MEDMUTUAL PROTECT™
A Medical Mutual® Company

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.**

MEDMUTUAL PROTECT - MMP HHC6-PS AL-AR-GA-IL-IN-IA-LA-MI-MS-MO-NC-OH-OK-PA-SC-TN-UT (E02/23)
Policy Form Series HHC-6 with Rider Form Series EBR-HHC-6.
Form numbers and availability may vary by state. Not for use in New Mexico.

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

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

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.**

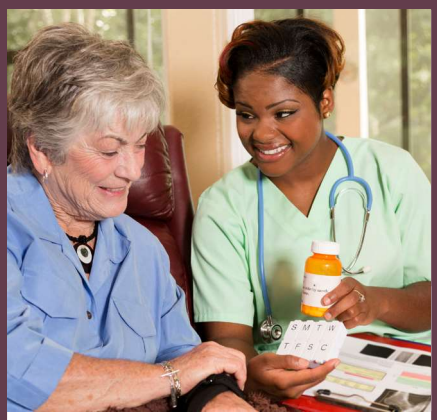
MEDMUTUAL PROTECT - MMP HHC6-PS AL-AR-GA-IL-IN-IA-LA-MI-MS-MO-NC-OH-OK-PA-SC-TN-UT (E02/23)
Policy Form Series HHC-6 with Rider Form Series EBR-HHC-6.
Form numbers and availability may vary by state. Not for use in New Mexico.

Benefit Overview - Extra Benefit Rider for Preventive Care

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

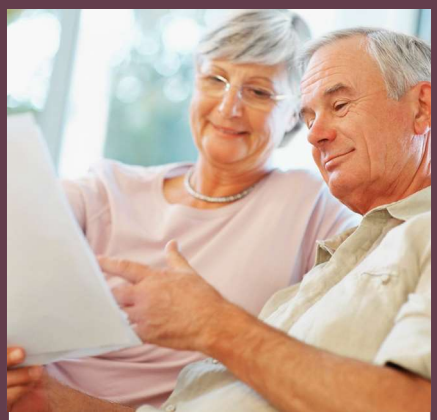
Benefit	STANDARD OPTION – ONE UNIT		DELUXE OPTION – TWO UNITS	
	AMOUNT	MAXIMUM BENEFIT	AMOUNT	MAXIMUM BENEFIT
Annual Physical Exam (available 12 months after effective date)	$100 per Exam	$100 per Policy Year	$200 per Exam	$200 per Policy Year
Vision Care Exam Lenses and Frames (available 6 months after 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.

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

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.**

MEDMUTUAL PROTECT - MMP HHC6-PS AL-AR-GA-IL-IN-IA-LA-MI-MS-MO-NC-OH-OK-PA-SC-TN-UT (E02/23)
Policy Form Series HHC-6 with Rider Form Series EBR-HHC-6.
Form numbers and availability may vary by state. Not for use in New Mexico.