

# ProtectFit Plus

## An Insurance Coverage Overview



### A WIDE RANGE OF COVERAGE FOR ACCIDENTS

Life is full of difficult decisions, but when it comes to insurance options, MetLife has a solution – an insurance policy underwritten by The Chesapeake Life Insurance Company®, and brought to you by MetLife. The ProtectFit Plus policy that provides a wide range of coverage, combines both lump sum and daily benefits for you in the event of an accidental injury or an accidental death or dismemberment that first occurs after the insured's effective date.

The wide range of benefits provided by this policy includes (but not limited to) a lump sum cash payment and a daily cash payment for hospitalization; daily payment for hospital rehabilitation unit; lump sum payments for accidental injury and for accidental death.

### THE PROTECTFIT PLUS POLICY AT A GLANCE

- Provides a layer of financial protection that can fit into most budgets
- Covers accidental injuries that occur on or off the job
- Pays the cash benefit directly to you—not your doctor or hospital
- Can help with loss of income with an optional disability benefit (available with High Plan)

To enroll or learn more about the ProtectFit Plus policy, call **1-855-GO2JOIN** (1-855-462-5646) or visit the FAQ section of the enrollment website.

[continued >](#)

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

THIS IS AN ACCIDENTAL INJURY ONLY INSURANCE POLICY.

**MetLife**

ML/TN000001

*The Chesapeake Life  
Insurance Company®*

## PROTECTFIT PLUS BENEFITS SUMMARY

	Low Plan	High Plan
Lump Sum Hospital Confinement	\$500	\$1,000
Daily Hospital Confinement	\$150	\$300
Lump Sum Intensive Care Confinement	\$1,000	\$2,000
Daily Intensive Care Confinement	\$250	\$500
Accidental Injury Emergency Treatment	Included	Included
Major Diagnostic Exams	\$100	\$200
Lump Sum for Covered Injury	\$25–\$6,250	\$35–\$12,500
Accidental Injury Follow-up Treatment	\$25	\$35
Emergency Ambulance	Included	Included
Accidental Death & Dismemberment	Included	Included
Monthly Disability Benefit	Not Available	\$500

For a detailed look at the benefits, please see sections below.

### Inpatient Hospital Confinement Benefit

*Hospital Confinement must begin within 30 days of Accidental Injury*

<b>One-Time Lump Sum Hospital Confinement Benefit<sup>1</sup></b>	\$500	\$1,000
<b>Daily Hospital Confinement Benefit</b>	\$150 per day	\$300 per day

*Limited to 365 days per Accidental Injury, per insured*

<b>One-time Lump Sum Intensive Care Hospital Confinement Benefit<sup>1</sup></b>	\$1,000	\$2,000
<b>Daily Intensive Care Hospital Confinement Benefit</b>	\$250	\$500

*Limited to 15 days per Accidental Injury, per insured*

### Outpatient Emergency / Diagnostic Benefit

#### Accidental Injury Emergency Treatment Benefit<sup>2, 3</sup>

You and/or Your Covered Dependent Spouse	\$100	\$150
Your Covered Dependent Children	\$50	\$100

<b>Major Diagnostic Exam Benefit<sup>1</sup></b> <i>CT Scan, MRI, EEG at Hospital emergency room or Urgent Care</i>	\$100	\$200
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### Lump Sum Accidental Injury Benefit

#### Dislocation Benefit<sup>2</sup>

*Limited to 2 dislocation benefits per Accidental Injury*

Benefits are graded based on type of dislocation

From lowest benefit: Toe or Finger	\$50	\$100
To highest benefit: Hip	\$750	\$1,500

Covered dislocations include: hip; knee or shoulder; collar bone; lower jaw; wrist or elbow; toe or finger

<sup>1</sup> Limited to one benefit per Policy Year, per insured

<sup>2</sup> Treatment must be received within 72 hours

<sup>3</sup> Limited to 1 benefit per Accidental Injury

	Low Plan		High Plan	
	2nd Degree	3rd Degree	2nd Degree	3rd Degree
<b>Burn Benefit<sup>2, 3</sup></b>				
Benefits are graded based on percentage of body surface burned:				
From lowest benefit: Less than 10% of body surface	\$35	\$75	\$75	\$175
To highest benefit: 90% or more of body surface	\$625	\$6,250	\$1,250	\$12,500
<b>Skin Grafts Benefit<sup>4</sup></b>	(maximum for all skin grafts combined) 50% of Lump Sum Burn Benefit Paid			
<b>Eye Injury Benefit<sup>2, 3</sup></b>				
Surgical Repair		\$125		\$250
Removal of a foreign body		\$35		\$65
<b>Laceration Benefit<sup>2, 3</sup></b>				
Lacerations that do not require suture		\$25		\$35
Lacerations that require suture:				
Benefits are graded based on size of laceration:				
From lowest benefit: less than 7.5 cm		\$35		\$65
To highest benefit: in excess of 12.6 cm		\$250		\$500
<b>Fracture Benefit<sup>2</sup></b>				
<i>Limited to 1 benefit per fracture type per Accidental Injury</i>				
Benefits are graded based on type of fracture:				
From lowest benefit: Toe or coccyx		\$100		\$175
To highest benefit: Hip or Skull, Depressed		\$875		\$1,750
<b>Brain Concussion Benefit<sup>2</sup></b>		\$25		\$50
<b>Emergency Dental Repairs Benefit<sup>2,3</sup></b>				
Broken teeth repaired with crown		\$150		\$300
Broken teeth resulting in extraction		\$50		\$100
<b>Coma Benefit</b>		\$6,250		\$12,500
<i>For duration of 7 or more days from date of Accidental Injury</i>				
<b>Paralysis Benefit</b>				
<i>Subject to 30 day elimination period</i>				
Quadriplegia (four limbs)		\$6,250		\$12,500
Paraplegia (lower limbs)		\$3,125		\$6,250
<b>Miscellaneous Surgery Procedures Benefit<sup>4</sup></b>				
<i>Limited to 1 surgery procedure per day</i>				
<i>Benefit maximum applies to each type of surgery</i>				
Covered surgeries include:				
Repair of: tendons/ligaments;		\$325		\$625
torn rotator cuffs; ruptured discs; torn knee cartilages; Arthroscopy without surgery repair;				
Open abdominal, cranial, hernia or thoracic surgery		\$625		\$1250

<sup>4</sup> Must be performed within 12 months of date of Accidental Injury

### Follow-up / Restorative

	Low Plan	High Plan
Accidental Injury Follow-Up Treatment Benefit <sup>5</sup>	\$25 per visit <sup>6</sup>	\$35 per visit <sup>7</sup>
Accidental Injury Follow-Up Physical Therapy Benefit <sup>5</sup>	\$25 per visit <sup>6</sup>	\$35 per visit <sup>7</sup>
Hospital Rehabilitation Unit Benefit <sup>8</sup> <i>Limited to 30 days per Accidental Injury and 60 days per policy year</i>	\$75 per day	\$150 per day
Appliances Benefit <sup>3</sup>	\$100	\$150
Prosthesis Benefit <sup>3</sup>	\$375	\$750
Blood Plasma/Platelets Benefit <sup>3</sup>	\$100	\$200

### Accidental Death and Dismemberment

*Death or loss must occur within 90 days of Accidental Injury*

	You or Spouse	Your Child(ren)	You or Spouse	Your Child(ren)
Death Benefit	\$25,000	\$7,500	\$50,000	\$15,000
Common Carrier Death Benefit	\$75,000	\$12,500	\$150,000	\$25,000
Dismemberment Benefit				
Both arms and legs	\$25,000	\$7,500	\$50,000	\$15,000
Two eyes, feet, hands, arms or legs	\$25,000	\$7,500	\$50,000	\$15,000
One eye, foot, hand, arm or leg	\$6,250	\$1,750	\$12,500	\$3,500
One or more fingers and/or toes	\$1,500	\$500	\$3,000	\$1,000

### Transportation<sup>3</sup>

Emergency Ground/Water Ambulance Benefit	\$125 per person	\$250 per person
Emergency Air Ambulance Benefit	\$1,250 per person	\$2,500 per person

### Monthly Disability Benefit<sup>9</sup>

Total Disability within 60 days of Accidental Injury Subject to 21 Day Elimination Period	Not Available	You or Spouse \$500
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<sup>5</sup> Must follow Hospital emergency room or Urgent Care Center and begin within 30 days of Accidental Injury

<sup>6</sup> Up to 5 visits per Policy Year

<sup>7</sup> Up to 10 visits per Policy Year

<sup>8</sup> Paid in lieu of hospital confinement per date of service

<sup>9</sup> Must be Actively at Work. Benefit is limited to 12 continuous months per Accidental Injury.

## 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 about the coverage features and benefits, please give us a call at **1-855-GO2JOIN (1-855-462-5646)** or visit the FAQ section of the enrollment website.

## KEEPING YOUR COVERAGE

Your Policy is guaranteed renewable to age 65, subject to Chesapeake's right to discontinue or terminate coverage as provided in the termination of coverage section of the Policy. 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
- In the event we discontinue this plan or type of coverage for everyone in your state
- If you are no longer a permanent resident of the United States

## PREMIUM CHANGES

We have the right to change premiums due for the Policy. You will be notified in writing at least 31 days prior to the effective date of the new rates.

## 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 to, directly or indirectly, by a sickness.

**Actively at Work** means you are working on a permanent basis at least 25 hours per week; and performing the material and substantial duties of your regular job or any other job for which you are qualified by reason of education, training or experience.

**First Occur** means an accidental injury was diagnosed or treated, or you had symptoms or saw your physician for the first time in your lifetime after your Policy effective date.

**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 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). 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.

**Total Disability or Totally Disabled** means that due to an accidental injury, you are 1) under a physician's care; and 2) unable to engage in any gainful employment or occupation for which you are qualified by reason of education, training or experience.

## WHAT WILL NOT BE COVERED

- Sickness, pregnancy and childbirth, except for complication of pregnancy; or routine newborn care
- Care not medically necessary (unless otherwise stated) or benefits not specifically listed in the Policy
- Accidental Injuries that do not first occur after the insured's effective date
- Any act of war, declared or undeclared
- Active military duty in the service of any country
- Participation in a riot, civil commotion or insurrection
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- Mental or nervous disorders
- Cosmetic surgery or other elective procedures that are not medically necessary
- Operating any motorized passenger vehicle for wage or profit
- Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly
- An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly
- Directly or indirectly engaging in an illegal occupation or illegal activity or insured being incarcerated
- Committing or trying to commit a felony
- 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
- 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 (except charter) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip

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

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

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This brochure provides only summary information of form CH-26110-IP (06/09) TN. 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: TN

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