

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.

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PERSONAL ACCIDENT INSURANCE

with Accidental Death Benefit

Endorsed by:

UNDERWRITTEN BY: LIFESECURE INSURANCE COMPANY



Plan Information

- Guaranteed Issue
- \$0 and \$500 deductible options
- Accidental Death Benefit included
- Benefit Bank and Deductible reset 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: 8-74
- Guaranteed Renewable to Age 85

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, diagnostic X-ray)^{††}
- Tests and X-rays^{†††}
- Physician follow-up visits; including chiropractic^{††††}
- Rehabilitative therapies^{†††††}
- Certain durable medical equipment^{†††††}
- Drugs administered in a hospital, urgent care center or physician's office setting at time of initial care

[†] Up to two per covered accident, per covered family member; performed within six months of accident

^{††} Up to \$750 per exam; one per covered accident, per covered family member, within 30 days of accident

^{†††} One test or set of X-rays within 90 days of covered accident

^{††††} Up to one visit per day; max of three visits per covered accident, within 30 days of accident

^{†††††} Maximum 10 visits per covered accident, per covered family member; must begin within 90 days of accident and occur within six months of accident

^{††††††} Rental or purchase of qualified equipment prescribed within 30 days of covered accident

Monthly Premium Sample Plan Designs*

OPTION 1 Annual Benefit Bank: \$2,500*			
	Employee	Employee + Spouse	Family
\$0 Deductible	\$23.41	\$26.81	\$30.06
\$500 Deductible**	\$16.99	\$20.48	\$24.05

OPTION 2 Annual Benefit Bank: \$5,000*			
	Employee	Employee + Spouse	Family
\$0 Deductible	\$30.27	\$34.81	\$43.93
\$500 Deductible**	\$22.93	\$27.40	\$35.82

OPTION 3 Annual Benefit Bank: \$10,000*			
	Employee	Employee + Spouse	Family
\$0 Deductible	\$39.24	\$49.21	\$67.69
\$500 Deductible**	\$31.18	\$40.27	\$56.85

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

**The \$1,000 family deductible must be satisfied by two or more family members.

Example - Personal Accident – Benefit Payout^{†††}

Donna chose Option 3 (Annual Benefit Bank of \$10,000 and Annual Deductible of \$500) 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 **\$8,300**.

Expenses	Personal Accident Deductible	Donna's Personal Accident Benefit Payout
\$8,800	– \$500	= \$8,300

Note: The example shown is for illustration purposes only.

Accidental Death Benefit

Following the loss of a loved one, families often face final expenses, medical bills and other unexpected costs. In the unfortunate event that an accidental injury results in the death of a covered family member, your Personal Accident Insurance policy will pay a lump sum cash benefit to provide additional financial support when it's needed the most.

	Accidental Death Benefit Payouts
For you	\$10,000
For your spouse/partner	\$10,000
For each dependent child	\$5,000

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 engaging in any "willful criminal activity", at the level of misdemeanor or a felony; or commission of or attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation or other "willful criminal activity"; or hernia of any kind.

Willful criminal activity includes but is not limited to operating a vehicle while intoxicated in violation of Michigan law, or similar law in a jurisdiction outside of this state, or operating a methamphetamine laboratory as defined by law. Willful criminal activity does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony.

No benefits of this Policy are payable for: any illness, loss, or condition specifically excluded from the definition of Accidental Injury; 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 provides limited benefits.

This policy is guaranteed renewable to age 85: 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 85th birthday, as long as premiums are paid on time.

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