

Plan-at-a-Glance

Protect your hard-earned wages and savings with Personal Accident Insurance.

Your medical plan provides benefits to help with medical costs if you suffer an accidental injury. In that unfortunate event, you shouldn't have to worry about unexpected financial setbacks resulting from the injury. Things like lost wages plus your out-of-pocket expenses and the cost for help with transportation, meals, child care, or even housekeeping can all add up. Personal Accident Insurance provides cash benefits regardless of any other insurance you have. By pairing it with your medical plan, you can extend your protection to help with those unexpected costs, so you can focus on healing.

Standard Features

Eligible Issue Ages: 18 through 74 (In TN: 18-69)

Annual Benefit Bank Amount: You choose an amount within the range below (in \$100 increments):
(In GA: Maximum Annual Benefit Amount)

Minimum = **\$2,500**

Maximum = **\$15,000 for individuals or \$25,000 for couples/families**

Your Annual Benefit Bank represents the total dollar amount available to you for covered services rendered each calendar year. On Jan. 1 of each year, your Annual Benefit Bank will restore to its full amount. This benefit can complement your medical plan in the event of an accidental injury.

Annual Deductible Amount: You choose an annual deductible amount of \$100, \$250 or \$500 - then watch it disappear!

Your annual deductible represents the dollar amount that an individual must incur in covered services in a calendar year before benefits are payable under the policy.

Disappearing Deductible Feature

On January 1st of each calendar year, your Annual Deductible Amount will decrease by 20% if no benefits are payable for the previous calendar year. Your policy must be in force for at least three full months before the first reduction of the deductible will occur. If any benefits are payable for covered services rendered during a calendar year, your Annual Deductible Amount will reset on the following January 1st to the original amount. If no benefits are payable for five consecutive calendar years, your Annual Deductible Amount will be eliminated beginning with the next calendar year. Once your Annual Deductible Amount reaches zero, it will not reset.

Family Deductible - when spouse/domestic partner and/or dependents are included (In GA: domestic partners not eligible)

The deductible for family coverage is two-times (2X) the individual deductible amount and must be satisfied by at least two covered family members. Once the family deductible is satisfied, benefits would be payable for all covered family members for the remainder of the calendar year, up to your Annual Benefit Bank Amount. Benefits may be paid for an individual family member before the full family deductible is satisfied.

Benefit Payout: If you suffer an accidental injury and receive initial care within 72 hours, simply submit your proof of claim for the dollar amount of your actual medical and/or recovery expenses. To determine the actual expenses, we will take into account the adjustments or discounts which may be negotiated between your health insurance plan and provider(s) for services received. Benefits from this policy will pay in addition to your medical coverage, less any deductible applicable under this policy. All benefits are paid directly to you.

LifeSecure Personal Accident Insurance with Disappearing Deductible

Covered medical expenses, including:

- **ambulance** (once per accidental injury, per covered family member)
- **initial services** (received in a hospital, urgent care center or physician's office)
- **hospitalization, including intensive care unit (ICU)**
- **major diagnostic exams: CT, MRI, EEG** (covered up to \$750 per exam; limit two exams per calendar year; one per accidental injury*)
- **tests and X-rays** (one test or one set of X-rays per accidental injury*)
- **surgery** (up to two per accidental injury, per covered family member; performed within 90 days of accidental injury)
- **drugs** (administered in a hospital, urgent care center or physician's office at time of initial care)
- **physician follow-up services, including chiropractic** (up to one visit per day, with a maximum of three visits per accidental injury*)
- **physical, occupational and speech therapy** (one visit per day, with a maximum of 10 visits per accidental injury, per covered family member; visits must begin within 90 days of accidental injury and occur within six months of accidental injury)
- **durable medical equipment** (rental or purchase of qualified equipment prescribed within 30 days of accidental injury)
- **prosthetic devices** (must be received within one year of accidental injury). **In OR:** includes prosthetic services and orthotic devices
- **In CT only: home health care** (up to 80 visits per calendar year, per covered family member)

Example - Individual Personal Accident Benefit Payout * Per covered family member; within 30 days of accidental injury

Donna chose a Personal Accident Plan with an **Annual Benefit Bank of \$10,000** and **Annual Deductible of \$100** to supplement her medical plan. She broke her collar bone while skiing with friends and needed immediate medical attention.

Actual Expenses	-	Personal Accident Deductible	=	Donna's Personal Accident Benefit Payout
\$8,000		\$100		\$7,900

Limitations or Conditions on Eligibility for Benefits**

Exclusions: Care must be provided within the United States, its territories or possessions or Canada to be considered eligible for benefits.

No benefits of this Policy are payable when the loss is contributed to or caused by: 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 any act of war whether declared or undeclared; or voluntary participation in any riot or civil insurrection; or engaging in an illegal activity or occupation; or commission or attempt to commit an assault or felony; or suicide or attempted suicide, while sane or insane; or intentionally self-inflicted injury; or hernia of any kind; or being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered and used in accordance with the instructions of a Physician.

No benefits of this Policy are payable for: any illness, loss, or condition specifically excluded from the definition of Accident; or dental care or treatment unless caused by Accidental Injury to natural teeth; or treatment for a mental or nervous disorder or disease.

** The Limitations or Conditions on Eligibility for Benefits shown above may vary by state. The actual Limitations or Conditions on Eligibility for Benefits applicable to your policy will depend on the state in which your coverage is issued.

This is an accident only policy and provides limited benefits. This policy is guaranteed renewable to age 75.

For more information, contact your agent or visit us at YourLifeSecure.com.

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Personal Accident Insurance Monthly Premium (Unisex) Rates

\$5,000 Annual Benefit Bank

Deductible

	\$100	\$250	\$500
Self	\$22.20	\$21.86	\$21.36
Self + Spouse	\$26.04	\$25.74	\$25.28
Self + Child(ren)	\$29.59	\$29.30	\$28.83
Self + Family	\$32.08	\$31.84	\$31.45

\$10,000 Annual Benefit Bank

Deductible

	\$100	\$250	\$500
Self	\$28.53	\$28.14	\$27.55
Self + Spouse	\$35.39	\$35.03	\$34.47
Self + Child(ren)	\$41.60	\$41.23	\$40.64
Self + Family	\$47.04	\$46.72	\$46.19

\$15,000 Annual Benefit Bank

Deductible

	\$100	\$250	\$500
Self	\$32.74	\$32.33	\$31.71
Self + Spouse	\$42.03	\$41.63	\$41.01
Self + Child(ren)	\$50.29	\$49.88	\$49.22
Self + Family	\$58.18	\$57.82	\$57.21

\$20,000 Annual Benefit Bank

Deductible

	\$100	\$250	\$500
Self	N/A	N/A	N/A
Self + Spouse	\$47.15	\$46.74	\$46.10
Self + Child(ren)	\$57.15	\$56.72	\$56.02
Self + Family	\$67.20	\$66.81	\$66.17

\$25,000 Annual Benefit Bank

Deductible

	\$100	\$250	\$500
Self	N/A	N/A	N/A
Self + Spouse	\$51.35	\$50.93	\$50.26
Self + Child(ren)	\$62.83	\$62.38	\$61.66
Self + Family	\$74.86	\$74.45	\$73.77

To review monthly premiums for different benefit amounts, visit www.YourLifeSecure.com and login to your secure portal to run quotes.

Personal Accident Insurance Monthly Premium (Unisex) Rates

\$100 Deductible

\$250 Deductible

\$500 Deductible

Annual Benefit Bank	\$100 Deductible				\$250 Deductible				\$500 Deductible			
	Self	Self + Spouse	Self + Child(ren)	Self + Family	Self	Self + Spouse	Self + Child(ren)	Self + Family	Self	Self + Spouse	Self + Child(ren)	Self + Family
\$5,000	\$22.20	\$26.04	\$29.59	\$32.08	\$21.86	\$25.74	\$29.30	\$31.84	\$21.36	\$25.28	\$28.83	\$31.45
\$6,000	\$23.74	\$28.26	\$32.43	\$35.53	\$23.39	\$27.94	\$32.11	\$35.27	\$22.87	\$27.45	\$31.60	\$34.85
\$7,000	\$25.12	\$30.27	\$34.99	\$38.72	\$24.76	\$29.94	\$34.66	\$38.44	\$24.21	\$29.42	\$34.12	\$37.98
\$8,000	\$26.35	\$32.11	\$37.36	\$41.67	\$25.98	\$31.76	\$37.01	\$41.37	\$25.42	\$31.23	\$36.45	\$40.89
\$9,000	\$27.49	\$33.81	\$39.56	\$44.44	\$27.10	\$33.46	\$39.19	\$44.13	\$26.53	\$32.90	\$38.61	\$43.63
\$10,000	\$28.53	\$35.39	\$41.60	\$47.04	\$28.14	\$35.03	\$41.23	\$46.72	\$27.55	\$34.47	\$40.64	\$46.19
\$11,000	\$29.49	\$36.88	\$43.53	\$49.49	\$29.09	\$36.51	\$43.15	\$49.16	\$28.50	\$35.94	\$42.54	\$48.62
\$12,000	\$30.38	\$38.28	\$45.35	\$51.82	\$29.98	\$37.90	\$44.96	\$51.48	\$29.38	\$37.31	\$44.33	\$50.92
\$13,000	\$31.22	\$39.60	\$47.07	\$54.04	\$30.81	\$39.21	\$46.67	\$53.69	\$30.20	\$38.61	\$46.04	\$53.11
\$14,000	\$32.00	\$40.84	\$48.71	\$56.16	\$31.60	\$40.45	\$48.31	\$55.80	\$30.98	\$39.84	\$47.66	\$55.21
\$15,000	\$32.74	\$42.03	\$50.29	\$58.18	\$32.33	\$41.63	\$49.88	\$57.82	\$31.71	\$41.01	\$49.22	\$57.21
\$16,000	N/A	\$43.15	\$51.77	\$60.13	N/A	\$42.75	\$51.36	\$59.75	N/A	\$42.12	\$50.69	\$59.14
\$17,000	N/A	\$44.22	\$53.21	\$61.99	N/A	\$43.82	\$52.79	\$61.61	N/A	\$43.18	\$52.11	\$60.99
\$18,000	N/A	\$45.24	\$54.58	\$63.78	N/A	\$44.83	\$54.16	\$63.40	N/A	\$44.20	\$53.47	\$62.77
\$19,000	N/A	\$46.21	\$55.89	\$65.52	N/A	\$45.81	\$55.46	\$65.13	N/A	\$45.17	\$54.77	\$64.50
\$20,000	N/A	\$47.15	\$57.15	\$67.20	N/A	\$46.74	\$56.72	\$66.81	N/A	\$46.10	\$56.02	\$66.17
\$21,000	N/A	\$48.05	\$58.38	\$68.83	N/A	\$47.64	\$57.94	\$68.43	N/A	\$46.99	\$57.23	\$67.78
\$22,000	N/A	\$48.92	\$59.54	\$70.41	N/A	\$48.51	\$59.10	\$70.01	N/A	\$47.85	\$58.40	\$69.35
\$23,000	N/A	\$49.77	\$60.67	\$71.94	N/A	\$49.35	\$60.23	\$71.54	N/A	\$48.69	\$59.52	\$70.88
\$24,000	N/A	\$50.56	\$61.78	\$73.42	N/A	\$50.14	\$61.33	\$73.01	N/A	\$49.48	\$60.61	\$72.34
\$25,000	N/A	\$51.35	\$62.83	\$74.86	N/A	\$50.93	\$62.38	\$74.45	N/A	\$50.26	\$61.66	\$73.77

To review monthly premiums for different benefit amounts, visit www.YourLifeSecure.com and login to your secure portal to run quotes.

Plan-at-a-Glance

Affordable insurance to assist in your recovery after an inpatient hospital stay.

Your medical plan provides benefits to help with medical costs during a hospital stay. Once you leave the hospital, you shouldn't have to worry about financial setbacks that you didn't expect during your recovery. Things like lost wages plus the cost for help with transportation, meals, child care, or even housekeeping can all add up. Hospital Recovery Insurance provides cash benefits regardless of any other insurance you have.

By pairing it with your medical plan, you can extend your protection to help with those unexpected costs so you can focus on your recovery.

Standard Features

Eligible Issue Ages: 18 through 74 (In CA: 18-63; In TN: 18-69)

Daily Benefit Amount: You choose an amount between \$100 and \$900, in \$10 increments.

The Daily Benefit Amount represents the amount payable to you upon discharge for each day you or a covered family member is confined as an inpatient – up to 30 days per calendar year (In AR & UT: 31 days). The Daily Benefit Amount is per covered family member.

Annual Benefit Bank Amount: (In GA: Maximum Annual Benefit Amount)

The Annual Benefit Bank is the total dollar amount available to you and your covered family members per calendar year, and is equal to your Daily Benefit Amount multiplied by 30 (In AR & UT: 31 days). The Annual Benefit Bank Amount is per covered family member. On Jan. 1 of each year, the Annual Benefit Bank will replenish to its full amount.

For example, a \$500 Daily Benefit Amount would give you and each covered family member Annual Benefit Banks of \$15,000 (In AR & UT: \$15,500).

Daily Benefit Amount	X	Maximum Days	=	Annual Benefit Bank
\$500		30 Days		\$15,000

Benefit Payout: Upon discharge from a qualified inpatient hospital stay, we will pay a cash benefit to you as illustrated in the example below.

A Benefit Example

Tom chooses a Daily Benefit Amount of \$500, which provides an Annual Benefit Bank of \$15,000 (In AR & UT: \$15,500). He is later hospitalized for 4 days. Upon discharge, Tom's benefit payout will be \$2,000.

Daily Benefit Amount	X	# Days in Hospital	=	Tom's Hospital Recovery Benefit Payout
\$500		4 Days		\$2,000

Optional Benefits – *not available in Colorado*

Optional Benefit riders offer additional protection against other expenses you might face. You may add one or more of the benefits listed below to your Hospital Recovery Insurance policy for an additional premium. These benefits are payable in addition to the policy's Daily Benefit Amount and Annual Benefit Bank.

Emergency Room & Ambulance Benefit:

Emergency Room visit (*one per calendar year*): **\$300 Benefit Payout***

Ambulance Services (*one per calendar year*):

- Ground transportation: **\$150 Benefit Payout***; or
- Air transportation: **\$500 Benefit Payout***

Major Diagnostic Exam Benefit:**

\$500 Benefit Payout* for a major diagnostic exam (*one per calendar year*):

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

Rehabilitation Facility Benefit:

\$100 Benefit Payout* for each day in a rehabilitation facility, immediately following a qualified hospital stay (up to 15 days per calendar year).

* *Available per covered family member*

** *Not available in Connecticut*

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. **(In ID:** 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 this 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, 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 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, 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 this 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.

*** *The Limitations or Conditions on Eligibility for Benefits shown above may vary by state. The actual Limitations or Conditions on Eligibility for Benefits applicable to your policy will depend on the state in which your coverage is issued.*

This policy provides limited benefits and is guaranteed renewable to age 75 **(In CA:** to age 64).

For more information, contact your agent or visit us at YourLifeSecure.com.

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Hospital Recovery Insurance Monthly Rates*

**\$9,000 Annual Benefit Bank
\$300 Daily Benefit**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.59	\$21.14	\$22.67	\$31.15
30-39	\$16.22	\$23.84	\$24.32	\$33.88
40-49	\$19.71	\$30.98	\$27.90	\$41.13
50-59	\$26.36	\$44.25	\$34.76	\$54.67
60-64	\$29.56	\$51.02	\$37.54	\$60.91
65-69	\$37.06	\$65.27	\$45.36	\$75.57
70-74**	\$50.69	\$88.75	\$60.07	\$100.38

**\$15,000 Annual Benefit Bank
\$500 Daily Benefit**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$18.56	\$29.47	\$32.04	\$46.17
30-39	\$21.30	\$34.01	\$34.81	\$50.73
40-49	\$27.21	\$45.99	\$40.86	\$62.90
50-59	\$38.25	\$68.07	\$52.25	\$85.42
60-64	\$43.82	\$79.59	\$57.12	\$96.08
65-69	\$55.81	\$102.84	\$69.65	\$119.99
70-74**	\$75.99	\$139.43	\$91.62	\$158.80

**\$21,000 Annual Benefit Bank
\$700 Daily Benefit**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$22.53	\$37.81	\$41.40	\$61.18
30-39	\$26.39	\$44.17	\$45.29	\$67.58
40-49	\$34.71	\$61.00	\$53.82	\$84.68
50-59	\$50.13	\$91.88	\$69.73	\$116.18
60-64	\$58.08	\$108.15	\$76.71	\$131.21
65-69	\$74.57	\$140.40	\$93.94	\$164.41
70-74**	\$101.29	\$190.11	\$123.18	\$217.23

**\$27,000 Annual Benefit Bank
\$900 Daily Benefit**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$26.51	\$46.14	\$50.76	\$76.19
30-39	\$31.47	\$54.34	\$55.78	\$84.44
40-49	\$42.20	\$76.01	\$66.78	\$106.46
50-59	\$62.02	\$115.69	\$87.21	\$146.94
60-64	\$72.34	\$136.71	\$96.29	\$166.38
65-69	\$93.32	\$177.96	\$118.23	\$208.84
70-74**	\$126.60	\$240.79	\$154.74	\$275.66

* Each covered family member has access to his/her own Annual Benefit Bank amount (Daily Benefit Amount x 30). In most instances, there will be a premium saving when spouses/partners apply together versus separately. The rates shown assume primary and spouse are in the same age bands. To review monthly premiums for different benefit amounts, visit www.YourLifeSecure.com and login to your secure portal to run quotes.

** Rates for ages 70-74 are not applicable in Tennessee.

Hospital Recovery Insurance Optional Riders Monthly Rates*

Emergency Room and Ambulance Benefit Rider

\$300 Per Emergency Room Visit, 1 Visit Per Year &
 \$150 Ground, \$ 500 Air Per Day Ambulance, 1 Day Per Year Maximum

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$5.69	\$11.40	\$16.02	\$24.15
30-39	\$5.69	\$11.40	\$16.02	\$24.15
40-49	\$5.69	\$11.40	\$16.02	\$24.15
50-59	\$6.50	\$13.00	\$16.74	\$25.66
60-64	\$8.05	\$16.09	\$18.19	\$28.64
65-69	\$9.93	\$19.86	\$19.93	\$32.20
70-74**	\$11.17	\$22.35	\$20.64	\$34.07

Major Diagnostic Examination Benefit Rider

\$500 Per day, 1 Day Per Year Maximum

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.00	\$17.94	\$11.05	\$20.48
30-39	\$9.00	\$17.94	\$11.05	\$20.48
40-49	\$9.00	\$17.94	\$11.05	\$20.48
50-59	\$16.85	\$33.71	\$18.88	\$36.24
60-64	\$20.66	\$41.41	\$22.68	\$43.92
65-69	\$23.80	\$47.73	\$25.79	\$50.20
70-74**	\$25.57	\$51.31	\$27.46	\$53.65

Rehabilitation Facility Benefit Rider

\$100 Per Day, 15 Days Per Year Maximum

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.09	\$0.17	\$0.12	\$0.21
30-39	\$0.09	\$0.17	\$0.12	\$0.21
40-49	\$0.09	\$0.17	\$0.12	\$0.21
50-59	\$0.28	\$0.56	\$0.31	\$0.60
60-64	\$0.40	\$0.80	\$0.43	\$0.84
65-69	\$0.50	\$1.01	\$0.54	\$1.05
70-74**	\$0.58	\$1.15	\$0.61	\$1.19

* The rates shown assume primary and spouse are in the same age bands. To review monthly premiums for different benefit amounts, visit www.YourLifeSecure.com and login to your secure portal to run quotes.

** Rates for ages 70-74 are not applicable in Tennessee.