



# Hospital Recovery Insurance | California

To complement your Anthem Blue Cross medical plan

## Individual

Promoted by:



Why Hospital Indemnity Insurance?

Scan this QR code with your mobile device to watch a short video.





## Affordable insurance to assist in your recovery.

Your Anthem Blue Cross 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 Anthem Blue Cross 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:** Cash benefits can be used to cover your Medicare Advantage hospital copay and help with other out-of-pocket costs. *Note: You must apply for coverage before your 65th birthday.*

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

# 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 from a range of benefit options.

**Eligible Issue Ages:** 18 through 64. This policy is guaranteed renewable for life.

- For applicants ages 64.5 until you turn 65 - no medical questions or build chart
- 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 or a covered family member are confined to a hospital as an inpatient, up to the number of days you select.

*\*Does not apply to hospital stays resulting from a mental or nervous disorder. See Mental Health Indemnity Benefit below.*

### **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.

### **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**.



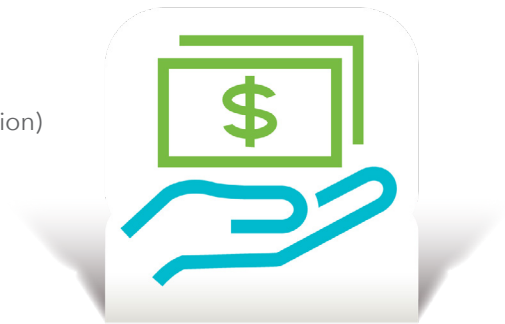
# How is your Hospital Indemnity benefit calculated?

You will receive a cash benefit payout equal to your Daily Benefit Amount for each day of your hospital stay, up to the number of days you select.

In the example below, Angie selects a Daily Benefit Amount of \$500 and 6 days per period of confinement, plus three optional benefit riders:

- Emergency Room & Ambulance
- Lump Sum Hospital Admission (\$1,000 option)
- Rehabilitation or Skilled Nursing Facility for Days 1-20 (\$200 option)

See page 7 for rider descriptions



## Benefit Payout Example

### Cash Benefit Payout

Angie loses her balance and falls in the shower, breaking her shoulder, collar bone and elbow.

She calls 911 and an ambulance transports her to the emergency room of a nearby hospital where she is evaluated and scheduled for surgery.

Angie is admitted to the hospital for 4 days.

*Note: Angie has 2 benefit days remaining in this period of confinement. Once she has been out of the hospital for 60 days in a row, her available number of benefit days will reset to 6.*

Upon discharge, she is transferred to a rehabilitation facility where she spends the next 3 weeks in therapy to regain the use of her arm.

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>Ambulance Benefit:</b>                                          | <b>\$150</b>   |
| <b>Emergency Room Benefit:</b>                                     | <b>\$150</b>   |
|                                                                    | <b>+</b>       |
| <b>Lump Sum Hospital Admission Benefit:</b>                        | <b>\$1,000</b> |
| <b>Daily Benefit Amount:</b><br>\$500 X 4 days                     | <b>\$2,000</b> |
|                                                                    | <b>+</b>       |
| <b>Rehabilitation Facility:</b><br>(Days 1-20):<br>\$200 X 20 days | <b>\$4,000</b> |
|                                                                    | <b>=</b>       |
| <b>Total Cash Benefit Payout:</b>                                  | <b>\$7,300</b> |

# Sample Monthly Premium Rates\*

Hospital Indemnity Plan Design

Daily Benefit Amount: \$200 Days: 3

| Age   | Self Only | with Spouse** | with Child(ren) | with Spouse & Child(ren)** |
|-------|-----------|---------------|-----------------|----------------------------|
| 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                    |

Hospital Indemnity Plan Design

Daily Benefit Amount: \$500 Days: 3

| Age   | Self Only | with Spouse** | with Child(ren) | with Spouse & Child(ren)** |
|-------|-----------|---------------|-----------------|----------------------------|
| 18-29 | \$11.44   | \$17.12       | \$20.86         | \$28.66                    |
| 30-39 | \$13.40   | \$21.20       | \$24.85         | \$35.23                    |
| 40-49 | \$20.09   | \$33.30       | \$32.85         | \$48.81                    |
| 50-59 | \$28.07   | \$49.47       | \$38.75         | \$61.54                    |
| 60-64 | \$30.92   | \$56.66       | \$39.38         | \$65.54                    |

Hospital Indemnity Plan Design

Daily Benefit Amount: \$900 Days: 3

| Age   | Self Only | with Spouse** | with Child(ren) | with Spouse & Child(ren)** |
|-------|-----------|---------------|-----------------|----------------------------|
| 18-29 | \$19.03   | \$31.08       | \$38.43         | \$54.83                    |
| 30-39 | \$25.52   | \$43.98       | \$51.70         | \$76.03                    |
| 40-49 | \$37.06   | \$66.02       | \$63.99         | \$98.75                    |
| 50-59 | \$46.44   | \$86.23       | \$65.46         | \$107.73                   |
| 60-64 | \$53.22   | \$101.42      | \$68.36         | \$117.32                   |

\* Premium rates shown are for illustrative purposes.

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

# 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 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)

## Emergency Room & Ambulance:

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**

## Outpatient Major Diagnostic Exam†:

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

- Computerized Tomography (CT); or
- Magnetic Resonance Imaging (MRI); or
- Electroencephalogram (EEG)

## 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 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:** No benefits will be payable if a Covered Person's Hospital Confinement or treatment in an Observation Unit is directly 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 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 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 (c) reconstructive surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or diseases; or elective surgery (this exclusion does not apply if the surgery is for reconstructive surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or diseases); or 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 Confinement for: alcoholism or drug addiction or their complications, unless addiction resulted from narcotics prescribed by a Physician; 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.

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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