

Hospital Indemnity Insurance

Valuable coverage designed to help reduce out-of-pocket expenses in your Medicare Advantage plan



LifeSecure's Hospital Indemnity coverage is **guaranteed issue for applicants ages 64.5 through 66¹** with no health questions or waiting periods² - and often issued within 24 hours.

How can it help you pay copays, out-of-pocket bills and other expenses after a hospital stay? Hospital Indemnity Insurance provides **cash benefits** directly to you to help with anything you need during recovery - which keeps you focused on your health instead of worrying about your finances.

What else should you know?

- It's affordable - about \$21/month for a \$300 daily benefit
- Premiums don't increase as you age & coverage is guaranteed renewable for life
- Benefits restore an unlimited number of times after 60 days without hospital confinement

Customize your Hospital Indemnity plan to align with your Medicare Advantage hospitalization copayments and other coverage gaps!

Step 1

Daily Benefit Amount

Choose an amount between \$100-\$900

Step 2

Hospital Confinement

Choose 3, 6, 10, or 21 days

Step 3

Benefit-enhancing Riders³

Consider additional coverage

- Lump Sum Hospital Admission
- Outpatient Surgery
- ER & Ambulance Benefit
- Outpatient Major Diagnostic Exam
- Rehab/Skilled Nursing Facility:
 - Days: 1-20
 - Days: 21-100

¹ In CA: 64.5 until 65th birthday, In MI & PA: 64.5 through 70 ; In WA: 64 through 66

² Waiting periods apply for certain preexisting conditions

³ Additional riders are available in certain states

Worksheet: Your Potential Medicare Out-of-Pocket Costs			Your LifeSecure Cash Benefit Payouts*		
Hospitalization	\$_____/day ____ days	Total: \$____	\$_____/day ____ days	<i>Includes up to 6 days of observation care</i>	
Ambulance	\$_____/ground \$_____/air	Total: \$____	\$150/ground \$500/air		
Emergency Room	\$_____/visit	Total: \$____	\$150 per day		
Rehab/Skilled Nursing Facility Days 1-20	\$_____/day Max. days: 20	Total: \$____	\$100 or \$200/day		
Rehab/Skilled Nursing Facility Days 21-100	\$_____/day Max. days: 80	Total: \$____	\$100 or \$200/day		
Out-of-Pocket Maximum <i>(includes outpatient surgery, diagnostics, and other costs and services)</i>		Total: \$____	Outpatient Surgery <ul style="list-style-type: none"> • \$500 or \$1,000 Outpatient Major Diagnostic Exam <ul style="list-style-type: none"> • \$500 Lump Sum Hospital Admission <ul style="list-style-type: none"> • \$500 or \$1,000 		

Sample Monthly Premiums - Hospital Indemnity*

Age	\$300 Daily Benefit 6 days		\$330 Daily Benefit 6 days		\$350 Daily Benefit 6 days		\$400 Daily Benefit 6 days	
	Self	Self + Spouse	Self	Self + Spouse	Self	Self + Spouse	Self	Self + Spouse
64.5	\$21	\$38	\$23	\$42	\$25	\$45	\$28	\$52
65-66	\$27	\$49	\$29	\$54	\$31	\$57	\$35	\$65

* Please refer to the Outline of Coverage for benefit availability for your state and payout limitations per calendar year. Benefits and rates may vary by state. The worksheet example includes optional benefit riders, which may be added to your Hospital Indemnity Insurance policy for an additional premium. More riders are available in certain states.

Contact Rob Roney for more information.
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