



## ProtectFit Plus

# Cash benefits to help cover expenses that result from serious injuries

### DID YOU KNOW?

Nearly  
**\$10,000**  
was the average cost of  
a hospital stay in 2010.<sup>1</sup>

**Accidents** can result in serious injuries that require **hospitalization, extended treatment and recovery**. **ProtectFit Plus** has two benefit level options. Both pay a blend of **lump-sum and daily cash benefits** to help cover the unexpected expenses that often accompany those injuries. The money can be used to **pay unexpected medical costs or everyday living expenses**.

**Applying is simple and can be completed in minutes.**

### ProtectFit Plus At A Glance

#### Cash benefits can be used for:

- Co-pays or co-insurance
- Rent/mortgage
- Car payments
- Child care
- Everyday living expenses

- Coverage available for every member of your family
- High Plan pays up to a:
  - **\$12,500 lump-sum cash benefit** for a covered injury
  - **\$2,000 one-time lump-sum intensive care hospital confinement benefit** for a covered injury
  - **\$1,000 one-time lump-sum hospital confinement benefit** for a covered injury
  - **\$300 daily cash benefit** for hospital confinement
- Benefits are paid directly to you - not your doctor or hospital - even if benefits are also paid under Workers' Compensation<sup>2</sup>
- Affordable premiums that do not increase as you get older with coverage **starting at \$11 per month** for the low plan<sup>3</sup>

## Cash benefits paid directly to you. Apply today!




<sup>1</sup> The Healthcare Cost and Utilization project, sponsored by the Agency for Healthcare Research and Quality (AHRQ). Statistical Brief 146, Costs for Hospital STays in the United States, 2010, Anne Pfuntner, Lauren M. Wier, M.P.H., and Claudia Steiner, M.D., M.P.H. | <sup>2</sup> Benefits are not coordinated with Workers' Compensation. Exclusions & Limitations and policy provisions may apply. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. | <sup>3</sup> 30 year old female, non-tobacco individual.

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Underwritten by *The Chesapeake Life Insurance Company*<sup>®</sup>

# ProtectFit Plus

Make sure you are protected with other popular products:

-  Simplified Issue Term Life
-  Dental
-  Vision

<b>Inpatient Hospital Confinement Benefit</b>		
Confinement must begin within 30 days of accidental injury	Low Plan	High Plan
<b>One-Time Lump-Sum Hospital Confinement<sup>1</sup></b>	\$500	\$1,000
<b>Daily Hospital Confinement:</b> Limited to 365 days per accidental injury	\$150 per day	\$300 per day
<b>One-Time Lump-Sum Intensive Care Hospital Confinement<sup>1</sup></b>	\$1,000	\$2,000
<b>Daily Intensive Care Hospital Confinement:</b> Limited to 15 days per accidental injury	\$250 per day	\$500 per day
<b>Outpatient Emergency / Diagnostic Benefit</b>		
Low Plan	High Plan	
<b>Accidental Injury Emergency Treatment<sup>2,3</sup>:</b>		
- You and/or your covered dependent spouse	\$100	\$150
- Your covered dependent children	\$50	\$100
<b>Major Diagnostic Exam:</b> CT Scan, MRI, EEG in a hospital or urgent care facility <sup>1</sup>	\$100	\$200
<b>Lump Sum Accidental Injury Benefit</b>		
Low Plan	High Plan	
<b>Coma:</b> For duration of 7 or more days from date of accidental injury	\$6,250	\$12,500
<b>Paralysis:</b> Subject to 30 day elimination period		
- Quadriplegia (4 limbs)	\$6,250	\$12,500
- Paraplegia (lower limbs)	\$3,125	\$6,250
<b>Eye Injury Benefit<sup>2,3</sup>:</b>		
- Surgical Repair	\$125	\$250
- Removal of a foreign body	\$35	\$65
<b>Brain Concussions Benefits<sup>2</sup>:</b>	\$25	\$50
<b>Miscellaneous Surgery Procedures<sup>4,5</sup>:</b> Limited to 1 surgery procedure per day.		
Covered surgeries include: Repair of tendons/ligaments, torn rotator cuffs, ruptured discs, torn knee cartilages, Arthroscopy without surgery repair	\$325	\$625
Covered surgeries include: Open abdominal, cranial, hernia or thoracic surgery	\$625	\$1,250
<b>Burn<sup>2,3</sup>:</b> Benefits graded based on percentage of body surface burned		
	2 <sup>nd</sup> Degree / 3 <sup>rd</sup> Degree	
- 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

<sup>1</sup>Limited to one benefit per Policy year | <sup>2</sup>Treatment must be received within 72 hours | <sup>3</sup>Limited to one benefit per accidental injury | <sup>4</sup>Must be performed within 12 months of date of accidental injury | <sup>5</sup>Benefit maximum applies to each type of surgery.

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<b>Lump Sum Accidental Injury Benefit (continued)</b>	<b>Low Plan</b>	<b>High Plan</b>
<b>Skin Grafts<sup>1</sup>:</b> Maximum for all skin grafts combined	50% of lump-sum burn benefit paid	
<b>Fracture<sup>2</sup>:</b> Limited to 1 benefit per fracture type. Benefits graded based on type of fracture		
– Highest benefit: Hip or skull, depressed	\$875	\$1,750
– Lowest benefit: Toe or tailbone	\$100	\$175
<b>Dislocation<sup>2</sup>:</b> Limited to 2 dislocation benefits per insured person, per accidental injury. Benefits are graded based on type of dislocation. Covered dislocations include: hip, knee or shoulder, collar bone, lower jaw, wrist or elbow, toe or finger		
– Highest benefit: Hip	\$750	\$1,500
– Lowest benefit: Toe or finger	\$50	\$100
<b>Laceration<sup>2,3</sup>:</b> For lacerations that require suture, benefits graded on size of laceration		
– Highest benefit: suture in excess of 12.6cm	\$250	\$500
– Lowest benefit: suture less than 7.5cm	\$35	\$65
– No suture required	\$25	\$35
<b>Emergency Dental Repairs<sup>2,3</sup>:</b>		
– Broken teeth repaired with crown	\$150	\$300
– Broken teeth resulting in extraction	\$50	\$100
<b>Follow-up / Restorative Benefit</b>	<b>Low Plan</b>	<b>High Plan</b>
<b>Prosthesis<sup>3</sup></b>	\$375	\$750
<b>Blood Plasma / Platelets<sup>3</sup></b>	\$100	\$200
<b>Appliances<sup>3</sup></b>	\$100	\$150
<b>Hospital Rehabilitation Unit:</b> Limited to 30 days per accidental injury and 60 days per Policy year <sup>4</sup>	\$75 per day	\$150 per day
<b>Accidental Injury Follow-Up Physical Therapy<sup>5</sup></b>	\$25 per visit <sup>6</sup>	\$35 per visit <sup>7</sup>
<b>OR</b>		
<b>Accidental Injury Follow-Up Treatment<sup>5</sup></b>	\$25 per visit <sup>6</sup>	\$35 per visit <sup>7</sup>
<b>Transportation Benefit<sup>3</sup></b>	<b>Low Plan</b>	<b>High Plan</b>
<b>Emergency Air Ambulance</b>	\$1,250	\$2,500
<b>Emergency Ground/Water Ambulance</b>	\$125	\$250

<sup>1</sup> Must be performed within 12 months of date of accidental injury | <sup>2</sup> Treatment must be received within 72 hours | <sup>3</sup> Limited to one benefit per accidental injury | <sup>4</sup> Paid in lieu of daily hospital confinement per date of service | <sup>5</sup> Must follow hospital emergency room or urgent care center and begin within 30 days of initial onset of accidental injury | <sup>6</sup> Up to 5 visits per Policy year | <sup>7</sup> Up to 10 visits per Policy year.

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### Accidental Death and Dismemberment Benefit

Death or loss must occur within 90 days of accidental injury

	Low Plan		High Plan	
	You or Spouse	Your Child(ren)	You or Spouse	Your Child(ren)
<b>Death</b>	\$25,000	\$7,500	\$50,000	\$15,000
<b>Common Carrier Death</b>	\$75,000	\$12,500	\$150,000	\$25,000
<b>Dismemberment:</b>				
– 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

### Monthly Disability Benefit<sup>1</sup>

Total disability within 60 days of accidental injury. Subject to 21 day elimination period

	Low Plan		High Plan	
	You or Spouse	Your Child(ren)	You or Spouse	Your Child(ren)
	\$500	Not applicable	\$500	Not applicable



MONTHLY PREMIUMS	Low Option	High Option
<b>Individual</b>	\$14	\$31
<b>Couple</b>	\$27	\$61
<b>Individual + Child(ren)</b>	\$34	\$76
<b>Family</b>	\$53	\$118

Consumer Preferred Status: Based on 52% of applicants selecting the High benefit level (4/2013).

<sup>1</sup> Amount payable up to 12 continuous months. Must be actively at work at time of purchase

For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of any discrepancies contained in this brochure, the terms and conditions contained in the Policy documents shall govern. An Accidental Injury Only Insurance Policy, Form CH-26110-IP (06/09) MA | The information contained herein is accurate at the time of publication. This brochure provides only summary information. This plan is not intended as a replacement for accident and sickness health insurance and should not be construed as such.

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## PROTECTFIT PLUS: OTHER IMPORTANT INFORMATION

### Definitions (See Policy for Other Important Definitions):

- **Accidental Injury** means sudden, non-recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset, and not contributed to, directly or indirectly, by a sickness. The accidental injury must first occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- **Actively at Work** means you are: 1) working on a permanent basis at least 25 hours per week; and 2) 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.
- **Ambulance** means a ground, water or air vehicle, which is licensed as required by law as an ambulance, and is equipped to transport sick or injured people.
- **Confined/Confinement** means an insured person's medically necessary admission to and subsequent continued stay in a hospital for which a daily charge for room and board is made for each day of confinement with no discharge or interruption in such hospital stay.
- **Covered Dependent** means an eligible dependent, whose coverage has become effective under the Policy and has not terminated.
- **Hospital** means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the insured person is legally obligated to pay. The institution must maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis; maintain a staff of one or more duly licensed legally qualified physicians; provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and is accredited as a hospital by the Joint Commission on Accreditation of Hospitals.
- **Insured Person** means you or a covered dependent under the Policy.
- **Policy Year** means each consecutive 12-month period beginning with your effective date of coverage.
- **Surgery** means the performance of generally accepted operative and cutting procedures, including surgical diagnostic procedures, specialized instrumentation, endoscopic examinations, and other invasive procedures while an insured person is under local or general anesthesia; the correction of fractures and dislocations; and any of the procedures designated by current procedural terminology codes as surgery.
- **Total Disability or Totally Disabled** means due to an accidental injury, you are: 1) under a legally qualified physician's care; and 2) unable to engage in any employment or occupation for which you are qualified by reason of education, training or experience and are not in fact actively at work, as certified by a legally qualified physician upon our request.

### Coverage Information:

- **COVERAGE BEGINS:** Once your application is approved, and you have paid your initial premium, coverage will begin on the Policy date shown in the Policy schedule.
- **RENEWABILITY:** 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.
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy: At the beginning of the period for which premium has not been paid, subject to the grace period | At the end of the month following the date of our receipt of your request of termination | On the date of fraud or material misrepresentation by you | On the date any continuation of coverage credit expires (if applicable) and you fail to re-establish premium payment | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent.

# 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: 1-800-815-8535

## ACCIDENTAL INJURY ONLY INSURANCE POLICY OUTLINE OF COVERAGE FOR FORM CH-26110-IP (1) (06/09) MA

1. **READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY**.
2. **10 DAY RIGHT TO EXAMINE THE POLICY** -It is important to Us that You understand and are satisfied with the coverage being provided to You. If You are not satisfied that this coverage will meet Your insurance needs, You may return this Policy to Us at Our Administrative Office in North Richland Hills, Texas within 10 days after You receive it. Upon receipt, We will cancel Your coverage as of the Policy Date, and You will receive a full refund of all the premiums You have paid.
3. **THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.**
4. **ACCIDENTAL INJURY ONLY COVERAGE** – This coverage is designed to provide You or Your Covered Dependents with coverage for certain losses resulting from Accidental Injuries that First Occur after Your coverage has become effective and while the coverage is in force under the Policy. The Policy does not provide benefits for loss from Sickness.
5. **BENEFITS.** The Policy provides the lump sum indemnity Benefit Amount shown in the Policy Schedule for the following benefits. All benefits are subject to the Benefit Amount shown in the Policy Schedule, any benefit limitations shown in the Policy Schedule, the Elimination Periods shown in the Policy Schedule, if any, the Exclusions and Limitations shown below, and all other provisions of the Policy.
  - **INPATIENT HOSPITAL CONFINEMENT BENEFIT**
    1. **One-time Lump-Sum Hospital Confinement Benefit**

Confinement must begin within 30 days of the Accidental Injury. The \$500 benefit amount is payable once per Insured Person, per Policy Year.
    2. **Daily Hospital Confinement Benefit**

Confinement must begin within 30 days of the Accidental Injury. The \$150 benefit amount is payable per Insured Person, per day for up to 365 days per Accidental Injury. Readmission to the Hospital for the same Accidental Injury will be treated as a continuation for the same Accidental Injury. The Daily Hospital Confinement Benefit is paid in lieu of and **not** in addition to the Rehabilitation Unit Benefit, per individual date of service.
    3. **One-time Lump-Sum Intensive Care Hospital Confinement Benefit**

Confinement must begin within 30 days of the Accidental Injury and be for a period of not less than 24 hours. The \$1,000 benefit amount is payable once per Insured Person, per Policy Year.

#### 4. Daily Intensive Care Hospital Confinement Benefit

Confinement must begin within 30 days of the Accidental Injury. The \$250 benefit amount is payable per Insured Person, per day for up to 15 days per Accidental Injury.

### • OUTPATIENT EMERGENCY / DIAGNOSTIC

#### 1. Accidental Injury Emergency Treatment Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital Emergency Room or Urgent Care Center within 72 hours of the initial onset of such Accidental Injury, the \$100 benefit amount is payable per Accidental Injury for You and/or Your Covered Dependent Spouse; and the \$50 benefit amount is payable per Accidental Injury for Your Covered Dependent Child(ren).

#### 2. Major Diagnostic Exam Benefit

When an Insured Person receives a diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center that is related to an Accidental Injury, the \$100 benefit amount is payable for one diagnostic exam, per Insured Person, per Policy Year.

#### 3. Lump-Sum Accidental Injury Benefit

##### a. Dislocation Benefit

Treatment must be received within 72 hours of Accidental Injury, limited to 2 dislocation benefits per Insured person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

Hip	\$750
Knee, Shoulder, or Collar Bone	\$250
Lower Jaw	\$200
Wrist or Elbow	\$175
Toe or Finger	\$50

##### b. Burn Benefit

Treatment must be received within 72 hours of the Accidental Injury, limited to one burn benefit per Insured person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

	<u>Second Degree</u>	<u>Third Degree</u>
Less than 10% of the body surface	\$35	\$75
Between 10% and 29% of the body surface	\$65	\$125
Between 30% and 39% of the body surface	\$125	\$325
Between 40% and 59% of the body surface	\$250	\$625
Between 60% and 79% of the body surface	\$375	\$1875
Between 80% and 89% of the body surface	\$500	\$4,375
90% and over of the body surface	\$625	\$6,250

##### c. Skin Grafts Benefit

Pays a total of 50% of the Lump-Sum Accidental Injury Burn Benefit paid per Insured Person when one or more skin grafts are performed as a result of such covered Accidental Injury burn. Skin graft(s) must be performed within 12 months of the date of the Accidental Injury burn.

**d. Eye Injury Benefit**

Treatment must be received within 72 hours of the Accidental Injury, limited to one benefit per Insured Person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

Surgical repair	\$125
Removal of a foreign body	\$35

**e. Laceration Benefit**

Treatment must be received within 72 hours of the Accidental Injury, limited to one benefit per Insured Person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

Lacerations not requiring sutures by a Legally Qualified Physician	\$25
Lacerations requiring sutures by a Legally Qualified Physician:	
Single lacerations less than 7.5 cm.	\$35
Lacerations between 7.6 cm. and 12.5 cm.	\$125
Lacerations in excess of 12.6 cm.	\$250

**f. Fracture Benefit**

Treatment must be received within 72 hours of the Accidental Injury, limited to one benefit per fracture type, per Insured Person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

Hip	\$875
Leg	\$450
Hand (excluding fingers), Foot (excluding toes/heel), Wrist, elbow, ankle or kneecap, Shoulder blade or forearm, Lower jaw	\$250
Vertebrae (body of), pelvis, or sternum	\$450
Upper jaw, upper arm, or face (excluding nose), Rib	\$250
Nose, heel, or finger	\$175
Coccyx, Toe	\$100
Vertebral processes	\$175
Skull: Depressed	\$875
Simple	\$300

**g. Brain Concussion Benefit**

Treatment must be received within 72 hours of the Accidental Injury. The \$25 benefit amount is payable per Insured Person, per Accidental Injury

**h. Emergency Dental Repairs Benefit**

Treatment must be received within 72 hours of the Accidental Injury, limited to one benefit per Insured Person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

Broken teeth repaired with crowns:	\$150
Broken teeth resulting in extractions:	\$50

**i. Coma Benefit for duration of 7 or more days**

Pays when Coma duration lasts 7 or more days from date of Accidental Injury. The \$6,250 benefit amount is payable per Insured Person, per Accidental Injury



**j. Paralysis Benefit**

The benefit amount payable per Insured Person for:

Quadriplegia (four limbs)	\$6,250
Paraplegia (lower limbs)	\$3,125

**k. Miscellaneous Surgery Procedures Benefit**

Surgery must be performed within 12 months of the date of the Accidental Injury. Only one Surgery procedure payable per Insured Person, per Accidental Injury, per day. Benefit amount payable per Insured Person, per Accidental Injury:

Repair of tendons / ligaments, torn rotator cuffs, ruptured discs, torn knee cartilages, and Arthroscopy without Surgery repair	\$325
Open abdominal (including exploratory Laparotomy), cranial, hernia or thoracic Surgery	\$625

• **FOLLOW-UP / RESTORATIVE**

**1. Accidental Injury Follow-up Treatment Benefit**

When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up treatment, Treatment must begin within 30 days of the initial onset of the Accidental Injury. Accidental Injury follow-up treatment is in lieu of and **not** in addition to the Accidental Injury Follow-up Physical Therapy benefit, per individual date of service, and does not include chiropractic or alternative medicine services. The \$25 benefit amount is payable per visit, per Insured Person, not to exceed 5 visits per Policy year.

**2. Accidental Injury Follow-up Physical Therapy Benefit**

When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up physical therapy treatment, that physical therapy treatment must begin within 30 days of the initial onset of the Accidental Injury. Accidental Injury Physical Therapy Follow-up treatment is paid in lieu of and **not** in addition to the Accidental Injury follow-up benefit, per individual date of service. The \$25 benefit amount is payable per visit, per Insured Person, not to exceed 5 visits per Policy year.

**3. Hospital Rehabilitation Unit Benefit**

When an Insured Person is Hospital Confined and transferred to a bed in a Rehabilitation Unit of a Hospital for the treatment of an Accidental Injury. The Hospital Rehabilitation Unit Benefit is paid in lieu of and **not** in addition to the Daily Hospital Confinement benefit, per individual date of service. The \$75 benefit amount is payable per Insured Person, per day, not to exceed 30 days per Accidental Injury and 60 days per Policy Year.

**4. Appliances Benefit**

When an Insured Person receives crutches, wheelchairs, leg/foot/arm/hand braces, back/neck braces and/or walkers/canes ordered by a Legally Qualified Physician as the result of an Accidental Injury; the appliances are limited to one \$100 benefit amount is payable per Insured Person, per Accidental Injury.

**5. Prosthesis Benefit**

When an Insured Person receives prosthetic devices ordered by a Legally Qualified Physician for the replacement of a missing body part sustained as a result of an Accidental Injury; the prosthetic

devices are limited to one \$375 benefit amount is payable per Insured Person, per Accidental Injury and does **not** include hearing aids or cosmetic devices such as wigs or dental aids/dentures.

**6. Blood Plasma / Platelets Benefit**

When an Insured Person receives blood plasma and platelets ordered by a Legally Qualified Physician for the treatment of an Accidental Injury; the blood plasma and platelets are limited to one \$100 benefit amount is payable per Insured Person, per Accidental Injury and does **not** include Immunoglobulin.

• **ACCIDENTAL DEATH AND DISMEMBERMENT**

**1. Death Benefit**

Death must occur within 90 days of the Accidental Injury in order for a benefit to be paid for:

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
\$25,000	\$25,000	\$7,500

**2. Common Carrier Death Benefit**

Death must result from Accidental Injuries sustained by an Insured Person while a passenger on a licensed Common Carrier and must occur within 90 days of the Accidental Injury in order for a benefit to be paid for:

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
\$75,000	\$75,000	\$12,500

**3. Dismemberment Benefit**

Dismemberment must occur within 90 days of the Accidental Injury in order for a benefit to be paid for:

	<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
Both arms and legs	\$25,000	\$25,000	\$7,500
2 eyes, feet, hands, arms or legs	\$25,000	\$25,000	\$7,500
One eye, foot, hand, arm or leg	\$ 6,250	\$ 6,250	\$1,750
One or more fingers and/or toes	\$1,500	\$1,500	\$500

• **TRANSPORTATION**

**1. Emergency Ground/Water Ambulance Benefit**

When an Insured Person is transported by ground or water Ambulance to a Hospital emergency room or Urgent Care Facility due to an Accidental Injury; limited to one trip per Accidental Injury for \$125 per Insured Person.

**2. Emergency Air Ambulance Benefit**

When an Insured Person is transported by air Ambulance to a Hospital emergency room due to an Accidental Injury; limited to one trip per Accidental Injury for \$1,250 per Insured Person.

- **SUPPLEMENTAL DISABILITY INCOME PROTECTION**

After completion of the 21 day Elimination Period from the date of confirmed medical diagnosis of the Total Disability, We will pay a \$500 monthly Supplemental Disability Income Protection benefit for You and/or Your Covered Dependent spouse for up to 12 continuous months, for each month You and/or Your Covered Dependent Spouse continues to be Totally Disabled, provided such Insured Person was Actively at Work and became Totally Disabled within 60 days of an Accidental Injury. If Total Disability is caused by more than one Accidental Injury, We will pay benefits as if the Total Disability was caused by only one Accidental Injury. There is no benefit payable for Your Covered Dependent Child(ren).

**6. EXCLUSIONS AND LIMITATIONS.** We will not provide any benefits for loss caused by, resulting from or in connection with:

1. Any Sickness, including but not limited to pregnancy and childbirth;
2. Any disease, or other medical condition not the direct result of an Accidental Injury occurring while the Insured Person's coverage is in force or benefits which are not specifically provided for in the Policy;
3. Hospital Confinement for childbirth, including routine or normal newborn child care;
4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
5. Any act of war, declared or undeclared;
6. Active military duty in the service of any country;
7. Participation in a riot, civil commotion or insurrection;
8. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
9. Mental or nervous disorders;
10. Having Cosmetic Surgery or other elective procedures;
11. Operating any motorized passenger vehicle for wage, compensation or profit;
12. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
13. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
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, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, parasailing, 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.

**7. COMPLAINTS:** If You have a complaint call Us toll-free at Telephone: 1-800-815-8535. If You are not satisfied, You may call the Massachusetts Division of Insurance.

**8. NON-CANCELABLE FOR THE LIFE OF THE INSURED WITH OUT ANY RIGHT OF THE CARRIER TO INCREASE THE PREMIUM RATE.**

**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: 1-800-815-8535

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OUTLINE OF COVERAGE FOR FORM CH-26110-IP (1) (06/09) MA**

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2. **10 DAY RIGHT TO EXAMINE THE POLICY** -It is important to Us that You understand and are satisfied with the coverage being provided to You. If You are not satisfied that this coverage will meet Your insurance needs, You may return this Policy to Us at Our Administrative Office in North Richland Hills, Texas within 10 days after You receive it. Upon receipt, We will cancel Your coverage as of the Policy Date, and You will receive a full refund of all the premiums You have paid.
3. **THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.**
4. **ACCIDENTAL INJURY ONLY COVERAGE** – This coverage is designed to provide You or Your Covered Dependents with coverage for certain losses resulting from Accidental Injuries that First Occur after Your coverage has become effective and while the coverage is in force under the Policy. The Policy does not provide benefits for loss from Sickness.
5. **BENEFITS.** The Policy provides the lump sum indemnity Benefit Amount shown in the Policy Schedule for the following benefits. All benefits are subject to the Benefit Amount shown in the Policy Schedule, any benefit limitations shown in the Policy Schedule, the Elimination Periods shown in the Policy Schedule, if any, the Exclusions and Limitations shown below, and all other provisions of the Policy.

- **INPATIENT HOSPITAL CONFINEMENT BENEFIT**

1. **One-time Lump-Sum Hospital Confinement Benefit**

Confinement must begin within 30 days of the Accidental Injury. The \$1,000 benefit amount is payable once per Insured Person, per Policy Year.

2. **Daily Hospital Confinement Benefit**

Confinement must begin within 30 days of the Accidental Injury. The \$300 benefit amount is payable per Insured Person, per day for up to 365 days per Accidental Injury. Readmission to the Hospital for the same Accidental Injury will be treated as a continuation for the same Accidental Injury. The Daily Hospital Confinement Benefit is paid in lieu of and **not** in addition to the Rehabilitation Unit Benefit, per individual date of service.

3. **One-time Lump-Sum Intensive Care Hospital Confinement Benefit**

Confinement must begin within 30 days of the Accidental Injury and be for a period of not less than 24 hours. The \$2,000 benefit amount is payable once per Insured Person, per Policy Year.

#### 4. Daily Intensive Care Hospital Confinement Benefit

Confinement must begin within 30 days of the Accidental Injury. The \$500 benefit amount is payable per Insured Person, per day for up to 15 days per Accidental Injury.

### • OUTPATIENT EMERGENCY / DIAGNOSTIC

#### 1. Accidental Injury Emergency Treatment Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital Emergency Room or Urgent Care Center within 72 hours of the initial onset of such Accidental Injury, the \$150 benefit amount is payable per Accidental Injury for You and/or Your Covered Dependent Spouse; and the \$100 benefit amount is payable per Accidental Injury for Your Covered Dependent Child(ren).

#### 2. Major Diagnostic Exam Benefit

When an Insured Person receives a diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center that is related to an Accidental Injury, the \$200 benefit amount is payable for one diagnostic exam, per Insured Person, per Policy Year.

#### 3. Lump-Sum Accidental Injury Benefit

##### a. Dislocation Benefit

Treatment must be received within 72 hours of Accidental Injury, limited to 2 dislocation benefits per Insured person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

Hip	\$1,500
Knee, Shoulder, or Collar Bone	\$500
Lower Jaw	\$400
Wrist or Elbow	\$350
Toe or Finger	\$100

##### b. Burn Benefit

Treatment must be received within 72 hours of the Accidental Injury, limited to one burn benefit per Insured person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

	<u>Second Degree</u>	<u>Third Degree</u>
Less than 10% of the body surface	\$75	\$175
Between 10% and 29% of the body surface	\$125	\$250
Between 30% and 39% of the body surface	\$250	\$625
Between 40% and 59% of the body surface	\$500	\$1,250
Between 60% and 79% of the body surface	\$750	\$3,750
Between 80% and 89% of the body surface	\$1,000	\$8,750
90% and over of the body surface	\$1,250	\$12,500

##### c. Skin Grafts Benefit

Pays a total of 50% of the Lump-Sum Accidental Injury Burn Benefit paid per Insured Person when one or more skin grafts are performed as a result of such covered Accidental Injury burn. Skin graft(s) must be performed within 12 months of the date of the Accidental Injury burn.

**d. Eye Injury Benefit**

Treatment must be received within 72 hours of the Accidental Injury, limited to one benefit per Insured Person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

Surgical repair	\$250
Removal of a foreign body	\$65

**e. Laceration Benefit**

Treatment must be received within 72 hours of the Accidental Injury, limited to one benefit per Insured Person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

Lacerations not requiring sutures by a Legally Qualified Physician	\$35
Lacerations requiring sutures by a Legally Qualified Physician:	
Single lacerations less than 7.5 cm.	\$65
Lacerations between 7.6 cm. and 12.5 cm.	\$250
Lacerations in excess of 12.6 cm.	\$500

**f. Fracture Benefit**

Treatment must be received within 72 hours of the Accidental Injury, limited to one benefit per fracture type, per Insured Person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

Hip	\$1,750
Leg	\$875
Hand (excluding fingers), Foot (excluding toes/heel), Wrist, elbow, ankle or kneecap, Shoulder blade or forearm, Lower jaw	\$475
Vertebrae (body of), pelvis, or sternum	\$875
Upper jaw, upper arm, or face (excluding nose), Rib	\$500
Nose, heel, or finger	\$350
Coccyx, Toe	\$175
Vertebral processes	\$350
Skull: Depressed	\$1,750
Simple	\$600

**g. Brain Concussion Benefit**

Treatment must be received within 72 hours of the Accidental Injury. The \$50 benefit amount is payable per Insured Person, per Accidental Injury

**h. Emergency Dental Repairs Benefit**

Treatment must be received within 72 hours of the Accidental Injury, limited to one benefit per Insured Person, per Accidental Injury. Benefit amount payable per Insured Person, per Accidental Injury:

Broken teeth repaired with crowns:	\$300
Broken teeth resulting in extractions:	\$100

**i. Coma Benefit for duration of 7 or more days**

Pays when Coma duration lasts 7 or more days from date of Accidental Injury. The \$12,500 benefit amount is payable per Insured Person, per Accidental Injury

**j. Paralysis Benefit**

The benefit amount payable per Insured Person for:

Quadriplegia (four limbs)	\$12,500
Paraplegia (lower limbs)	\$6,250

**k. Miscellaneous Surgery Procedures Benefit**

Surgery must be performed within 12 months of the date of the Accidental Injury. Only one Surgery procedure payable per Insured Person, per Accidental Injury, per day. Benefit amount payable per Insured Person, per Accidental Injury:

Repair of tendons / ligaments, torn rotator cuffs, ruptured discs, torn knee cartilages, and Arthroscopy without Surgery repair	\$625
Open abdominal (including exploratory Laparotomy), cranial, hernia or thoracic Surgery	\$1,250

• **FOLLOW-UP / RESTORATIVE**

**1. Accidental Injury Follow-up Treatment Benefit**

When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up treatment, Treatment must begin within 30 days of the initial onset of the Accidental Injury. Accidental Injury follow-up treatment is in lieu of and **not** in addition to the Accidental Injury Follow-up Physical Therapy benefit, per individual date of service, and does not include chiropractic or alternative medicine services. The \$35 benefit amount is payable per visit, per Insured Person, not to exceed 10 visits per Policy year.

**2. Accidental Injury Follow-up Physical Therapy Benefit**

When an Insured Person receives treatment of an Accidental Injury at a Hospital emergency room or Urgent Care Center and later requires additional follow-up physical therapy treatment, that physical therapy treatment must begin within 30 days of the initial onset of the Accidental Injury. Accidental Injury Physical Therapy Follow-up treatment is paid in lieu of and **not** in addition to the Accidental Injury follow-up benefit, per individual date of service. The \$35 benefit amount is payable per visit, per Insured Person, not to exceed 10 visits per Policy year.

**3. Hospital Rehabilitation Unit Benefit**

When an Insured Person is Hospital Confined and transferred to a bed in a Rehabilitation Unit of a Hospital for the treatment of an Accidental Injury. The Hospital Rehabilitation Unit Benefit is paid in lieu of and **not** in addition to the Daily Hospital Confinement benefit, per individual date of service. The \$150 benefit amount is payable per Insured Person, per day, not to exceed 30 days per Accidental Injury and 60 days per Policy Year.

**4. Appliances Benefit**

When an Insured Person receives crutches, wheelchairs, leg/foot/arm/hand braces, back/neck braces and/or walkers/canes ordered by a Legally Qualified Physician as the result of an Accidental Injury; the appliances are limited to one \$150 benefit amount is payable per Insured Person, per Accidental Injury.

**5. Prosthesis Benefit**

When an Insured Person receives prosthetic devices ordered by a Legally Qualified Physician for the replacement of a missing body part sustained as a result of an Accidental Injury; the prosthetic

devices are limited to one \$750 benefit amount is payable per Insured Person, per Accidental Injury and does **not** include hearing aids or cosmetic devices such as wigs or dental aids/dentures.

**6. Blood Plasma / Platelets Benefit**

When an Insured Person receives blood plasma and platelets ordered by a Legally Qualified Physician for the treatment of an Accidental Injury; the blood plasma and platelets are limited to one \$200 benefit amount is payable per Insured Person, per Accidental Injury and does **not** include Immunoglobulin.

• **ACCIDENTAL DEATH AND DISMEMBERMENT**

**1. Death Benefit**

Death must occur within 90 days of the Accidental Injury in order for a benefit to be paid for:

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
\$50,000	\$50,000	\$15,000

**2. Common Carrier Death Benefit**

Death must result from Accidental Injuries sustained by an Insured Person while a passenger on a licensed Common Carrier and must occur within 90 days of the Accidental Injury in order for a benefit to be paid for:

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
\$150,000	\$150,000	\$25,000

**3. Dismemberment Benefit**

Dismemberment must occur within 90 days of the Accidental Injury in order for a benefit to be paid for:

	<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
Both arms and legs	\$50,000	\$50,000	\$15,000
2 eyes, feet, hands, arms or legs	\$50,000	\$50,000	\$15,000
One eye, foot, hand, arm or leg	\$12,500	\$12,500	\$3,500
One or more fingers and/or toes	\$3,000	\$3,000	\$1,000

• **TRANSPORTATION**

**1. Emergency Ground/Water Ambulance Benefit**

When an Insured Person is transported by ground or water Ambulance to a Hospital emergency room or Urgent Care Facility due to an Accidental Injury; limited to one trip per Accidental Injury for \$250 per Insured Person.

**2. Emergency Air Ambulance Benefit**

When an Insured Person is transported by air Ambulance to a Hospital emergency room due to an Accidental Injury; limited to one trip per Accidental Injury for \$2,500 per Insured Person.



- **SUPPLEMENTAL DISABILITY INCOME PROTECTION**

After completion of the 21 day Elimination Period from the date of confirmed medical diagnosis of the Total Disability, We will pay a \$500 monthly Supplemental Disability Income Protection benefit for You and/or Your Covered Dependent spouse for up to 12 continuous months, for each month You and/or Your Covered Dependent Spouse continues to be Totally Disabled, provided such Insured Person was Actively at Work and became Totally Disabled within 60 days of an Accidental Injury. If Total Disability is caused by more than one Accidental Injury, We will pay benefits as if the Total Disability was caused by only one Accidental Injury. There is no benefit payable for Your Covered Dependent Child(ren).

**6. EXCLUSIONS AND LIMITATIONS.** We will not provide any benefits for loss caused by, resulting from or in connection with:

1. Any Sickness, including but not limited to pregnancy and childbirth;
2. Any disease, or other medical condition not the direct result of an Accidental Injury occurring while the Insured Person's coverage is in force or benefits which are not specifically provided for in the Policy;
3. Hospital Confinement for childbirth, including routine or normal newborn child care;
4. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
5. Any act of war, declared or undeclared;
6. Active military duty in the service or any country;
7. Participation in a riot, civil commotion or insurrection;
8. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
9. Mental or nervous disorders;
10. Having Cosmetic Surgery or other elective procedures;
11. Operating any motorized passenger vehicle for wage, compensation or profit;
12. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;
13. An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;
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, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, parasailing, 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.

**7. COMPLAINTS:** If You have a complaint call Us toll-free at Telephone: 1-800-815-8535. If You are not satisfied, You may call the Massachusetts Division of Insurance.

**8. NON-CANCELABLE FOR THE LIFE OF THE INSURED WITH OUT ANY RIGHT OF THE CARRIER TO INCREASE THE PREMIUM RATE.**

CH-26110-IP (1) (06/09) OC MA (02/15)

**800-815-8535**  
Weekdays, 8am to 5pm in all time zones

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