Protection Series℠ –

Home Care Plus Insurance Plans

Underwritten by

Continental Life Insurance Company of Brentwood, Tennessee

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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:

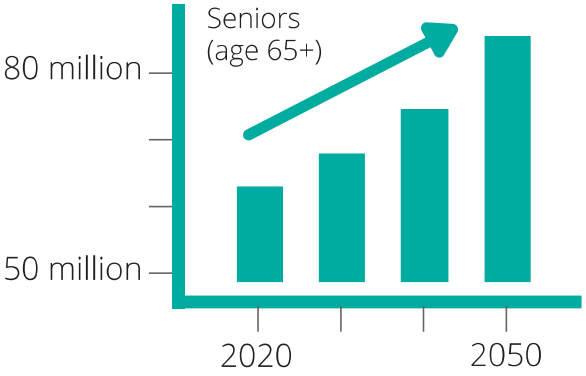
- This is not Medicare Supplement insurance.
- THIS POLICY PROVIDES INDEMNITY BENEFITS FOR HOSPITAL CONFINEMENT AND HOME CARE BENEFITS. BENEFITS PROVIDED ARE LIMITED AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.
- This policy should not be purchased as a substitute for Medicare or Medicare related 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 policy contains a pre-existing condition limitation provision. This policy is non-participating.

This brochure is an illustration for policy form CLIHC16 PA and is not a contract of insurance. For complete details of all provisions or benefits, please read your policy carefully.

Because there's no place like home

Sometimes having the freedom to choose where, when, and how you recover from an unexpected accident or illness is all you need for comfort and peace of mind.

The number of Americans over age 65 is expected to rise from **56 million in 2020** to **84 million in 2050**, and **40%** of such adults will need daily assistance.[1]



The overall share of the U.S. economy devoted to health care spending continues to increase year-over-year. Spending growth for home health care agencies **increased by 6.3% to $88.8 billion in 2015**.[2]

[1]Source: http://www.modernhealthcare.com/article/20160628/NEWS/160629900, Home healthcare industry braces for another Medicare cut, Lisa Schencker, June 28, 2016
[2]Source: https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/downloads/highlights.pdf, download 12/5/16

Plan now for the unexpected later

Even those who lead a healthy lifestyle may be at risk of experiencing an unexpected health issue requiring the need for therapy and rehabilitation.

About **73% of all long-term care is provided in the home by informal caregivers** who are **limited** to activities that don't require a skilled background and receive **no compensation.**

Source: About Long Term Care at Home, book 2014, Thomas Day, How to Deal with 21 Critical Issues Facing Aging Seniors

Whether working or retired, it's important to consider and plan for the impact that rising healthcare costs for hospital stays and at home recovery could have on you and your family's finances.

The market for home care is exploding thanks to baby boomers becoming seniors and the need for lower-priced alternatives to institutional care.[1]

Home Health Aide = $46,332
Based on 44 hours per week by 52 weeks[2]

[1]Source: http://www.seniorliving.org/healthcare/help-paying-home-care/, Help Paying for Senior Home Care, by Chris Hawkins, download 11/7/16
[2]Source: Long Term Care Costs & Cost of Care in 2016, Genworth 2016 Cost of Care Survey, conducted by CareScout®, April 2016

You should have choices

Medicare has restrictions and limitations on what it will cover for skilled home care assistance. Unfortunately, seniors mistakenly believe that Medicare covers the entire recovery period at home. It does not. **Out-of-pocket costs can be expensive for accidents or illnesses with long recovery times.[1]**

For example:

The average short term recovery time for hip replacement is 4 to 6 weeks and for knee replacement it's up to 3 months to return to most daily activities.[2,3]

[1]Source: https://www.caring.com/articles/medicare-home-care, Medicare Coverage of Home Care, Joseph L. Mathews, downloaded 9/19/16
[2]Source: http://www.medicalnewstoday.com/releases/153767.php, download 9/17/16
[3]Source: http://www.aahks.org/care-for-hips-and-knees/do-i-need-a-joint-replacment/, American Association of Hip and Knee Surgeons, download 9/17/16

Our solutions for protection. Your choice.

Home Care Plus insurance plans make it possible to stay in your own home with skilled assistance when faced with a medically necessary need for home health care.

Recovery from an unexpected accident or illness in a hospital or nursing home can be uncomfortable and challenging, along with expensive. **Home Care Plus** insurance plans can help you **recuperate at home** by covering physical, speech, and respiratory therapies, and other medically necessary treatments. In-home recovery and treatments using skilled assistance can often be just as effective as other professional environment options.

Benefits paid directly to you

You decide how to spend the **Home Care Plus** benefits. Benefits are paid directly to you, or a medical provider that you designate, and are paid in addition to any other health care coverage, including Medicare. The benefits and premiums for these plans will vary based on the plan options selected.

Base plan benefits

Daily Hospital Indemnity*

The benefit is available:

- up to $300 daily maximum (for each day of confinement)
- with 31 days per period of confinement
- with a lifetime maximum of 365 days
- 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 Daily Hospital Indemnity must be purchased with the Home Care Indemnity benefit.

Did you know?

Your insurance may **pay different coverage amounts** based on the type of stay in the hospital. This policy could help cover unexpected expenses.

Supplemental Home Care Indemnity*

The benefit is available:

- up to $1,200 weekly maximum
- with choice of covered weeks: 13, 26, 39, or 52 weeks
- with a lifetime maximum equal to twice the number of covered weeks
- with waiting period: 0 or 20 days
- issue ages 50-89 (age at last birthday)

This coverage will pay a weekly benefit for in-home care by a home care practitioner or a qualified staff member of a licensed home health care agency. Home care services must be medically necessary. Three practitioner visits per week are required.

*At least one unit ($150 per week) of Home Care Indemnity must be purchased.

Optional plan benefits

Supplemental Lump Sum Cancer Fixed Indemnity Rider

The benefit is available:

- choice of $2,500; $5,000; and $10,000 benefit once per lifetime
- issue ages 50-89 (age at last birthday)

This rider pays a lump sum benefit at the first occurrence of medically diagnosed cancer. Only one cancer benefit amount will be paid to you. The rider terminates when the policy terminates or the one-time cancer benefit is paid.

For complete details of all provisions or benefits, please read your policy carefully.

Supplemental Hospital Emergency Room Visit and Ambulance Service Indemnity Rider

The benefit is available:

- $200 benefit available twice per calendar year
- No lifetime maximum
- issue ages 50-89 (age at last birthday)

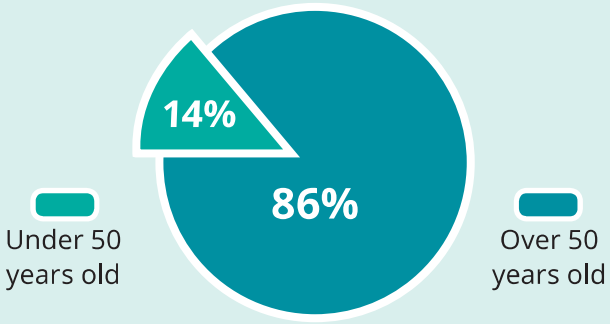
This rider pays a benefit for either an ambulance service or a hospital emergency room visit. Services must be medically necessary and on an emergency basis. The maximum benefit is up to two times per year.

A survey by the American Cancer Society revealed:

- **25%** of cancer patients in the United States put off getting a test or treatment because of the cost.
- **20%** of respondents over the age of 65 used all or much of their savings on cancer care.

Source: 10 Statistics on the Cost of Cancer Treatment in America, www.cancerinsurance.com, April 16, 2014

Age of people diagnosed with cancer



Source: Cancer Facts & Figures 2016, American Cancer Society, www.cancer.org

Did you know?

Almost a quarter of all seniors visit the emergency room due to these top 10 conditions:

1. Injuries and accidents
2. Heart disease
3. Chest pain
4. Adverse effects and complications of medical treatment
5. Abdominal pain
6. Chronic obstructive pulmonary disease
7. Pneumonia
8. Urinary tract infection
9. Stroke
10. Spinal disorders

Source: http://www.aplaceformom.com/blog/senior-emergency-room-visits/, download 9/17/16

Home Care Plus 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

Ambulance service

Physical transportation by ground, air, or water in a vehicle registered to a licensed medical transportation service.

Emergency room

A facility located on the premises of or physically part of a hospital, and provides initial medical treatment to patients that require immediate attention. This is not an Urgent Care Facility.

Home care practitioner

An appropriately licensed health care professional or an appropriately qualified staff member of a licensed home health care agency. Cannot be a family member.

Home care services

Medically necessary professional and personal care from a home care practitioner in the insured's home. Includes, but not limited to, skilled nursing care, physical therapy, occupational therapy, speech therapy, nutritionist services, home health aide, and medical social services.

Medically necessary

The service or care that is required to diagnose or treat the insured's condition and is: (a) prescribed by a physician; (b) in accordance with standards of good medical practice; (c) not mainly for convenience of the insured, the insured's immediate family, a physician or other provider; and (d) is the most appropriate medical treatment or level of care, which can safely be provided.

Period of care (supplemental home care benefit)

The period of time that begins with the first week of receiving three home care services visits (of at least one hour each) on separate days. It ends when the insured does not receive home care services for 180 continuous days.

Period of confinement (supplemental hospital benefit)

One or more separate or combined periods of confinement in a Hospital, for the same or related cause not separated by an interval of at least 6-consecutive months between the end of one such period and the beginning of the succeeding period. When succeeding confinements for the same or related causes are separated by such a 6-month interval, the second confinement will be considered a new Period of Confinement and any applicable benefits will be restored.

Reference the policy for complete definitions.

Limitations and exclusions

We will not pay for losses 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, except when necessitated by a covered illness or covered injury, 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. Stay in a community living center or a place that primarily provides domiciliary, retirement or educational care.

e. Participation in a War or an act of war, riot or international armed conflict.

f. The commission or attempted commission of a felony

g. Suicide or intentionally self-inflicted injury.

h. Participation in skydiving, scuba diving, hang or ultra light gliding, ballooning, bungee jumping, Para-kiting, 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. 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. Confinement or care received outside of the United States.

k. Service rendered by any agency of the federal or state government (except Medicaid) unless you are legally obligated to pay for such service (Medicare is not excluded).

l. Services provided by a home health care agency which has any financial relationship, other than an arrangement to provide you home health care, with any member of your family, or with your physician.

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.

Continental Life Insurance Company of Brentwood, Tennessee

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