



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 365 days of accidental injury

Low Plan

High Plan

One-Time Lump-Sum Hospital Confinement¹

\$500

\$1,000

Daily Hospital Confinement:

\$150 per day

\$300 per day

Limited to 365 days per accidental injury.

Paid in lieu of and not in addition to Rehabilitation unit benefit

One-Time Lump-Sum Intensive Care Hospital Confinement¹

\$1,000

\$2,000

Daily Intensive Care Hospital Confinement:

\$250 per day

\$500 per day

Limited to 15 days per accidental injury

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 facility¹

\$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

Miscellaneous Surgery Procedures⁴: 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

2nd Degree / 3rd 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 365 days | ³ Limited to one benefit per accidental injury | ⁴ Benefit maximum applies to each type of surgery.

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Lump Sum Accidental Injury Benefit¹ (continued)	Low Plan	High Plan
Skin Grafts: Maximum for all skin grafts combined	50% of lump-sum burn benefit paid	
Fracture: 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: 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
Laceration²: 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 Repairs²:		
– Broken teeth repaired with crown	\$150	\$300
– Broken teeth resulting in extraction	\$50	\$100
Follow-up / Restorative Benefit¹	Low Plan	High Plan
Prosthesis²	\$375	\$750
Blood Plasma / Platelets²	\$100	\$200
Appliances²	\$100	\$150
Hospital Rehabilitation Unit: Limited to 30 days per accidental injury and 60 days per policy year ³	\$75 per day	\$150 per day
Accidental Injury Follow-Up Physical Therapy⁴	\$25 per visit ⁵	\$35 per visit ⁶
OR		
Accidental Injury Follow-Up Treatment⁴	\$25 per visit ⁵	\$35 per visit ⁶
Transportation Benefit²	Low Plan	High Plan
Emergency Air Ambulance	\$1,250	\$2,500
Emergency Ground/Water Ambulance	\$125	\$250

¹ Treatment must be received within 365 days of accidental injury | ² Limited to one benefit per accidental injury | ³ Paid in lieu of daily hospital confinement per date of service. | ⁴ Must follow hospital emergency room or urgent care center and begin within 365 days of initial onset of accidental injury | ⁵ Up to 5 visits per Policy year | ⁶ Up to 10 visits per Policy year

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Accidental Death and Dismemberment Benefit

Death or loss must occur within 365 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

CH-26110-IP (06/09) WA



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)

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) WA. | 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 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.
- **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 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.

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.
- **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 | On the date we elect to discontinue 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 | On the date any Continuation of Coverage Credit expires (if applicable) and you fail to re-establish premium payment. | Your covered dependent's coverage will terminate under the Policy on: The date your coverage terminates | At the end of the month following the date such dependent ceases to be an eligible dependent | At the end of the month following the date of our receipt of your request of termination | On the date the covered dependent a) performs an act or practice that constitutes fraud or b) has made an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy. 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: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-815-8535

ACCIDENTAL INJURY ONLY INSURANCE POLICY DISCLOSURE FOR FORM CH-26110-IP (06/09) WA

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to You in the future. The Washington State Insurance Commissioner requires that We give You the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most Hospital or other medical services.

This disclosure document provides a very brief description of the important features of the coverage You are considering. It is not an insurance contract and only the actual Policy provisions will control. The Policy itself will include in detail the rights and obligations of both You and The Chesapeake Life Insurance Company.

This coverage is designed to pay You a fixed dollar amount, regardless of the amount that Your Provider charges. Payments are not based on a percentage of Your Provider's charge and are paid in addition to any other health plan coverage You may have.

CAUTION: If You are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), before You purchase the Policy You should check with Your tax advisor to be sure that You will continue to be eligible to contribute to the HSA if You purchase this coverage.

- 1. READ YOUR POLICY CAREFULLY!** This disclosure 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. 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. Please refer to the Schedule of Benefits on the last page of this Disclosure for the specified benefit amounts.
- 3. BENEFITS.** The Policy provides the lump sum indemnity Benefit Amount for the following benefits. All benefits are subject to specified Benefit Amounts, any benefit limitations, the Elimination Periods, if any, 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
- **TRANSPORTATION:**
 - Emergency Ground/Water Ambulance Benefit
 - Emergency Air Ambulance Benefit

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;
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;
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, directly or indirectly, except that treatment of an injury solely because of the injury was sustained as a consequence of the Insured Person's being intoxicated or under the influence of a narcotic is not excluded;
14. Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;
15. Committing or trying to commit a felony; and
16. 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 not guaranteed renewable; however, it is 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.

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.

SCHEDULE OF BENEFITS

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 365 days of Accidental Injury)

One-time Lump-sum Hospital

Confinement Benefit:

(limited to one benefit, per Policy Year)

Low \$500 / High \$1,000 per Insured Person

Daily Hospital Confinement Benefit

(not to exceed 365 days per Accidental Injury):

Low \$150 / High \$300 per Insured Person, per day

One-time Lump sum Intensive Care Hospital

Confinement Benefit:

(limited to one benefit, per Policy Year)

Low \$1,000 / High \$2,000 per Insured Person

Daily Intensive Care Hospital Confinement Benefit

(not to exceed 15 days per Accidental Injury):

Low \$250 / High \$500 per Insured Person, per day

OUTPATIENT EMERGENCY/DIAGNOSTIC

Accidental Injury Emergency Treatment Benefit

(Treatment must be received

within 365 days of Accidental Injury):

You and/or Your Covered Dependent Spouse:

Low \$100 / High \$150 per Insured Person, per Accidental Injury

Your Covered Dependent Child(ren):

Low \$50 / High \$100 per Insured Person, per Accidental Injury

Major Diagnostic Exam Benefit:

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

Low \$100 / High \$200 per Insured Person

SCHEDULE OF BENEFITS (Continued)

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit:

Dislocation Benefit *(Treatment must be received within 365 days of Accidental Injury. Limited to 2 dislocation benefits per Insured Person, per Accidental Injury):*

Hip	Low \$750 / High \$1,500 per Insured Person, per Accidental Injury
Knee or Shoulder	Low \$250 / High \$500 per Insured Person, per Accidental Injury
Collar Bone	Low \$250 / High \$500 per Insured Person, per Accidental Injury
Lower Jaw	Low \$200 / High \$400 per Insured Person, per Accidental Injury
Wrist or Elbow	Low \$175 / High \$350 per Insured Person, per Accidental Injury
Toe or Finger	Low \$50 / High \$100 per Insured Person, per Accidental Injury

Burn Benefit *(Treatment must be received within 365 days of Accidental Injury. Limited to one burn benefit per Insured person, per Accidental Injury):*

	<u>Second Degree</u> <u>Low / High</u>	<u>Third Degree</u> <u>Low / High</u>
Less than 10% of the body surface	\$35 / \$75 per Insured Person, per Accidental Injury	\$75 / \$175 per Insured Person, per Accidental Injury
Between 10% and 29% of the body surface	\$65 / \$125 per Insured Person, per Accidental Injury	\$125 / \$250 per Insured Person, per Accidental Injury
Between 30% and 39% of the body surface	\$125 / \$250 per Insured Person, per Accidental Injury	\$325 / \$625 per Insured Person, per Accidental Injury
Between 40% and 59% of the body surface	\$250 / \$500 per Insured Person, per Accidental Injury	\$625 / \$1,250 per Insured Person, per Accidental Injury
Between 60% and 79% of the body surface	\$375 / \$750 per Insured Person, per Accidental Injury	\$1,875 / \$3,750 per Insured Person, per Accidental Injury
Between 80% and 89% of the body surface	\$500 / \$1,000 per Insured Person, per Accidental Injury	\$4,375 / \$8,750 per Insured Person, per Accidental Injury
90% and over of the body surface	\$625 / \$1,250 per Insured Person, per Accidental Injury	\$6,250 / \$12,500 per Insured Person, per Accidental Injury

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

SCHEDULE OF BENEFITS (Continued)

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit (Continued):

Eye Injury Benefit *(Treatment must be received within 365 days of Accidental Injury. Limited to one benefit per Insured Person, per Accidental Injury):*

Surgical repair	Low \$125 / High \$250 per Insured Person, per Accidental Injury
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Removal of a foreign body	Low \$35 / High \$65 per Insured Person, per Accidental Injury
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Laceration Benefit

(Treatment must be received within 365 days of Accidental Injury. Limited to one benefit per Insured Person, per Accidental Injury):

Lacerations not requiring sutures by a Physician	Low \$25 / High \$35 per Insured Person, per Accidental Injury
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Lacerations requiring sutures by a Physician: Single lacerations less than 7.5 cm.	Low \$35 / High \$65 per Insured Person, per Accidental Injury
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Lacerations between 7.6 cm. and 12.5 cm.	Low \$125 / High \$250 per Insured Person, per Accidental Injury
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Lacerations in excess of 12.6 cm.	Low \$250 / High \$500 per Insured Person, per Accidental Injury
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Fracture Benefit *(Treatment must be received within 365 days of Accidental Injury. Limited to one benefit per fracture type, per Insured Person, per Accidental Injury):*

	Low / High
Hip	\$875 / \$1,750 per Insured Person, per Accidental Injury
Leg	\$450 / \$875 per Insured Person, per Accidental Injury
Hand (excluding fingers)	\$250 / \$475 per Insured Person, per Accidental Injury
Foot (excluding toes/heel)	\$250 / \$475 per Insured Person, per Accidental Injury
Wrist, elbow, ankle or kneecap	\$250 / \$475 per Insured Person, per Accidental Injury
Shoulder blade or forearm	\$250 / \$475 per Insured Person, per Accidental Injury
Lower jaw	\$250 / \$475 per Insured Person, per Accidental Injury
Vertebrae (body of), pelvis, or sternum	\$450 / \$875 per Insured Person, per Accidental Injury
Upper jaw, upper arm, or face (excluding nose)	\$250 / \$500 per Insured Person, per Accidental Injury
Rib	\$250 / \$500 per Insured Person, per Accidental Injury
Nose, heel, or finger	\$175 / \$350 per Insured Person, per Accidental Injury
Coccyx	\$100 / \$175 per Insured Person, per Accidental Injury
Toe	\$100 / \$175 per Insured Person, per Accidental Injury
Vertebral processes	\$175 / \$350 per Insured Person, per Accidental Injury
Skull	
Depressed	\$875 / \$1,750 per Insured Person, per Accidental Injury
Simple	\$300 / \$600 per Insured Person, per Accidental Injury

SCHEDULE OF BENEFITS (Continued)

BENEFIT AMOUNT

Lump-Sum Accidental Injury Benefit (Continued):

Low / High

Brain Concussion Benefit *(Treatment must be Received within 365 days of Accidental Injury):*

\$25 / \$50 per Insured Person, per Accidental Injury

Emergency Dental Repairs Benefit

(Treatment must be received within 365 days of Accidental Injury. Limited to one benefit per Insured Person, per Accidental Injury):

Broken teeth repaired with crowns:

\$150 / \$300 per Insured Person, per Accidental Injury

Broken teeth resulting in extractions:

\$50 / \$100 per Insured Person, per Accidental Injury

Coma Benefit *(for duration of 7 or more days from date of Accidental Injury):*

\$6,250 / \$12,500 per Insured Person, per Accidental Injury

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

Quadriplegia (four limbs)

\$6,250 / \$12,500 per Insured Person

Paraplegia (lower limbs)

\$3,125 / \$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

\$325 / \$625 per Insured Person, per Accidental Injury

Repair of torn rotator cuffs

\$325 / \$625 per Insured Person, per Accidental Injury

Repair of ruptured discs

\$325 / \$625 per Insured Person, per Accidental Injury

Repair of torn knee cartilages

\$325 / \$625 per Insured Person, per Accidental Injury

Arthroscopy without Surgery repair

\$325 / \$625 per Insured Person, per Accidental Injury

Open abdominal (including exploratory

Laparotomy), cranial, hernia or thoracic Surgery:

\$625 / \$1,250 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 365 days of initial onset of Accidental Injury):

\$25 / \$35 per visit, per Insured Person,
not to exceed Low 5 / High 10 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 365 days of initial onset of Accidental Injury):

\$25 / \$35 per visit, per Insured Person,
not to exceed Low 5 / High 10 visits per Policy year

Hospital Rehabilitation Unit Benefit

(not to exceed 30 days per Accidental Injury and 60 days per Policy Year):

\$75 / \$150 per Insured Person, per day

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SCHEDULE OF BENEFITS (Continued)

BENEFIT AMOUNT

FOLLOW-UP / RESTORATIVE (Continued):

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

Low / High

\$100 / \$150 per Insured Person, per Accidental Injury

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

\$375 / \$750 per Insured Person, per Accidental Injury

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

\$100 / \$200 per Insured Person, per Accidental Injury

ACCIDENTAL DEATH AND DISMEMBERMENT

Death Benefit *(Death must occur within 365 days of Accidental Injury):*

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
\$25,000 / \$50,000	\$25,000 / \$50,000	\$7,500 / \$15,000

Common Carrier Death Benefit
(Death must occur within 365 days of Accidental Injury):

<u>You</u>	<u>Your Covered Dependent Spouse</u>	<u>Your Covered Dependent Child(ren)</u>
\$75,000 / \$150,000	\$75,000 / \$150,000	\$12,500 / \$25,000

Dismemberment Benefit *(Loss must occur within 365 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 / \$50,000	\$25,000 / \$50,000	\$7,500 / \$15,000
2 eyes, feet, hands, arms or legs	\$25,000 / \$50,000	\$25,000 / \$50,000	\$7,500 / \$15,000
One eye, foot, hand, arm or leg	\$6,250 / \$12,500	\$6,250 / \$12,500	\$1,750 / \$3,500
One or more fingers and/or toes	\$1,500 / \$3,000	\$1,500 / \$3,000	\$500 / \$1,000

TRANSPORTATION

Emergency Ground/Water Ambulance Benefit
(Limited to one trip per Accidental Injury):

\$125 / 250 per Insured Person

Emergency Air Ambulance Benefit
(Limited to one trip per Accidental Injury):

\$1,250 / 2,500 per Insured Person

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Navigate life's twists and turns with the SureBridge portfolio of supplemental and life insurance products.



Dental



Vision



Accident Direct



Income Protection Direct



Accident Disability Direct



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Critical Illness Direct



Hospital Confinement Direct



Critical Accident Direct



ProtectFit Plus



Accident Companion



Final Expense



Simplified Issue Term Life

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

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800-815-8535

Weekdays, 8am to 5pm in all time zones

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