

Protection SeriesSM –
**Recovery Care
Insurance Plans**



Plan ahead

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

An Aetna Company

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Our commitment to you

Continental Life Insurance Company of Brentwood, Tennessee, an Aetna company headquartered in the Nashville, Tennessee area, has 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 to help with your insurance needs. For over 33 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

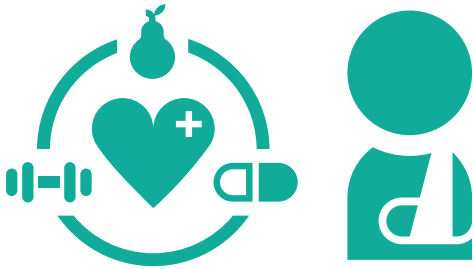
Notice to buyer:

- 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 and is not a contract of insurance. For complete details of all provisions or benefits, please read your policy carefully.

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.



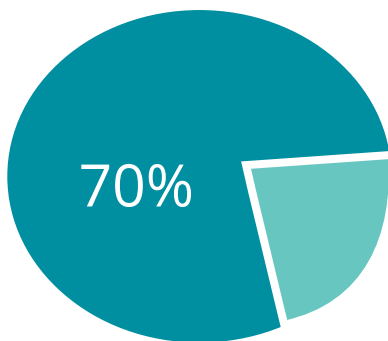
Even those who lead a healthy lifestyle may be at risk of experiencing an unexpected need for recovery care due to the onset of health issues and disabilities.

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.

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.

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



Long-term care services and support refers to an individual receiving assistance with Activities of Daily Living (ADLs) such as bathing, continence, dressing, eating, toileting, and walking.

Source: Medicare and You 2015, page 63, Long Term Care Services and Support, page 147, Center for Medicare and Medicaid Services, <https://www.medicare.gov/Pubs/pdf/10050.pdf>

The U.S. government estimates that the **average cost of nursing facility care** is approximately **\$72,000 per year.**



Source: SeniorHomes.com, Paying for Nursing Home Care, Nursing Home Cost, July 2015.

Freedom to choose

Who would choose the nursing facility or hospital for your recovery and care?

You would. Just the thought of not being in our own surroundings and in control of our lifestyle is uncomfortable. But, an accident or illness may leave you with no other choice for recovery and care.

A Recovery Care insurance plan gives you the freedom to choose how you want to recover and where. You choose the nursing facility or the hospital (based on the plan options selected).

Our solutions for protection. Your choice.

Benefits are paid directly to you, or a medical provider that you designate, and are paid in addition to any other health care coverage. The benefits and premiums for this plan will vary based on the plan options selected.

Plan benefits



Daily Nursing Facility* Including Assisted Living and Bed Reservation

The benefit is available:

- up to \$300 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 waiting period: 0, 20, or 100 days
- issue ages 50-89 (age at last birthday)

***At least one unit (\$10 per day) of Hospital Indemnity must be purchased with the Daily Nursing Facility benefit.**

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 (ADLs) 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 \$300 daily maximum (for each day of confinement)
- with 20 days per period of care
- with a lifetime maximum of 365 days
- issue ages 50-89 (age at last birthday)

***At least one unit (\$10 per day) of Hospital Indemnity must be purchased with the Daily Nursing Facility benefit.**

This coverage will pay a daily hospital benefit if you are confined in a hospital, including observation stays in a hospital.



Home Care Rider (optional)

The benefit is available:

- up to \$1200 weekly maximum
- with choice of covered weeks: 13, 26, or 52 weeks
- with a lifetime maximum equal to twice the number of covered weeks
- 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 ADLs or you have cognitive impairment.

More to consider

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

An unexpected accident or illness	Medicare coverage*	Recovery Care coverage
<p>You are confined to a nursing facility and cannot perform two or more ADLs or you have a cognitive impairment.</p>	<p>Medicare pays the first 20 days of skilled care only if you are admitted as an inpatient for at least three days. It will not pay for intermediate or custodial nursing care.</p>	<p>The Daily Nursing Facility coverage will pay benefits for all levels of nursing facility care – skilled, intermediate, and custodial care.</p>
<p>You are confined to an assisted living facility and cannot perform two or more ADLs or you have a cognitive impairment.</p>	<p>Medicare does not pay for any costs or services.</p>	<p>The Daily Nursing Facility coverage will pay benefits for services in an assisted living facility.</p>
<p>You need home care services and cannot perform two or more ADLs or you have a cognitive impairment.</p>	<p>Medicare pays for eligible home care services like intermittent skilled nursing with doctor's orders. It will not pay for 24 hours/day care at home.</p>	<p>The optional Home Care rider will pay a weekly benefit for home care.</p>

*Source: <https://www.medicare.gov/coverage/home-health-services.html>



Recovery Care Insurance Plans

Payment modes

Annual	Annual x 1
Semi-annual	Annual x .52
Quarterly	Annual x .265
Monthly	Annual x .08333

Guaranteed renewable

You have the right to renew your policy for consecutive terms by paying the required premium before the end of each grace period. Subject to the Policy and Coverage Termination provisions detailed in the policy.

30-day free look

Return any policy for any reason within 30 days after receipt for a full refund of all premiums paid.

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.

Definitions

Activities of daily living (ADL)

Bathing, continence, dressing, eating, toileting, and transferring are all activities of daily living.

Assisted living facility

A place which is a separate facility or distinct part of a health care facility, which is licensed by the state. It provides continuous room and board, assistance with daily living activities, has at least one trained staff member actively on duty in the facility to provide supervision and care, has formal arrangements with a physician or nurse to furnish medical care, and has appropriate methods to assist in handling and administering medications.

Cognitive impairment

The deterioration or loss of intellectual or mental capacity, as determined by clinical evidence and standardized tests, resulting in the insured's need for the continual assistance of, or supervision by, another person, including supervision and assistance that is necessary to protect the health and safety of the insured or others.

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 ADLs 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.

Limitations and 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.** 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.** 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.
- j.** 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.
- k.** Confinement 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 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.

[Reference the policy for complete details.](#)

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