

## HOME HEALTH CARE INDEMNITY POLICY FORM S-HHC-KS

### LIMITED BENEFIT HEALTH COVERAGE

### OUTLINE OF COVERAGE

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The Company is hereinafter referred to as "We." The individual(s) covered under the policy are referred to as "You" or "Your."

**NOTE: This policy IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company.**

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

1. **Read Your Policy Carefully** - This Outline of Coverage provides a very brief description of the important features of Your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Your insurance company. It is therefore important that you READ YOUR POLICY CAREFULLY!
2. **Limited Benefit Health Coverage** is designed to provide, to persons insured, limited or supplemental coverage. This policy provides coverage in the form of a daily indemnity benefit for Home Health Care and Home Health Care Aide services, and the optional benefits shown below if selected by you.
3. **BENEFITS:**
  - A. **HOME HEALTH CARE SERVICES BENEFIT:** We will pay a daily benefit each day you require Home Health Care Services provided by an Approved Home Health Care Practitioner, subject to the eligibility conditions below. The amount of the daily benefit for all Home Health Care Services for any one day will be the lesser of: (i) the Daily Maximum Aggregate Benefit shown on the Policy Schedule; or (ii) the amount set forth opposite the Home Health Care Services listed on the Policy Schedule.
  - B. **HOME HEALTH CARE AIDE BENEFIT:** Immediately following a Hospital confinement of not less than three days, We will pay a daily benefit of \$40.00 – \$120.00 for each day you require the services of a Home Health Care Aide in Your Home.
  - C. **COVERED HOME HEALTH CARE BENEFITS:**
    1. **Nursing Care Services:**
      - a. Skilled Nursing Care provided by a registered nurse (RN)
      - b. General Nursing Care provided by a licensed practical nurse (LPN) or licensed vocational nurse (LVN).
    2. **Therapy Services:**
      - a. Physical Therapy
      - b. Speech Pathology
      - c. Occupational Therapy
      - d. Chemotherapy Specialist Services
      - e. Enterostomal Therapy
      - f. Respiration Therapy
    3. **Medical Social Services**
    4. **Home Health Aide Services**

- D. **PRESCRIPTION DRUG BENEFIT:** If, while this Policy is in force, an Insured/Covered Person incurs expenses for Prescription Drugs for the treatment of an Injury or Sickness, We will pay \$10.00 per Generic Drug prescription, or \$25.00 per Brand Name Drug prescription, limited to a maximum benefit of \$300.00-900.00 per Policy Year. The maximum benefit shall apply to each Insured/Covered Person separately per Policy Year. The Pre-Existing Conditions Limitation does not apply to the Prescription Drug Benefit. For purposes of this benefit:
- i “**Prescription Drugs**” means drugs which: (a) require a prescription written by a Physician; and (b) are dispensed by a licensed pharmacist.
  - ii “**Generic Drugs**” means a Prescription Drug that has the same active ingredients as an equivalent Brand Name Drug, does not carry any drug manufacturer’s brand name on the label, and is not protected by a patent. It must be listed as a generic drug by the United States national drug data bank.
  - iii “**Brand Name Drugs**” means a Prescription Drug for which a pharmaceutical company has received a patent or trade name, and is under patent protection.
  - iv “**Policy Year**” means each successive 12-month period extending from the Effective Date of the Policy, so that each successive 12-month period will constitute a single Policy Year.

**Maximum Benefit Periods:** The Maximum Benefit Period for the Home Health Care Services Benefit is 365 days, and the Maximum Benefit Period for the Home Health Care Aide Benefit is 60 days. The Maximum Benefit Period is the maximum number of days We will pay benefits during Your lifetime, unless benefits are restored as provided in the Restoration of Benefits provision.

**Restoration of Benefits:** The original Maximum Benefit Periods for the Home Health Care Services Benefit and the Home Health Care Aide Benefit will be restored if benefits have not been paid or required for 180 consecutive days.

**Conditions on Eligibility for the Home Health Care Services Benefit and the Home Health Care Aide Benefit:** Payment of the Home Health Care Services Benefit and the Home Health Care Aide Benefit is subject to the following:

- Your loss must be incurred after the policy's effective date and while the policy is in force;
- For the Home Health Care Services Benefit, care must be provided in Your Home by an Approved Home Health Care Practitioner, as defined in the policy; and for the Home Health Care Aide Benefit, care must be provided in Your Home by a Home Health Care Aide, as defined in the policy; and
- You must be unable to perform, without the assistance of another person, two or more Activities of Daily Living (ADLs); or you must require continuous supervision and assistance due to a Cognitive Impairment. To meet this requirement, Your Physician must perform such tests as are in accordance with accepted standards of medical practice and, based on such tests, certify in writing that you are unable to perform two or more ADLs or that you have a Cognitive Impairment. ADLs are bathing, dressing, eating, toileting and transferring to or from a bed or a chair.

**4. OPTIONAL BENEFITS:** The following are optional benefit riders which may be available in Your state. Your application reflects that you have applied for the additional benefits checked.

#### **Ambulance Benefit Rider**

This rider pays an ambulance service benefit of \$200 if a licensed ground ambulance service transports You to or from a medical facility. The ambulance service must be considered Necessary Care. This Benefit is payable no more than 1-4 times per Calendar Year and is subject to a lifetime maximum benefit of \$2,500.

#### Ambulance Benefit Rider Exclusions:

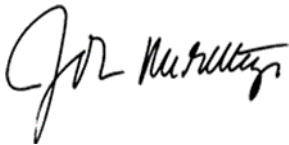
This rider does not pay benefits for:

1. Services which are not considered Necessary Care.
2. Services which are received without charge or legal obligation to pay.
3. Services which would not routinely be paid in the absence of insurance.
4. Injury or sickness arising out of or in the course of employment or which is compensable under any workers’ compensation or occupational disease act or law.
5. Injury due to being legally intoxicated, as defined by the jurisdiction in which an accident occurs.
6. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.

5. **PRE-EXISTING CONDITIONS LIMITATION:** This Policy is not considered to be in force or effective for any Pre-Existing Condition, as defined in the Policy, until six months after the Policy's Effective Date.
6. **EXCLUSIONS:** The Policy does not cover any Loss caused or contributed to by: (a) mental or emotional disorders (Note: **This exclusion does not apply to Alzheimer's Disease, senility or other organic brain syndrome.** These diseases are covered by the Policy like any other Sickness subject to the Pre-Existing Conditions Limitation); (b) alcoholism or drug addiction; (c) pregnancy, except that complications of pregnancy shall be covered as any other Sickness; (d) war or act of war (whether declared or not); (e) participation in a felony riot or insurrection; (f) service in the armed forces or units auxiliary to it; (g) attempted suicide, while sane, or intentionally self-inflicted Injury; (h) Injury or Sickness to the extent benefits are paid therefor under a state or federal worker's compensation law, employers liability or occupational diseases law, or motor vehicle no-fault law; (i) services performed by a member of Your Immediate Family; (j) services for which no charge is normally made in the absence of insurance; (k) dental care or treatment; (l) rest cures, custodial care or transportation.
7. **GUARANTEED RENEWABILITY:** The policy is guaranteed renewable for Your lifetime. We cannot cancel, refuse to renew, or change the Policy as long as You pay the premiums as they become due or with the 31-day grace period. The Policy will continue in force during the grace period.
8. **PREMIUMS SUBJECT TO CHANGE:** Premiums for the Policy are based on the attained age of each Covered Person, and each Covered Person's premium maybe increase following his/her birthday. Premiums may also increase at any time due to the Company changing its table of rates applicable on a class basis in Your state. No change in premiums will be effective before the Policy's first anniversary and not more than once in any six month period following the initial 12-month period. Any change will apply to future premiums for all policies with the same form number issued to us to persons in Your state of residence. We will give You 45 days written notice before any premium change.

**THIS IS A LIMITED BENEFIT POLICY. READ THE POLICY CAREFULLY WITH THIS OUTLINE OF COVERAGE.**

**THIS IS NOT A LONG-TERM CARE POLICY.**



John McGettigan  
Secretary



Brad Piercey  
President

Initial Premium:

Coverage Description	Premium
Short Term Home Health Care Policy	\$ _____
Ambulance Benefit Rider	\$ _____
Critical Accident Rider	\$ _____
Extra Benefits Rider	\$ _____
Policy Fee:	\$20.00
Total Premium:	\$ _____

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name