

# HEART DISEASE, HEART ATTACK & STROKE INSURANCE

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, Iowa.



## Hospital Confinement Benefit (no lifetime maximum)

You select a daily hospital benefit for each continuous covered hospital confinement due to heart disease, heart attack, or stroke.

| Daily Benefit      | \$ 100 | \$ 150 | \$ 200 | \$ 250 | \$ 300 |
|--------------------|--------|--------|--------|--------|--------|
| 1st-30th day       | \$ 100 | \$ 150 | \$ 200 | \$ 250 | \$ 300 |
| 31st day and after | \$ 200 | \$ 300 | \$ 400 | \$ 500 | \$ 600 |

## Government Hospital (no lifetime maximum)

Pays \$175 per day in lieu of all other benefits during the 1st through 30th day of hospital confinement in a government or charity hospital. 30-day maximum per continuous confinement.

## Schedule of Benefits (no lifetime maximums)

**Surgery Benefit:** Fee for surgery, as scheduled in the policy, up to \$2,500 including post-operative attendance.

**Anesthesia Benefit:** Pays charges of up to 25% of the covered surgery benefit, not to exceed \$350.

**Drugs and Medicine Benefit:** Pays the hospital charges of up to \$25 per day for each day of a covered hospital confinement.

**Attending Physician:** Pays up to \$25 per day for visits by an attending physician other than the physician who performed surgery, while you are confined in the hospital. This benefit is payable for one visit per day, for up to the same number of days the Hospital Confinement Benefit is payable.

**Nursing Services Benefit:** Pays up to \$50 per day for full-time private-duty nursing services as required by your physician while you are confined in the hospital.

**Physical Therapy Benefit:** Pays up to \$40 per day for up to 30 days for services of a registered physical therapist as required.

**Oxygen Benefit:** Pays up to \$200 per hospital confinement for oxygen as required.

**Electrocardiogram Benefit:** Pays up to \$200 per hospital confinement for electrocardiograms as required.

**Intensive Care Unit Benefit:** Pays up to \$150 per day for up to 15 days per period of covered Intensive Care Unit confinement. A period of confinement can include two or more separate periods of ICU confinement if they are separated by fewer than 30 days.

**Ambulatory Surgical Center Benefit:** All benefits payable for hospital services and supplies are applicable to services and supplies furnished in an ambulatory surgical center.

**Ambulance Benefit:** Pays up to \$100 per hospital confinement for ambulance services to and from the hospital to which you are admitted for a covered confinement.

**Transportation Benefit:** Includes expenses for round-trip transportation resulting from hospital confinement for prescribed treatment which cannot be obtained locally (*within 50 miles of your residence*). Pays up to \$500 per hospital confinement for transportation by air, rail, or bus to the nearest hospital. Round-trip mileage allowance of \$.50 per mile up to \$250 per hospital confinement for use of personal vehicle.

**Heart Transplant Benefit:** Pays up to \$100,000 for the permanent implantation of a natural or artificial heart. Including charges for: replacement heart, surgeon's services, assistants and technicians, operating room, recovery room, anesthesia services and supplies, and special equipment and surgical supplies. Benefit is payable in addition to all other benefits once for each covered person.



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Rider Form Series LPH660. Forms may vary, coverage available where product is approved.  
Administrative Office: 1400 Centerview Drive, Little Rock, AR. Customer Service: (888) 763-7474

### Coverage Type

Two-Adult coverage includes the Insured and spouse only. Single-Parent coverage includes the Insured and insured eligible children. Family coverage includes the Insured, spouse and eligible children. Newborn children are automatically covered under the terms of the policy from the moment of birth. Available through age 64 on payroll deduction, ages 18 to 64 on direct billing.

### Limitations and Exclusions

We may reduce or deny a claim or void the policy if during the first 24 months a material misstatement has been made on the application; or at any time if you make a fraudulent misstatement.

This policy contains a 30-day waiting period. This means that no coverage is provided for any person diagnosed with a heart disease, heart attack, or stroke during the first 30 days of the effective date of such person's coverage (*varies by state*).

We will not pay benefits for: 1) any charges incurred for treatment of any disease or condition other than heart disease, heart attack, or stroke; 2) any excluded form of heart disease, heart attack, or stroke; 3) any person diagnosed with a heart disease, heart attack, or stroke before the end of the waiting period; 4) any disease or condition caused, complicated, worsened, or affected by or as a result of heart disease, heart attack, or stroke.

"Hospital" does not include an institution or that part of an institution operated as a: 1) convalescent home; convalescent, rest or skilled nursing care facility; or hospice care center; 2) facility primarily affording custodial, rehabilitative, or educational care; or 3) facility for the aged or addicted.

"Surgery" for heart disease, heart attack, and stroke does not include repair of lacerations, puncture wounds, or other traumatic injuries to the heart or blood vessels.

This is a brief summary of coverage. Refer to policy for complete details.

### Renewability

This heart disease, heart attack, and stroke policy is guaranteed renewable for life. We may only change the premium for your policy after we notify you in advance, and if we change it for all of the policies issued in your class.

### Termination

Under a Family Policy, coverage on a Spouse will end upon the earlier of death; or valid decree of divorce from you; or written notice to end coverage, effective upon receipt by us. Under a Single Parent Family Policy, or a Family Policy, coverage will end on a dependent child at the earlier of the child's death; or marriage; or attainment of age 19; or attainment of age 25 if a full time student; or written notice to end coverage effective upon receipt by us. Coverage on the Insured will end at the earlier of your death; or failure to pay the Renewal Premium before the Grace Period ends; or written notice to end coverage, effective upon receipt by us. This Policy will terminate if the Insured fails to pay the Renewal Premium before the Grace Period ends.

Terminations due to the Insured's written request may be made later than as specified above when indicated on your written notice.

| Monthly Payroll Rates | \$100    | \$150    | \$200    | \$250    | \$300    |
|-----------------------|----------|----------|----------|----------|----------|
| Individual            | \$ 11.60 | \$ 13.70 | \$ 15.80 | \$ 17.90 | \$ 20.00 |
| Single Parent Family  | \$ 12.70 | \$ 15.00 | \$ 17.30 | \$ 19.60 | \$ 21.90 |
| Family                | \$ 20.40 | \$ 24.10 | \$ 27.80 | \$ 31.50 | \$ 35.20 |

| Monthly Non-Payroll Rates | \$100    | \$150    | \$200    | \$250    | \$300    |
|---------------------------|----------|----------|----------|----------|----------|
| Individual                | \$ 15.00 | \$ 17.70 | \$ 20.40 | \$ 23.10 | \$ 25.80 |
| Single Parent Family      | \$ 16.50 | \$ 19.45 | \$ 22.40 | \$ 25.35 | \$ 28.30 |
| Family                    | \$ 26.30 | \$ 31.05 | \$ 35.80 | \$ 40.55 | \$ 45.30 |