

Rate Guide



Protection SeriesSM – Hospital Indemnity Flex Insurance Plans

Continental Life Insurance Company
of Brentwood, Tennessee
An Aetna Company

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Hospital Indemnity Flex Insurance Plans

- Help to pay for out-of-pocket costs for medical expenses
- Protect your savings
- Peace of mind protection
- Choice of options
- Can offset the cost of deductibles, co-pays, and unexpected expenses not covered by your other insurance plans
- Paid in addition to any other health care coverage
- Benefits paid directly to you or a medical provider that you designate
- Commitment to personalized customer service from Continental Life Insurance Company of Brentwood, Tennessee, an Aetna Company
- Member website with easy sign-up and login from aetnaseniorproducts.com



Hospital Indemnity Flex Base Options Annual Rates

Issue Age	Option 1: Hospital Indemnity per \$250	Option 2: Daily Hospital Indemnity per \$10 Benefit period (min. - max. daily amount)								
		3 day (\$250-\$700)	4 day (\$250-\$700)	5 day (\$250-\$700)	6 day (\$250-\$700)	7 day (\$200-\$700)	8 day (\$200-\$700)	9 day (\$200-\$700)	10 day (\$200-\$700)	20 day (\$100-\$700)
18-24	\$41.10	\$4.80	\$5.30	\$5.60	\$5.80	\$6.10	\$6.20	\$6.30	\$6.60	\$7.50
25-29	\$41.10	\$4.80	\$5.30	\$5.60	\$5.80	\$6.10	\$6.20	\$6.30	\$6.60	\$7.50
30-34	\$41.10	\$4.80	\$5.30	\$5.60	\$5.80	\$6.10	\$6.20	\$6.30	\$6.60	\$7.50
35-39	\$41.10	\$4.80	\$5.30	\$5.60	\$5.80	\$6.10	\$6.20	\$6.30	\$6.60	\$7.50
40-44	\$46.90	\$4.80	\$5.30	\$5.60	\$5.80	\$6.10	\$6.20	\$6.30	\$6.60	\$9.00
45-49	\$54.70	\$5.10	\$5.90	\$6.30	\$6.70	\$7.80	\$8.30	\$8.80	\$10.20	\$10.90
50-54	\$65.20	\$5.90	\$6.90	\$7.30	\$7.80	\$9.10	\$9.70	\$10.30	\$12.00	\$13.20
55-59	\$78.20	\$6.80	\$7.90	\$8.50	\$9.00	\$10.40	\$11.10	\$11.80	\$13.60	\$15.90
60-64	\$93.80	\$7.70	\$9.00	\$9.60	\$10.20	\$11.80	\$12.50	\$13.30	\$15.40	\$19.00
65-69	\$119.90	\$8.80	\$10.20	\$10.90	\$11.60	\$13.40	\$14.30	\$15.20	\$17.60	\$23.80
70-74	\$146.00	\$10.70	\$12.40	\$13.30	\$14.10	\$15.90	\$16.70	\$17.60	\$19.80	\$30.60
75-79	\$174.70	\$12.70	\$14.80	\$15.80	\$16.80	\$18.90	\$20.00	\$21.00	\$23.60	\$38.40
80-84	\$198.10	\$14.90	\$17.30	\$18.50	\$19.70	\$22.20	\$23.50	\$24.70	\$27.80	\$45.30
85-89	\$216.40	\$15.70	\$18.20	\$19.40	\$20.60	\$23.90	\$25.50	\$27.10	\$31.40	\$49.50

Note: Total premium minimum = \$180/year.

Hospital Indemnity Flex Riders Annual Rates

Issue Age	Daily Skilled Nursing Facility per \$10 days 1-20	Daily Skilled Nursing Facility per \$10 days 21-100	Daily Skilled Nursing Facility per \$10 days 1-100	Outpatient Physician Visit per \$10	Outpatient Surgical Procedure per \$250	Hospital Emergency Room Visit or Ambulance Service \$200	Physical Therapy \$50 15 day	Physical Therapy \$50 30 day	Lump Sum Cancer Benefit per \$500
18-24	\$1.40	\$1.60	\$3.00	\$80.30	\$65.00	\$90.80	\$49.00	\$56.40	\$4.20
25-29	\$1.40	\$1.60	\$3.00	\$80.30	\$65.00	\$90.80	\$49.00	\$56.40	\$4.20
30-34	\$1.40	\$1.60	\$3.00	\$80.30	\$65.00	\$90.80	\$49.00	\$56.40	\$4.20
35-39	\$1.40	\$1.60	\$3.00	\$80.30	\$65.00	\$90.80	\$49.00	\$56.40	\$4.20
40-44	\$1.40	\$1.60	\$3.00	\$87.60	\$75.00	\$90.80	\$53.00	\$61.00	\$6.00
45-49	\$1.40	\$1.60	\$3.00	\$96.00	\$87.50	\$90.80	\$57.00	\$65.60	\$8.30
50-54	\$2.70	\$2.60	\$5.30	\$105.40	\$100.00	\$90.80	\$60.00	\$69.00	\$11.00
55-59	\$3.80	\$4.40	\$8.20	\$118.90	\$115.00	\$90.80	\$62.00	\$71.30	\$14.00
60-64	\$5.50	\$7.30	\$12.80	\$133.50	\$132.50	\$94.80	\$63.00	\$72.50	\$17.00
65-69	\$6.10	\$12.30	\$18.40	\$146.00	\$142.50	\$110.90	\$63.00	\$72.50	\$19.00
70-74	\$10.00	\$20.30	\$30.30	\$154.40	\$142.50	\$129.10	\$63.00	\$72.50	\$21.00
75-79	\$16.00	\$33.00	\$49.00	\$154.40	\$142.50	\$146.20	\$63.00	\$72.50	\$22.00
80-84	\$24.00	\$52.00	\$76.00	\$154.40	\$142.50	\$161.30	\$63.00	\$72.50	\$22.50
85-89	\$32.50	\$72.00	\$104.50	\$154.40	\$142.50	\$166.40	\$63.00	\$72.50	\$23.00

Note: Total premium minimum = \$180/year.

Calculating rates

Modal premium = (A + B) x **modal factor** (rounded to the nearest penny)

A = number of units of base benefit x annual premium (per \$250 of coverage)

B = number of units of additional benefits x annual premium (per amount of coverage)

Modal factors

Annual	1.0
Semi-annual.....	0.52
Quarterly.....	0.265
Monthly.....	0.08333

Example

- Primary insured age 57
- Buying \$750 (3 units) Hospital Admission Indemnity benefit
- With \$50 (5 units) Daily Skilled Nursing Facility (days 1-20) benefit
- With \$250 (1 unit) Outpatient Surgical Procedure benefit
- With \$2,500 (5 units) Lump Sum Cancer benefit
- Monthly mode

A - 3 units (Hospital Admission Indemnity) x \$78.20 = \$234.60
(annual rate for 57 year old)

B - 5 units (Skilled Nursing Facility, days 1-20) x \$3.80 = \$19.00
(annual rate for 57 year old)

1 unit (Outpatient Surgery) x \$115.00 = \$115.00
(annual rate for 57 year old)

5 units (Lump Sum Cancer) x \$14.00 = \$70.00
(annual rate for 57 year old)

Total = \$438.60
(annual premium)

Modal premium = \$438.60 (annual premium) x 0.08333 (monthly)
= \$36.55
(monthly premium)

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.

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