

Plan-at-a-Glance | Idaho

Hospital Indemnity – 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 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.

◆ STEP 1

Daily Benefit Amount

- **\$200** or **\$300** (no medical questions or build chart)
- Or, choose an amount between **\$310** and **\$900**, in **\$10** increments, with simplified underwriting.

◆ 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.

Hospital Confinement Indemnity Benefit:

If you are admitted to a hospital as an inpatient or receive care in an observation unit, 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. If you exhaust your number of hospital days selected, an additional cash benefit of \$50 per day will be provided - up to a maximum of 31 days per period of confinement.

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

Optional Benefit Riders

LifeSecure Hospital Indemnity Insurance

Optional Benefit riders offer additional protection against other expenses you might face. You may add one or both 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.

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 will not be covered unless it begins more than 6 months after the Policy Effective Date. If coverage for a Spouse/Domestic 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 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 or serving as a crew member of any aircraft; or engaging in any of the following activities as a professional: 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 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 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 (c) due to Congenital Anomalies for Dependent Children); or elective surgery that is not Medically Necessary (this exclusion does not apply to Congenital Anomalies for Dependent Children); or an illness, treatment or medical condition that results from an attempt at suicide, while sane or insane, or an intentionally self-inflicted injury.

No benefits will be payable under this Policy for Confinement for: a Mental or Nervous Disorder or disease; or alcoholism or drug addiction or their complications; or a normal pregnancy, except for any Complication of Pregnancy, or care 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.

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

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.