

# *CardiaCare*

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**HEART & STROKE  
INSURANCE**

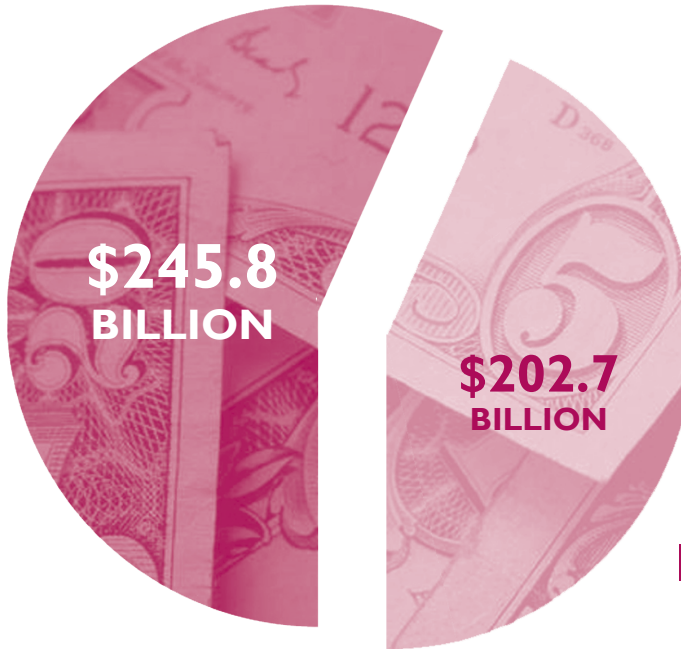
**FAMILY HERITAGE®**  
Life Insurance Company Of America

# COST OF HEART AND STROKE

**TOTAL COSTS \$448.5 BILLION**

## DIRECT:

**Doctor Bills  
Hospital Charges  
Medical Expenses**



## INDIRECT

\* Source: American Heart Association: *Heart Disease and Stroke Statistics - 2008 Update*

### RISK FACTORS FOR HEART DISEASE

According to the American Heart Association, several risk factors for coronary heart disease have been identified.

- Heredity
- Increasing Age
- High Cholesterol
- Smoking
- High Blood Pressure
- Physical Inactivity
- Diabetes
- Diet
- Stress

### LIMITATIONS AND EXCLUSIONS

- Persons with a history of heart disease, heart attack, or stroke prior to coverage effective date or within 30 days thereafter will not be covered.
- This policy only covers loss due to heart disease, heart attack or stroke.
- Benefits are not payable for any day of hospital confinement unless the day of confinement is the direct result of heart disease, heart attack, or stroke.
- Benefits paid for any one person will not exceed the maximum benefits shown in the Benefit Schedule regardless of the number or types of heart diseases, heart attacks or strokes.

## *According to the American Heart Association:*

- *Cardiovascular diseases are the #1 killer of men and women.*
- *Heart attack, stroke and heart disease account for over 57% of all deaths.*
  - *1 of every 2.8 deaths in the United States.*
  - *More than 2,400 Americans die each day.*
- *Heart Attacks are the single largest killer of Americans.*
  - *1.2 million Americans will suffer a heart attack each year.*
  - *Every 26 seconds, someone will suffer a coronary event.*
- *Strokes are the third leading cause of death in the United States.*
  - *Every 40 seconds, someone will suffer a stroke.*
  - *Every 3½ minutes, someone dies of a stroke.*
- *Heart Failure:*
  - *Congestive heart failure is a contributing cause in over 280,000 deaths per year.*
  - *Over 5.3 million Americans suffer from heart failure.*

## POLICY ADVANTAGES

- Your benefits are paid **DIRECTLY TO YOU**, unless you instruct us otherwise.
- Your benefits are paid **IN ADDITION** to any other insurance you have.
- Your coverage is **GUARANTEED RENEWABLE** for life—only you can cancel.
- Your benefits are **NEVER REDUCED**.
- Your premium **DOES NOT INCREASE** with age.
- You **CANNOT BE SINGLED OUT** for a rate increase. Your rates can be increased only if they are increased for all plans of this kind in your state.



Family Heritage has **NEVER RAISED A RATE** on an existing policy!

This brochure is not the insurance contract. The policy explains in detail the rights and obligations of both Family Heritage and the insured. It is important to read your policy carefully.

*The benefits described in this brochure are contained in policy series H2POL*

**FAMILY HERITAGE**<sup>®</sup>  
Life Insurance Company Of America

P.O. Box 470608, Cleveland, Ohio 44147 (440) 922-5222  
Please visit our website at [www.familyheritagelife.com](http://www.familyheritagelife.com)



**FIRST OCCURRENCE BENEFIT**

Paid one time per insured upon confirmed diagnosis of heart attack or stroke ..... **\$750**

**MEDICAL BENEFITS**

**Hospital Benefits - No Lifetime Limits**

**Hospital Confinement:** Each of the first 69 days ..... **\$375**

**Extended Stay Benefit:** Charges for each day of confinement beginning with the 70<sup>th</sup> day up to ..... **\$600**

This benefit is paid in lieu of all other benefits during that period.

**Inpatient Diagnostic Testing:**  
Charges per confinement up to ..... **\$300**

**Oxygen:** Charges per confinement up to ..... **\$300**

**Private Nurse:** Each day ..... **\$150**

**Ambulance:** Each trip (two one-way trips per confinement), charges up to ..... **\$300**

This benefit includes air ambulance.

**Blood and Plasma Benefit:** Per unit of whole blood, plasma, red cells, packed cells or platelets ..... **\$45**

**Inpatient Physical Therapy Benefit:** Each day of physical therapy by a registered Physiotherapist ..... **\$45**

This benefit is payable up to the number of days you are confined to a hospital (up to 30 days per confinement).

**Surgical Benefits - No Lifetime Limits**

**Surgery:** For each operation based on the Surgical Schedule in your plan ..... from **\$150** to **\$4,500**

**Anesthesia:** We will pay 25% of the amount paid for your covered surgery ..... from **\$37.50** to **\$1,125**

**Outpatient Physical Therapy Benefit - No Lifetime Limits**

Each day of physical therapy by a registered Physiotherapist ..... **\$45**

This benefit is payable following a hospital confinement. We will pay up to the number of days you were confined to the hospital (up to 30 days).

**TRANSPORTATION & LODGING BENEFITS**

**Transportation Benefit - No Lifetime Limits**

When you travel over 80 miles from home for covered services, we will pay . . .

Charges for your plane, train or bus up to ..... **\$1,200**

For each mile by personal auto ..... **30¢**

**Family Member Lodging Benefit - No Lifetime Limits**

For each day, up to 60 days, a member of your immediate family requires lodging while you are confined to a hospital more than 80 miles from your home, we will pay charges up to ..... **\$60**

**Family Member Transportation Benefit - No Lifetime Limits**

For one member of your immediate family when you are confined to a hospital more than 80 miles from your home, we will pay . . .

Charges for the plane, train or bus up to ..... **\$1,200**

For each mile by personal auto ..... **30¢**  
Unless already paid under the Transportation Benefit.

If a child is hospital confined, we will pay this benefit for **both** parents.

## HEART TRANSPLANT BENEFIT

Charges for a human heart transplant up to (paid one time per insured) ..... \$150,000

## RETURN OF PREMIUM

- You are paid if you have claims or if you stay well!
- We will refund your premiums less any claims paid to you.
- If you are age 65 or under, we **REFUND YOUR PREMIUM EVERY 20 YEARS**, or at age 75, whichever comes first. Then after age 75, you receive half of your premiums back every 10 years.
- If you are 66 or older, we will refund half of your premiums every 10 years.
- After your money is returned, your protection continues, and you can collect again.

### Three examples of what can happen...

	<u>No Claim</u>	<u>Small Claim</u>	<u>Large Claim</u>
PREMIUMS PAID	\$16,000	\$16,000	\$16,000
LESS CLAIMS PAID	- 0 -	- 2,000	- 36,500
<b>REFUND</b>	<b>\$16,000</b>	<b>\$14,000</b>	<b>- 0 -</b>

<b><u>FAMILY HERITAGE</u></b>		33470
PAY TO THE	<i>You</i>	\$ <i>\$\$\$\$\$\$</i>
<i>Total Premium Less Claims</i>		DOLLARS
SAMPLE CHECK	<i>Chief Financial Officer</i>	

**Please see the main policy brochure for a summary of the Limitations and Exclusions.**

*The benefits described in this brochure are contained in policy series H2POL*

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#### FIRST OCCURRENCE BENEFIT

Paid one time per insured upon confirmed diagnosis of heart attack or stroke ..... \$500

#### MEDICAL BENEFITS

##### Hospital Benefits - No Lifetime Limits

**Hospital Confinement:** Each of the first 69 days ..... \$250

**Extended Stay Benefit:** Charges for each day of confinement beginning with the 70<sup>th</sup> day up to ..... \$400

This benefit is paid in lieu of all other benefits during that period.

**Inpatient Diagnostic Testing:**  
Charges per confinement up to ..... \$200

**Oxygen:** Charges per confinement up to ..... \$200

**Private Nurse:** Each day ..... \$100

**Ambulance:** Each trip (two one-way trips per confinement), charges up to ..... \$200

This benefit includes air ambulance.

**Blood and Plasma Benefit:** Per unit of whole blood, plasma, red cells, packed cells or platelets ..... \$30

**Inpatient Physical Therapy Benefit:** Each day of physical therapy by a registered Physiotherapist ..... \$30

This benefit is payable up to the number of days you are confined to a hospital (up to 30 days per confinement).

##### Surgical Benefits - No Lifetime Limits

**Surgery:** For each operation based on the Surgical Schedule in your plan ..... from \$100 to \$3,000

**Anesthesia:** We will pay 25% of the amount paid for your covered surgery ..... from \$25 to \$750

##### Outpatient Physical Therapy Benefit - No Lifetime Limits

Each day of physical therapy by a registered Physiotherapist ..... \$30

This benefit is payable following a hospital confinement. We will pay up to the number of days you were confined to the hospital (up to 30 days).

#### TRANSPORTATION & LODGING BENEFITS

##### Transportation Benefit - No Lifetime Limits

When you travel over 80 miles from home for covered services, we will pay . . .

Charges for your plane, train or bus up to ..... \$800

For each mile by personal auto ..... 20¢

##### Family Member Lodging Benefit - No Lifetime Limits

For each day, up to 60 days, a member of your immediate family requires lodging while you are confined to a hospital more than 80 miles from your home, we will pay charges up to ..... \$40

##### Family Member Transportation Benefit - No Lifetime Limits

For one member of your immediate family when you are confined to a hospital more than 80 miles from your home, we will pay . . .

Charges for the plane, train or bus up to ..... \$800

For each mile by personal auto ..... 20¢

Unless already paid under the Transportation Benefit.

If a child is hospital confined, we will pay this benefit for **both** parents.

## HEART TRANSPLANT BENEFIT

Charges for a human heart transplant up to (paid one time per insured) ..... \$100,000

## RETURN OF PREMIUM

- You are paid if you have claims or if you stay well!
- We will refund your premiums less any claims paid to you.
- If you are age 65 or under, we **REFUND YOUR PREMIUM EVERY 20 YEARS**, or at age 75, whichever comes first. Then after age 75, you receive half of your premiums back every 10 years.
- If you are 66 or older, we will refund half of your premiums every 10 years.
- After your money is returned, your protection continues, and you can collect again.

### Three examples of what can happen...

	<u>No Claim</u>	<u>Small Claim</u>	<u>Large Claim</u>
PREMIUMS PAID	\$16,000	\$16,000	\$16,000
LESS CLAIMS PAID	- 0 -	- 2,000	- 36,500
<b>REFUND</b>	<b>\$16,000</b>	<b>\$14,000</b>	<b>- 0 -</b>

<b><u>FAMILY HERITAGE</u></b>		33470
PAY TO THE	<i>You</i>	\$ <i>\$\$\$\$\$</i>
	<i>Total Premium Less Claims</i>	DOLLARS
SAMPLE CHECK	<i>Chief Financial Officer</i>	

**Please see the main policy brochure for a summary of the Limitations and Exclusions.**

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#### FIRST OCCURRENCE BENEFIT

Paid one time per insured upon confirmed diagnosis of heart attack or stroke ..... \$250

#### MEDICAL BENEFITS

##### Hospital Benefits - No Lifetime Limits

**Hospital Confinement:** Each of the first 69 days ..... \$125

**Extended Stay Benefit:** Charges for each day of confinement beginning with the 70<sup>th</sup> day up to ..... \$200

This benefit is paid in lieu of all other benefits during that period.

**Inpatient Diagnostic Testing:**  
Charges per confinement up to ..... \$100

**Oxygen:** Charges per confinement up to ..... \$100

**Private Nurse:** Each day ..... \$50

**Ambulance:** Each trip (two one-way trips per confinement), charges up to ..... \$100

This benefit includes air ambulance.

**Blood and Plasma Benefit:** Per unit of whole blood, plasma, red cells, packed cells or platelets ..... \$15

**Inpatient Physical Therapy Benefit:** Each day of physical therapy by a registered Physiotherapist ..... \$15

This benefit is payable up to the number of days you are confined to a hospital (up to 30 days per confinement).

##### Surgical Benefits - No Lifetime Limits

**Surgery:** For each operation based on the Surgical Schedule in your plan ..... from \$50 to \$1,500

**Anesthesia:** We will pay 25% of the amount paid for your covered surgery ..... from \$12.50 to \$375

##### Outpatient Physical Therapy Benefit - No Lifetime Limits

Each day of physical therapy by a registered Physiotherapist ..... \$15

This benefit is payable following a hospital confinement. We will pay up to the number of days you were confined to the hospital (up to 30 days).

#### TRANSPORTATION & LODGING BENEFITS

##### Transportation Benefit - No Lifetime Limits

When you travel over 80 miles from home for covered services, we will pay . . .

Charges for your plane, train or bus up to ..... \$400

For each mile by personal auto ..... 10¢

##### Family Member Lodging Benefit - No Lifetime Limits

For each day, up to 60 days, a member of your immediate family requires lodging while you are confined to a hospital more than 80 miles from your home, we will pay charges up to ..... \$20

##### Family Member Transportation Benefit - No Lifetime Limits

For one member of your immediate family when you are confined to a hospital more than 80 miles from your home, we will pay . . .

Charges for the plane, train or bus up to ..... \$400

For each mile by personal auto ..... 10¢

Unless already paid under the Transportation Benefit.

If a child is hospital confined, we will pay this benefit for **both** parents.

## HEART TRANSPLANT BENEFIT

Charges for a human heart transplant up to (paid one time per insured) ..... \$50,000

## RETURN OF PREMIUM

- You are paid if you have claims or if you stay well!
- We will refund your premiums less any claims paid to you.
- If you are age 65 or under, we **REFUND YOUR PREMIUM EVERY 20 YEARS**, or at age 75, whichever comes first. Then after age 75, you receive half of your premiums back every 10 years.
- If you are 66 or older, we will refund half of your premiums every 10 years.
- After your money is returned, your protection continues, and you can collect again.

### Three examples of what can happen...

	<u>No Claim</u>	<u>Small Claim</u>	<u>Large Claim</u>
PREMIUMS PAID	\$16,000	\$16,000	\$16,000
LESS CLAIMS PAID	- 0 -	- 2,000	- 36,500
<b>REFUND</b>	<b>\$16,000</b>	<b>\$14,000</b>	<b>- 0 -</b>

<b><u>FAMILY HERITAGE</u></b>		33470
PAY TO THE	<i>You</i>	\$ <i>\$\$\$\$\$</i>
	<i>Total Premium Less Claims</i>	DOLLARS
SAMPLE CHECK	<i>Chief Financial Officer</i>	

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POLICYOWNER'S  
AGE AT ISSUE

INDIVIDUAL

SINGLE-PARENT

FAMILY

### CARDIACARE-ELITE

AGE AT ISSUE	ROP	INDIVIDUAL	SINGLE-PARENT	FAMILY
0-30	ROP	\$29.00	\$31.00	\$40.75
31 - 35	ROP	\$31.25	\$33.00	\$46.25
36 - 40	ROP	\$34.25	\$36.00	\$53.25
41 - 45	ROP	\$38.25	\$40.00	\$62.00
46 - 50	ROP	\$42.75	\$44.00	\$71.25
51 - 55	ROP	\$47.50	\$49.00	\$81.75
56 - 60	ROP	\$60.75	\$62.00	\$106.50
61 - 65	ROP	\$93.75	\$95.50	\$166.75
66 - 70	ROP	\$88.00	\$89.50	\$158.50

### CARDIACARE-PREFERRED

AGE AT ISSUE	ROP	INDIVIDUAL	SINGLE-PARENT	FAMILY
0-30	ROP	\$25.75	\$27.00	\$33.50
31 - 35	ROP	\$26.75	\$28.00	\$36.75
36 - 40	ROP	\$28.25	\$29.50	\$41.00
41 - 45	ROP	\$30.75	\$31.75	\$46.50
46 - 50	ROP	\$33.25	\$34.25	\$52.25
51 - 55	ROP	\$36.25	\$37.25	\$59.00
56 - 60	ROP	\$45.25	\$46.25	\$75.75
61 - 65	ROP	\$69.00	\$70.25	\$117.75
66 - 70	ROP	\$64.00	\$65.00	\$111.00

### CARDIACARE-STANDARD

AGE AT ISSUE	ROP	INDIVIDUAL	SINGLE-PARENT	FAMILY
0-30	ROP	\$22.25	\$22.75	\$26.25
31 - 35	ROP	\$22.25	\$22.75	\$27.25
36 - 40	ROP	\$22.25	\$22.75	\$28.75
41 - 45	ROP	\$23.00	\$23.50	\$31.00
46 - 50	ROP	\$23.75	\$24.25	\$33.25
51 - 55	ROP	\$24.75	\$25.25	\$36.25
56 - 60	ROP	\$30.00	\$30.25	\$45.25
61 - 65	ROP	\$44.25	\$45.00	\$68.75
66 - 70	ROP	\$40.00	\$40.50	\$63.50

POLICYOWNER'S  
AGE AT ISSUE

INDIVIDUAL

SINGLE-PARENT

FAMILY

### CARDIACARE-ELITE

0-30	ROP	\$174.00	\$186.00	\$244.50
31 - 35	ROP	\$187.50	\$198.00	\$277.50
36 - 40	ROP	\$205.50	\$216.00	\$319.50
41 - 45	ROP	\$229.50	\$240.00	\$372.00
46 - 50	ROP	\$256.50	\$264.00	\$427.50
51 - 55	ROP	\$285.00	\$294.00	\$490.50
56 - 60	ROP	\$364.50	\$372.00	\$639.00
61 - 65	ROP	\$562.50	\$573.00	\$1,000.50
66 - 70	ROP	\$528.00	\$537.00	\$951.00

### CARDIACARE-PREFERRED

0-30	ROP	\$154.50	\$162.00	\$201.00
31 - 35	ROP	\$160.50	\$168.00	\$220.50
36 - 40	ROP	\$169.50	\$177.00	\$246.00
41 - 45	ROP	\$184.50	\$190.50	\$279.00
46 - 50	ROP	\$199.50	\$205.50	\$313.50
51 - 55	ROP	\$217.50	\$223.50	\$354.00
56 - 60	ROP	\$271.50	\$277.50	\$454.50
61 - 65	ROP	\$414.00	\$421.50	\$706.50
66 - 70	ROP	\$384.00	\$390.00	\$666.00

### CARDIACARE-STANDARD

0-30	ROP	\$133.50	\$136.50	\$157.50
31 - 35	ROP	\$133.50	\$136.50	\$163.50
36 - 40	ROP	\$133.50	\$136.50	\$172.50
41 - 45	ROP	\$138.00	\$141.00	\$186.00
46 - 50	ROP	\$142.50	\$145.50	\$199.50
51 - 55	ROP	\$148.50	\$151.50	\$217.50
56 - 60	ROP	\$180.00	\$181.50	\$271.50
61 - 65	ROP	\$265.50	\$270.00	\$412.50
66 - 70	ROP	\$240.00	\$243.00	\$381.00

POLICYOWNER'S  
AGE AT ISSUE

INDIVIDUAL

SINGLE-PARENT

FAMILY

### CARDIACARE-ELITE

0-30	ROP	\$348.00	\$372.00	\$489.00
31 - 35	ROP	\$375.00	\$396.00	\$555.00
36 - 40	ROP	\$411.00	\$432.00	\$639.00
41 - 45	ROP	\$459.00	\$480.00	\$744.00
46 - 50	ROP	\$513.00	\$528.00	\$855.00
51 - 55	ROP	\$570.00	\$588.00	\$981.00
56 - 60	ROP	\$729.00	\$744.00	\$1,278.00
61 - 65	ROP	\$1,125.00	\$1,146.00	\$2,001.00
66 - 70	ROP	\$1,056.00	\$1,074.00	\$1,902.00

### CARDIACARE-PREFERRED

0-30	ROP	\$309.00	\$324.00	\$402.00
31 - 35	ROP	\$321.00	\$336.00	\$441.00
36 - 40	ROP	\$339.00	\$354.00	\$492.00
41 - 45	ROP	\$369.00	\$381.00	\$558.00
46 - 50	ROP	\$399.00	\$411.00	\$627.00
51 - 55	ROP	\$435.00	\$447.00	\$708.00
56 - 60	ROP	\$543.00	\$555.00	\$909.00
61 - 65	ROP	\$828.00	\$843.00	\$1,413.00
66 - 70	ROP	\$768.00	\$780.00	\$1,332.00

### CARDIACARE-STANDARD

0-30	ROP	\$267.00	\$273.00	\$315.00
31 - 35	ROP	\$267.00	\$273.00	\$327.00
36 - 40	ROP	\$267.00	\$273.00	\$345.00
41 - 45	ROP	\$276.00	\$282.00	\$372.00
46 - 50	ROP	\$285.00	\$291.00	\$399.00
51 - 55	ROP	\$297.00	\$303.00	\$435.00
56 - 60	ROP	\$360.00	\$363.00	\$543.00
61 - 65	ROP	\$531.00	\$540.00	\$825.00
66 - 70	ROP	\$480.00	\$486.00	\$762.00