



1515 South 75th Street
Omaha, Nebraska 68124

Outline of Coverage for Policy MI-NHA30
Recovery Care Insurance

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Toll Free 1-800-228-6080

RECOVERY CARE

1. **READ YOUR POLICY CAREFULLY:** This outline of coverage provides a very brief description of the important features of the policy. This is not the insurance contract. Only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and your insurance company. It is important that you **READ YOUR POLICY CAREFULLY!**
2. **Terms Under Which the Policy May Be Continued In Force or Discontinued**
 - a. **Renewability — Guaranteed Renewable** — This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time.
 - b. **Terms Under Which We May Change Premiums** — We can change premiums only if we do the same to all policies of this form, or optional riders attached to the policy, which are issued to persons of your class in your state, and we notify you in advance of the due date.
3. **Short-Term Care Coverage** — Policies of this category are designed to provide coverage for one or more necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services provided in a setting other than an acute care unit of a Hospital, such as in a Nursing Facility or Assisted Living Facility. It is subject to limitations. Elimination Periods and other requirements.

NOTICE TO BUYER: The policy may not cover all of the costs incurred by the buyer during the period of coverage. The buyer is advised to carefully review all policy limitations.

4. Benefits Provided by This Policy

- a. **Daily Benefit Amount:** The amount we pay for Covered Care during one calendar day. You may choose from \$100 to \$300 in \$10 increments: \$_____

Lifetime Maximum Benefit Period: The maximum period for which we will pay benefits during your lifetime under the policy. You may choose from:

- 120-Day Lifetime Maximum Benefit Period
- 240-Day Lifetime Maximum Benefit Period
- 360-Day Lifetime Maximum Benefit Period

Elimination Period: The number of days for which no benefits are payable. The Elimination Period starts on the date that benefits would otherwise begin. Only days in which services are actually rendered will satisfy your Elimination Period. You will only be required to satisfy one Elimination Period per Benefit Period. You may choose from:

- 0 Days per Benefit Period
- 15 Days per Benefit Period
- 30 Days per Benefit Period

**LIMITED BENEFIT POLICY
FOR NURSING FACILITY CARE, ASSISTED LIVING FACILITY CARE, HOME HEALTH CARE,
ADULT DAY CARE AND HOSPICE CARE
THIS IS NOT A LONG-TERM CARE POLICY**

b. **Eligibility for Payment of Benefits** — To be eligible for any benefit under the policy, your Physician or your Licensed Health Care Practitioner must show that you meet one of the following benefit qualifiers:

(1) **Loss of Functional Capacity:** You need active Substantial Assistance to perform at least two of the six Activities of Daily Living. The "Activities of Daily Living" are: (a) eating; (b) dressing; (c) toileting; (d) transferring; (e) continence; and (f) bathing.

(2) **Cognitive Impairment:** You require substantial supervision and direction due to Cognitive Impairment.

A prior hospital stay is not a requirement for benefit eligibility. Benefits begin after you have satisfied the Elimination Period. Benefits are subject to your Lifetime Maximum Benefit Period. The facility or agency must be licensed by the state and it must provide Covered Care. The care received must be prescribed in your Plan of Care, and your Plan of Care must be recertified by your Physician every 90 days.

c. **Benefits** — The policy pays the actual charges, up to the Daily Benefit Amount in effect at the time of service for each day you receive Covered Care while confined in a Nursing Facility or Assisted Living Facility, or that you receive Home Health Care, Adult Day Care or Hospice Care.

Covered Care: Care or services due to Injury or Sickness for which benefits are payable under this policy, or would have been payable except for any Elimination Period. This includes Nursing Facility Care, Assisted Living Facility Care, Home Health Care, Adult Day Care and Hospice Care.

d. **Bed Reservation Benefit** — If you are temporarily absent due to a Hospital confinement during the course of your covered stay in a Nursing Facility, Assisted Living Facility or Hospice Care Facility, we will pay the actual charges of the facility, up to the Daily Benefit Amount in effect at the time of the claim, to hold your room in your absence.

We will only pay if the facility charges you to keep your room available in your absence. We will pay this benefit up to 21 days per Benefit Period, subject to any Elimination Period and your Lifetime Maximum Benefit Period.

e. **Restoration of Lifetime Maximum Benefit Period** — If you have received benefits under this policy and have used up all or a portion of the Lifetime Maximum Benefit Period, we will restore the policy's Lifetime Maximum Benefit Period, including any days used under the Bed Reservation Benefit, once during the lifetime of the policy when (1) you no longer require or receive services for 180 days in a row for the same cause or causes for which a previous Benefit Period began; (2) you do not meet the requirements for benefit eligibility under the policy for a period of 180 days in a row; and (3) you have not been (a) confined in a Nursing Facility, Assisted Living Care Facility or Hospice Care Facility; (b) received Home Health Care Services or Adult Day Care Services; or (c) any combination of (a) and (b) for a period of 180 days in a row.

The restoration will only take place if your policy is kept in force by the continued payment of premiums that come due.

f. **Optional Survivorship Benefit Rider (Rider Form MIRA34)** — If (1) your spouse has a Recovery Care Policy of the same form number with the same riders in force with us; (2) your spouse's policy was applied for at the same time as yours, and issued with the same Policy Date; (3) your coverage and that of your spouse remain in continuous force for at least 10 years after the Policy Date; and (4) your coverage and that of your spouse remain in continuous force until the death of your spouse; we will not require the payment of any further premium under this policy after the death of your spouse.

g. **Optional Inflation Protection Rider (Rider Form MIRA38)** — The rider automatically increases your Daily Benefit Amount by 5% of the original Daily Benefit Amount annually on each policy Anniversary Date.

5. Limitations and Exclusions

- a. **Exceptions** — We will NOT pay benefits for: (1) loss that occurs while this coverage is not in force; (2) intentional, self-inflicted injury or attempted suicide (in Colorado and Missouri, while sane); (3) Mental or Nervous Disorders without demonstrable organic disease (**subject to the other policy provisions, we will cover Mental or Nervous Disorders, such as Alzheimer's and related dementias, that have a demonstrable organic cause first diagnosed after the effective date of the policy**); (4) alcoholism, drug addiction or their complications, unless addiction resulted from narcotics prescribed by a Physician; (5) injuries received or caused directly or indirectly while under the influence of a controlled substance, unless prescribed by a Physician, or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred; (6) loss to which a contributing cause was your commission of or attempt to commit a felony or being engaged in an illegal occupation; (7) care or services provided by a member of your Immediate Family; (8) services for which you are not liable or for which no charge normally is made in the absence of insurance; (9) loss that occurs outside the territorial limits of the United States; and (10) drugs or supplies.
- b. **Pre-Existing Conditions Limitation** — We will not cover any loss or confinement due to a pre-existing condition if the loss occurs or the confinement begins within the first 180 days (6 months) after your Policy Date. A pre-existing condition means a condition for which a prudent person would seek medical advice or treatment, or for which medical advice was given or treatment was received from a Licensed Health Care Practitioner within six months before your Policy Date.

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR RECOVERY CARE NEEDS.

6. Premium

Automatic Bank Withdrawal:

Monthly	Bi-Monthly	Quarterly

Direct Bill:

Bi-Monthly	Quarterly	Semi-Annually	Annually

Premiums are subject to change on a limited basis, as stated above in the Renewal Agreement. You have a 31-day grace period in which to pay your premium. Your policy stays in force during your grace period.

Printed Name of Producer (if any): _____
First
Middle Initial
Last

Address: _____
Street Address, Rural Route or Box Number

_____ City State Zip Code

_____ Date Home Office Employee/Producer

If you have any questions about this policy, please write or call us toll-free at 1-800-228-6080.

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