPTION DRUGS

Generic Drugs / Brand Name Drugs
(not to exceed a 90 day supply)

[70%][80%][90%] [100%] Coinsurance

BENEFIT MAXIMUM

Per Insured Person

[\$1,500][\$2,000][\$5,000] per Calendar Year]

LEGEND PRESCRIPTION DRUGS FROM A PHARMACY OR MAIL ORDER VENDOR:

Upon activation of this plan, all benefits payable are subject to the Policy Deductible and the Coinsurance and maximum benefit amount shown above. You will be provided with a list of Pharmacies whom have entered into a participation agreement with Us to submit claims for You for generic drugs and brand name preferred and non-preferred drugs.

If Your Deductible has been met and You have a prescription filled through one of the Pharmacies that is included on the list, You must pay the Pharmacy Your portion of the Coinsurance for each separate prescription or refill. The Pharmacy will then be paid directly by Us for the remainder of any cost of the prescription or refill.

If You have a prescription filled through a Pharmacy that is not included on the list, You must pay the Pharmacy the full amount for each separate prescription or refill at the time it is dispensed and then You must submit the claim for reimbursement to ["Caremark Claims Department, P.O. Box 52136, Phoenix, AZ 85072-2136"].

DEFINITIONS

Allowable Amount means the actual charges for:

1. Legend Prescription Drugs.
2. Compounded medication of which at least one ingredient is a Legend Prescription Drug.
3. Any other drug which, under the applicable state law, may be only dispensed upon written prescription of a Physician or other lawful prescriber.

Copayment means the amount which may be charged to the Insured Person by the Pharmacy for the dispensing, including each refill, of any Legend Prescription Drug, before We will make any payments under this Rider.

Deductible means the portion of the cost for Legend Prescription Drugs covered under this Rider that an Insured Person must pay each [Calendar Year] before benefits will be paid.

Legend Prescription Drugs mean drugs, devices, biological and compounded prescriptions which can be dispensed only pursuant to a prescription; which by law are required to bear the legend "Caution – Federal Law prohibits dispensing without a prescription." The drug or device must be prescribed by an Insured Person's Physician or other licensed/authorized health care provider, and approved by the FDA for the treatment of the Insured Person's specific diagnosis or condition, or with regard to drugs for the treatment of cancer: (1) recognized as safe and effective for the treatment of that specific type of cancer in any of the following standard reference compendia, unless the use is identified as not indicated in one or more of such compendia: (a) the American Hospital Formulary Service drug information; (b) the United States Pharmacopoeia dispensing information; or (2) the

drug has been recognized as safe and effective for the treatment of that specific type of cancer in two articles from the medical literature that have not had their recognition of the drug's safety and effectiveness contradicted by clear and convincing evidence presented in another article from medical literature.

In certain situations, Medical Necessity criteria may be established by Us and Our provider community, which defines whether certain drugs will be covered under this Rider.

We reserve the right to require prior authorization for any drug prior to payment under this Rider. You may call Us if You wish to obtain a list of drugs which require prior authorization.

Pharmacy means any Pharmacy which regularly dispenses Legend Prescription Drugs.

Prescription Order means the request for a drug or device issued by a Physician or other qualified provider duly licensed to make such a request in the ordinary course of his/her professional practice.

EXCLUSIONS

We will not provide any benefits for:

1. Expenses incurred after coverage terminates under this Rider;
2. Non-legend drugs;
3. Devices of any type, even though such devices may require a Prescription Order, such as, but not limited to, therapeutic devices, artificial appliances, hypodermic needles and syringes (except when used for Treatment of Diabetes as stated in Policy), support garments, ostomy supplies, and other non-medical substances, or similar devices, regardless of intended use;
4. Immunization agents, allergy sera, biological sera, blood or blood products administered on an outpatient basis;
5. Anti-smoking aids (e.g. Nicorette gum, nicotine patches);
6. Drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental drugs, even though a charge is made to the Insured Person;
7. Products used for unapproved cosmetic indications;
8. Any illegal substance;
9. Drugs used to treat or cure baldness, and anabolic steroids used for body building;
10. Any charge for the administration of Legend Prescription Drugs or injectable insulin;
11. Drugs for participants covered under a Medicare program;
12. Non-injectable vitamins or fluorides or health foods, health and beauty aids, cosmetics, nutritional or dietary supplements;
13. Drugs determined to be "less than effective" by the Drug Efficacy Study Implementation (DESI) Program. For example: Equagesic, Midrin, Cyclospasmol, and Vasodilan have been rated less-than-effective. The Omnibus Budget Reconciliation Act of 1981 has mandated the Health Care Financing Administration to ban reimbursement for less-than-effective drug products by federal Medicare/Medicaid agencies;
14. Any medication, legend or not, which is consumed or administered at the place where it is dispensed;
15. Anorectic, Weight control drugs;
16. Fertility drugs; [or]
17. Abortifacients or any other drug or device that terminates pregnancy;
19. Sexual function, dysfunction, inadequacy or desire including but not limited to erectile dysfunction drugs;
20. All injectables (except emergency allergic reaction kits) plus the administration, unless required by law;
21. Drugs obtained outside of the United States for use within the United States;
22. Non-Generic psychotherapeutic agents, including but not limited to those prescribed for the treatment of anxiety, psychosis or depression; or][Psychotherapeutic agents, including but not limited to those prescribed for the treatment of a Mental or Nervous Disorder [except as otherwise noted];or]
23. Growth hormones;
24. Amphetamines;
25. Sleeping aids (sedative/hypnotic);
26. Attention Deficit Disorder (ADD)/Attention Hyperactivity Disorder (ADHD) medications (includes those drugs that have labeled indications for this medical condition);
27. The costs of compounding Federal Legend Prescription Drugs with non-Federal Legend Prescription Drug ingredients;

28. [Legend Prescription Drugs prescribed for "quality of life" or "lifestyle" concerns including but not limited to smoking cessation; obesity; hair loss; sexual function, dysfunction, inadequacy or desire; or cognitive enhancement.]

LIMITATIONS

The following dispensing limits will apply to each prescription:

- 1. **Pharmacy** – No more than a [30 day] supply or [100 unit doses], whichever is less, may be dispensed. No more than two refills of the same prescription may be dispensed in any one Calendar Year. For certain drugs, less than a [30 day] supply or [100 unit doses] may be dispensed.
- 2. **Mail Service Legend Prescription Drugs** – No more than a [90 day] supply may be dispensed at any one time. For certain drugs, less than a [90 day] supply may be dispensed.

We will provide this benefit in consideration of the payment of the required premium for this Rider.

Rider effective date, if different from Policy Date: _____

THE CHESAPEAKE LIFE INSURANCE COMPANY



SECRETARY



PRESIDENT

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

OUTPATIENT ACCIDENT EXPENSE BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. The Rider is subject to all provisions, terms, DEFINITIONS and EXCLUSIONS AND LIMITATIONS of the Policy which are not inconsistent with the provisions of this Rider.

The benefits provided by this Rider will not duplicate the benefits provided under the Policy and any other Rider, and are subject to the [Coinsurance][Copayment][and the] Maximum Benefit Amount] shown for this Rider in the POLICY SCHEDULE.

[Benefits paid under this Rider and amounts used to satisfy the Rider Deductible will not be considered a Covered Service under the Policy and are not subject to and will not be used to satisfy the Policy Deductible[s].]

COVERED SERVICES

Covered Services under this Rider include the Medically Necessary treatment of an Injury while not Hospital Confined, while coverage under this Rider is in force. This Benefit will be payable subject to the following conditions:

1. Initial treatment by a Physician must begin within [72] hours of the Injury; and
2. Any treatment of the Injury, beyond the initial treatment, must be received within [45 days] of the Injury.

We will provide this Benefit in consideration of the payment of the required premium for this Rider.

Rider effective date, if different from Policy Date:

THE CHESAPEAKE LIFE INSURANCE COMPANY



SECRETARY



PRESIDENT

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

PHYSICIAN OFFICE SERVICES BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. The Rider is subject to all provisions, terms, DEFINITIONS and EXCLUSIONS AND LIMITATIONS of the Policy which are not inconsistent with the provisions of this Rider.

The benefits provided by this Rider will not duplicate the benefits provided under the Policy and any other Rider, and are subject to the [[Coinsurance][Copayment,][and other limitations] [if any,] shown for this Rider in the POLICY SCHEDULE [and the Policy Deductibles shown in the POLICY SCHEDULE].

[Covered Services incurred under this Rider are not subject to and will not be used to satisfy the Policy Deductibles.]

COVERED SERVICES

Covered Services under this Rider include Medically Necessary Physician office visits, including Physician consultations and any treatment associated with such Physician's Office visit that is received in the Physician's Office, including any Medically Necessary laboratory and x-ray services provided and billed by the Physician related to a Sickness or Injury.

Covered Services under this Rider will also include office charges and routine physical examinations, health history and immunizations required for school or travel when received in a Physician's Office and are not related to a Sickness or Injury. Covered Services will also include any routine laboratory and x-ray services performed in the Physician's Office and billed by the Physician that are not related to a Sickness or Injury.

DEFINITIONS

For the purpose of this Rider:

Urgent Care Center means a free-standing facility, center or other entity that operates primarily to provide specialty medical treatment of an unforeseen, unexpected Sickness or Injury on an urgently needed or prompt basis; and

Physician's Office means a location, other than a Hospital, Hospital Emergency Room, Urgent Care Center, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of Sickness or Injury on an ambulatory basis.

EXCLUSIONS AND LIMITATIONS

In addition to the EXCLUSIONS and LIMITATIONS of the Policy which are not inconsistent with the provisions of this Rider, Covered Services under this rider will also not include the following:

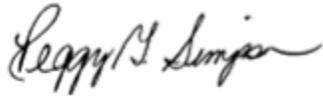
1. Services, supplies, care or treatment that are included as a Covered Service under the Policy;
2. Services, supplies, care or treatment performed or billed outside of a Physician's Office;
3. Laboratory and x-ray services performed or billed outside of a Physician's Office;
4. Services, supplies, care or treatment obtained through an Urgent Care Center or Hospital emergency room; and
5. Any charges in excess of the Maximum Benefit Amount, if any, shown for this Rider.

In order for benefits to be considered under this Rider, services must be rendered during the time period for which premium has been paid for this Rider.

We will provide this benefit in consideration of the payment of the required premium for this Rider.

Rider effective date, if different from Policy Date: _____

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OUTPATIENT SPEECH THERAPY, PHYSICAL THERAPY AND OCCUPATIONAL THERAPY RIDER

This Rider is made a part of the Policy to which it is attached. The Rider is subject to all provisions, terms, DEFINITIONS and EXCLUSIONS AND LIMITATIONS of the Policy which are not inconsistent with the provisions of this Rider.

The benefits provided by this Rider will not duplicate the benefits provided under the Policy and any other rider and are subject to the [Maximum Benefit Amount,][maximum number of combined visits] [Copayment,] [Coinsurance] [and Facility Fee], if any, shown for this Rider in the POLICY SCHEDULE [and the Policy Deductibles shown in the POLICY SCHEDULE].

[Covered Services incurred under this Rider are not subject to and will not be used to satisfy the Policy Deductibles.]

COVERED SERVICES

Covered Services under this Rider include charges incurred for Speech Therapy, Physical Therapy and Occupational Therapy that is related to and Medically Necessary for the treatment of a Sickness or Injury.

For the purpose of this Rider:

Occupational Therapy means the use of purposeful activities to restore and maximize independence, prevent associated disability, and maintain health. The practice encompasses assessment, treatment and Consultation for individuals and groups in healthcare, educational, and community settings.

Physical Therapy means physical or corrective rehabilitation or physical or corrective treatment of any bodily or mental condition of any person by the use of physical, chemical, and other properties of heat, light, water, electricity, sound, and active, passive, and resistive exercise, and shall include evaluation, treatment planning, instruction and consultative services. Physical Therapy does not include spinal manipulations or manipulative therapy.

Speech Therapy means the application of principles, methods, and procedures for measurement, testing, identification, prediction, counseling, or instruction related to the development and disorders of speech, voice, or language for the purpose of identifying, preventing, managing, habilitating, or rehabilitating, ameliorating, or modifying such disorders and conditions in individuals or groups of individuals.

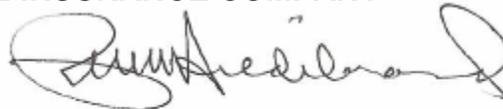
Rider effective date, if different from Policy Date:

We will provide this benefit in consideration of the payment of the required premium for this Rider.

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CONTINUED CARE BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. The Rider is subject to all provisions, terms, DEFINITIONS and EXCLUSIONS AND LIMITATIONS of the Policy which are not inconsistent with the provisions of this Rider.

The benefits provided by this Rider will not duplicate the benefits provided under the Policy and any other Rider, and are subject to the [Maximum Benefit Amount,] [Coinsurance] [and other limitations] [if any] shown for this Rider in the POLICY SCHEDULE [and the Policy Deductibles shown in the POLICY SCHEDULE].

[Covered Services incurred under this Rider are not subject to and will not be used to satisfy the Policy Deductibles.]

COVERED SERVICES

Covered Services under this Rider include, immediately following a covered Hospital Confinement for Medically Necessary continued care in accordance with a Treatment Plan, the following:

Skilled Nursing Care

Covered Services include charges during Confinement in a Skilled Nursing Facility in accordance with a Treatment Plan which begins within 14 days following a Hospital Confinement for the same Injury or Sickness.

Skilled Nursing Facility means a facility which:

1. is licensed by the State;
2. provides skilled nursing care under the supervision of a Physician;
3. has 24 hour-a-day nursing services by or under the supervision of a registered graduate professional nurse (R.N.);
4. keeps a daily medical record of each patient; and
5. provides full-time bed care for resident patients.

It does not include a facility or any of its sections which is a place for persons suffering from a Mental or Nervous Disorder, alcohol or drug problems, or which is used mainly as a home for rest or for the aged. Nor does the term include an institution which is operated mainly for domiciliary or custodial care or as a school for the education of patients.

Home Health Care

Covered Services include services or supplies furnished by a Home Health Care Agency in accordance with a Treatment Plan immediately following a Skilled Nursing Facility stay or Hospital Confinement for the same Injury or Sickness.

Home Health Care means the provision of a health service for payment or other consideration in a patient's residence under a plan established, approved in writing, and reviewed at least every two months by the attending Physician and certified by the attending Physician as necessary for medical purposes.

Home Health Care Agency means a public or private agency or organization licensed in the state in which it is located, to provide Home Health Care services.

Hospice Care

Covered Services include the following services and supplies provided by a Hospice in the Insured Person's home or in a Hospice facility for medical, social and psychological services used as palliative treatment for patients with a life expectancy of not more than 6 months:

1. Skilled nursing services;
2. Diagnostic services;
3. Physical, speech and inhalation therapies;
4. Medical supplies, equipment and appliances;
5. Counseling services for the Insured Person regarding his or her terminal illness;
6. Inpatient Confinement at a Hospice Facility; and
7. Prescription Drugs obtained from the Hospice.

Hospice means an agency which provides limited periods of care for terminally ill persons and is licensed, certified or registered in accordance with state law.

Confined/Confinement means an Insured Person's Medically Necessary admission to and subsequent continued stay in a Skilled Nursing Facility as an overnight bed patient and a charge for room and board is made.

Treatment Plan means a written plan by the Insured Person's Physician which indicates but is not limited to:

1. the condition requiring treatment, along with recommended procedures and a certification that without such care the Insured Person would be Hospital Confined;
2. the anticipated date of Confinement or schedule of services and supplies; and
3. the facility to be used, if any.

We reserve the right to request an updated Treatment Plan to substantiate the necessity of continued care.

We will provide this benefit in consideration of the payment of the required premium for this Rider.

Rider effective date, if different from Policy Date:

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OUTPATIENT DIAGNOSTIC SERVICES BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. The Rider is subject to all provisions, terms, DEFINITIONS and EXCLUSIONS AND LIMITATIONS of the Policy which are not inconsistent with the provisions of this Rider.

The benefits provided by this Rider will not duplicate the benefits provided under the Policy and any other Rider, and are subject to the [Facility Fee][Copayment][Coinsurance] [and Maximum Benefit Amount][, if any,] shown for this Rider in the POLICY SCHEDULE [[and the Policy Deductible[s]] shown in the POLICY SCHEDULE].

[Covered Services incurred under this Rider will not be considered a Covered Service under the Policy, and are not subject to and will not be used to satisfy the Policy Deductible.]

COVERED SERVICES

Covered Services under this Rider include outpatient diagnostic services performed in a free-standing diagnostic center or Hospital (other than Hospital emergency room) for diagnostic x-rays and interpretation charges, and laboratory and pathological examinations received while not Confined to a Hospital and that are related to and necessary for the diagnosis and treatment of the Sickness or Injury. [Covered Services include but are not limited to CAT Scans, Magnetic Resonance Imaging (MRI), PET Scans, SPECT scans; Nuclear Medicine Imaging; Sleep studies; Mammogram, Upper/Lower G.I. Series, Electrocardiogram (EKG), Blood or serum analysis, Angiogram and Stress Tests.]

Covered Services also include Central Supply (IV tubing) or pharmacy (dye) necessary to perform the tests.

Covered Services under this provision do not include routine physical examinations or checkups, and laboratory and x-ray services provided in and billed by a Hospital emergency room, Urgent Care Center or Physician's office.

DEFINITIONS

For the purpose of this Rider:

Urgent Care Center means a free-standing facility, center or other entity that operates primarily to provide specialty medical treatment of an unforeseen, unexpected Sickness or Injury on an urgently needed or prompt basis; and

Physician's Office means a location, other than a Hospital, Hospital Emergency Room, Urgent Care Center, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of Sickness or Injury on an ambulatory basis.

Rider effective date, if different from Policy Date:

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COVERED SERVICES EXTENSION RIDER

This Rider is made a part of the Policy to which it is attached. The Rider is subject to all provisions, terms, DEFINITIONS and EXCLUSIONS AND LIMITATIONS of the Policy which are not inconsistent with the provisions of this Rider.

Except as otherwise provided herein, once an Insured Person has accumulated [\$75,000 / \$100,000 / \$125,000] of Covered Services under the Policy for Inpatient Services, Outpatient Surgery and/or Outpatient Chemotherapy and Radiation Therapy during a single Period of Treatment (regardless of the maximum benefit limits shown in the POLICY SCHEDULE), Covered Services incurred for Inpatient Services, Outpatient Surgery and/or Outpatient Chemotherapy and Radiation Therapy during the remainder of that Period of Treatment will be paid at [100%] up to the Lifetime Maximum Amount shown in the POLICY SCHEDULE.

NOTE: Covered Services incurred on an outpatient basis (other than Outpatient Surgery and Outpatient Chemotherapy, Radiation Therapy) and Covered Services incurred under any Riders attached to the base Policy are **not** counted toward or considered under the [\$75,000 / \$100,000 / \$125,000] accumulated amount, and are **not** covered under this Rider.

For the purpose of this Rider, **Inpatient Services, Outpatient Surgery and/or Outpatient Chemotherapy and Radiation Therapy** mean only the specific Inpatient Services, Outpatient Surgery and/or Outpatient Chemotherapy and Radiation Therapy Covered Services shown in the POLICY SCHEDULE and listed in the "Base Plan Covered Services" section of the Policy.

For the purpose of this Rider, **Period of Treatment** means a period which begins on the date an Insured Person is admitted to a Hospital, the date services are rendered in an Outpatient Surgery Facility or the date an Insured Person first receives Outpatient Chemotherapy or Radiation Therapy for the treatment of an Injury or Sickness, whichever occurs first, and ends after 365 days. If the same or related Sickness or Injury continues beyond 365 days, a new Sickness or Injury Period of Treatment will begin. In no event will a single Period of Treatment exceed 365 days. A separate Period of Treatment will apply to each Injury or Sickness.

We will provide this benefit in consideration of the payment of the required premium for this Rider.

Rider effective date, if different from Policy Date: _____

THE CHESAPEAKE LIFE INSURANCE COMPANY



SECRETARY



PRESIDENT

SERFF Tracking Number: MGCC-126137840 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 42364
 Company Tracking Number: CLICO RIDERS (0309)
 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: CLICO RIDERS (0309)
 Project Name/Number: /

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Rates	CH-26213-IR (03/09) AR	New		CH-26213 (AR) 20090504_Rates CF.pdf
Approved-Closed	Rates	CH-26214-IR (03/09) AR	New		CH-26214-IR (0309) AR 20090417_Rates (CF).pdf CH-26214-IR (0309) AR 20090417_Rates (EF).pdf
Approved-Closed	Rates	CH-26221-IR (03/09)	New		CH-26221-IR (0309) (AR) 20090504 Rate Page CF.pdf
Approved-Closed	Rates	CH-26223-IR (03/09)	New		CH-26223-IR (0309) (AR) 20090504 Rate Page BF.pdf CH-26223-IR (0309) (AR) 20090504 Rate Page CF.pdf CH-26223-IR

SERFF Tracking Number: MGCC-126137840 *State:* Arkansas
Filing Company: The Chesapeake Life Insurance Company *State Tracking Number:* 42364
Company Tracking Number: CLICO RIDERS (0309)
TOI: H151 Individual Health - *Sub-TOI:* H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense
Product Name: CLICO RIDERS (0309)
Project Name/Number: /

(0309) (AR)
20090504 Rate
Page EF A.pdf
CH-26223-IR
(0309) (AR)
20090504 Rate
Page EF B-C.pdf

SERFF Tracking Number: MGCC-126137840 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 42364
 Company Tracking Number: CLICO RIDERS (0309)
 TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
 Product Name: CLICO RIDERS (0309)
 Project Name/Number: /

Approved- Rates CH-26224-IR New CH-26224-IR
 Closed (03/09) (0309) (AR)
 20090504 Rate
 Page BF CF.pdf
 CH-26224-IR
 (0309) (AR)
 20090504 Rate
 Page EF.pdf

Approved- Rates CH-26225-IR New CH-26225-IR
 Closed (03/09) AR (0309) (AR)
 20090505 Rate
 Page BF CF.pdf
 CH-26225-IR
 (0309) (AR)
 20090505 Rate
 Page EF.pdf

Approved- Rates CH-26226-IR New CH-26226-IR
 Closed (03/09) (0309) (AR)
 20090505 Rate
 Page BF CF.pdf
 CH-26226-IR
 (0309) (AR)
 20090505 Rate
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Approved- Rates CH-26228-IR New CH-26228-IR
 Closed (03/09) (0309) (AR)
 20090504_Rate
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The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Pregnancy/Childbirth Benefit Rider

CH-26213-IR (03/09) AR

Formula
Round(Base x Inflation x MaxBenefit ,2)

Inflation
1.000000000

Base	Factor
Base	250.000

Benefit Options	Factor
MaxBenefit 2000	0.400000

Other values may be interpolated.

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Legend Prescription Drug Expense Rider

CH-26214-IR (03/09) AR

ClassicFit

Formula
Round(AE x AgeSex x Area x Base x Inflation x Tobacco x Deductible ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	10.350

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

AE	Factor
Child	1.2000
Female	1.2000
Male	1.2000

Benefit Options	Factor
Deductible 50	2.000000
Deductible 250	1.000000

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00 - 24	0.750	Female	Adult
25 - 29	0.800	Female	Adult
30 - 34	0.900	Female	Adult
35 - 39	1.050	Female	Adult
40 - 44	1.170	Female	Adult
45 - 49	1.600	Female	Adult
50 - 54	1.845	Female	Adult
55 - 59	2.340	Female	Adult
60 - 64	2.900	Female	Adult
65 - 999	3.900	Female	Adult
00 - 24	0.600	Male	Adult
25 - 29	0.630	Male	Adult
30 - 34	0.660	Male	Adult
35 - 39	0.825	Male	Adult
40 - 44	0.990	Male	Adult
45 - 49	1.300	Male	Adult
50 - 54	1.540	Male	Adult
55 - 59	2.000	Male	Adult
60 - 64	2.600	Male	Adult
65 - 999	3.900	Male	Adult
00 - 999	0.450	Female	Dep Child
00 - 999	0.450	Male	Dep Child

Area	ID	Factor
71600 - 71699	L	1.050
71700 - 71799	L	1.050
71800 - 71899	L	1.050
71900 - 71999	L	1.050
72000 - 72099	L	1.050

Area	ID	Factor
72100 - 72199	L	1.050
72200 - 72299	L	1.050
72300 - 72399	L	1.050
72400 - 72499	L	1.050
72500 - 72599	L	1.050
72600 - 72699	L	1.050
72700 - 72799	L	1.050
72800 - 72899	L	1.050
72900 - 72999	L	1.050
All - Others	L	1.050

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Legend Prescription Drug Expense Rider

CH-26214-IR (03/09) AR

EssentialFit

Formula
Round(AE x AgeSex x Area x Base x Inflation x Tobacco x Base Deductible ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	10.350

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

AE	Factor
Child	1.2000
Female	1.2000
Male	1.2000

Benefit Options	Factor
Base Deductible 7500	1.098000
Base Deductible 10000	1.000000
Base Deductible 15000	0.858000
Base Deductible 20000	0.753000

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00 - 24	0.750	Female	Adult
25 - 29	0.800	Female	Adult
30 - 34	0.900	Female	Adult
35 - 39	1.050	Female	Adult
40 - 44	1.170	Female	Adult
45 - 49	1.600	Female	Adult
50 - 54	1.845	Female	Adult
55 - 59	2.340	Female	Adult
60 - 64	2.900	Female	Adult
65 - 999	3.900	Female	Adult
00 - 24	0.600	Male	Adult
25 - 29	0.630	Male	Adult
30 - 34	0.660	Male	Adult
35 - 39	0.825	Male	Adult
40 - 44	0.990	Male	Adult
45 - 49	1.300	Male	Adult
50 - 54	1.540	Male	Adult
55 - 59	2.000	Male	Adult
60 - 64	2.600	Male	Adult
65 - 999	3.900	Male	Adult
00 - 999	0.450	Female	Dep Child
00 - 999	0.450	Male	Dep Child

Area	ID	Factor
71600 - 71699	L	1.050
71700 - 71799	L	1.050
71800 - 71899	L	1.050

Area	ID	Factor
71900 - 71999	L	1.050
72000 - 72099	L	1.050
72100 - 72199	L	1.050
72200 - 72299	L	1.050
72300 - 72399	L	1.050
72400 - 72499	L	1.050
72500 - 72599	L	1.050
72600 - 72699	L	1.050
72700 - 72799	L	1.050
72800 - 72899	L	1.050
72900 - 72999	L	1.050
All - Others	L	1.050

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8030

Outpatient Accident Expense Benefit Rider

CH-26221-IR (03/09)

Formula
Round(AgeSex x Base x Inflation x Deductible 24 hour Max ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	13.590

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Deductible 50 24 hour Max 500	0.411700
Deductible 50 24 hour Max 1000	0.705900
Deductible 50 24 hour Max 1500	1.000000
Deductible 50 24 hour Max 2000	1.235300
Deductible 100 24 hour Max 500	0.294100
Deductible 100 24 hour Max 1000	0.411800
Deductible 100 24 hour Max 1500	0.529400
Deductible 100 24 hour Max 2000	0.617600
Deductible 150 24 hour Max 1500	0.352800

Other values may be interpolated.

Age	Factor	Gender	Adult/Dep
00 - 64	1.000	Female	Adult
00 - 64	1.000	Male	Adult
00 - 64	0.471	Female	Dep Child
00 - 64	0.471	Male	Dep Child

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Physicians Office Visit Benefit

CH-26223-IR (03/09)

Formula
Round(AgeSex x Base x Inflation x Tobacco x Copay Max Visits/Yr ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	4.000

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Copay 50 Max 100 Visits/Yr 2	1.000000
Copay 50 Max 100 Visits/Yr 4	1.379100
Copay 50 Max unlimited Visits/Yr 2	2.131300
Copay 50 Max unlimited Visits/Yr 4	3.276700
Copay 50 Max unlimited Visits/Yr unlimited	4.601900

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00 - 34	1.132	Female	Adult
35 - 44	1.510	Female	Adult
45 - 54	1.888	Female	Adult
55 - 64	2.642	Female	Adult
00 - 34	1.132	Male	Adult
35 - 44	1.510	Male	Adult
45 - 54	1.888	Male	Adult
55 - 64	2.642	Male	Adult
00 - 99	1.783	Female	Dep Child
00 - 99	1.783	Male	Dep Child

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Physicians Office Visit Benefit

CH-26223-IR (03/09)

Formula
Round(AgeSex x Base x Inflation x Tobacco x Copay Max Visits/Yr ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	4.000

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Copay 50 Max 100 Visits/Yr 2	1.000000
Copay 50 Max 100 Visits/Yr 4	1.379100
Copay 50 Max unlimited Visits/Yr 2	2.131300
Copay 50 Max unlimited Visits/Yr 4	3.276700
Copay 50 Max unlimited Visits/Yr unlimited	4.601900

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00 - 34	1.132	Female	Adult
35 - 44	1.510	Female	Adult
45 - 54	1.888	Female	Adult
55 - 64	2.642	Female	Adult
00 - 34	1.132	Male	Adult
35 - 44	1.510	Male	Adult
45 - 54	1.888	Male	Adult
55 - 64	2.642	Male	Adult
00 - 99	1.783	Female	Dep Child
00 - 99	1.783	Male	Dep Child

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Physicians Office Visit Benefit

CH-26223-IR (03/09)

Formula
Round(AgeSex x Base x Inflation x Tobacco x Base Deductible ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	4.000

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the above calculated rates.

Benefit Options	Factor
Base Deductible 7500	1.037600
Base Deductible 10000	0.879700
Base Deductible 15000	0.674200
Base Deductible 20000	0.546400

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00 - 34	1.132	Female	Adult
35 - 44	1.510	Female	Adult
45 - 54	1.888	Female	Adult
55 - 64	2.642	Female	Adult
00 - 34	1.132	Male	Adult
35 - 44	1.510	Male	Adult
45 - 54	1.888	Male	Adult
55 - 64	2.642	Male	Adult
00 - 99	1.783	Female	Dep Child
00 - 99	1.783	Male	Dep Child

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Physicians Office Visit Benefit

CH-26223-IR (03/09)

Formula
Round(AgeSex x Base x Inflation x Tobacco x Copay Max Visits/Yr ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	4.000

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Copay 50 Max 100 Visits/Yr 2	1.000000
Copay 50 Max 100 Visits/Yr 4	1.379100
Copay 50 Max unlimited Visits/Yr 2	2.131300
Copay 50 Max unlimited Visits/Yr 4	3.276700
Copay 50 Max unlimited Visits/Yr unlimited	4.601900

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00 - 34	1.132	Female	Adult
35 - 44	1.510	Female	Adult
45 - 54	1.888	Female	Adult
55 - 64	2.642	Female	Adult
00 - 34	1.132	Male	Adult
35 - 44	1.510	Male	Adult
45 - 54	1.888	Male	Adult
55 - 64	2.642	Male	Adult
00 - 99	1.783	Female	Dep Child
00 - 99	1.783	Male	Dep Child

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Speech, Occupational, and Physical Therapy

CH-26224-IR (03/09)

Formula
Round(Base x Inflation x Tobacco x Copay Visits ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	0.500

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Copay 50 Visits 30	2.000000
Copay 50 Visits 40	2.000000
Copay 100 Visits 20	1.500000
Copay 100 Visits 30	1.500000
Copay 150 Visits 20	1.000000

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Speech, Occupational, and Physical Therapy

CH-26224-IR (03/09)

Formula

Round(Base x Inflation x Tobacco,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	0.500

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Continued Care Benefit Rider

CH-26225-IR (03/09) AR

Formula

Round(AgeSex x Base x Inflation x Coinsurance x (Days: SNF, HHC Max \$: SNF HHC Hospice Max),2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

A \$9 fee is added to the policies on direct bill mode.

Inflation
1.000000000

Base	Factor
Base	1.000

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options

Benefit Options	Factor
Coinsurance 70	1.000000
Coinsurance 80	1.065900
Coinsurance 90	1.082700
Coinsurance 100	1.100000
Days: SNF, HHC 30/60 Max \$: SNF HHC 100/100 Hospice Max 2000	1.000000
Days: SNF, HHC 30/60 Max \$: SNF HHC 200/100 Hospice Max 5000	1.150000

Other values may be interpolated.

Age	Factor	Gender	Adult/Dep
00 - 999	1.000	Female	Adult
00 - 999	1.000	Male	Adult
00 - 999	0.250	Female	Dep Child
00 - 999	0.250	Male	Dep Child

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Continued Care Benefit Rider

CH-26225-IR (03/09) AR

Formula
Round(AgeSex x Base x Inflation x Coinsurance x Deductible ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	1.000

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the above calculated rates.

Benefit Options	Factor
Coinsurance 70	1.000000
Coinsurance 80	1.065900
Coinsurance 90	1.082700
Coinsurance 100	1.100000
Deductible 20000	0.500000
Deductible 15000	0.672000
Deductible 10000	0.750000
Deductible 7500	1.000000

Other values may be interpolated.

Age	Factor	Gender	Adult/Dep
00 - 999	1.000	Female	Adult
00 - 999	1.000	Male	Adult
00 - 999	0.250	Female	Dep Child
00 - 999	0.250	Male	Dep Child

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Outpatient Diagnostics

CH-26226-IR (03/09)

Formula
Round(AgeSex x Area x Base x Inflation x Tobacco x Annual Max x Copay x Daily Max ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	25.200

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Copay 100	1.431900
Copay 250	1.000000
Daily Max 500	0.749800
Daily Max 750	0.898500
Daily Max 1000	1.000000
Daily Max 1250	1.072500
Daily Max 1500	1.124300
Annual Max 2500	1.000000
Annual Max 3000	1.025500
Annual Max 5000	1.070800
Annual Max 7500	1.090000

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00	0.687	Female	Adult
01	0.687	Female	Adult
02	0.687	Female	Adult
03	0.687	Female	Adult
04	0.687	Female	Adult
05	0.687	Female	Adult
06	0.687	Female	Adult
07	0.687	Female	Adult
08	0.687	Female	Adult
09	0.687	Female	Adult
10	0.687	Female	Adult
11	0.687	Female	Adult
12	0.687	Female	Adult
13	0.687	Female	Adult

Age	Factor	Gender	Adult/Dep
14	0.687	Female	Adult
15	0.687	Female	Adult
16	0.687	Female	Adult
17	0.687	Female	Adult
18	0.687	Female	Adult
19	0.687	Female	Adult
20	0.711	Female	Adult
21	0.736	Female	Adult
22	0.762	Female	Adult
23	0.775	Female	Adult
24	0.789	Female	Adult
25	0.804	Female	Adult
26	0.819	Female	Adult
27	0.835	Female	Adult
28	0.847	Female	Adult
29	0.856	Female	Adult
30	0.863	Female	Adult
31	0.872	Female	Adult
32	0.880	Female	Adult
33	0.890	Female	Adult
34	0.904	Female	Adult
35	0.919	Female	Adult
36	0.934	Female	Adult
37	0.950	Female	Adult
38	0.972	Female	Adult
39	0.996	Female	Adult
40	1.019	Female	Adult
41	1.045	Female	Adult
42	1.068	Female	Adult
43	1.104	Female	Adult
44	1.140	Female	Adult
45	1.177	Female	Adult
46	1.215	Female	Adult
47	1.255	Female	Adult
48	1.286	Female	Adult
49	1.312	Female	Adult
50	1.337	Female	Adult
51	1.364	Female	Adult
52	1.391	Female	Adult
53	1.423	Female	Adult
54	1.462	Female	Adult
55	1.502	Female	Adult
56	1.544	Female	Adult
57	1.586	Female	Adult
58	1.641	Female	Adult
59	1.693	Female	Adult
60	1.746	Female	Adult
61	1.799	Female	Adult
62	1.855	Female	Adult
63	1.912	Female	Adult
64 - 99	1.972	Female	Adult
00	0.560	Male	Adult

Age	Factor	Gender	Adult/Dep
01	0.560	Male	Adult
02	0.560	Male	Adult
03	0.560	Male	Adult
04	0.560	Male	Adult
05	0.560	Male	Adult
06	0.560	Male	Adult
07	0.560	Male	Adult
08	0.560	Male	Adult
09	0.560	Male	Adult
10	0.560	Male	Adult
11	0.560	Male	Adult
12	0.560	Male	Adult
13	0.560	Male	Adult
14	0.560	Male	Adult
15	0.560	Male	Adult
16	0.560	Male	Adult
17	0.560	Male	Adult
18	0.560	Male	Adult
19	0.560	Male	Adult
20	0.586	Male	Adult
21	0.613	Male	Adult
22	0.640	Male	Adult
23	0.669	Male	Adult
24	0.700	Male	Adult
25	0.732	Male	Adult
26	0.743	Male	Adult
27	0.752	Male	Adult
28	0.760	Male	Adult
29	0.770	Male	Adult
30	0.779	Male	Adult
31	0.786	Male	Adult
32	0.797	Male	Adult
33	0.815	Male	Adult
34	0.826	Male	Adult
35	0.841	Male	Adult
36	0.853	Male	Adult
37	0.870	Male	Adult
38	0.876	Male	Adult
39	0.886	Male	Adult
40	0.899	Male	Adult
41	0.916	Male	Adult
42	0.933	Male	Adult
43	0.964	Male	Adult
44	0.990	Male	Adult
45	1.018	Male	Adult
46	1.048	Male	Adult
47	1.078	Male	Adult
48	1.126	Male	Adult
49	1.167	Male	Adult
50	1.210	Male	Adult
51	1.256	Male	Adult
52	1.303	Male	Adult

Age	Factor	Gender	Adult/Dep
53	1.362	Male	Adult
54	1.417	Male	Adult
55	1.476	Male	Adult
56	1.538	Male	Adult
57	1.603	Male	Adult
58	1.648	Male	Adult
59	1.697	Male	Adult
60	1.749	Male	Adult
61	1.801	Male	Adult
62	1.856	Male	Adult
63	1.911	Male	Adult
64 - 99	1.969	Male	Adult
00	0.365	Female	Dep Child
01	0.365	Female	Dep Child
02	0.365	Female	Dep Child
03	0.365	Female	Dep Child
04	0.365	Female	Dep Child
05	0.365	Female	Dep Child
06	0.365	Female	Dep Child
07	0.365	Female	Dep Child
08	0.365	Female	Dep Child
09	0.365	Female	Dep Child
10	0.365	Female	Dep Child
11	0.365	Female	Dep Child
12	0.365	Female	Dep Child
13	0.365	Female	Dep Child
14	0.365	Female	Dep Child
15	0.365	Female	Dep Child
16	0.365	Female	Dep Child
17	0.365	Female	Dep Child
18	0.365	Female	Dep Child
19	0.365	Female	Dep Child
20	0.365	Female	Dep Child
21	0.365	Female	Dep Child
22	0.365	Female	Dep Child
23	0.468	Female	Dep Child
24	0.598	Female	Dep Child
25	0.765	Female	Dep Child
26	0.776	Female	Dep Child
27	0.788	Female	Dep Child
28	0.797	Female	Dep Child
29	0.805	Female	Dep Child
30 - 99	0.814	Female	Dep Child
00	0.365	Male	Dep Child
01	0.365	Male	Dep Child
02	0.365	Male	Dep Child
03	0.365	Male	Dep Child
04	0.365	Male	Dep Child
05	0.365	Male	Dep Child
06	0.365	Male	Dep Child
07	0.365	Male	Dep Child
08	0.365	Male	Dep Child

Age	Factor	Gender	Adult/Dep
09	0.365	Male	Dep Child
10	0.365	Male	Dep Child
11	0.365	Male	Dep Child
12	0.365	Male	Dep Child
13	0.365	Male	Dep Child
14	0.365	Male	Dep Child
15	0.365	Male	Dep Child
16	0.365	Male	Dep Child
17	0.365	Male	Dep Child
18	0.365	Male	Dep Child
19	0.365	Male	Dep Child
20	0.365	Male	Dep Child
21	0.365	Male	Dep Child
22	0.365	Male	Dep Child
23	0.468	Male	Dep Child
24	0.598	Male	Dep Child
25	0.765	Male	Dep Child
26	0.776	Male	Dep Child
27	0.788	Male	Dep Child
28	0.797	Male	Dep Child
29	0.805	Male	Dep Child
30 - 99	0.814	Male	Dep Child

Area	ID	Factor
71600 - 71699	01	1.000
71700 - 71799	ZD	0.906
71800 - 71899	01	1.000
71900 - 71999	01	1.000
72000 - 72099	01	1.000
72100 - 72199	AB	1.051
72200 - 72299	01	1.000
72300 - 72399	AC	1.077
72400 - 72499	ZA	0.976
72500 - 72599	01	1.000
72600 - 72699	ZB	0.952
72700 - 72799	ZA	0.976
72800 - 72899	AB	1.051
72900 - 72999	ZB	0.952
All - Others	AC	1.077

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Outpatient Diagnostics

CH-26226-IR (03/09)

Formula
Round(AgeSex x Area x Base x Inflation x Tobacco x Deductible Coinsurance x Deductible Coinsurance MOOP ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	14.910

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the above calculated rates.

Benefit Options	Factor
Deductible 7500 Coinsurance 70 MOOP 5000	0.981700
Deductible 7500 Coinsurance 70 MOOP 10000	0.934300
Deductible 7500 Coinsurance 80 MOOP 5000	1.013700
Deductible 7500 Coinsurance 80 MOOP 10000	0.982400
Deductible 7500 Coinsurance 90 MOOP 5000	1.058900
Deductible 7500 Coinsurance 90 MOOP 10000	1.046400
Deductible 7500 Coinsurance 100	1.135400
Deductible 10000 Coinsurance 70 MOOP 5000	0.876500
Deductible 10000 Coinsurance 70 MOOP 10000	0.833900
Deductible 10000 Coinsurance 80 MOOP 5000	0.901300
Deductible 10000 Coinsurance 80 MOOP 10000	0.872300
Deductible 10000 Coinsurance 90 MOOP 5000	0.936200
Deductible 10000 Coinsurance 90 MOOP 10000	0.924000
Deductible 10000 Coinsurance 100	1.000000
Deductible 15000 Coinsurance 70 MOOP 5000	0.723800
Deductible 15000 Coinsurance 70 MOOP 10000	0.687800
Deductible 15000 Coinsurance 80 MOOP 5000	0.738300
Deductible 15000 Coinsurance 80 MOOP 10000	0.713100
Deductible 15000 Coinsurance 90 MOOP 5000	0.759000
Deductible 15000 Coinsurance 90 MOOP 10000	0.747600
Deductible 15000 Coinsurance 100	0.805000
Deductible 20000 Coinsurance 70 MOOP 5000	0.627300
Deductible 20000 Coinsurance 70 MOOP 10000	0.595100
Deductible 20000 Coinsurance 80 MOOP 5000	0.634300
Deductible 20000 Coinsurance 80 MOOP 10000	0.613600
Deductible 20000 Coinsurance 90 MOOP 5000	0.648900
Deductible 20000 Coinsurance 90 MOOP 10000	0.638100
Deductible 20000 Coinsurance 100	0.684200

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00	0.687	Female	Adult
01	0.687	Female	Adult
02	0.687	Female	Adult
03	0.687	Female	Adult
04	0.687	Female	Adult
05	0.687	Female	Adult
06	0.687	Female	Adult
07	0.687	Female	Adult
08	0.687	Female	Adult
09	0.687	Female	Adult
10	0.687	Female	Adult
11	0.687	Female	Adult
12	0.687	Female	Adult
13	0.687	Female	Adult
14	0.687	Female	Adult
15	0.687	Female	Adult
16	0.687	Female	Adult
17	0.687	Female	Adult
18	0.687	Female	Adult
19	0.687	Female	Adult
20	0.711	Female	Adult
21	0.736	Female	Adult
22	0.762	Female	Adult
23	0.775	Female	Adult
24	0.789	Female	Adult
25	0.804	Female	Adult
26	0.819	Female	Adult
27	0.835	Female	Adult
28	0.847	Female	Adult
29	0.856	Female	Adult
30	0.863	Female	Adult
31	0.872	Female	Adult
32	0.880	Female	Adult
33	0.890	Female	Adult
34	0.904	Female	Adult
35	0.919	Female	Adult
36	0.934	Female	Adult
37	0.950	Female	Adult
38	0.972	Female	Adult
39	0.996	Female	Adult
40	1.019	Female	Adult
41	1.045	Female	Adult
42	1.068	Female	Adult
43	1.104	Female	Adult
44	1.140	Female	Adult
45	1.177	Female	Adult
46	1.215	Female	Adult
47	1.255	Female	Adult
48	1.286	Female	Adult

Age	Factor	Gender	Adult/Dep
49	1.312	Female	Adult
50	1.337	Female	Adult
51	1.364	Female	Adult
52	1.391	Female	Adult
53	1.423	Female	Adult
54	1.462	Female	Adult
55	1.502	Female	Adult
56	1.544	Female	Adult
57	1.586	Female	Adult
58	1.641	Female	Adult
59	1.693	Female	Adult
60	1.746	Female	Adult
61	1.799	Female	Adult
62	1.855	Female	Adult
63	1.912	Female	Adult
64 - 99	1.972	Female	Adult
00	0.560	Male	Adult
01	0.560	Male	Adult
02	0.560	Male	Adult
03	0.560	Male	Adult
04	0.560	Male	Adult
05	0.560	Male	Adult
06	0.560	Male	Adult
07	0.560	Male	Adult
08	0.560	Male	Adult
09	0.560	Male	Adult
10	0.560	Male	Adult
11	0.560	Male	Adult
12	0.560	Male	Adult
13	0.560	Male	Adult
14	0.560	Male	Adult
15	0.560	Male	Adult
16	0.560	Male	Adult
17	0.560	Male	Adult
18	0.560	Male	Adult
19	0.560	Male	Adult
20	0.586	Male	Adult
21	0.613	Male	Adult
22	0.640	Male	Adult
23	0.669	Male	Adult
24	0.700	Male	Adult
25	0.732	Male	Adult
26	0.743	Male	Adult
27	0.752	Male	Adult
28	0.760	Male	Adult
29	0.770	Male	Adult
30	0.779	Male	Adult
31	0.786	Male	Adult
32	0.797	Male	Adult
33	0.815	Male	Adult
34	0.826	Male	Adult
35	0.841	Male	Adult

Age	Factor	Gender	Adult/Dep
36	0.853	Male	Adult
37	0.870	Male	Adult
38	0.876	Male	Adult
39	0.886	Male	Adult
40	0.899	Male	Adult
41	0.916	Male	Adult
42	0.933	Male	Adult
43	0.964	Male	Adult
44	0.990	Male	Adult
45	1.018	Male	Adult
46	1.048	Male	Adult
47	1.078	Male	Adult
48	1.126	Male	Adult
49	1.167	Male	Adult
50	1.210	Male	Adult
51	1.256	Male	Adult
52	1.303	Male	Adult
53	1.362	Male	Adult
54	1.417	Male	Adult
55	1.476	Male	Adult
56	1.538	Male	Adult
57	1.603	Male	Adult
58	1.648	Male	Adult
59	1.697	Male	Adult
60	1.749	Male	Adult
61	1.801	Male	Adult
62	1.856	Male	Adult
63	1.911	Male	Adult
64 - 99	1.969	Male	Adult
00	0.365	Female	Dep Child
01	0.365	Female	Dep Child
02	0.365	Female	Dep Child
03	0.365	Female	Dep Child
04	0.365	Female	Dep Child
05	0.365	Female	Dep Child
06	0.365	Female	Dep Child
07	0.365	Female	Dep Child
08	0.365	Female	Dep Child
09	0.365	Female	Dep Child
10	0.365	Female	Dep Child
11	0.365	Female	Dep Child
12	0.365	Female	Dep Child
13	0.365	Female	Dep Child
14	0.365	Female	Dep Child
15	0.365	Female	Dep Child
16	0.365	Female	Dep Child
17	0.365	Female	Dep Child
18	0.365	Female	Dep Child
19	0.365	Female	Dep Child
20	0.365	Female	Dep Child
21	0.365	Female	Dep Child
22	0.365	Female	Dep Child

Age	Factor	Gender	Adult/Dep
23	0.468	Female	Dep Child
24	0.598	Female	Dep Child
25	0.765	Female	Dep Child
26	0.776	Female	Dep Child
27	0.788	Female	Dep Child
28	0.797	Female	Dep Child
29	0.805	Female	Dep Child
30 - 99	0.814	Female	Dep Child
00	0.365	Male	Dep Child
01	0.365	Male	Dep Child
02	0.365	Male	Dep Child
03	0.365	Male	Dep Child
04	0.365	Male	Dep Child
05	0.365	Male	Dep Child
06	0.365	Male	Dep Child
07	0.365	Male	Dep Child
08	0.365	Male	Dep Child
09	0.365	Male	Dep Child
10	0.365	Male	Dep Child
11	0.365	Male	Dep Child
12	0.365	Male	Dep Child
13	0.365	Male	Dep Child
14	0.365	Male	Dep Child
15	0.365	Male	Dep Child
16	0.365	Male	Dep Child
17	0.365	Male	Dep Child
18	0.365	Male	Dep Child
19	0.365	Male	Dep Child
20	0.365	Male	Dep Child
21	0.365	Male	Dep Child
22	0.365	Male	Dep Child
23	0.468	Male	Dep Child
24	0.598	Male	Dep Child
25	0.765	Male	Dep Child
26	0.776	Male	Dep Child
27	0.788	Male	Dep Child
28	0.797	Male	Dep Child
29	0.805	Male	Dep Child
30 - 99	0.814	Male	Dep Child

Area	ID	Factor
71600 - 71699	AB	1.051
71700 - 71799	AB	1.051
71800 - 71899	AB	1.051
71900 - 71999	AD	1.104
72000 - 72099	ZA	0.976
72100 - 72199	AF	1.160
72200 - 72299	AA	1.025
72300 - 72399	AB	1.051
72400 - 72499	AB	1.051
72500 - 72599	AH	1.218
72600 - 72699	ZA	0.976
72700 - 72799	ZE	0.884

Area	ID	Factor
72800 - 72899	AF	1.160
72900 - 72999	ZE	0.884
All - Others	AH	1.218

Expected PPO Network Fee is approximately \$2-\$20. This is a mandatory monthly fee per policy/certificate.

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Accumulated Covered Expense Benefit Rider

CH-26228-IR (03/09)

Formula
Round(AgeSex x Area x Base x Inflation x Tobacco,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	42.470

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00 - 19	0.548	Female	Adult
20 - 24	0.581	Female	Adult
25 - 29	0.613	Female	Adult
30 - 34	0.639	Female	Adult
35 - 39	0.665	Female	Adult
40 - 44	0.726	Female	Adult
45 - 49	0.789	Female	Adult
50 - 54	0.834	Female	Adult
55 - 59	0.886	Female	Adult
60 - 64	0.929	Female	Adult
65 - 99	1.015	Female	Adult
00 - 19	0.394	Male	Adult
20 - 24	0.412	Male	Adult
25 - 29	0.427	Male	Adult
30 - 34	0.455	Male	Adult
35 - 39	0.488	Male	Adult
40 - 44	0.548	Male	Adult
45 - 49	0.626	Male	Adult
50 - 54	0.774	Male	Adult
55 - 59	0.886	Male	Adult
60 - 64	0.946	Male	Adult
65 - 99	1.032	Male	Adult
00 - 64	0.246	Female	Dep Child
00 - 64	0.246	Male	Dep Child

Area	ID	Factor
71600 - 71699	01	1.000
71700 - 71799	ZD	0.906
71800 - 71899	01	1.000
71900 - 71999	01	1.000
72000 - 72099	01	1.000
72100 - 72199	AB	1.051
72200 - 72299	01	1.000
72300 - 72399	AC	1.077
72400 - 72499	ZA	0.976
72500 - 72599	01	1.000
72600 - 72699	ZB	0.952
72700 - 72799	ZA	0.976
72800 - 72899	AB	1.051
72900 - 72999	ZB	0.952
All - Others	AC	1.077

<i>SERFF Tracking Number:</i>	<i>MGCC-126137840</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Chesapeake Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42364</i>
<i>Company Tracking Number:</i>	<i>CLICO RIDERS (0309)</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>CLICO RIDERS (0309)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	06/17/2009
Comments:	Please refer to attached.			
Attachments:	Cert Compl Rule-Reg19 -AR.pdf Cert Compliance AR-Readability.pdf			

Satisfied -Name:	Application	Review Status:	Approved-Closed	06/17/2009
Comments:	We intend to use application form CH/MG-25098-APP (03/09) which will be submitted under separate cover to solicit this product. Additionally, we may also use electronic application form CH/MG-25098-eAPP (03/09) AR, upon approval, which will be submitted under separate cover to solicit this product or any application approved by your Department in the future.			

Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	06/17/2009
Bypass Reason:	Not applicable			
Comments:				

Satisfied -Name:	Cover letter	Review Status:	Approved-Closed	06/17/2009
Comments:	Please refer to attached.			
Attachment:	LTR CH- RIDER _0309_ [Indiv].pdf			

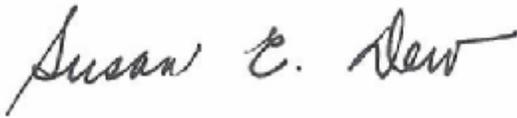
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: The Chesapeake Life Insurance Company

Form Number(s):

CH-26213-IR (03/09) AR
CH-26214-IR (03/09) AR
CH-26221-IR (03/09)
CH-26223-IR (03/09)
CH-26224-IR (03/09)
CH-26225-IR (03/09) AR
CH-26226-IR (03/09)
CH-26228-IR (03/09)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Susan Dew

Name

Senior Vice President, Associate General Counsel and Chief Compliance Officer

Title

May 5, 2009

Date

Certificate of Compliance for Arkansas

This is to certify the attached form has achieved the Flesch Reading Ease Score given below and complies with the requirements of Arkansas Stat. Ann, 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language simplification Act.

Form Numbers and Form Names:

CH-26213-IR (03/09) AR	Pregnancy/Childbirth Benefit Rider
CH-26214-IR (03/09) AR	Prescription Drug Expense Rider
CH-26221-IR (03/09)	Outpatient Accident Expense Benefit Rider
CH-26223-IR (03/09)	Physician Office Services Benefit Rider
CH-26224-IR (03/09)	Outpatient Speech Therapy, Physical Therapy & Occupational Therapy Rider
CH-26225-IR (03/09) AR	Continued Care Benefit Rider
CH-26226-IR (03/09)	Outpatient Diagnostic Services Benefit Rider
CH-26228-IR (03/09)	Covered Services Extension Rider

Flesch Reading Ease Score: 47.2



Susan Dew, Vice President and Chief Compliance Officer

May 5, 2009

Date



**The Chesapeake
Life Insurance Company**
Home Office: Oklahoma City, OK

9151 Boulevard 26
North Richland Hills, TX 76180

May 5, 2009

Arkansas Insurance Department
Life and Health Division
1200 W 3rd Street
Little Rock, AR 72201-1904
Attn.: Life & Health Division, A&H Form Filing Section

RE: SERFF Tracking Number: MGCC-126137840
The Chesapeake Life Insurance Company
NAIC#: 264-61832 / FEIN#: 52-0676509

NEW FORMS

CH-26221-IR (03/09)
CH-26223-IR (03/09)
CH-26224-IR (03/09)

CH-26225-IR (03/09) AR
CH-26226-IR (03/09)
CH-26228-IR (03/09)
CH-26213-IR (03/09) AR
CH-26214-IR (03/09) AR

DESCRIPTION

Outpatient Accident Expense Benefit Rider
Physician Office Services Benefit Rider
Outpatient Speech Therapy, Physical Therapy and
Occupational Therapy Rider
Continued Care Benefit Rider
Outpatient Diagnostic Services Benefit Rider
Covered Services Extension Rider
Pregnancy/Childbirth Benefit Rider
Prescription Drug Rider

Dear Examiner:

The above referenced forms are submitted for your review and approval. These forms are new and not intended to replace any forms previously approved by your Department.

The enclosed Rider forms, upon approval, are intended to be marketed in conjunction with Chesapeake health plans which were submitted to your Department under separate cover. These rider forms may also be marketed with any other Chesapeake health plans that may be approved by your Department in the future.

Please note the bracketed items are intended as variable information, and the information enclosed in brackets is our standard for your state. At no time will this bracketed information be arranged in such a way to violate the laws of your state.

To the best of our knowledge, information and belief, the forms being submitted herewith are in compliance in respects with the provisions of the insurance laws, rules and regulations of your State.

Enclosed is the respective actuarial memorandum and rates for these riders, along with the required filing fees and/or certifications.

If you have any questions or if anything further is needed to expedite the review of this filing, please call me collect at (817) 255-3590. Your assistance in this matter is greatly appreciated.

Sincerely,

Product Compliance