lifesecure™

Hospital Indemnity Insurance | Michigan

Individual

Why Hospital Indemnity Insurance?

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

LS-HI4-I-0300 MI 08/25

Policy Form Series: LS-HI4-0004 MI
Generation 4.0

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.

- **ADULTS AGES 18-64:** Select coverage to help cover your medical plan's deductible and other expenses following a hospital stay.
- **SENIORS AGES 65-85:** Cash benefits can be used to cover your Medicare Advantage hospital copay and help with other out-of-pocket costs.

In 2020, the average cost of a hospital stay in the U.S. was $18,400 (for adults ages 45-64.)[1]

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.

[1] *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 85. This policy is guaranteed renewable for life.

- For applicants ages 64.5 through 70 – 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.

Hospital Observation Benefit:

If you receive treatment in an observation unit, we will pay a cash benefit equal to your Daily Benefit Amount, **up to 6 days per calendar year**. On Jan 1 of each year, this benefit resets to 6 days. Observation days count toward your Hospital Confinement days.

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**.

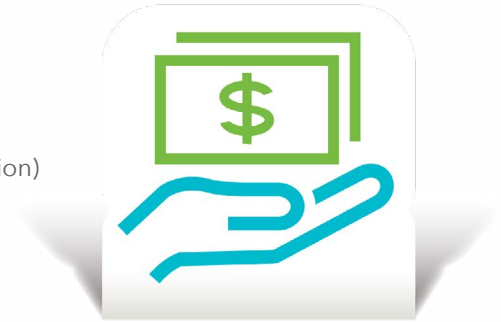
How is your Hospital Indemnity benefit calculated?

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 four optional benefit riders:

- Accidental Injury ($3,000 Benefit Bank)
- 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.	Accidental Injury:	$3,000
	Ambulance Benefit:	$150
	Emergency Room Benefit:	$150
	+	
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.*	Lump Sum Hospital Admission Benefit:	$1,000
	Daily Benefit Amount: $500 X 4 days	$2,000
	+	
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.	Rehabilitation Facility: (Days 1-20): $200 X 20 days	$4,000
	=	
Total Cash Benefit Payout:		**$10,300**

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
60-63	$13.06	$21.62	$16.27	$25.00
64-69	$14.96	$25.55	$18.35	$28.94
70-74	$18.17	$31.49	$21.72	$35.04
75-79	$23.39	$41.21	$27.24	$45.06
80-85	$33.84	$60.38	$38.53	$65.07

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
60-63	$30.92	$56.66	$39.38	$65.54
64-69	$33.90	$62.86	$42.00	$70.96
70-74	$41.67	$78.17	$50.15	$86.64
75-79	$52.06	$98.40	$60.75	$107.09
80-85	$72.78	$138.42	$82.80	$148.45

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
60-63	$53.22	$101.42	$68.36	$117.32
64-69	$59.80	$114.29	$74.37	$128.86
70-74	$70.31	$135.75	$84.82	$150.26
75-79	$97.51	$188.94	$113.86	$205.31
80-85	$137.16	$266.71	$156.02	$285.58

* *Premium rates shown are for illustrative purposes and vary in some states.*

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

Optional Benefit Riders

Optional Benefit riders offer additional protection against expenses you might face. You may add one or more to your Hospital Indemnity Insurance policy for an additional premium.

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)

First Cancer Diagnosis Lump Sum:♦†

Includes a 60-day waiting period

You choose a **Benefit Payout between $1,000 - $20,000** (in $1,000 increments) for a first diagnosis of:

- Invasive Cancer at the full amount, or
- Cancer in Situ at 50% of the benefit amount, or
- Skin Cancer** at 25% of the benefit amount

*** Note: If you first receive a benefit for a Skin Cancer diagnosis, this rider includes a benefit for a subsequent Skin Cancer diagnosis.*

Outpatient Rehabilitation Therapy:♦†

You choose a **$50 or $100 Benefit Payout per day**:

- Occupational, Physical or Speech Therapy – choose up to 15 or 30 days per calendar year
- Acupuncture or Chiropractic Services – up to 5 days per calendar year

Accidental Injury:

You choose an Annual Benefit Bank between **$1,000 and $5,000**, in $100 increments.
(available per calendar year, up to 2 times lifetime max; shared among all covered family members)

$5,000 Accidental Death Benefit pays if death occurs because of the Accidental Injury, within 90 days.

♦ *Benefit payouts are available per covered family member.*
† *For all applicants, including those ages 64.5 - 70: These riders require simplified issue underwriting.*

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. The Pre-Existing Condition Limitation applies to all Riders, excluding the First Cancer Diagnosis Benefit Rider, which has a 60-day Waiting Period, and the Accidental Injury Benefit Rider, which does not have a Waiting Period..

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 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 (Willful criminal activity does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony); 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 operation of a motor vehicle while intoxicated in violation of section 625 of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or similar law in a jurisdiction outside of this state.

No benefits will be payable under this Policy for treatment of: alcoholism or drug addiction or their complications; 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.

Exclusions typically apply to all Riders, unless otherwise stated in the Rider. Certain Riders have additional or fewer exclusions.

LifeSecure reserves the right to reduce 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.

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