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# Outline of Coverage

## Recovery Care Insurance

Policy Forms CLIREC14 ID

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

**Idaho**

**CONTINENTAL LIFE INSURANCE COMPANY OF  
BRENTWOOD, TENNESSEE**

P.O. Box 14399,  
Lexington, KY 40512-9700  
1-800-264-4000

**LIMITED BENEFIT HOSPITAL INDEMNITY AND RECOVERY CARE FIXED  
INDEMNITY POLICY**

**OUTLINE OF COVERAGE FOR POLICY FORMS: CLIREC14 ID**

**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. Only the actual Policy provisions will control, including defined terms. 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 in the form of a fixed daily benefit during periods of Confinement 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 fixed daily indemnity for hospital, nursing facility or assisted living facility stay and any additional indemnity benefit described below.

**BENEFIT DESCRIPTIONS**

**Daily Hospital Confinement Indemnity Benefit-** This Benefit will pay a daily Hospital Confinement Indemnity Benefit Amount for each day You are Confined in a Hospital. This benefit is available in \$10 units from a minimum daily Benefit Amount of \$40 up to the maximum daily Benefit Amount of \$400. The benefit is limited to the maximum number of days per Period of Care and the Lifetime Maximum number of days

**Daily Nursing Facility Indemnity Benefit Including Assisted Living and Bed Reservation-** This Benefit will pay for each day of care received at a Nursing Facility or Assisted Living Facility and Bed Reservation provided all of the following conditions are met:

The Waiting Period, if any, must be met before benefits are paid for a covered Confinement in a Nursing Facility or Assisted Living Facility. The Insured must satisfy the Waiting Period for each Period of Care.

1. An Insured is eligible for this Benefit when We receive documentation which establishes that:
  - a. The Insured cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
  - b. The Insured has a Cognitive Impairment.
2. This Benefit is payable only when:
  - a. The Insured's eligibility for benefits begins while the Policy is in force;
  - b. The services received are consistent with the Insured's Plan of Care;
  - c. The Nursing Facility Indemnity Benefits are not excluded in the Limitations and Exclusions; and
  - d. The Nursing Facility Indemnity Benefits are not the result of a Pre-Existing Condition.

3. This benefit is available in \$10 units up to a maximum daily Benefit Amount of \$400. There is also a choice of covered days: 90 days, 180 or 270.
4. The Bed Reservation Benefit is not payable unless, upon discharge from the Hospital, the Insured immediately returns to the Nursing Facility or Assisted Living Facility where the Insured resided immediately prior to admission to the Hospital.
5. This Benefit is limited to the Daily Benefit Amount, the Maximum Number of Days per Period of Care and the Lifetime Maximum Number of Days shown on the Schedule of Benefits page.

**Optional Home Care Rider-** If selected: When an Insured is covered under the Home Care Fixed Indemnity Rider, We will pay the Home Care Weekly Benefit Amount as shown on the Schedule Page when the Insured receives three (3) Home Care Service visits in a Week of at least one (1) hour per visit in the Insured's Home from a Home Care Provider.

1. An Insured is eligible for this Benefit when We receive documentation which establishes that:
  - a. The Insured cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
  - b. The Insured has a Cognitive Impairment.
2. This Benefit is payable only when:
  - a. The Insured's eligibility for benefits begins while the Policy is in force;
  - b. The services received are consistent with the Insured's Plan of Care;
  - c. The Home Care Services are not excluded in the Limitations and Exclusions; and
  - d. The Home Care Services are not the result of a Pre-Existing Condition
3. This benefit is available in \$150 units up to a maximum Benefit Amount of \$1200. There is also a choice of covered Weeks: 13 weeks, 26 weeks or 39 weeks. You chose the Benefit Amount and the maximum number of covered Weeks per Period of Care.
4. This Benefit is limited to the Maximum Benefit Amount, the Maximum Number of Weeks per Period of Care and the Lifetime Maximum Number of Weeks shown on the Schedule of Benefits page.
5. Coverage under the Optional Home Care Rider will end on the earlier of:
  - a. The date the Policy ends; or
  - b. The premium due date coinciding with or next following the date We receive a written request to terminate the Rider.

## **RENEWABILITY**

The Policy is guaranteed renewable for Your life provided premiums are paid when due. The 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

We will not pay any benefits for Losses that are caused by or the result of the Insured's:

- (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:
  - i. 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;
  - ii. Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury;
  - iii. Aviation;
  - iv. With respect to short-term nonrenewable policies, interscholastic sports; and
  - v. 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 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 six (6) months after the Coverage Effective Date.

## 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**

**Recovery Benefit Per \$10 a Day**

Benefit Period	90 Day	180 Day	270 Day
50	\$ 8.45	\$ 14.20	\$ 19.40
51	\$ 8.60	\$ 14.50	\$ 19.80
52	\$ 8.80	\$ 14.80	\$ 20.20
53	\$ 9.00	\$ 15.10	\$ 20.60
54	\$ 9.15	\$ 15.40	\$ 21.00
55	\$ 9.35	\$ 15.70	\$ 21.40
56	\$ 9.50	\$ 16.00	\$ 21.80
57	\$ 9.70	\$ 16.30	\$ 22.20
58	\$ 10.85	\$ 17.90	\$ 24.30
59	\$ 12.00	\$ 19.45	\$ 26.45
60	\$ 13.20	\$ 21.05	\$ 28.55
61	\$ 14.35	\$ 22.60	\$ 30.70
62	\$ 15.50	\$ 24.20	\$ 32.80
63	\$ 17.05	\$ 27.25	\$ 36.85
64	\$ 18.60	\$ 30.30	\$ 40.90
65	\$ 20.10	\$ 33.30	\$ 44.90
66	\$ 21.65	\$ 36.35	\$ 48.95
67	\$ 23.20	\$ 39.40	\$ 53.00
68	\$ 26.05	\$ 44.15	\$ 59.45
69	\$ 28.90	\$ 48.90	\$ 65.90
70	\$ 31.70	\$ 53.60	\$ 72.40
71	\$ 34.55	\$ 58.35	\$ 78.85
72	\$ 37.40	\$ 63.10	\$ 85.30
73	\$ 41.05	\$ 69.45	\$ 94.00
74	\$ 44.70	\$ 75.80	\$ 102.70
75	\$ 48.30	\$ 82.20	\$ 111.40
76	\$ 51.95	\$ 88.55	\$ 120.10
77	\$ 55.60	\$ 94.90	\$ 128.80
78	\$ 59.85	\$ 102.20	\$ 137.90
79	\$ 64.10	\$ 109.45	\$ 146.95
80	\$ 68.30	\$ 116.75	\$ 156.05
81	\$ 72.55	\$ 124.00	\$ 165.10
82	\$ 76.80	\$ 131.30	\$ 174.20
83	\$ 81.65	\$ 139.40	\$ 185.80
84	\$ 86.50	\$ 147.45	\$ 197.45
85	\$ 91.30	\$ 155.55	\$ 209.05
86	\$ 96.15	\$ 163.60	\$ 220.70
87	\$ 101.00	\$ 171.70	\$ 232.30
88	\$ 105.85	\$ 179.80	\$ 243.90
89	\$ 110.70	\$ 187.85	\$ 255.55

### Home Care per \$150 Week

	Benefit Period	13 Weeks	26 Weeks	39 Weeks
Issue Age	50	\$ 19.00	\$ 33.40	\$ 43.70
	51	\$ 19.40	\$ 34.10	\$ 44.60
	52	\$ 19.80	\$ 34.80	\$ 45.50
	53	\$ 20.20	\$ 35.50	\$ 46.40
	54	\$ 20.60	\$ 36.20	\$ 47.30
	55	\$ 21.00	\$ 36.90	\$ 48.20
	56	\$ 21.40	\$ 37.60	\$ 49.10
	57	\$ 21.80	\$ 38.30	\$ 50.00
	58	\$ 23.45	\$ 41.25	\$ 53.95
	59	\$ 25.10	\$ 44.20	\$ 57.90
	60	\$ 26.80	\$ 47.10	\$ 61.80
	61	\$ 28.45	\$ 50.05	\$ 65.75
	62	\$ 30.10	\$ 53.00	\$ 69.70
	63	\$ 33.20	\$ 58.15	\$ 76.65
	64	\$ 36.30	\$ 63.30	\$ 83.60
	65	\$ 39.40	\$ 68.50	\$ 90.60
	66	\$ 42.50	\$ 73.65	\$ 97.55
	67	\$ 45.60	\$ 78.80	\$ 104.50
	68	\$ 49.90	\$ 86.40	\$ 113.90
	69	\$ 54.20	\$ 93.95	\$ 123.30
	70	\$ 58.50	\$ 101.55	\$ 132.70
	71	\$ 62.80	\$ 109.10	\$ 142.10
	72	\$ 67.10	\$ 116.70	\$ 151.50
	73	\$ 72.95	\$ 126.10	\$ 163.60
	74	\$ 78.80	\$ 135.45	\$ 175.75
	75	\$ 84.70	\$ 144.85	\$ 187.85
	76	\$ 90.55	\$ 154.20	\$ 200.00
	77	\$ 96.40	\$ 163.60	\$ 212.10
	78	\$ 102.95	\$ 175.70	\$ 227.25
	79	\$ 109.50	\$ 187.85	\$ 242.40
80	\$ 116.00	\$ 199.95	\$ 257.60	
81	\$ 122.55	\$ 212.10	\$ 272.75	
82	\$ 129.10	\$ 224.20	\$ 287.90	
83	\$ 136.00	\$ 234.80	\$ 300.80	
84	\$ 142.90	\$ 245.40	\$ 313.75	
85	\$ 149.80	\$ 256.00	\$ 326.65	
86	\$ 156.70	\$ 266.60	\$ 339.60	
87	\$ 163.60	\$ 277.20	\$ 352.50	
88	\$ 170.50	\$ 287.80	\$ 365.40	
89	\$ 177.40	\$ 298.40	\$ 378.35	

### Daily Hospital Benefit

Issue Age	Per \$10 Daily Hospital Benefit
50-54	\$ 13.00
55-59	\$ 15.60
60-64	\$ 18.80
65-69	\$ 23.50
70-74	\$ 30.20
75-79	\$ 38.10
80-84	\$ 44.80
85-89	\$ 49.00

**How to calculate premium: Example- Age 55**

	<b>No. of Units</b>	<b>Benefit Amt.</b>	<b>Premium Amt.</b>
Daily hospital benefit:	10	100	156.00
Skilled nursing benefit			
Covered Days: 180 days	10	100	157.00
Optional Home Care Rider			
Covered Weeks: 26 weeks	2	400	73.80
Total Annual Premium:			\$386.80

**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