



CONSECO®
Step up.



Conseco Solutions®

LifeChoices Series

A solid choice for cancer and hospital intensive care supplemental health insurance

Underwritten by
CONSECO HEALTH INSURANCE COMPANY

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CH00D/BP1FL-K

Life is full of choices, but no one chooses to get cancer.

How likely am I to get cancer?¹

According to the American Cancer Society...

- Men have nearly a 1-in-2 lifetime risk, and women have more than a 1-in-3 lifetime risk of developing cancer.
- 1-in-7 women may develop breast cancer in their lifetime.
- 1-in-6 men may develop prostate cancer in their lifetime.
- Cancer is the no.1 cause of death by disease in children ages 1 through 14.

Why consider supplemental cancer insurance?

Each year, millions of Americans are diagnosed with cancer. And many suffer an additional burden—out-of-pocket expenses.

Consider these facts:

- Major medical plans may cover only routine medical expenses.
- Common cancer-related expenses—such as home care and special transportation—are often paid out of pocket.
- Uncovered expenses can add up quickly, and they can dramatically affect your lifestyle.

How much does cancer cost?¹

There are two basic costs associated with cancer:

Medical expenses

- Costs typically covered by your standard medical insurance, such as doctor bills and hospital bills.

Nonmedical expenses²

- Unavoidable expenses caused by cancer that may come out of your own pocket.

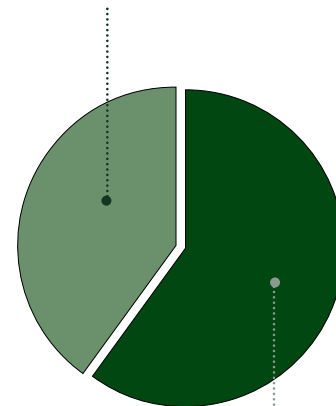
Nearly 65% of the total cost of cancer is nonmedical in nature and, consequently, may not be paid by major medical insurance.¹

¹American Cancer Society, "Cancer: Basic Facts," *Cancer Facts and Figures 2005*; American Cancer Society, pp. 1, 14, 11, 3.

²The benefits described in the policy rider do not cover all nonmedical expenses. However, the benefit payment you receive can be used to pay any of your medical or nonmedical costs not paid by any other insurance.

The above facts represent the U.S. population, are for information only, and do not imply coverage under this policy. The company or policy are not endorsed by the American Cancer Society.

Medical expenses



Nearly 65% of total expenses for cancer treatment are *nonmedical*, including insurance shortfalls, special expenses, living expenses, loss of income and wages lost.

Unfortunately, medical expenses are only one part of total out-of-pocket costs.

1. Insurance shortfalls

- Deductibles
- Copayments
- Benefit limitations

2. Special expenses

- Transportation
- Hotels
- Special diets
- Family care

3. Living expenses

- House payments
- Car payments
- Utilities (gas/electric)
- Groceries

4. Loss of income

If you or your spouse are unable to work or are caring for another family member

There are ways to help pay for many of the out-of-pocket costs of cancer:

- Drawing on life savings
- Selling assets
- Supplemental insurance



LifeChoices can help.

It's supplemental insurance from Conseco Health Insurance Company. With LifeChoices, cancer and intensive-care coverage helps protect you against additional expenses—such as copayments and deductibles.

You also get these guarantees:

- Your benefits are *paid directly to you*, or whomever you choose (unless otherwise required).
- Your benefits are *paid regardless* of any other insurance you may have.
- Your coverage is *noncancelable and guaranteed renewable for life*. Your premium rates can never increase and your coverage can never be canceled.
- Family coverage is also available.

Cancer concerns won't stop at the doctor's door. Neither should your insurance.

Benefits¹

Choice D

You and your family can enjoy the sense of security that comes from knowing there is no lifetime maximum on the following benefits, unless otherwise stated.

First occurrence—express payment

\$1,800, payable only once for each insured, by overnight delivery

Benefit paid by overnight delivery when any insured family member is diagnosed with any type of internal cancer, except skin cancer, and submits acceptable proof of diagnosis. This way, you will have immediate assistance to help with the extra expenses associated with cancer. In most areas, delivery is guaranteed within two days. This benefit is payable only once for each insured.

Hospital and U.S. government hospital confinement

\$410 per day

For confinements in a U.S. government hospital, we will pay this benefit amount in lieu of all other benefits except the first occurrence—express payment, transportation (insured), transportation (family member) and lodging (family member) benefits.

Extended benefits

Actual charges up to \$600 per day

Benefits paid, in lieu of all other benefits (except waiver of premium) beginning with the 90th consecutive day of hospital confinement and ending with your discharge from the hospital.

Drugs and diagnostic testing

\$50 per day

Benefits paid for FDA-approved drugs and medicine, X-rays and laboratory, and diagnostic confinement. Payable for up to the same number of days you receive benefits for hospital confinement.

Attending physician

\$40 per day

Benefits paid per covered confinement for cancer treatment services by a physician other than your surgeon.

Private nurse

Actual charges up to \$125 per day

Benefits paid when your doctor prescribes the full-time services of an L.P.N., L.V.N. or R.N. during a covered hospital confinement. Services must be provided by someone other than a spouse or family member, and be other than those regularly furnished by the hospital. Payable for up to the same number of days you receive benefits under hospital confinement.

Ambulance

Actual charges up to \$300 per one-way trip

Benefits paid for one-way trips to or from a hospital where you are confined as an inpatient, up to two, one-way trips per confinement. Includes air ambulance.

Leukemia bone marrow transplant

\$10,000

Benefit paid directly to the policyowner if any insured family member receives a bone marrow transplant from another person for the treatment of leukemia only. It can be used for anything, including marrow donor expenses. This benefit is payable once for each insured.

Transportation (insured)

Actual charges up to \$2,500 per trip, or 40 cents per mile for transportation by car

Benefits paid for travel by coach-class plane, train, bus or car if you must travel within the continental United States more than 100 miles one way from your home to receive covered cancer treatments prescribed by your physician and not available locally, or for consultation at a comprehensive or clinical cancer center as recognized by the National Cancer Institute. No limit to the number of trips.

Transportation (family member)

Actual charges up to \$2,500 per trip, or 40 cents per mile for transportation by car

Benefits paid for travel by coach-class plane, train, bus or car if the same trip is not paid under transportation (insured), for one adult, immediate family member to travel to and/or from the city where an insured is confined as an inpatient in a hospital within the continental United States more than 100 miles from each person's home to receive covered cancer treatments. Treatment must be prescribed by a physician and not available locally. Limited to two, one-way trips per period of confinement.

Lodging (family member)

Actual charges up to \$60 per day

Benefits paid for lodging for one adult, immediate family member, when an insured is confined, as an inpatient in a hospital within the continental United States more than 100 miles from each person's home to receive covered cancer treatments. Payable for one room per day, up to 60 days per period of confinement.

Second and third surgical opinion

Actual charges up to \$225 per opinion

Benefits paid for second and third medical evaluations of your need for surgery (other than for skin cancer), at your option.

¹The cancer benefits described are contained in policy form series CH000/PSIFL-A and its accompanying schedules.

Surgery

\$135 to \$9,000

Benefits paid for each operation which diagnoses or treats cancer, based on the schedule in your policy. If more than one procedure is performed through the same incision at the same time, we will pay for the one with the largest benefit amount. Benefits will also be paid for surgical biopsies leading to positive cancer diagnosis, based on the surgical schedule in your policy.

Anesthesia

\$34 to \$2,250

Benefits paid for each operation, based on the schedule in your policy. If more than one surgical procedure is performed at the same time, we will pay for the anesthesia for the one with the largest benefit amount. Benefits will also be paid for surgical biopsy anesthesia leading to positive cancer diagnosis, based on the schedule in your policy.

Prosthesis

Actual charges up to \$2,500 per device

Benefits paid for all prosthetic devices needed due to, and received within three years of, covered surgery. The device does not have to be surgically implanted.

Reconstructive breast surgery

Actual charges

Benefits paid up to the amount we paid for, and occurring within three years of, the mastectomy.

Radiation and chemotherapy

Actual charges up to \$300 per day

Benefits paid for an unlimited number of days for cancericidal chemical substances, radiation, radium and cesium implants and cobalt treatment. All treatments, including experimental treatments, must be FDA-approved for cancer therapy. This benefit does not include treatment planning and management, laboratory tests, X-rays or other imaging used for diagnosis or disease monitoring; or other diagnostic tests, devices or supplies related to these treatments.

First treatment

\$500

Benefits paid when any insured family member first receives payment under the radiation and chemotherapy benefit. This benefit is payable only once for each insured.

Comfort benefit (outpatient drugs)

Actual charges up to \$225 per year

Benefits paid for medication prescribed for the treatment of nausea associated with cancer treatment (*outpatient only*).

Blood and plasma

\$80 per unit

Benefits paid for each unit of blood you receive for cancer treatment. This includes donated blood, plasma, and platelets.

Skilled nursing facility

Actual charges up to \$150 per day

Benefits paid when your doctor prescribes confinement to a skilled nursing facility, due to cancer, within 14 days after a covered hospital confinement. Payable for up to the same number of days that you received the hospital confinement benefit during the most recent hospital confinement.

Home care and recovery

\$25 per day

Automatic benefit paid for the same number of days that you received the hospital confinement benefit. Not payable for U.S. government hospital confinement.

Hospice

\$120 per day for the first 60 days; \$60 per day for an unlimited number of days thereafter

Benefits paid for care provided at home, or in a hospice facility, by a licensed hospice to terminally ill patients who are no longer receiving definitive cancer treatment and are expected to live six months or less.

Waiver of premium

After the policyowner is disabled from cancer for more than 90 consecutive days, premium payments will not be required to keep the insurance in force as long as disability due to cancer continues. Disability must occur prior to the policyowner's 65th birthday.

Definitions

Hospital

A hospital is not a bed, unit or a facility that functions as: a hospice; a skilled nursing facility; a nursing home; an extended care facility; a convalescent home; a rest home or a home for the aged; a sanatorium; a rehabilitation center; a place for the treatment of substance abuse; or, a facility for the care and treatment of mental disease or mental disorders.

Intensive care unit (ICU)

An ICU is one which provides the highest level of care available in the hospital. An ICU is not: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private, monitored room; an observation unit; a surgical recovery room; or a room, bed or ward customarily used for patient confinement.

Similar units

The ICU insurance pays benefits for confinements in all units meeting the definition of ICU in the rider/policy, even if the hospital has a different name for the unit (such as coronary care unit, neonatal intensive care or intensive care burn unit).

Optional riders/policies

Add a few of these options to your coverage for additional protection.

Hospital Intensive Care rider/policy¹

You may choose either of these benefit levels (premiums are based on the level selected):

- \$300 per day, up to \$9,000 per ICU confinement; or
- \$550 per day, up to \$16,500 per ICU confinement

With either benefit level you choose, this insurance provides the following outstanding features:

- **Daily benefits for up to 30 days per confinement.** The daily rate reduces by 50% at the age of 70. Benefits are limited to three days of non-heart-related coverage for anyone who has a pre-existing heart condition. Pays only for the highest level of care. Readmission to the ICU more than 30 days after discharge begins a new confinement period.
- **Double benefits for specified vehicular accidents.** The daily rate doubles if the confinement occurs within 48 hours after the accident.
- **Government facilities.** Your benefits are not reduced for ICU confinements in a government hospital.
- **Ambulance benefit.** Pays up to \$50 per trip to or from the hospital where you are admitted as a patient in the ICU, up to two, one-way trips per confinement.
- **Benefits begin.** Your rider/policy covers ICU confinements beginning with the first day of hospitalization for accidental bodily injury and the second day for hospitalization resulting from any sickness.

No matter which level you choose, you can have additional protection while confined to an ICU by adding one or two units of the following:

Extra daily confinement \$100 per day

Blood and plasma \$20 per day

Drugs and diagnostic testing \$15 per day

Attending physician \$15 per day

First Occurrence Accumulator rider²

This optional rider increases the first-occurrence express payment benefit. This rider is not available in conjunction with the Benefit Builder rider.

We will increase the first-occurrence express payment benefit by \$25 for each complete month the policy and rider remain in force for the insured person until the earlier of:

- The date that the insured person is diagnosed with internal cancer; or
- The policy anniversary date following the policyowner's attainment of age 65.

Benefit Builder rider³

Take advantage of rising inflation costs when you select this rider. (Available to the age of 75.)

Here's how it works: We will increase the dollar amounts for all benefits shown in the benefit schedule (except hospital confinement, U.S. government hospital confinement, surgery, anesthesia and intensive care) by 10% of the original benefit amount per year for each complete year (maximum of 10) that you are insured while this rider is in force. For example, if your original blood benefit is \$25 per unit, during the sixth year of coverage under this rider, your blood benefit would be \$37.50 per unit. After the 10th year, \$50 per unit.

¹The intensive care benefits described are contained in policy form series IS000/EAIFL-A, IT000/EA6FL-A, IS000/PP1FL-A and IT000/PP6FL-A.

²The first occurrence benefits described are contained in rider form series CH000/EA1FL-AFO.

³The benefit builder benefits described are contained in policy form series CH000/EA1ST-ABB.

There is an additional cost for these optional riders.

Return of Premium rider⁴

Add this optional rider and enjoy the benefit of having your premiums returned to you.

You buy your protection today. Then, if you have kept your policy and rider in force, at the end of every 20 years (or on the rider anniversary date following your 75th birthday, if that comes sooner), you receive a check for all premiums paid, minus any claims incurred. After your money is returned, you can continue your protection and collect again.

Let's look at three examples of what can happen when you keep your insurance and rider in force until maturity:

	No claim	Small claim	Large claim
Total premiums paid	\$ 7,200	\$ 7,200	\$ 7,200
Claims incurred	— 0	— 2,000	— 20,000
Amount of return	\$ 7,200	\$ 5,200	\$ 0

If you are aged 66 or older when you begin a return-of-premium period, and you have kept your policy and rider in force, you receive one-half of premiums paid, minus any claims incurred, at the end of every 10 years.

⁴This rider is available through the age of 75 and is based on the policyowner's age at issue. This rider is not available with policies purchased as part of your Section 125 plan. The return-of-premium benefits described are contained in policy form series ROP-CL-ST-A, ROP-90-ST-A and ROP-CH-ST-A.

There is an additional cost for this optional rider.

Limitations and exclusions

Cancer policy—You do not qualify for this policy if: you have ever been diagnosed with, treated for or had a recurrence of cancer in the last 10 years, or have been diagnosed with cancer prior to 30 days after you become insured under this policy; you have had a preleukemic or premalignant condition, or a condition with malignant potential, diagnosed or treated in the last 10 years; you have ever been diagnosed or treated for any melanoma cancer. Persons diagnosed or treated for nonmelanoma skin cancer prior to 30 days after the effective date are insured for all other types of cancer, but are excluded from benefits for skin cancer. This policy pays only for loss due to cancer and your definitive cancer treatment, and does not pay for any other disease, sickness or incapacity, or for any illness related to or caused by cancer or cancer treatment. If cancer is first diagnosed during the first 30 days a person is insured under this policy, the policy will only provide benefits for loss commencing after two years from the date you became insured under this policy.

Period of confinement (cancer)—Each confinement in a hospital, a U.S. government hospital and a skilled nursing facility that occurs more than 30 days apart will be considered a new period of confinement.

Period of confinement (ICU)—Each confinement in an intensive care unit that occurs less than 30 days apart will be considered the same period of confinement.

AIDS and ARC—Insurance is not available to persons who have been treated for or diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC) prior to the effective date.

Hospital intensive care—This rider/policy does not cover confinement in facilities other than hospital intensive care units (ICU); or resulting from intoxication, being under the influence of any narcotic unless such narcotic is taken under the direction of a physician; or self-inflicted injury or suicide attempts; or hospitalizations beginning on or before the effective date. Benefits for anyone with a known pre-existing heart condition will be limited to three days of ICU confinement which results only from non-heart-related conditions; there will be no benefits for confinements resulting from a heart-related condition. Insurance may be issued to persons through the age of 64 on a direct bill or association basis. Insurance issued on a direct bill or association basis does not cover any conditions which were diagnosed by or for which you consulted a physician within 12 months prior to the effective date, until 12 months after the effective date.

This insurance provides benefits only for cancer and ICU if selected.

This brochure is not the insurance contract. The policy explains in detail both the rights and obligations of both you and us. Therefore, it is important that you read your policy carefully.

We will not pay benefits for hospitalizations which begin prior to the date you become insured under this policy. If cancer is first diagnosed while you are hospitalized, you will become eligible for benefits retroactively from the date of diagnosis but not prior to the date of admission. Exception: If skin cancer is diagnosed while you are hospitalized, you will be eligible for benefits only for the day(s) you actually received treatment for skin cancer.

This product has limitations. For costs and complete details of coverage, contact the agent.

Policy form series: CH000/PS1FL-A

CONSECO HEALTH INSURANCE COMPANY
Administrative Office
11825 N. Pennsylvania Street
Carmel, IN 46032

CH00D/BP1FL-K (11/06) 127214
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