



# Hospital Indemnity Insurance | New Jersey

## *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.

- **ADULTS AGES 18-64:** Select coverage to help cover your medical plan's deductible and other expenses following a hospital stay.
- **SENIORS AGES 65-85:** Cash benefits can be used to cover your Medicare Advantage hospital copay and help with other out-of-pocket costs.





# How might you use your Hospital Indemnity cash benefits? You decide.

Hospital Indemnity benefits are paid directly to you following a qualified inpatient hospital stay or treatment in an observation unit. How you use your benefits is up to you! Examples include:



- Medical deductibles, co-pays or co-insurance
- Home care assistance
- Rehabilitative services
- Child care
- Housekeeping help
- Lost wages while away from work
- Transportation to/from appointments
- Yard work
- Anything else!



# Pick your plan.

**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

## Benefit Options

	PLAN 1	PLAN 2	PLAN 3
Lump Sum Hospital Admission Benefit Amount*	\$1,000	\$750	\$250
Hospital Confinement Daily Benefit Amount **	\$50	\$100	\$200
Hospital Observation Benefit Amount***	\$50	\$100	\$200
Mental Health Confinement Benefit Amount****	\$50	\$100	\$200

\* Lump Sum Hospital Admission Benefit = up to 2 per calendar year. Not payable for Observation or Mental Health confinements.

\*\* Hospital Confinement Daily Benefit = This represents the cash benefit payable to you for each day you are confined to a hospital as an inpatient, up to 31 days per period of confinement. 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 31 days.

\*\*\* Hospital Observation Benefit = up to 6 days per calendar year. This benefit is paid in lieu of the Hospital Confinement Benefit.

\*\*\*\* Mental Health Confinement Benefit = up to 7 days per calendar year. This benefit is not payable on the same day as the Hospital Confinement Benefit or the Hospital Observation Benefit.

All benefits listed above are per covered family member.

# How is your Hospital Indemnity benefit calculated?

You will receive a cash benefit payout based on the plan you select. In the example below, Sam selects Plan 1, with a Lump Sum Hospital Admission Benefit Amount of \$1,000.

Plan 1 also includes the following benefits:

- \$50 per day of Hospital Confinement<sup>†</sup>
- \$50 per day of Hospital Observation<sup>†</sup>

<sup>†</sup> See page 4 for benefit descriptions



## Benefit Payout Example

### Cash Benefit Payout

Sam is admitted to the hospital for 10 days after back surgery.

A month later while walking in the woods, Sam experiences a severe allergic reaction to a plant and is treated in an observation unit of a nearby hospital for several hours.

*Note: Sam has 5 observation benefit days remaining for this calendar year, and a total of 20 benefit days remaining in this period of confinement. Once he has been out of the hospital for 60 days in a row, his available number of benefit days will reset to 31.*

**Lump Sum Hospital Admission Benefit:** **\$1,000**

**Daily Benefit Amount:** **\$500**  
\$50 X 10 days

+

**Hospital Observation Benefit:** **\$50**  
\$50 X 1 day

=

**Total Cash Benefit Payout:**

**\$1,550**

# Sample Monthly Premium Rates\*

## PLAN 1

Age	Self Only	with Spouse**	with Child(ren)	with Spouse & Child(ren)**
18-29	\$12.65	\$20.78	\$20.52	\$30.41
30-39	\$14.22	\$24.13	\$23.32	\$35.28
40-44	\$17.47	\$31.32	\$25.93	\$41.61
45-49	\$19.69	\$35.30	\$29.23	\$46.90
50-54	\$22.13	\$40.94	\$28.41	\$48.04
55-59	\$25.80	\$47.72	\$33.12	\$56.00
60-64	\$28.16	\$52.88	\$33.86	\$58.87
65-69	\$32.45	\$60.89	\$38.11	\$66.54
70-74	\$39.76	\$75.11	\$45.53	\$80.88
75-79	\$48.98	\$92.79	\$54.86	\$98.69
80-85	\$59.80	\$112.08	\$65.73	\$118.02

## PLAN 2

Age	Self Only	with Spouse**	with Child(ren)	with Spouse & Child(ren)**
18-29	\$12.24	\$19.62	\$19.97	\$29.09
30-39	\$13.64	\$22.63	\$22.59	\$33.59
40-44	\$16.43	\$28.88	\$24.64	\$38.86
45-49	\$18.52	\$32.55	\$27.77	\$43.80
50-54	\$21.03	\$38.36	\$27.31	\$45.45
55-59	\$24.52	\$44.71	\$31.83	\$52.99
60-64	\$27.41	\$50.98	\$33.36	\$57.23
65-69	\$31.89	\$59.36	\$37.91	\$65.37
70-74	\$38.85	\$72.90	\$44.98	\$79.04
75-79	\$47.82	\$90.08	\$54.08	\$96.35
80-85	\$58.31	\$108.71	\$64.61	\$115.03

## PLAN 3

Age	Self Only	with Spouse**	with Child(ren)	with Spouse & Child(ren)**
18-29	\$11.18	\$16.71	\$18.57	\$25.77
30-39	\$12.19	\$18.88	\$20.74	\$29.37
40-44	\$13.84	\$22.80	\$21.40	\$32.00
45-49	\$15.60	\$25.70	\$24.12	\$36.07
50-54	\$18.28	\$31.92	\$24.53	\$38.99
55-59	\$21.31	\$37.21	\$28.60	\$45.46
60-64	\$25.49	\$46.18	\$32.02	\$53.04
65-69	\$30.43	\$55.41	\$37.30	\$62.29
70-74	\$36.49	\$67.25	\$43.51	\$74.28
75-79	\$44.83	\$83.15	\$51.99	\$90.32
80-85	\$54.46	\$100.12	\$61.67	\$107.36

\* Premium rates shown are for illustrative purposes.

\*\* Spouse means your lawfully married spouse, civil union partner, domestic partner, or legal partner.





## DID YOU KNOW?

In 2020, the average cost of a hospital stay in the U.S. was **\$18,400** (for adults ages 45-64.)<sup>1</sup>

Hospital Indemnity Insurance provides CASH BENEFITS directly to you, which can be used to pay your medical deductible and copayments, or anything else needed during your recovery.



<sup>1</sup> Agency for Healthcare Research and Quality, HCUPnet: Inpatient Stays, 2020



## Limitations or Conditions on Eligibility For Benefits

**Pre-Existing Condition Limitation:** Confinement or Hospital admission caused by a Pre-Existing Condition will not be covered unless it begins more than 6 months after the Policy Effective Date. If coverage for a Spouse/Domestic Partner/Civil Union Partner 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 Confinement or Hospital admission begins more than 6 months after the Coverage Change Effective Date.

**Exclusions:** We will not pay benefits for Confinement or Hospital admission due to 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 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 dental work or plastic surgery for cosmetic purposes (this exclusion does not apply if the dental work or surgery is (a) due to an Injury; or (b) to restore normal bodily functions); or elective surgery that is not medically necessary (the medical treatment or services necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice and prescribed by a Physician); or an attempt at suicide, while sane or insane, or an intentionally self-inflicted injury.

No benefits will be payable under this Policy for Confinement or Hospital admission due to: a normal pregnancy, except for any Complication of Pregnancy, or services provided outside the United States of America, its territories or possessions, or Canada.

**Intoxicants and Narcotics:** We will not be liable for any loss sustained or contracted in consequence of a Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

**Illegal Occupation:** We will not be liable for any loss to which a contributing cause was a Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's engagement in an illegal occupation.

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.

THIS IS A LIMITED BENEFIT POLICY.

For more information,  
contact your agent or visit us at [YourLifeSecure.com](http://YourLifeSecure.com).

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