



LIFESECURE INSURANCE COMPANY | Hospital Recovery Insurance
A Stock Company [10559 Citation Dr., Suite 300, Brighton, MI 48116
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| Individual Hospital Recovery Outline of Coverage |

THE POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. It is not intended to replace any Covered Persons' present health insurance. If a Covered Person is eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Us.

The Policy does not provide minimum essential coverage as required by the Affordable Care Act and does not satisfy the individual responsibility requirements of section 5000A of the Internal Revenue Code.

Read Your Policy Carefully – This Outline of Coverage provides a very brief description of the important features of coverage. 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 Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

Hospital recovery coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods following hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the Policy. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below.

Hospital Recovery Benefits

Annual Benefit Bank and Daily Benefit Amount

The Policy has an Annual Benefit Bank and a Daily Benefit Amount for each Covered Person. The Annual Benefit Bank represents the total dollar benefit amount available to each Covered Person under this Policy each calendar year. The Daily Benefit Amount shows the amount We will pay for each day the Covered Person was Confined in a Hospital.

A Covered Person's Annual Benefit Bank balance is reduced by all benefit amounts paid to the Covered Person. On January 1st of each year, We will restore each Covered Person's Annual Benefit Bank to the full amount shown on the Schedule of Benefits.

Benefit Payout Structure

The Policy has a Daily Benefit Amount available for each day the Covered Person was Confined as an Inpatient in a Hospital while their coverage was in force. We will pay benefits to You upon the Covered Person's discharge based on the number of days the Covered Person was Confined in a Hospital up to an annual calendar year maximum equal to the Covered Person's Annual Benefit Bank. In order to qualify for this benefit, We must be able to verify that the Covered Person meets all of the following conditions:

- the Covered Person was Confined as an Inpatient in a Hospital;
- the Covered Person was discharged from the Hospital;
- coverage under this Policy was in force on the date(s) the Covered Person was admitted to the Hospital; and
- the Covered Person has not exhausted his or her Annual Benefit Bank.

If a Covered Person dies while confined as an Inpatient in a Hospital, the date of death will be treated as the date of discharge under this Policy. We will not pay more than the Covered Person's Annual Benefit Bank for any one Confinement.

Limitations and Exclusions

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.

Exclusions

No benefits will be payable under the Policy for a Sickness or Injury that was directly or indirectly 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 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
- 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
- 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; 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, or
- an intentionally self-inflicted injury; or
- being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered on the advice and instructions of a Physician or other medical professional.

No benefits will be payable under the Policy for expenses or treatment of:

- a Mental or Nervous Disorder or disease; or
- alcoholism or drug addiction; or
- care or services provided outside the United States of America, its territories or possessions, or Canada.

Renewability and Right to Change Premiums

THE POLICY IS GUARANTEED RENEWABLE TO AGE 64. You have the right, subject to the terms of the Policy, to continue this coverage until the Policy Anniversary on or following Your 64th birthday as long as You pay the required premiums on time. We cannot change any of the terms of Your coverage or benefits without Your consent.

PREMIUM CHANGES. You cannot be singled out for a rate increase due to a change in any Covered Person's age or health status. We can, however, change premiums, but only if We change the premiums for all similar policies issued in the same state and on the same form as this Policy. Any premium changes will be effective on the next Premium Due Date following Our notice to You. We must give You at least 60 days written notice before the effective date of a premium change, and We cannot increase Your premium more than once in a twelve month period.

Optional Benefits

Major Diagnostic Exam Benefit

We will pay a Major Diagnostic Exam Benefit of [\$500] per Covered Person for each day a Covered Person undergoes one of the following diagnostic exams:

- Computerized Tomography (CT);
- Magnetic Resonance Imaging (MRI); or
- Electroencephalogram (EEG).

This benefit is payable no more than one day per calendar year per Covered Person. This benefit is payable even if the Covered Person does not become Confined in a Hospital. This benefit is not limited by the Daily Benefit Amount and the Annual Benefit Bank as defined in the Policy.

Rehabilitation Facility Benefit

We will pay a Rehabilitation Facility Benefit of [\$100] for each day a Covered Person is Confined to a Rehabilitation Facility immediately following a period of Confinement in a Hospital (as defined in the Policy). This benefit is payable up to [15] days per Calendar Year. This benefit is not limited by the Daily Benefit Amount and the Annual Benefit Bank as defined in the Policy.

Emergency Room & Ambulance Benefit

We will pay an Emergency Room Benefit [\$300] for any a Covered Person is admitted to an Emergency Room. This benefit is payable for one day per calendar year per Covered Person.

We will pay the Ambulance Benefit for any day a Covered Person is transported by a licensed professional air or ground ambulance company to or from a Hospital. The Ambulance Benefit for air ambulance is [\$500]. The Ambulance Benefit for ground ambulance is [\$150]. This benefit is payable only one day per Calendar Year per Covered Person.