

**The care you want in
the comfort of home.**

Protection SeriesSM—

**Home Recovery Care
Insurance**

Texas

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

An Aetna Company

CLIHR06579TX

aetnaseniorproducts.com



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Our commitment to you

With so many insurance companies offering different types of insurance plans, we know that your choice not only comes down to benefits, but a price that fits your budget, the company's financial strength, service reputation, reliability and experience.

At Aetna, we have an unwavering commitment to provide you with the best personal service possible, quick claims payment, quality products with solid financial backing, and helpful, friendly associates with extensive knowledge and experience. We take these obligations very seriously. Everything we do is focused on our valued policyholders and fulfilling our commitments in a timely, hassle-free manner.

Notice to buyer:

- This is not a Medicare Supplement policy and should not be purchased as a substitute for Medicare or Medicare related health plans.
- This is not a Major Medical policy 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 is not a Long Term Care policy.
- This policy may not cover all costs associated with home care services incurred by you during the period of care. You are advised to review carefully all policy limitations. In addition, you are advised that based on current health care cost trends, the benefits provided by this policy may be significantly diminished in terms of real value to you, depending on the amount of time which elapses between the date of purchase and the date upon which you first become eligible for those benefits.

This brochure is an illustration for policy form CLIHRC20 TX and is not a contract of insurance. For complete details of all provisions or benefits, please read your policy and outline of coverage carefully.

Health care today

Health care is always changing. Advances in medical technology and unexpected events like COVID-19 are affecting how and where we want our healthcare to be delivered.

50 and older?

As we age, our risk of needing care increases. The type of care we need also changes. It may take longer to recover from a sudden accident or illness and our mental and physical abilities may weaken over time.

Depending on your situation, you may not need skilled medical care. For many seniors, non-medical care that helps them perform personal everyday tasks, called Activities of Daily Living (ADLs), may be all the care they need.

Our risks increase with age

- Nearly **70%** of Americans who reach 65 will be unable to care for themselves at some point without assistance.¹
- More than **9 in 10** older adults have some type of chronic disease, and almost **8 in 10** have more than one.² Chronic conditions such as diabetes and high blood pressure make you more likely to need care.³
- Every year, more than **795,000** Americans have a stroke. Strokes can cause significant loss of language, mental, motor and sensory skills. That's why it's considered to be a leading cause of serious long-term disability.⁴
- More than **one-third** of the people aged 65 years and older fall each year. The risk of falling and fall related problems, like fractures and loss of mobility, rises with age.⁵
- Every **65 seconds** a new patient is diagnosed with dementia or Alzheimer's disease in the United States.⁶



Sources:

¹U.S. Department of Health and Human Services. hhs.gov/aging/LongTermCare.gov. Site accessed January 2021

²WebMD webmd.com/healthy-aging. August 19, 2020

³Woman's Day, Your 20s, 30s, and Beyond. April 11, 2019

⁴Healthline healthline.com/health/stroke/recovery. Updated June 7, 2018

⁵Everyday Health everydayhealth.com. Site accessed January 2021

⁶Alzheimer's Association alz.org/media/alzheimers-facts-and-figures. 2019

Keep your independence

We care about your health and well-being. We know that having the freedom to choose how and when you receive care can help provide the independence and peace of mind you deserve.

Expect the unexpected

Whether working or retired, it's important to plan for the future. Ask yourself...

- *What kind of care might I need and for how long?*
- *Does my insurance cover this type of care?*
- *Are there gaps in my current coverage?*
- *Can I receive the care I may need from the comfort of my home?*
- *What are my out of pocket costs?*
- *How will the cost for care impact me and my family?*

The thought of not being in control of your lifestyle and surroundings can be uncomfortable. When care is needed, your first choice may be to stay in the comfort of your home. But the financial costs of receiving needed care can make it difficult to do so.

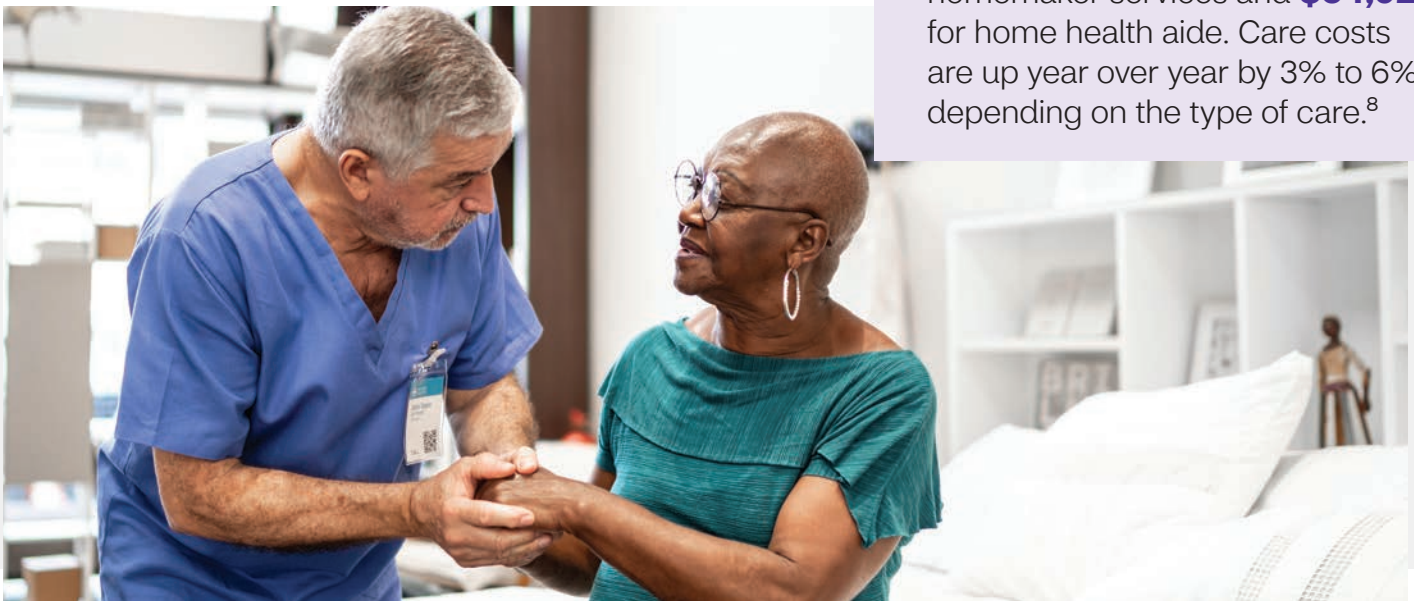
Be prepared

It's important to understand that the type of care, and where you receive it, can impact the type of coverage you may need.

Traditional long-term care insurance may pay different coverage amounts based on the type of care and where it is received. In some cases, the policy may require a hospital stay or a lengthy waiting period before the benefits begin.

Medicare has restrictions and limitations on what it will cover for skilled home care assistance. Many believe that Medicare covers the entire recovery period at home. It does not. Medicare doesn't pay for 24 hour day care at home. It also doesn't pay for homemaker services like: shopping, cleaning, laundry or personal care, when this may be the only care you need.⁷

In 2020 the median care costs in the U.S. was **\$53,768** per year for homemaker services and **\$54,921** for home health aide. Care costs are up year over year by 3% to 6% depending on the type of care.⁸



Sources:

⁷Medicare.gov The Official U.S. Government Site for Medicare. Site access January 2021

⁸Genworth Cost of Care Trends (2004 – 2020) genworth.com/aging-and-you. December 2020

Our solution. Your choice.

Home Recovery Care insurance plans cover both medical and non-medical services that you receive in your home, starting from the very first day you qualify. The care can be from any licensed or approved home care provider of your choice. Benefits vary based on the plan options that you select.

Available benefits	Immediate access to benefits
<p>(Available for issue ages 50 – 89 at last birthday)</p> <ul style="list-style-type: none"> → Up to \$3,000 in weekly benefit (in increments of \$150 per week) → Choose 13, 26, 39 or 52 covered weeks for each period of care → Includes a lifetime maximum benefit equal to twice the number of covered weeks selected 	<ul style="list-style-type: none"> → Benefits are paid each week you receive three or more 1 hour professional home care service visits in your home (provided you cannot perform two or more activities of daily living or you have cognitive impairment including Alzheimer’s dementia) → No deductible or elimination period is required → No prior hospital stay is required

Home care providers can include		
<p>Personal or homemaker care</p> <ul style="list-style-type: none"> - Help eating, bathing, toileting, dressing and personal hygiene - Help moving in and out of a bed or chair - Laundry and light housekeeping - Meal preparation 	<p>Medical care</p> <ul style="list-style-type: none"> - Nursing care - Physical therapy - Occupational therapy - Speech therapy - Nutritionist services 	<p>Companion care</p> <ul style="list-style-type: none"> - Help taking medications - Transportation to and from appointments - Shopping for food, medication or medical supplies

Additional plan features

Home Recovery Care insurance plans pays the selected indemnity benefit directly to you or to a home care services provider of your choice, regardless of the actual cost for care.

- Benefits are non-taxable.
- Benefits are paid in addition to Medicare, or any health care or long-term care insurance plan.
- Guaranteed renewable as long as your premiums are paid on time.
- Benefits are paid for care received in your home or the home of a relative.
- The home care services provider does not have to be Medicare approved or certified, giving you freedom to choose your provider.
- Free look period – you can return your policy for any reason within 30 days after receipt for a full refund of all premiums paid.



Common terms and definitions

Activities of Daily Living (ADL)

Basic activities necessary for independent living at home such as bathing, toileting, continence, dressing, eating and mobility.

Cognitive impairment

The loss of degenerative mental ability to a degree that requires constant care for protection of self or others, as diagnosed by a licensed physician.

Home Care Services

Professional care, personal care and/or homemaker services that you receive from a licensed home care provider in your home. This includes: nursing care, physical therapy, occupational therapy, speech therapy, nutritionist services, meal preparation, laundry, light housekeeping, shopping for food, medications or medical supplies and transportation to and from appointments.

Period of Care

Begins the first week you receive three (3) Home Care Service visits of at least one (1) hour per visit. It ends after 180 consecutive days without receiving a Home Care Service, and you are able to perform five (5) or more Activities of Daily Living, without hands-on assistance of another person. The end of the Period of Care means that benefits will be restored each time you meet the requirements above, until the total number of weeks equal the Lifetime Maximum Benefit.

Limitations and exclusions

We will not pay any benefits for losses:

- a.** Home care services 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 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.** Treatment or services provided by a member of your immediate family.

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 months before the insured's coverage effective date. Pre-existing conditions are not covered unless the loss begins more than six months after the coverage effective date.

Reference the policy and outline of coverage for complete details.

About Aetna

Aetna is one of the nation's leading diversified health care benefits companies, serving consumers 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. Aetna is a member of the CVS Health family of companies. For more information, see www.aetna.com.

Underwritten by

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Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.