



Outline of Coverage

Protection SeriesSM –

Hospital Indemnity Flex Insurance Plan

Daily Hospital Confinement

Policy Form CLIHIPL217 FL

Continental Life Insurance Company
of Brentwood, Tennessee

An Aetna Company

Florida



CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

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FIXED INDEMNITY POLICY

Outline of Coverage for policy form: CLIHIPL217 FL. **Retain this outline for your records.**

THIS IS A 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

Daily Hospital Confinement Indemnity Benefit - This Benefit will pay a daily Hospital Confinement Indemnity Benefit amount when you are confined in a hospital. The Daily Hospital Confinement Indemnity Benefit will be paid for each day of such hospital confinement. The benefit is \$15 per day for 31 days. An additional benefit of \$10-\$700 can be selected in \$10 units for 3-10 or 20 days.

Observation Unit Indemnity Benefit - This benefit will pay the Observation Unit Indemnity Benefit amount only if you receive services in an observation unit of a hospital. This benefit is limited to 50% of the daily Hospital Confinement Indemnity Benefit and only one time per period of care. This benefit is not payable if the Daily Hospital Confinement Indemnity Benefit is paid.

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 services must be ones that, as a practical matter, 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 \$200. 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 \$60 per visit.

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 \$1,500 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:

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 be directly or indirectly 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 your life provided premiums are paid when due. The 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 45 days advance notice in writing, mailed to Your last known address as shown by the Company's records, of such change.

EXCLUSIONS AND LIMITATIONS

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. Obesity, extreme obesity, morbid obesity or weight reduction, including wiring of the teeth and all forms of surgery including 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:
 - a. Pregnancy and related services; except for complications of pregnancy,
 - b. Infertility and impregnation procedures, such as 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. 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 ultra light 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.

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, premiums are not paid by the end of the grace period; and
3. The date of death of the policy owner.

Policy termination shall be without prejudice to any loss that occurred prior to the effective date of termination.

PREMIUM INFORMATION

Age	Base benefit	Daily Hospital benefit								
	Daily hospital 31 days (per \$15)	Daily hospital 3 days (per \$10)	Daily hospital 4 days (per \$10)	Daily hospital 5 days (per \$10)	Daily hospital 6 days (per \$10)	Daily hospital 7 days (per \$10)	Daily hospital 8 days (per \$10)	Daily hospital 9 days (per \$10)	Daily hospital 10 days (per \$10)	Daily hospital 20 days (per \$10)
18-24	\$5.50	\$2.10	\$2.30	\$2.40	\$2.60	\$2.60	\$2.70	\$2.70	\$2.90	\$3.30
25-29	\$5.50	\$2.10	\$2.30	\$2.40	\$2.60	\$2.60	\$2.70	\$2.70	\$2.90	\$3.30
30-34	\$5.50	\$2.10	\$2.30	\$2.40	\$2.60	\$2.60	\$2.70	\$2.70	\$2.90	\$3.30
35-39	\$5.50	\$2.10	\$2.30	\$2.40	\$2.60	\$2.60	\$2.70	\$2.70	\$2.90	\$3.30
40-44	\$6.60	\$2.10	\$2.30	\$2.40	\$2.60	\$2.60	\$2.70	\$2.70	\$2.90	\$4.00
45-49	\$7.90	\$2.20	\$2.60	\$2.70	\$3.00	\$3.40	\$3.60	\$3.80	\$4.50	\$4.70
50-54	\$9.60	\$2.60	\$3.00	\$3.20	\$3.40	\$4.00	\$4.20	\$4.60	\$5.30	\$5.80
55-59	\$11.60	\$3.00	\$3.40	\$3.70	\$4.00	\$4.60	\$4.90	\$5.10	\$5.90	\$7.00
60-64	\$13.80	\$3.40	\$4.00	\$4.20	\$4.50	\$5.10	\$5.50	\$5.80	\$6.70	\$8.30
65-69	\$17.30	\$3.80	\$4.50	\$4.70	\$5.00	\$5.90	\$6.20	\$6.60	\$7.70	\$10.40
70-74	\$22.20	\$4.60	\$5.40	\$5.80	\$6.20	\$7.00	\$7.30	\$7.70	\$8.60	\$13.40
75-79	\$27.90	\$5.50	\$6.50	\$6.90	\$7.40	\$8.20	\$8.80	\$9.10	\$10.30	\$16.80
80-84	\$32.90	\$6.50	\$7.50	\$8.10	\$8.60	\$9.80	\$10.30	\$10.80	\$12.20	\$19.80
85-89	\$36.00	\$6.90	\$7.90	\$8.50	\$9.00	\$10.40	\$11.10	\$11.80	\$13.70	\$21.60

Riders

Age	Dr visit 20 days (per \$10)	SNF benefit days 1- 20 (per \$10)	SNF benefit days 21- 100 (per \$10)	SNF benefit days 1- 100 (per \$10)	Outpatient surgery benefit (per \$250)	ER/Amb benefit (per \$200)	PT benefit 15 days (per \$50)	PT benefit 30 days (per \$50)	Per \$500 Lump sum cancer benefit
18-24	\$35.00	\$0.60	\$0.70	\$1.30	\$28.30	\$39.60	\$21.40	\$24.60	\$1.80
25-29	\$35.00	\$0.60	\$0.70	\$1.30	\$28.30	\$39.60	\$21.40	\$24.60	\$1.80
30-34	\$35.00	\$0.60	\$0.70	\$1.30	\$28.30	\$39.60	\$21.40	\$24.60	\$1.80
35-39	\$35.00	\$0.60	\$0.70	\$1.30	\$28.30	\$39.60	\$21.40	\$24.60	\$1.80
40-44	\$38.20	\$0.60	\$0.70	\$1.30	\$32.80	\$39.60	\$23.20	\$26.60	\$2.60
45-49	\$41.90	\$0.60	\$0.70	\$1.30	\$38.20	\$39.60	\$24.90	\$28.60	\$3.60
50-54	\$46.00	\$1.20	\$1.10	\$2.30	\$43.70	\$39.60	\$26.20	\$30.10	\$4.80
55-59	\$51.90	\$1.70	\$1.90	\$3.60	\$50.20	\$39.60	\$27.00	\$31.10	\$6.10
60-64	\$58.30	\$2.40	\$3.20	\$5.60	\$57.80	\$41.40	\$27.50	\$31.60	\$7.40
65-69	\$63.70	\$2.60	\$5.40	\$8.00	\$62.20	\$48.40	\$27.50	\$31.60	\$8.30
70-74	\$67.40	\$4.30	\$8.90	\$13.20	\$62.20	\$56.40	\$27.50	\$31.60	\$9.10
75-79	\$67.40	\$7.00	\$14.40	\$21.40	\$62.20	\$63.80	\$27.50	\$31.60	\$9.60
80-84	\$67.40	\$10.50	\$22.70	\$33.10	\$62.20	\$70.40	\$27.50	\$31.60	\$9.80
85-89	\$67.40	\$14.20	\$31.40	\$45.60	\$62.20	\$72.60	\$27.50	\$31.60	\$10.10

How to calculate premium: example - age 55

	Number of units	Benefit amount	Premium amount
Base			
Daily hospital benefit	1	15	\$11.60
Daily hospital benefit (5 day)	10	100	\$37.00
Riders			
Skilled nursing benefit covered days: 21-100	10	100	\$19.00
Physician visit benefit	6	60	\$311.40
Outpatient surgery benefit	3	750	\$150.60
ER/Ambulance benefit	1	200	\$39.60
Total annual premium			\$569.20

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