aetna®

Outline of coverage

Protection Series℠–

Cancer Plus Insurance Plan

Policy Form CLICCAN18 CA or CLICCANR18 CA

Underwritten by

Continental Life Insurance Company of Brentwood, Tennessee

An Aetna Company

California

aetnaseniorproducts.com

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OUTLINE OF COVERAGE FOR POLICY FORMS:
LIMITED BENEFIT CANCER POLICY FORM CLICCAN18 CA
OR
LIMITED BENEFIT CANCER POLICY WITH RECURRENCE BENEFIT FORM CLICCANR18 CA

RETAIN THIS OUTLINE FOR YOUR RECORDS

THIS IS A LIMITED BENEFIT POLICY. READ YOUR POLICY CAREFULLY. This outline of coverage provides a description of the important features of your policy. This is not the insurance contract. Only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and the insurance company. It is important that you READ YOUR POLICY CAREFULLY! Defined terms in the policy shall have the same meaning in this outline of coverage.

This coverage will pay a fixed benefit upon Diagnosis of Non-Localized Cancer or Localized Cancer while the policy is in force and after the policy's terms and conditions have been met. The policy provides limited benefits to supplement coverage you may already have in force.

BENEFIT DESCRIPTIONS

NON-LOCALIZED CANCER OR LOCALIZED CANCER FIXED INDEMNITY BENEFIT PROVISION

A. DIAGNOSIS OF NON-LOCALIZED CANCER OR LOCALIZED CANCER

We will pay the Cancer Benefit Amount to You for any Insured Person as detailed on the Schedule of Benefits page of the policy if the Insured Person is Diagnosed with Non-Localized Cancer or Localized Cancer after the expiration of the Benefit Waiting Period. The Benefit Waiting Period is shown on the Schedule of Benefits page.

Benefits for Non-Localized Cancer or Localized Cancer are paid at 100% of the Benefit Amount shown on the Schedule of Benefits. 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.

B. RECURRENCE OF CANCER

We will pay the Recurrence Benefit Amount, each time an Insured Person receives a Diagnosis for the Recurrence of Non-Localized Cancer or Localized Cancer 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 received any Medical Advice or Treatment for at least two years prior to the date of Diagnosis of the Recurrence of Cancer.

If the Insured Person receives benefits payable for the Recurrence of Cancer that is less than 100% of the Cancer Recurrence Benefit Amount and later receives a Diagnosis for another Recurrence of Cancer, 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 received any Medical Advice or Treatment for at least two years prior to the date of Diagnosis of the Recurrence of Cancer.

We will pay the Non-Localized Cancer or Localized Cancer Benefit Amount to You for any Insured Person as detailed on the Schedule of Benefits page. 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.

RECURRENCE BENEFIT	
TIME PERIOD WITHOUT MEDICAL ADVICE OR TREATMENT 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 Cancer Recurrence Benefit Amount	**100%**

RENEWABILITY

The policy is guaranteed renewable for life provided premiums are paid when due. Renewability is subject to payment of the policy maximum benefits.

PREMIUM AGREEMENT

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 days advance notice in writing of such change.

LIMITATIONS AND EXCLUSIONS

We will not pay any benefits for Losses that are caused by or the result of the Insured Person's:

1. Use of drugs or intoxicants unless taken under the direction of a Legally Authorized Medical Professional; or
2. Being exposed to a declared or undeclared war, or any act of declared or undeclared war.

The policy provides benefits only for Non-Localized Cancer or Localized Cancer as listed on the Schedule of Benefits page. The following illnesses, conditions, diseases and injuries are excluded:

1. Excluded Skin cancer;
2. Nonmalignant, noninvasive, dysplasia (all grades), or premalignant lesions (such as intraepithelial neoplasia);
3. Benign tumors or polyps.
4. Indolent breast and prostate cancers; and
5. Any diseases or illnesses other than Non-Localized Cancer or Localized Cancer.

POLICY TERMINATION

The Policy Owner may cancel the policy at any time by sending Us a written request to cancel. Upon cancellation, We will return any unearned premium paid in accordance with the laws in Your state of residence.

Your Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following dates:

1. The date We receive Your written request to cancel Your Policy or on a later date that is requested by You.
2. The Premium Due Date, if sufficient premium has not been paid by the end of the Grace Period.
3. For form CLICAN18 CA, the date when the Benefit Amount has been paid for all Insured Persons. For form CLICANR18 CA, the date when the Cancer Benefit Amount and 100% of the Recurrence Benefit Amount have been paid for all Insured Persons.
4. The date of death of the Policy Owner, if there is no surviving spouse or Domestic Partner who is an Insured Person on the Policy.

COVERAGE TERMINATION

An Insured Person's Coverage under The Policy will terminate:

1. On the date of death of the Insured Person;
2. For form CLICAN18 CA, on the date on which the one-time Benefit Amount for that Insured Person has been paid. For form CLICANR18 CA, on the date on which the Cancer Benefit Amount and 100% of the Recurrence Benefit Amount for that Insured Person have been paid;
3. For a Child, on the date they no longer meet the eligibility requirements of a Child under The Policy;
4. For a Domestic Partner, on the date they no longer meet the eligibility requirements of a Domestic Partner under The Policy;
5. For a spouse, on the date of a valid decree of divorce;
6. The date the Policy terminates;

7. The date We receive Your written request to cancel Coverage for an Insured Person or on a later date that is requested by You; or
8. If an Insured Person is not eligible for Coverage due to a Diagnosis of Cancer prior to the Effective Date or before the expiration of the Benefit Waiting Period. We will refund the portion of premium paid for that Insured Person's Coverage.

Following termination of Coverage due to death, if the Insured Person was the Policy Owner and The Policy has Family Coverage or Individual and Spouse Coverage, the surviving spouse or Domestic Partner will be considered the Policy Owner.

PREMIUM INFORMATION

ANNUAL PREMIUM FOR THE CANCER POLICY PER $5,000 OF COVERAGE

Policy Form CLICAN18

Cancer Only per 5K				
Issue Age	**Individual**	**Single Parent Family**	**Individual and Spouse**	**Family**
18-24	$ 31.50	$ 40.00	$ 58.90	$ 67.30
25-29	$ 31.50	$ 40.00	$ 58.90	$ 67.30
30-34	$ 31.50	$ 40.00	$ 58.90	$ 67.30
35-39	$ 36.70	$ 45.10	$ 68.50	$ 76.90
40-44	$ 52.50	$ 60.90	$ 98.00	$ 106.40
45-49	$ 72.60	$ 81.00	$ 135.50	$ 143.90
50-54	$ 95.80	$ 104.30	$ 179.00	$ 187.40
55-59	$ 121.30	$ 129.70	$ 226.40	$ 234.80
60-64	$ 148.40	$ 156.80	$ 277.10	$ 285.60

ANNUAL PREMIUM FOR THE CANCER POLICY WITH RECURRENCE BENEFIT PER $5,000 OF COVERAGE

Policy Form CLICANR18

Cancer with Recurrence per 5K				
Issue Age	**Individual**	**Single Parent Family**	**Individual and Spouse**	**Family**
18-24	$ 35.40	$ 46.00	$ 66.20	$ 76.60
25-29	$ 35.40	$ 46.00	$ 66.20	$ 76.60
30-34	$ 35.40	$ 46.00	$ 66.20	$ 76.60
35-39	$ 40.50	$ 51.10	$ 75.80	$ 86.20
40-44	$ 57.80	$ 68.40	$ 108.00	$ 118.50
45-49	$ 78.60	$ 89.10	$ 146.80	$ 157.20
50-54	$ 103.10	$ 113.70	$ 192.50	$ 203.10
55-59	$ 131.00	$ 141.50	$ 244.50	$ 255.10
60-64	$ 161.80	$ 172.40	$ 302.20	$ 312.60

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.

Payment Modes

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