



Outline of coverage

Protection SeriesSM –

Heart Attack or Stroke Plus Insurance Plan

Policy Form CLICHAS18 MA or CLICHASR18 MA

Underwritten by

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

An Aetna Company

Massachusetts

aetnaseniorproducts.com

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

800 Crescent Centre Dr., Suite 200
Franklin, Tennessee 37067
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**OUTLINE OF COVERAGE FOR POLICY FORMS:
SPECIFIED DISEASE LIMITED BENEFIT HEART AND STROKE POLICY FORM CLIHAS18 MA
OR
SPECIFIED DISEASE LIMITED BENEFIT HEART ATTACK AND STROKE POLICY WITH RECURRENCE
BENEFIT FORM CLIHASR18 MA**

RETAIN THIS OUTLINE FOR YOUR RECORDS

- 1. This Policy is an individual policy of insurance which was issued in Massachusetts. THIS IS A LIMITED BENEFIT POLICY. READ YOUR POLICY CAREFULLY.**

Caution: The issuance of this specified disease insurance policy is based upon your responses to the questions on your application. A copy of your application is enclosed. If your answers are incorrect or untrue as of the date you signed the applications, the carrier has the right to deny benefits or rescind your policy subject to the Time Limit on Certain Defenses section of your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers were incorrect, contact the carrier at the address above.

2. Summary of Policy Features

This policy:

1. is not a Medicare Supplement policy.
2. is guaranteed renewable.
3. is subject to automatic premium increases as you get older.
4. may be subject to across the board premium increases for all policyholders in your class.
5. does not offer an option to purchase inflation protection.
6. does not offer an option to purchase nonforfeiture protection.
7. does not contain special age limitations for purchase.
8. does not cover services due to pre-existing conditions.
9. has a waiting period of 30 days before benefits are payable by policy.
10. does not offer a waiver of premium.

3. PURPOSE OF OUTLINE OF COVERAGE. An outline of coverage provides a very brief description of the important features of the coverage. You should compare this outline of coverage to outlines of

coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains actual contractual provisions. This means that your policy sets forth in detail the rights and obligations of both you and the carrier. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY CAREFULLY!

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED.

- a) RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue this coverage as long as you pay your premiums on time. We cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.
- b) There is no waiver of premium provision in the policy.
- c) Premiums for the policy may be changed. 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 30-90 days advance notice in writing of such change.

5. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.

- a) RIGHT TO EXAMINE POLICY: Carefully read this Policy as soon as You receive it. You have 30 days after receipt of this Policy to examine its provisions. During that 30-day period, if You are dissatisfied with the Policy, it may be returned to the Company at its Home Office or to the agent from whom it was purchased. Immediately upon such return, this Policy shall be void from the beginning and any premium paid will be refunded.
- b) The Policy does not contain provisions providing for a refund or partial refund of premium upon the death of an insured or surrender of the policy.

6. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the carrier.

- a) For agent: Neither Continental Life Insurance Company of Brentwood, TN nor its agents represent Medicare, the federal government, or any state government.
- b) For direct response Continental Life Insurance Company of Brentwood, TN is not representing Medicare, the federal government or any state government.

7. BENEFITS PROVIDED BY THIS POLICY

- a) Covered services, deductible(s), waiting periods and maximum.

LIMITED BENEFIT HEART ATTACK OR STROKE POLICY FORM CLIHAS18

We will pay the Heart Attack or Stroke Benefit Amount to You for any Insured Person as detailed on the Schedule of Benefits page if the Insured Person is Diagnosed with a Heart Attack or Stroke. This policy has a 30 day Benefit Waiting Period. Benefits may be selected in \$5,000 increments to the policy’s maximum benefit level of \$75,000.

LIMITED BENEFIT HEART ATTACK OR STROKE WITH RECURRENCE POLICY FORM CLIHASR18

We will pay the Recurrence Benefit Amount to You for any Insured Person as detailed on the Schedule of Benefits page of the policy. This policy has a 30 day Benefit Waiting Period. Benefits may be selected in \$5,000 increments to the policy’s maximum benefit level of \$75,000.

In addition, We will pay the Recurrence Benefit Amount, each time an Insured Person receives a Diagnosis for the Recurrence of a Heart Attack or Stroke, subject to the Recurrence Benefit table on the Schedule of Benefits page of the policy and listed below. In order for any benefits to be payable, the Insured Person must not have been diagnosed with a Heart Attack or Stroke for at least two years prior to the date of Diagnosis of the Recurrence of a Heart Attack or Stroke.

If the Insured Person receives benefits payable for the Recurrence of a Heart Attack or Stroke that is less than 100% of the Heart Attack or Stroke Recurrence Benefit Amount and later receives a Diagnosis for another Recurrence of Heart Attack or Stroke, We will pay another Recurrence Benefit Amount, subject to the Lifetime Maximum Percentage as shown on the Schedule of Benefits page of the policy and listed below. In order for another benefit to be payable, the Insured Person must not have been diagnosed with a Heart Attack or Stroke for at least two years prior to the date of Diagnosis of the Recurrence of a Heart Attack or Stroke.

RECURRENCE BENEFIT

TIME PERIOD SINCE PRIOR DIAGNOSIS AND RECURRENCE	PERCENTAGE OF ABOVE BENEFIT AMOUNT
Less than 2 years	0%
2 years or more but less than 5 years	25%
5 years or more but less than 7 years	50%
7 years or more but less than 9 years	75%
9 years or more	100%
Lifetime Maximum Percentage of the Heart Attack or Stroke Recurrence Benefit Amount	100%

- a) This policy does not include a deductible provision.
- b) This Policy contains a 30-day waiting period. Benefit Waiting Period means the number of consecutive days that must pass after the Coverage Effective Date before an Insured Person is eligible for benefits under this Policy.

8. LIMITATIONS AND EXCLUSIONS

- a) This policy does not pay for pre-existing condition.
- b) This policy does not pay benefits to unlicensed providers or for care provided by a family member
- c) We will not pay any benefits for Losses that are caused by or the result of the Insured Person's:
 - 1. Suicide or any attempt at suicide or intentionally self-inflicted injury or sickness or any attempt at intentionally self-inflicted injury or sickness;
 - 2. Use of drugs or intoxicants unless taken under the direction of a Physician;
 - 3. Commission of or attempted commission of a felony or, to which a contributing cause was the insured person being engaged in an illegal occupation;
 - 4. Voluntary participation in any riot or civil insurrection;
 - 5. Being exposed to a declared or undeclared war, or any act of declared or undeclared war;
 - 6. Balloon angioplasty procedure; laser relief or other like procedure; or
 - 7. Practicing for or participating in any semi-professional or professional competitive athletic contest for which compensation or remuneration is received.

This policy provides benefits only for Heart Attack or Stroke as listed on the Schedule of Benefits page. The following illnesses, conditions, diseases and injuries are excluded:

- 1. Transient Ischemic Attack (TIA);
- 2. Brain damage due to accident or injury, infection, vasculitis, inflammatory disease, or demyelinating process;
- 3. Vascular disease affecting the eye or optic nerve;
- 4. Vertebrobasilar insufficiencies
- 5. Incidental findings on imaging studies
- 6. Ischemic disorders of the vestibular system;
- 7. Disease or injury involving the cardiovascular system other than a Heart Attack;
- 8. A cardiac arrest that is not caused by a Heart Attack; or
- 9. Any diseases or illnesses other than Heart Attack or Stroke even though other such diseases or illnesses may have been complicated, aggravated or be directly or indirectly affected or caused by Heart Attack or Stroke.

9. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted.

- a) The benefit level will not increase over time;
- b) There are no automatic benefit adjustment provisions;
- c) There is not a guaranteed option to buy additional benefits.

10. NONFORFEITURE BENEFITS. As an accident and sickness policy, the policy does not have a cash value associated with life insurance products.

11. PREMIUM INFORMATION

The premium varies with an applicant's choice of benefit options.

ANNUAL PREMIUM FOR THE HEART ATTACK OR STROKE POLICY PER \$5,000 OF COVERAGE

Heart Attack and Stroke per 5K				
Issue Age	Individual	Single Parent Family	Individual and Spouse	Family
18-24	\$ 31.30	\$ 33.60	\$ 58.50	\$ 60.80
25-29	\$ 31.30	\$ 33.60	\$ 58.50	\$ 60.80
30-34	\$ 31.30	\$ 33.60	\$ 58.50	\$ 60.80
35-39	\$ 33.30	\$ 35.60	\$ 62.20	\$ 64.50
40-44	\$ 46.50	\$ 48.80	\$ 86.80	\$ 89.10
45-49	\$ 58.30	\$ 60.60	\$ 108.90	\$ 111.20
50-54	\$ 77.10	\$ 79.40	\$ 144.00	\$ 146.30
55-59	\$ 95.80	\$ 98.10	\$ 178.90	\$ 181.20
60-64	\$ 125.00	\$ 127.30	\$ 233.40	\$ 235.70
65-69	\$ 154.20	\$ 156.50	\$ 288.00	\$ 290.30
70-74	\$ 186.70	\$ 189.00	\$ 348.70	\$ 351.00
75-79	\$ 220.80	\$ 223.10	\$ 412.30	\$ 414.60
80-84	\$ 270.80	\$ 273.10	\$ 505.70	\$ 508.00
85-89	\$ 312.50	\$ 314.80	\$ 583.60	\$ 585.90

ANNUAL PREMIUM FOR THE HEART ATTACK OR STROKE POLICY WITH RECURRENCE BENEFIT PER \$5,000 OF COVERAGE

Issue Age	Individual	Single Parent Family	Individual and Spouse	Family
18-24	\$ 35.40	\$ 38.30	\$ 66.10	\$ 69.00
25-29	\$ 35.40	\$ 38.30	\$ 66.10	\$ 69.00
30-34	\$ 35.40	\$ 38.30	\$ 66.10	\$ 69.00
35-39	\$ 37.90	\$ 40.80	\$ 70.80	\$ 73.70
40-44	\$ 52.10	\$ 55.00	\$ 97.30	\$ 100.20
45-49	\$ 68.30	\$ 71.20	\$ 127.60	\$ 130.40
50-54	\$ 87.90	\$ 90.80	\$ 164.20	\$ 167.00
55-59	\$ 109.00	\$ 111.90	\$ 203.60	\$ 206.40
60-64	\$ 141.40	\$ 144.30	\$ 264.10	\$ 266.90
65-69	\$ 172.80	\$ 175.70	\$ 322.70	\$ 325.60
70-74	\$ 206.40	\$ 209.30	\$ 385.50	\$ 388.30
75-79	\$ 240.60	\$ 243.50	\$ 449.30	\$ 452.20
80-84	\$ 290.60	\$ 293.50	\$ 542.70	\$ 545.60
85-89	\$ 332.30	\$ 335.20	\$ 620.60	\$ 623.40

COMPLAINTS: If you have a complaint, call your agent. If you are not satisfied, you may call or write the Massachusetts Division of Insurance, Consumer Services Section, 1000 Washington Street, Suite 810, Boston, MA 02118-6200.

