



# LifeSecure Insurance Company

## Hospital Recovery Insurance

### Plan-At-A-Glance

#### Daily Benefit Amount

You choose an amount between \$100 and \$999.

Your Daily Benefit Amount represents the amount payable to you, or someone you designate, upon discharge, for each day you are hospitalized.

#### Annual Benefit Bank Amount

You will have an Annual Benefit Bank Amount equal to your Daily Benefit Amount multiplied by 15.

Your Annual Benefit Bank represents the total dollar amount available to you per calendar year. The maximum number of hospital days covered per calendar year = 15.

Daily Benefit Amount		Maximum Days		Annual Benefit Bank
\$500	X	15	=	\$7,500

#### Benefit Payout

Upon discharge from a qualified inpatient hospital stay, we will pay a cash benefit to you, or someone you designate, as illustrated in the example below.

#### A Benefit Example

Mary chooses a Daily Benefit Amount of **\$500**, which provides an Annual Benefit Bank of **\$7,500**.

She is later hospitalized for 5 days. Upon discharge, Mary's benefit payout will be **\$2,500** and her remaining Benefit Bank balance will be **\$5,000**.

Daily Benefit Amount		# Days in Hospital		Benefit Payout
\$500	X	5	=	\$2,500

Mary's Annual Benefit Bank		Benefit Payout		Remaining Benefit Bank Balance <small>(available through end of calendar year)</small>
\$7,500	—	\$2,500	=	\$5,000

Mary's Annual Benefit Bank will replenish to the full amount of **\$7,500** on January 1st.



Our **BudgetPointPricing<sup>SM</sup>** tool can help you determine the size of your Daily Benefit Amount based on the premium you're most comfortable with. By entering your age and target monthly premium, you can quickly and easily find the Hospital Recovery plan design that best fits your budget.

Try it at [www.YourLifeSecure.com](http://www.YourLifeSecure.com) under "Quote Calculator" – Hospital Recovery.

## Policy Limitations and Exclusions

No benefits will be payable under this policy for confinement in a hospital for a sickness or injury that was directly or indirectly (**IL** residents – directly) a result of:

- operating, learning to operate, or serving as a crew member of any aircraft; or
- engaging in hazardous activities (as defined in the policy); 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
- participating in (**AK, AL, DC, IN, LA, MI, NM, SD, TN & UT** residents – 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
- elective surgery that is not medically necessary; or
- normal pregnancy except for complications of pregnancy; or
- an illness, treatment or medical condition that results from an attempt at suicide, while sane or insane (**CO & MO** residents – while sane), or an intentionally self-inflicted injury (**SD** residents – an illness, treatment or medical condition that results from an attempt at suicide or self-inflicted injuries); or
- expenses for treatment for a mental or nervous disorder or disease; or
- being intoxicated or under the influence of alcohol, drugs or any narcotic (**AL & LA** residents – being intoxicated or under the influence of any narcotic) unless administered on the advice and instructions of a Licensed Health Care Provider (**SD** residents – not applicable); or
- care or services provided outside the United States of America, its territories or possessions, or Canada.

Any pre-existing condition as defined in the policy that occurred within the 12 month (**NM, NV & WY** residents – 6 month) period before the policy effective date will not be covered for the first 6 months after the policy effective date.

For more information, contact your agent or call us at **1-866-582-7701**, or visit us at **[www.YourLifeSecure.com](http://www.YourLifeSecure.com)**.

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