



RECUPERATION PLUS

UNDERWRITTEN BY:
United National Life Insurance Company of America

RECUPERATION PLUS

Whether an injury or illness comes on suddenly, or it gets bad enough that you need additional assistance, it is always nice to know you have options to get the best care available if you need to enter a nursing home. Will you be able to afford the out of pocket expenses not covered by major medical plans or Medicare if your health status changes and you are unable to care for yourself?

United National Life's Recuperation Plus offers a variety of plan choices that are flexible enough to help address your financial and healthcare needs, and will give you comfort that as healthcare prices continue to rise, you can be covered if you need to recover in an assisted living facility, or if your condition allows, in the comfort and privacy of your own home.



Did you know...

Medicare *will* pay for...

- The first 20 days in a nursing home, and only within a short time (generally 30 days) after you have had a qualifying stay of at least three inpatient days in the hospital.
- Skilled care only.

Medicare *doesn't* pay for...

- Intermediate, Custodial or Long Term Care.
- Personal care or home care such as help with dressing, eating and bathing.

And here are the facts...

- The median length of stay for residents in an assisted living facility is about 22 months.¹
- 70% moved from a private home or apartment into an assisted living facility, without a hospital stay.²
- In 2012, the average nationwide annual rates of a nursing home stay in a private room was \$90,520. ³
- In 2010, Medicare covered only 12% of all total patient days in skilled nursing facilities.⁴

Get the peace of mind you deserve if you need to recover from an injury or illness in a nursing home with United National Life's Recuperation Plus....

- **No** hospital stay required for benefits.
- Benefits are paid **at all** levels of care... **Skilled, Intermediate and Custodial.**
- Benefits can be paid up to **\$300** per day for up to **360 days** (depending on the level you choose).

1 - 2010 National Survey of Residential Care Facilities. The National Center for Health Statistics Data Brief No. 91.

2 - Overview of Assisted Living," published by the American Association of Homes and Services for the Aging, American Seniors Housing Association, Assisted Living Federation of American, National Center for Assisted Living, and National Investment Center for the Seniors Housing & Care Industry, or reflects NCAL's philosophy of assisted living.

3 - The 2012 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs

4 - MedPac - Report to the Congress: Medicare Payment Policy, March 2012 - http://www.medpac.gov/documents/Mar12_EntireReport.pdf

+ QUALIFYING FOR BENEFITS

UNL will pay benefits under this policy when a Licensed Healthcare Practitioner certifies you as:

- Being unable to perform at least two of the six basic activities of daily living (bathing, dressing, eating, toileting, continence and transferring) without human assistance or supervision; or
- Requiring Substantial Supervision to protect you from threats to your health or safety due to Cognitive Impairment; and
- You satisfy the Elimination Period, if any.

+ YOU CAN CUSTOMIZE YOUR COVERAGE TO MEET YOUR NEEDS

(Issue Ages: 50 - 89)

Maximum Daily Benefit: Choose between **\$50 - \$300** per day in \$50 increments toward payments of charges while a resident of a nursing home or assisted living facility.

Maximum Benefit Period: Choose either **100, 180 or 360 days** of coverage per benefit period. The lifetime coverage of the policy is equal to two benefit periods.

Elimination Period: Choose either **0 days or 20 days**. This period must be satisfied only once during the life of the policy and only includes days you incur charges that would otherwise be payable.

+ ADDITIONAL OPTIONAL COVERAGE AVAILABLE

Home Healthcare Rider: If your condition allows you to safely receive the care you need, as certified by Your Licensed Health Care Practitioner, in the comfort of your own home, you have the option of receiving benefits by purchasing our home health care rider. In order to qualify, you must receive at least three home health care visits per week. Choose a weekly benefit of **\$150, \$300 or \$450** per week. The maximum benefit period is 26 weeks and up to two benefit periods are payable during the life of the policy.

Simple Inflation Rider: Protect yourself from increasing healthcare costs. Each year your policy is in force, your Daily Maximum Benefit will increase 5% of the original benefit amount automatically. This rider must be purchased at the same time as the base policy.

Dental Vision Rider: Provides a benefit towards expenses not covered by most medical plans such as dental cleanings, fillings, crowns, and bridges as well as routine eye exams and prescription eyewear. Three levels of coverage are available. Choose an annual maximum of **\$400, \$800, or \$1,200**. All levels pay 80% of covered charges up to the calendar year maximum, and after the \$100 calendar year deductible. The annual dental cleaning and eye exam are not subject to the annual deductible. Coverage available for applicant, spouse and dependents who are at least 18 years old.

Policy Features/Exclusions

POLICY FEATURES:

- All benefits are paid directly to you or you may assign benefits to the provider of services.
- Guaranteed renewable. As long as you pay your premiums in full and on time, we cannot cancel your policy.
- Stable premiums. Your premiums can not change due to declining health. Your premium can only change if we change it for all policies like yours in your state.
- 30 day free look. If you are not completely satisfied with this policy, you may return it to us within 30 days of its receipt for a full refund of any premium you have paid.
- Payment grace period. You have 31 days after each premium is due to keep your policy in force.

EXCLUSIONS:

We will not pay for treatment, care, services or supplies which are:

1. due to war or act of war whether declared or not;
2. due to intentionally self-inflicted Injury while sane or insane;
3. for services or supplies provided by a member of the Immediate Family; an individual who normally resides with You on a regular basis; or in a facility owned or operated by a member of the Immediate Family;
4. for services and supplies not included in Your Plan of Care;
5. for which no charge is customarily made in the absence of insurance;
6. or care received outside the United States or its territories; or
7. for alcoholism, drug addiction, or chemical dependency, unless as a result of a medication prescribed by a Doctor.

Pre-Existing Condition Limitation

Coverage under the Policy is subject to a pre-existing conditions limitation. Pre-existing Conditions are those medical conditions disclosed or not disclosed on the application for which medical care, treatment, diagnosis or advice was received by, or recommended to, You (or for a condition that appears such that an ordinarily prudent person should have sought medical care, treatment, diagnosis, or advice) within the 6 month period immediately prior to Your effective date of coverage under the Policy. Any loss due to a Pre-Existing Condition isn't covered unless the loss begins at least 6 months after the Effective Date of coverage.

This brochure is an illustration of policy form U1481 and policy riders RU14HHC, RU14IBP and RU12DV and is not a contract for insurance. For complete details of all provisions and benefits please read your policy carefully. This brochure is for advertising purposes only. Refer to your policy for complete coverage details. Not all products are available in all states.



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