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Outline of Coverage
**Hospital Indemnity and
Home Care Indemnity Insurance Policy**
Policy Forms CLIHCP16 TX

Underwritten by

An Aetna Company

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

Texas

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

P.O. Box 14770 Lexington, KY 40512-4770
800-264-4000

LIMITED BENEFIT HOSPITAL INDEMNITY AND HOME CARE INDEMNITY POLICY

OUTLINE OF COVERAGE FOR POLICY FORMS: CLIHCP16 TX

RETAIN THIS OUTLINE FOR YOUR RECORDS

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief 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 therefore, important that You **READ YOUR POLICY CAREFULLY!**

THIS IS A LIMITED BENEFIT HOSPITAL INDEMNITY AND HOME CARE INDEMNITY POLICY This coverage is designed to provide you with coverage in the form of a fixed daily benefit during periods of Confinement resulting from a covered accident or sickness. The benefits described below may be limited by the limitations and exclusions listed below.”

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the Company.

BENEFIT DESCRIPTIONS

Daily Hospital Confinement Indemnity Benefit - This Benefit will pay a daily Hospital Confinement Indemnity Benefit Amount for each day You are Confined in a Hospital. This benefit is available in \$10 units up to the maximum daily Benefit Amount of \$400. The benefit is limited to the maximum number of days per Period of Care and the Lifetime Maximum number of days.

Home Care Indemnity Benefit

This Benefit will pay a weekly Home Care Indemnity Benefit Amount after the expiration of the Benefit Waiting Period for each week the Insured receives three (3) or more Medically Necessary Home Care Services visits on separate days of at least one (1) hour per visit in the Insured's Home from a Home Care Practitioner. This benefit is available in Weekly units of \$150 up to a maximum weekly benefit amount of \$1,500.

This Benefit is payable when:

- a. The Insured's eligibility for benefits begins while the Policy is in force;
- b. The Home Care Services are not excluded in the Limitations and Exclusions described in this Outline of Coverage.

This Benefit is limited to the expiration of the Benefit Waiting Period, Maximum Benefit Amount, and the Maximum Number of Weeks selected.

Lump Sum Cancer Fixed Indemnity Rider - If selected: When an Insured is covered under the Lump Sum Cancer Fixed Indemnity Rider, We will pay the Cancer Benefit Amount to You if You are Diagnosed with Cancer after the Effective Date and the expiration of a 30 day Benefit Waiting Period. This benefit is available in levels of \$2,500, \$5,000 or \$10,000. The Effective Date and Benefit Waiting Period are shown on the Schedule of Benefits page.

A Diagnosis must be made by a licensed Physician. A Diagnosis must be determined by one of the following ways:

1. **Pathological Diagnosis:** is based on a microscopic examination of fixed tissue, blood samples or preparations from the hemic system (except for skin cancer). We will also accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, We will accept a cytology report in lieu of a pathology report. A pathological Diagnosis can be made before or after death.
2. **Clinical Diagnosis:** is based on the study of symptoms. We will accept a clinical Diagnosis of Cancer as evidence that Cancer existed only when a pathological Diagnosis cannot be made, provided that medical evidence exists that substantially documents the Diagnosis and the Insured Person is receiving treatment for Cancer from a Physician.

The date of Diagnosis is the earlier of the date of Clinical Diagnosis or the date the specimen is taken to make the Pathological Diagnosis of Cancer.

Benefits are subject to the terms and exclusions of the Policy. Only one Cancer Benefit Amount will be paid per Insured Person under this Policy.

Cancer means a disease manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes: Hodgkin's Disease, leukemia, lymphoma, carcinoma, sarcoma, or malignant tumor.

The following illnesses, conditions, diseases and injuries are excluded:

1. Skin cancer, other than malignant melanoma;
2. Premalignant conditions or conditions with malignant potential; or
3. Any diseases other than Cancer, even though other such diseases may have been complicated, aggravated or be directly or indirectly affected or caused by Cancer.

Daily Hospital Emergency Room Visit and Ambulance Service Indemnity Benefit Rider - If selected: When an Insured is covered under the Daily Hospital Emergency Room Visit and Ambulance Service Indemnity Benefit Rider, We will pay the Daily Hospital Emergency Room Visit and Ambulance Service Indemnity Benefit when the Insured Person has an Emergency Room Visit and/or has Ambulance Service by air, ground or water. The benefit amount for this service is \$200. Emergency Room Visits and Ambulance Services must be Medically Necessary and be provided on an Emergency basis. Only one Benefit per day is payable even if the Insured Person has an Emergency Room Visit and an Ambulance Service on the same day.

This Benefit will not exceed the maximum Benefit Amount and maximum number of days per Calendar Year, as shown on the Schedule of Benefits page.

LIMITATIONS AND EXCLUSIONS

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

- a. Confinement for the following treatment, procedures, conditions, disorders or services including:
 1. Allergy testing and allergy injections;
 2. Cosmetic surgery, routine foot care, dental services, acne or varicose veins;
 3. Diagnostic lab testing, x-rays, Advanced Studies and venipuncture;
 4. Experimental or Investigational procedures or participation in clinical trials;
 5. Infertility and impregnation procedures, such as but not limited to, artificial insemination, in-vitro fertilization, embryo and fetal implantation and G.I.F.T. (gamete intrafallopian transfer);
 6. Mental or Nervous Disorders without demonstrable organic disease or Substance Use Disorders;
 7. Obesity, extreme obesity, morbid obesity or 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;

8. Pregnancy and related services; except for Complications of Pregnancy;
 9. Programs, treatment or procedures for tobacco cessation;
 10. Routine newborn care, including routine nursery charges;
 11. Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire;
 12. Therapy or treatment of learning disorders or disabilities, developmental delays or sleep disorders;
 13. Voluntary abortion, except with respect to the Insured: (a) where such Insured's life would be endangered if the fetus were carried to term; or (b) where medical complications have arisen from an abortion; and
 14. Voluntary sterilization or reversal thereof.
- b. Outpatient treatment, services or supplies of any type.
 - c. Confinement in a Hospice Care Facility.
 - d. Stay in a community living center or a place that primarily provides domiciliary, retirement or educational care.
 - e. Participation in a War or an act of war, riot or international armed conflict.
 - f. The commission or attempted commission of a crime or felony or while engaged in an illegal act; or while imprisoned.
 - g. Suicide or attempted suicide or intentionally self-inflicted injury, whether while sane or insane.
 - h. 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.
 - i. Service rendered by any agency of the Federal or State government (except Medicaid) unless you are legally obligated to pay for such service (Medicare is not excluded).
 - j. Services provided by a home health care agency which has any financial relationship, other than an arrangement to provide you home health care, with any member of your family, or with your physician.
 - k. Treatment or services provided by a Member of Your Immediate Family
 - l. Urgent Care provided on the premises of, or physically a part of, a Hospital,

PRE EXISTING CONDITION

Pre-Existing Condition 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 (6) months before the Insured's Coverage Effective Date. Pre-Existing Conditions are not covered unless the Loss begins more than six (6) months after the Coverage Effective Date.

RENEWABILITY

The Policy is guaranteed renewable for Your life provided premiums are paid when due. The Policy is subject to the Policy Termination provisions.

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 45 days advance notice in writing of such change.

GRACE PERIOD

A grace period of thirty-one (31) Days from Your Premium Due Date will be allowed for late payment of premium. During such Grace Period, this Policy will not lapse as long as You pay Your full premium before the end of the Grace Period.

PRE EXISTING CONDITION

Pre-Existing Condition 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 (6) months before the Insured's Coverage Effective Date. Pre-Existing Conditions are not covered unless the Loss begins more than six (6) months after the Coverage Effective Date.

PREMIUM INFORMATION

Home Care per \$150 Week

Benefit Period		13 Weeks		26 Weeks		39 Weeks		52 Weeks	
Waiting Period		Zero Day	20 Day	Zero Day	20 Day	Zero Day	20 Day	Zero Day	20 Day
Issue Age	50	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	51	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	52	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	53	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	54	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	55	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	56	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	57	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	58	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	59	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	60	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	61	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	62	\$ 42.00	\$ 37.00	\$ 70.50	\$ 62.00	\$ 94.50	\$ 83.20	\$ 114.00	\$ 100.30
	63	\$ 46.20	\$ 40.70	\$ 77.40	\$ 68.10	\$ 104.10	\$ 91.65	\$ 125.70	\$ 110.60
	64	\$ 50.40	\$ 44.35	\$ 84.30	\$ 74.15	\$ 113.70	\$ 100.10	\$ 137.40	\$ 120.90
	65	\$ 54.60	\$ 48.05	\$ 91.20	\$ 80.25	\$ 123.30	\$ 108.50	\$ 149.10	\$ 131.20
	66	\$ 58.80	\$ 51.70	\$ 98.10	\$ 86.30	\$ 132.90	\$ 116.95	\$ 160.80	\$ 141.50
	67	\$ 63.00	\$ 55.40	\$ 105.00	\$ 92.40	\$ 142.50	\$ 125.40	\$ 172.50	\$ 151.80
	68	\$ 68.10	\$ 59.90	\$ 113.10	\$ 99.50	\$ 153.60	\$ 135.15	\$ 186.00	\$ 163.70
	69	\$ 73.20	\$ 64.40	\$ 121.20	\$ 106.65	\$ 164.70	\$ 144.90	\$ 199.50	\$ 175.55
	70	\$ 78.30	\$ 68.90	\$ 129.30	\$ 113.75	\$ 175.80	\$ 154.70	\$ 213.00	\$ 187.45
	71	\$ 83.40	\$ 73.40	\$ 137.40	\$ 120.90	\$ 186.90	\$ 164.45	\$ 226.50	\$ 199.30
	72	\$ 88.50	\$ 77.90	\$ 145.50	\$ 128.00	\$ 198.00	\$ 174.20	\$ 240.00	\$ 211.20
	73	\$ 93.60	\$ 82.40	\$ 153.90	\$ 135.40	\$ 209.40	\$ 184.25	\$ 253.50	\$ 223.10
	74	\$ 98.70	\$ 86.85	\$ 162.30	\$ 142.80	\$ 220.80	\$ 194.30	\$ 267.00	\$ 234.95
	75	\$ 103.80	\$ 91.35	\$ 170.70	\$ 150.20	\$ 232.20	\$ 204.30	\$ 280.50	\$ 246.85
	76	\$ 108.90	\$ 95.80	\$ 179.10	\$ 157.60	\$ 243.60	\$ 214.35	\$ 294.00	\$ 258.70
	77	\$ 114.00	\$ 100.30	\$ 187.50	\$ 165.00	\$ 255.00	\$ 224.40	\$ 307.50	\$ 270.60
	78	\$ 119.10	\$ 104.80	\$ 196.50	\$ 172.90	\$ 265.50	\$ 233.65	\$ 321.00	\$ 282.50
	79	\$ 124.20	\$ 109.30	\$ 205.50	\$ 180.85	\$ 276.00	\$ 242.90	\$ 334.50	\$ 294.35
80	\$ 129.30	\$ 113.80	\$ 214.50	\$ 188.75	\$ 286.50	\$ 252.10	\$ 348.00	\$ 306.25	
81	\$ 134.40	\$ 118.30	\$ 223.50	\$ 196.70	\$ 297.00	\$ 261.35	\$ 361.50	\$ 318.10	
82	\$ 139.50	\$ 122.80	\$ 232.50	\$ 204.60	\$ 307.50	\$ 270.60	\$ 375.00	\$ 330.00	
83	\$ 146.10	\$ 128.60	\$ 243.00	\$ 213.85	\$ 322.50	\$ 283.80	\$ 393.00	\$ 345.85	
84	\$ 152.70	\$ 134.40	\$ 253.50	\$ 223.10	\$ 337.50	\$ 297.00	\$ 411.00	\$ 361.70	
85	\$ 159.30	\$ 140.20	\$ 264.00	\$ 232.30	\$ 352.50	\$ 310.20	\$ 429.00	\$ 377.50	
86	\$ 165.90	\$ 146.00	\$ 274.50	\$ 241.55	\$ 367.50	\$ 323.40	\$ 447.00	\$ 393.35	
87	\$ 172.50	\$ 151.80	\$ 285.00	\$ 250.80	\$ 382.50	\$ 336.60	\$ 465.00	\$ 409.20	
88	\$ 179.10	\$ 157.60	\$ 295.50	\$ 260.05	\$ 397.50	\$ 349.80	\$ 483.00	\$ 425.05	
89	\$ 185.70	\$ 163.40	\$ 306.00	\$ 269.30	\$ 412.50	\$ 363.00	\$ 501.00	\$ 440.90	

Other Benefits

Issue Age	Per \$10 Daily Hospital Benefit	Per \$200 Amb/ER Benefit	Per \$2,500 Cancer Benefit
50-54	\$ 16.00	\$ 90.70	\$ 50.00
55-59	\$ 19.00	\$ 90.70	\$ 62.50
60-64	\$ 23.00	\$ 94.80	\$ 75.00
65-69	\$ 28.00	\$ 110.90	\$ 85.00
70-74	\$ 36.00	\$ 129.00	\$ 97.50
75-79	\$ 44.00	\$ 146.20	\$ 100.00
80-84	\$ 51.50	\$ 161.30	\$ 107.50
85-89	\$ 57.00	\$ 166.30	\$ 112.50

How to calculate premium: Example - Age 55

	No. of Units	Benefit Amt	Premium Amt.
Daily hospital benefit:	10	100	190.00
Home Care benefit			
Covered Weeks: 52 weeks With 20 day waiting period	10	1500	1,003.00
Optional Lump Sum Cancer Rider Benefit	1	2500	62.50
Total Annual Premium:			\$1,255.50

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

COVERAGE TERMINATION

An Insured Person’s Coverage under this Policy will terminate:

1. The date We receive Your written request to cancel Your Policy or on a later date that is requested by You;
2. All benefits under the Policy and any attached riders have been paid and any lifetime maximum amounts have been met;
3. The Policy will terminate at the end of the Grace Period if the premium is unpaid; and
4. The date of death of the Policy Owner.