lifesecure™

LifeSecure Insurance Company







Creating a Better Insurance Experience

Product Portfolio

Accident • Critical Illness • Hospital Indemnity • Worksite LTCi

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Ancillary is the Answer

Ancillary health coverage has quickly become a staple in today's insurance market as a reliable solution that's helping families address real concerns.

Medical bills continue to be the leading cause of bankruptcy, and it's clear this is a top-of-mind concern for many households[1]. In fact, people are more worried about being able to afford an unexpected medical bill than any other household expense[2], and 4 in 10 people don't have the cash to pay for an emergency expense of $400[3].

Pairing ancillary products like Accident, Critical Illness and Hospital Indemnity insurance with a health plan helps extend protection to offset the financial impact of an unexpected health event. It can also be an affordable way to help cover deductibles and provide extra resources for anything that's needed during recovery.

Why LifeSecure?

LifeSecure is dedicated to being easy to work with and keeping things simple to create a better insurance experience. Here's what sets us apart.

Straightforward products – few decision points to create an easier experience, flexibility to appeal to a variety of customers, and key features that create a competitive advantage

Superior online capabilities – a faster, smarter sales process:

- Secure applications can be completed entirely online, from quoting to signing and delivery.
- Quote and apply for multiple products at the same time
- Fast application turnarounds in a matter of days, not weeks

A personal touch – we're never more than a call, click or tap of the keyboard away. And when you call, we pick up the phone.

24/7 access – personalized online portals where agents can manage their business and policyholders can manage their policies

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[1] Medical Bankruptcy: Still Common Despite the Affordable Care Act, American Journal of Public Health, March 2019.
[2] Kaiser Health Tracking Poll - Late Summer 2018: The Election, Pre-Existing Conditions, and Surprises on Medical Bills. Kaiser Family Foundation, 2018
[3] Report on the Economic Well-Being of U.S. Households in 2018, Board of Governors of the Federal Reserve System, Oct/Nov 2018

Who We Are

Since our founding, LifeSecure has been a fresh voice in a traditional industry. We've worked hard from day one to make insurance innovative, yet simple. We believe insurance should be easy to understand, effortless to buy and simple to use. As we like to say at LifeSecure, we can help you see insurance differently.

But we're about much more than insurance. Our mission is focused on providing meaningful solutions for our customers – whether it's helping an agent deliver first-rate service to their clients or empowering a family to protect their finances and secure a stronger tomorrow. We listen because we're here to help and we care because it's the right thing to do. We strive to be a good corporate citizen that's committed to strengthening our community. We give back in a number of ways and we empower our employees to do the same.

We're based in Michigan with staff located across the United States – not overseas – which means we're always a quick call away from wherever you call home.

Our Values Begin with Trust

We're a team of innovators, optimists, great listeners and problem solvers all dedicated to making a difference in the lives of our customers. This is reflected in our Corporate Values, which touch every part of our business and drive us to be a different kind of insurance company.

It starts with **Trust** – we work hard to earn it and even harder to keep it. We want you to trust that we are reliable, act ethically, manage our business responsibly, and we'll be there to help people through hard times.

Our values also include:

- **Making a difference** – providing value in others' lives and inspiring them to be their best
- **Optimism** – having a positive outlook and seeking an optimal outcome in the face of a challenge
- **Accessibility** – keeping things simple and offering help with a human touch
- **Innovation** – thinking differently and constantly seeking new and improved ways of doing things

Our Products

Individual Products

- **Accident** – pays cash benefits based on actual medical expenses for covered accidental injuries[4], regardless of any other insurance.
- **Critical Illness** – provides support when it's needed the most in the form of a lump-sum payment upon the diagnosis of a covered serious disease.
- **Hospital Indemnity** – pays a cash benefit following a qualified hospital stay to provide relief from unexpected expenses and help with recovery.

Worksite Product

- **Long Term Care** – provides benefits to support a range of personal care options, whether at home or in a facility when a higher level of care is needed.

On the following pages you'll find a quick-reference *Plan-at-a-Glance* summary and more information for each product. Please note that products and availability may vary by state. **Click here** for state-specific information or visit us at YourLifeSecure.com

[4] Accident benefit payout will be less any adjustments or discounts negotiated between a health insurance plan and providers for services received (in most states).

Plan-at-a-Glance

Personal Accident Insurance 3.0
with Accidental Death Benefit

Click or Scan QR code to view state-specific product and rate information.

Help protect your hard-earned wages and savings with Personal Accident Insurance.

Your medical plan provides benefits to help with medical costs if you suffer an accidental injury. In that unfortunate event, you shouldn't have to worry about unexpected financial setbacks resulting from the injury. Things like lost wages plus your out-of-pocket expenses and the cost for help with transportation, meals, child care, or even housekeeping can all add up. Personal Accident Insurance provides cash benefits regardless of any other insurance you have. By pairing it with your medical plan, you can extend your protection to help with those unexpected costs, so you can focus on healing.

Accident Medical Expense Benefits – Standard Features

Eligible Issue Ages: 18 through 74. This policy is guaranteed renewable to age 85.

Choose your Annual Benefit Bank: (any amount within the range shown below in **$100** increments).

Minimum = **$2,500**

Maximum = **$15,000 for individuals or $25,000 for couples/families**

Your Annual Benefit Bank represents the total dollar amount available to you or your family for covered services rendered each calendar year. On Jan. 1 of each year, your Annual Benefit Bank will restore to its full amount. You have the flexibility to choose a Benefit Bank that matches the expected out-of-pocket expenses of your medical plan.

Choose your Annual Deductible

- **$0**

  OR

- **$500** – Once the actual cost of your covered medical services exceeds $500, you'll start receiving cash benefits for the remaining expenses. Your individual deductible resets to $500 on Jan. 1 each year.

  If you select the **$500 individual deductible** and your spouse/partner and/or children are covered as dependents on your policy, the annual **family deductible is $1,000** and must be satisfied by two or more covered family members.

  Once the $1,000 family deductible is satisfied, benefits will be eligible for payment for all covered family members for the rest of the calendar year, up to your Annual Benefit Bank amount. Benefits may be paid for a covered family member before the full family deductible is satisfied.

Benefit Payout: If you receive care within one week of a covered accident, simply submit proof of claim for your actual medical and/or recovery expenses (**In CA:** within 30 days). While your medical coverage pays benefits directly to the provider, you can receive cash benefit payouts, minus your deductible (if any) from your Personal Accident Insurance policy. Your Personal Accident benefit payout will be less any adjustments or discounts negotiated between your health insurance plan and providers for services you received (**In CA:** not applicable).

Example – Individual Personal Accident Benefit Payout

Donna chose a Personal Accident Plan with an **Annual Benefit Bank of $10,000** and an **Annual Personal Accident Deductible of $500** to supplement her medical plan. She broke her collar bone while skiing with friends and required immediate medical attention, with reimbursable medical expenses totalling $8,800.

Reimbursable Expenses		Personal Accident Deductible		Donna's Personal Accident Benefit Payout
$8,800	–	$500	=	$8,300

Note: The example shown is for illustration purposes only.

Policy form series: LS-AC3-0003
Generation 3.0

What type of services does Personal Accident Insurance pay benefits for?

- ambulance (once per covered accident, per covered family member)
- initial services (received **within one week of covered accident** in a hospital, urgent care center or physician's office) **In CA:** within 30 days
- hospitalization, including intensive care unit (ICU)
- major diagnostic exams: CT, MRI, EEG, diagnostic X-ray (covered up to $750 per exam; one per covered accident*)
- tests and X-rays, other than diagnostic X-rays: (one test or one set of X-rays*)
- surgery (up to two per covered accident, per covered family member; performed within six months of covered accident)
- drugs (administered in a hospital, urgent care center or physician's office at time of initial care)
- prosthetic devices (must be received within one year of covered accident)
- physician follow-up services, including chiropractic (up to one visit per day, with a maximum of three visits per covered accident, within 30 days of covered accident)
- rehabilitative therapy: physical, occupational and speech therapy, or chiropractic services (one visit per day, with a maximum of 10 visits per covered accident, per covered family member; visits must begin within 90 days of covered accident and occur within six months of covered accident)
- durable medical equipment (rental or purchase of qualified equipment prescribed within 30 days of covered accident)

* *Per covered family member; within 30 days of covered accident.*

In CT only: *home health care (up to 80 visits per calendar year, per covered family member)*

***In IN & VT**: services covered within one year of accident*

Accidental Death Benefit

Following the loss of a loved one, families often face final expenses, medical bills and other unexpected costs. In the unfortunate event that an accidental injury results in the death of a covered family member, your Personal Accident Insurance policy will pay a lump sum cash benefit to provide additional financial support when it's needed the most.

	Accidental Death Benefit Payouts
For you	$10,000
For your spouse/partner	$10,000
For each dependent child	$5,000

*Note: Benefits pay if death occurs within 90 days of the covered accident (**In OR, UT & VA:** 180 days).*

Optional Benefit Rider *(**In GA, MD, MI & NC:** Sickness or Illness Lump Sum Hospital Admission rider is available.)*

Limitations or Conditions on Eligibility for Benefits***

Exclusions: Care must be provided within the United States, its territories or possessions or Canada to be considered eligible for benefits.

No benefits of this Policy are payable when the loss is contributed to or caused by: 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, or parasailing; 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 any act of war whether declared or undeclared; or voluntary participation in any riot or civil insurrection; or engaging in an illegal activity or occupation; or commission or attempt to commit an assault or felony; or suicide or attempted suicide, while sane or insane; or intentionally self-inflicted injury; or hernia of any kind; or being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered and used in accordance with the instructions of a Physician.

No benefits of this Policy are payable for: any illness, loss, or condition specifically excluded from the definition of Accidental Injury; or dental care or treatment unless caused by Accidental Injury to natural teeth; or treatment for a mental or nervous disorder or disease.

**** 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 an accident only policy and provides limited benefits and does not contain comprehensive adult wellness benefits as defined by law.

Help protect your hard-earned wages and savings with Personal Accident Insurance.

Your medical plan provides benefits to help with medical costs if you suffer an accidental injury. In that unfortunate event, you shouldn't have to worry about unexpected financial setbacks resulting from the injury. Things like lost wages plus your out-of-pocket medical expenses and the cost for help with transportation, meals, child care, or even housekeeping can all add up. Personal Accident Insurance provides cash benefits regardless of any other insurance you have. By pairing it with your medical plan, you can extend your protection to help with those unexpected costs, so you can focus on healing.



Accidents happen... have you heard?

- 1 out of 7 Americans each year seeks medical care due to injuries.[1]
- More than 90% of accidents are non-traffic related.[1]
- Falls are the leading cause of accidental injuries among Americans in almost every age group.[1]
- More than 2.6 million children under the age of 19 are treated in emergency departments each year for sports and recreation-related injuries.[2]

[1] *National Safety Council, Injury Facts, 2019*
[2] *Centers for Disease Control and Prevention, February 2019*

Personal Accident Insurance

Sample Monthly Premium (Unisex) Rates
$0 Deductible Premiums

Annual Benefit Bank	Self	Self + Spouse	Self + Child(ren)	Self + Family
$5,000	$29.36	$33.77	$39.46	$42.62
$10,000	$38.07	$47.73	$57.10	$65.66
$15,000	$43.77	$57.40	$71.31	$82.30
$20,000	N/A	$62.10	$81.10	$92.34
$25,000	N/A	$68.44	$93.69	$107.47

Note: Benefits, issue ages and premiums differ in certain states.

To review monthly premiums for different Benefit Bank amounts, visit YourLifeSecure.com and login to your secure portal to run quotes.

Coverage Comparison:

JOHN, age 40 — Bike accident

John bought LifeSecure's Accident Insurance because he wanted extra financial protection to complement his medical plan.

Later that year, John suffered a leg injury in a biking accident, which required a trip to the emergency room and surgery.

MARY, age 35 — Running injury

Mary didn't purchase accident coverage and relies only on her medical plan for health coverage.

After suffering a knee injury in a 5K race, Mary is treated in an emergency room and required surgery.

WITH Accident Insurance ($15,000 Benefit Bank)		WITHOUT Accident Insurance
$13,600 ER and hospital services, X-ray, surgery	Medical services covered by health insurance	**$13,600** ER and hospital services, X-ray, surgery
$9,100 Medical deductible and coinsurance	Patient's share of medical costs	**$9,100** Medical deductible and coinsurance
$1,500 Follow-up visits, co-pays, lost wages from missing work, child care	Accident-related out-of-pocket costs	**$1,500** Physical therapy, co-pays, lost wages from missing work, child care
$10,600	Total out-of-pocket expenses	**$10,600**
$13,600	**Accident insurance cash benefit payout** (with $0 Accident deductible)	**$0**

Plan-at-a-Glance

Critical Illness

Click or Scan QR code to view state-specific product and rate information. **In NJ:** Product differs significantly.

Supplement your medical coverage and help protect your family, lifestyle and finances.

Your medical plan offers health care coverage you and your family rely on. Now you can supplement your benefits beyond medical with Critical Illness insurance.

A major health event like a heart attack or cancer can quickly throw an average family into a financial crisis. While health insurance will help cover medical expenses, you may not be prepared for other financial setbacks that can occur when you're diagnosed with a critical illness. From lost income and medical deductibles to out-of-network office visits and uncovered treatments – these can all contribute to a financial hardship. Cash benefits from a Critical Illness insurance plan can help pay the expenses traditional health insurance doesn't cover, enabling you to focus on recovery.

Standard Features

Eligible Issue Ages: 18 through 70. This policy is guaranteed renewable to age 75. (**In CA:** Issue Ages 18 through 64)

Benefit Amount:
You choose an amount between **$5,000** and **$50,000**, in $5,000 increments.

The Benefit Amount represents the cash payout you may receive upon diagnosis of a Specified Disease, as shown below.

Coverage for the Whole Family
If you're including your **Spouse or Partner** on your application: his or her Benefit Amount must match yours.

Each **Dependent Child** is automatically covered with a $2,500 Benefit Amount – *at no additional cost* (**In NH:** $2,000 Benefit Amount).

What type of conditions does Critical Illness Insurance pay benefits for?

Specified Disease*	% of Benefit Amount payable upon first diagnosis
Heart Attack	**100%**
Stroke (CVA) [1]	**100%**
Coronary Artery Disease	**25%**
Invasive Cancer (Sometimes referred to as infiltrating cancer)	**100%**
Carcinoma in Situ (Stage 0 and/or TisN0M0) [2]	**25%**
Prostate Cancer [2]	**25%**
Skin Cancer [3]	**5%**
End Stage Renal Failure (Stage 5 Chronic Kidney Disease)	**100%**
Major Organ Failure	**100%**

* **In PA:** Specified Disease is called Critical Illness

[1] **In NH:** This disease is called Severe Stroke
[2] **In CA:** This disease is called Cancer Confined in its Site of Origin
[3] **In CA:** This disease is called Excluded Skin Cancer

See *Limitations and Exclusions* on next page for Pre-Existing Condition Limitation and the Benefit Wait Periods.

Re-Occurrence Benefit

If you received a cash benefit payout for a Specified Disease, and are later diagnosed with a re-occurrence of that disease, you can receive another cash benefit equal to half of your previous payout, as long as the two diagnoses are at least 12 months apart, or for Invasive Cancer 12 months treatment-free (**In AR & GA:** 6 months for both). The Re-Occurrence Benefit is not available for Skin Cancer.

Policy form series: LS-CI-0001

Subsequent Diagnosis of a Different Specified Disease

If you received a cash benefit payout for a Specified Disease, and are later diagnosed with a different Specified Disease, you can receive another cash benefit equal to the full Benefit Amount payable for the new disease if your diagnosis is at least six months after your diagnosis for the first disease. Subsequent diagnoses for different Specified Diseases must be at least six months apart from one another (**In NH:** 0 months).

Health Screening Benefit – *not available in Michigan and Minnesota*

Once per calendar year, each covered person can receive **$50** for one of the wellness procedures listed below. The procedure must occur after a one-time 30 day Benefit Wait Period.

Covered Procedures: *blood test for triglycerides; or Serum cholesterol test to determine level of HDL and LDL; or Cholesterol panel; or Fast blood glucose test; or HgA1C; or Carotid Doppler; or Doppler screening for abdominal aortic aneurysm; or Chest x-ray; or Stress test (bicycle or treadmill); or Echocardiogram; or Electrocardiogram; or Breast ultrasound; or Breast MRI; or Thermography; or Mammography; or CA 15-3 (blood test for breast cancer); or Pelvic exam; or Pap smear; or Thin Prep Pap; or CA 125 (blood test for ovarian cancer); or CA 19-9 (blood test for pancreatic cancer); or PSA (blood test for prostate cancer); or Biopsy for skin cancer; or CEA (blood test for colon cancer and cervical cancer); or Colonoscopy; or Virtual colonoscopy; or Flexible sigmoidoscopy; or Hemoccult stool analysis; or Fecal occult analysis; or Serum protein electrophoresis (blood test for Myeloma); or Bone marrow biopsy and aspiration;* (**In CA:** or including any general medically accepted cancer screening test).

Return of Premium Benefit

If you die while your policy is in force, 100% of all premiums (less any benefits paid) will be returned to your beneficiary or estate. The premium amount will be calculated without interest and after any pending claims have been settled (**In TN:** Only if death is caused by a Specified Disease).

Limitations and Exclusions**

No Benefit Amount will be payable for or on account of: a Covered Person's suicide or any attempt at suicide or intentionally self-inflicted injury or sickness while sane or insane; or a Covered Person's commission of or attempt to commit an assault or felony; or a Covered Person's engagement in an illegal occupation; or a Covered Person's voluntary participation in any riot or civil insurrection; or any illness specifically excluded from the definition of any Specified Disease; or war, or any act of war, whether declared or not; or balloon angioplasty, laser relief of an obstruction, and other intra-arterial procedure; or practicing or participating in any semiprofessional or professional competitive athletic contest for which compensation or remuneration is received; or medically related Specified Diseases that are diagnosed within a 12 month period between each Diagnosis; or Specified Diseases that occur while a Covered Person is intoxicated or under the influence of illegal drugs/substance or narcotics unless prescribed by a physician.

Pre-Existing Condition Limitation *(In GA: No pre-existing condition limitation)*

We will not pay a Benefit Amount for Diagnosis of a Specified Disease that:

- Is diagnosed within 12 months (**In NH, NM & UT:** 6 months) after the Policy Effective Date of coverage; and
- Is caused by, contributed by, or results from a Pre-Existing Condition.

Pre-Existing Condition means a Specified Disease for which, within 12 months (**In ID, NH, UT & WY:** 6 months) before the Policy Effective Date:

- Symptoms existed that would cause an ordinarily prudent person to seek advice or treatment from a Physician; or
- The Covered Person was treated, and received medical advice from a Physician, or was prescribed medicine.

Benefit Wait Periods – *not applicable in Maryland*

No Benefit Amount will be payable during the first:

- **30 days** following the Policy Effective Date for Heart Attack, Stroke, End Stage Renal Failure or Major Organ Failure, or
- **90 days** following the Policy Effective Date for Invasive Cancer, Prostate Cancer, Skin Cancer or Carcinoma in Situ (**In GA, ID, NC, NH, OK & TN:** 30 days, **In AL:** 60 days)

If the Diagnosis of a Specified Disease occurs during the Benefit Wait Period, you may cancel this Policy and all premium paid will be returned. Alternatively, you may choose to keep your Policy in effect in case of a future occurrence of a Specified Disease.

*** The Limitations and Exclusions shown above may vary by state. The actual Limitations and Exclusions applicable to your policy will depend on the state in which your coverage is issued.*

THIS IS A LIMITED BENEFIT POLICY.

Help protect your family, lifestyle, and finances with Critical Illness Insurance.



When a critical illness strikes, you should be focused on your health, not your finances. Unfortunately in too many cases, illness is only part of the battle. Things like lost income, medical deductibles, out-of-network office visits and uncovered treatments can contribute to financial hardship for many families. With Critical Illness insurance, you can supplement benefits beyond your medical plan with coverage you and your family can rely on.

Did you know?

- The odds of developing cancer in a lifetime are one in two for men and one in three for women.[1]
- About every 40 seconds, someone in the U.S. will suffer a heart attack.[2]
- About one-third of Americans struggle to pay their medical bills, including those with insurance, while 27% delay or skip getting the health care they need due to cost.[3]

1 *American Cancer Society, Cancer Facts & Figures 2017.*
2 *American Heart Association, Heart Disease and Stroke Statistics, 2017.*
3 *Kaiser Family Foundation, Americans' Challenges with Health Care Costs, March 2017.*

INDIVIDUAL
Critical Illness Insurance
Sample Monthly Premium Rates*

Benefit Amount: $10,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse****
20	$9.85	$10.15	$12.25
25	$10.45	$10.75	$13.45
30	$12.05	$12.15	$16.45
35	$14.45	$14.25	$20.95
40	$18.05	$17.05	$27.35
45	$23.05	$20.45	$35.75
50	$29.75	$24.45	$46.45
55	$38.15	$29.15	$59.55
60	$48.75	$35.35	$76.35
65**	$62.15	$43.55	$97.95
70**	$87.05	$59.25	$138.55

Note: Premiums differ in certain states. Different rates apply for nicotine users.

* To review monthly premiums for different ages, Benefit Amounts and scenarios, visit YourLifeSecure.com and login to your secure portal to run quotes.
** Rates for ages 65-70 are not applicable in California
*** Premium rates shown above assume an opposite gender spouse who is the same age and nicotine status as the policyholder.

How is your Critical Illness Benefit Calculated?

You will receive a **lump-sum payment** based on your Benefit Amount upon the initial diagnosis of a covered condition (see chart on next page). For example, if you selected a **$10,000 Benefit Amount** and were later diagnosed with Invasive Cancer, you would receive a $10,000 cash benefit payment.

See Benefit Payout example below for a person with multiple illnesses and a re-occurrence of a Specified Disease.

Benefit Payout Example



Invasive Cancer $10,000

\+



Six months later, you have a Heart Attack $10,000

Subsequent Diagnosis of a Different Specified Disease

\+



After being treatment-free for a year, Invasive Cancer returns. $5,000

Re-Occurrence Benefit

\+



One year later, you're diagnosed with a new disease, Skin Cancer $500

(Payable at 5% of the Benefit Amount)

=



Total Cash Benefit Payout: $25,500

(Based on a $10,000 Benefit Amount)

Plan-at-a-Glance
Hospital Indemnity 4.0

Click or Scan QR code to view state-specific product and rate information.
In NJ: Product differs significantly.

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. (**In CA:** 18 through 64)

- For applicants ages 64.5 through 66 – no medical questions or build chart
  (**In CA:** age 64.5 until 65th birthday; **In MD, NC, OH & UT:** age 64.5 through 66; **In WA:** age 64 through 70)
- 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, PA, 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 PA, 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		# of Days in Hospital		Sam's Benefit Payout
$500	X	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. (**In ID:** Hospital Observation Benefit is covered under the Hospital Confinement Indemnity Benefit)

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** (**In ID:** not available).

Optional Benefit Riders *(In GA, MD, MI, NC, OH, PA & TX: Additional riders available)*

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, ID, & 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**

† ***In ID:*** *Not available*

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, ID, KS, MA & VA:*** *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.

Hospital Indemnity Insurance

Sample Monthly Premium Rates*

$200 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$8.14	$10.56	$12.51	$15.91
30-39	$8.68	$11.80	$13.75	$18.01
40-49	$9.69	$13.90	$14.25	$19.45
50-59	$11.91	$18.55	$15.68	$22.82
60-64	$13.06	$21.62	$16.27	$25.00
65-69	$14.96	$25.55	$18.35	$28.94
70-74	$18.17	$31.49	$21.72	$35.04
75-79	$23.39	$41.21	$27.24	$45.06
80-85	$33.84	$60.38	$38.53	$65.07

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$9.20	$12.65	$15.30	$20.11
30-39	$10.03	$14.56	$17.09	$23.21
40-49	$11.62	$17.83	$17.98	$25.56
50-59	$15.93	$26.38	$21.46	$32.64
60-64	$19.20	$33.51	$24.18	$38.74
65-69	$22.59	$40.30	$27.84	$45.55
70-74	$27.60	$49.88	$33.08	$55.36
75-79	$34.09	$62.36	$39.72	$68.00
80-85	$47.28	$87.32	$53.79	$93.83

$400 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$10.34	$14.94	$18.08	$24.41
30-39	$11.72	$17.90	$20.96	$29.21
40-49	$15.85	$25.55	$25.39	$37.15
50-59	$21.56	$37.19	$29.51	$46.17
60-64	$24.03	$43.27	$30.49	$50.04
65-69	$27.58	$50.38	$34.11	$56.90
70-74	$33.83	$62.54	$40.66	$69.37
75-79	$42.07	$78.52	$49.08	$85.52
80-85	$59.80	$112.41	$68.05	$120.66

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$14.41	$22.15	$27.40	$38.05
30-39	$19.13	$31.15	$36.76	$52.73
40-49	$23.64	$40.21	$39.50	$59.50
50-59	$32.68	$58.75	$45.46	$73.21
60-64	$36.27	$67.44	$46.98	$77.98
65-69	$40.08	$75.19	$49.70	$84.81
70-74	$49.32	$93.56	$59.37	$103.61
75-79	$61.85	$118.03	$72.15	$128.34
80-85	$86.67	$166.28	$98.56	$178.17

Note: Benefits, issue ages and premiums differ in certain states.

* To review monthly premiums for different benefit amounts, visit www.YourLifeSecure.com and login to your secure portal to run quotes.

Hospital Indemnity Insurance

OPTIONAL BENEFIT RIDERS *(**In GA, MD, MI, NC, OH, PA & TX:** Additional riders available)*

Lump Sum Hospital Admission

$500** (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$3.75	$7.42	$7.14	$11.57
30-39	$4.52	$9.27	$8.44	$14.07
40-49	$6.85	$13.94	$10.88	$18.84
50-59	$9.12	$18.42	$11.93	$21.60
60-64	$10.54	$21.20	$12.67	$23.44
65-69	$11.80	$23.58	$13.73	$25.51
70-74	$14.35	$28.71	$16.25	$30.62
75-79	$17.76	$35.55	$19.67	$37.47
80-85	$22.02	$44.08	$23.95	$46.01

Outpatient Surgery

$500** (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$3.32	$6.57	$6.46	$10.42
30-39	$4.92	$9.83	$8.51	$14.21
40-49	$6.96	$14.00	$10.24	$17.95
50-59	$9.43	$19.04	$12.33	$22.27
60-64	$11.81	$23.79	$14.76	$26.84
65-69	$13.40	$26.91	$16.55	$30.06
70-74	$14.00	$28.08	$17.12	$31.20
75-79	$14.00	$28.08	$17.12	$31.20
80-85	$14.00	$28.08	$17.12	$31.20

*** $1,000 option is available for exactly double the premium amounts shown in this table*

Rehabilitation or Skilled Nursing Facility Rider 1-20

$100 Per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$0.33	$0.67	$0.38	$0.71
30-39	$0.33	$0.67	$0.38	$0.71
40-49	$1.00	$1.99	$1.04	$2.05
50-59	$2.49	$4.97	$2.52	$5.00
60-64	$2.93	$5.83	$2.94	$5.85
65-69	$5.08	$10.03	$5.10	$10.05
70-74	$7.24	$14.40	$7.26	$14.42
75-79	$11.12	$22.10	$11.14	$22.12
80-85	$16.75	$33.24	$16.77	$33.26

Rehabilitation or Skilled Nursing Facility Rider 21-100

$100 Per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$0.42	$0.83	$0.46	$0.88
30-39	$0.42	$0.83	$0.46	$0.88
40-49	$1.09	$2.18	$1.11	$2.20
50-59	$2.33	$4.65	$2.34	$4.67
60-64	$4.06	$8.09	$4.07	$8.10
65-69	$5.20	$10.28	$5.20	$10.28
70-74	$8.04	$15.99	$8.05	$16.00
75-79	$12.34	$24.54	$12.35	$24.54
80-85	$17.43	$34.60	$17.44	$34.60

Note: Benefits, issue ages and premiums differ in certain states.

Plan-at-a-Glance

Long Term Care Insurance — WORKSITE

Standard Features

Issue Ages: 18 through 69

Plan Choices:

$50,000 Benefit Bank*	$100,000 Benefit Bank	$200,000 Benefit Bank	$300,000 Benefit Bank
$1,000 Monthly Benefit (or, $300 Cash Alternative)	**$2,000 Monthly Benefit** (or, $600 Cash Alternative)	**$4,000 Monthly Benefit** (or, $1,200 Cash Alternative)	**$6,000 Monthly Benefit** (or, $1,800 Cash Alternative)

* **In WI:** The $50,000 Benefit Bank is not available.
In SD: Different Benefit Bank amounts available.

Benefit Bank: The Benefit Bank represents the lifetime dollar benefit amount available to you. Your Benefit Bank balance is reduced by any benefits paid to you or on your behalf.

Monthly Benefit Payout Structure: When you become eligible for benefits, you can choose between the payout options below *(in accordance with your Plan of Care)*:

- **OPTION 1:** Receive **reimbursement for qualified long term care services**, up to your **Monthly Benefit for Covered Expenses**. Covered expenses include care at home through a home care agency or independent provider, in an assisted living facility, in an adult day care center, or in a nursing home. Hospice care is also covered.
- **OPTION 2:** Elect to receive a **cash payout**, equal to your **Cash Alternative Monthly Benefit** amount. The cash benefits can be used to pay an informal caregiver, such as a family member or friend – or used for other purposes unique to your care situation.

Note: The choice between the two options can be made on a monthly basis. Any un-used Monthly Benefit dollars will remain in your Benefit Bank and extend the life of your policy.

Home Modification and Supplemental Products Benefit: This benefit provides coverage for services and products that are required for you to live more securely and independently at home *(in accordance with your Plan of Care)*. **These expenses are reimbursable up to 1X your Monthly Benefit for Covered Expenses over the life of your policy.** Payouts made under this benefit will reduce your Benefit Bank amount.

Examples of services and products that are eligible for reimbursement include:

- **Home Modifications** – equipping your home for greater safety or access related to your long term care impairment. *Examples include: building or installing an access ramp to your home, widening doorways, and installing grab bars in the bathroom.*
- **Assistive Devices or Technology** – adaptive tools, devices or technology that help you function independently in your home. *Examples include: specially adaptive eating or dressing devices, emergency medical response systems, or other technology devices used to monitor movement and personal safety in your home.*
- **Durable Medical Equipment** – medical equipment that you buy or rent, and is designed to assist you in living at home. *Examples include: walkers, hospital-style beds, crutches, and wheelchairs.*

The Home Modification and Supplemental Products Benefit can be received in addition to other reimbursable Covered Expenses or the Cash Alternative in a given month.

Benefit Eligibility: You are eligible for benefits if you have been certified as Chronically Ill within the last 12 months by a Licensed Health Care Practitioner. This means that you are unable to perform at least two Activities of Daily Living (bathing, dressing, toileting, transferring, continence and eating) for a period that is expected to last at least 90 days, or you require Substantial Supervision to protect your health and safety due to a Severe Cognitive Impairment.

Benefit Wait Period: **90 Calendar Days** (once you are verified as Chronically Ill), unless your condition is triggered suddenly by an Accidental Injury or Stroke, in which case the Benefit Wait Period will be completely waived (**0 days**).

Waiver of Premium: Your premiums are waived beginning on the first day you start receiving benefits. As long as you continue to receive benefits, additional premiums will not be required.

Spouse Discount: If you and your spouse/partner both apply for coverage at the same time, a 10% premium discount will apply to each policy. To qualify for the discount, both individuals must apply for the same policy form series (LS-LTC-0006).

Optional Benefit Riders

Compound Inflation Benefit (1%, 3% or 5%): If you elect this optional benefit, we will automatically increase your current Monthly Benefit and your remaining Benefit Bank by 1%, 3% or 5% each year. The increase will be effective on each anniversary of your policy and rider, even while you are receiving benefits.

Nonforfeiture Benefit: If this rider is in force for at least three full years, and your policy then terminates due to non-payment of premium, this optional benefit allows you to retain a reduced paid-up amount of coverage. You will have a revised Benefit Bank equal to the greater of: (a) 100% of the sum of all premiums paid by you; or (b) one times your Monthly Benefit. Not applicable if Benefit Bank is exhausted prior to lapse.

Policy Limitations and Exclusions

This Policy will not pay benefits for care, treatment, services or charges: for a loss that occurs while this Policy is not in force; or for alcoholism or drug addiction (except for an addiction to a prescribed medication administered on the advice of a Physician); or due to declared or undeclared war or act of war; or due to participation in a felony, riot or insurrection or involvement in an illegal occupation; or due to suicide, attempted suicide or intentionally self-inflicted injury; or that are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance amount; or that are reimbursable or provided under a governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law; or provided outside the United States, Canada or their territories or possessions; or for which no charge is made in the absence of insurance, except as provided under the Cash Alternative Monthly Benefit; or provided by an Immediate Family member (except as provided under the Cash Alternative Monthly Benefit), unless: he or she is a regular employee of an organization which is providing the care, treatment or service; he or she receives no compensation other than the normal compensation for employees in his or her job category; and the organization receives the payment for the care, treatment, service or charge.

For more information, visit us at YourLifeSecure.com

LifeSecure and the logo are trademarks of **LifeSecure Insurance Company, Brighton, MI**. Our long term care insurance product is individually underwritten by LifeSecure Insurance Company and may require a medical exam. This item is for illustrative purposes only and is not a contract. It is intended only to provide a general overview of our product and services. Availability of benefits, amounts, options and discounts may vary by state. Only the insurance policy can give actual coverage amounts, terms, conditions, limitations and exclusions. Refer also to the Outline of Coverage. This policy is guaranteed renewable for life and is intended to be federally tax-qualified as defined by the Internal Revenue Code of 1986, §7702B(b). Applicants are required to provide medical information. Premiums may increase. There is a 67 day grace period for premium payments. This is an insurance solicitation. An agent may contact you.

What is Long Term Care (LTC)?

Long term care is the assistance a person may need with the basic activities of daily living – eating, bathing, dressing, transferring, toileting, and continence. It can also include supervision needed to protect a person's health and safety. The need for long term care may develop from things such as an accident, illness, stroke, advanced age or other chronic condition such as Alzheimer's, dementia or Parkinson's disease. Long term care consists mainly of personal care rather than medical care, which is typically covered by a health plan.

Long Term Care can be provided…

- In your own home
- At an adult day care center
- In an assisted living facility or nursing home



Long Term Care vs. Medical Insurance

FOCUS ON CARE



Long Term Care Insurance

Typically covers:

- Custodial care when recovery is unlikely
- Home care and assistance with daily tasks such as eating, bathing and dressing
- Visits to an adult day care center to provide respite care for caregivers

FOCUS ON CURE



Medical Insurance

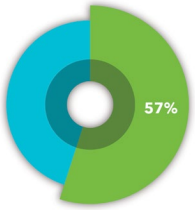
Typically covers:

- Doctor visits, tests and initial diagnosis
- Specialty visits, labs, hospitalization
- Skilled Nursing, Rehab, Occupational Therapy, Physical Therapy
- Medications

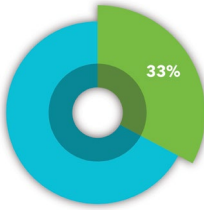
Will you need long term care?

Your chances may be more likely than you think. About 6 million Americans age 65+ require help with at least two activities of daily living for ninety days or more, or have a severe cognitive impairment.[1]

Most people aren't planning ahead



- More than half of Americans say they need LTC insurance, but only 14% have a policy....[2]



- ... and only 1/3 of Americans over 40 have set aside money to plan for LTC needs [3]

[1] *Health Affairs, Financing Long-Term Services and Supports: Options Reflect Trade-Offs For Older Americans and Federal Spending, November 2015*
[2] *LIMRA and Life Happens. 2017 Insurance Barometer Study. Windsor, CT.*
[3] *Associated Press-NORC Center for Public Affairs Research. Long-Term Care in America: Expectations and Preferences for Care and Caregiving. Chicago, IL. 2016*

LIFESECURE INSURANCE COMPANY

Long Term Care Insurance
Monthly Premium Rates – **WORKSITE**

	Benefit Bank Amounts			
Age	$50,000	$100,000	$200,000	$300,000
18-30	$23.50	$29.25	$43.75	$65.58
31	$23.92	$30.08	$45.42	$68.08
32	$24.33	$31.00	$47.58	$70.75
33	$24.83	$32.00	$49.92	$73.67
34	$25.25	$33.00	$52.25	$76.67
35	$25.75	$34.00	$54.75	$79.83
36	$26.25	$35.17	$57.33	$83.17
37	$26.75	$36.33	$59.92	$86.67
38	$27.33	$37.58	$62.67	$90.42
39	$27.83	$38.83	$65.42	$94.25
40	$28.42	$40.17	$68.00	$97.92
41	$29.00	$41.58	$71.00	$102.25
42	$29.58	$43.00	$74.08	$106.83
43	$30.25	$44.50	$77.42	$111.67
44	$30.92	$46.08	$80.83	$116.83
45	$31.50	$47.42	$83.75	$121.58
46	$32.25	$49.17	$87.67	$127.50
47	$33.17	$51.17	$91.92	$133.92
48	$34.08	$53.33	$96.58	$140.83
49	$35.08	$55.75	$101.50	$148.25

	Benefit Bank Amounts			
Age	$50,000	$100,000	$200,000	$300,000
50	$36.17	$58.17	$106.42	$155.50
51	$37.33	$60.92	$112.25	$164.17
52	$38.67	$63.92	$118.50	$173.67
53	$40.08	$67.00	$125.25	$183.83
54	$41.58	$70.42	$132.42	$194.75
55	$42.92	$73.17	$138.08	$203.50
56	$44.75	$77.17	$146.92	$216.92
57	$46.75	$81.67	$156.83	$232.17
58	$48.92	$86.67	$168.00	$249.08
59	$51.33	$92.17	$180.25	$267.75
60	$53.17	$96.83	$191.33	$284.67
61	$56.25	$103.67	$206.75	$308.00
62	$59.75	$111.42	$224.00	$334.25
63	$63.67	$120.08	$243.17	$363.33
64	$68.08	$129.58	$264.33	$395.42
65	$72.92	$140.08	$287.33	$430.33
66	$78.17	$151.42	$312.33	$468.16
67	$83.92	$163.67	$339.25	$508.91
68	$90.08	$176.83	$368.33	$552.50
69	$96.75	$190.92	$399.33	$599.00

Rates shown are for illustrative purposes and do not include optional benefit riders or discounts. To view monthly premiums for plan designs including a Compound Inflation Benefit rider and/or the Nonforfeiture Benefit rider, visit www.YourLifeSecure.com, login to your secure portal and run quotes. Premium amounts may include slight variations when rounding figures.

The long term care insurance product is individually underwritten by LifeSecure Insurance Company – Brighton, MI and may require a medical exam. Availability of benefits, amounts, options and discounts may vary by state. Only the insurance policy can give actual coverage amounts, terms, conditions, limitations and exclusions. Refer also to the Outline of Coverage. Premiums may increase. This is an insurance solicitation. An agent may contact you.

LS-LTC-0306-M

Policy Series LS-LTC-0006

Founded in 2006, **LifeSecure Insurance Company** is dedicated to bringing to market solutions that protect families and their assets. We're focused on creating a different kind of insurance experience for our business partners and customers. We believe insurance should be easy to understand, effortless to buy, and simple to use. LifeSecure retains a Certificate of Authority as an insurer in the District of Columbia and all states, except Florida and New York.

Financial Strength (data as of 12/31/25)

LifeSecure ($000)	
Total Assets	$956,540
Capital & Surplus	$79,652
Total Revenue	$133,837
Total Policyholders	79,929

Notes: All dollar values are in thousands. All values above are shown on GAAP basis as of 12/31/25. LifeSecure policyholders include those administered through administrative service agreements.

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Sales Team

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Product Availability, by State

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See insurance differently

The Accident, Critical Illness, Hospital Indemnity and LTCi products are underwritten by **LifeSecure Insurance Company – Brighton, MI**. Product availability, benefits, exclusions and limitations may vary by state. Please remember only the insurance policy can give actual coverage amounts, terms, conditions, exclusions and limitations. LifeSecure and the logo are trademarks of LifeSecure Insurance Company.

LS-ANC-0707 ST 09/26