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Lexington, KY 40512-9700
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Outline of Coverage

Recovery Care Insurance

Policy Forms CLIREC14 MD

Underwritten by

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

Maryland

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 MD

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 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.

Second Opinion - We will pay the amount shown in the Benefit Schedule for an objective second opinion given to the Insured when required by a utilization review program under Section 19-319 of the Maryland Health Care Facilities Code.

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 days, 270 days and 360] days. This benefit is limited to a waiting period of 0 days, 20 days and 100 days. You choose the daily Benefit Amount and the maximum number of Covered Days per Period of Care.

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 and, 52 weeks. You choose 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 90 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:

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 Optional Home Care 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, 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, hand 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 (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. Coverage will terminate on the last day of the grace period, if the premium due is not paid by the last day of the grace period; and
3. The date of death of the Policy Owner.

Extension of Benefits
Termination of coverage will not affect any claim that began while this Policy was in force.

If an Insured person is Confined in a Hospital on the date coverage terminates, We will continue to pay any applicable benefits until the earlier of:

1. The date the Insured person is discharged from the Hospital; or
2. 12 months after the date this Policy terminates.

PREMIUM INFORMATION

Recovery Benefit Per $10 a Day

Benefit Period	90 Day			180 Day			270 Day			360 Day		
Waiting Period	Zero Day	20 Day	100 Day	Zero Day	20 Day	100 Day	Zero Day	20 Day	100 Day	Zero Day	20 Day	100 Day
50	$ 7.50	$ 6.55	$ 3.15	$ 12.80	$ 11.70	$ 3.40	$ 17.30	$ 16.40	$ 4.60	$ 21.20	$ 20.35	$ 6.10
51	$ 7.65	$ 6.70	$ 3.20	$ 13.05	$ 11.95	$ 3.95	$ 17.65	$ 16.75	$ 5.45	$ 21.65	$ 20.80	$ 7.15
52	$ 7.80	$ 6.80	$ 3.30	$ 13.30	$ 12.20	$ 4.50	$ 18.00	$ 17.10	$ 6.30	$ 22.10	$ 21.20	$ 8.20
53	$ 7.95	$ 6.90	$ 3.40	$ 13.55	$ 12.45	$ 5.05	$ 18.35	$ 17.45	$ 7.15	$ 22.55	$ 21.60	$ 9.25
54	$ 8.10	$ 7.05	$ 3.45	$ 13.80	$ 12.70	$ 5.60	$ 18.70	$ 17.80	$ 8.00	$ 23.00	$ 22.05	$ 10.30
55	$ 8.30	$ 7.15	$ 3.55	$ 14.10	$ 12.90	$ 6.20	$ 19.10	$ 18.10	$ 8.80	$ 23.40	$ 22.45	$ 11.30
56	$ 8.45	$ 7.30	$ 3.60	$ 14.35	$ 13.15	$ 6.75	$ 19.45	$ 18.45	$ 9.65	$ 23.85	$ 22.90	$ 12.35
57	$ 8.60	$ 7.40	$ 3.70	$ 14.60	$ 13.40	$ 7.30	$ 19.80	$ 18.80	$ 10.50	$ 24.30	$ 23.30	$ 13.40
58	$ 9.65	$ 8.10	$ 4.10	$ 16.00	$ 14.65	$ 8.30	$ 21.70	$ 20.45	$ 11.95	$ 26.55	$ 25.50	$ 15.25
59	$ 10.70	$ 8.85	$ 4.50	$ 17.40	$ 15.90	$ 9.30	$ 23.60	$ 22.10	$ 13.40	$ 28.80	$ 27.70	$ 17.10
60	$ 11.70	$ 9.55	$ 4.90	$ 18.80	$ 17.20	$ 10.30	$ 25.50	$ 23.70	$ 14.80	$ 31.10	$ 29.90	$ 19.00
61	$ 12.75	$ 10.30	$ 5.30	$ 20.20	$ 18.45	$ 11.30	$ 27.40	$ 25.35	$ 16.25	$ 33.35	$ 32.10	$ 20.85
62	$ 13.80	$ 11.00	$ 5.70	$ 21.60	$ 19.70	$ 12.30	$ 29.30	$ 27.00	$ 17.70	$ 35.60	$ 34.30	$ 22.70
63	$ 15.20	$ 12.40	$ 6.50	$ 24.30	$ 22.25	$ 13.95	$ 32.90	$ 30.60	$ 20.05	$ 40.20	$ 38.70	$ 25.90
64	$ 16.55	$ 13.80	$ 7.25	$ 27.05	$ 24.80	$ 15.60	$ 36.50	$ 34.25	$ 22.40	$ 44.80	$ 43.10	$ 29.05
65	$ 17.95	$ 15.20	$ 8.05	$ 29.75	$ 27.40	$ 17.20	$ 40.10	$ 37.85	$ 24.80	$ 49.40	$ 47.50	$ 32.25
66	$ 19.30	$ 16.60	$ 8.80	$ 32.50	$ 29.95	$ 18.85	$ 43.70	$ 41.50	$ 27.15	$ 54.00	$ 51.90	$ 35.40
67	$ 20.70	$ 18.00	$ 9.60	$ 35.20	$ 32.50	$ 20.50	$ 47.30	$ 45.10	$ 29.50	$ 58.60	$ 56.30	$ 38.60
68	$ 23.25	$ 20.15	$ 10.80	$ 39.40	$ 36.45	$ 23.10	$ 53.10	$ 50.50	$ 33.25	$ 65.65	$ 63.05	$ 43.25
69	$ 25.80	$ 22.30	$ 11.95	$ 43.65	$ 40.40	$ 25.75	$ 58.85	$ 55.90	$ 37.00	$ 72.70	$ 69.80	$ 47.90
70	$ 28.30	$ 24.40	$ 13.15	$ 47.85	$ 44.40	$ 28.35	$ 64.65	$ 61.30	$ 40.70	$ 79.70	$ 76.60	$ 52.50
71	$ 30.85	$ 26.55	$ 14.30	$ 52.10	$ 48.35	$ 31.00	$ 70.40	$ 66.70	$ 44.45	$ 86.75	$ 83.35	$ 57.15
72	$ 33.40	$ 28.70	$ 15.50	$ 56.30	$ 52.30	$ 33.60	$ 76.20	$ 72.10	$ 48.20	$ 93.80	$ 90.10	$ 61.80
73	$ 36.65	$ 31.50	$ 17.00	$ 62.00	$ 57.35	$ 36.70	$ 83.95	$ 79.30	$ 52.65	$ 103.00	$ 98.85	$ 67.60
74	$ 39.90	$ 34.35	$ 18.50	$ 67.65	$ 62.40	$ 39.80	$ 91.70	$ 86.55	$ 57.10	$ 112.15	$ 107.60	$ 73.45
75	$ 43.10	$ 37.15	$ 20.00	$ 73.35	$ 67.40	$ 42.90	$ 99.40	$ 93.75	$ 61.60	$ 121.35	$ 116.40	$ 79.25
76	$ 46.35	$ 40.00	$ 21.50	$ 79.00	$ 72.45	$ 46.00	$ 107.15	$ 101.00	$ 66.05	$ 130.50	$ 125.15	$ 85.10
77	$ 49.60	$ 42.80	$ 23.00	$ 84.70	$ 77.50	$ 49.10	$ 114.90	$ 108.20	$ 70.50	$ 139.70	$ 133.90	$ 90.90
78	$ 53.40	$ 46.15	$ 24.35	$ 91.20	$ 83.65	$ 52.40	$ 123.00	$ 116.30	$ 74.75	$ 150.50	$ 144.10	$ 96.35
79	$ 57.15	$ 49.50	$ 25.70	$ 97.70	$ 89.80	$ 55.65	$ 131.15	$ 124.40	$ 79.00	$ 161.35	$ 154.25	$ 101.80
80	$ 60.95	$ 52.80	$ 27.00	$ 104.20	$ 95.90	$ 58.95	$ 139.25	$ 132.50	$ 83.30	$ 172.15	$ 164.45	$ 107.30
81	$ 64.70	$ 56.15	$ 28.35	$ 110.70	$ 102.05	$ 62.20	$ 147.40	$ 140.60	$ 87.55	$ 183.00	$ 174.60	$ 112.75
82	$ 68.50	$ 59.50	$ 29.70	$ 117.20	$ 108.20	$ 65.50	$ 155.50	$ 148.70	$ 91.80	$ 193.80	$ 184.80	$ 118.20
83	$ 72.80	$ 63.10	$ 30.60	$ 124.40	$ 114.95	$ 66.95	$ 165.85	$ 158.60	$ 94.35	$ 205.80	$ 196.50	$ 121.65
84	$ 77.15	$ 66.70	$ 31.55	$ 131.65	$ 121.70	$ 68.40	$ 176.20	$ 168.55	$ 96.90	$ 217.75	$ 208.25	$ 125.10
85	$ 81.45	$ 70.30	$ 32.45	$ 138.85	$ 128.50	$ 69.80	$ 186.60	$ 178.45	$ 99.40	$ 229.75	$ 219.95	$ 128.60
86	$ 85.80	$ 73.90	$ 33.40	$ 146.10	$ 135.25	$ 71.25	$ 196.95	$ 188.40	$ 101.95	$ 241.70	$ 231.70	$ 132.05
87	$ 90.10	$ 77.50	$ 34.30	$ 153.30	$ 142.00	$ 72.70	$ 207.30	$ 198.30	$ 104.50	$ 253.70	$ 243.40	$ 135.50
88	$ 94.40	$ 81.10	$ 35.20	$ 160.50	$ 148.75	$ 74.15	$ 217.65	$ 208.20	$ 107.05	$ 265.70	$ 255.10	$ 138.95
89	$ 98.75	$ 84.70	$ 36.15	$ 167.75	$ 155.50	$ 75.60	$ 228.00	$ 218.15	$ 109.60	$ 277.65	$ 266.85	$ 142.40

Home Care per $150 Week

Benefit Period	13 Weeks	26 Weeks	52 Weeks
50	$ 17.00	$ 29.85	$ 46.80
51	$ 17.35	$ 30.50	$ 47.75
52	$ 17.70	$ 31.10	$ 48.70
53	$ 18.05	$ 31.70	$ 49.65
54	$ 18.40	$ 32.35	$ 50.60
55	$ 18.70	$ 32.95	$ 51.60
56	$ 19.05	$ 33.60	$ 52.55
57	$ 19.40	$ 34.20	$ 53.50
58	$ 20.90	$ 36.80	$ 57.40
59	$ 22.40	$ 39.45	$ 61.30
60	$ 23.90	$ 42.05	$ 65.20
61	$ 25.40	$ 44.70	$ 69.10
62	$ 26.90	$ 47.30	$ 73.00
63	$ 29.65	$ 51.90	$ 80.30
64	$ 32.40	$ 56.50	$ 87.60
65	$ 35.20	$ 61.10	$ 94.90
66	$ 37.95	$ 65.70	$ 102.20
67	$ 40.70	$ 70.30	$ 109.50
68	$ 44.55	$ 77.05	$ 119.25
69	$ 48.40	$ 83.80	$ 129.00
70	$ 52.20	$ 90.60	$ 138.70
71	$ 56.05	$ 97.35	$ 148.45
72	$ 59.90	$ 104.10	$ 158.20
73	$ 65.15	$ 112.50	$ 170.65
74	$ 70.40	$ 120.85	$ 183.10
75	$ 75.60	$ 129.25	$ 195.50
76	$ 80.85	$ 137.60	$ 207.95
77	$ 86.10	$ 146.00	$ 220.40
78	$ 91.90	$ 156.80	$ 235.80
79	$ 97.75	$ 167.65	$ 251.25
80	$ 103.55	$ 178.45	$ 266.65
81	$ 109.40	$ 189.30	$ 282.10
82	$ 115.20	$ 200.10	$ 297.50
83	$ 121.35	$ 209.60	$ 312.40
84	$ 127.50	$ 219.05	$ 327.25
85	$ 133.70	$ 228.55	$ 342.15
86	$ 139.85	$ 238.00	$ 357.00
87	$ 146.00	$ 247.50	$ 371.90
88	$ 152.15	$ 257.00	$ 386.80
89	$ 158.30	$ 266.45	$ 401.65

Daily Hospital Benefit

Issue Age	Per $10 Daily Hospital Benefit
50-54	$ 11.80
55-59	$ 14.20
60-64	$ 17.10
65-69	$ 21.30
70-74	$ 27.50
75-79	$ 34.60
80-84	$ 40.80
85-89	$ 44.60

How to calculate premium: Example - Age 55

	No. of Units	Benefit Amt.	Premium Amt.
Daily hospital benefit:	10	100	142.00
Skilled nursing benefit			
Covered Days: 180 days With 20 day waiting period	10	100	129.00
Optional Home Care Rider Covered Weeks: 26 weeks	2	400	65.90
		Total Annual Premium:	$336.90

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