



## 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
- Affordable premiums that do not increase as you get older with coverage **starting at \$11 per month** for the low plan<sup>2</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> 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	Low Plan	High Plan
Confinement must begin within 30 days of accidental injury		
<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

Outpatient Emergency / Diagnostic Benefit	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<sup>1</sup>:</b> CT Scan, MRI, EEG at hospital emergency room or urgent care facility	\$100	\$200

Lump Sum Accidental Injury Benefit	Low Plan	High Plan
<b>Coma:</b> For duration of seven or more days from date of accidental injury	\$6,250	\$12,500
<b>Paralysis:</b> Subject to 30 day elimination period		
– Quadriplegia (four limbs)	\$6,250	\$12,500
– Paraplegia (lower limbs)	\$3,125	\$6,250
<b>Miscellaneous Surgery Procedures<sup>4,5</sup>:</b> Limited to one 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>4,5</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 one 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 two 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>10</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 five 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)
	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)

<sup>1</sup> 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) VA | 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 (See Policy for Other Important Definitions):

- **Accidental Injury** means accidental bodily injury sustained by the insured person which are the direct result of an accident, independent of disease or bodily infirmity or any other cause, and which occur while the insurance is in force.
- **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.

### EXCLUSIONS AND LIMITATIONS

#### We will not provide benefits for loss caused by, resulting from, or in connection with:

Sickness, including but not limited to pregnancy and childbirth | Any care not medically necessary or benefits which are not specifically provided for in the Policy | Hospital confinement for childbirth, including routine or normal newborn child care or unless otherwise stated in the Policy | Any act of war, declared or undeclared ("war" does not include terrorism) | Participation in a riot, civil commotion or insurrection | Suicide, attempted suicide, or any intentionally self-inflicted injury while sane or insane | Mental or emotional disorders | Having cosmetic surgery or other elective procedures that are not medically necessary | Alcoholism and drug addiction | Directly or indirectly engaging in an illegal occupation or illegal activity | Committing or trying to commit a felony | Aviation, 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

## PROTECTFIT PLUS: OTHER IMPORTANT INFORMATION (continued)

### 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:** The Policy is guaranteed renewable at the sole option of the insured, or to age 65, subject to the Company's right to discontinue or terminate the coverage as provided.
- **PREMIUM CHANGES:** Chesapeake reserves 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, Chesapeake has 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. The premium for the Policy is based on the issue age of the insured person at the time in which the Policy becomes effective.
- **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 not been paid (subject to the grace period) | On the date you reach age 65 | Effective upon our receipt of your request of termination or on such later date as may be specified in the notice. The unearned portion of any premium paid will be refunded promptly. The earned premium shall be computed pro rata. | On the date of fraudulent misstatements in the application by you | On the date we elect to discontinue this plan or type of coverage | On the date we elect to discontinue all coverage in your state, or | On the date an insured person is no longer a permanent resident of the United States. The unearned portion of any premium paid will be refunded promptly. The earned premium shall be computed pro rata. Your covered dependent's coverage will terminate under the Policy: | At the end of the month for which premium has not been paid (subject to the grace period) | At the end of the month following the date such dependent ceases to be an eligible dependent | Upon our receipt of your request of termination or on such later date as may be specified in the notice, or | On the date of fraudulent misstatement in the application by you or the covered dependent.

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

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**SureBridgeInsurance.com**

**800-815-8535**

Weekdays, 8am to 5pm in all time zones

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