

# *Loyal American Affordable Health Benefits®*

Our Base Policy Offers No Deductible,  
First Dollar Coverage Option For:

- Hospital Stays
- Doctor Visits
- Accidents
- Illnesses
- Surgeries



*Loyal American*  
Life Insurance Company®

# Protect Yourself

Guaranteed Renewable Up To Age 65\*

**1st Dollar Coverage means no deductible to meet\*\*\***

The right insurance program can be difficult to find. Whether you are under-insured, self-insured or self-employed, the Loyal American Affordable Health Benefits insurance policy can help fulfill your insurance needs. This coverage is available for ages 0-64 and is designed to pay a specified dollar amount for you and your family for standard medical needs - ***No Matter Which Doctor or Hospital You Choose.*** Use the money any way you want - a great way to help cover health care expenses.



\*Subject to the company's right to increase premium on a class basis.

\*\*THIS IS NOT MAJOR MEDICAL COVERAGE. POLICY HAS LIMITED HOSPITAL CONFINEMENT AND OTHER FIXED INDEMNITY BENEFITS.

\*\*\*If selecting Premium Saver Option Rider, there is a one day elimination period for In-Patient Hospital & Intensive Care Unit Confinement.

# and Your Family

Unlimited Lifetime Maximum\*\*

## Did You Know?

For the year 2008 in the U.S., there were approximately **28.4 million** emergency department visits for unintentional injuries.<sup>1</sup>

During 2010, some **52 million** Americans went without health insurance, compared to **38 million** in 2001.<sup>2</sup>

About **1,529,560 new cancer cases** were expected to be diagnosed in 2010 in the U.S.<sup>3</sup>

An estimated **81,100,000** American adults (more than one in three) have one or more types of cardiovascular disease.<sup>4</sup>



## Affordable Health Benefits

can help you and your family financially in the case of life's unfortunate events.

<sup>1</sup>Centers for Disease Control and Prevention & National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey: 2008 Emergency Department Summary, table 15.

<sup>2</sup>The Commonwealth Fund Biennial Health Insurance Survey of 2010 page xi.

<sup>3</sup>American Cancer Society, Cancer Facts & Figures 2010, Page 1. These facts do not imply coverage provided under the policy or endorsement of the American Cancer Society.

<sup>4</sup>American Heart Association Heart Disease and Stroke Statistics – Update 2010, page. 6. These facts do not imply coverage provided under the policy or endorsement of the American Heart Association.

# No Deductible, First Day Coverage!\*

When the unexpected happens, you can have coverage in place to provide help for emergency care, doctor visits and surgical procedures. From the doctor visit to diagnostics, Loyal American Affordable Health Benefits is there for you.

## Built-in Benefits per Covered Person

### Surgery

Pays benefits equal to the amount listed in the Surgical Schedule, per Surgical Procedure. 2 or more Surgical Procedures performed during the same operative session are considered one procedure and will pay the single highest benefit. Limit 365 Surgical Procedures per calendar year.

### Anesthesia Benefits

20% of Surgical services benefit paid. Limit 365 Anesthesia Benefits per calendar year.

### Inpatient Doctor Visits

\$50 each visit. Maximum 10 per calendar year.

### Outpatient Office Visits & Urgent Care Facility Benefits

\$50 each visit. Combined Maximum 4 per calendar year.

### Outpatient Specialty Radiology (MRI, CAT Scan, PET Scan)

\$400 per test with Premier & Elite Options (3 per calendar year)

or \$200 per test for the Classic & Value Options (5 per calendar year).

### Outpatient Diagnostic X-Ray & Laboratories<sup>2</sup>

\$50 each test. Maximum 10 per calendar year.

### Emergency Room Accident or Sickness Visit

\$250 for each visit that does not result in a hospital confinement<sup>1</sup>.

Maximum 1 per calendar year.

### Ambulance Benefit

Pays for travel to or from a Hospital or Emergency Room:

Air \$500 per trip, Ground \$200 per trip.

Limit 1 each per calendar year.

### Routine Wellness Visits

\$50 each visit. Maximum 2 per calendar year.

### External Postoperative Breast Prosthesis Benefit

\$50 benefit amount per prosthesis and a lifetime maximum of 2 prostheses.



...And these two valuable coverages are built-in with no additional premium:

### Supplemental Accident Reimbursement Benefits

\$2,000 per Covered Accident. Maximum 4 per calendar year. *Accident benefits will coordinate with Hospital & Surgery coverage. Treatment must be within 60 days of the Covered Accident.*

### Radiation Therapy & Chemotherapy Benefit

\$500 per day. Maximum 30 days per calendar year.

\*If selecting Premium Saver Option Rider, there is a one day elimination period for In-Patient Hospital & Intensive Care Unit Confinement.

<sup>1</sup>If as a result of a Covered Accident treatment must be received within 72 hours of the Covered Accident.

<sup>2</sup>This benefit is not payable when diagnostic X-Rays and Laboratory Services are received in a Hospital, Intensive Care Unit or Emergency Room.

## Which Coverage Is Right For Me?

We offer various levels of coverage to accommodate most needs and income levels. Have a nest egg tucked away in case of emergency? Rest assured Loyal American Affordable Health Benefits has an option that will work for you. Choose your coverage today!

### Affordable Health Benefits

### Flexible Coverage Options:

	Premier	Elite	Classic	Value
<b>In-Patient Hospital Benefits</b> <b>Daily Confinement Benefit For Any Covered Event</b> <i>Maximum Days Per Calendar Year- 100</i> <i>Daily Benefit for the first 50 days is double the amount shown above if Hospital Confinement is due to Injury.<sup>1</sup></i>	\$2,000 <i>per day</i>	\$1,500 <i>per day</i>	\$1,000 <i>per day</i>	\$500 <i>per day</i>
<b>Intensive Care Unit (ICU)/Confinement Benefit<sup>1</sup></b> <i>Maximum Days Per Calendar Year 30</i> <i>Pays in addition to Hospital Benefits shown above</i>	\$2,000 <i>per day</i>	\$1,500 <i>per day</i>	\$1,000 <i>per day</i>	\$500 <i>per day</i>
<b>Outpatient Specialty Radiology (MRI, CAT Scan, PET Scan)</b> <i>Maximum Tests Per Calendar Year</i>	\$400 <i>per test</i>  3	\$400 <i>per test</i>  3	\$200 <i>per test</i>  5	\$200 <i>per test</i>  5
<b>Ambulatory Surgical Center Benefits</b>  <i>Maximum Visits Per Calendar Year - 365</i>	\$1,000 <i>per visit</i>	\$1,000 <i>per visit</i>	\$500 <i>per visit</i>	\$500 <i>per visit</i>

### Premium Saver Option

*Lower premium rates that utilize a 1 day elimination period for Hospital and ICU Confinements.*

<sup>1</sup>If for Injury, confinement must begin within 30 days of a Covered Accident.

## Makes Sense, Saves Cents.

Coverage that pays benefits to you or your designee directly.

# Optional Riders for Additional Flexibility\*

Our coverage offers optional riders for extra peace of mind and for added protection, should life throw you a curve ball.

\* Optional riders available for an additional premium.

## Specified Critical Illness Benefit Rider

Get coverage for any one of the additional Critical Illnesses shown below.

Cancer  
Carcinoma In Situ  
Stroke  
End-Stage Renal Failure  
Coronary Artery Bypass  
Heart Attack  
Major Organ Transplant  
Paralysis (not as a result of stroke)

Pays a Lump Sum of  
**\$10,000**  
for any one of the listed  
Critical Illnesses

*Maximum Lifetime Benefit*  
**\$10,000 per covered person**

## Accidental Death & Dismemberment Benefit Rider

Choose from \$100,000, \$75,000, \$50,000 or \$25,000 per Covered Person\*\*

In the Event of Loss of:

Life  
One Eye, Hand, Foot, Arm or Leg  
More than One Eye, Hand, Foot, Arm or Leg

The Benefit Payable Will Be:

100% of the benefit amount selected  
10% of the benefit amount selected  
20% of the benefit amount selected

*Maximum Lifetime Benefit*  
**100% of the amount selected**

\*\*Benefit choice must be the same for all covered persons; however maximum coverage for children will be limited to \$25,000.

The policy is guaranteed renewable to age 65. Premiums may increase each year on the policy anniversary because of an increase in a covered person's attained age. After the policy has been in force for 12 months, premium rates may be changed on a Premium Class basis.



# What Isn't Covered

**PRE-EXISTING CONDITION(S):** The benefits of the policy will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). A Pre-Existing Condition(s) means any condition diagnosed or for which medical advice or treatment was recommended by or received from a Physician within the twelve (12) months prior to the Effective Date of coverage.

**We will not pay benefits for any Sickness or Injury resulting, whether directly or indirectly, from any of the following:**

1. a work-related condition that is eligible for benefits under Workman's Compensation, Employers' Liability or similar laws even when the Insured Person does not file a claim for benefits. This exclusion will not apply to an Insured Person who is not required to have coverage under any Workman's Compensation, Employers' Liability or similar law and does not have such coverage;
2. intentionally self-inflicted;
3. suicide or attempted suicide, while sane or insane (while sane only in Missouri);
4. treatment of Mental or Nervous Disorders without demonstrable organic disease, alcoholism or chemical dependency;
5. loss that begins prior to the Effective Date of coverage;
6. an act of declared or undeclared war;
7. care and treatment received outside the United States or its territories;
8. participation in the military service of any country or international organization;
9. an Insured Person's being intoxicated, as determined and defined by the laws and jurisdiction of the geographical area in which the Injury or Sickness or cause of Injury or Sickness was incurred, or under the influence of any narcotic unless administered under the advice of a Physician. The Insured Person's alcohol or narcotic impairment must be the cause or contributing cause of his or her Injury or Sickness, irrespective of whether the Injury or Sickness occurred while the Insured Person was driving a motor vehicle or engaged in any other activity;
10. committing or attempting to commit a felony or engaging in an illegal occupation or activity;
11. participation in any sport or sporting activity for wage, compensation or profit;
12. operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor driven;
13. engaging in hang gliding, bungee jumping, parachuting, sail gliding, parakiting, or hot air ballooning;
14. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
15. complications of a non-covered service;
16. glasses, contact lenses, vision therapy, exercise or training, surgery including any complications arising therefrom to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia); vision care that is routine;
17. hearing care that is routine; any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension;
18. treatment for foot conditions including, but not limited to: flat foot conditions, foot supportive devices including orthotics and corrective shoes, foot subluxation treatment, corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet, or hygienic foot care that is routine;
19. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for a Dental Injury;
20. treatment of TMJ (Temporomandibular Joint) Dysfunction and CMJ (Craniomandibular Joint) Dysfunction; any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw);
21. any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Insured Person's weight or related to obesity or morbid obesity, whether or not weight reduction is appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services; nutritional counseling;
22. organ, tissue or cellular material donation by an Insured Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification and donor activation;
23. chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for Cosmetic Services as determined by Us;
24. capsular contraction, augmentation or reduction mammoplasty. This does not apply to all stages and revisions of reconstruction of the breast following a mastectomy for the treatment of Cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas;
25. removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment. This does not apply to an internal breast prostheses following a mastectomy for the treatment of Cancer and services are received in accordance with the benefit provisions of the policy;
26. prophylactic treatment, services or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date;
27. treatment, services, and supplies for:
  - a) Home Health Care;
  - b) Hospice Care;
  - c) Skilled Nursing Facility care, Inpatient rehabilitation services;
  - d) Custodial Care, respite care, rest care, supportive care, homemaker services;
  - e) phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; including telemedicine services or telehealth services or technology that facilitates access to a Physician;
  - f) treatment, services or supplies that are furnished primarily for the personal comfort or convenience of the Insured Person, Insured Person's family, a Physician or provider;
  - g) treatment or services provided by a standby Physician; or
  - h) treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, or a rolfer;
28. treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth;

29. treatment, services and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire;
30. treatment, services and supplies related to: maternity, routine pregnancy (however Complication(s) of Pregnancy will be covered in the same manner as any other Sickness), routine well newborn care at birth including nursery care;
31. any treatment or procedure that promotes or prevents conception or prevents childbirth, including but not limited to:
  - a) genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chorionic villi testing;
  - b) services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception;
  - c) sterilization;
  - d) cryopreservation of sperm or eggs;
  - e) surrogate pregnancy;
  - f) fetal surgery, treatment or services;
  - g) umbilical cord stem cell or other blood component harvest and storage in the absence of a Sickness or an Injury;
  - h) circumcision; or
  - i) abortion, unless the life of the mother would be endangered if the fetus were carried to term;
32. treatment for: behavior modification or behavioral (conduct) problems; learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials;
33. treatment for or through the use of:
  - a) non-medical items, self-care or self-help programs;
  - b) aroma therapy;
  - c) meditation or relaxation therapy;
  - d) naturopathic medicine;
  - e) treatment of hyperhidrosis (excessive sweating);
  - f) acupuncture, biofeedback, neurotherapy, electrical stimulation;
  - g) Inpatient treatment of chronic pain disorders;
  - h) treatment of spider veins;
  - i) family or marriage counseling;
  - j) applied behavior therapy treatment for autistic spectrum disorders;
  - k) smoking deterrence or cessation;
  - l) snoring or sleep disorders;
  - m) change in skin coloring or pigmentation; or
  - n) stress management;
34. abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of the Insured Person's Physician;
35. services ordered, directed or performed by a Physician or supplies purchased from a Medical Supply Provider who is an Insured Person, an Immediate Family member, employer of an Insured Person or a person who ordinarily resides with an Insured Person; or
36. treatment, services and supplies for Experimental or Investigational Services.

*This brochure is designed as a marketing aid and is not to be construed as a contract for a Hospital Confinement and Surgical Fixed Indemnity policy. It provides a brief description of the important features of policy form series LY-HS-BA. The full terms and conditions of coverage are stated in and governed by an issued policy and riders. Availability may vary by state.*



# *What You, Your Family And Your Life Need.*

*Loyal American*  
Life Insurance Company®

Loyal American Life Insurance Company (Loyal) is rated A- (Excellent) by A.M. Best Company\* and has been providing insurance products for the needs of Americans since 1955. We offer a wide selection of supplemental policies, marketed through agents, designed to help meet the financial needs of Americans as deductibles and coinsurance costs grow.

We strive to develop innovative products, quality services for our customers and to provide a variety of coverage options that work for you. At Loyal, we are committed to providing exceptional service to all our customers every day.

Loyal is part of the Great American family of companies. Our family of companies includes: Central Reserve Life Insurance Company, Continental General Insurance Company, Loyal American Life Insurance Company, Provident American Life and Health Insurance Company and United Teacher Associates Insurance Company.

\* "A- (Excellent)" is fourth highest out of sixteen categories. Rating is based on the company's financial strength and ability to meet its obligations to policyholders. Not a recommendation of the company or its products.

[www.LoyalAmerican.com](http://www.LoyalAmerican.com)

# Affordable Health Benefits



## Base Policy

### Coverage Includes:

- No Deductible First Dollar Coverage
- \$2,000 Supplemental Accident Reimbursement
- Unlimited Lifetime Maximum On Base Policy\*
- Guaranteed Renewable Up To Age 65 (subject to the Company's right to increase premiums on a class basis)
- Simple Application - Just Answer Yes-or-No Questions (subject to underwriting and a 2-year contestable period)
- Freedom to choose any Doctor or Hospital

## Did You Know?

In the U.S., **men** have slightly less than a **1 in 2** lifetime risk of developing cancer; for **women**, the risk is a little more than **1 in 3**.<sup>1</sup>

In 2007 in the U.S., there were **79,697,000** physician office visits, hospital emergency department visits and outpatient visits with a primary diagnosis of cardiovascular disease<sup>2</sup>

There were over **41** visits to U.S. Emergency Departments for every **100** people during 2008?<sup>3</sup>

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<sup>1</sup>American Cancer Society, Cancer Facts & Figures 2010, Page 1. These facts do not imply coverage provided under the policy or endorsement of the American Cancer Society.

<sup>2</sup>American Heart Association Heart Disease and Stroke Statistics - Update 2010, page 9. These facts do not imply coverage provided under the policy or endorsement of the American Heart Association.

<sup>3</sup>Centers for Disease Control and Prevention & National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey: 2008 Emergency Department Summary. Page 3, Table 2.