



Hospital Recovery Insurance | Pennsylvania
with Observation Coverage
Worksite





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 lost wages plus the cost for help with transportation, meals, child care, or even housekeeping can all add up. Hospital Recovery 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 your recovery.

- In 2016, the average length of a hospital stay was 4.6 days¹
- In 2016, the average cost of a hospital stay in the U.S. for adults 45-64 was \$14,500¹
- Your risk of being hospitalized almost doubles when you reach age 65²
- In 2018, 85% of covered workers faced a health insurance deductible, with average single deductibles more than doubling to \$1,573 since 2008.³

The average length of a hospital stay has declined since 2000.⁴

A shorter hospital stay may mean additional out-of-pocket expenses before a patient reaches full recovery.

¹ Agency for Healthcare Research and Quality, H-CUP Statistical Brief #246, December 2018

² National Center for Health Statistics. Health, United States, 2017: With Special Feature on Mortality. Hyattsville, MD. 2018

³ The Kaiser Family Foundation and HRET, Employer Health Benefits Annual Survey, 2018

⁴ OECD, Length of hospital stay (indicator), 2019

How might you and your family use Hospital Recovery benefits? You decide.

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



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



A Range of Benefits is Available.

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

Choose a Daily Benefit Amount

- **\$200** (no medical questions or build chart)
- Or, choose an amount between **\$210** and **\$900**, in \$10 increments, with simplified underwriting

You can receive up to 31 days of benefits for inpatient hospitalizations caused by the same or a related condition, with an additional 4 days for treatment in an observation unit. The Daily Benefit Amount is per covered family member.

If you are hospitalized for fewer than 31 days, and readmitted within 30 days for the same (or a related cause), you'll be eligible to receive benefits for each additional day hospitalized until you reach 31 days.

A new hospital admission for a different cause must begin at least 30 days after the discharge of a previously covered hospitalization in order to be eligible for additional benefits.





How is your Hospital Recovery Benefit Calculated?

LifeSecure will pay a benefit directly to you based on the number of days spent in the hospital.

Calculating your benefit payout is easy! Just multiply your Daily Benefit Amount by the number of days spent in the hospital.

Benefit Payout Examples

Example 1 – INPATIENT HOSPITALIZATION

Cindy selects a Daily Benefit Amount of \$500. She is later hospitalized for 4 days after back surgery. Upon discharge, Cindy's benefit payout will be \$2,000.

$$\begin{array}{ccc} \boxed{\$500} & \times & \boxed{4 \text{ Days}} = \boxed{\$2,000} \\ \text{Daily Benefit Amount} & & \text{\# of Days in Hospital} & & \text{Cindy's Hospital Recovery Benefit Payout} \end{array}$$

Example 2 – TREATMENT IN AN OBSERVATION UNIT

Scott also selects a Daily Benefit Amount of \$500. While hiking, he experiences a severe allergic reaction to a plant and is treated in the observation unit of a nearby hospital for two days. Scott's benefit payout will be \$1,000.

$$\begin{array}{ccc} \boxed{\$500} & \times & \boxed{2 \text{ Days}} = \boxed{\$1,000} \\ \text{Daily Benefit Amount} & & \text{\# of Days in Observation Unit} & & \text{Scott's Hospital Recovery Benefit Payout} \end{array}$$

Sample Monthly Premium Rates*

Hospital Recovery Plan Design - Example #1

Daily Benefit Amount: \$100

Age	Self Only	with Spouse**	with Child(ren)	with Spouse** & Child(ren)
18-29	\$12.53	\$18.33	\$21.67	\$27.98
30-39	\$13.74	\$20.53	\$23.11	\$27.86
40-49	\$15.70	\$25.15	\$23.15	\$31.33
50-59	\$17.84	\$29.02	\$23.52	\$34.82
60-63	\$19.54	\$33.95	\$23.82	\$38.18
64-69	\$21.35	\$38.96	\$25.01	\$42.54
70-74	\$27.17	\$47.35	\$30.94	\$50.83
75-79	\$31.40	\$59.18	\$35.07	\$62.74
80-85	\$38.52	\$73.05	\$42.34	\$76.68

Hospital Recovery Plan Design - Example #2

Daily Benefit Amount: \$500

Age	Self Only	with Spouse**	with Child(ren)	with Spouse** & Child(ren)
18-29	\$21.48	\$39.97	\$48.73	\$68.75
30-39	\$27.02	\$49.23	\$56.81	\$80.72
40-49	\$37.25	\$70.34	\$63.32	\$97.93
50-59	\$48.55	\$93.61	\$70.67	\$119.37
60-63	\$64.48	\$128.63	\$81.18	\$145.31
64-69	\$80.60	\$164.40	\$96.68	\$179.59
70-74	\$105.05	\$213.86	\$120.48	\$228.58
75-79	\$132.95	\$271.51	\$148.75	\$286.26
80-85	\$165.61	\$338.97	\$181.97	\$353.84

Hospital Recovery Plan Design - Example #3

Daily Benefit Amount: \$900

Age	Self Only	with Spouse**	with Child(ren)	with Spouse** & Child(ren)
18-29	\$34.32	\$67.75	\$82.89	\$118.91
30-39	\$44.11	\$84.07	\$97.20	\$140.04
40-49	\$66.41	\$129.70	\$115.95	\$182.06
50-59	\$84.42	\$172.20	\$128.06	\$216.60
60-63	\$113.48	\$230.86	\$143.66	\$260.92
64-69	\$143.58	\$295.70	\$172.97	\$324.11
70-74	\$187.56	\$385.91	\$215.29	\$412.24
75-79	\$238.26	\$491.19	\$266.63	\$517.49
80-85	\$297.68	\$614.62	\$327.00	\$641.09

* Premium rates shown are for illustrative purposes.

** Spouse means your lawfully married spouse, civil union partner, domestic partner or legal partner. Premiums shown above assume that the spouse is in the same age-band as the primary (self) applicant.

Optional Benefit Riders

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 Recovery Insurance policy for an additional premium. These benefits are payable in addition to the policy's Daily Benefit Amount.

Rehabilitation Facility Benefit

\$100 Benefit Payout* for each day in a rehabilitation facility, immediately following a qualified hospital stay (up to 15 days per calendar year).

Emergency Room & Ambulance Benefit

Emergency Room visit (one per calendar year): **\$300 Benefit Payout***

Ambulance Services (one per calendar year)

- Ground transportation: **\$150 Benefit Payout***
or
 - Air transportation: **\$500 Benefit Payout***
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Major Diagnostic Exam Benefit

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

- Computerized Tomography (CT);
 - Magnetic Resonance Imaging (MRI); or
 - Electroencephalogram (EEG)
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* Available per covered family member

**Talk to your agent today,
or visit YourLifeSecure.com for more information.**

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.

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 act of war whether declared or undeclared while on active duty as a member of the armed forces of any nation; 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 any loss sustained or contracted in consequence of the Covered Person being intoxicated, or under the influence of any narcotic unless administered on the advice of a physician.

No benefits will be payable under this Policy for expenses or treatment of: a mental or nervous disorder or disease; or alcoholism or drug addiction; a normal pregnancy, except for Complications of Pregnancy; or care or services provided outside the United States of America, its territories or possessions, or Canada; or not due to an Injury or Sickness.

THIS IS A LIMITED BENEFIT POLICY.

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

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