



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 2010.¹

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
- Affordable premiums that do not increase as you get older with coverage **starting at \$11 per month** for the low plan²


Cash benefits paid directly to you. Apply today!

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 30 year old female, non-tobacco individual

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ProtectFit Plus

Make sure you are protected with other popular SureBridge products:

-  Simplified Issue Term Life
-  Dental
-  Vision

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 at hospital emergency room or urgent care center 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:		
– Quadriplegia (4 limbs)	\$6,250	\$12,500
– Paraplegia (lower limbs)	\$3,125	\$6,250
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.

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Lump Sum Accidental Injury Benefit (continued)	Low Plan	High Plan
Skin Grafts¹: Maximum for all skin grafts combined	50% of lump-sum burn benefit paid	
Fracture²: 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
Dislocation²: 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
Prosthesis³	\$375	\$750
Blood Plasma / Platelets³	\$100	\$200
Appliances³	\$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 Therapy⁵	\$25 per visit ⁶	\$35 per visit ⁷
OR		
Accidental Injury Follow-Up Treatment⁵	\$25 per visit ⁶	\$35 per visit ⁷
Transportation Benefit³	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

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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)
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

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

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. An Accidental Injury Only Insurance Policy Form CH-26110-IP (06/09) OK. | The information contained herein is accurate at the time of print. 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:

- **Accidental Injury** means accidental bodily injury, sustained by the insured person which are the direct cause of loss, independent of sickness or bodily infirmity or any other cause 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 | 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 | On the date an insured person is no longer a permanent resident of the United States | On the date you reach age 65 | Your dependent's coverage will terminate at the end of the month following the date such dependent ceases to be an eligible dependent. Premium will only be refunded for any full months paid beyond the termination date.

THE CHESAPEAKE LIFE INSURANCE COMPANY®

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: 9151 Boulevard 26

North Richland Hills, Texas 76180

Customer Service: 1-800-815-8535

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

- 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**.

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

- 2. ACCIDENTAL INJURY ONLY COVERAGE – THE POLICY DOES NOT PROVIDE BENEFITS FOR LOSS FROM SICKNESS.** 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.
- 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 Exclusions and Limitations shown below, and all other provisions of the Policy.

- **INPATIENT HOSPITAL CONFINEMENT BENEFIT**
- **OUTPATIENT EMERGENCY/DIAGNOSTIC**
- **LUMP-SUM ACCIDENTAL INJURY BENEFIT:**
 - Dislocation Benefit
 - Burn Benefit
 - Skin Grafts Benefit
 - Eye Injury Benefit
 - Laceration Benefit
 - Fractures Benefit
 - Brain Concussion Benefit
 - Emergency Dental Repairs Benefit
 - Coma Benefit
 - Paralysis Benefit
 - Miscellaneous Surgery Procedures Benefit
- **FOLLOW-UP / RESTORATIVE:**
 - Accidental Injury Follow-up Treatment Benefit
 - Accidental Injury Follow-up Physical Therapy Benefit
 - Hospital Rehabilitation Unit Benefit
 - Appliance Benefit
 - Prosthesis Benefit
 - Blood Plasma/Platelets Benefit
- **ACCIDENTAL DEATH AND DISMEMBERMENT:**
 - Death Benefit
 - Common Carrier Death Benefit
 - Dismemberment Benefit

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- **TRANSPORTATION:**
 - Emergency Ground/Water Ambulance Benefit
 - Emergency Air Ambulance Benefit
- **SUPPLEMENTAL DISABILITY INCOME PROTECTION BENEFIT, IF APPLICABLE**

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

1. Sickness, including but not limited to pregnancy and childbirth, except for complications of pregnancy;
2. Any care not Medically Necessary (except as specifically provided in the Policy) 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, when serving in the military or an auxiliary unit thereto;
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. Drug addiction or alcoholism;
12. Being under the influence of any narcotics, unless taken as prescribed by a Physician;
13. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
14. Committing or trying to commit a felony; and
15. Travel in or 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 to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis.

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 31 days prior to the effective date of the new rates. Such change will be on a Class Basis.

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