

# Flexibility to fit your needs

Protection Series<sup>SM</sup>—

## Hospital Indemnity Flex Insurance Plans

Wyoming



Continental Life Insurance Company  
of Brentwood, Tennessee

An Aetna Company



# Life is full of surprises

Whether you are 18 or 89, don't risk being surprised by unexpected medical expenses from an illness or injury resulting in hospitalization.

## Protect your savings

Even the best health insurance plans have cost-sharing features (or coverage gaps) that can leave you and your family with large medical bills. Coverage gaps in the form of co-pays and deductibles can quickly add up from a hospitalization.

Add up your medical plan's co-pays and deductibles to see where you may have exposure to unexpected expenses.

**1 in 5**



**people age 65 and older will require a hospital stay this year. The average stay is 5 days.<sup>1</sup>**

## Hospital observation patients

Every year more Medicare beneficiaries enter hospitals as observation patients. Doctors order observation services to help decide whether to admit a patient to a hospital as an inpatient. During observation services, the patient is considered an outpatient. Which means that time does not count towards the 3-day inpatient hospital stay required for Medicare to cover a skilled nursing facility stay.



**70% of hospital patients age 65 and older will require post-acute care such as in a skilled nursing facility.<sup>1</sup>**

**1 in 5**  
**emergency room (ER) admissions result in an unexpected medical bill.**



ER physicians, ambulance services, anesthesiologists, labs, and pathologists are just a few areas where unexpected expenses frequently occur.<sup>2</sup>



<sup>1</sup>UpToDate.com, Hospital management of older adults, updated Nov. 2021

<sup>2</sup>HealthAffairs.org/cited May 9, 2022

# Could a hospital stay impact your savings?

Health care is constantly changing, and the costs are increasing. It's important to be prepared to support your health and well-being today and tomorrow.

## The risks are real

Even those who lead a healthy and active lifestyle can be at risk of being diagnosed with a devastating illness or experience an unexpected accident. Survival and wellness rates continue to increase, while new treatments, solutions, and therapies continue to surface. For example, there are 16.9 million cancer survivors alive today.<sup>1</sup>

**1 in 2** men



**1 in 3** women



will be **diagnosed with cancer** in their lifetime.<sup>1</sup>

**1 in 3** people

will **benefit from rehabilitation services** sometime in their lifetime.<sup>2</sup>

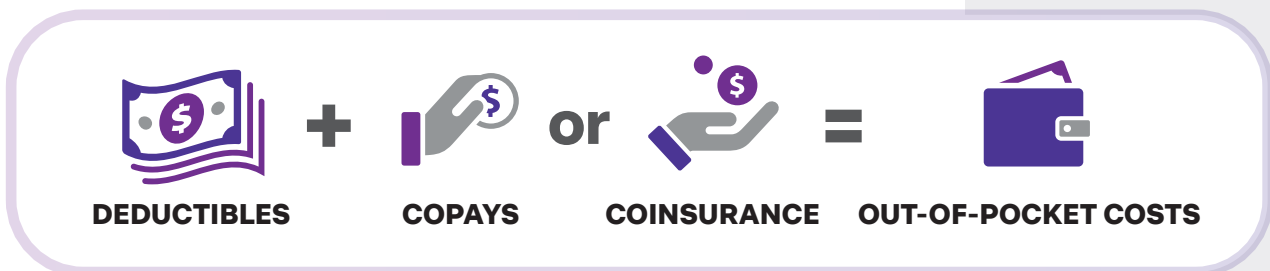


## Protection, security, and flexibility

Indemnity means “protection or security against damage or loss.” **Hospital Indemnity Flex** insurance is designed to do just that – help protect your savings and your security for the future.

**This insurance can help offset the cost of deductibles, co-pays, and unexpected or additional expenses incurred, but not covered by your other insurance plans.**

Benefits are paid directly to you, or a medical provider that you designate, and are paid in addition to any other health care coverage. The plan benefits give you the flexibility of choosing the options that are right just for you.



<sup>1</sup>cancer.org, American Cancer Society

<sup>2</sup>Vishub.healthdata.org/rehabilitation, WHO Rehabilitation Need Estimator

# Hospital Indemnity Flex Insurance Plans



## To get started – select a base plan (select one)

### Option 1

#### Lump Sum Hospital Admission Benefit

Pays a lump sum amount for a hospital confinement of 24 hours or more. Includes inpatient or observation stays.

Select a lump sum payment of \$250 up to \$4,000 per period of care. (Available in increments of \$250.)

### Option 2

#### Daily Hospital Confinement Benefit

Pays a daily benefit for each 24 hours of hospital confinement beginning on day 1 up to your selected number of covered days. Includes inpatient or observation stays.

- Select a daily benefit amount from \$10 up to \$1,000 for each day of confinement (available in increments of \$10)
- Select the total number of covered days: 3, 4, 5, 6, 7, 8, 9, 10 or 20

- Covered days are for each period of care with a lifetime maximum of 365 covered days

#### Observation Stay Benefit

Pays 50% of the selected Daily Hospital Confinement Benefit for hospital observation stays of less than 24 hours.

*This benefit is not payable in addition to the Daily Hospital Confinement Benefit.*

For complete details of all provisions or benefits, please read your policy carefully.

## More about the plans

- Benefits are paid directly to you, or a medical provider that you designate.
- Benefits are paid in addition to any other health care insurance coverage.
- Benefits are non-taxable.
- The insurance policy is guaranteed renewable as long as the premiums are paid on time.
- Return any policy for any reason within 30 days after receipt for a full refund of all premiums paid.



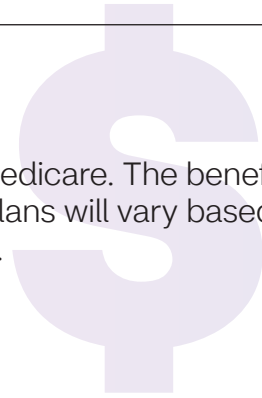
# Affordable protection you can count on

Design the level of protection that best fits your needs and budget. Benefits pay regardless of your out-of-pocket costs for medically necessary covered services.

## Benefits paid directly to you

You decide how to spend the Hospital Indemnity Flex benefits. Benefits are paid directly to you or a medical provider that you designate and are paid in addition to any other health care

coverage including Medicare. The benefits and premiums for these plans will vary based on the plan options selected.



## Select from these optional benefits:

### Ambulance or Hospital Emergency Room Visit

Pays one benefit per day.  
(Services must be medically necessary and on an emergency basis.)

- Select a lump sum benefit of \$200, \$400, \$600
- Pays up to two times per calendar year

### Outpatient Surgical Procedure

Covers one medically necessary surgical procedure received in a free-standing outpatient or ambulatory care facility.

Select a lump sum benefit of \$250 up to \$3,000 per calendar year.  
(Available in increments of \$250.)

### Outpatient Rehabilitation

Pays a benefit for each day you receive therapy on an outpatient basis due to a covered illness or injury.

- Covered therapy includes occupational, physical, or speech therapy
- Choice of 15 or 30 visits per calendar year
- Select a benefit of \$50, \$100, \$150, \$200, \$250 per visit (available in \$50 increments)

### Lump Sum Cancer

Pays for medically diagnosed cancer.  
(Excludes skin cancer other than malignant melanoma.)

Select a lump sum benefit of \$2,500, \$5,000, \$10,000, \$15,000 or \$20,000 per lifetime.

### Doctor's Office Visit

Pays for 20 outpatient doctor's office visits per calendar year.  
(Includes telemedicine visits.)

Choice of \$10 up to \$100 per visit.  
(Available in increments of \$10.)

### Daily Skilled Nursing Facility Care

Pays a benefit for each day you receive skilled nursing care in a licensed facility. Care must follow a three-day hospital stay which can include hospital observation days.

- Choice of a daily benefit from \$10 to \$500 (available in increments of \$10)
- Choice of covered days:  
Days 1-20, Days 21-100, or Days 1-100

For complete details of all provisions or benefits, please read your policy carefully.

## Policy exclusions



**We will not pay for losses caused by or resulting from:**

1. Treatment, services or supplies including: experimental/investigational procedures or participation in clinical trials; diagnostic lab testing, x-rays, advanced studies and venipuncture; cosmetic surgery, routine foot care, dental services, acne or varicose veins; allergy testing/injections; speech, occupational and physical therapy; pre-employment, pre-marital or routine physical examinations; therapy or treatment of learning disorders or disabilities, developmental delays, mental, nervous or sleep disorders; programs, treatment or procedures for tobacco cessation or substance use disorders; and weight reduction, including, but not limited to, wiring of the teeth and all forms of surgery including, but not limited to, bariatric surgery, intestinal bypass surgery and complications resulting from any such surgery.
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.
5. War or an act of war, riot or in the commission or attempted commission of an assault or felony. This includes an act of international armed conflict.
6. The commission or attempted commission of a crime or felony or while engaged in an illegal act; or while imprisoned.
7. Suicide or attempted suicide or intentionally self-inflicted injury, whether while sane or insane.
8. Treatment, services and supplies resulting from participation in skydiving, scuba diving, hang or ultralight gliding, ballooning, bungee jumping, parakiting, riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart, racing with a motorcycle, motor vehicle, boat or any form of aircraft, any participation in sports for pay or profit, or participation in rodeo contests.
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.

### **Pre-existing condition**

Pre-existing conditions are not covered unless the loss begins more than three months after the coverage effective date. This means a condition for which the insured has been medically diagnosed, treated by, or sought advice from, or consulted with, a physician during the six months before the coverage effective date.

Reference the policy and outline of coverage for complete details.

# Policy definitions



## Ambulance service

Physical transportation by ground, air, or water in a vehicle registered to a licensed medical transportation service.

## Ambulatory surgical center or outpatient surgical facility

A public or private permanent establishment with an organized staff of doctors, equipped and operated for the primary purpose of performing surgeries. Does not accommodate overnight patient stays.

## Covered days

The range of days that makes up the period of time that the benefits are covered. Benefits begin on the first day of the range of days selected.

## Hospital confinement or confined

When the insured is formally admitted to a hospital as an inpatient or receives necessary and continuous observation in a hospital for at least 24 hours.

## Medically necessary

A medical service, procedure or supply provided for the purpose of preventing, diagnosing or treating a covered injury or covered illness, or symptom and is a service, procedure or supply that:

1. Is medically appropriate for the symptoms, diagnosis or treatment of the condition, illness, disease or injury;
2. Provides for the diagnosis, direct care and treatment of the insured's condition, illness, disease or injury;

3. Is in accordance with professional, evidence based medicine and recognized standards of good medical practice and care; and
4. Is not primarily for the convenience of the insured, physician or other health care provider.

A medical service, procedure or supply will not be excluded from being medically necessary because the service, procedure or supply is not in common use if the safety and effectiveness of the service, procedure or supply is supported by:

1. Peer reviewed medical literature, including literature relating to therapies reviewed and approved by a qualified institutional review board, biomedical compendia and other medical literature that meet the criteria of the National Institutes of Health's Library of Medicine for indexing in Index Medicus (Medline) and Elsevier Science Ltd. for indexing in Excerpta Medicus (EMBASE); or
2. Medical journals recognized by the Secretary of Health and Human Services under Section 1861(t)(2) of the federal Social Security Act.

## Outpatient

Emergency room services, observation services, outpatient surgery, lab tests, x-rays or any other hospital service received and a doctor has not written an order to admit to a hospital as an inpatient.

## Period of care

Begins with the first day of hospital confinement due to a covered illness or injury. Ends when out of the hospital or skilled nursing facility and do not require medical care for 60 continuous days.

Reference the policy for complete definitions.

## Notice to buyer:

- This is not a Medicare Supplement policy.
- This is not a Major Medical policy.
- This is not a Long Term Care policy.
- This policy may not cover all of your medical or health care expenses.
- This policy should not be purchased as a substitute for Medicare or Medicare related health plans.
- 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.
- This policy does not contain comprehensive adult wellness benefits as defined by law.

Underwritten by

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

An Aetna Company

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We have an unwavering commitment to providing the best service possible, quick claims payment, quality products with solid financial backing, and friendly associates with extensive knowledge and experience. For almost 40 years, policyholders have relied on our company to be there when they need us. We take those obligations very seriously and everything we do is focused on fulfilling our commitments in a timely, hassle-free manner — so you can have the best experience possible.

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