

Your choices for your comfort and care

Protection SeriesSM—
Recovery Care
Insurance Plans
Maryland

**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



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

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



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, 270, or 360 days
- with a lifetime maximum equal to twice the number of covered days
- with choice of waiting period: 0, 20, or 100 days
- 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 20 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 Hospital Indemnity must be purchased with the Daily Nursing Facility benefit.

Home Care Rider (optional)

The benefit is available:

- up to \$1,200 weekly maximum
- with choice of covered weeks: 13, 26, or 52 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:

- 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.** Home health care unless the home care fixed indemnity rider is attached to this policy and home care is shown as covered on the schedule of benefits page.
- E.** Stay in a community living center or a place that primarily provides domiciliary, retirement or educational care.
- F.** Participation in a war or an act of war, riot or international armed conflict.
- G.** Suicide or attempted suicide or intentionally self-inflicted injury, whether while sane or insane.
- H.** 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.
- I.** Confinement outside of the United States.
- J.** Health care services that the appropriate regulating board determines were prohibited as a result of a prohibited referral.

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. This definition will not apply to a condition that the applicant revealed in the application for the policy unless the condition is excluded by means of a signed waiver rider attached to the policy.

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. It is not designed to fill the 'gaps' of Medicare.
- 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 or comprehensive health insurance.
- 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 MD 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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