

# Plan-at-a-Glance

## Long Term Care Insurance

### Standard Features

**Issue Ages:** 18 through 69

**Plan Choices:**

\$50,000 Benefit Bank*	\$100,000 Benefit Bank	\$200,000 Benefit Bank	\$300,000 Benefit Bank
\$1,000 Monthly Benefit (or, \$300 Cash Alternative)	\$2,000 Monthly Benefit (or, \$600 Cash Alternative)	\$4,000 Monthly Benefit (or, \$1,200 Cash Alternative)	\$6,000 Monthly Benefit (or, \$1,800 Cash Alternative)

\* In WI: The \$50,000 Benefit Bank is not available.

**Benefit Bank:** The Benefit Bank represents the lifetime dollar benefit amount available to you. Your Benefit Bank balance is reduced by any benefits paid to you or on your behalf.

**Monthly Benefit Payout Structure:** When you become eligible for benefits, you can choose between the payout options below (*in accordance with your Plan of Care*):

- OPTION 1:** Receive **reimbursement for qualified long term care services**, up to your **Monthly Benefit for Covered Expenses**. Covered expenses include care at home through a home care agency or independent provider, in an assisted living facility, in an adult day care center, or in a nursing home. Hospice care is also covered.
- OPTION 2:** Elect to receive a **cash payout**, equal to your **Cash Alternative Monthly Benefit** amount. The cash benefits can be used to pay an informal caregiver, such as a family member or friend – or used for other purposes unique to your care situation.

Note: The choice between the two options can be made on a monthly basis. Any un-used Monthly Benefit dollars will remain in your Benefit Bank and extend the life of your policy.

**Home Modification and Supplemental Products Benefit:** This benefit provides coverage for services and products that are required for you to live more securely and independently at home (*in accordance with your Plan of Care*). **These expenses are reimbursable up to 1X your Monthly Benefit for Covered Expenses over the life of your policy.** Payouts made under this benefit will reduce your Benefit Bank amount.

**Examples of services and products that are eligible for reimbursement include:**

- Home Modifications** – equipping your home for greater safety or access related to your long term care impairment. *Examples include: building or installing an access ramp to your home, widening doorways, and installing grab bars in the bathroom.*
- Assistive Devices or Technology** – adaptive tools, devices or technology that help you function independently in your home. *Examples include: specially adaptive eating or dressing devices, emergency medical response systems, or other technology devices used to monitor movement and personal safety in your home.*
- Durable Medical Equipment** – medical equipment that you buy or rent, and is designed to assist you in living at home. *Examples include: walkers, hospital-style beds, crutches, and wheelchairs.*

The Home Modification and Supplemental Products Benefit can be received in addition to other reimbursable Covered Expenses or the Cash Alternative in a given month.

**Benefit Eligibility:** You are eligible for benefits if you have been certified as Chronically Ill within the last 12 months by a Licensed Health Care Practitioner. This means that you are unable to perform at least two Activities of Daily Living (bathing, dressing, toileting, transferring, continence and eating) for a period that is expected to last at least 90 days, or you require Substantial Supervision to protect your health and safety due to a Severe Cognitive Impairment.

**Benefit Wait Period: 90 Calendar Days** (once you are verified as Chronically Ill), unless your condition is triggered suddenly by an Accidental Injury or Stroke, in which case the Benefit Wait Period will be completely waived (**0 days**).

**Waiver of Premium:** Your premiums are waived beginning on the first day you start receiving benefits. As long as you continue to receive benefits, additional premiums will not be required.

**Spouse Discount:** If you and your spouse/partner both apply for coverage at the same time, a 10% premium discount will apply to each policy. To qualify for the discount, both individuals must apply for the same policy form series (LS-LTC-0006).

## Optional Benefit Riders

**Compound Inflation Benefit (1%, 3% or 5%):** If you elect this optional benefit, we will automatically increase your current Monthly Benefit and your remaining Benefit Bank by 1%, 3% or 5% each year. The increase will be effective on each anniversary of your policy and rider, even while you are receiving benefits.

**Nonforfeiture Benefit:** If this rider is in force for at least three full years, and your policy then terminates due to non-payment of premium, this optional benefit allows you to retain a reduced paid-up amount of coverage. You will have a revised Benefit Bank equal to the greater of: (a) 100% of the sum of all premiums paid by you; or (b) one times your Monthly Benefit. Not applicable if Benefit Bank is exhausted prior to lapse.

## Policy Limitations and Exclusions

This Policy will not pay benefits for care, treatment, services or charges: for a loss that occurs while this Policy is not in force; or for alcoholism or drug addiction (except for an addiction to a prescribed medication administered on the advice of a Physician); or due to declared or undeclared war or act of war; or due to participation in a felony, riot or insurrection or involvement in an illegal occupation; or due to suicide, attempted suicide or intentionally self-inflicted injury; or that are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance amount; or that are reimbursable or provided under a governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law; or provided outside the United States, Canada or their territories or possessions; or for which no charge is made in the absence of insurance, except as provided under the Cash Alternative Monthly Benefit; or provided by an Immediate Family member (except as provided under the Cash Alternative Monthly Benefit), unless: he or she is a regular employee of an organization which is providing the care, treatment or service; he or she receives no compensation other than the normal compensation for employees in his or her job category; and the organization receives the payment for the care, treatment, service or charge.

For more information, visit us at [YourLifeSecure.com](https://YourLifeSecure.com)

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