

HOME HEALTH CARE INDEMNITY POLICY FORM HHC-95

LIMITED BENEFIT HEALTH COVERAGE

OUTLINE OF COVERAGE

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.

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:

Home Health Care Benefit

Daily Maximum Aggregate Benefit	up to \$150.00
Home Health Care Services:	
Skilled Nursing Care (provided by a licensed graduate nurse [R.N.]	\$75.00
General Nursing Care (provided by a licensed practical nurse [L.P.N.], licensed vocational nurse [L.V.N.] or licensed visiting nurse)	\$60.00
Physical Therapy	\$75.00
Speech Pathology	\$75.00
Occupational Therapy	\$75.00
Chemotherapy Specialist Services	\$60.00
Enterostomal Therapy	\$50.00
Respiration Therapy	\$50.00
Medical Social Services	\$100.00

Home Health Care Aide Benefit

Daily Benefit	\$40.00
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Maximum Benefit Periods: The Maximum Benefit Period for the Home Health Care 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 Benefit and the Home Health Care Aide Benefit will be restored if benefits have not been paid or required for 180 consecutive days.

(A) HOME HEALTH CARE BENEFIT: We will pay a daily benefit each day you require Home Health Care 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 above; or (ii) the amount set forth opposite the Home Health Care Services listed above.

(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 for each day you require the services of a Home Health Care Aide in Your Home.

Conditions on Eligibility for the Home Health Care Benefit and the Home Health Care Aide Benefit:

Payment of the Home Health Care Benefit and the Home Health Care Aide Benefit is subject to the following:

- (1) Your loss must be incurred after the policy's effective date and while the policy is in force;
- (2) For the Home Health Care 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 by in Your Home by a Home Health Care Aide, as defined in the policy; and
- (3) You must be unable to perform, without the assistance of another person, two or more Activities of Daily Living (ADL's); 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 ADL's or that you have a Cognitive Impairment. ADL's are bathing, dressing, eating, toileting and transferring to or from a bed or a chair.

4. OPTIONAL BENEFIT: The following is an optional benefit riders which may be available in your state. Your application reflects that you have applied for the additional benefits checked:

☐ **(A) EBR-HHC-2 - EXTRA BENEFIT RIDER:**

(1) ANNUAL PHYSICAL EXAMINATION BENEFIT: If you have not used any other benefit under the rider or the policy and have a physical examination performed by a Physician more than 12 months after the rider's effective date, we will pay a benefit of \$150.00. After your first physical examination for which this benefit is payable, we will pay a benefit of \$150.00 each time you have a physical examination performed by a Physician in each succeeding 12-month period, provided you have not used any other benefit under the rider or the policy during such 12-month period, limited to one physical examination in any 12-month period.

EXTRA BENEFIT RIDER (Continued from Page 1):

(2) VISION BENEFIT:

(a) Examination: We will pay a benefit of \$40.00 if you have an eye examination performed by a Physician more than six months after the rider's effective date. After your first eye examination for which this benefit is payable, we will pay a benefit of \$40.00 each time you have an eye examination performed by a Physician in each succeeding 12-month period, limited to one eye examination in any 12-month period.

(b) Lenses and Frames: We will pay a benefit of \$75.00 if you purchase prescription lenses and eyeglass frames more than six months after the rider's effective date. After your first prescription lenses and frames for which this benefit is payable, we will pay a benefit of \$75.00 each time you purchase prescription lenses and frames in each succeeding 24-month period, limited to one set of lenses and frames in any 24-month period. "Prescription lenses" means any lens which requires a prescription and includes single, bifocal, trifocal, lenticular or contact lenses, but does not include sunglasses.

(3) HEARING BENEFIT:

(a) Examination: We will pay a benefit of \$50.00 if you have a hearing examination performed or ordered by a Physician or licensed audiologist more than 12-months after the rider's effective date. After your first hearing examination for which this benefit is payable, we will pay a benefit of \$50.00 each time you have a hearing examination performed by a Physician or licensed audiologist in each succeeding 12-month period, limited to one hearing examination in any 12-month period.

(b) Hearing Aids: We will pay a benefit of \$250.00 if you purchase a hearing aid prescribed by a Physician or licensed audiologist more than 12 months after the rider's effective date. After your first hearing aid for which this benefit is payable, we will pay a benefit of \$250.00 each time you purchase a hearing aid prescribed by a Physician or licensed audiologist in each succeeding 24-month period, limited to one hearing aid in any 24-month period. This benefit is not payable for: (1) repairs or replacement parts for any hearing aid, provided that this benefit is payable for the replacement of an entire hearing aid in accordance with the above frequency limitation; (2) a spare hearing aid; and (3) follow-up visits to a Physician or audiologist charged for separately.

(4) AMBULANCE BENEFIT: While you are receiving the Home Health Care Benefit or the Home Health Care Aide Benefit under the policy, we will pay a benefit of \$100.00 for each ambulance trip to a Hospital, and the return trip home, limited to a maximum benefit of \$200.00 in any 12-month period.

(5) IN-HOSPITAL PRIVATE DUTY NURSE BENEFIT: We will pay a benefit of \$80.00 for each 24-hour day you are confined in a Hospital and require exclusive private duty nursing services from a licensed graduate nurse (RN), limited to 30 days in any 12-month period. These services must be required and authorized by your attending Physician, and must be charged directly to you by the nurse rather than the Hospital. This benefit is not payable for a nurse who is a member of your Immediate Family.

☐ **(B) PD-2 – PRESCRIPTION DRUG BENEFIT RIDER:** If you incur expenses in excess of a deductible of \$50.00 per Policy Year for Prescription Drugs for the treatment of an Injury or Sickness, we will pay 80% of such expenses, limited to a maximum benefit of \$250.00 per Policy Year.

5. PRE-EXISTING CONDITIONS LIMITATION: The 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) Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law; (b) simple rest care, hotel or retirement home expense or other expense which is related to Your Home; (c) services other than those of an Approved Home Health Care Practitioner or a Home Health Care Aide, except as may be provided by rider; (d) declared or undeclared war or act thereof; (e) mental or nervous disorder without demonstrable organic origin (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); (f) charges that a Covered Person would not be legally obligated to pay in the absence of this insurance; (g) attempted suicide or self-inflicted injury; (h) alcoholism or drug addiction; (i) a Covered Person's participation in a felony, riot or insurrection; (j) Pre-Existing Conditions, as defined in the policy, are not covered under the policy until the policy has been in force for a period of six months; provided, however, that no benefits whatsoever will be payable for loss from any condition, either pre-existing or otherwise, which is excluded from coverage under the policy by name or specific description on the date of the loss.

7. GUARANTEED RENEWABILITY: The policy is guaranteed renewable for your lifetime or until the policy's maximum benefits have been paid. We cannot cancel, refuse to renew, or change the policy as long as you pay the premiums as they become due or within the 31-day grace period. The policy will continue in force during the grace period.

8. PREMIUMS SUBJECT TO CHANGE: We can change the premiums for the policy at any time and from time to time, and premiums also increase based on your attained age. No change in premiums will be effective before the first policy anniversary. Any change will apply to future premiums for all policies with the same form number issued by us to persons in your state of residence. We will give you 31 days notice before any premium change under this provision.

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

The undersigned applicant hereby acknowledges receipt of a copy of this Outline of Coverage.

Dated this _____ day of _____, year _____.

Signed at _____, State of _____.

Agent's Signature

Applicant's Signature

[This Outline of Coverage is to be delivered to the applicant at the time the application for coverage is completed.]