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Outline of Coverage

Recovery Care Insurance

Policy Forms CLIREC16 TX

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

Texas

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

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

**LIMITED BENEFIT HOSPITAL INDEMNITY AND SHORT TERM RECOVERY CARE
FIXED INDEMNITY COVERAGE
OUTLINE OF COVERAGE FOR POLICY FORM: CLIREC16 TX**

RETAIN THIS OUTLINE FOR YOUR RECORDS

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. The Policy itself 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!**

Hospital confinement indemnity coverage is designed to provide you with a fixed daily benefit during periods of hospital confinement resulting from a covered injury or sickness. Coverage is provided for the benefits outlined below. The benefits described below may be limited by the limitations and exclusions listed below.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the Company.

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 with a minimum of \$20 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. .

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; and
 - c. The Nursing Facility Indemnity Benefits are not excluded in the Limitations and Exclusions.

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 lifetime maximum number of Covered Days.

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, and the Lifetime Maximum Number of Days shown on the Schedule of Benefits page.

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 without demonstrable organic disease 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.
- e. Stay in a community living center or a place that primarily provides domiciliary, I, retirement or educational care.
- f. Participation in a War or an act of war, riot or international armed conflict.
- g. The commission or attempted commission of a crime or felony or while engaged in an illegal act; or while imprisoned.
- h. Suicide or attempted suicide or intentionally self-inflicted injury, whether while sane or insane.
- 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. Treatment or services provided by a Member of Your Immediate Family.
- k. Urgent Care provided on the premises of, or physically a part of, a Hospital.

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.

RENEWABILITY

The Policy is guaranteed renewable for Your life provided premiums are paid when due. The Policy is subject to the Policy Termination provisions.

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 Policy will terminate at the end of the Grace Period if the premium is unpaid and
3. The date of death of the Policy Owner.

GRACE PERIOD

A grace period of thirty-one (31) Days from Your Premium Due Date will be allowed for late payment of premium. During such Grace Period, this Policy will not lapse as long as You pay Your full premium before the end of the Grace Period.

PREMIUM AGREEMENT

Premiums for the Policy may be changed upon renewal. 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 45 days advance notice in writing of such change.

PREMIUM INFORMATION

Recovery Benefit Per \$10 a Day

Benefit P	90 Day			180 Day			270 Day			360 Day		
	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	\$ 8.15	\$ 7.05	\$ 3.50	\$ 13.70	\$ 12.70	\$ 3.75	\$ 18.70	\$ 17.80	\$ 4.95	\$ 22.85	\$ 21.95	\$ 6.60
51	\$ 8.30	\$ 7.20	\$ 3.55	\$ 14.00	\$ 12.95	\$ 4.30	\$ 19.10	\$ 18.15	\$ 5.85	\$ 23.35	\$ 22.40	\$ 7.70
52	\$ 8.50	\$ 7.35	\$ 3.65	\$ 14.30	\$ 13.25	\$ 4.90	\$ 19.50	\$ 18.55	\$ 6.80	\$ 23.85	\$ 22.90	\$ 8.85
53	\$ 8.70	\$ 7.50	\$ 3.70	\$ 14.60	\$ 13.50	\$ 5.50	\$ 19.90	\$ 18.90	\$ 7.70	\$ 24.35	\$ 23.35	\$ 9.95
54	\$ 8.85	\$ 7.60	\$ 3.80	\$ 14.90	\$ 13.75	\$ 6.10	\$ 20.30	\$ 19.30	\$ 8.60	\$ 24.85	\$ 23.85	\$ 11.10
55	\$ 9.05	\$ 7.75	\$ 3.90	\$ 15.20	\$ 14.00	\$ 6.70	\$ 20.70	\$ 19.70	\$ 9.50	\$ 25.35	\$ 24.35	\$ 12.20
56	\$ 9.20	\$ 7.90	\$ 3.95	\$ 15.50	\$ 14.25	\$ 7.30	\$ 21.10	\$ 20.05	\$ 10.40	\$ 25.85	\$ 24.80	\$ 13.35
57	\$ 9.40	\$ 8.05	\$ 4.05	\$ 15.80	\$ 14.55	\$ 7.90	\$ 21.50	\$ 20.45	\$ 11.30	\$ 26.35	\$ 25.30	\$ 14.45
58	\$ 10.50	\$ 8.80	\$ 4.50	\$ 17.25	\$ 15.85	\$ 8.95	\$ 23.50	\$ 22.15	\$ 12.85	\$ 28.75	\$ 27.60	\$ 16.45
59	\$ 11.60	\$ 9.55	\$ 4.95	\$ 18.75	\$ 17.20	\$ 10.00	\$ 25.45	\$ 23.85	\$ 14.45	\$ 31.10	\$ 29.90	\$ 18.45
60	\$ 12.65	\$ 10.30	\$ 5.35	\$ 20.20	\$ 18.50	\$ 11.10	\$ 27.45	\$ 25.60	\$ 16.00	\$ 33.45	\$ 32.20	\$ 20.45
61	\$ 13.75	\$ 11.05	\$ 5.80	\$ 21.70	\$ 19.85	\$ 12.15	\$ 29.45	\$ 27.30	\$ 17.55	\$ 35.85	\$ 34.45	\$ 22.45
62	\$ 14.85	\$ 11.80	\$ 6.25	\$ 23.15	\$ 21.15	\$ 13.20	\$ 31.40	\$ 29.00	\$ 19.10	\$ 38.20	\$ 36.75	\$ 24.45
63	\$ 16.35	\$ 13.30	\$ 7.15	\$ 26.10	\$ 23.90	\$ 15.00	\$ 35.30	\$ 32.90	\$ 21.65	\$ 43.20	\$ 41.55	\$ 27.90
64	\$ 17.80	\$ 14.80	\$ 8.00	\$ 29.05	\$ 26.70	\$ 16.75	\$ 39.20	\$ 36.80	\$ 24.20	\$ 48.15	\$ 46.30	\$ 31.35
65	\$ 19.30	\$ 16.35	\$ 8.85	\$ 31.95	\$ 29.45	\$ 18.50	\$ 43.10	\$ 40.70	\$ 26.75	\$ 53.15	\$ 51.05	\$ 34.80
66	\$ 20.80	\$ 17.85	\$ 9.70	\$ 34.90	\$ 32.20	\$ 20.30	\$ 47.00	\$ 44.60	\$ 29.30	\$ 58.10	\$ 55.80	\$ 38.20
67	\$ 22.25	\$ 19.40	\$ 10.60	\$ 37.85	\$ 34.95	\$ 22.05	\$ 50.90	\$ 48.50	\$ 31.85	\$ 63.10	\$ 60.60	\$ 41.65
68	\$ 24.95	\$ 21.65	\$ 11.85	\$ 42.30	\$ 39.15	\$ 24.90	\$ 57.00	\$ 54.25	\$ 35.85	\$ 70.55	\$ 67.75	\$ 46.60
69	\$ 27.65	\$ 23.90	\$ 13.15	\$ 46.80	\$ 43.35	\$ 27.70	\$ 63.15	\$ 60.00	\$ 39.85	\$ 78.00	\$ 74.95	\$ 51.60
70	\$ 30.35	\$ 26.15	\$ 14.45	\$ 51.30	\$ 47.60	\$ 30.55	\$ 69.25	\$ 65.75	\$ 43.85	\$ 85.45	\$ 82.15	\$ 56.55
71	\$ 33.05	\$ 28.40	\$ 15.75	\$ 55.80	\$ 51.80	\$ 33.35	\$ 75.40	\$ 71.45	\$ 47.85	\$ 92.90	\$ 89.35	\$ 61.55
72	\$ 35.75	\$ 30.70	\$ 17.00	\$ 60.30	\$ 56.00	\$ 36.20	\$ 81.50	\$ 77.20	\$ 51.85	\$ 100.35	\$ 96.55	\$ 66.50
73	\$ 39.10	\$ 33.60	\$ 18.65	\$ 66.20	\$ 61.25	\$ 39.45	\$ 89.60	\$ 84.70	\$ 56.55	\$ 109.90	\$ 105.60	\$ 72.65
74	\$ 42.50	\$ 36.55	\$ 20.25	\$ 72.10	\$ 66.50	\$ 42.70	\$ 97.65	\$ 92.20	\$ 61.25	\$ 119.45	\$ 114.65	\$ 78.80
75	\$ 45.85	\$ 39.50	\$ 21.85	\$ 78.00	\$ 71.70	\$ 46.00	\$ 105.70	\$ 99.70	\$ 65.95	\$ 129.00	\$ 123.75	\$ 85.00
76	\$ 49.20	\$ 42.45	\$ 23.50	\$ 83.90	\$ 76.95	\$ 49.25	\$ 113.80	\$ 107.15	\$ 70.70	\$ 138.60	\$ 132.80	\$ 91.15
77	\$ 52.60	\$ 45.40	\$ 25.10	\$ 89.75	\$ 82.20	\$ 52.55	\$ 121.85	\$ 114.65	\$ 75.40	\$ 148.15	\$ 141.90	\$ 97.30
78	\$ 56.55	\$ 48.90	\$ 26.55	\$ 96.55	\$ 88.60	\$ 56.00	\$ 130.30	\$ 123.10	\$ 79.95	\$ 159.40	\$ 152.50	\$ 103.10
79	\$ 60.50	\$ 52.35	\$ 28.00	\$ 103.30	\$ 94.95	\$ 59.50	\$ 138.70	\$ 131.55	\$ 84.45	\$ 170.70	\$ 163.15	\$ 108.85
80	\$ 64.45	\$ 55.85	\$ 29.45	\$ 110.10	\$ 101.35	\$ 62.95	\$ 147.15	\$ 140.05	\$ 89.00	\$ 181.95	\$ 173.75	\$ 114.65
81	\$ 68.35	\$ 59.30	\$ 30.90	\$ 116.85	\$ 107.75	\$ 66.45	\$ 155.60	\$ 148.50	\$ 93.50	\$ 193.25	\$ 184.40	\$ 120.40
82	\$ 72.30	\$ 62.80	\$ 32.35	\$ 123.65	\$ 114.10	\$ 69.90	\$ 164.00	\$ 156.95	\$ 98.05	\$ 204.50	\$ 195.00	\$ 126.20
83	\$ 76.85	\$ 66.60	\$ 33.30	\$ 131.20	\$ 121.20	\$ 71.45	\$ 174.90	\$ 167.35	\$ 100.75	\$ 217.05	\$ 207.30	\$ 129.85
84	\$ 81.40	\$ 70.35	\$ 34.30	\$ 138.75	\$ 128.30	\$ 73.00	\$ 185.80	\$ 177.75	\$ 103.45	\$ 229.60	\$ 219.60	\$ 133.55
85	\$ 85.90	\$ 74.15	\$ 35.30	\$ 146.35	\$ 135.40	\$ 74.55	\$ 196.70	\$ 188.15	\$ 106.15	\$ 242.15	\$ 231.90	\$ 137.20
86	\$ 90.45	\$ 77.95	\$ 36.25	\$ 153.90	\$ 142.55	\$ 76.05	\$ 207.60	\$ 198.55	\$ 108.85	\$ 254.75	\$ 244.15	\$ 140.90
87	\$ 95.00	\$ 81.75	\$ 37.25	\$ 161.50	\$ 149.65	\$ 77.60	\$ 218.45	\$ 208.95	\$ 111.60	\$ 267.30	\$ 256.45	\$ 144.55
88	\$ 99.50	\$ 85.50	\$ 38.25	\$ 169.05	\$ 156.75	\$ 79.15	\$ 229.35	\$ 219.35	\$ 114.30	\$ 279.85	\$ 268.75	\$ 148.25
89	\$ 104.05	\$ 89.30	\$ 39.25	\$ 176.60	\$ 163.85	\$ 80.70	\$ 240.25	\$ 229.80	\$ 117.00	\$ 292.40	\$ 281.05	\$ 151.90

Issue Age

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

	No. of Units	Benefit Amt	Premium Amt.
Daily hospital benefit:	10	100	156.00
Skilled nursing benefit			
Covered Days: 180 days With 20 day waiting period	10	100	140.00
		Total Annual Premium:	\$296.00

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