

# HOSPITAL RECOVERY INSURANCE

## with Observation Coverage – WORKSITE

UNDERWRITTEN BY: LIFESECURE INSURANCE COMPANY

Endorsed by:



### Plan Information

Daily Benefit Amount = Amount payable for each inpatient hospital day - up to 35 per year, which includes up to 4 days for treatment in an observation unit

- **\$200:** No Medical Questions or Build Chart
- **\$210 - \$900** (in \$10 increments): Simplified Underwriting

**Annual Benefit Bank** = Daily Benefit Amount x 35 days. Available per covered family member

### Participation Requirements

- 3 Application Minimum
- Eligible Issue Ages: 18-85, Guaranteed Renewable for Life
- Employees must be Actively-at-Work – at least 20 hours per week

### Monthly Premiums for Sample Plan Designs (with Rehabilitation Facility Benefit Rider)\*

| OPTION 1        |         | Daily Benefit Amount: \$200 |                   | Annual Benefit Bank: \$7,000 |  |
|-----------------|---------|-----------------------------|-------------------|------------------------------|--|
| Issue Age Bands | Self    | Self + Spouse               | Self + Child(ren) | Self + Family                |  |
| 18-29           | \$13.33 | \$21.32                     | \$25.44           | \$37.83                      |  |
| 30-39           | \$16.92 | \$28.11                     | \$31.53           | \$41.55                      |  |
| 40-49           | \$21.35 | \$37.52                     | \$33.54           | \$48.01                      |  |
| 50-59           | \$26.01 | \$46.06                     | \$35.39           | \$55.16                      |  |
| 60-63           | \$31.00 | \$58.79                     | \$38.38           | \$63.67                      |  |
| 64-69           | \$35.10 | \$68.46                     | \$41.57           | \$74.63                      |  |
| 70-74           | \$44.62 | \$85.68                     | \$50.86           | \$91.57                      |  |

| OPTION 2        |         | Daily Benefit Amount: \$500 |                   | Annual Benefit Bank: \$17,500 |  |
|-----------------|---------|-----------------------------|-------------------|-------------------------------|--|
| Issue Age Bands | Self    | Self + Spouse               | Self + Child(ren) | Self + Family                 |  |
| 18-29           | \$20.28 | \$37.76                     | \$45.84           | \$64.75                       |  |
| 30-39           | \$25.47 | \$46.44                     | \$53.41           | \$75.97                       |  |
| 40-49           | \$35.05 | \$66.21                     | \$59.51           | \$92.09                       |  |
| 50-59           | \$45.84 | \$88.42                     | \$66.59           | \$112.58                      |  |
| 60-63           | \$61.01 | \$121.73                    | \$76.69           | \$137.38                      |  |
| 64-69           | \$76.35 | \$155.71                    | \$91.45           | \$169.97                      |  |
| 70-74           | \$99.75 | \$203.03                    | \$114.22          | \$216.84                      |  |

| OPTION 3        |          | Daily Benefit Amount: \$700 |                   | Annual Benefit Bank: \$24,500 |  |
|-----------------|----------|-----------------------------|-------------------|-------------------------------|--|
| Issue Age Bands | Self     | Self + Spouse               | Self + Child(ren) | Self + Family                 |  |
| 18-29           | \$26.29  | \$50.78                     | \$61.83           | \$88.25                       |  |
| 30-39           | \$33.48  | \$62.76                     | \$72.33           | \$103.75                      |  |
| 40-49           | \$46.79  | \$90.21                     | \$80.79           | \$126.16                      |  |
| 50-59           | \$60.66  | \$120.69                    | \$90.60           | \$154.16                      |  |
| 60-63           | \$83.04  | \$167.71                    | \$104.80          | \$189.39                      |  |
| 64-69           | \$105.35 | \$215.21                    | \$125.96          | \$235.38                      |  |
| 70-74           | \$137.02 | \$280.76                    | \$157.06          | \$299.83                      |  |

\* Rates shown and product availability may vary outside of Michigan. Other plan designs and rates for ages 75-85 are available.

**Rehabilitation Facility Benefit Rider: \$100 Benefit Payout** for each day in a rehabilitation facility, immediately following a qualified hospital stay (up to 15 days per calendar year). Available per covered family member.

## Benefit Payout

We will pay a cash benefit to you as illustrated in the examples below following qualified hospital visits.

### 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**.

|                      |   |                    |   |  |
|----------------------|---|--------------------|---|--|
| Daily Benefit Amount | X | # Days in Hospital | = | Cindy's Hospital Recovery Benefit Payout |
| \$500                |   | 4 Days             |   | \$2,000                                  |

### 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**.

|                      |   |                               |   |  |
|----------------------|---|-------------------------------|---|--|
| Daily Benefit Amount | X | # of Days in Observation Unit | = | Scott's Hospital Recovery Benefit Payout |
| \$500                |   | 2 Days                        |   | \$1,000                                  |

*Note: The examples shown are for illustration purposes only.*

## 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:** We will not pay benefits for Injuries received in accidents or for sicknesses which are caused 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 the commission or attempted commission of a felony, or to which a contributing cause was being engaged in an illegal occupation or other willful criminal activity; 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.

**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; or 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.

THIS IS A LIMITED BENEFIT POLICY.

For use in Michigan only.

**For more information, contact your agent.**

The Hospital Recovery Insurance product is underwritten by LifeSecure Insurance Company. LifeSecure is an independent company that does not provide Blue Cross Blue Shield of Michigan products or services. LifeSecure is solely responsible for the Hospital Recovery Insurance coverage. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

LifeSecure and the interlocking logo are trademarks of **LifeSecure Insurance Company - Brighton, MI**. This flyer 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 and options 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 is an insurance solicitation. An agent may contact you.

# PERSONAL ACCIDENT INSURANCE

UNDERWRITTEN BY: LIFESECURE INSURANCE COMPANY

Endorsed by:



## Plan Information

- Guaranteed Issue
- Disappearing Deductible
- Benefit Bank resets on Jan 1 of each calendar year
- 24/7 coverage on and off the job
- Does not coordinate benefits
- Medical expense reimbursement model

## Participation Requirements

- 3 Application Minimum
- Eligible Issue Ages: 18-74

## Covered Expenses Include:

- Ambulance transportation
- Emergency room, urgent care center or physician's office visits
- Surgery
- Hospitalization, including intensive care unit (ICU)
- Major diagnostic exams (CT, MRI, EEG)<sup>†</sup>
- Tests and X-rays<sup>†</sup>
- Physician follow-up visits; including chiropractic<sup>†</sup>
- Rehabilitative therapies
- Certain durable medical equipment and prosthetic devices<sup>†</sup>
- Drugs administered in a hospital, urgent care center or physician's office setting

## Premiums for Sample Plan Designs\*

| OPTION 1 Annual Benefit Bank: \$2,500<br>Annual Deductible: \$100 indiv/\$200 family** |          |                   |         |
|--|----------|-------------------|---------|
|  | Employee | Employee + Spouse | Family  |
| Monthly  | \$18.82  | \$20.85           | \$23.84 |
| Bi-Weekly  | \$8.69   | \$9.62            | \$11.00 |
| Weekly   | \$4.34   | \$4.81            | \$5.50  |

| OPTION 2 Annual Benefit Bank: \$5,000<br>Annual Deductible: \$100 indiv/\$200 family** |          |                   |         |
|--|----------|-------------------|---------|
|  | Employee | Employee + Spouse | Family  |
| Monthly  | \$24.12  | \$28.31           | \$34.87 |
| Bi-Weekly  | \$11.13  | \$13.07           | \$16.09 |
| Weekly   | \$5.57   | \$6.53            | \$8.05  |

| OPTION 3 Annual Benefit Bank: \$10,000<br>Annual Deductible: \$100 indiv/\$200 family** |          |                   |         |
|---|----------|-------------------|---------|
|   | Employee | Employee + Spouse | Family  |
| Monthly   | \$30.93  | \$38.35           | \$50.96 |
| Bi-Weekly   | \$14.28  | \$17.70           | \$23.52 |
| Weekly  | \$7.14   | \$8.85            | \$11.76 |

\* Rates shown and product availability may vary outside of Michigan. Other plan designs are available.

\*\* The family deductible must be satisfied by two or more family members.

<sup>†</sup> Per covered family member and within 30 days of accidental injury.

## Example - Personal Accident – Benefit Payout

Donna chose Option 3 (Annual Benefit Bank of \$10,000 and Annual Deductible of \$100) to supplement her medical plan. She broke her collar bone while skiing with friends and required immediate medical attention. Donna's cash benefit payout will be **\$8,700**.

| Expenses | Personal Accident Deductible | Donna's Personal Accident Benefit Payout |         |
|----------|------------------------------|--|---------|
| \$8,800  | – \$100                      | =  | \$8,700 |

Note: The example shown is for illustration purposes only.

## Disappearing Deductible Feature

If no benefits are payable for the preceding calendar year, then your annual deductible amount will decrease by \$20 on Jan. 1 of the next year. If this happens for five consecutive calendar years, your annual deductible will disappear the following Jan. 1 and you'll never see it again. You must have your policy for at least three full months before we can reduce your deductible for the first time. If you submitted a claim for services covered in the previous calendar year and were eligible for a cash benefit, your annual deductible will reset on the following Jan. 1 to the original amount.

## Example

Mark purchased a Personal Accident Insurance policy with a \$100 Annual Deductible five years ago, and has never received benefits. As a result, his deductible has decreased to zero, as shown below:

| Year | Deductible on Jan. 1 |
|------|----------------------|
| 1    | \$100                |
| 2    | \$80                 |
| 3    | \$60                 |
| 4    | \$40                 |
| 5    | \$20                 |
| 6    | \$0                  |

## Policy Limitations and Exclusions

**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.

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

**THIS IS AN ACCIDENT ONLY POLICY AND DOES NOT PAY BENEFITS FOR A LOSS FROM SICKNESS. THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

**This policy is guaranteed renewable to age 75:** This means policyholders have the right, subject to the terms of the policy, to continue the policy until their policy anniversary on or following their 75th birthday, as long as premiums are paid on time.

For use in Michigan only.

**For more information, contact your agent.**

The Personal Accident Insurance product is underwritten by LifeSecure Insurance Company. LifeSecure is a independent company that does not provide Blue Cross Blue Shield of Michigan products or services. LifeSecure is solely responsible for the Personal Accident Insurance coverage. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

LifeSecure and the interlocking logo are trademarks of LifeSecure Insurance Company - Brighton, MI. This flyer 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 and options may vary by state. Please remember only the insurance policy can give actual coverage amounts, terms, conditions, limitations and exclusions. Refer also to the Outline of Coverage. This is an insurance solicitation. An agent may contact you.