

Protection SeriesSM –
**Hospital Indemnity Flex
Insurance Plans**



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

An Aetna Company

aetna[®]

aetnaseniorproducts.com

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

Security, stability, service

That's what you can expect when you choose a Hospital Indemnity Flex insurance plan from Continental Life Insurance Company of Brentwood, Tennessee, an Aetna Company.



This insurance can help pay for out-of-pocket costs associated with your current medical coverage

Protect your savings

Indemnity means "protection or security against damage or loss." **Hospital Indemnity Flex insurance** is designed to do just that – help protect your savings and your security for the future. This insurance can help offset the **cost of deductibles, co-pays, and unexpected or additional expenses**

incurred but not covered by your other insurance plans. Benefits are paid directly to you, or a medical provider that you designate, and are paid in addition to any other health care coverage. Our plan benefits give you the choice of which options are right for you.

Source: dictionary.com

Hospital inpatient or observation outpatient

Every year, more Medicare beneficiaries are entering hospitals as observation patients. In a span of eight years, the number doubled to nearly 1.9 million.

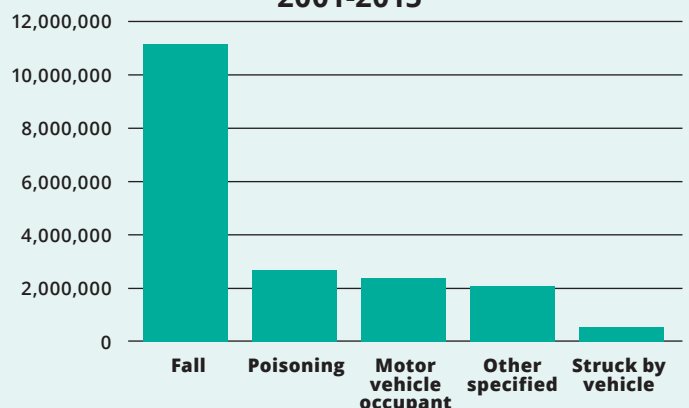
Source: Centers for Medicare and Medicaid Services, <http://khn.org/news/observation-care-faq/>

If you have Medicare, ask

Your doctor may order observation services to help decide whether you need to be admitted to a hospital as an inpatient or can be discharged. During the time you're getting observation services in a hospital, you're considered an outpatient. That means you can't count this time towards the 3-day inpatient hospital stay needed for Medicare to cover your skilled nursing facility stay.

Source: <https://www.medicare.gov/Pubs/pdf/11435.pdf>

Leading causes of hospitalization due to nonfatal unintentional injury 2001-2015



Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed August 25, 2017

Our solutions for protection – your choice for flexibility

The benefits and premiums for this plan will vary based on the plan options selected. For complete details of all provisions or benefits, please read your Outline of Coverage and policy carefully.

Plan benefits (select one)

Option 1

Hospital Admission Indemnity

This benefit will pay a lump sum amount if you are confined in a hospital, including observation stays. The benefit is for one time per period of care and is available in \$250 units, up to a maximum of \$2,500.

Option 2

Daily Hospital Indemnity

This benefit will pay a daily amount if you are confined in a hospital, including observation stays. The benefit will be paid for each day of confinement and is available in \$10 units, up to a daily maximum of \$700. The benefit period is for one time per period of care. Available benefit periods are 3-10 or 20 days with a lifetime maximum of 365 days. Observation stays for less than 24 consecutive hours will pay 50% of the daily hospital confinement indemnity benefit, one time per period of care. This benefit is not payable if you receive the daily hospital confinement indemnity benefit.

least three consecutive days, with the skilled care being received on a covered day. The benefit is available in \$10 units, up to a daily maximum of \$200. Choice of covered days includes: days 1-20, days 21-100, or days 1-100.

Doctor's Office Visit Indemnity

The benefit is available in \$10 units, up to a maximum of \$60 per visit and up to 20 visits per calendar year.

Outpatient Surgical Procedure Indemnity

The benefit is available in \$250 units, up to a maximum of \$1,500 per surgical procedure, one time per calendar year.

Hospital Emergency Room Visit or Ambulance Service

Services must be medically necessary and on an emergency basis. The benefit amount for this service is \$200 per visit/service, two times per calendar year.

Lump Sum Cancer Fixed Indemnity

This benefit will pay a lump sum amount for the first occurrence of medically diagnosed cancer. Choice of \$2,500; \$5,000; and \$10,000 benefit, once per lifetime. The rider terminates when the policy terminates or the one-time cancer benefit is paid.

Benefit riders

Daily Skilled Nursing Facility Indemnity

Skilled care services are services that can only be provided in a nursing facility, on a daily basis, and ordered by a doctor. Admission to the nursing facility must immediately follow a hospital confinement (including observation stays) of at

Outpatient Rehabilitation

This benefit will pay for each day you receive one of the following therapies on an outpatient basis for treatment of a covered illness or covered injury: occupational, physical, or speech. The benefit is available for 15 or 30 visits per calendar year, \$50 per visit.

Pre-existing conditions

Pre-existing conditions are not covered unless the loss begins more than three months after the coverage effective date. This 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 coverage effective date.

Issue ages

Issue ages 18-89 based on the application signature date.

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.



Definitions

Ambulance service

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

Ambulatory surgical center or outpatient surgical facility

A public or private permanent establishment with an organized staff of doctors, equipped and operated for the primary purpose of performing surgeries. Does not accommodate overnight patient stays.

Covered days

The range of days that makes up the period of time that the benefits are covered. Benefits begin on the first day of the range of days selected.

Hospital confinement or confined

When the insured is formally admitted to a hospital as an inpatient or receives necessary and continuous observation in a hospital for at least 24 hours.

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.

Outpatient

Emergency room services, observation services, outpatient surgery, lab tests, x-rays or any other hospital service received and a doctor has not written an order to admit to a hospital as an inpatient.

Period of care

Begins with the first day of hospital confinement due to a covered illness or injury. Ends when out of the hospital or skilled nursing facility and do not require medical care for 60 continuous days.

[Reference Outline of Coverage and policy for complete details.](#)

Exclusions

We will not pay for losses resulting from, or expenses of:

1. Treatment, services or supplies including: experimental/investigational procedures or participation in clinical trials; diagnostic lab testing, x-rays, advanced studies and venipuncture; cosmetic surgery, routine foot care, dental services, acne or varicose veins; allergy testing/injections; speech, occupational and physical therapy; pre-employment, pre-marital or routine physical examinations; therapy or treatment of learning disorders or disabilities, developmental delays, mental, nervous or sleep disorders; programs, treatment or procedures for tobacco cessation or substance use disorders; and 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.
2. Eye examinations, eyeglasses, or contact lenses to correct refractive errors and related services including surgery performed to eliminate the need for eyeglasses, for refractive errors such as radial keratotomy or keratoplasty; treatment for cataracts; orthoptics and visual eye training.
3. Hospice care, custodial care or home health care.
4. Pregnancy and reproduction.
5. War or an act of war, riot or in the commission or attempted commission of an assault or felony. This includes an act of international armed conflict.
6. The commission or attempted commission of a crime or felony or while engaged in an illegal act; or while imprisoned.
7. Suicide or attempted suicide or intentionally self-inflicted injury, whether while sane or insane.
8. Treatment, services and supplies resulting from participation in skydiving, scuba diving, hang or ultralight 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.
9. 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.
10. Medical treatment, services and supplies received outside of the United States.

[Reference Outline of Coverage and policy for complete details.](#)



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