

Being well and caring for your well-being

Protection SeriesSM—

**Home Care Plus
Insurance Plans**

Missouri

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

An Aetna Company



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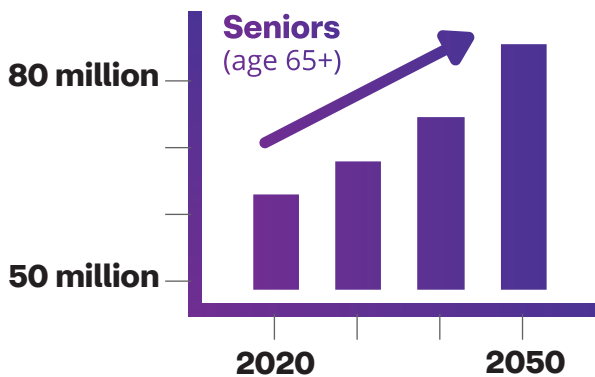
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Because there's no place like home

Sometimes having the freedom to choose where, when, and how you recover from an unexpected accident or illness is all you need for comfort and peace of mind.

Age in your place

The number of Americans over age 65 is expected to rise from 56 million in 2020 to 84 million in 2050, and **40% of such adults will need daily assistance**.¹



The overall share of the U.S. economy devoted to health care spending continues to increase year-over-year. Spending growth for **home health care agencies** is expected to be **\$153.19 billion by 2029**, an increase of 7.2% (from 2022).²

Plan now for the unexpected later

Even those who lead a healthy lifestyle may be at risk of experiencing an unexpected health issue requiring the need for therapy and rehabilitation.



About 73% of all long-term care is provided in the home by informal caregivers such as family members and friends who are limited to activities that don't require a skilled background and receive no compensation.³

The market for home care is exploding. Thanks to baby boomers becoming seniors, there's the need for skilled care and lower-priced alternatives to institutional care.⁴

Home health aide = \$61,776
Based on 44 hours per week by 52 weeks⁵

¹modernhealthcare.com/article/20160628/NEWS/160629900

²fortunebusinessinsights.com/u-s-home-healthcare-services-market-105568

³National Care Planning Council, longtermcarelink.net, About Long-Term Care at Home

⁴seniorliving.org/healthcare/help-paying-home-care/, 11/7/16

⁵Genworth Cost of Care Survey 2021 (median value)



You should have choices for your care

Out-of-pocket costs can be expensive for accidents or illnesses that require long recovery times. How will you plan for the unexpected? What impact will these expenses have?

Whether working or retired, it's important to consider and plan for the impact that rising health care costs for at home recovery and hospital stays could have on you and your family's finances.

Planning ahead may be difficult because you may not know now what care you might need later. One of the first steps is to determine the types of help you might want in the near future – especially if you live alone.



Did you know?

The emergency room visit rate for adults age 75 and older was 66 visits per 100 people, higher than the rate for all other age groups (except for infants).¹

Top conditions for emergency room visits:

1. Injuries and accidents
2. Heart disease
3. Stroke
4. Chest pains
5. Shortness of breath
6. Pneumonia
7. Broken bones
8. Arthritis
9. Abdominal pain
10. Drug reactions



Medicare has restrictions and limitations

on what it will cover for skilled home care assistance. Unfortunately, seniors mistakenly believe that Medicare covers the entire recovery period at home...and it does not.

For example:

The average short term recovery time for hip replacement is 3 to 6 weeks; and for knee replacement it's up to 3 months to return to most daily activities.²

“Many older adults want to age in place – stay in their own homes as they get older – but may have concerns about safety, getting around, or other daily activities.”³

¹cdc.gov, Emergency Dept. Visit Rates by Selected Characteristics: U.S. 2019

²healthline.com/health/hip-replacement-recovery#recovery-timeframe

³National Institute on Aging, nia.nih.gov

Our solutions for protection give you choices

Home Care Plus insurance plans make it possible to stay in your own home with skilled assistance when faced with a medically necessary need for home health care.

Recuperate at home

Recovery from an unexpected accident or illness in a hospital or nursing home can be uncomfortable and challenging, along with expensive. **Home Care Plus insurance** plans can help you recuperate at home by covering

physical, speech, and respiratory therapies, and other medically necessary treatments. In-home recovery and treatments using skilled assistance can often be just as effective as other professional environment options.

Protection SeriesSM –

Home Care Plus Insurance Plans



Base plan benefits

Home Care Indemnity*

The benefit is available:

- up to \$1,500 weekly maximum
- with choice of covered weeks: 13, 26, 39, or 52 weeks
- with a lifetime maximum equal to twice the number of covered weeks
- with waiting period: 0 or 20 days
- issue ages 50-89 (age at last birthday)

This coverage will pay a weekly benefit for in-home care by a home care practitioner or a qualified staff member of a licensed home health care agency. Home care services must be medically necessary. Three practitioner visits per week are required.

*At least one unit (\$150 per week) of Home Care Indemnity must be purchased.

Daily Hospital Indemnity*

The benefit is available:

- up to \$400 daily maximum (for each day of confinement)
- with 20 days per period of care
- with a lifetime maximum of 365 days
- issue ages 50-89 (age at last birthday)

This coverage will pay a daily hospital benefit if you are confined in a hospital, including observation stays in a hospital.

*At least one unit (\$10 per day) of Daily Hospital Indemnity must be purchased with the Home Care Indemnity benefit.

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

Home Care Plus Insurance Plans

Benefits paid directly to you

You decide how to spend the **Home Care Plus** 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.

Optional plan benefits

Lump Sum Cancer Fixed Indemnity Rider

The benefit is available:

- with choice of \$2,500; \$5,000; and \$10,000 benefit once per lifetime
- issue ages 50-89 (age at last birthday)

This rider pays a lump sum benefit at the first occurrence of medically diagnosed cancer. Only one cancer benefit amount will be paid to you. The rider terminates when the policy terminates or the one-time cancer benefit is paid.

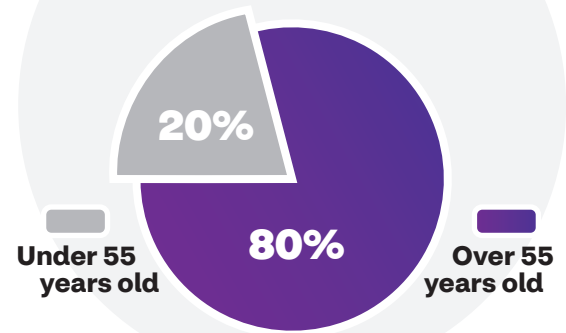
Hospital Emergency Room Visit and Ambulance Service Indemnity Rider

The benefit is available:

- \$200 benefit available twice per calendar year
- no lifetime maximum
- issue ages 50-89 (age at last birthday)

This rider pays a benefit for either an ambulance service or a hospital emergency room visit. Services must be medically necessary and on an emergency basis. The maximum benefit is up to two times per year.

Age of people diagnosed with cancer



Lack of health insurance prevents many from receiving cancer prevention, early detection, and treatment.

Source: Cancer Facts & Figures 2022, American Cancer Society, www.cancer.org

Your current insurance may pay different coverage amounts based on the type of stay in the hospital. This policy could help cover unexpected expenses.

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.

Policy exclusions



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

- A.** Confinement for the following treatment, procedures, conditions, disorders or services - including:
1. Allergy testing and allergy injections;
 2. Cosmetic surgery, routine foot care, dental services, acne or varicose veins;
 3. Diagnostic lab testing, x-rays, advanced studies and venipuncture;
 4. Experimental or investigational procedures or participation in clinical trials;
 5. 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);
 6. Mental or nervous disorders or substance use disorders;
 7. 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;
 8. Pregnancy and related services; except for complications of pregnancy;
 9. Programs, treatment or procedures for tobacco cessation;
 10. Routine newborn care, including routine nursery charges;
 11. Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire;
 12. Therapy or treatment of learning disorders or disabilities, developmental delays or sleep disorders;
 13. 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; and
 14. Voluntary sterilization or reversal thereof.
- B.** Outpatient treatment, services or supplies of any type.
- C.** Confinement in a hospice care facility.
- D.** Stay in a community living center or a place that primarily provides domiciliary, retirement or educational care.
- E.** Participation in a War or an act of war, riot or international armed conflict.
- F.** The commission or attempted commission of a crime or felony or while engaged in an illegal act; or while imprisoned.
- G.** Suicide or attempted suicide or intentionally self-inflicted injury while sane.
- H.** Participation in skydiving, scuba diving, hang or ultra light gliding, ballooning, bungee jumping, Para-kiting, 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.
- I.** 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.
- J.** Confinement or care received outside of the United States.
- K.** Service rendered by any agency of the federal or state government (except Medicaid) unless you are legally obligated to pay for such service. (Medicare is not excluded.)
- L.** Services provided by a home health care agency which has any financial relationship, other than an arrangement to provide you home health care, with any member of your family, or with your physician.

Pre-existing condition

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 months before the insured's coverage effective date. Pre-existing conditions are not covered unless the loss begins more than six months after the coverage effective date.

Policy definitions



Ambulance service

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

Emergency room

A facility located on the premises of or physically part of a hospital, and provides initial medical treatment to patients that require immediate attention. This is not an Urgent Care Facility.

Home care practitioner

An appropriately licensed health care professional or an appropriately qualified staff member of a licensed home health care agency. Cannot be a family member.

Home care services

Medically necessary professional and personal care from a home care practitioner in the insured's home. Includes, but not limited to, skilled nursing care, physical therapy, occupational therapy, speech therapy, nutritionist services, home health aide, and medical social services.

Medically necessary

The service or care that is required to diagnose or treat the insured's condition and is: (a) prescribed by a physician; (b) in accordance with standards of good medical practice; (c) not mainly for convenience of the insured, the insured's immediate family, a physician or other provider; and (d) is the most appropriate medical treatment or level of care, which can safely be provided.

Period of care (home care benefit)

The period of time that begins with the first week of receiving three home care services visits (of at least one hour each) on separate days. It ends when the insured does not receive home care services for 180 continuous days.

Period of care (hospital benefit)

The period of time that begins with the first day of hospital confinement due to a covered illness or injury. It ends when the insured is out of the hospital and does 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 brochure is an illustration for policy form CLIHC16 MO and is not a contract of insurance.

Underwritten by

Continental Life Insurance Company of Brentwood, Tennessee

An Aetna Company

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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