

SERFF Tracking Number: CNSC-126091308 State: Arkansas
Filing Company: Conseco Health Insurance Company State Tracking Number: 42151
Company Tracking Number: KG SCHEDULES
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: CHIC KG Additional Benefit Levels
Project Name/Number: /

Filing at a Glance

Company: Conseco Health Insurance Company

Product Name: CHIC KG Additional Benefit Levels SERFF Tr Num: CNSC-126091308 State: ArkansasLH

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed State Tr Num: 42151

Sub-TOI: H071.001 Critical Illness

Co Tr Num: KG SCHEDULES

State Status: Approved-Closed

Filing Type: Form/Rate

Co Status:

Reviewer(s): Rosalind Minor

Authors: Michelle Garba, Stacey Farmer, Beth Blackwell

Disposition Date: 05/11/2009

Date Submitted: 04/16/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/11/2009

Explanation for Other Group Market Type:

State Status Changed: 05/11/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Sir or Madam:

Enclosed please find the noted forms listed on the form schedule for your review and approval. These forms are new and will not replace any forms currently on file with your department.

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Thank you for your time and consideration on this filing. If you have any further questions regarding this filing, please feel free to contact me.

Sincerely,
 Stacey Farmer, Product Filing Analyst
 Policy Approval and Compliance

Company and Contact

Filing Contact Information

Michelle Garba, Compliance Analyst Michelle_Garba@consecoco.com
 11815 N Pennsylvania St (800) 888-4918 [Phone]
 Carmel, IN 46032 (317) 817-2333[FAX]

Filing Company Information

Conseco Health Insurance Company CoCode: 78174 State of Domicile: Arizona
 11815 N Pennsylvania St. Group Code: 233 Company Type:
 Carmel, IN 46032 Group Name: State ID Number:
 (800) 888-4918 ext. [Phone] FEIN Number: 34-1083130

Filing Fees

Fee Required? Yes
 Fee Amount: \$210.00
 Retaliatory? No
 Fee Explanation: \$20 PER FORM X 6 = \$160.00
 \$50 FOR RATES = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Conseco Health Insurance Company	\$210.00	04/16/2009	27215439

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/11/2009	05/11/2009

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Benefit Schedule	Approved-Closed	Yes
Form	Benefit Schedule	Approved-Closed	Yes
Form	Surgical Schedule	Approved-Closed	Yes
Form	Surgical Schedule	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Conversion Amendment	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes

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Form Schedule

Lead Form Number: KG315/IS3ST-C

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	KG315IS3S	Schedule T-C	Benefit Schedule Pages	Initial		0	KG315IS3ST-C.pdf
Approved-Closed	KG360IS3S	Schedule T-C	Benefit Schedule Pages	Initial		0	KG360IS3ST-C.pdf
Approved-Closed	KG315SS3	Schedule ST-C	Surgical Schedule Pages	Initial		0	KG315SS3ST-C.pdf
Approved-Closed	KG360SS3	Schedule ST-C	Surgical Schedule Pages	Initial		0	KG360SS3ST-C.pdf
Approved-Closed	KG000AA3	Application/AR-E	Application/Enrollment Form	Initial		0	KG000AA3A R-E.pdf
Approved-Closed	KG000ER3	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	KG000ER3ST -l.pdf
Approved-Closed	KG000OC3	Outline of Coverage AR-D	Outline of Coverage Coverage	Initial		0	KG000OC3A R-D.pdf
Approved-Closed	KG000CA3	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	KG000CA3C R-C1.pdf

SECTION 8:**BENEFIT SCHEDULE**

This is a summary of benefits. Please read your entire policy or certificate for further explanations and limitations.

First Occurrence	\$1,750
Hospital Confinement	\$350 per day
Hospital Release Bonus	\$875 per confinement
Skilled Nursing Facility	Actual Charges up to \$175 per day
Inpatient Drugs and Medicine	\$35 per day
Initial Diagnostic Tests	Actual Charges up to \$1,750 lifetime maximum
Inpatient Attending Physician	\$35 per day
Inpatient Private Nurse	Actual Charges up to \$175 per day
Ambulance	Actual Charges up to \$175 per one-way trip
Surgical Procedure	See attached Surgical and Anesthesia Schedule
Anesthesia	See attached Surgical and Anesthesia Schedule
Blood and Plasma	\$350 per day
Transportation	Plane, train, or bus: Actual charges up to \$1,750 per calendar year Car: \$0.35 per mile
Family Member Transportation	Plane, train, or bus: Actual charges up to \$1,750 per calendar year
Family Member Lodging	Actual Charges up to \$87.50 per day
U.S. Government Hospital Confinement	\$350 per day
Heart Transplant	Initial amount: \$43,750 Accumulator amount: \$4,375

(1 3/4 UNITS)

SECTION 8:**BENEFIT SCHEDULE**

This is a summary of benefits. Please read your entire policy or certificate for further explanations and limitations.

First Occurrence	\$2,000
Hospital Confinement	\$400 per day
Hospital Release Bonus	\$1,000 per confinement
Skilled Nursing Facility	Actual Charges up to \$200 per day
Inpatient Drugs and Medicine	\$40 per day
Initial Diagnostic Tests	Actual Charges up to \$2,000 lifetime maximum
Inpatient Attending Physician	\$40 per day
Inpatient Private Nurse	Actual Charges up to \$200 per day
Ambulance	Actual Charges up to \$200 per one-way trip
Surgical Procedure	See attached Surgical and Anesthesia Schedule
Anesthesia	See attached Surgical and Anesthesia Schedule
Blood and Plasma	\$400 per day
Transportation	Plane, train, or bus: Actual charges up to \$2,000 per calendar year Car: \$0.40 per mile
Family Member Transportation	Plane, train, or bus: Actual charges up to \$2,000 per calendar year
Family Member Lodging	Actual Charges up to \$100 per day
U.S. Government Hospital Confinement	\$400 per day
Heart Transplant	Initial amount: \$50,000 Accumulator amount: \$5,000

(2 UNITS)

SECTION 9:**SURGICAL and ANESTHESIA SCHEDULE
(1 3/4 UNIT)**

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT	ANESTHESIA BENEFIT
PERICARDIUM			
Pericardiocentesis Initial	33010	\$193	\$48
Pericardiotomy for Removal of Clot or Foreign Body (Primary Procedure)	33020	\$1,400	\$350
Pericardiectomy (Independent Procedure), With or Without Bypass	33100	\$2,800	\$700
PACEMAKER			
Insertion of Permanent Pacemaker, With Epicardial Electrode by Thoracotomy	33200	\$1,838	\$459
CARDIAC VALVE			
Valvuloplasty, With Bypass:			
Aortic Valve	33400	\$3,500	\$875
Mitral Valve	33425	\$3,938	\$984
Tricuspid Valve	33460	\$3,500	\$875
Commissurotomy:			
With Bypass – Aortic Valve	33407	\$3,631	\$907
Closed – Mitral Valve	33420	\$2,800	\$700
Closed – Tricuspid Valve	33450	\$2,625	\$656
Aortoplasty for Supravalvular Stenosis	33417	\$3,763	\$940
Triple Valve Replacement	33492	\$5,250	\$1,312
CORONARY ARTERY			
Anomalous Coronary Artery Litigation (With Angioplasty or Endarterectomy)	33502	\$2,450	\$612
Coronary Artery Bypass, Autogenous:			
Single	33510	\$3,675	\$918
Triple	33512	\$4,200	\$1,050
Transverse Arch Graft of Thoracic Aortic Aneurysm	33870	\$4,900	\$1,225
POST INFARCTION MYOCARDIAL			
Myocardial Resection	33542	\$4,025	\$1,006
Myocardial Operation Combined With Coronary Bypass Procedure	33560	\$4,550	\$1,137
PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION			
Subdural Tap Through Fontanelle (Infant), Initial, Unilateral or Bilateral	61000	\$175	\$43
CRANIECTOMY OR CRANIOTOMY			
Exploratory, Supratentorial	61304	\$3,063	\$765
Intercranial Arteriovenous Malformation	61680	\$5,250	\$1,312

SECTION 9:**SURGICAL and ANESTHESIA SCHEDULE
(2 UNITS)**

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT	ANESTHESIA BENEFIT
PERICARDIUM			
Pericardiocentesis Initial	33010	\$220	\$55
Pericardiotomy for Removal of Clot or Foreign Body (Primary Procedure)	33020	\$1,600	\$400
Pericardiectomy (Independent Procedure), With or Without Bypass	33100	\$3,200	\$800
PACEMAKER			
Insertion of Permanent Pacemaker, With Epicardial Electrode by Thoracotomy	33200	\$2,100	\$525
CARDIAC VALVE			
Valvuloplasty, With Bypass:			
Aortic Valve	33400	\$4,000	\$1,000
Mitral Valve	33425	\$4,500	\$1,125
Tricuspid Valve	33460	\$4,000	\$1,000
Commissurotomy:			
With Bypass – Aortic Valve	33407	\$4,150	\$1,037
Closed – Mitral Valve	33420	\$3,200	\$800
Closed – Tricuspid Valve	33450	\$3,000	\$750
Aortoplasty for Supravalvular Stenosis	33417	\$4,300	\$1,075
Triple Valve Replacement	33492	\$6,000	\$1,500
CORONARY ARTERY			
Anomalous Coronary Artery Litigation (With Angioplasty or Endarterectomy)	33502	\$2,800	\$700
Coronary Artery Bypass, Autogenous:			
Single	33510	\$4,200	\$1,050
Triple	33512	\$4,800	\$1,200
Transverse Arch Graft of Thoracic Aortic Aneurysm	33870	\$5,600	\$1,400
POST INFARCTION MYOCARDIAL			
Myocardial Resection	33542	\$4,600	\$1,150
Myocardial Operation Combined With Coronary Bypass Procedure	33560	\$5,200	\$1,300
PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION			
Subdural Tap Through Fontanelle (Infant), Initial, Unilateral or Bilateral	61000	\$200	\$50
CRANIECTOMY OR CRANIOTOMY			
Exploratory, Supratentorial	61304	\$3,500	\$875
Intercranial Arteriovenous Malformation	61680	\$6,000	\$1,500

Exclusion Rider

- 1 **PERSON WITH A PRE-EXISTING HEART CONDITION.** _____ has been named by you, in the application for this policy, as having had, been treated for, or diagnosed as having:
- any heart disease;
 - a heart condition;
 - angina or a heart attack;
 - any disorder, disease, or abnormality of the coronary arteries;
 - arteriosclerosis;
 - chronic disease of the pericardium;
 - transient ischemic attack;
 - stroke, whether or not resulting in paralysis; or,
- for any of the above conditions, been advised by a medical practitioner, within the last year, to be hospitalized, or to have any diagnostic test or surgery which has not been completed.
- The company will not be liable under the policy for any benefits for person named above.
- 2 **PERSON WITH A PRE-EXISTING HEART CONDITION APPLYING FOR ICU** _____ has been named in the application, as having been treated for or diagnosed as having a heart attack, heart condition or other abnormality of the heart.
- This person will not be insured for any Intensive Care Unit confinement resulting from any disorder of the heart, and is limited to benefits for three days for any other Intensive Care Unit confinement.
- 3 **PERSON WITH A HISTORY OF HIV, AIDS OR ARC** _____ has been named in the application, as having been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) .
- The Company will not be liable for any loss incurred by this person.
- 4 **PERSON INELIGIBLE FOR INSURANCE DUE TO AGE** _____ does not meet the issue age requirement for Hospital Intensive Care insurance. This person is not eligible for any benefits under the Hospital Intensive Care insurance.
- 5 **FOR CONVERSION ONLY** For any person(s) named above, the Company will not be liable for any benefits under this policy unless currently insured by the Company under an existing heart disease, heart attack and stroke policy. For any person(s) named above currently insured by the Company under an existing heart disease, heart attack and stroke policy, benefits under this policy will be limited to the level of benefits provided under the existing policy.

If issued at the same time as the policy, this Rider will have the same Effective Date as the policy. If issued after the policy Effective Date, we will notify the Policyowner of the date this rider becomes effective. This rider is part of the policy and will terminate when the policy terminates. This rider is subject to all terms of the policy to which it is attached unless any such terms are inconsistent with the terms of this rider.

Conseco Health Insurance Company



President

APPLICANT'S STATEMENT

I have read, or have had read to me, the above statements; the above representations are true and complete. I understand the applicable exclusions.

Signature of Applicant/Policyowner: _____ Date: _____

OUTLINE OF COVERAGE

SPECIFIED HEART DISEASE, HEART ATTACK, AND STROKE POLICY

THE POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

PLEASE READ YOUR POLICY CAREFULLY: This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**

Specified Heart Disease, Heart Attack and Stroke coverage is designed to provide, to persons insured, insurance for specific losses resulting from Specified Heart Disease, Heart Attack and Stroke, subject to any limitations and exclusion contained in the policy.

BENEFITS PROVIDED UNDER THE POLICY:

FIRST OCCURRENCE BENEFIT: We will pay this benefit when you are diagnosed for the first time as having had a heart attack or stroke. We will pay this benefit even when a heart or stroke is not diagnosed until after death. This benefit is payable only once per insured person.

HOSPITAL CONFINEMENT BENEFIT: We will pay an amount as described in the benefit schedule for each day that you are confined as an inpatient to a hospital, other than a U.S. Government hospital, due to heart disease, heart attack, or stroke.

HOSPITAL RELEASE BONUS BENEFIT: We will pay the amount shown in the benefit schedule once for each confinement for which the Hospital Confinement or the U.S. Government Hospital Confinement benefit is payable.

SKILLED NURSING FACILITY BENEFIT: We will pay an amount as described in the benefit schedule for this benefit if, due to heart disease, heart attack, or stroke, you are confined by doctor's order to a skilled nursing facility within 14 days after you are discharged from a hospital or a U.S. Government Hospital where you were confined due to heart disease, heart attack, or stroke.

INPATIENT DRUGS AND MEDICINE BENEFIT: We will pay an amount as described in the benefit schedule for this benefit for medication administered to you while you are confined as an inpatient to a hospital due to heart disease, heart attack, or stroke. Such medication at the time of administration must be approved by the U.S. Food and Drug Administration.

INITIAL DIAGNOSTIC TESTS BENEFIT: We will pay for diagnostic tests performed on you which positively diagnose heart disease, heart attack, or stroke. We will not pay for any test which does not positively diagnose heart disease, heart attack, or stroke. This is limited to the following:

- Coronary Arteriography, including Cardiac Catheterization;
- Angiocardiology, including Cardiac Catheterization;
- Electrocardiogram (EKG or ECG);
- Echocardiogram or Doppler Echocardiogram;
- Blood Enzyme Tests;
- Radionuclide Imaging Tests, including Thallium Tests, MUGA Scan, or Acute Infarct Scintigraphy;
- Magnetic Resonance Imaging Test (MRI or NMR);
- Digital Cardiac Angiography or Digital Subtraction Angiography (DCA or DSA);
- Electroencephalogram (EEG);
- Computerized Axial Tomographic Scan (CAT Scan);
- Radionuclide Angiography (Nuclear Brain Scan);
- Doppler Ultrasound Test;
- Carotid Phonoangiography;
- Ocular Plethysmography (OPG); and,
- Cerebral Blood Flow Test (Inhalation Method).

INPATIENT ATTENDING PHYSICIAN BENEFIT: We will pay an amount as described in the benefit schedule for this benefit if you use the services of an attending physician while confined as an inpatient in a hospital due to heart disease, heart attack, or stroke.

INPATIENT PRIVATE NURSE BENEFIT: We will pay an amount as described in the benefit schedule for this benefit if you use the full-time services of a private nurse for the treatment of heart disease, heart attack, or stroke while confined as an inpatient in a hospital due to heart disease, heart attack, or stroke. These services must be prescribed by your doctor and must be performed by a licensed nurse.

AMBULANCE BENEFIT: We will pay this benefit if a licensed surface or air ambulance service transports you to or from a hospital or a U.S. Government hospital to which you are admitted as an inpatient due to heart disease, heart attack, or stroke.

SURGICAL PROCEDURE BENEFIT: We will pay an amount as described in the surgical and anesthesia schedule for your surgery for heart disease, heart attack, or stroke performed by a doctor which definitively treats heart disease, heart attack or stroke.

ANESTHESIA BENEFIT: We will pay an amount as described in the surgical and anesthesia schedule if you receive anesthesia during surgery for heart disease, heart attack, or stroke for which the Surgical Procedure Benefit is payable.

BLOOD AND PLASMA BENEFIT: We will pay the amount shown in the benefit schedule for each day you receive whole blood, plasma, red cells, packed cells, or platelets as a result of heart disease, heart attack, or stroke.

TRANSPORTATION BENEFIT: We will pay an amount as described in the benefit schedule if you must travel by coach class plane, train, bus fare, or by car on a regularly scheduled route within the continental U.S. more than 100 miles one-way from your home to receive covered treatment.

FAMILY MEMBER TRANSPORTATION BENEFIT: This benefit provides for family transportation when you are confined as an inpatient in a hospital within the continental U.S. more than 100 miles one-way from your home to receive covered treatment. We will pay an amount as described in the benefit schedule for a family member to travel more than 100 miles one-way from their home. Travel methods available are those of a regularly scheduled route by coach class plane, train, or bus fare.

FAMILY MEMBER LODGING BENEFIT: This benefit provides for family lodging when you are confined as an inpatient in a hospital within the continental U.S. more than 100 miles one-way from your home to receive covered treatment. We will pay an amount as described in the benefit schedule for a family member to stay in a hotel or motel more than 100 miles one-way from their home.

U.S. GOVERNMENT HOSPITAL CONFINEMENT BENEFIT: We will pay the amount shown in the benefit schedule for each day that you are confined as an inpatient in a U.S. Government hospital due to heart disease, heart attack, or stroke. While this benefit is payable no other benefits will be payable except the First Occurrence, Hospital Release Bonus, Ambulance, Transportation, Family Member Transportation, Family Member Lodging, and Heart Transplant benefits.

HEART TRANSPLANT BENEFIT: We will pay the amount shown in the benefit schedule if, because of heart disease or heart attack, your heart can no longer adequately function, you are at risk of dying, and as a result you receive a human heart transplant. A heart transplant is the surgical removal by a physician of the entire heart (including all atria, ventricles, and valves), and replacement with a human heart. We will not pay this benefit for the replacement of a human heart with a non-human, mechanical, or artificial heart. We will pay this benefit no more than once for any insured person.

RETURN OF PREMIUM BENEFIT: We will pay this benefit if the policy is kept in force until a maturity date. The Return of Premium Benefit is equal to the premiums paid for the insurance provided under the policy during the return of premium period. The policy need not be surrendered at a maturity date to receive a return of premium benefit.

LIMITATIONS AND EXCLUSIONS:

The policy does not provide benefits for any other disease or condition unless the disease or condition was complicated or aggravated by, but not caused by, heart disease, heart attack or stroke or the treatment of heart disease, heart attack or stroke. The policy contains a 30 day eligibility period. Some benefits are limited to actual charges as described in the policy and the benefit schedule. Additional limitations and exclusion are described in the policy. Benefits requiring confinement to a hospital or a U.S. Government hospital are not payable for any day of hospital confinement unless the day of confinement is due to heart disease, heart attack, or stroke. Benefits paid for any one person will not exceed the maximum benefits shown in the benefit schedule irrespective of the number or types of heart diseases, heart attacks, or strokes.

SUMMARY OF CLAIMS DETERMINATION PROCESS:

As provided for in the eligibility for benefits and the limitations and exclusions sections of your policy, the following steps are taken in order to determine eligibility under any claim filed: (1) determine when the claim was incurred, and whether the loss is covered by the policy. This step may require the collection of medical records, a death certificate, autopsy findings from a medical examiner or coroner, and information regarding medical history from physicians, hospitals, other insurance companies, government agencies and medical records copying services; (2) determine if the claim was incurred at a time when your coverage was in force, during the eligibility period, or during a lapse in coverage; and (3) determine if any policy exclusions exist for the claim.

GUARANTEED RENEWABILITY PRIVILEGE - PREMIUM CHANGE:

The policy is continuously renewed by the payment of premiums when due. We reserve the right to change premium rates upon written notice to your last known address at least 31 days before the change is to become effective.

THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. PLEASE CONSULT THE POLICY ITSELF TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

PLEASE RETAIN THIS OUTLINE FOR YOUR RECORDS.

CONVERSION AMENDMENT

Applicant's Name (First, MI, Last)	Social Security Number	Account Number
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You are applying to convert Existing Insurance. If your application is approved by us, we will issue new policy forms, as applicable, which describe the new, Converted Insurance. As of the Effective Date of the Converted Insurance, the new forms replace and supersede all existing forms except as noted below. This amendment modifies the new forms by adding the following:

- **DEFINITIONS**

Existing Insurance: Your insurance policy and level of benefits as it exists immediately prior to any conversion to the level of benefits for which you are making application.

Converted Insurance: The new insurance policy and level of benefits for which you are making application.

Existing Cash Value Benefit: The cash value benefit, if any, in force with your Existing Insurance.

Converted Return of Premium Benefit: The return of premium benefit contained in your Converted Insurance.

Claims Incurred: Claims are considered incurred on the date an event for which we pay benefits occurs or, in the case of a continuing claim, an earlier date as determined by the company based on a related prior event.

Original Maturity Date: The next date on which you would become entitled to a cash value benefit under the terms of your Existing Cash Value Benefit if that benefit were to remain in force until that date.

Accumulated Cash Value Benefit Under Existing Heart Disease, Heart Attack, and Stroke Insurance ("Accumulated Heart Disease, Heart Attack, and Stroke Benefit"): The portion of premiums paid for existing heart disease, heart attack, and stroke insurance prior to the Effective Date of the converted heart disease, heart attack, and stroke insurance that would have been returned by the Existing Cash Value Benefit on the Original Maturity Date, less heart disease, heart attack, and stroke Claims Incurred prior to the Effective Date of the converted heart disease, heart attack, and stroke insurance.

Accumulated Cash Value Benefit Under Existing Hospital Intensive Care Insurance ("Accumulated ICU Benefit"): The portion of premiums paid for any existing hospital intensive care insurance prior to the Effective Date of Converted Insurance that would have been returned by the Existing Cash Value Benefit on the Original Maturity Date, less hospital intensive care Claims Incurred prior to the Effective Date of the converted intensive care insurance.

Accumulated Benefit Payment Date: The earlier of the Original Maturity Date and the date we receive written proof of the Policyowner being diagnosed for the first time as having had a heart attack or stroke.

- **HEART DISEASE, HEART ATTACK, AND STROKE POLICY**

Eligibility: The converted level of benefits has a 30-day eligibility requirement which begins on the date you become insured under the Converted Insurance. To the extent that you have satisfied a similar 30-day eligibility requirement under your Existing Insurance, this requirement will not apply to the prior level of benefits.

Time Limit on Certain Defenses (Paragraph 2): To the extent that this period has been satisfied under the Existing Insurance, the time period under the Converted Insurance is waived for the prior level of benefits.

RETURN OF PREMIUM BENEFIT

Only premiums paid for the Converted Insurance will be used in determining benefits under the converted return of premium.

The accumulated Heart disease, Heart Attack and Stroke Benefit will be payable on the Accumulated Benefit Payment Date provided the Converted Return of Premium Benefit is then in force. Any Accumulated ICU Benefit will also be payable on the Accumulated Benefit Payment Date provided both heart disease, heart attack and stroke insurance and the Converted Return of Premium Benefit are then in force. Neither the Accumulated Heart disease, Heart Attack and Stroke Benefit nor any Accumulated ICU Benefit will be paid more than once.

This amendment modifies the new policy forms, as applicable, only as stated above. All other terms and conditions of these forms remain in full force and effect. This amendment attaches to and is made part of the policy issued by Conseco Health Insurance Company.

Conseco Health Insurance Company



President

APPLICANT'S STATEMENT: I have read, or have had read to me, this amendment. I understand that:

- any Existing Insurance will terminate on the date Converted Insurance becomes effective;
- the Converted Insurance will not be in effect until the Effective Date stated in the converted policy;
- if any person is excluded under the Existing Insurance, that person may be excluded under the Converted Insurance;
- if the application for Converted Insurance is rejected for any person insured under the Existing Insurance, that person will only be insured under the Converted Insurance up to the benefit levels provided under the Existing Insurance; and,
- all insurance not converted will remain the same.

Date: _____ Signature of Applicant: _____

THIS SECTION TO BE COMPLETED BY AGENT: I hereby certify that I have explained this amendment to the applicant. I further certify that I am a licensed agent in the state where this statement is being signed by the applicant.

Date: _____ Signature of Agent: _____ Agency: _____

SERFF Tracking Number: CNSC-126091308 State: Arkansas
 Filing Company: Conseco Health Insurance Company State Tracking Number: 42151
 Company Tracking Number: KG SCHEDULES
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: CHIC KG Additional Benefit Levels
 Project Name/Number: /

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved- Closed	Rates	KG315/IS3ST-C, New KG360/IS3ST-C, KG315/SS3ST-C, KG360/SS3ST-C			KG96 - ROP RATES - AR.pdf

Conseco Health Insurance Company
Administrative Office: 11825 N. Pennsylvania St.
Carmel, IN 46032

Specified Heart Disease, Heart Attack, and Stroke Policy
WITH RETURN OF PREMIUM

	MONTHLY A/C			ANNUAL	
	INDIVIDUAL	FAMILY		INDIVIDUAL	FAMILY
			1-3/4 UNITS		
0-39	\$58.80	\$88.20		\$670.00	\$1,005.00
40-49	\$78.40	\$117.40		\$894.00	\$1,338.00
50-55	\$98.00	\$147.00		\$1,117.00	\$1,676.00
56-60	\$117.40	\$176.40		\$1,338.00	\$2,011.00
61-65	\$137.00	\$205.60		\$1,562.00	\$2,344.00
66-70	\$166.60	\$249.90		\$1,899.00	\$2,849.00
71-75	\$195.80	\$293.80		\$2,232.00	\$3,349.00
			2 UNITS		
0-39	\$67.20	\$100.80		\$766.00	\$1,149.00
40-49	\$89.60	\$134.20		\$1,021.00	\$1,530.00
50-55	\$112.00	\$168.00		\$1,277.00	\$1,915.00
56-60	\$134.20	\$201.60		\$1,530.00	\$2,298.00
61-65	\$156.60	\$235.00		\$1,785.00	\$2,679.00
66-70	\$190.40	\$285.60		\$2,171.00	\$3,256.00
71-75	\$223.80	\$335.80		\$2,551.00	\$3,828.00

KG960/RS3AR-E

SERFF Tracking Number: CNSC-126091308 State: Arkansas
Filing Company: Conseco Health Insurance Company State Tracking Number: 42151
Company Tracking Number: KG SCHEDULES
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: CHIC KG Additional Benefit Levels
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Flesch Certification	Review Status: Approved-Closed	05/11/2009
Comments:		
Attachment:		
AR Certif of Compliance with Rule 19.pdf		
Bypassed -Name: Application	Review Status: Approved-Closed	05/11/2009
Bypass Reason: LOCATED UNDER FORM SCHEDULE TAB		
Comments:		
Bypassed -Name: Outline of Coverage	Review Status: Approved-Closed	05/11/2009
Bypass Reason: LOCATED UNDER THE FORM SCHEDULE TAB		
Comments:		

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Conseco Health Insurance Company

Form Number(s): KG315/IS3ST-C, KG360/IS3ST-C, KG315/SS3ST-C, KG360/SS3ST-C,
KG000/AA3AR-E, KG000/ER3ST-I, KG000/CA3CR-C1, and KG000/OC3AR-D

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Mariann Dobbs

Signature of Company Officer

Mariann Dobbs

Name

Senior Director and Assistant Secretary

Title

04/16/2009

Date