

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

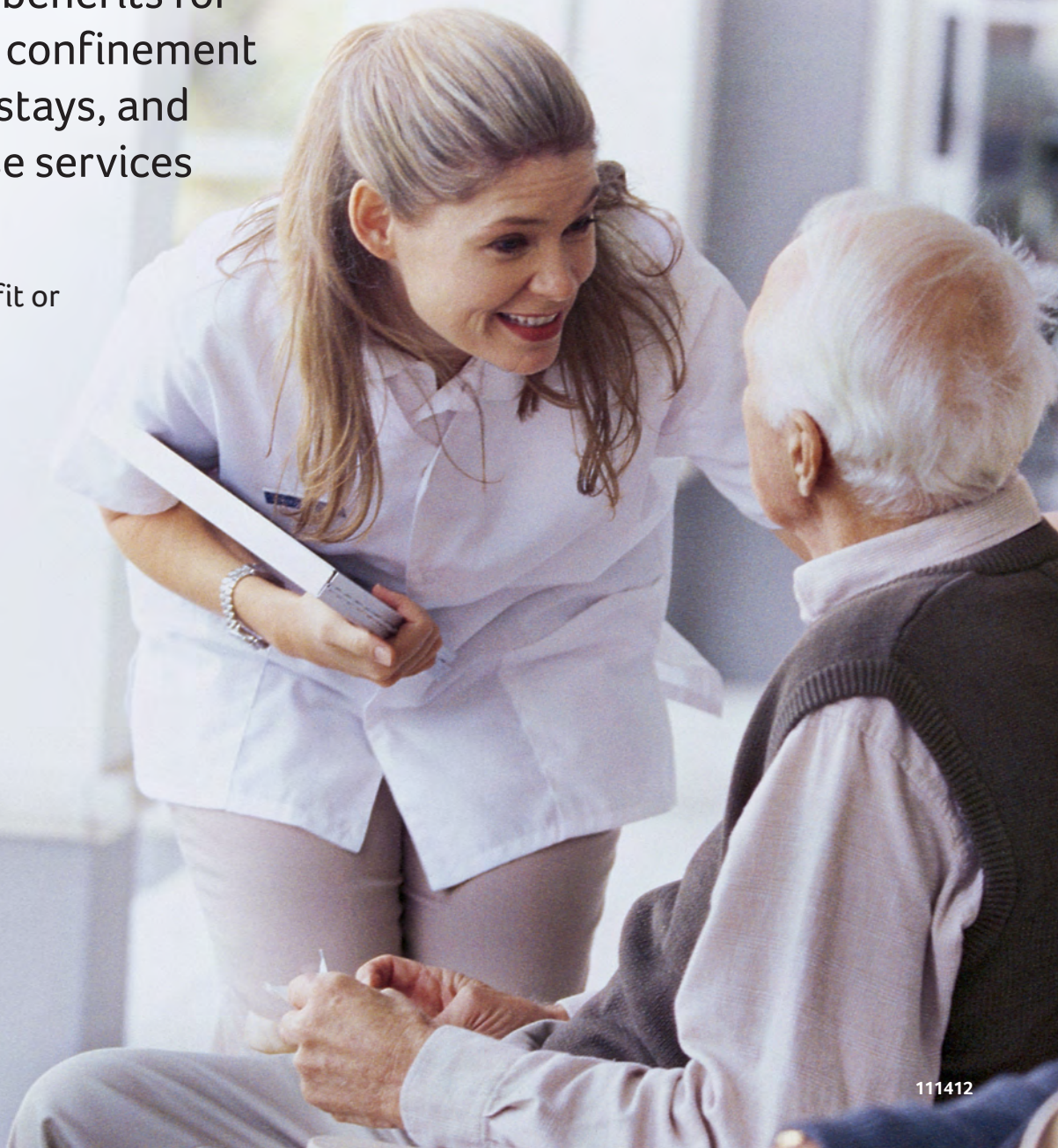
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Nursing Facility Care

An indemnity plan of insurance with benefits for nursing facility confinement stays, hospital stays, and registered nurse services

[Policy Form HNF-97](#)

This is a limited benefit or supplemental policy



Our commitment

Continental Life Insurance Company of Brentwood, Tennessee, headquartered in the Nashville, Tennessee area, has an unwavering commitment to providing the best personal service possible, quick claims payment, quality products with solid financial backing, and helpful, friendly associates with extensive knowledge and experience. Policyholders rely 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 have the best experience possible.

Because you care about your care

You can plan now for the level of care and comfort you deserve in case of an accident or illness that requires professional assistance and accommodations during recovery.

At Continental Life Insurance Company of Brentwood, Tennessee (Continental Life), we have designed an affordable insurance policy that includes benefits for nursing facility confinement stays, hospital stays, and registered nurse services. The policy has various benefit options to help provide the protection you need and give you peace of mind.

Your choice

When you choose to own a Continental Life insurance policy, you get the first class customer service, financial stability, and security that come from being a member of the Aetna family of companies. Your choice means fewer worries and more time to focus on your care.

- **Nursing facility indemnity pays \$120 per day**
- **Hospital indemnity up to \$150 per day***
- **Registered nurse indemnity pays up to \$60 per day for up to 30 days.**

**Based on the benefits you choose.*

Notice to buyer:

- This is not a Long Term Care insurance 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 supplement to Medicare or Medicare related health plans.

This brochure is an illustration for Policy Form HNF-97, and is not a contract of insurance. For complete details of all provisions or benefits, please read your policy carefully.



Policy benefits

Nursing facility confinement

Coverage includes benefits for all levels of Facility Care - skilled, intermediate, and custodial. Plan pays \$120 nursing facility indemnity/per day (following the chosen elimination period).

Elimination period:

0-day 20-day 100-day

Benefit period:

90-day 180-day 360-day

Nursing Facility Care will pay the daily benefit for each day you are confined in a nursing facility after the elimination period until the end of the period of care. The total benefits, or any portion of the benefits used, renew when you have been out of the nursing facility for 180 consecutive days. There is no limit on the number of periods of care.

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

Daily hospital indemnity

The Basic Plan also pays \$10.00 per day for each day you are confined in a hospital due to a covered injury or sickness up to the lifetime maximum of 365 days. You may select additional amounts up to \$150.00 per day in \$10.00 increments.

\$hospital confinement/per day

Registered nurse indemnity

When you are confined in a hospital or nursing facility as a resident bed in-patient, **Nursing Facility Care** will pay \$30.00 per shift, maximum of two shifts per day, (up to a total of \$60.00), not to exceed 30 days per benefit period, for the services of a private duty, graduate, registered nurse (R.N.). The services must be certified as medically necessary by your doctor.

Definitions

• Benefit period

Is the number of days for which the daily nursing facility indemnity benefit is payable during any one period of care.

• Period of care

Begins with the first day you require hospital or nursing facility confinement and ends when you have been out of the hospital or nursing facility for a period of 180 consecutive days.

• Elimination period

Is the number of days which must elapse and for which benefits would otherwise be payable, before benefits become payable.

• Nursing facility

Means a place which is legally operated to provide nursing care (skilled, intermediate, custodial) for sick and injured persons at their expense; is licensed by the state; is primarily engaged in providing continuous 24 hour a day nursing services by or under the supervision of a licensed registered nurse; and maintains a daily medical record of each patient.

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.

Rates for base policy

EFT rate	Nursing Facility Care indemnity benefit base rates (\$120 daily nursing facility benefit / \$10 daily hospital benefit)								
	0 day elimination			20 day elimination			100 day elimination		
Age	90 day benefit	180 day benefit	360 day benefit	90 day benefit	180 day benefit	360 day benefit	90 day benefit	180 day benefit	360 day benefit
50-59	8.32	11.20	17.92	7.36	9.76	15.36	6.88	9.04	14.08
60-64	12.80	17.60	30.08	11.20	15.20	25.60	10.40	14.00	23.36
65-69	21.41	31.97	56.93	18.53	27.33	48.13	17.09	25.01	43.73
70-74	35.97	56.13	95.49	30.85	47.65	80.45	28.29	43.41	72.93
75-79	57.47	90.11	162.11	48.99	76.19	136.19	44.75	69.23	123.23
80-84	94.74	150.23	276.27	80.33	126.57	231.60	73.12	114.74	209.26
85-89	157.23	251.55	466.18	132.72	211.32	390.18	120.47	191.21	352.18

Policy form HNF-97 Policy fee \$20
(in MS \$6; no policy fee in KY)

Annual rate	Nursing Facility Care indemnity benefit base rates (\$120 daily nursing facility benefit / \$10 daily hospital benefit)								
	0 day elimination			20 day elimination			100 day elimination		
Age	90 day benefit	180 day benefit	360 day benefit	90 day benefit	180 day benefit	360 day benefit	90 day benefit	180 day benefit	360 day benefit
50-59	99.87	134.43	215.07	88.35	117.15	184.35	82.59	108.51	168.99
60-64	153.56	211.16	360.92	134.36	182.36	307.16	124.76	167.96	280.28
65-69	256.95	383.67	683.19	222.39	327.99	577.59	205.11	300.15	524.79
70-74	431.65	673.57	1,145.89	370.21	571.81	965.41	339.49	520.93	875.17
75-79	689.67	1,081.35	1,945.35	587.91	914.31	1,634.31	537.03	830.79	1,478.79
80-84	1,136.92	1,802.78	3,315.21	963.93	1,518.81	2,779.17	877.43	1,376.83	2,511.15
85-89	1,886.74	3,018.58	5,594.16	1,592.64	2,535.84	4,682.16	1,445.59	2,294.47	4,226.16

Policy form HNF-97 Policy fee \$20
(in MS \$6; no policy fee in KY)

Rates for optional benefit

Daily hospital benefit

(Rates per additional \$10 daily benefit)

Age	EFT rate	Annual rate
50-59	1.84	22.12
60-64	2.31	27.67
65-69	2.93	35.13
70-74	3.74	44.82
75-79	4.57	54.81
80-84	5.54	66.51
85-89	6.57	78.78

Additional daily hospital benefits may be purchased in \$10 increments up to \$150 maximum.

After determining the daily hospital benefit amount, add the additional premium for the optional benefit to the base rate premiums.

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.

Modal Factor

Annual	= Annual x 1
Semi-Annual	= Annual x .52
Quarterly	= Annual x .265
Monthly	= Annual x 1/12



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.

Renewability

We guarantee to renew this policy during your lifetime as long as you pay your renewal premiums on time, either in advance or during the grace period. We may change the premium rates. A change will apply to all policies with the same form number as yours, (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 we notify you. Such advance notice will equal or exceed the requirements in your state. Each premium will be computed by the age shown in the application.

Pre-existing conditions

Your policy covers pre-existing conditions after it has been in-force for six 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 (6) month period preceding the date of the application. The 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:

For all states except Oklahoma

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.

For Oklahoma

1. Injuries or sicknesses caused by, or contributed to by, war or any act of war (whether declared or undeclared) or service in the armed forces of any country.

For all states except South Carolina

2. **Mental or emotional disorders (such as neurosis, psychoneurosis, psychopathy, psychosis, or personality disorder) without demonstrable organic disease; (Alzheimer's disease is not excluded).**

For South Carolina

2. Mental or nervous disorders (such as neurosis, psychoneurosis, psychopathy, psychosis) or mental or emotional disease or disorder of any kind; (Alzheimer's disease is not excluded).

For all states

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. Services provided by a nursing facility which has any financial relationship with you, with any member of your family, or with your physician.

*Exclusion (7) not applicable in Missouri.

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.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Continental Life Insurance Company of Brentwood, Tennessee and its affiliates.

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