



Underwritten by *The Chesapeake Life Insurance Company*[®]

ProtectFit Plus



**Cash benefits paid directly to you to cover ...
expenses that result from serious injuries.**

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance coverage you may have purchased with another insurance company.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional protection.
- This plan is not required in order to purchase health insurance with another insurance company.
- This plan should not be used as a substitute for comprehensive health insurance coverage. It is not considered Minimum Essential Coverage under the Affordable Care Act.



SureBridge® is a registered trademark used for both insurance and non-insurance products offered by subsidiaries of HealthMarkets, Inc. Supplemental and life insurance products are underwritten by The Chesapeake Life Insurance Company®. Administrative offices are located in North Richland Hills, TX. Products are marketed through independent agents/producers. Insurance product availability may vary by state.



ProtectFit Plus

Cash benefits paid directly to you, not your doctor or hospital.

DID YOU KNOW?

Nearly
\$10,000
was the average cost of
a hospital stay in 2010.¹

Cash benefits can be used for:

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

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

- 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' Compensation²
- Affordable premiums that do not increase as you get older with coverage **starting at \$11 per month** for the low plan³

¹ 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. | ² 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. | ³ 30 year old female, non-tobacco individual.

ProtectFit Plus

Inpatient Hospital Confinement Benefit		
Confinement must begin within 30 days of accidental injury	Low Plan	High Plan
One-Time Lump-Sum Hospital Confinement¹	\$500	\$1,000
Daily Hospital Confinement: Limited to 365 days per accidental injury	\$150 per day	\$300 per day
One-Time Lump-Sum Intensive Care Hospital Confinement¹	\$1,000	\$2,000
Daily Intensive Care Hospital Confinement: Limited to 15 days per accidental injury	\$250 per day	\$500 per day

Outpatient Emergency / Diagnostic Benefit		
	Low Plan	High Plan
Accidental Injury Emergency Treatment^{2,3}:		
– You and/or your covered dependent spouse	\$100	\$150
– Your covered dependent children	\$50	\$100
Major Diagnostic Exam: CT Scan, MRI, EEG in a hospital or urgent care facility ¹	\$100	\$200

Lump Sum Accidental Injury Benefit		
	Low Plan	High Plan
Coma: For duration of 7 or more days from date of accidental injury	\$6,250	\$12,500
Paralysis: Subject to 30 day elimination period		
– Quadriplegia (4 limbs)	\$6,250	\$12,500
– Paraplegia (lower limbs)	\$3,125	\$6,250
Eye Injury Benefit^{2,3}:		
– Surgical Repair	\$125	\$250
– Removal of a foreign body	\$35	\$65
Brain Concussion Benefit²:	\$25	\$50
Miscellaneous Surgery Procedures^{4,5}: 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
Burn^{2,3}: Benefits graded based on percentage of body surface burned	2 nd Degree / 3 rd 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

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

ProtectFit Plus

Lump Sum Accidental Injury Benefit (continued)	Low Plan	High Plan
Skin Grafts ¹ : Maximum for all skin grafts combined	50% of lump-sum burn benefit paid	
Fracture ² : 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
Dislocation ² : 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
Laceration ^{2,3} : 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
Emergency Dental Repairs ^{2,3} :		
– Broken teeth repaired with crown	\$150	\$300
– Broken teeth resulting in extraction	\$50	\$100
Follow-up / Restorative Benefit	Low Plan	High Plan
Prosthesis ³	\$375	\$750
Blood Plasma / Platelets ³	\$100	\$200
Appliances ³	\$100	\$150
Hospital Rehabilitation Unit : Limited to 30 days per accidental injury and 60 days per Policy year ⁴	\$75 per day	\$150 per day
Accidental Injury Follow-Up Physical Therapy ⁵	\$25 per visit ⁶	\$35 per visit ⁷
OR		
Accidental Injury Follow-Up Treatment ⁵	\$25 per visit ⁶	\$35 per visit ⁷
Transportation Benefit ³	Low Plan	High Plan
Emergency Air Ambulance	\$1,250	\$2,500
Emergency Ground/Water Ambulance	\$125	\$250

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

ProtectFit Plus

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)
Death	\$25,000	\$7,500	\$50,000	\$15,000
Common Carrier Death	\$75,000	\$12,500	\$150,000	\$25,000
Dismemberment:				
– 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 Benefit¹

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)
	Not available		\$500	Not applicable

MONTHLY PREMIUMS

	Low Option	High Option
Individual	\$11	\$23
Couple	\$22	\$46
Individual + Child(ren)	\$27	\$58
Family	\$41	\$90

¹ Amount payable up to 12 continuous months. Must be actively at work at time of purchase for High plan only.

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. | 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.

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 requiring immediate medical attention, 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, as defined by your state, 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 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 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 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.
- **TERMINATION OF COVERAGE:** Your coverage will terminate and no benefits will be payable under the Policy: At the end of the month for which premium has been paid; if coverage is terminated due to non-payment of premium, we will give you at least 30 days after the date of our mailing the written notice accompanied by the reason for the termination. If coverage is terminated due to reasons other than non-payment of premium, we will give you at least 90 days after the date of our mailing the written notice accompanied by the reason for the termination | 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 we elect to discontinue this plan or type of coverage or all coverage in your state | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent. Termination shall be without prejudice to any claim originating while the Policy is in force. Premium will only be refunded for any full months paid beyond the termination date.

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) (L) MT (02/15) or CH-26110-IP (06/09) (M) MT (02/15).

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 (06/09) L MT**

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**.

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS. This is not Medicare Supplement Insurance. This insurance provides limited benefit if You meet the conditions listed in the Policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

2. **ACCIDENTAL INJURY ONLY COVERAGE** – This coverage is designed to provide You or Your Covered Dependents with coverage for certain losses resulting from Accidental Injuries that First Occur after Your coverage has become effective and while the coverage is in force under the Policy. The Policy does not provide benefits for loss from Sickness.
3. **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.

NOTE: When claims are presented for multiple services performed on the same date, and when only one benefit is payable, We will consider the higher benefit amount, provided claims for such covered services are submitted on a single claim form. Otherwise, claims submitted will be processed based on order of receipt.

BENEFIT AMOUNT

INPATIENT HOSPITAL CONFINEMENT BENEFIT

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

One-time Lump-sum Hospital Confinement Benefit:

(limited to one benefit, per Policy Year)

\$500 per Insured Person

Daily Hospital Confinement Benefit

(not to exceed 365 days per Accidental Injury):

\$150 per Insured Person, per day

One-time Lump sum Intensive Care Hospital Confinement Benefit:

(limited to one benefit, per Policy Year)

\$1,000 per Insured Person

Daily Intensive Care Hospital Confinement Benefit

(not to exceed 15 days per Accidental Injury):

\$250 per Insured Person, per day

BENEFIT AMOUNT

OUTPATIENT EMERGENCY/DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit

(Treatment must be received within 72 hours of Accidental Injury):

You and/or Your Covered Dependent Spouse: \$100 per Insured Person, per Accidental Injury
Your Covered Dependent Child(ren): \$50 per Insured Person, per Accidental Injury

Major Diagnostic Exam Benefit:

(limited to one diagnostic exam per Insured Person, per Policy Year)

\$100 per Insured Person

Lump-Sum Accidental Injury Benefit:

Dislocation Benefit *(Treatment must be received within 72 hours of Accidental Injury. Limited to 2 dislocation benefits per Insured Person, per Accidental Injury):*

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

Burn Benefit *(Treatment must be received within 72 hours of Accidental Injury. Limited to one burn benefit per Insured person, per Accidental Injury):*

	<u>Second Degree</u>	<u>Third Degree</u>
Less than 10% of the body surface	\$35 per Insured Person, per Accidental Injury	\$75 per Insured Person, per Accidental Injury
Between 10% and 29% of the body surface	\$65 per Insured Person, per Accidental Injury	\$125 per Insured Person, per Accidental Injury
Between 30% and 39% of the body surface	\$125 per Insured Person, per Accidental Injury	\$325 per Insured Person, per Accidental Injury
Between 40% and 59% of the body surface	\$250 per Insured Person, per Accidental Injury	\$625 per Insured Person, per Accidental Injury
Between 60% and 79% of the body surface	\$375 per Insured Person, per Accidental Injury	\$1,875 per Insured Person, per Accidental Injury
Between 80% and 89% of the body surface	\$500 per Insured Person, per Accidental Injury	\$4,375 per Insured Person, per Accidental Injury
90% and over of the body surface	\$625 per Insured Person, per Accidental Injury	\$6,250 per Insured Person, per Accidental Injury

BENEFIT AMOUNT

Skin Grafts Benefit *(Skin graft(s) must be performed within 12 months of the Accidental Injury burn:*

50% of Lump Sum Accidental Injury Benefit Burn benefit paid per Insured Person, when one or more skin grafts are performed for a covered Accidental Injury burn

Eye Injury Benefit *(Treatment must be received within 72 hours of Accidental Injury. Limited to one benefit per Insured Person, per Accidental Injury):*

Surgical repair	\$125 per Insured Person, per Accidental Injury
Removal of a foreign body	\$35 per Insured Person, per Accidental Injury

Lump-Sum Accidental Injury Benefit (Continued):

Laceration Benefit *(Treatment must be received within 72 hours of Accidental Injury. Limited to one benefit per Insured Person, per Accidental Injury):*

Lacerations not requiring sutures by a Physician	\$25 per Insured Person, per Accidental Injury
Lacerations requiring sutures by a Physician:	
Single lacerations less than 7.5 cm.	\$35 per Insured Person, per Accidental Injury
Lacerations between 7.6 cm. and 12.5 cm.	\$125 per Insured Person, per Accidental Injury
Lacerations in excess of 12.6 cm.	\$250 per Insured Person, per Accidental Injury

Fracture Benefit *(Treatment must be received within 72 hours of Accidental Injury. Limited to one benefit per fracture type, per Insured Person, per Accidental Injury):*

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

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit (Continued):

Brain Concussion Benefit *(Treatment must be Received within 72 hours of Accidental Injury):* \$25 per Insured Person, per Accidental Injury

Emergency Dental Repairs Benefit
(Treatment must be received within 72 hours of Accidental Injury. Limited to one benefit per Insured Person, per Accidental Injury):

Broken teeth repaired with crowns: \$150 per Insured Person, per Accidental Injury

Broken teeth resulting in extractions: \$50 per Insured Person, per Accidental Injury

Coma Benefit *(for duration of 7 or more days from date of Accidental Injury):* \$6,250 per Insured Person, per Accidental Injury

Paralysis Benefit *(subject to 30 day Elimination Period):*

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

Miscellaneous Surgery Procedures Benefit
(Must be performed within 12 months of the date of the Accidental Injury. Only one Surgery procedure payable per Insured Person, per day:

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

FOLLOW-UP / RESTORATIVE

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

\$25 per visit, per Insured Person,
not to exceed 5 visits per Policy year

Accidental Injury Follow-up Physical Therapy Benefit
(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury):

\$25 per visit, per Insured Person,
not to exceed 5 visits per Policy year

Hospital Rehabilitation Unit Benefit
(not to exceed 30 days per Accidental Injury and 60 days per Policy Year):

\$75 per Insured Person, per day

BENEFIT AMOUNT

FOLLOW-UP / RESTORATIVE (Continued):

Appliances Benefit *(Limited to one benefit per Insured Person, per Accidental Injury):* \$100 per Insured Person, per Accidental Injury

Prosthesis Benefit *(Limited to one benefit per Insured Person, per Accidental Injury):* \$375 per Insured Person, per Accidental Injury

Blood Plasma/Platelets Benefit *(Limited to one Benefit per Insured Person, per Accidental Injury):* \$100 per Insured Person, per Accidental Injury

ACCIDENTAL DEATH AND DISMEMBERMENT

Death Benefit *(Death must occur within 90 days of Accidental Injury):*

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

Common Carrier Death Benefit
*(Death must occur within 90 days of
Accidental Injury):*

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

Dismemberment Benefit *(Loss must occur
within 90 days of Accidental Injury):*

	<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

Emergency Ground/Water Ambulance Benefit
(Limited to one trip per Accidental Injury): \$125 per Insured Person

Emergency Air Ambulance Benefit
(Limited to one trip per Accidental Injury): \$1,250 per Insured Person

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

1. Sickness;
2. Any care not Medically Necessary (except as specifically provided herein) 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 that are not Medically Necessary;
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, 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.

5. RENEWAL CONDITIONS. The Policy is guaranteed renewable, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the age of an Insured Person. Premiums will not be increased more frequently than once during a 12-month period unless failure to increase the premium more than once during the 12-month period would place the Company in violation of the laws of the State of Montana or cause financial impairment of the Company to the extent that further transaction of insurance by the Company injures or is hazardous to its policyholders or the public.

6. PREMIUMS. We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given You written notice of at least 45 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person. Premiums will not be increased more frequently than once during a 12-month period unless failure to increase the premium more than once during the 12-month period would place the Company in violation of the laws of the State of Montana or cause financial impairment of the Company to the extent that further transaction of insurance by the Company injures or is hazardous to its policyholders or the public.

Premiums - based on the mode of payment, checked below, the initial premiums are as follows:

- Monthly (Bank Draft) Quarterly Annually

Policy CH-26110-IP (06/09) L MT - described above:	\$ _____
RIDERS (if any)	\$ _____
	\$ _____
TOTAL	\$ _____

The state of Montana has required Us to advise You that there have been no premium increases or decreases for comparable policies issued by the insurer during the preceding 5 years.

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 (06/09) H MT**

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.**

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS. This is not Medicare Supplement Insurance. This insurance provides limited benefit if You meet the conditions listed in the Policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

2. **ACCIDENTAL INJURY ONLY COVERAGE –** This coverage is designed to provide You or Your Covered Dependents with coverage for certain losses resulting from Accidental Injuries that First Occur after Your coverage has become effective and while the coverage is in force under the Policy. The Policy does not provide benefits for loss from Sickness.
3. **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.

NOTE: When claims are presented for multiple services performed on the same date, and when only one benefit is payable, We will consider the higher benefit amount, provided claims for such covered services are submitted on a single claim form. Otherwise, claims submitted will be processed based on order of receipt.

BENEFIT AMOUNT

INPATIENT HOSPITAL CONFINEMENT BENEFIT

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

One-time Lump-sum Hospital

Confinement Benefit:

(limited to one benefit, per Policy Year)

\$1,000 per Insured Person

Daily Hospital Confinement Benefit

(not to exceed 365 days per Accidental Injury):

\$300 per Insured Person, per day

One-time Lump sum Intensive Care Hospital

Confinement Benefit:

(limited to one benefit, per Policy Year)

\$2,000 per Insured Person

Daily Intensive Care Hospital Confinement Benefit

(not to exceed 15 days per Accidental Injury):

\$500 per Insured Person, per day

BENEFIT AMOUNT

OUTPATIENT EMERGENCY/DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit

(Treatment must be received within 72 hours of Accidental Injury):

You and/or Your Covered Dependent Spouse: \$150 per Insured Person, per Accidental Injury
Your Covered Dependent Child(ren): \$100 per Insured Person, per Accidental Injury

Major Diagnostic Exam Benefit:

(limited to one diagnostic exam per Insured Person, per Policy Year)

\$200 per Insured Person

Lump-Sum Accidental Injury Benefit:

Dislocation Benefit *(Treatment must be received within 72 hours of Accidental Injury. Limited to 2 dislocation benefits per Insured Person, per Accidental Injury):*

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

Burn Benefit *(Treatment must be received within 72 hours of Accidental Injury. Limited to one burn benefit per Insured person, per Accidental Injury):*

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

BENEFIT AMOUNT

Skin Grafts Benefit *(Skin graft(s) must be performed within 12 months of the Accidental Injury burn:*

50% of Lump Sum Accidental Injury Benefit Burn benefit paid per Insured Person, when one or more skin grafts are performed for a covered Accidental Injury burn

Eye Injury Benefit *(Treatment must be received within 72 hours of Accidental Injury. Limited to one benefit per Insured Person, per Accidental Injury):*

Surgical repair	\$250 per Insured Person, per Accidental Injury
Removal of a foreign body	\$65 per Insured Person, per Accidental Injury

Lump-Sum Accidental Injury Benefit (Continued):

Laceration Benefit *(Treatment must be received within 72 hours of Accidental Injury. Limited to one benefit per Insured Person, per Accidental Injury):*

Lacerations not requiring sutures by a Physician	\$35 per Insured Person, per Accidental Injury
Lacerations requiring sutures by a Physician:	
Single lacerations less than 7.5 cm.	\$65 per Insured Person, per Accidental Injury
Lacerations between 7.6 cm. and 12.5 cm.	\$250 per Insured Person, per Accidental Injury
Lacerations in excess of 12.6 cm.	\$500 per Insured Person, per Accidental Injury

Fracture Benefit *(Treatment must be received within 72 hours of Accidental Injury. Limited to one benefit per fracture type, per Insured Person, per Accidental Injury):*

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

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit (Continued):

<u>Brain Concussion Benefit</u> <i>(Treatment must be Received within 72 hours of Accidental Injury):</i>	\$50 per Insured Person, per Accidental Injury
<u>Emergency Dental Repairs Benefit</u> <i>(Treatment must be received within 72 hours of Accidental Injury. Limited to one benefit per Insured Person, per Accidental Injury):</i>	
Broken teeth repaired with crowns:	\$300 per Insured Person, per Accidental Injury
Broken teeth resulting in extractions:	\$100 per Insured Person, per Accidental Injury
<u>Coma Benefit</u> <i>(for duration of 7 or more days from date of Accidental Injury):</i>	\$12,500 per Insured Person, per Accidental Injury
<u>Paralysis Benefit</u> <i>(subject to 30 day Elimination Period):</i>	
Quadriplegia (four limbs)	\$12,500 per Insured Person
Paraplegia (lower limbs)	\$6,250 per Insured Person

Miscellaneous Surgery Procedures Benefit *(Must be performed within 12 months of the date of the Accidental Injury. Only one Surgery procedure payable per Insured Person, per day:*

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

FOLLOW-UP / RESTORATIVE

<u>Accidental Injury Follow-up Treatment Benefit</u> <i>(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury):</i>	\$35 per visit, per Insured Person, not to exceed 10 visits per Policy year
<u>Accidental Injury Follow-up Physical Therapy Benefit</u> <i>(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury):</i>	\$35 per visit, per Insured Person, not to exceed 10 visits per Policy year
<u>Hospital Rehabilitation Unit Benefit</u> <i>(not to exceed 30 days per Accidental Injury and 60 days per Policy Year):</i>	\$150 per Insured Person, per day

BENEFIT AMOUNT

FOLLOW-UP / RESTORATIVE (Continued):

Appliances Benefit *(Limited to one benefit per Insured Person, per Accidental Injury):* \$150 per Insured Person, per Accidental Injury

Prosthesis Benefit *(Limited to one benefit per Insured Person, per Accidental Injury):* \$750 per Insured Person, per Accidental Injury

Blood Plasma/Platelets Benefit *(Limited to one Benefit per Insured Person, per Accidental Injury):* \$200 per Insured Person, per Accidental Injury

ACCIDENTAL DEATH AND DISMEMBERMENT

Death Benefit *(Death must occur within 90 days of Accidental Injury):*

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

Common Carrier Death Benefit
*(Death must occur within 90 days of
Accidental Injury):*

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

Dismemberment Benefit *(Loss must occur
within 90 days of Accidental Injury):*

	<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

Emergency Ground/Water Ambulance Benefit
(Limited to one trip per Accidental Injury): \$250 per Insured Person

Emergency Air Ambulance Benefit
(Limited to one trip per Accidental Injury): \$2,500 per Insured Person

SUPPLEMENTAL DISABILITY INCOME PROTECTION

BENEFIT *(Total Disability must occur within 60 days
of Accidental Injury. Subject to 21 day Elimination
Period from date of diagnosis of Total Disability
before Benefits are payable):*

<u>You and/or Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
\$500 per month for up to 12 continuous months	No benefit payable

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

1. Sickness;
2. Any care not Medically Necessary (except as specifically provided herein) 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 that are not Medically Necessary;
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, 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.

5. RENEWAL CONDITIONS. The Policy is guaranteed renewable, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the age of an Insured Person. Premiums will not be increased more frequently than once during a 12-month period unless failure to increase the premium more than once during the 12-month period would place the Company in violation of the laws of the State of Montana or cause financial impairment of the Company to the extent that further transaction of insurance by the Company injures or is hazardous to its policyholders or the public.

6. PREMIUMS. We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given You written notice of at least 45 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person. Premiums will not be increased more frequently than once during a 12-month period unless failure to increase the premium more than once during the 12-month period would place the Company in violation of the laws of the State of Montana or cause financial impairment of the Company to the extent that further transaction of insurance by the Company injures or is hazardous to its policyholders or the public.

Premiums - based on the mode of payment, checked below, the initial premiums are as follows:

- Monthly (Bank Draft) Quarterly Annually

Policy CH-26110-IP (06/09) H MT - described above:	\$ _____
RIDERS (if any)	\$ _____
	\$ _____
TOTAL	\$ _____

The state of Montana has required Us to advise You that there have been no premium increases or decreases for comparable policies issued by the insurer during the preceding 5 years.

About SureBridge

SureBridge is one of the leading brands of supplemental insurance coverage in the United States, helping to provide financial security for Americans of all ages and their families. Our comprehensive portfolio of products is available from licensed insurance agents in 46 states and the District of Columbia and are available through HealthMarkets Insurance Agency, as well as through other unaffiliated insurance distributors. SureBridge policyholders can receive direct cash benefits for expenses caused by unexpected medical issues, sustained illnesses and end of life challenges.

The SureBridge portfolio includes dental, vision, and other insurance plans that complement an individual's health insurance. These plans help provide an additional layer of protection in the event of accidental injury, catastrophic illness, hospitalization or cancer.

For more information on SureBridge's supplemental insurance products, please visit

SureBridgeInsurance.com

SureBridgeInsurance.com
800-815-8535

Weekdays, 8am to 5pm in all time zones



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