

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

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HOSPITAL CONFINEMENT INDEMNITY COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE CLIHPL117 NH

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Hospital confinement indemnity coverage is designed to provide you with coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below.

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.

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. This benefit is \$50 per day for up to 31 days. A maximum of 2 periods of confinement per policy year.

Additional Observation Unit Indemnity Benefit – This Benefit will pay the Additional 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 Additional Daily Hospital Confinement Indemnity Benefit and only one time per Period of Care. This benefit is not payable if the additional 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 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.

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. 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. Maximum number of visits is 2.

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 amount is \$50 units up to \$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. Mental or Emotional Disorders;
2. Substance Use Disorders;
3. War or an act of war;
4. Participation in a felony; and
5. Suicide or attempted suicide or intentionally self-inflicted injury, whether while sane or insane.

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

	Base Benefits	Admission Benefit	Required Daily Hospital Benefit
	Max/Min	\$500-\$2500	\$50
	Units	\$250	31 Day
Issue Ages	18-24	\$45.20	\$ 41.50
	25-29	\$45.20	\$ 41.50
	30-34	\$45.20	\$ 41.50
	35-39	\$45.20	\$ 41.50
	40-44	\$51.60	\$ 50.10
	45-49	\$60.20	\$ 60.40
	50-54	\$71.70	\$ 73.30
	55-59	\$86.00	\$ 87.90
	60-64	\$103.20	\$ 105.60
	65-69	\$131.90	\$ 131.90
	70-74	\$160.60	\$ 169.70
	75-79	\$192.20	\$ 213.70
	80-84	\$217.90	\$ 251.60
85-89	\$238.00	\$ 274.80	

	Optional Rider Benefits	SNF Benefit Days 1-20	SNF Benefit Days 21-100	SNF Benefit Days 1-100	Outpatient Physician Visit Benefit	Outpatient Surgical Procedure Benefit	Emergency Room or Ambulance Benefit	Physical Therapy Benefit 15 Days	Physical Therapy Benefit 30 Days
	Max/Min	\$10-\$500	\$10-\$500	\$10-\$500	\$10-\$100	\$250-\$3,000	\$200-\$600	\$50-\$250	\$50-\$250
	Units	\$10	\$10	\$10	\$10	\$250	\$200	\$50	\$50
Issue Ages	18-24	\$1.50	\$1.80	\$3.30	\$88.30	\$71.50	\$99.90	\$53.90	\$62.00
	25-29	\$1.50	\$1.80	\$3.30	\$88.30	\$71.50	\$99.90	\$53.90	\$62.00
	30-34	\$1.50	\$1.80	\$3.30	\$88.30	\$71.50	\$99.90	\$53.90	\$62.00
	35-39	\$1.50	\$1.80	\$3.30	\$88.30	\$71.50	\$99.90	\$53.90	\$62.00
	40-44	\$1.50	\$1.80	\$3.30	\$96.40	\$82.50	\$99.90	\$58.30	\$67.10
	45-49	\$1.50	\$1.80	\$3.30	\$105.60	\$96.30	\$99.90	\$62.70	\$72.20
	50-54	\$3.00	\$2.90	\$5.80	\$115.90	\$110.00	\$99.90	\$66.00	\$75.90
	55-59	\$4.20	\$4.80	\$9.00	\$130.80	\$126.50	\$99.90	\$68.20	\$78.40
	60-64	\$6.10	\$8.00	\$14.10	\$146.90	\$145.80	\$104.30	\$69.30	\$79.80
	65-69	\$6.70	\$13.50	\$20.20	\$160.60	\$156.80	\$122.00	\$69.30	\$79.80
	70-74	\$11.00	\$22.30	\$33.30	\$169.80	\$156.80	\$142.00	\$69.30	\$79.80
	75-79	\$17.60	\$36.30	\$53.90	\$169.80	\$156.80	\$160.80	\$69.30	\$79.80
	80-84	\$26.40	\$57.20	\$83.60	\$169.80	\$156.80	\$177.40	\$69.30	\$79.80
85-89	\$35.80	\$79.20	\$115.00	\$169.80	\$156.80	\$183.00	\$69.30	\$79.80	

How to calculate premium: Example - Age 55

	No. of Units	Benefit Amt.	Premium Amt.
Hospital Admission benefit:	3	750	258.00
Required Daily hospital benefit:	1	87.90	87.90
Daily hospital benefit:	10	100	175.80
Skilled nursing benefit			
Covered Days: 21-100	10	100	48.00
Physician visit benefit:	6	60	784.80
Outpatient surgery benefit:	3	750	379.50
Emergency Room/Ambulance benefit:	1	200	99.90
Total Annual Premium:			\$1,833.90

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

