

Plan-at-a-Glance

Hospital Indemnity – INDIVIDUAL

Affordable insurance to assist in your recovery

Your medical plan provides benefits to help with medical costs resulting from an inpatient hospitalization or treatment in an observation unit. Once you leave the hospital, you shouldn't have to worry about financial setbacks that you didn't expect during your recovery. Things like medical deductibles and copayments, plus the cost for help with transportation, meals, child care, or even housekeeping can all add up. Hospital Indemnity Insurance provides cash benefits based on your time in the hospital, regardless of any other insurance you have.

Pair it with your medical plan to extend your protection and help with unexpected costs so you can focus on recovery.

Standard Features

Eligible Issue Ages: 18 through 85. This policy is guaranteed renewable for life.

- For applicants ages 64.5 through 66 - no medical questions or build chart
- All other ages - simplified underwriting

◆ STEP 1

Daily Benefit Amount* Choose an amount between **\$100** and **\$900**, in \$10 increments.

◆ STEP 2

Hospital Confinement* Choose **3, 6, 10** or **21 days**
Days reset once out of the hospital 60 days in a row

The Daily Benefit Amount represents the cash benefit payable to you for each day you are confined to a hospital as an inpatient, up to the number of days you select. The Daily Benefit Amount is per covered family member.

** Does not apply to hospital stays resulting from a mental or nervous disorder. See Mental Health Indemnity Benefit below. (In VT: These hospital stays are covered under Hospital Confinement Indemnity Benefit).*

Hospital Confinement Indemnity Benefit:

If you are admitted to a hospital as an inpatient, we will pay you a cash benefit equal to your Daily Benefit Amount for each day of your hospital stay, up to the number of days you select. Multiple hospital stays will accumulate toward your day count. Once you have been out of the hospital for 60 days in a row, your available number of days resets to the number you selected. (In NH, TX, UT & WA: If you exhaust your number of hospital days selected, an additional cash benefit will be provided - up to a maximum of 31 days per period of confinement. In TX & WA: \$15 per day; In NH & UT: \$50 per day)

HOW IT WORKS:

Sam selects a Daily Benefit Amount of **\$500 and 10 days** per period of confinement. He is later hospitalized for 4 days after back surgery. Upon discharge, Sam's benefit payout will be **\$2,000**. Sam has 6 days remaining in this period of confinement, which will end once he has been out of the hospital for 60 days in a row.

Daily Benefit Amount	X	# Days in Hospital	=	Sam's Benefit Payout
\$500		4 Days		\$2,000

Hospital Observation Benefit:

If you receive treatment in an observation unit, we will pay a cash benefit equal to your Daily Benefit Amount, **up to 6 days per calendar year**. On Jan 1 of each year, this benefit resets to 6 days. Observation days count toward your Hospital Confinement days.

HOW IT WORKS:

A month later while walking through the woods, Sam experiences a severe allergic reaction to a plant and is treated in the observation unit of a nearby hospital for several hours, from mid-morning until 1 a.m the following day. Sam's benefit payout will be **\$500**. He has 5 observation benefit days remaining for this calendar year, and 5 inpatient hospital days remaining in this period of confinement.

Mental Health Indemnity Benefit:

If you are admitted to a hospital as an inpatient as the result of a mental or nervous disorder, we will pay a daily cash benefit of **\$150 for up to 7 days per calendar year**.

Optional Benefit Riders

LifeSecure Hospital Indemnity Insurance

Optional Benefit riders offer additional protection against other expenses you might face. You may add one or more of the benefits listed below to your Hospital Indemnity Insurance policy for an additional premium. Benefit payouts are available per covered family member.

Lump Sum Hospital Admission**:

You choose a **\$500 or \$1,000 Benefit Payout**
(one per calendar year)

**Benefit pays in addition to the Hospital Confinement Indemnity Benefit.

Outpatient Surgery†:

You choose a **\$500 or \$1,000 Benefit Payout**
(one per calendar year)

† In CT & MA: Not available

Emergency Room & Ambulance Benefit:

Emergency Room Visit (up to two days per calendar year):
\$150 Benefit Payout per day

Ambulance Services (one per calendar year):

- Ground transportation: **\$150 Benefit Payout**; or
- Air transportation: **\$500 Benefit Payout**

Outpatient Major Diagnostic Exam Benefit††:

\$500 Benefit Payout for a major diagnostic exam
(one per calendar year):

- Computerized Tomography (CT); or
- Magnetic Resonance Imaging (MRI); or
- Electroencephalogram (EEG)

†† In CT, KS & MA: Not available

Rehabilitation or Skilled Nursing Facility Benefit Riders:

You may elect one or both riders listed in the chart. Benefit payouts are for each day in a facility, when confinement begins within 30 days of a qualified hospital stay. Days reset once you have been out of a facility for 60 days in a row.

Rehab/SNF Day Options:	Benefit Payout Options:
Days 1 – 20	\$100 or \$200 (per day)
Days 21 – 100	\$100 or \$200 (per day)

Limitations or Conditions on Eligibility for Benefits***

Pre-Existing Condition Limitation: Care or treatment caused by a Pre-Existing Condition that occurred within 12 months prior to the policy effective date will not be covered unless it begins more than 6 months after the Policy effective date. If coverage for a Spouse or Dependent Child is added to this Policy after the Policy Effective Date, a Pre-Existing Condition for that person will not be covered unless care or treatment begins more than 6 months after the Coverage Change Effective Date. (In KS & WY: Care or treatment caused by a Pre-Existing Condition that occurred within 6 months prior to the policy effective date will not be covered unless it begins more than 6 months after the Policy effective date; In NC: Pre-existing condition limitation not applicable to policyholders age 65 or older).

Exclusions: We will not pay benefits for Injuries received in accidents or for Sicknesses which are caused, directly or indirectly by, or a result of: operating, learning to operate, or serving as a crew member of any aircraft; or engaging in hang gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or any similar activities; or riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or an illness, treatment or medical condition that is due to war or act of war which is not an act of terrorism, whether declared or undeclared, while serving in the armed forces or any auxiliary unit; or voluntarily participating in or attempting to participate in an illegal activity that is classified as a felony, whether charged or not (the term felony is as defined by the law of the jurisdiction in which the activity takes place); or dental treatment or plastic surgery for cosmetic purposes (this exclusion does not apply if the treatment or surgery is (a) due to an Injury; or (b) to restore normal bodily functions); or elective surgery that is not medically necessary; or an illness, treatment or medical condition that results from an attempt at suicide, while sane or insane, or an intentionally self-inflicted injury or being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered on the advice and instructions of a physician or other medical professional.

No benefits will be payable under this Policy for treatment of: alcoholism or drug addiction or their complications; a normal pregnancy, except for any Complication of Pregnancy (In KS & MT: Normal pregnancy not excluded); or care or services provided outside the United States of America, its territories or possessions, or Canada (In VT: No benefits will be payable under the Policy for treatment, care or services provided outside the USA, its territories or possessions, or Canada).

LifeSecure reserves the right to reduce any benefits payable under this coverage up to the amount of benefits you received that were not contractually due.

*** The Limitations or Conditions on Eligibility for Benefits shown above may vary by state. The actual Limitations or Conditions on Eligibility for Benefits applicable to your policy will depend on the state in which your coverage is issued.

THIS IS A LIMITED BENEFIT POLICY.

For more information, contact your agent or visit us at YourLifeSecure.com

Underwritten by **LifeSecure Insurance Company - New Hudson, MI**. Benefits and exclusions may vary by state. Refer to the Outline of Coverage. Please remember only the insurance policy can give actual coverage amounts, terms, conditions, exclusions and limitations. This is an insurance solicitation. An agent may contact you. Product may not be available in all states. LifeSecure and the logo are trademarks of LifeSecure Insurance Company.