

Accident Direct

An Insurance Coverage Overview



- **4.6 Days:** Average hospital stay²
- **\$30,655:** Average hospital charges²
- **\$9,173:** Average out-of-pocket costs²

STARTING FOR LESS THAN A DOLLAR A MONTH,¹ MAKE YOUR HOMECOMING EVEN BETTER

No one likes spending time in the hospital, but it's hard to look forward to going home when you know you have a mountain of bills to pay. However, with the Accident Direct Plan, an insurance policy underwritten by The Chesapeake Life Insurance Company® and brought to you by MetLife, policyholders can receive a lump sum cash benefit of up to \$25,000 if you are hospitalized due to an accidental injury that first occurs after your effective date, based on plan selected at the time of the application.

THE ACCIDENT DIRECT PLAN AT A GLANCE:

- Affordable premiums that do not increase as you get older – starting from less than a \$1 a month¹
- Pays you or your loved ones cash benefits³ of up to \$25,000 for accidental injuries resulting in hospital confinement within 45 days of the accidental injury
- Coverage for the whole family – you, your spouse (or domestic partner) and your kids
- Guaranteed acceptance regardless of health – coverage available for all U.S. Citizens to age 63
- Guaranteed renewable to age 65 subject to company's right to discontinue all plans of this type offered in the state
- Applying is simple – your application can be completed within minutes online or over the phone at **1-855-GO2JOIN (1-855-462-5646)**

¹ For a female under the Option 1 Plan. Premiums subjects to change; premiums vary based on plan option selected.

² Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS), 2009.

³ Benefits paid to you or your assignee.

Insurance policies underwritten and administered by The Chesapeake Life Insurance Company®

THIS IS AN ACCIDENTAL INJURY ONLY INSURANCE POLICY.

BENEFITS	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Hospital Confinement Benefit:				
Maximum Benefit per Policy Year:	\$5,000	\$15,000	\$20,000	\$25,000
For 14 days or more (100% of benefit)	\$5,000	\$15,000	\$20,000	\$25,000
For 7 to 13 days (60% of benefit)	\$3,000	\$9,000	\$12,000	\$15,000
For 3 to 6 days (30% of benefit)	\$1,500	\$4,500	\$6,000	\$7,500
For 1 to 2 days (surgery required; 15% of benefit)	\$750	\$2,250	\$3,000	\$3,750
Common Accidental Injury Benefit:	When two or more insureds are injured in the same accident and both insureds are either hospital confined for 3 or more days or hospital confined for 2 or more days with surgery, an additional benefit is payable.			
(limited to one benefit per policy year)	\$2,500	\$7,500	\$10,000	\$12,500

STARTING YOUR COVERAGE

Once your application is approved and you have paid your initial premium, coverage will begin on the Policy date shown in the Policy schedule. Should you have any questions, please give us a call at **1-855-GO2JOIN (1-855-462-5646)** or visit the FAQ section of the enrollment site.

TERMS YOU NEED TO KNOW

Accidental Injury means sudden, non-recurrent, traumatic, accidental and unanticipated damage to your body (not of gradual onset) that requires immediate medical attention and not contributed, directly or indirectly, by a sickness.

First Occur, First Occurred or First Occurrence means an accidental injury that initially occurred for the first time while the Policy is in force for the insured. This does not include accidental injuries that result in exacerbation or recurrence of a previous injury.

Hospital means a licensed institution for care and treatment of sick and injured persons for which a charge is made that you are legally obligated to pay. The hospital (as licensed as a hospital by your state) must: 1) maintain on its premises organized facilities for inpatient medical, diagnostic and surgical care for sick and injured persons; 2) maintain a staff of one or more licensed physicians; 3) provide 24 hour nursing care; and 4) be accredited by the Joint Commission on Accreditation of Hospitals (this would not include hospitals outside of the United States). The term includes a hospital owned or operated by the State of Oregon or any state-approved program. Hospital does not include: a hospice unit; convalescent home; rest or nursing facility; extended care facility; skilled nursing facility; or facility primarily for custodial or educational care, treatment of mental illness, drugs or alcohol, or care for the aged; and any military or veteran's hospital, soldier's home or any hospital contracted for or operated by the Federal Government for the treatment of members or former members of the Armed Forces, unless the insured person is legally required to pay for services provided by the facility.

KEEPING YOUR COVERAGE

Your Policy is guaranteed renewable, subject to our right to discontinue coverage as specified below.

Your Policy will remain in effect as long as you pay premiums, except:

- When we receive your request to terminate the Policy
- In the case of any act of insurance fraud or material misrepresentation by you
- If you are no longer a permanent resident of the United States
- On the date you reach age 65
- In the event this plan should ever be discontinued for everyone in your state, you will be given written notice before the date of discontinuation

Insurance policies underwritten and administered by The Chesapeake Life Insurance Company®

"We", "our" or "us" refers to The Chesapeake Life Insurance Company.

The Chesapeake Life Insurance Company compensates Metropolitan Life Insurance Company for marketing services. The Chesapeake Life Insurance Company and Metropolitan Life Insurance Company are separate companies and are not affiliated with one another.

This brochure provides only summary information of form CH-26118-IP (01/10) OR. The Policy is a supplemental plan and is not intended as a replacement for health insurance coverage. The Policy is the contract and includes complete information about the benefits, terms, exclusions and limitations of the Policy. A Right to Examine is provided during which the Policy may be returned to Chesapeake for a full refund of premium. For use in: OR

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THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company
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Administrative Office: P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-815-8535

ACCIDENTAL INJURY ONLY INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM: CH-26118-IP (01/10) OR

- 1. READ YOUR POLICY CAREFULLY** – This outline of coverage provides a very brief description 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 INSURANCE POLICY** - Accidental Injury Only coverage is designed to provide You or Your Covered Dependents with coverage for Accidental Injuries that First Occur and result in a Hospital Confinement within 45 days of such Accidental Injury. **The Policy does NOT provide benefits from loss of Sickness.**
- 3. SCHEDULE OF BENEFITS** –

<u>BENEFIT</u>	<u>AMOUNT OF BENEFIT</u>
MAXIMUM ACCIDENTAL INJURY BENEFIT AMOUNT (Per Insured Person, per Year):	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000
ACCIDENTAL INJURY BENEFIT PAYABLE FOR:	
14 days or more of Hospital Confinement with or without Surgery:	100% of the Accidental Injury Benefit Amount
7 to 13 days of Hospital Confinement with or without Surgery:	60% of the Accidental Injury Benefit Amount; or
3 to 6 days of Hospital Confinement with or without Surgery:	30% of the Accidental Injury Benefit Amount; or
1 to 2 days of Hospital Confinement with Surgery:	15% of the Accidental Injury Benefit Amount; or
1 to 2 days of Hospital Confinement without Surgery:	<i>No benefit payable</i>

COMMON ACCIDENTAL INJURY BENEFIT PAYABLE WHEN 2 OR MORE INSURED PERSONS ARE INJURED IN THE SAME ACCIDENTAL INJURY AND AT LEAST 2 OF WHOM MEET ANY OF THE CRITERIA BELOW:

- Criteria One:** Hospital Confined for 3 or more days: 50% of the Accidental Injury Benefit Amount (Limited to one Common Accidental Injury Benefit Amount under the Policy per Year)
- or**
- Criteria Two:** Hospital Confined for 2 or more days with Surgery: 50% of the Accidental Injury Benefit Amount (Limited to one Common Accidental Injury Benefit Amount under the Policy per Year)

4. **BENEFITS:** Benefits are payable under the Policy for Accidental Injuries that First Occur and result in a Hospital Confinement within 45 days of such Accidental Injury and while an Insured Person's coverage is in force under the Policy. Unless otherwise stated in the Policy, all benefits are subject to the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE, the Exclusions and Limitations, and all other provisions of the Policy.
- **Accidental Injury Benefit** - When an Insured Person is Hospital Confined within 45 days due to the First Occurrence of an Accidental Injury, We will pay the Accidental Injury Benefit Amount in accordance with the SCHEDULE OF BENEFITS shown in the POLICY SCHEDULE. Once the Maximum Accidental Injury Benefit Amount is exhausted for each Insured Person, no further benefits will be available for that Insured Person for the remainder of that Year (except as shown under the Common Accident Provision below). The AMOUNT OF BENEFIT payable per Hospital Confinement will be based on the date of the Accidental Injury that resulted in such Confinement.
 - **Common Accidental Injury Benefit** - If two or more Insured Persons covered under the Policy are injured in the same Accidental Injury ("Common Accident"), and would qualify for a Common Accidental Injury Benefit Amount shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, We will pay such amount in addition to any available Accidental Injury Benefit Amounts for such Insured Persons involved in the Common Accident. In the event any or all Insured Persons involved in the Common Accident have exhausted their available Accidental Injury Benefit Amounts, only the Common Accidental Injury Benefit Amount will be paid for such Insured Persons. **Only one Common Accidental Injury Benefit Amount will be payable under the Policy per Year**, regardless of how many Common Accidents occur, or which Insured Persons are/are not involved in a Common Accident within that Year.
5. **EXCLUSIONS AND LIMITATIONS:** We will not provide any benefits for loss caused by, resulting from or in connection with:
1. Sickness;
 2. Pregnancy and childbirth, including routine or normal newborn child care;
 3. Any Sickness, disease, or other medical condition not the direct result of an Accidental Injury occurring while the Insured Person's coverage is in force;
 4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
 5. Accidental Injuries that do not result in Hospital Confinement;
 6. Any act of war, declared or undeclared;
 7. Active military duty in the service of any country;
 8. Voluntary participation in a riot, civil commotion or insurrection;
 9. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
 10. Mental or Nervous Disorders;
 11. Cosmetic surgery;
 12. Operating any motorized passenger vehicle for wage, compensation or profit;
 13. Sickness arising from drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless taken as prescribed by a Legally Qualified Physician;
 14. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
 15. Committing or trying to commit a felony;
 16. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, officiating or coaching, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 50 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
 17. 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. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. Subject to the prior approval by the Oregon Insurance Division, the Company reserves the right to change the applicable table of premium rates on a Class Basis.
7. **PREMIUMS.** Subject to the prior approval by the Oregon Insurance Division, We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given You written notice of a least 45 days prior to the effective date of the new rates. Such change will be on a Class Basis. Any change in rates will be effective on the next following Premium Due Date.