

Your choices for your comfort and care

Protection SeriesSM—
Recovery Care
Insurance Plans
Idaho

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



Because you care about your care

You can plan now for the level of care and comfort you deserve in case of an accident or illness that requires assistance and care during recovery.

Expecting the unexpected

Whether you are working or retired, it's important to consider the cost of health care and how an unexpected accident or illness could impact you and your family's finances. Even those who lead a healthy lifestyle may be at risk of experiencing an unexpected need for recovery care due to the onset of health issues and disabilities.



At least **70%** of people over 65 will need long-term care services and support at some point.¹

Health care is constantly changing and the costs are increasing

Hospital confinement is expensive, sometimes resulting in shorter hospital stays followed by costly rehabilitation and therapy. Skilled nursing facilities (nursing homes) provide another option for recovery and care, offering a wide range of medical, health, and personal care services.



The average cost of a private room at a skilled nursing facility is nearly \$112,000/year and is projected to be over \$141,000/year by 2030.¹

Assisted living facilities provide yet another option for those who need limited help with daily care and are ideal for socialization activities to help prevent isolation and withdrawal.



The average cost of a one bedroom at an assisted living facility is over \$55,000/year and is projected to be over \$70,000/year by 2030.¹

Source: ¹<https://www.seniorliving.org/memory-care/costs/>



Every 65 seconds someone is diagnosed with dementia or Alzheimer's disease. 12.7 million people age 65 and older will have Alzheimer's by 2050.¹



Freedom to choose

Who would choose the hospital or facility for your recovery and care if needed? Just the thought of being in unfamiliar surroundings may be uncomfortable. But an accident or illness may leave you with no other choice for receiving care.

Your choice of solutions

A **Recovery Care insurance plan** gives you the freedom to choose how you want to receive care and recover, along with where. You choose the hospital or nursing facility based on the insurance plan options selected. Benefits are paid directly to you, or a medical provider that you designate, and are paid in addition to any other health care coverage.



More to consider

It's important to know and understand your health insurance coverage before you need to use it. And we can help. Here's a simple look at the importance of our **Recovery Care insurance plans**.

Place of recovery and care	Medicare coverage*	Recovery Care coverage**
Nursing Facility	Medicare pays the first 20 days of skilled care only if admitted as an inpatient for at least 3 days. It does not pay for intermediate or custodial care.	The Daily Nursing Facility coverage will pay benefits for all levels of nursing facility care: skilled, intermediate, and custodial. The nursing facility does not have to be approved by Medicare.
Assisted Living Facility	Medicare does not pay for any services or costs.	The Daily Nursing Facility coverage will pay benefits for services in an assisted living facility.
Home	Medicare pays for eligible home care services like intermittent skilled nursing with doctor's orders. It does not pay for 24 hours/day for care at home.	The optional Home Care Rider will pay a weekly benefit for home care. The home care agency does not have to be approved by Medicare.

* This coverage will pay if the insured cannot perform two or more activities of daily living (ADL) or has a cognitive impairment.

** This coverage will pay if the insured cannot perform two or more ADL or has a cognitive impairment; and receives three weekly one-hour home care agency visits on separate days.

Protection SeriesSM – Recovery Care Insurance Plans



Plan benefits

Daily Nursing Facility*

Including assisted living and bed reservation

The benefit is available:

- up to \$400 daily maximum
- with choice of covered days: 90, 180, or 270 days
- with no waiting period
- for issue ages 50-89 (age at last birthday)

This coverage will pay a daily benefit for confinement in a nursing or assisted living facility, provided you cannot perform two or more activities of daily living (ADL) or you have a cognitive impairment. No prior hospital stay is required.

The bed reservation coverage will pay up to a maximum benefit of 10 days if you return to the facility where you resided prior to your hospital confinement. The covered lifetime maximum is 20 days.

Daily Hospital Indemnity*

The benefit is available:

- up to \$400 daily maximum (for each day of confinement)
- with 31 days per period of care
- with a lifetime maximum of 365 days
- for 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 the daily nursing facility benefit and four units (\$40 per day) of the daily hospital benefit must be purchased.

Home Care Rider (optional)

The benefit is available:

- up to \$1,200 weekly maximum
- with choice of covered weeks: 13, 26, or 39 weeks
- with a lifetime maximum equal to twice the number of covered weeks
- for issue ages 50-89 (age at last birthday)

This rider pays a benefit for each week you receive three or more professional home care service visits of at least one hour per visit in your home, provided you cannot perform two or more ADL or you have a cognitive impairment.

Covers medical and non-medical services from a licensed home care provider of your choice. No deductible, elimination period, or prior hospital stay required.

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

Our solutions for protection. Your choices for comfort and care.



Did you know?

Nursing Facility Care can include:	Assisted Living Care can include:	Home Care can include:
<ul style="list-style-type: none">• 24-hour medical care• Post-stroke recovery• Cardiac care• Skilled, intermediate, and custodial care• Rehabilitation services• Wound care	<ul style="list-style-type: none">• Daily meals• Housekeeping and laundry• Medical services and medication monitoring• Personal care (such as dressing and bathing)• 24-hour emergency care• Social and recreational activities	<ul style="list-style-type: none">• Personal care (such as dressing, bathing, and mobility)• Light housekeeping and laundry• Meal preparations and nutrition services• Physical, occupational, and speech therapy• Transportation to and from appointments• Shopping for food, medications, and medical supplies

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:

1. Pre-Existing conditions or diseases;
2. Mental or emotional disorders, alcoholism and drug addiction
3. Pregnancy, except for complications of pregnancy;
4. Illness, treatment or medical condition arising out of:
 - a. War or act of war (whether declared or undeclared); participation in a felony, riot or insurrections; service in the armed forces or units auxiliary to it;
 - b. Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury;
 - c. Aviation;
 - d. With respect to short-term nonrenewable policies, interscholastic sports; and
 - e. With respect to disability income protection policies, incarceration;
5. Cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child;
6. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet;
7. Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects of it, where the interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column;
8. Benefits provided under Medicare or other governmental program (except Medicaid), a state or federal worker’s compensation law, employers liability or occupational disease law, or motor vehicle no-fault law; services performed by a member of the insured person’s immediate family; and services for which no charge is normally made in the absence of insurance;
9. Dental care or treatment;
10. Eye glasses, hearing aids, and examination for the prescription, or fitting of them;
11. Rest cures, custodial care, transportation, and routine physical examinations; and
12. Medical treatment, services and supplies received outside of the United States.

Pre-existing condition

Pre-existing condition means (a) a condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment during the six (6) months immediately preceding the effective date of coverage; or (b) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the effective date of coverage. Pre-existing conditions are not covered unless the loss begins more than six (6) months after the coverage effective date.

Reference the policy and outline of coverage for complete details.

Policy definitions



Activities of daily living (ADL)

Basic activities necessary for independent living at home: bathing, toileting, continence, dressing, eating and mobility.

Cognitive impairment

The loss of degenerative mental ability to a degree that requires constant care for protection of self or others, as diagnosed by a licensed physician.

Confined/confinement

The insured is formally admitted to a nursing facility, assisted living facility, or a hospital on an inpatient basis or receives necessary and continuous observation in a hospital for at least 24 hours.

Home care services

The professional, personal care, and homemaker services the insured receives from a home care provider in the insured's home, including nursing care, physical therapy, occupational therapy, speech therapy, nutritionist services, meal preparation, laundry, light housekeeping, shopping for food, medications or medical supplies, and transportation to and from appointments.

Nursing facility

A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home and provides continuous accommodations to persons who require daily nursing care services, and maintains records of each resident.

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.

Period of care (nursing facility benefit)

The period of time that begins with the first day of nursing facility or assisted living facility confinement. It ends following a period of 180 days during all of which the insured is not confined to a nursing facility or assisted living facility, is able to perform five or more ADL without the hands-on assistance of another person; and if the insured is cognitively impaired, the insured did not require or receive the assistance or supervision of another person.

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 CLIREC14 ID 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.

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

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