



# Outline of coverage

Protection Series<sup>SM</sup> –

## **Hospital Indemnity Flex Insurance Plan**

**Policy Form CLIHIPL117 IL**

**Hospital Confinement**

Underwritten by

**Continental Life Insurance Company  
of Brentwood, Tennessee**

An Aetna Company

**Illinois**

[AetnaSeniorProducts.com](https://www.aetna.com/seniorproducts)

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# CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

P.O. Box 14399  
Lexington, KY 40512-9700  
1-800-264-4000

## LIMITED BENEFIT FIXED INDEMNITY POLICY

### OUTLINE OF COVERAGE FOR POLICY FORM: CLIHIPL117 IL

#### RETAIN THIS OUTLINE FOR YOUR RECORDS

**THIS IS A LIMITED BENEFIT FIXED INDEMNITY POLICY. 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. The policy sets forth in detail, the rights and obligations of both you and the insurance company. It is therefore important that you **READ YOUR POLICY CAREFULLY!**

This coverage is designed to provide you with coverage paying benefits only when certain losses occur which result in a hospital or skilled nursing facility stay. This policy provides limited coverage issued to supplement coverage you already have in force.

#### BENEFIT DESCRIPTIONS

**Hospital Confinement Indemnity Benefit** - This Benefit will pay a Hospital Confinement Indemnity Benefit Amount only if you are Confined in a Hospital and only one time per Period of Care. Benefits are available in \$250 units up to a maximum benefit amount of \$4,000.

**Optional Daily Skilled Nursing Facility Indemnity Benefit Rider** - This Benefit will pay for each day of skilled care received at a Skilled Nursing Facility provided all of the following conditions are met:

1. Your Physician has ordered the services you need for skilled care on a daily basis and the can only be provided in a Skilled Nursing Facility;
2. Admission to the Skilled Nursing Facility immediately follows a Hospital Confinement of at least three (3) consecutive days; and
3. The skilled care is received on a Covered Day.

This benefit is available in \$10 units up to a maximum daily benefit amount of \$500. There is also a choice of covered days: Days 1-20, Days 21-100 or Days 1-100. This benefit is limited to the daily Benefit Amount and the maximum number of Covered Days per Period of Care you choose. There is no lifetime maximum number of Covered Days for this benefit.

**Optional Outpatient Physician Office Visit Indemnity Benefit Rider** - This Benefit will pay an Outpatient Physician Office Visit Indemnity Benefit when the Insured has a Physician Office Visit for a Covered Illness or Covered Injury.

Visits for Preventive Care, Mental and Nervous Disorders, Substance Use Disorders and Pregnancy are not covered under this Benefit.

This benefit will not exceed the maximum Benefit Amount and maximum number of visits per Calendar Year. Benefit amounts available in \$10 units up to maximum benefit amount of \$100 per visit.

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**Optional Outpatient Surgical Procedure Indemnity Benefit Rider** - This Benefit will pay an Outpatient Surgical Indemnity Benefit when an Insured has an Outpatient Surgical Procedure performed at an Ambulatory Surgical Center or an Outpatient Surgical Facility for a Covered Illness or Covered Injury.

If the Insured has more than one Surgical Procedure performed at the same time, We will pay only one Outpatient Surgical Procedure Indemnity Benefit Amount even if the Surgical Procedure is caused by more than one Covered Illness or Covered Injury.

This benefit will not exceed the maximum Benefit Amount and maximum number of visits per Calendar Year. Benefits are available in \$250 units up to maximum benefit of \$3,000 per surgical procedure.

**Optional Hospital Emergency Room Visit or Ambulance Service Indemnity Benefit Rider** - This Benefit will pay a Hospital Emergency Room visit or Ambulance Service Indemnity Benefit when the Insured has an Emergency Room visit or has Ambulance Service by air, ground or water. Services must be Medically Necessary and be provided on an Emergency basis. Only one Benefit Amount per day is payable even if the Insured has an Emergency Room visit and an Ambulance Service on the same day.

This benefit will not exceed the maximum Benefit Amount and maximum number of visits or services per Calendar Year. Benefit amount for this service is \$200 increments up to \$600.

**Optional Lump Sum Cancer Fixed Indemnity Rider** - This Benefit will pay the Cancer Benefit Amount to You if You are Diagnosed with Cancer after the Effective Date and the expiration of a 30 day Benefit Waiting Period. This benefit is available in amounts of \$2,500, \$5,000, \$10,000, \$15,000, or \$20,000.

The Effective Date and Benefit Waiting Period are shown on the Schedule of Benefits page.

A Diagnosis must be made by a licensed Physician certified by the American Board of Pathology to practice pathological anatomy or an osteopathic Pathologist. A Diagnosis must be determined by one of the following ways:

1. **Pathological Diagnosis:** is based on a microscopic examination of fixed tissue, blood samples or preparations from the hemic system (except for skin cancer). We will also accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, We will accept a cytology report in lieu of a pathology report. A pathological Diagnosis can be made before or after death.
2. **Clinical Diagnosis:** is based on the study of symptoms. We will accept a clinical Diagnosis of Cancer as evidence that Cancer existed only when a pathological Diagnosis cannot be made, provided that medical evidence exists that substantially documents the Diagnosis and the Insured Person is receiving treatment for Cancer from a Physician.

The date of Diagnosis is the earlier of the date of Clinical Diagnosis or the date the specimen is taken to make the Pathological Diagnosis of Cancer.

Benefits are subject to the terms and exclusions of the Policy. Only one Cancer Benefit Amount will be paid per Insured Person under this Policy.

**Cancer** means a disease manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes: Hodgkin's Disease, leukemia, lymphoma, carcinoma, sarcoma, or malignant tumor.

The following illnesses, conditions, diseases and injuries are excluded:

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1. Skin cancer, other than malignant melanoma;
2. Premalignant conditions or conditions with malignant potential; or
3. Any diseases other than Cancer, even though other such diseases may have been complicated, aggravated or directly affected or caused by Cancer.

**Optional Rehabilitation Services Indemnity Benefit Rider** – This Benefit will pay the Outpatient Rehabilitation Services Indemnity Benefit Amount shown on the Schedule of Benefits page for each day you receive one of the following therapies on an Outpatient basis for treatment of a Covered Illness or Covered Injury:

1. Occupational Therapy;
2. Physical Therapy; or
3. Speech Therapy.

This benefit will not exceed the maximum Benefit Amount and maximum number of visits per Calendar Year. Benefit amounts available in \$50 units up to maximum benefit amount of \$250 per visit.

#### **RENEWABILITY**

The policy is guaranteed renewable for life provided premiums are paid when due. Policy is subject to the Policy Termination provisions.

#### **PREMIUM AGREEMENT**

Premiums for the policy may be changed. Any change in premium will apply to all covered persons with Your same Policy type based on the issue state of Your Policy. Any change in premium may occur on the next premium due date after You are given at least 30 days advance notice in writing of such change.

#### **LIMITATIONS AND EXCLUSIONS**

With respect to all benefits provided by this Policy, no benefits will be payable for:

- (1) Treatment, Services or supplies including:
  - a. Experimental or Investigational procedures or participation in clinical trials,
  - b. Diagnostic lab testing, x-rays, Advanced Studies and venipuncture,
  - c. Cosmetic surgery, routine foot care, dental services, acne or varicose veins
  - d. Allergy testing and allergy injections,
  - e. Speech therapy, occupational therapy and physical therapy, except if specified in the Outpatient Rehabilitation Services Indemnity Benefit Rider attached to this Policy,
  - f. Pre-employment or pre-marital examination or routine physical examinations,
  - g. Therapy or treatment of learning disorders or disabilities, developmental delays, Mental or Nervous Disorders or sleep disorders,
  - h. Programs, treatment or procedures for tobacco cessation or Substance Use Disorders; and
  - i. Weight reduction, including, but not limited to, wiring of the teeth.

- (2) Eye examinations, eyeglasses, or contact lenses to correct refractive errors and related services including surgery performed to eliminate the need for eyeglasses, for refractive errors such as radial keratotomy or keratoplasty, treatment for cataracts, orthoptics and visual eye training.
- (3) Hospice Care, Custodial Care or Home Health Care
- (4) Pregnancy and reproduction:
  - a. Pregnancy and related services; except for Complications of Pregnancy,
  - b. Infertility and impregnation procedures, such as but not limited to, artificial insemination, in-vitro fertilization, embryo and fetal implantation and G.I.F.T. (gamete intrafallopian transfer),
  - c. Voluntary sterilization or reversal thereof,
  - d. Voluntary abortion, except with respect to the Insured: (a) where such Insured's life would be endangered if the fetus were carried to term; or (b) where medical complications have arisen from an abortion,
  - e. Routine newborn care, including routine nursery charges; and
  - f. Treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire.
- (5) War or an act of war, riot or an act of international armed conflict.
- (6) Any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation; or any loss while the Insured is imprisoned.
- (7) Injury, illness, treatment or medical condition arising out of aviation.
- (8) Suicide or attempted suicide or intentionally self-inflicted injury, whether while sane or insane.
- (9) Injury sustained while operating a motor vehicle where the Insured's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the injury occurred.
- (10) Medical treatment, services and supplies received outside of the United States.

## COVERAGE TERMINATION

An Insured Person's Coverage under this Policy will terminate:

1. The date We receive Your written request to cancel Your Policy or on a later date that is requested by You.
2. The Premium Due Date, if sufficient premium has not been paid before the end of the Grace Period; and
3. The date of death of the Policy Owner

## PREMIUM INFORMATION

Age Group	Base		Riders							
	Per \$250 Hospital Admission	Dr Visit Benefit Days 20	Per \$10 SNF Benefit-Days 1-20	Per \$10 SNF Benefit-Days 21-100	Per \$10 SNF Benefit-Days 1-100	Per \$250 Outpatient Surgery Benefit	Per \$200 Emerg/Amb Benefit	Per \$50 Physical Therapy Benefit 15 Days	Per \$50 Physical Therapy Benefit 30 Days	Per \$500 Lump Sum Cancer Benefit
18-24	\$41.10	\$80.30	\$1.40	\$1.60	\$3.00	\$65.00	\$90.80	\$49.00	\$56.40	\$4.20
25-29	\$41.10	\$80.30	\$1.40	\$1.60	\$3.00	\$65.00	\$90.80	\$49.00	\$56.40	\$4.20
30-34	\$41.10	\$80.30	\$1.40	\$1.60	\$3.00	\$65.00	\$90.80	\$49.00	\$56.40	\$4.20
35-39	\$41.10	\$80.30	\$1.40	\$1.60	\$3.00	\$65.00	\$90.80	\$49.00	\$56.40	\$4.20
40-44	\$46.90	\$87.60	\$1.40	\$1.60	\$3.00	\$75.00	\$90.80	\$53.00	\$61.00	\$6.00
45-49	\$54.70	\$96.00	\$1.40	\$1.60	\$3.00	\$87.50	\$90.80	\$57.00	\$65.60	\$8.30
50-54	\$65.20	\$105.40	\$2.70	\$2.60	\$5.30	\$100.00	\$90.80	\$60.00	\$69.00	\$11.00
55-59	\$78.20	\$118.90	\$3.80	\$4.40	\$8.20	\$115.00	\$90.80	\$62.00	\$71.30	\$14.00
60-64	\$93.80	\$133.50	\$5.50	\$7.30	\$12.80	\$132.50	\$94.80	\$63.00	\$72.50	\$17.00
65-69	\$119.90	\$146.00	\$6.10	\$12.30	\$18.40	\$142.50	\$110.90	\$63.00	\$72.50	\$19.00
70-74	\$146.00	\$154.40	\$10.00	\$20.30	\$30.30	\$142.50	\$129.10	\$63.00	\$72.50	\$21.00
75-79	\$174.70	\$154.40	\$16.00	\$33.00	\$49.00	\$142.50	\$146.20	\$63.00	\$72.50	\$22.00
80-84	\$198.10	\$154.40	\$24.00	\$52.00	\$76.00	\$142.50	\$161.30	\$63.00	\$72.50	\$22.50
85-89	\$216.40	\$154.40	\$32.50	\$72.00	\$104.50	\$142.50	\$166.40	\$63.00	\$72.50	\$23.00

**How to calculate premium: Example - Age 55**

	<b>No. of Units</b>	<b>Benefit Amt.</b>	<b>Premium Amt.</b>
Hospital Admission benefit:	3	750	234.60
Daily hospital benefit:	10	100	159.00
Skilled nursing benefit			
Covered Days: 21-100	10	100	44.00
Physician visit benefit:	6	60	713.40
Outpatient surgery benefit:	3	750	345.00
<u>Emergency Room/Ambulance benefit:</u>	<u>1</u>	<u>200</u>	<u>90.80</u>
Total Annual Premium:			\$1586.80

**Payment options**

You have a choice among several payment options or modes for paying your premium – annual, semi-annual, quarterly, and monthly bank draft. Each payment mode, other than annual and monthly bank draft, results in higher total yearly premium costs. Reasons for higher costs include added collection and administrative costs, time value of money considerations, and lapse rates.

The annual and monthly bank draft modes have the same total yearly premium costs. As a result, there is a time value of money advantage to you for paying monthly versus annually. However, there may be other advantages to you for choosing an annual payment based on your preferences. Your agent can explain the differences in modes and help you decide which is best for you. You have the right to change your payment mode, among the modes available, during the life of your policy.

**Payment Modes**

- Annual.....Annual x 1
- Semi-annual.....Annual x .52
- Quarterly.....Annual x .265
- Monthly.....Annual x .08333