

# Secure Advantage

HOSPITAL COVERAGE **FLEX**

## HOSPITAL INDEMNITY PLAN

The Insurance Policy That Pays You Cash  
In The Event Of A Covered Hospitalization

- ◆ Daily Hospital Confinement
- ◆ Observation Benefits
- ◆ Emergency Room Benefits
- ◆ Optional Cancer Benefits

PROTECTION FOR WHEREVER LIFE LEADS YOU



P.O. Box 11903, Winston-Salem, NC 27116

Secure Advantage Flex Hospital Coverage Insurance Plans  
are administered by Actuarial Management Resources,  
Winston-Salem, NC



**Heartland National Life Insurance Company's Hospital Indemnity Plan** offers the coverage you need for wherever life leads you. Choose your Inpatient Hospital Benefit and select additional riders to customize your plan. Here at Heartland, we understand that there is not a one size fits all approach to health care coverage. That's why we've developed Secure Advantage Flex, a Hospital Plan that can be tailored to fit your needs.

### *Highlights*

- Guarantee Issue Ages 64 1/2 to 65 1/2
- 7% Household Discount

### **Daily Inpatient Hospital Benefits**

We'll pay the daily benefit you selected for covered hospital stays that are due to an Injury or Sickness. We'll pay this benefit for each day you stay in the hospital, up to the number of days you selected, for each period of care.

### **Observation Unit Benefits**

We'll pay the Observation Unit Indemnity Benefit for each day you received services in an Observation Unit of a Hospital as a result of a covered loss due to a Sickness or Injury. (Maximum 3 benefit days per calendar year).

### **Emergency Room Benefits**

We will pay the Emergency Room Benefit for each period of care for services you receive in a hospital emergency room or hospital affiliated emergency care facility due to an Injury or Sickness. (Maximum 4 ER visits per calendar year).

**Your Heartland policy provides coverage in all 50 states, no matter where you live or where you purchased your policy.** This Policy excludes benefits for care or expenses for treatment, services or supplies which are received outside the United States.



## **Stay Protected**

## **For the Unexpected!**

### **Consider this.....**

**129.8 million**

The number of visits to the emergency room every year <sup>1</sup>

**4.5 days**

The average length of a hospital stay <sup>2</sup>

<sup>1</sup> Center for Disease Control and Prevention 2013 figures. <http://www.cdc.gov/nchs/fastats/emergency-department.htm>

<sup>2</sup> Agency for Healthcare Research and Quality. "Overview of Hospital Stays in the United States, 2012," accessed Dec. 9, 2016 – <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-HospitalizationsUnited-States-2012.pdf>.

## Customize Your Plan with Additional Riders\*



**Flexible & Affordable Coverage!**



**Cash Benefits Paid Directly to You!**



\* Policy and rider benefits and features may not be available in all states.



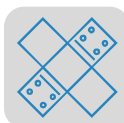
### Optional Lump Sum Cancer Benefits

For additional premium, we'll pay the cash benefit amount you select if you are diagnosed with cancer for the first time while being covered under the policy. Benefit payable after 30 day waiting period.



### Optional Lump Sum Hospital Confinement Benefits

We'll pay the cash benefit amount you select, if you experience a Hospital Stay, for an Accident or Sickness once per Period of Care. This benefit can help offset out-of-pocket expenses including copays, coinsurance and deductibles. (Maximum 2 hospital stays per calendar year).



### Optional Lump Sum Outpatient Surgery Benefits

We'll pay the cash benefit amount you select if you experience a surgical procedure performed by a Physician and such procedure is performed in an Ambulatory Surgical Center or Out-patient Facility of a Hospital. Maximum 2 surgical procedures per calendar year.



### Optional Skilled Nursing Facility Benefits

We'll pay the daily cash benefit amount you select if you are confined to a Skilled Nursing Facility due to a covered Sickness or Injury for days 21-100 after the 20 day elimination period.



### Optional Wellness Benefits

We'll pay the Wellness Benefit Rider amount for each (up to 4) Health Screening Test you undergo up to \$100 per calendar year.



### Optional Ambulance Benefits

We'll pay for ambulance transportation, including air ambulance, to and from a hospital due to Injury or Sickness up to the annual maximum amount. (Maximum 3 ambulance services per calendar year).

**Pre-Existing Conditions** No benefits are payable for any loss that begins within the first six (6) months after the effective date of Your Policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice was given or treatment was recommended or provided by a Physician within 6 months before the effective date of your policy.

**LIMITATIONS AND EXCLUSIONS APPLY.** This is a marketing brochure only and is not intended to be an insurance contract. Benefits, Limitations and Exclusions may vary state by state. Always read your outline of coverage. Refer to your policy for a complete listing of Benefits, Riders and Provisions.

# HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Providing Insurance Protection and Financial Support  
When The Unexpected Happens



**RECEIPT** All premium checks must be payable to: **Heartland National Life Insurance Company.**  
Do not make check payable to the agent or leave the Payee blank

Received from \_\_\_\_\_

The sum of \$ \_\_\_\_\_ for \_\_\_\_\_ months premium, with application.

If for any reason the application is not approved and the policy is not issued, this premium is to be refunded. No liability is created or assumed by the Company, except for refund of this premium, until the policy applied for has been issued.

Date Receipt and Outline of Coverage was prepared \_\_\_\_\_

By (Agent's Signature) \_\_\_\_\_

This is a Supplement to health insurance, and is not a substitute for Major Medical Coverage. Lack of Major Medical Coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Hospital Indemnity insurance products issued by Heartland National Life Insurance Company. Policy form 93017OR; rider forms R-17A, R-17LSC, R-17LSH, R-17LSO, R-17SN, R-17-W; Outline of Coverage form OLC-93017.

This is a limited health benefit policy. This is a solicitation of insurance. You may be contacted by an insurance agent.



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