

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



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

An Aetna Company



Idaho

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aetnaseniorproducts.com

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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 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 unit

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.

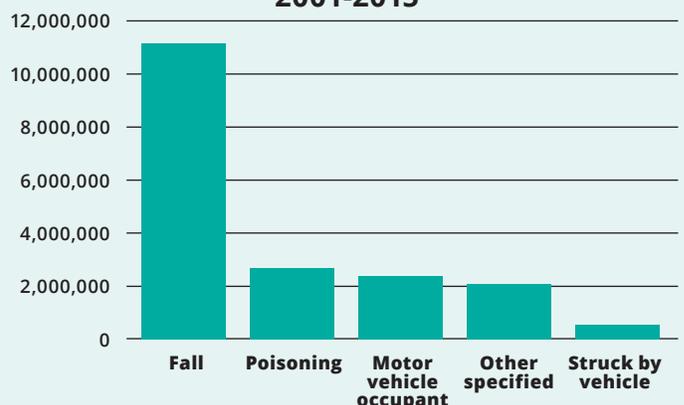
Source: Centers for Medicare and Medicaid Services, <http://khn.org/news/observation-care-faq/>

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 to be in an observation unit. 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)

Both options require a 31 day, \$40 daily hospital confinement benefit.

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.

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 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.

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 medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the effective date of coverage.

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

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.

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: cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part, and reconstructive surgery because of congenital anomaly or disease of a covered dependent child.

Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.

Pre-employment or pre-marital examination or routine physical examinations.

Mental emotional disorders, alcoholism and drug addiction.
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. Rest cures, custodial care, transportation.
4. Pregnancy, except for complications of pregnancy.
5. Routine newborn care, including routine nursery charges.
6. War or an act of war (whether declared or undeclared, riot or insurrections, service in the armed forces or units auxiliary to it.
7. Participation in a felony.
8. Suicide or attempted suicide or intentionally self-inflicted injury, whether while sane or insane.
9. Treatment, services and supplies resulting from participation in professional skydiving, scuba diving, hang or ultra light 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 professional participation in rodeo contests.
10. 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.
11. Medical treatment, services and supplies received outside of the United States.
12. Expenses for elective abortion for any reason other than to preserve the life of the female covered person upon whom the abortion is performed.
13. Pre-existing conditions or diseases, except for congenital anomalies of a covered dependent child.
14. Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects of it, where the interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column.
15. Benefits provided under Medicare or other governmental program (except Medicaid), a state or federal workers' compensation law, employers liability or occupational disease law, or motor vehicle no-fault law; services performed by a member of the covered person's immediate family; and services for which no charge is normally made in the absence of insurance.
16. Dental care or treatment.

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

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