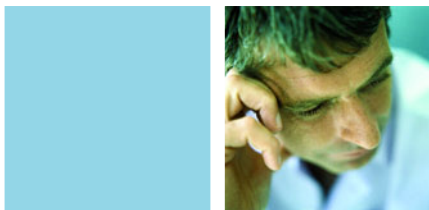


CONSECO INSURANCE COMPANY
A life and health insurance company

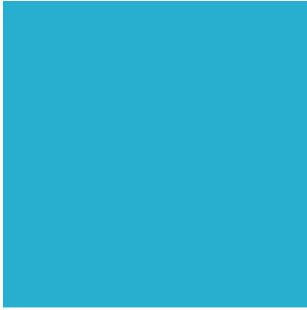


Hospital SecureSM

Supplemental hospital indemnity insurance



*Focus on
your care,
not on the costs.*



Rising costs. Supplemental insurance.

A stay in the hospital can be expensive. But your first concern should be for care and treatment.


That's why there's *Hospital Secure*SM from Conseco Insurance Company. It's *supplemental insurance* for the expenses associated with a hospital stay.

After all, costs are rising—and your current coverage could leave *you* responsible for copayments, deductibles, transportation expenses and more.

Hospital care: The facts

- The average daily cost of a hospital confinement is \$1,149, according to a 2006 report.¹
- A recent survey shows that the average length of a hospital stay is nearly five days.²
- More than 77 million Americans have trouble paying medical bills, have accrued medical debt—or both.³

How would *you* pay for unexpected costs?

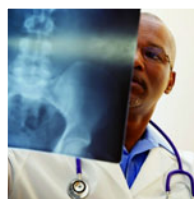
- Spend savings
- Sell assets
- Go into debt
- Supplemental insurance 

¹ American Hospital Association, *2006 AHA Annual Survey*, Health Forum LLC, an affiliate of the American Hospital Association, 2006.

² DeFrances, C.J., Podgornic, M.N., "2004 National Hospital Discharge Survey," *Advance Data from Vital and Health Statistics*, No. 371, Hyattsville, MD, National Center for Health Statistics, May 4, 2006, pg. 7.

³ Doty, M.M., Edwards, J.N., Holmgren, A.L., "Seeing Red; Americans Driven into Debt by Medical Bills," *The Commonwealth Fund, Issue Brief*, August 2005, pg. 1.

The above facts represent the U.S. population, are for information only and do not imply coverage under the policy or endorsement of the company or the policy by the people and organizations above.



Your benefits from Hospital Secure

Hospital Secure helps protect you against the costs your current insurance might not address. And with *two simple plan options*, you choose the plan that's right for you.

BENEFIT	PLAN A	PLAN B
Hospital confinement benefit	✓	✓
Outpatient surgical benefit		✓
Doctor office visit benefit		✓
Emergency room benefit		✓
Emergency travel benefit		✓
Optional riders	✓	✓

HOSPITAL CONFINEMENT BENEFIT

\$1,000, \$1,500, \$2,000
OR \$2,500 per confinement

Paid when an insured person is admitted to a hospital for 24 hours or more. Confinements that occur within 30 days of each other are considered one confinement. Premiums are based on the benefit level *you* select.

OUTPATIENT SURGICAL BENEFIT

\$100 per outpatient surgery*

DOCTOR OFFICE VISIT BENEFIT

\$30 per visit*

EMERGENCY ROOM BENEFIT

\$100 per visit*

EMERGENCY ROOM TRAVEL BENEFIT

\$100 per eligible emergency room visit*

Paid *in addition* to the emergency room benefit when the hospital visit occurs more than 100 miles from the insured person's residence.

*Subject to calendar-year maximums. See policy for details.

Optional riders

These riders are available at an additional cost.

HOSPITALIZATION DAILY BENEFIT RIDER

\$100, \$200 OR \$300 per day of confinement

Payable beginning the second day of confinement.

Rider form series R1019DB.

PET BOARDING BENEFIT RIDER

\$30 per day

Payable for each day the insured is confined to a hospital and requires boarding for a cat or dog in a kennel; limited to 14 days per confinement.

Rider form series R1019PB.

Riders are subject to state availability.



Our assurances

With Conseco Insurance Company, you get these important assurances:

- Your benefits are *paid directly to you* or to whomever you choose, unless otherwise required.
- Your benefits have *no lifetime maximum limits*, except where stated.
- Your benefits are *paid regardless* of any other insurance you carry.
- Your rates *cannot be increased* unless all rates of that kind are raised in your state.
- As long as you pay premiums when due, your policy is *guaranteed renewable* until your coverage ends at the age of 65.

Focus on
your care,
not on the costs.

Limitations and exclusions

This policy terminates at age 65. Any hospitalization for sickness that occurs during the first 30 days will not be covered until 12 months¹ after the effective date.² This policy does not cover any pre-existing sickness, accidental injury or condition that occurs during the first twelve months after the effective date of the coverage.³ Pre-existing condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a 12-month period preceding the effective date of coverage or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a 12-month period preceding the effective date of coverage. We will not pay for loss contributed to, caused by or resulting from your: being exposed to war or any act of war (declared or not);⁴ participating in or contracting with the armed forces (including the Coast Guard) of any country or international authority; committing or attempting to commit suicide, regardless of mental capacity;⁵ injuring or attempting to injure yourself intentionally, regardless of mental capacity;⁵ being more than 40 miles outside the territorial limits of the United States, Canada and Puerto Rico; riding in or driving any motor-driven vehicle on any race course or speedway; operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft, including those that are not motor-driven; normal pregnancy for first 10 months after effective date; newborn child's routine nursing or well-baby care; any services provided or charges made for an insured while in an observation unit; cosmetic or elective surgery that is not for the diagnosis or treatment of sickness or accidental injury; gastric bypass surgery; having a behavioral or psychological disorder, disease, or syndrome, without demonstrable organic origin; being intoxicated or under the influence of any narcotic, unless under the direction of a physician;^{6,7} alcoholism, drug abuse or chemical dependency;^{6,7} participating or attempting to participate in an illegal act;⁶ working at an illegal job;⁶ or, participating in any sporting event for pay or prize money.

Confinement to a hospital means assignment to a bed, for which charges are made, as an inpatient in a hospital on the advice of a physician. The confinement must be medically necessary and as a result of accidental injury or sickness.

A hospital is not a bed, unit, or facility that functions as a skilled nursing facility,⁸ 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 primarily for providing care for alcoholics or drug addicts; or, a facility for the care and treatment of mental disease or mental disorders.⁸

Hospital confinements more than 30 days apart will be considered a new period of confinement.

Premiums are based on age, health and the selection of benefits plan.

This brochure is not the contract and is only intended to be a brief, general description of coverage. The benefits described are contained in policy form CIC1019 and have limitations. For costs and complete details of coverage, contact your agent.

¹*Twelve-month exception not applicable in Maine.*

²*Not applicable in Indiana and Missouri.*

³*In Maryland, a condition revealed on the application is not considered a pre-existing condition unless it is excluded by a signed exclusion rider.*

⁴*In Nebraska, "being exposed to" is not applicable.*

⁵*In Missouri, "while sane."*

⁶*Not applicable in Maryland.*

⁷*Not applicable in South Dakota.*

⁸*Not applicable in Maine.*

Policy form series:
CIC1019

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

CIC-H2-CB (01/07) 126708
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Step up.

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Chicago, Illinois
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-981-8404

OUTLINE OF COVERAGE

HOSPITAL INDEMNITY COVERAGE

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

POLICY FORM CIC1019UT

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!

Hospital confinement indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed amount for hospitalization resulting from a Covered Accident or Covered Sickness, subject to any limitations set forth in the Policy. Coverage is not provided for any benefits other than the fixed indemnity for hospital confinement and any additional benefits as described below.

BENEFITS PROVIDED UNDER THE POLICY:

Please indicate the proposed insured's choice by checking the appropriate box:

- PLAN A**
 PLAN B

HOSPITAL CONFINEMENT BENEFIT (available on Plan A and Plan B): We will pay the benefit amount as selected on your application per Hospital Confinement when You are confined as an inpatient to a Hospital for a Covered Sickness or a Covered Accident.

If You are re-confined within 30 days, then the later period will be considered a continuation of the prior Period of Confinement. If re-confinement occurs more than 30 days later, We will treat the later Hospital Confinement as a new Period of Confinement.

OUTPATIENT SURGICAL BENEFIT (available on Plan B only): When an Insured has a surgery on an outpatient basis for a Covered Sickness or a Covered Accident We will pay \$100. This benefit is only payable once per day regardless of the number of outpatient surgical services provided during that outpatient surgery.

This benefit is limited to 2 per individual per Calendar Year. If this is an Individual plus Child(ren) or an Individual plus Spouse Policy this benefit is limited to 2 per individual per Calendar year with a maximum of 4 per Calendar Year. If this is a Family Policy this benefit is limited to 2 per individual per Calendar year with a maximum of 6 per Calendar Year.

PHYSICIAN'S OFFICE VISIT BENEFIT (available on Plan B only): When an Insured person visits a Physician's office for which a charge is made We will pay \$30 per visit. This benefit covers office visits for a Covered Accident, a Covered Sickness and routine wellness exams.

This benefit is limited to 3 per individual per Calendar Year. If this is an Individual plus Child(ren) or an Individual plus Spouse Policy this benefit is limited to 3 per individual per Calendar year with a maximum of 6 visits per Calendar Year. If this is a Family Policy this benefit is limited to 3 per individual per Calendar year with a maximum of 9 visits per Calendar Year.

EMERGENCY ROOM BENEFIT (available on Plan B only): When an Insured is admitted to an Emergency Room for a Covered Sickness or a Covered Accident We will pay \$100. This benefit is limited to 2 visits per Calendar Year. Admission to the Emergency Room for a Covered Accident must occur within 72 hours of the Covered Accident.

If an Insured is traveling and is more than 100 miles from their residence, We will pay an additional \$100 when an Insured is admitted to an Emergency Room for a Covered Sickness or a Covered Accident when admission is within 72 hours of the Covered Accident.

This benefit is limited to 2 per individual per Calendar Year. If this is an Individual plus Child(ren) or an Individual plus Spouse Policy this benefit is limited to 2 per individual per Calendar year with a maximum of 4 per Calendar Year. If this is a Family Policy this benefit is limited to 2 per individual per Calendar year with a maximum of 6 per Calendar Year.

LIMITATIONS AND EXCLUSIONS:

You will be eligible for benefits under the Policy if: Your Covered Sickness begins or Covered Accident occurs while You are insured under this Policy; You incur a Loss after the 30-day waiting period due to a Covered Sickness; You incur Loss for a Covered Accident after the Effective Date of coverage; while You are insured under this Policy; and, Your Loss is not excluded by name or specific description in this Policy. If an Insured is hospitalized during the first 30 days of coverage under this Policy, benefits for that Covered Sickness will only be provided 12 months after the Insured's Effective Date of coverage.

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

COSMETIC/PLASTIC SURGERY: Surgery that is not for the diagnosis or treatment of Covered Sickness or Covered Accident based upon generally accepted medical practice and is not medically necessary. The following procedures are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or Accident or medically necessary. Abdominoplasty (tummy tuck); Mammoplasty (breast enlargement); Rhinoplasty (nose job); or Suction Assisted Lipectomy (liposuction). Complications from any Cosmetic/Plastic surgery are not covered.

DENTAL PROCEDURES: Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident.

ELECTIVE SURGERY: Surgery that is not for the diagnosis or treatment of a Covered Sickness or Covered Accident based upon generally accepted medical practice and is not medically necessary. Gastric Bypass Surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or Accident or medically necessary, Voluntary abortion (except where the Insured or the Insured's spouse would be endangered if the fetus were carried to term or where medical complications have arisen from abortion); or Sex changes. Complications from any Elective surgery are not covered.

FLYING: Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven.

ILLEGAL ACTS: Participating or attempting to participate in an illegal act, or working at an illegal job.

INTOXICATION: Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.

MENTAL DISORDER: Having a behavioral or psychological disorder, disease, or syndrome, without demonstrable organic origin.

NEWBORN CARE: We will not pay for a separate charge made for the newborns stay in a nursery as a result of a normal delivery.

OBSERVATION UNIT: Any services provided or charges made for an Insured while in an Observation Unit.

PREGNANCY: Normal pregnancy that occurs within the first 10 months after the Effective Date of Coverage. Loss due to complications of pregnancy will be paid the same as for any other Covered Sickness. A Cesarean is not considered a complication of pregnancy.

PREGNANCY OF A DEPENDENT CHILD: A pregnancy of a dependent child will not be covered.

PRE-EXISTING CONDITIONS: Having any Pre-Existing Condition not otherwise excluded by name or specific description. Benefits will not be paid for losses related to such Sickness, Accidental Injury or condition which occurs during the first twelve (12) months after the Effective Date of Your coverage.

RACING: Riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or while testing any vehicle on any race course or speedway.

SELF-INFLICTED INJURIES (SANE OR INSANE): Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.

SPORTS: Participating in any sporting event for pay or prize money.

SUBSTANCE ABUSE: Alcoholism, drug abuse, or chemical dependency.

SUICIDE (SANE OR INSANE): committing or attempting to commit suicide, regardless of mental capacity.

TRAVEL/LOCATION: Being more than 40 miles outside the territorial limits of the United States, Canada, and Puerto Rico.

VISION PROCEDURES: Vision exams or vision procedures, unless treatment is the result of a Covered Accident or a Covered Sickness.

WAR/MILITARY SERVICE: Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority. We will return, at Your request, the prorated premium paid for You for any period You are not insured by this Policy while You are in such service.

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, and not during the eligibility period or during a lapse in coverage; and (3) determine if any Policy exclusions exist for the claim.

RENEWABILITY OF THIS POLICY:

This Policy is continuously renewed by the payment of Premiums when due up to the age of 65.

PREMIUM:

Your initial premium depends on the optional benefits You selected. We reserve the right to change premium rates upon written notice at least 45 days before the change is to become effective.

OPTIONAL RIDERS: Please indicate the proposed insured's choices by checking the appropriate box(es).

HOSPITAL CONFINEMENT DAILY BENEFIT: We will pay the benefit amount as selected on your application per day of Hospital Confinement beginning with the second day of Hospital Confinement when You are confined as an inpatient to a Hospital for a Covered Sickness or a Covered Accident.

If You are re-confined within 30 days, then the later period will be considered a continuation of the prior Period of Confinement. If re-confinement occurs more than 30 days later, We will treat the later Hospital Confinement as a new Period of Confinement.

PET BOARDING BENEFIT: We will pay \$30 per day when You board Your Pet, regardless of the number of Pets, at a Kennel due to Your Hospital Confinement for a Covered Sickness or Covered Accident. This benefit is limited to 14 days per confinement.

You may choose any Kennel You wish for care of Your Pets. By offering this Rider, We make no recommendation whatsoever as to which Kennel You may choose, and We will not be liable, beyond the benefit provided by this Rider, for any care or lack of care by any Kennel You do choose.

If You are re-confined within 30 days, then the later period will be considered a continuation of the prior Period of Confinement. If re-confinement occurs more than 30 days later, We will treat the later Hospital Confinement as a new Period of Confinement.

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 OF COVERAGE FOR YOUR RECORDS.