Conseco Solutions® Cancer
SUPPLEMENTAL CANCER INSURANCE

The advantage of Conseco Solutions.

Underwritten by
Conseco Health Insurance Company
First occurrence express payment

$1,000 is payable 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. Children will receive a 50% increased benefit. This way, you will have immediate financial 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.

Additional units: Increase the first occurrence express payment

Up to 9 additional units ($1,000/unit) are available for a maximum express payment benefit of $10,000 (children will receive a maximum benefit of $15,000).

Introducing our health advocate feature

Making phone calls, handling necessary arrangements...your health advocate does the legwork for you! If you or a covered family member are diagnosed with cancer, your Conseco Health policy gives you immediate access to a health advocate.

A registered nurse will help you navigate the healthcare system—backed by a staff of medical directors and administrative experts. Supportive services include:

- Finding physicians and medical institutions
- Accessing community/educational resources
- Solving claims and billing issues

In-hospital benefits

Inpatient hospital confinement (includes U.S. government hospital)

$250 per day, 1–30 days

$500 per day, 31+ days

Benefits will be paid for each day you are confined as an inpatient in a hospital due to cancer. For confinements in a U.S. government hospital, we will pay this benefit amount in lieu of all other benefits—except the express payment, transportation (insured), transportation (family member) and lodging benefits.

Inpatient drugs and diagnostic testing

Actual charges up to $50 per day

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

Attending physician

Actual charges up to $40 per day

Benefits will be paid per covered confinement for cancer treatment services by a physician other than your surgeon. Benefits are payable for up to the same number of days you receive benefits for hospital confinement.

Private nurse

Actual charges up to $125 per day

Benefits will be 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. Benefits are payable for up to the same number of days you receive benefits under hospital confinement.
Each year, millions of Americans are diagnosed with cancer.

What are the chances that your family will be affected?

According to the American Cancer Society:

- Men have nearly a 1 in 2 lifetime risk of developing cancer.
  Women have more than a 1 in 3 lifetime risk.¹
- Cancer is the leading cause of death by disease in children between the ages of 1 and 14.²
- Since 1990, more than 18 million new cancer cases have been diagnosed.¹

**The good news: With early detection and advanced treatment, survival rates are increasing.**

**But treatment and prevention do cost money. And they may not be covered by your major medical policy.**

Nearly 66% of cancer-related costs are nonmedical.³

- Insurance shortfalls (deductibles, copayments and benefit limitations)
- Special expenses (transportation, lodging and family care)
- Loss of income from inability to work
- Living expenses (house payments, car payments, utilities and groceries)

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

**How would you pay for out-of-pocket expenses?**

**There are only a few options:**

- Spend your life savings
- Sell your assets
- **Buy supplemental insurance**

Cancer concerns won’t stop at the doctor’s door. Neither should your insurance. We offer one solution...

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² Ibid, p. 10.
³ Ibid, p. 3.
In-hospital benefits

Transportation and lodging

Transportation (insured)
Actual charges up to $2,500 for coach-class plane, train or bus transportation or 40 cents per mile for transportation by car.
Benefits will be paid for a one-way trip by coach-class plane, train, bus transportation or car if you must travel more than 100 miles one way within the continental United States (including Alaska, Hawaii and Puerto Rico). Transportation must be from your home to receive covered cancer treatments that are prescribed by your physician and are not available locally. There is no limit to the number of trips.

National Cancer Institute (NCI)
This transportation benefit also applies for consultation at a comprehensive or clinical cancer center as recognized by the National Cancer Institute.

Transportation (family member)
Actual charges up to $2,500 for coach-class plane, train or bus transportation or 40 cents per mile for transportation by car.
Benefits will be paid for one immediate family member for a one-way trip by coach-class plane, train, bus transportation or car if the same trip is not paid under transportation (insured). Transportation is limited to two one-way trips per period of confinement from the family member’s home to the hospital in which the covered person is confined. Hospital must be more than 100 miles one way within the continental United States from each person’s home (including Alaska, Hawaii and Puerto Rico). Benefit will be provided to insured for family member to travel to and/or from the city where a covered person is confined to receive covered cancer treatments that are prescribed by a physician and are not available locally.

Family member lodging
Actual charges up to $70 per day.
Benefits will be paid for one immediate family member for lodging, one room per day, up to 60 days per period of insured's confinement. Lodging must be more than 100 miles one way within the continental United States from each person's home (including Alaska, Hawaii and Puerto Rico). Benefit will be provided to insured for family member to lodge in the city where the insured is confined to receive covered cancer treatments that are prescribed by a physician and are not available locally.

Ambulance
Actual charges up to $250 per one-way trip.
Benefits will be 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. Benefits include air ambulance (must be necessary to protect your health and safety when no other travel methods are available).

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.

Waiver of premium
After the policyholder 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 policyholder’s 65th birthday.
In- or out-of-hospital benefits

2nd and 3rd surgical opinion
Actual charges up to $250 per opinion
Benefits will be paid for second and third medical evaluations of your need for surgery (other than for skin cancer) at your option.

Surgery
$135 to $9,000
Benefits will be 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.

Biopsy surgery
Benefits will also be paid for surgical biopsies leading to positive cancer diagnosis, based on the surgical schedule in your policy.

Reconstructive breast surgery
Actual charges
Benefits will be paid up to the amount we paid for, and occurring within three years of, the mastectomy.

Blood and plasma
Actual charges
Benefits will be paid for each unit of blood you receive for cancer treatment. This includes donated blood, plasma, and platelets.

Anesthesia
$34 to $2,250
Benefits will be 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 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.

Prosthetics (surgical)
Actual charges up to $3,000 per device
Benefits will be paid for surgically implanted prosthetic devices needed due to, and received within three years of, covered surgery and prescribed by a physician due to cancer.

Prosthetics (nonsurgical)
Actual charges up to $250, lifetime maximum per covered person
Benefits will be paid for nonsurgically implanted devices received within three years of covered surgery and prescribed by a physician due to cancer. Devices include voice boxes, removable breast prosthesis and ostomy pouches.

Radiation and chemotherapy
Radiation therapy
Actual charges up to $300 per day
Benefits include, but are not limited to, the insertion of interstitial or intracavity application of radium or radioisotopes. The surgery benefit provides additional amounts payable for insertion and removal. There is no monthly or lifetime maximum limit.

Chemotherapy (injected by medical personnel)
Actual charges up to $300 per prescription
Benefits include self-injected medications, medications dispensed by pump or implant, or oral chemotherapy regardless of where it is administered. This benefit is limited to a monthly maximum of $2,400. Experimental treatments are covered as long as treatment is investigationally approved by the U.S. Food and Drug Administration. There is no lifetime maximum limit.

Chemotherapy (self-administered)
Actual charges up to $300 per prescription
Benefits include self-injected medications, medications dispensed by pump or implant, or oral chemotherapy regardless of where it is administered. This benefit is limited to a monthly maximum of $2,400. Experimental treatments are covered as long as treatment is investigationally approved by the U.S. Food and Drug Administration. There is no lifetime maximum limit.
In- or out-of-hospital benefits (cont.)

**Comfort drugs (outpatient)**
Actual charges up to $150 per month
Benefits will be paid for outpatient medication prescribed for the treatment of nausea associated with cancer treatment.

**Medical imaging**
$200 per calendar year
Benefits will be paid when an insured receives an initial diagnosis or follow-up evaluation of internal cancer using a medical imaging exam. This includes, but is not limited to, CT scan, MRI, bone scan or PET scan. This benefit is limited to one payment for each calendar year for each covered person.

**Stem cell transplant**
Actual charges up to $2,500, lifetime maximum per covered person
Benefits will be paid for a stem cell transplant for the treatment of cancer. This benefit does not pay for a bone marrow transplant. We will pay this benefit once for each insured for lifetime.

**Bone marrow transplant**
$10,000, lifetime maximum per covered person
Benefits will be paid for a bone marrow transplant for the treatment of cancer (including marrow donor expenses). This benefit does not pay for a stem cell transplant. We will pay this benefit once for each insured for lifetime.

**Wigs and hairpieces**
Actual charges up to $250, lifetime maximum per covered person
Benefits will be paid for a wig or hairpiece needed due to cancer treatment for which you receive benefits under this policy.

**Home healthcare**
Actual charges up to $40 per visit
Benefits will be paid when you have been hospital-confined for the treatment of cancer and receive home healthcare by a licensed, certified care provider within 7 days of release from a hospital as prescribed by your physician. Benefits will be paid for up to 10 visits per confinement and 30 visits per year. Benefit is not payable at the same time as the hospice benefit.

**Skilled nursing**
Actual charges up to $150 per day
Benefits will be paid when your doctor prescribes confinement to a skilled nursing facility, due to cancer, within 14 days after a covered hospital confinement. Benefits are payable for up to the same number of days that you received the hospital confinement benefit during the most recent hospital confinement.

**Hospice**
Up to $120 per day for the first 60 days; $60 per day for an unlimited number of days thereafter
Benefits will be 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. Benefit is not payable at the same time as the home healthcare benefit.

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**Wellness benefit**

Actual charges up to $50 per calendar year
After a 30-day eligibility period has been met, benefits will be paid for the following screening for each covered person: mammogram, breast ultrasound, pap smear (lab and procedure), biopsy, chest x-ray, CEA/CA 125 (blood test for colon and ovarian cancer), PSA (blood test for prostate cancer) and colonoscopy, etc. Benefit is limited to one test per calendar year. The policy contains a complete list of tests covered. This is a preventive benefit. Diagnosis of cancer is not required for this benefit to be payable. There is no lifetime maximum limit.
**Alternative Care rider**

Conseco Solutions helps provide another solution to the challenge of fighting cancer. Alternative healthcare methods are available with this additional coverage.

- **Integrative assessment and education benefit**
  
  Actual charges up to $250, one-time benefit
  
  Benefits will be paid for assessment/education services performed by an accredited practitioner of alternative care services.

- **Ameliorative benefit**
  
  Actual charges up to $50 per visit
  
  Benefits will be paid for visits to an accredited practitioner for acupuncture, massage therapy, biofeedback and hypnosis. Benefit is limited to 20 visits per calendar year.

- **Curative benefit**
  
  Actual charges up to $100 per visit
  
  Benefits will be paid for visits to the following accredited practitioners: naturopathic, homeopathic, ayurvedic, and herbalist. Benefit is limited to 20 visits per calendar year. Benefit amount applies to charges for the visit with the practitioner, as well as charges for any nutritional medications and supplements.

- **Lifestyle benefit**
  
  Actual charges up to $50 per visit
  
  Benefits will be paid for an accredited practitioner for the following types of alternative care: smoking cessation, yoga, meditation, relaxation techniques, Tai-Chi and nutritional counseling. Benefit is limited to 20 visits per calendar year.

Benefits will be payable only upon the diagnosis of internal cancer. The diagnosis must be reconfirmed on a regular basis, either by proof of ongoing treatment or by a doctor’s certification.

There is an additional cost for this optional rider (form CHIC-8022, including state variations).

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**Conseco Solutions Cancer**

**Lifestyle protection...with a helping hand**

Conseco Health Insurance Company offers one solution for your security. Our supplemental coverage is designed to help protect you from out-of-pocket costs.

It also helps you answer another important question: *What are the best care and treatment options for you—financially, physically and emotionally?*

**Important guarantees**

With Conseco Health Insurance Company, your insurance protection also includes these guaranteed service advantages:

- Your benefits are paid directly to you, or whomever you choose (unless otherwise required).
- Your benefits are paid regardless of any other insurance you have.
- We have never raised a premium rate on an existing cancer policyholder. Your rates cannot be increased unless all rates of that kind are raised in your state.
- Your policy is guaranteed renewable for life by the payment of premiums when due. Only you can cancel your coverage.
Limitations and exclusions

You will be eligible for benefits if: you have not been diagnosed with or treated for any cancer before the effective date of coverage; you are not diagnosed with or treated for any cancer during the first 30 days after your effective date; cancer is first diagnosed while you are covered under this policy; you incur a loss due to cancer while covered under this policy; your loss is not excluded by name or specific description.

The benefits described in the policy or 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.

Benefits are not payable for: any other disease, sickness or incapacity, even if the disease was caused, complicated or aggravated by cancer or cancer treatment; losses occurring before or during the 30-day eligibility period; losses occurring while the coverage is not in force; a pre-existing condition.

If the alternative care policy rider is chosen, we will not pay charges for nutritional medications and supplements prescribed or recommended by any accredited practitioner during the course of treatment, regardless of where they are dispensed, except under the curative benefit.

If an employer pays, or is treated as paying, all or part of the premium, the benefit may be considered taxable income unless excluded under one or more provisions of the Internal Revenue Code. You should consult your tax adviser for specific information.

This brochure is not the contract and is intended to be a brief, general description of coverage. The benefits described are contained in policy form CHIC-5022I-NC and have limitations. For costs and complete details of coverage, contact the agent.

NO RECOVERY FOR PRE-EXISTING DIAGNOSED CANCER.

No benefits will be provided during the first 12 months of the policy for cancer diagnosed before the 30th day after the effective date shown in the policy schedule. This pre-existing provision does not apply to insureds over the age of 65 at the time of issue if cancer is excluded by name or specific description in an attached rider.