



CONSECO®  
Step up.™



## **Conseco Solutions**<sup>SM</sup>

---

### *LifeChoices Series*<sup>SM</sup>

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

*Underwritten by*  
CONSECO HEALTH INSURANCE COMPANY



## Solid choices. Practical protection.

Every day begins and ends with a choice, and many come in between. But some things, such as cancer, come without a choice.

You might have already chosen a major medical policy to cover your health needs; but will it cover all the added expenses that are associated with cancer?

At Conseco Health Insurance Company, we are committed to helping protect you from the financial burden that cancer may cause. We have designed LifeChoices, a cancer and hospital intensive care insurance product that you can depend on. Our policies/certificates can help cover additional expenses such as copayments and deductibles that you might have to meet.

The LifeChoices Series<sup>SM</sup> can help bring you security and peace of mind during a difficult time. Whatever the future may bring, the right choice today can mean protection for tomorrow.

# Advantages of your LifeChoices Series<sup>SM</sup> policy/certificate

## **Direct benefits<sup>1</sup>**

Payments go directly to you or whomever you choose, unless otherwise required.

## **Guaranteed payments**

We pay as promised in your policy/certificate regardless of any other insurance you have.

## **Lifetime renewability<sup>2</sup>**

Your insurance policy/certificate is guaranteed to be renewable for life. It cannot be canceled because of your age or state of health.

## **Employee programs**

Your premiums can be conveniently deducted from your paycheck.

## **Level premium**

Your premium does not increase when you leave your payroll group. You cannot be singled out for a rate change. Your rates can be changed only if we change rates on all policies/certificates of this type in your state.

## **Nonreducible cancer benefits**

Your cancer benefits are not reduced at any age. You'll always have the same strong protection.

## **No lifetime maximum**

There is no lifetime maximum on any benefit except the express payment, first treatment and leukemia bone marrow transplant benefits.

## **Customer service**

Our friendly customer service department has a toll-free line, (800) 541-2254, to answer any questions you may have.

<sup>1</sup>In Nevada, the ambulance benefit is paid directly to the provider, if that provider does not receive reimbursement from any other source.

<sup>2</sup>In Louisiana, your insurance policy/certificate is guaranteed to be renewable for life and your coverage can never be canceled.



# Benefits<sup>1</sup>

## Choice C

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.

### Express payment and hospital confinement choices

- ☐ Option 1: \$1,000 and \$245
- ☐ Option 2: \$1,250 and \$295
- ☐ Option 3: \$1,500 and \$345

#### Express payment

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  
Benefits paid based on the choice of coverage selected. For confinements in a U.S. government hospital we will pay this benefit amount in lieu of all other benefits except the express payment, insured transportation, family member transportation, and lodging benefits.

### Extended benefits

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

Up to \$40 per day

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

### Attending physician

Up to \$35 per day

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

### Private nurse

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

Up to \$225 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

\$5,000

Benefit paid directly to the policy/certificate owner 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)

Up to \$1,500, or 40 cents per mile for transportation by car

Benefits paid per one-way trip for coach class plane, train, bus transportation 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 (50 miles in Hawaii and U.S. Virgin Islands, and plane only). There is no limit to the number of trips.

<sup>1</sup>The cancer benefits described are contained in policy/certificate form series CH000/PSIST-B, including state variations where used.

---

**Transportation (family member)**

Up to \$1,500, or 40 cents per mile for transportation by car

Benefits paid per one-way trip for coach class plane, train, bus transportation or car, if the same trip is not paid under Transportation (insured), for one 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 (50 miles for Hawaii and U.S. Virgin Islands residents) 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)**

Up to \$50 per day

Benefits paid for lodging for one 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 (50 miles for Hawaii and U.S. Virgin Islands residents) to receive covered cancer treatments. Payable for one room per day, up to 60 days per period of confinement.

---

**Second and third surgical opinion**

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.

---

**Surgery**

\$135 to \$7,500

Benefits paid for each operation which diagnoses or treats cancer, based on the schedule in your policy/certificate. 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/certificate.

---

**Anesthesia**

\$34 to \$1,875

Benefits paid for each operation, based on the schedule in your policy/certificate. 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/certificate.

---

**Prosthesis**

Up to \$2,000 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**

Up to \$250 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**

\$250

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)**

Up to \$200 per year

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

---



### **Blood and plasma**

\$60 per unit

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

---

### **Skilled nursing facility**

Up to \$125 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 (28 days in Vermont). 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**

\$15 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**

\$100 per day for the first 60 days; \$50 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 (not available in Colorado).

---

### **Waiver of premium**

After the policy/certificate owner 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 policy/certificate owner's 65th birthday.

---

# Benefit definitions

## **Hospital**

A hospital is not a hospice, skilled nursing facility, nursing home, extended care facility, convalescent home, rest home or a home for the aged; sanatorium; rehabilitation center; 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/certificate, 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/certificates

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

## ☐ First Occurrence Accumulator rider<sup>1</sup>

*This optional rider increases the express payment benefit.*

We will increase the express payment benefit by \$25 for each complete month the policy/certificate 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/certificate anniversary date following the policy/certificate owner's attainment of age 65.



<sup>1</sup>The first occurrence benefits described are contained in rider form series CH000/EA1ST-AFO, including state abbreviations, where used.

<sup>2</sup>The intensive care benefits described are contained in policy/certificate form series IS000/EA1ST-A, IT000/EA6ST-A, IU000/EA1ST-A, IV000/EA6ST-A, IS000/PP1ST-A, IT000/PP6ST-A, IU000/PP1ST-A, and IV000/PP6ST-A, including state abbreviations, where used.

<sup>3</sup>In Texas, age 75

## ☐ Hospital Intensive Care rider/policy/certificate<sup>2</sup>

*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 age 70<sup>3</sup>. 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 starts 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 trips per confinement.
- **Benefits begin.** Your rider/policy/certificate covers ICU confinements beginning with the first day of hospitalization for accidental bodily injury and either the first or second day for hospitalization resulting from any sickness, depending on the plan you select and your state's availability.



*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

## ☐ **Benefit Builder rider<sup>4</sup>**

*Take advantage of rising inflation costs when you select this rider. (Available to age 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!

<sup>4</sup>The benefit builder benefits described are contained in policy/certificate form series CH000/EA1ST-BBB, including state abbreviations, where used.

There is an additional cost for these optional riders.

<sup>a</sup>Arkansas—*This policy/certificate pays only for loss due to cancer and your definitive cancer treatment, and does not pay for any other diseases, sickness or incapacity, unless directly caused by cancer.*

<sup>b</sup>Maine—*Disorder of the immune system, insurance is not available to persons who have been treated for or diagnosed as having a disorder of the immune system prior to the effective date.*

<sup>c</sup>Not applicable in OK

<sup>d</sup>Not applicable in MS

## **Limitations and exclusions**

**Cancer Policy/Certificate**—you do not qualify for this policy/certificate 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/certificate; you have had a pre-leukemic or pre-malignant 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 non-melanoma 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/certificate 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.<sup>a</sup>

**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) (within the last five years in Colorado) prior to the effective date (in District of Columbia, AIDS only).<sup>b</sup>

**Hospital intensive care**—This rider/policy/certificate does not cover confinement in facilities other than hospital intensive care units (ICU); or resulting from intoxication<sup>c</sup>, 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;<sup>d</sup> there will be no benefits for confinements resulting from a heart-related condition. Insurance may be issued to persons through age 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/certificate explains in detail both the rights and obligations of both you and us. Therefore, it is important that you read your policy/certificate carefully.*

*Conseco Health Insurance Company is a subsidiary of Conseco, Inc.,  
a financial services organization headquartered in Carmel, Indiana.  
Conseco, through its subsidiary companies, is a leading source  
for insurance, investment and lending products, helping  
13 million customers step up to a better, more secure future.*

CONSECO HEALTH INSURANCE COMPANY  
ADMINISTRATIVE OFFICE  
11815 N. Pennsylvania Street  
Carmel, IN 46032

CH00C/BP1ST-H (11/02) 119413  
© 2000, 2002 Conseco Services, L.L.C.

**conseco.com**



**CONSECO®**  
Step up.™