



# Home Health Care Indemnity Policy

Guaranteed Renewable for Life

**Most people would prefer not to enter a nursing home**

MedMutual Protect's **Home Health Care Indemnity Policy** is an affordable solution that gives you the flexibility to utilize the type of care that's right for you...in the comfort of your own home.

*Benefits under this policy are payable regardless of any other coverage you may have, including Medicare.*

## 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.

**We will pay**, subject to the policy provisions and limitations, a benefit each day you receive the following services in your home from an Approved Home Health Care Practitioner, up to a daily maximum benefit of \$150:

- Skilled Nursing Care (RN) ..... \$ 75
- General Nursing Care (LPN or LVN) ..... \$ 60
- Physical Therapy ..... \$ 75
- Speech Pathology ..... \$ 75
- Occupational Therapy ..... \$ 75
- Chemotherapy Specialist Services ..... \$ 60
- Enterostomal Therapy ..... \$ 50
- Respiration Therapy ..... \$ 50
- Medical Social Services..... \$100

## HOME HEALTH CARE AIDE INDEMNITY BENEFIT

We will pay, subject to the policy provisions and limitations, **a daily benefit of \$40** for each day you require the services of a Home Health Care Aide.

## HOME HOSPICE SERVICES INDEMNITY BENEFIT

If you are a Covered Person with a Terminal Illness, **we will pay a daily benefit of \$50**, subject to the policy provisions and limitations, for each day you receive Home Hospice Services in your home. Each day you receive any Home Hospice Services will count as one full day toward the maximum, without regard to whether Home Hospice Services are received on consecutive or non-consecutive days.

### 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**.

## PRESCRIPTION DRUG INDEMNITY BENEFIT

If you incur expenses for Prescription Drugs as a result of injury or illness, **we will pay \$25 for each prescription drug**, limited to a **maximum benefit of \$300 per policy year**.

Amounts shown are for one "unit" of benefits. For two "units," multiply the above benefit amounts by 2.

The Home Health Care Indemnity Benefit and the Home Health Care Aide Indemnity Benefit are subject to the Maximum Benefit Periods provided in the policy. See the policy and/or outline of coverage for details.

## Extra Benefit Riders

### CONSIDER THESE OPTIONAL BENEFITS

- **Annual Physical Exam Indemnity Benefit**

After this rider has been in force for 12 months, **we will pay:**

- **\$150 for the first Physical Examination**, if you have not used any other benefit under the Rider or the Home Health Care Indemnity Benefit, or the Home Health Care Aide Indemnity Benefit, or the Home Hospice Services Indemnity Benefit; and
- **\$150 for subsequent Physical Examinations**, if you have not used any of the foregoing benefits, limited to one Physical Examination every 12 months.

- **Vision Indemnity Benefit**

After this rider has been in force for six months, **we will pay:**

- **\$40 for each Eye Examination**, limited to one Eye Examination every 12 months after this benefit is paid for the first time; and
- **\$75 for each Eyeglass Lenses and Frames purchase**, limited to one set of Lenses and Frames every 24 months after this benefit is paid for the first time.

- **Hearing Indemnity Benefit**

After this rider has been in force for 12 months, **we will pay:**

- **\$50 for each Hearing Examination**, limited to one Hearing Examination every 12 months; and
- **\$250 for each Hearing Aid purchase**, limited to one Hearing Aid every 24 months after this benefit is paid for the first time.

- **Ambulance Indemnity Benefit**

While you are receiving the Home Health Care Indemnity Benefit or the Home Health Care Aide Indemnity Benefit under the policy, **we will pay:**

- **\$100 for each Ambulance trip** to a hospital; and
- **\$100 for the return trip home**, limited to \$200 in any 12-month period.

- **In-Hospital Private Duty Nurse Indemnity Benefit**

**We will pay: \$80 for each 24-hour day** you are confined in a hospital and require Private Duty Nursing services from an RN, limited to 30 days in any 12-month period.

**Extra Benefit Rider Forms EBR-HHC-4 (West Virginia) and EBR-HHC-5 (Nevada) are available for an additional premium.**

Amounts shown are for one "unit" of benefits. For two "units," multiply the above benefit amounts by 2.

**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 60 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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