



Outline of coverage

Protection SeriesSM –

Hospital Indemnity Flex Insurance Plan

Policy Forms CLIHIPL117 KS

Hospital Confinement

Underwritten by

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

An Aetna Company

Kansas

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

CLIHF04106KS

©2023 Aetna Inc.

050323

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

P.O. Box 14399
Lexington, KY 40512-9700

LIMITED BENEFIT FIXED INDEMNITY POLICY

OUTLINE OF COVERAGE FOR POLICY FORM: CLIHIPL117 KS

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 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 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.

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,
 - 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, 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:
 - 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) 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.

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition 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 (6) months before the Insured's Coverage Effective Date. Pre-Existing Conditions are not covered unless the Loss begins more than three (3) months after the Coverage Effective Date.

COVERAGE TERMINATION

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

1. The Policy Owner may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or death of the Policy Owner, We will promptly return the unearned portion of any premium paid. The earned premium shall be computed by the use of the short-rate table last filed with the state official having supervision of insurance in the state where the Policy Owner resided when this Policy was issued. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.
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

TIME LIMIT ON CERTAIN DEFENSES

After two years from the date of issue of this Policy, no misstatement, made by the applicant for this Policy, shall be used to void this Policy or to deny claims for loss incurred commencing after the expiration of such two-year period.

No claim for loss incurred commencing after three (3) months from the date of issue of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss has existed within six (6) months prior to the effective date of coverage of this Policy.

PREMIUM INFORMATION

| Age Group | Per \$250 Hospital Admission | Per \$10 Daily Hospital Benefit 20 Days | Per \$200 Emerg/Amb Benefit |
|-----------|------------------------------|---|-----------------------------|
| 18-24 | \$41.10 | \$7.50 | \$90.80 |
| 25-29 | \$41.10 | \$7.50 | \$90.80 |
| 30-34 | \$41.10 | \$7.50 | \$90.80 |
| 35-39 | \$41.10 | \$7.50 | \$90.80 |
| 40-44 | \$46.90 | \$9.00 | \$90.80 |
| 45-49 | \$54.70 | \$10.90 | \$90.80 |
| 50-54 | \$65.20 | \$13.20 | \$90.80 |
| 55-59 | \$78.20 | \$15.90 | \$90.80 |
| 60-64 | \$93.80 | \$19.00 | \$94.80 |
| 65-69 | \$119.90 | \$23.80 | \$110.90 |
| 70-74 | \$146.00 | \$30.60 | \$129.10 |
| 75-79 | \$174.70 | \$38.40 | \$146.20 |
| 80-84 | \$198.10 | \$45.30 | \$161.30 |
| 85-89 | \$216.40 | \$49.50 | \$166.40 |

Premium Calculation

| | | | |
|--|---|-----------------|-----------------|
| Available Benefits: | : | Benefit Amount: | Premium Amount: |
| <input type="checkbox"/> Hospital Admission Indemnity Policy CLHIPL117 KS | | \$ _____ | \$ _____ |
| \$250 units up to maximum of \$4,000 | | | |
| <input type="checkbox"/> Ambulance and ER Rider CLIHIPRID317 | | \$ _____ | \$ _____ |
| \$200 units from \$200 to \$600 benefit | | | |
| | | | Total Premium: |
| | | | \$ _____ |

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

Name of Agent: _____ Date: _____

Signed by Continental Life Insurance Company of Brentwood, Tennessee Agent:
