

LifeSecure's Accident Insurance – Benefit Payout Example



LifeSecure's Accident Insurance pays cash benefits based on actual medical and/or recovery expenses* regardless of any other insurance you have. While your health plan covers certain medical costs after an accidental injury, your Accident Insurance benefits extend protection to help with unexpected out-of-pocket expenses (up to your Annual Benefit Bank amount).

	ered Medical Services*	Lis	a's Accio	lent-related Out	t-of-Pe	ocket Expenses
Hospital Services, Head CT X-ray (arm) Broken arm/si	ee reverse for details) which include: \$200 \$38 urgery\$7,648 Hospital Services\$1,41	6 8 8	Coinsurat Two follo Lost wag Carry out	nce w-up doctor visits es for three days o meals for a family	& pres of work of fou	\$1,500 \$1,000 \$criptions \$100 \$450 \$280 \$450 \$450
	\$9,309					\$3,780
• •	:			• •		
\$9,309 Covered Medical Services	- Accident Insurance	9,209 isa's Cash nefit Payour	-	\$3,780 Out-of-Pocket Expenses	=	\$5,429 Lisa's Remaining Cash

Thanks to Lisa's Accident Insurance with a \$15,000 Annual Benefit Bank, she can use her benefit payout to help cover her out-of-pocket expenses and still have **\$5,429** left to help offset any additional expenses. Plus she has more than **\$5,600** available in her Benefit Bank, should she suffer another accidental injury within the calendar year.

* Benefits pay the amount charged for covered services, less any adjustments and discounts negotiated between the health insurance plan and providers for services received, as detailed on the Explanation of Benefits (EOB).

** Examples shown are for illustrative purposes only.

See next page to find these amounts on Lisa's health insurance Explanation of Benefits.

SAMPLE – Explanation of Benefits Statement based on actual LifeSecure Claim

HEALTH INSURANCE EXPLANATION OF BENEFIT PAYMENTS THIS IS NOT A BILL



Statement Date: 01/27/17

Hospital, Doctor or Other					
Health Care Provider	Total Charges	Discount*	Blue Cross Paid	Insurance Paid	Amount You Pa
ABC HOSPITAL	\$16,292 -	\$6,983	- \$6,809	- \$0	= \$2,50
* Blue Cross discounts are negotiated v	vith hospitals, doctors ar	nd other health o	care providers which	saves you money.	
Summary of Deductibles and O			<i>n</i>		
<u>These totals are based on our in</u>	ntormation to date a	ind may not r	etlect all outstan	ding claims)	
(These totals are based on our in	nformation to date a	ind may not r	eflect all outstand	ding claims)	
(These totals are based on our in BENEFIT PERIOD: Jan. 01, 2017 through Dec. 31, 2017	nformation to date a	ind may not r	eflect all outstan	ding claims)	
BENEFIT PERIOD: Jan. 01, 2017 through Dec. 31, 2017	1formation to date a \$6,600	ind may not r	eflect all outstan	ding claims)	
BENEFIT PERIOD:		ind may not r	eflect all outstan	ding claims)	
BENEFIT PERIOD: Jan. 01, 2017 through Dec. 31, 2017 In-network out-of-pocket maximum:	\$6,600	ind may not r	eflect all outstan	ding claims)	
BENEFIT PERIOD: Jan. 01, 2017 through Dec. 31, 2017 In-network out-of-pocket maximum: Combined amount applied to date:	\$6,600 \$2,500		ork deductible:	ding claims)	\$1,500

Statement Date: 01/27/17

Summary of Deductibles and Out-of-pocket Maximums (These totals are based on our information to date and may not reflect all outstanding claims)						
BENEFIT PERIOD: Jan. 01, 2017 through Dec. 31, 2017						
Totals for:		Totals for:				
In-network co-insurance maximum:	\$2,000	In-network co-insurance maximum:	\$1,000			
Amount applied to date:	\$1,000	Amount applied to date: Patient maximum is met.	\$1,000			

Statement Date: 01/27/17

Claim Detail				
Provider Name:	ABC Hospital		Total Charge	\$16,292
Provider Status:	PARTICIPATING		Amount approved for this service	\$9,309
Service Dates:	01/14/17 to 01/15/17	\mathbf{O}	In-network deductible you pay	- \$1,500
Service Type:	HOSPITAL SERVICES	Õ	Co-insurance you pay	- \$1,000
		0	Insurer paid this provider on 01/27/17	\$6,809
			Insurer discount	+ \$6,983
			Total Covered	\$13,792
			Amount You Pay	\$2,500

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