



Home Health Care Indemnity Policy

Guaranteed Renewable for Life

Stay in control of your health and health care

There are two growing trends in health care: preventive care to keep you healthy and recovering in your own home after you are hospitalized, or become ill or injured. MedMutual Protect's **Home Health Care Indemnity Policy** is an affordable solution that pays benefits directly to you in addition to any other coverage.

Policy Features:

- You can **use this money any way you choose**, without restrictions.
- **Benefit checks are paid to you** (unless you decide to assign your benefits to a provider), and **in addition to any other coverage** regardless of what your other insurance policies or government-sponsored benefits pay.
- **Coverage cannot be canceled** because you become critically ill. This policy is guaranteed renewable.
- Receive treatment from the doctors, health care specialists of your choice – **no network restrictions or out-of-network penalties.**
- **A medical exam is not required to qualify:** You can't be turned down unless you are currently maintaining your independent residence in a nursing home or assisted living facility or receiving home health care services or similar type benefits.
- **Deductibles or copays aren't necessary** to receive benefits.

Benefit Overview

- Prescriptions
- Home Health Care Services
- Home Health Care Aide
- Adult Day Care
- Home Medical Equipment

- Home Doctor Calls
- Emergency Room or Urgent Care Center Visits
- Home Hospice Services

Extra Benefits Available:

- Physical Exams
- Eye Exams, Lenses and Frames
- Hearing Exams and Hearing Aids
- Dental Exams

THIS IS NOT A MEDICARE SUPPLEMENT OR LONG-TERM CARE POLICY.

MedMutual Protect is the brand name for insurance products issued by subsidiary insurance companies controlled by Medical Mutual of Ohio. Each subsidiary of Medical Mutual of Ohio is solely responsible for the insurance products it underwrites and issues. This is a brief description of benefits only. Only the actual policy provisions will control. There are limitations on the benefits payable under this policy. See policy and/or its outline of coverage for benefits, costs, limitations, exclusions, renewability, waiting periods and pre-existing conditions. Each individual's eligibility is subject to underwriting guidelines. The MedMutual Protect insurance policies, either alone or in combination with each other, are not major medical coverage or "Minimum Essential Coverage" under the federal Patient Protection and Affordable Care Act. This policy is individually underwritten by **Reserve National Insurance Company**.

Benefit Overview

Benefit	STANDARD OPTION – ONE UNIT		DELUXE OPTION – TWO UNITS	
	AMOUNT	MAXIMUM BENEFIT	AMOUNT	MAXIMUM BENEFIT
Prescriptions	\$25 per prescription	\$300 per Policy Year	\$25 per prescription	\$600 per Policy Year
Home Health Care Services	Per Day:	\$250 Per Day/360 Days	Per Day:	\$500 Per Day/360 Days
Skilled Nursing (RN)	\$100	The \$250 daily maximum is an aggregate amount available for all covered services you receive in a day. The maximum daily benefit for each covered service is shown left.	\$200	The \$500 daily maximum is an aggregate amount available for all covered services you receive in a day. The maximum daily benefit for each covered service is shown left.
General Nursing Care (LPN or LVN)	\$75		\$150	
Physical Therapy	\$75		\$150	
Speech Pathology	\$75		\$150	
Occupational Therapy	\$75		\$150	
Chemotherapy Specialist Services	\$75		\$150	
Enterostomal Therapy	\$75		\$150	
Respiration Therapy	\$75		\$150	
Medical Social Service	\$75		\$150	
Home Health Care Aide	\$50 per Day	150 Days \$7,500 per Maximum Benefit Period	\$100 per Day	150 Days \$15,000 per Maximum Benefit Period
Home Medical Equipment	\$200	\$600 per Policy Year	\$400	\$1,200 per Policy Year
Adult Day Care	\$75 per Day	90 Days \$6,750 per Policy Year	\$150 per Day	90 Days \$13,500 per Policy Year
Home Doctor Calls	\$75 per Day	4 Visits \$300 per Policy Year	\$150 per Day	4 Visits \$600 per Policy Year
Emergency Room	\$300	1 Visit \$300 per Policy Year	\$600	1 Visit \$600 per Policy Year
Urgent Care Center Visits	\$75 per Visit	2 Visits \$150 per Policy Year	\$150 per Visit	2 Visits \$300 per Policy Year
Home Hospice Services	\$100 per Day	180 Days \$18,000 Maximum Benefit	\$200 per Day	180 Days \$36,000 Maximum Benefit

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Benefit Overview - Extra Benefit Rider for Preventive Care

Extra Benefit Rider Form EBR-HHC-6 is available for an additional premium.

Benefit	STANDARD OPTION – ONE UNIT		DELUXE OPTION – TWO UNITS	
	AMOUNT	MAXIMUM BENEFIT	AMOUNT	MAXIMUM BENEFIT
Annual Physical Exam (available 12 months after effective date)	\$100 per Exam	\$100 per Policy Year	\$200 per Exam	\$200 per Policy Year
Vision Care Exam Lenses and Frames (available 6 months after effective date)	\$40 per Exam \$75	\$40 per 12-Month Period \$75 per 24-Month Period	\$80 per Exam \$150	\$80 per 12-Month Period \$150 per 24-Month Period
Hearing Care Exam Hearing Aids (available 12 months after effective date)	\$50 per Exam \$250	\$50 per 12-Month Period \$250 per 24-Month Period	\$100 per Exam \$500	\$100 per 12-Month Period \$500 per 24-Month Period
Dental Exams (available 6 months after effective date)	\$50 per Exam	2 Exams \$50 per 6-Month Period	\$100 per Exam	2 Exams \$100 per 6-Month Period

At-Home Health Care Benefit + Preventive Care Benefit



EXCELLENT VALUE FOR YOUR DOLLAR

BENEFITS of up to \$300 a year for physician-written prescriptions.



MAINTAIN YOUR INDEPENDENCE

When you are ill, injured or had surgery this policy gives you an option to **RECEIVE HEALTH CARE AT HOME**.



STAY HEALTHY ENJOY YOUR LIFESTYLE

Extra benefit rider offers benefits for **PREVENTIVE CARE** – annual physicals, dental, vision and hearing checkups; including lenses, frames, and hearing aids.

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Your Benefits and Coverage

PRESCRIPTION DRUGS

\$25 per prescription drug up to \$300 per Policy Year

For prescriptions written by a physician and dispensed by a licensed pharmacist. Benefits reset each Policy Year. Benefit is available immediately.

HOME HEALTH CARE BENEFITS

These benefits are payable once your physician certifies in writing you are unable to perform, without the assistance of another person, two or more Activities of Daily Living OR if you require continuous supervision and assistance due to a Cognitive Impairment, such as Alzheimer's or dementia.

- **HOME HEALTH CARE SERVICES**

Up to \$250 maximum per day up to 360 days*

The \$250 daily maximum is an aggregate amount available for all covered services you receive in a day. The maximum daily benefit for each covered service is detailed below. For example if, in the same day, you receive skilled nursing service (\$100) and occupational therapy (\$75) your benefit would be \$175.

\$100 – Skilled Nursing (RN)	\$ 75 – Chemotherapy Specialist Services
\$ 75 – General Nursing Care (LPN or LVN)	\$ 75 – Enterostomal Therapy
\$ 75 – Physical Therapy	\$ 75 – Respiration Therapy
\$ 75 – Speech Pathology	\$ 75 – Medical Social Service
\$ 75 – Occupational Therapy	

- **HOME HEALTH CARE AIDE**

\$50 maximum per day up to 150 days*, maximum \$7,500 per Maximum Benefit Period

Benefit for certified Home Health Care Aide to provide assistance with Activities of Daily Living.

***Restoration of Benefits:** the Maximum Benefit Periods for the Home Health Care Indemnity Benefit and the Home Health Care Aide Indemnity Benefit will be restored if benefits have not been paid or required for 180 consecutive days. See Policy for details.

Home Health Care Benefits continued on next page

LIMITATIONS: Health conditions within the six-month period prior to the effective date of your policy are not covered until six months after your policy's effective date. To be eligible for the Home Health Care Indemnity Benefit and the Home Health Care Aide Indemnity Benefit, you must meet the following requirements: (a) your loss must be incurred after the policy's effective date and while the policy is in force; (b) care must be provided in your home; and (c) as certified in writing by your physician, you must be unable to perform, without assistance, two or more Activities of Daily Living (ADLs), or you must require continuous supervision and assistance due to a Cognitive Impairment. ADLs are bathing, dressing, eating, toileting and transferring to or from a bed or chair. Cognitive Impairment is a deficiency in the ability to think, reason or remember. The number of days the Home Health Care Indemnity Benefit, the Home Health Care Aide Indemnity Benefit and the Home Hospice Care Indemnity Benefit are payable is limited to a Maximum Benefit Period for each benefit. The Maximum Benefit Period for the Home Health Care Indemnity Benefit is 360 days. The Maximum Benefit Period for the Home Health Care Aide Indemnity Benefit is 150 days. The Maximum Benefit Period for the Home Hospice Care Indemnity Benefit is 180 days. The Maximum Benefit Periods for the Home Health Care Indemnity Benefit and the Home Health Care Aide Indemnity Benefit will be restored if benefits have not been paid or required for 180 consecutive days. See the policy and/or outline of coverage for details.

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Your Benefits and Coverage

HOME HEALTH CARE BENEFITS (continued)

- **HOME MEDICAL EQUIPMENT**

\$200 for covered home medical equipment, maximum \$600 per Policy Year

Benefit for the rental or purchase of a covered Home Medical Item within 30 days after receiving Home Health Care or services of a Home Health Care Aide. Benefits reset each Policy Year.

Mobility Assistance: Wheelchairs; walkers, rollators, canes, crutches or similar walking aids

Transfer Aids: Gait/transfer belts; transfer benches; transfer boards; transfer mats.

Bathroom Safety: Shower chairs; elevated toilet seats; commode chairs.

Home Accommodations: Hospital beds; patient lifts; trapezes.

Personal Medical Equipment: Braces (arm, leg, back and neck).

- **ADULT DAY CARE**

\$75 maximum daily up to 90 days, maximum \$6,750 per Policy Year

Benefit paid when a physician recommends an Adult Day Care program, for a minimum of 4 continuous hours a day; paid in lieu of or in addition to Home Health Care services or Home Health Care Aide benefit. Benefits reset each Policy Year.

- **HOME DOCTOR CALLS**

\$75 maximum daily up to 4 days, maximum \$300 per Policy Year

When you receive personal treatment by a physician in your home, within 30 days after receiving Home Health Care or services of a Home Health Care Aide. Limited to one visit per day and four visits per Policy Year. Benefits reset each Policy Year.

- **EMERGENCY ROOM**

\$300 per visit, maximum \$300 per Policy Year

When you receive personal treatment by a physician in a hospital emergency room within 30 days after receiving Home Health Care or services of a Home Health Care Aide. Limited to one visit per Policy Year. Benefits reset each Policy Year.

- **URGENT CARE CENTER**

\$75 per visit up to 2 visits, maximum \$150 per Policy Year

When you receive personal treatment by a physician in an urgent care center within 30 days after receiving Home Health Care or services of a Home Health Care Aide. Limited to two visits per Policy Year. Benefits reset each Policy Year.

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Your Benefits and Coverage

HOME HOSPICE SERVICES BENEFITS

Although Medicare does cover hospice care, everything may not be covered. We want to make sure that you have the additional benefits you may need during this difficult time.

- **HOME HOSPICE SERVICES**

\$100 maximum daily up to 180 days, \$18,000 Maximum

Includes palliative care and supported physical, psychological, psychosocial and health services for a terminal illness. Each day of any home hospice services will count as one full day toward the maximum, whether or not services are received on consecutive or non-consecutive days. Maximum benefit 180 days.

Extra Benefit Rider for Preventive Care

Extra Benefit Rider Form EBR-HHC-6 is available for an additional premium.

- **ANNUAL PHYSICAL EXAM**

\$100 per exam, maximum \$100 per Policy Year

Physical examination performed by a Physician; Benefit available 12 months after the effective date. Limited to one physical examination in any 12-month period. Benefits reset each Policy Year.

- **VISION CARE**

\$40 per exam up to \$40 per 12-month period \$75 for lenses & frames up to \$75 per 24-month period

Eye examination performed by a physician; benefit available 6 months after the effective date. Limited to one eye examination in any 12-month period. Benefit for purchase of prescription lenses and eyeglass frames available 6 months after the Rider's Effective Date. Limited to one set of lenses and frames in any 24-month period.

- **HEARING CARE**

\$50 per exam up to \$50 per 12-month period \$250 for hearing aids up to \$250 per 24-month period

Hearing examination performed or ordered by a Physician or licensed audiologist more than 12 months after the effective date. Limited to one hearing examination in any 12-month period. Benefit for purchase of hearing aid prescribed by a Physician or licensed audiologist 12 months after the effective date. Limited to one hearing aid in any 24-month period.

- **DENTAL EXAMS**

\$50 per exam x 2 exams up to \$100 per 12-month period

Routine dental check-up performed by or under the supervision of a licensed dentist; Benefit available 6 months after the effective date. Limited to one dental check-up in any 6-month period.

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