



## CONTINENTAL CARE

*Policy Form HIS 96*

*This is a Limited Benefit or  
Supplemental Policy*

AN INDEMNITY PLAN OF INSURANCE WITH BENEFITS FOR  
HOSPITAL, SKILLED NURSING FACILITY AND REGISTERED  
NURSE SERVICES

*An Aetna Company*

Underwritten by  
Continental Life Insurance Company  
of Brentwood, Tennessee

# SECURITY. STABILITY. SUPERIOR SERVICE.

That's what you can expect when you choose an insurance policy from Continental Life Insurance Company of Brentwood, Tennessee (Continental Life), an Aetna Company.

*This brochure is an illustration for Policy Form HIS-96, and is not a contract of insurance. For complete details of all provisions or benefits, please read your policy carefully.*

## Why Indemnity Insurance?

As anyone who has been subject to medical treatment knows, health care costs can be astronomical. Most insurance plans just don't provide all of the necessary coverage. Out-of-pocket expenses and gaps in insurance still need to be paid. Unless you have a financial plan that will afford you the extra expense of health care, you may find yourself using your hard-earned savings to pay those outstanding medical debts.

## The Continental Care Indemnity Plan

Continental Care was designed to help protect your savings. This insurance policy protects your valuable assets by stepping in to offset the cost of deductibles, co-pays and additional expenses incurred but not covered by other insurance plans. Benefits are paid directly to you, unless you assign them to a medical provider and are paid in addition to any other health coverage.

## NOTICE TO BUYER:

- This is not a Medicare Supplement policy.
- This is not a Major Medical policy.
- This policy should not be purchased as a supplement to Medicare or Medicare related health plans.
- This policy may not cover all of your medical or health care expenses.



## ABOUT AETNA

Aetna is one of the nation's leading diversified health care benefits companies, serving approximately 36.5 million people with information and resources to help them make better informed decisions about their health care. Aetna offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including medical, pharmacy, dental, behavioral health, group life and disability plans, and medical management capabilities and health care management services for Medicaid plans. Our customers include employer groups, individuals, college students, part-time and hourly workers, health plans, governmental units, government-sponsored plans, labor groups and expatriates. For more information, see [www.aetna.com](http://www.aetna.com).



### Renewability

We guarantee to renew this policy during your lifetime as long as the renewal premiums are paid on time, either in advance or during the grace period. The premium rates may change. A change will apply to all policies with the same form number (by underwriting class) which are in force in the state in which you live. A change will apply on the next premium due date after advance notification. Each premium will be computed by the age shown in the application.

### Waiver Of Premium

After eight continuous weeks of hospital or skilled nursing facility confinement during which benefits are being paid by Continental Care, we will waive monthly premiums coming due during the continued confinement.

### Pre-Existing Conditions

Your policy covers pre-existing conditions after it has been in-force for three months. A pre-existing condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a six month period preceding the date of the application, or a condition for which medical advice or treatment was recommended by, or received from, a physician within a six month period preceding the date of the application. Your policy covers all other conditions that begin after the date it is issued.

## EXCLUSIONS

We will not pay for losses resulting from, or expenses of:

1. Injuries or sicknesses caused by, or contributed to, by war or any act or condition of\* war (whether declared or undeclared) or service in the armed forces of any country.
2. Mental or emotional disorders (such as neurosis, psychoneurosis, psychopathy, psychosis or personality disorder) without demonstrable organic disease (Alzheimer's disease is not excluded).
3. Normal pregnancy.
4. Alcoholism or drug dependency, except where administered by a physician.
5. Suicide or any suicide attempt while sane or insane (in Missouri, while sane) or any intentionally self-inflicted injury.
6. Care received outside the territorial limits of the United States or its possessions (any premium paid us for a period not covered by reason of such territorial limitation will be returned pro-rata upon notice from you).
7. 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).\*\*
8. Dental operations or dental treatment, except expenses otherwise covered due to injury to sound natural teeth.
9. Eyeglasses and hearing aids (and examinations for them), ordinary dental care and dentures, orthopedic shoes cosmetic plastic surgery, except for reconstructive surgery which is incidental to or follows surgery.

*\*"condition of" not applicable in Oklahoma*

*\*\*All of Exclusion (7) not applicable in Missouri; and "or State government (except Medicaid)" not applicable in Louisiana.*

## PLAN BENEFITS

*The benefits and premiums for this plan will vary based on the plan selected.*

*For complete details of all provisions or benefits, please read your policy carefully.*

*Premium included in table A.*

### Hospital Indemnity

When confined in a hospital for at least 24 hours, as defined in the policy. (Payable once for each new Period of Care.) See table A.

☐ \$500    ☐ \$750    ☐ \$1000

### Private Hospital Room Indemnity

For each day of confinement in a Private Room, Continental Care will pay a daily benefit of \$25. (Refer to outline for maximum days benefits are payable for each Period of Care.) See table A.

### Registered Nurse Indemnity / In-Hospital and At-Home Indemnity

When hospital confined this plan will pay \$30 per shift, maximum of two shifts per day (up to a total of \$60), not to exceed 30 days per Period of Care, for the services of a private duty, graduate or registered nurse. The services must be certified medically necessary by a doctor. This plan will pay \$30 per shift, maximum of two shifts per day (up to a total of \$60), not to exceed 30 days per Period of Care, if a doctor certifies that in-home services of a private duty graduate, or registered nurse are medically necessary. See table A.

### Skilled Nursing Facility Indemnity

For each day confined in a skilled nursing facility. Base policy pays a minimum \$50 Daily Skilled Nursing Facility Benefit for up to 90 consecutive days for each Period of Care. Additional coverage may be purchased for a total daily benefit of \$150. (Treatment must follow a hospital stay of at least three days.) See table A.

Elimination Period: ☐ 0-Day    ☐ 20-Day    ☐ 100-Day

## ADDITIONAL OPTIONAL BENEFITS

*Elimination period for additional optional benefits must match the elimination period selected for the base plan.*

### Skilled Nursing Facility Indemnity

Up to \$100 in additional coverage may be purchased in \$10 increments. (Treatment must follow a hospital stay of at least three days.) See table B.

Elimination Period: ☐ 0-Day    ☐ 20-Day    ☐ 100-Day

### Daily Hospital Indemnity

Daily Hospital Indemnity is payable for each day of confinement in a hospital, for up to 90 days per Period of Care. When purchased, these benefits are payable in addition to the base hospital indemnity benefit.

- \$30 to \$250 (in \$10 increments) See table C.



## ANNUAL RATES FOR BASE POLICY

### Policy Form HIS-96

(Form Code HIS)

Policy Fee \$20

(In MS \$6; No policy  
fee in KY)

Rates include premium for base  
Hospital, Skilled Nursing Facility,  
Private Room, and Registered  
Nursing Indemnity Benefits.

TABLE A ANNUAL RATE									
AGE	0-Day Elimination Period			20-Day Elimination Period			100-Day Elimination Period		
	\$500	\$750	\$1000	\$500	\$750	\$1000	\$500	\$750	\$1000
30-55	111.64	156.94	202.24	110.44	155.74	201.04	109.24	154.54	199.84
56-59	136.21	191.09	245.96	135.01	189.89	244.76	133.81	188.69	243.56
60-64	153.88	215.53	277.18	152.68	214.33	275.98	151.48	213.13	274.78
65-69	179.22	249.07	318.92	177.82	247.67	317.52	176.42	246.27	316.12
70-74	207.68	287.28	366.88	206.08	285.68	365.28	204.53	284.13	363.73
75-79	240.09	328.89	417.69	238.29	327.09	415.89	236.49	325.29	414.09
80-84	281.04	383.74	486.44	278.94	381.64	484.34	276.84	379.54	482.24
85-89	323.15	439.73	556.30	320.75	437.33	553.90	318.35	434.93	551.50

## ANNUAL RATES FOR ADDITIONAL OPTIONAL BENEFITS

When these additional optional  
benefits are selected, add the  
additional premium to the  
applicable base premium rate  
based on the modal factor selected.

Elimination period for additional  
optional benefits must match the  
elimination period selected for the  
base plan.

TABLE B ADDITIONAL SKILLED NURSING FACILITY BENEFIT** ELIMINATION DAY RATE (Rates per \$10 Daily Benefit)			
AGE	0-Day	20-Day	100-Day
30-55	1.84	1.60	1.36
56-59	1.84	1.60	1.36
60-64	1.84	1.60	1.36
65-69	2.12	1.84	1.56
70-74	2.42	2.10	1.79
75-79	2.78	2.42	2.06
80-84	3.19	2.77	2.35
85-89	3.66	3.18	2.70

\*\*Skilled Nursing Facility Benefits available in \$10 increments up to \$100 (or 10 units)

TABLE C OPTIONAL DAILY HOSPITAL BENEFIT* (Rates per \$10 Daily Benefit)	
AGE	ANNUAL RATE
30-55	16.26
56-59	22.12
60-64	27.67
65-69	35.13
70-74	44.82
75-79	54.81
80-84	66.51
85-89	78.78

\*Daily Hospital Benefit available in \$10 increments \$30-\$250

## MONTHLY RATES FOR BASE POLICY

### Policy Form HIS-96

(Form Code HIS)

Policy Fee \$20

(In MS \$6; No policy  
fee in KY)

Rates include premium for base  
Hospital, Skilled Nursing Facility,  
Private Room, and Registered  
Nursing Indemnity Benefits.

TABLE A MONTHLY RATE									
AGE	0-Day Elimination Period			20-Day Elimination Period			100-Day Elimination Period		
	\$500	\$750	\$1000	\$500	\$750	\$1000	\$500	\$750	\$1000
30-55	9.30	13.08	16.85	9.20	12.98	16.75	9.10	12.88	16.65
56-59	11.35	15.92	20.50	11.25	15.82	20.40	11.15	15.72	20.30
60-64	12.82	17.96	23.10	12.72	17.86	23.00	12.62	17.76	22.90
65-69	14.94	20.76	26.58	14.82	20.64	26.46	14.70	20.52	26.34
70-74	17.31	23.94	30.57	17.17	23.81	30.44	17.04	23.68	30.31
75-79	20.01	27.41	34.81	19.86	27.26	34.66	19.71	27.11	34.51
80-84	23.42	31.98	40.54	23.25	31.80	40.36	23.07	31.63	40.19
85-89	26.93	36.64	46.36	26.73	36.44	46.16	26.53	36.24	45.96

## MONTHLY RATES FOR ADDITIONAL OPTIONAL BENEFITS

When these additional optional  
benefits are selected, add the  
additional premium to the  
applicable base premium rate  
based on the modal factor selected.

Elimination period for additional  
optional benefits must match the  
elimination period selected for the  
base plan.

TABLE B ADDITIONAL SKILLED NURSING FACILITY BENEFIT** ELIMINATION DAY RATE (Rates per \$10 Daily Benefit)			
AGE	0-Day	20-Day	100-Day
30-55	.15	.13	.11
56-59	.15	.13	.11
60-64	.15	.13	.11
65-69	.18	.15	.13
70-74	.20	.18	.15
75-79	.23	.20	.17
80-84	.27	.23	.20
85-89	.31	.27	.23

\*\*Skilled Nursing Facility Benefits available in \$10 increments up to \$100 (or 10 units)

TABLE C OPTIONAL DAILY HOSPITAL BENEFIT* (Rates per \$10 Daily Benefit)	
AGE	BSP RATE
30-55	1.36
56-59	1.84
60-64	2.31
65-69	2.93
70-74	3.74
75-79	4.57
80-84	5.54
85-89	6.57

\*Daily Hospital Benefit available in \$10 increments \$30-\$250

# RATE WORKSHEET FOR ALL MODES

Start with annual premium  
from table A, B, C.

Multiply by payment mode.  
(Round to the nearest cent.)

A one time policy fee is charged  
at time of application.

TABLE  
**A**

BASE  
RATE

RATE  
X

MODAL FACTOR

TOTAL 1

SUB TOTAL 1

TABLE  
**B**

ADDITIONAL  
SKILLED  
NURSING  
FACILITY RATE

RATE  
X

MODAL FACTOR

TOTAL 2

X  
NUMBER OF UNITS  
(MAX 10)

SUB TOTAL 2

TABLE  
**C**

OPTIONAL  
DAILY  
HOSPITAL  
BENEFIT RATE

RATE  
X

MODAL FACTOR

TOTAL 3

X  
NUMBER OF UNITS  
(3-25 UNITS)

SUB TOTAL 3

ONE TIME

POLICY FEE

FINAL TOTAL

Policy Fee \$20  
(In MS \$6; No policy fee in KY)

Premium to submit with  
application

Modal Factor

Annual  
Annual x 1

Semi-Annual  
Annual x .52

Quarterly  
Annual x .265

Monthly  
Annual x 1/12

## DEFINITIONS

**Period of Care** begins with the first day of confinement in a hospital because of a covered injury or covered sickness. It ends when you have been out of the hospital or skilled nursing facility and do not require medically necessary care for 60 continuous days.

**Skilled Nursing Facility:** A place which: is legally operated as a skilled nursing facility under the laws of the state in which it is located; is primarily engaged in providing, in addition to room and board, accommodations and skilled nursing care under the supervision of a physician; has continuous 24-hour a day nursing services by, or under, the supervision of a registered graduate professional nurse or licensed practical nurse; maintains a daily medical record of each patient. It is not a home, facility or part thereof primarily used for: rest, training or education; the aged; custodial care; or the care and treatment of alcoholism, drug addiction or mental disease and disorders.

**Elimination Period** is the number of days you must be confined in a skilled nursing facility before benefits under this policy will begin.

### Payment Modes

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.

### Privacy Notice

Although your application is our initial source of information, we may collect information from persons other than you, and we may conduct a telephone interview with you. The Company, its affiliates or its reinsurer(s) may also, in certain circumstances, release information collected by us to third parties without authorization from you. Upon written request, we will provide you with the information contained in your file. Medical information will be disclosed to you only through the medical professional you designate. Should you wish to request correction, amendment or deletion of any information in our file, which you believe inaccurate, please contact us and we will advise you of the necessary procedures.



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### PRODUCER COMPENSATION

When you purchase insurance from us, we pay compensation to the licensed agent, who represents us for such limited purposes as taking your insurance application, collecting your initial premiums and delivering your policy, and to any intermediaries through which the licensed agent works. This compensation may include commissions when a policy is purchased or renewed, and fees for marketing and administrative services and educational opportunities. The compensation may vary by the type of insurance purchased, or the particular features included with your policy. Additionally, some licensed agents and/or their intermediaries may also receive discounts on

their own policy premiums and bonuses, and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume of an agent or intermediary with our Companies, or for the percentage of completed sales. (Generally, this will not be the case for registered variable insurance products or for fixed products sold through banks or broker-dealers.) Intermediaries may also pay compensation directly to the licensed agent. If the licensed insurance agent can sell insurance policies from other insurance carriers, those carriers may pay compensation that differs from ours.

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