



| The Flexible Benefit |

A LifeSecure long term care insurance policy is already designed to provide benefits for a wide range of licensed services, such as care received in a nursing home, assisted living facility, adult day care center, hospice care facility, through a home care agency, or by an independent provider or at-home hospice care provider.

What is the Flexible Benefit?

The **Flexible Benefit** is designed to provide even greater flexibility in the types of care, services and products available to you – beyond those defined as covered expenses.

The Flexible Benefit is included as a **standard feature** in every LifeSecure long term care (LTC) insurance policy. This benefit may be used with or without simultaneous use of licensed care or formal support; even within the same benefit month. This type of flexibility may be especially helpful during the early weeks and months of a claim, when family members might be providing all the necessary care, or when certain home modifications may be necessary.

How is the Flexible Benefit used?

With the Flexible Benefit, up to 50% of the unused* Monthly Benefit will be available to you, based on your Plan of Care for:

- **Care provided by family members** – even immediate family members living in the same household, including your spouse (Note: the definition of spouse includes domestic partner);
- Care provided by friends, neighbors or other informal support networks
- Training for an informal caregiver
- Home modifications, such as a wheelchair ramp or grab bars
- Care-related products or personal supplies, such as a lift chair or hospital bed
- Durable medical equipment or other home medical technology

Both formal (licensed) care and informal care are allowed in your home during the same month.

Our goal is to help families manage LTC expenses with flexibility in how the LTC insurance benefits are used.

* *“Unused” refers to benefits not reimbursed for qualified and defined covered expenses.*

How is the value of informal care determined?

Benefit amounts payable under the Flexible Benefit for care provided by a family member or other informal care provider are determined based on “usual and customary” charges in the geographic region where care is received.

To obtain a quote or more information,

Contact your agent or visit us at YourLifeSecure.com

[See next page for Examples and Benefit Payout Scenarios.](#)

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Care Example 1

Ben, a 72 year-old policyholder, requires assistance with bathing and dressing due to a chronic illness (as certified by his physician). His wife, Natalie, has decided to reduce her hours at work from full-time to part-time to provide her husband with the necessary assistance each day. Ben’s long term care insurance policy provides a Monthly Benefit of \$5,000. He may request up to **50% of the full Monthly Benefit** to cover the types of care, services and products allowed through the Flexible Benefit, since he does not currently utilize any licensed care. Under the Flexible Benefit, benefits up to \$2,500/month may be paid for care provided by Natalie to assist her husband with his “activities of daily living” in their home.

The benefit may also be used to provide Natalie with caregiver training – or for home modifications, such as installing grab bars in the bathroom.

Example 1 No Licensed Care Provided	Monthly Benefit		Licensed Care Expenses (Covered Expenses)				Flexible Benefit
	\$5,000	-	\$0	=	\$5,000 x 50%	=	\$2,500

Care Example 2

A home health aide from a home care agency is providing 24 hours of care per week for Ben. His wife, Natalie, cares for him during the other times. The agency services are reimbursed at \$2,000/month. Under the Flexible Benefit, benefits up to **\$1,500/month** may be paid for the time Natalie spends assisting Ben with his “activities of daily living” in their home.

Example 2 Licensed Care Provided	Monthly Benefit		Licensed Care Expenses (Covered Expenses)				Flexible Benefit
	\$5,000	-	\$2,000	=	\$3,000 x 50%	=	\$1,500

Benefit Payout Scenarios

SCENARIO		PAYOUT
Policyholder incurs expenses for informal care/services and qualified products in a given month. No licensed LTC services are provided.	➔	Under the Flexible Benefit, the policyholder may be reimbursed for qualified expenses, up to 50% of the Monthly Benefit.
Policyholder incurs expenses for a combination of licensed LTC services, informal care/services and qualified products in a given month. Expenses for licensed care are less than the Monthly Benefit .	➔	The policyholder is reimbursed for all qualified licensed services, up to the Monthly Benefit. Other qualified expenses are covered under the Flexible Benefit, up to 50% of the remaining Monthly Benefit.
Policyholder uses a combination of licensed LTC services, informal care/services and qualified products in a given month. Expenses for licensed care exceed the Monthly Benefit .	➔	Policyholder is reimbursed for the qualified licensed services, up to the Monthly Benefit. Informal care/services and qualified products are not covered, because the full Monthly Benefit has been depleted by licensed care reimbursement.

Note: Unused Monthly Benefit amounts do not roll over or accumulate month to month; however, all unused benefit amounts will remain in the overall Benefit Bank balance.

All benefits are subject to the Eligibility Requirements of the policy. All benefits, including those received under the Flexible Benefit, must be provided pursuant to a written Plan of Care. The Flexible Benefit is not available in CA.