Smart solutions for a better recovery



Protection Series℠–

Recovery Care Choice

Short term care insurance plans

Continental Life Insurance Company of Brentwood, Tennessee

An Aetna® Company

North Carolina

aetna®

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Care that's there when you need it most

Prepare today for the support you may need after an accident or illness.

Expecting the unexpected

Unexpected health issues can arise even for those who maintain a healthy lifestyle. Whether you are working or retired, it's important to consider the cost of health care and how an unexpected accident or illness could impact your family's finances.

Health care is constantly changing and the costs are increasing

Hospital stays can be costly, often resulting in shorter admissions followed by expensive rehabilitation and therapy. For those requiring ongoing care, skilled nursing facilities offer a valuable alternative, providing a broad spectrum of medical, health, and personal services to support your recovery.

> The average annual cost of a semi-private room at a Skilled Nursing Facility is nearly
>
> **$115,000 a year.**[1]

Another option to consider is an assisted living facility. These facilities are for those who need limited help with daily care. All of these stays can be expensive and costs continue to rise. Having coverage that helps offset these costs can make a significant difference in your recovery journey.



The average annual cost of an Assisted Living Facility is nearly

$76,000 a year.[2]

You have the freedom to choose

If you need care, who would decide on your treatment location? Being in an unfamiliar environment can be unsettling. Planning ahead ensures your preferences are respected and needs are met during unexpected illnesses or accidents.

With a **Recovery Care Choice** plan, you get to choose where and how you recover. Benefits are paid directly to you, or a medical provider that you designate. These benefits complement your existing health coverage and are tax-free.



Sources:
[1]https://www.seniorliving.org/skilled-nursing/cost/
[2]https://www. seniorliving.org/assisted-living/costs/

You have options for your care

It's important to know and understand your health insurance coverage before you need to use it. And we can help. Here's a simple look at the benefits of our **Recovery Care Choice** insurance plans at different places of recovery.

Place of recovery and care	Medicare coverage*	Recovery Care Choice*
Nursing facility		
Can include: • 24 hour medical care • Post-stroke recovery • Cardiac care • Skilled, intermediate and custodial care • Rehabilitation services • Wound care	Medicare pays for the first 20 days of skilled care only if admitted as an inpatient for at least 3 days. It does not pay for intermediate or custodial care.	The Daily Nursing Facility coverage will pay benefits for all levels of nursing facility care: skilled, intermediate, and custodial. The nursing facility does not have to be approved by Medicare.
Assisted living facility		
Can include: • Housekeeping tasks • Range of medical services (medication management, routine health monitoring) • Personal care (bathing, mobility) • 24 hour emergency care • Recreational activities	Medicare does not pay for any services or costs.	The Daily Nursing Facility coverage will pay benefits for services in an assisted living facility.
Home		
Can include: • Personal care (bathing, mobility) • Housekeeping tasks • Meal preparations • Physical/occupational/speech therapy • Transportation to/from appointments	Medicare pays for eligible home care services like intermittent skilled nursing with doctor's orders. It does not pay for 24 hours/day for care at home.	The optional Home Care rider will pay a weekly benefit for home care. The home care agency does not have to be approved by Medicare and services can even be performed by family and friends.

*Must receive documentation that insured cannot perform two or more activities of daily living (ADLs) or has a cognitive impairment.

Protection Series℠ –

Recovery Care Choice core plan benefits

Daily Nursing Facility*

Pays a daily benefit amount for nursing or assisted living facility care during periods of confinement.

- up to $700 daily maximum
- choice of 90, 180, 270 or 360 covered days
- choice of 0, 20 or 100 day elimination period
- includes memory care
- lifetime maximum equal to twice the number of covered days

Prescription Drug

Helps pay for prescription medications.

- Generic: $10 per prescription
- Brand name: $25 per prescription
- $300 annual maximum

Bed Reservation

Helps pay to reserve your bed at a nursing or assisted living facility in case of a hospital readmission.

Medicare Part B Excess Charge**

Pays the difference between the Medicare allowed amount and the actual amount charged by your provider.

*Must receive documentation that insured cannot perform two or more activities of daily living (ADLs) or has a cognitive impairment.
**Claim must be for Medicare Part B.

Applicable to core plan and all riders

- → For issue ages 40-89 (age at signature date)
- → Benefits are paid directly to you, or a medical provider that you designate
- → Benefits are paid in addition to any other health care insurance coverage, including Medicare
- → Benefits are non-taxable
- → The insurance policy is guaranteed renewable as long as the premiums are paid on time

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

Optional riders

☐ Adult Day Care*

Helps pay for health-related services, social engagement and physical activities at adult day care centers.

- choice of $50, $100, or $150 a day
- 30 visits per year

☐ Home Modification

Can make staying in your home easier by helping fund accessibility upgrades like installing ramps or bathroom modifications.

- $2,500 lifetime maximum

☐ Inflation**

Helps cover the increasing costs of daily care in a nursing or assisted living facility due to inflation.

- choice of 3% or 5% increase on policy anniversary date
- choice of simple or compound interest calculation

☐ Mental Health

Helps pay for costs of in office or telehealth visits with licensed mental health professionals.

- choice of $25, $50, $75, or $100 per visit
- 20 visits per year

☐ Outpatient Rehab

Pays a daily amount for outpatient rehabilitation services in your home or at a facility.

- choice of $50, $100, or $150 a day
- choice of 15 or 30 visits per year

☐ Pet Boarding***

Helps cover pet boarding costs, ensuring your beloved companion's needs are met while you focus on healing.

- choice of $50, $75, or $100 a day
- 30 days per period of care

☐ Daily Hospital Confinement

Pays a daily amount if you're confined to a hospital, including observation stays, to help ease the financial burden of your care.

- up to $700 day maximum
- choice of 3-10, or 20 days per period of care
- lifetime maximum of 365 days

Includes Observation Unit:

- pays a daily benefit amount for observation stays less than 24 hours or equal to 50% of daily hospital confinement indemnity benefit amount
- payable once per period of care

☐ Ambulance Transportation

Helps pay for ambulance rides to/from medical facilities or your home.

- choice of $200, $400, or $600 per ride
- 4 uses per year

☐ Home Care*

Helps cover in-home recovery costs such as nursing care, rehabilitation services and household tasks.

- up to $2,100 per week maximum
- choice of 13, 26, 39 or 52 weeks
- choice of 0 or 20 day elimination period
- lifetime maximum equal to twice the number of covered weeks
- family and friends can receive 25% of the weekly home care benefit if they provide home care services

*Must receive documentation that insured cannot perform two or more activities of daily living (ADLs) or has a cognitive impairment.

**Applicable only to the daily nursing facility benefit.

***Must be confined to a nursing home.

Policy exclusions



We will not pay for losses caused by or resulting from:

1. Confinement for the following treatments, procedures, conditions, disorders or services, including:

   a. Experimental or investigational procedures or participation in clinical trials, or

   b. Mental or nervous disorders or substance use disorders, or

   c. 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, or

   d. Programs, treatment or procedures for tobacco cessation, or

   e. Therapy or treatment of learning disorders or disabilities, developmental delays or sleep disorders.

2. Outpatient treatment, services or supplies of any type, except for those payable under the prescription drug indemnity benefit, Medicare part b excess charge benefit, outpatient rehabilitation services indemnity benefit rider, ambulance service indemnity benefit rider and mental health visit indemnity benefit rider if the benefit is shown on the schedule of benefits page.

3. Confinement in a hospice care facility.

4. Home health care unless the home care indemnity benefit rider is attached to this policy and home care is shown as covered on the schedule of benefits page.

5. Stay in a community living center or a place that primarily provides domiciliary, retirement or educational care.

6. Participation in a war or an act of war, riot or international armed conflict.

7. The commission or attempted commission of a crime or felony or while engaged in an illegal act; or while imprisoned.

8. Suicide or attempted suicide or intentionally self-inflicted injury, whether while sane or insane.

9. Participation in sports activities, including, but not limited to, 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 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. Confinement outside of the United States.

Pre-existing condition

Pre-existing conditions are not covered by this policy and any attached benefit rider(s), whether disclosed in the application or not, for the first 12 months beginning on the date you become insured under this policy. Conditions specifically named or described as excluded in any part of this policy are not covered.

Pre-existing condition means a sickness or injury, disclosed or not disclosed on the application, for which medical care, treatment, diagnosis or advice was received or recommended within the 6 month period immediately prior to the effective date of coverage under this policy or a condition that manifests itself within the 12 months prior to the effective date of coverage under this policy. Treatment includes, but is not limited to, being prescribed drugs or taking prescription drugs.

Definitions



Activities of daily living (ADLs)

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

Assisted Living Facility

A place which is a separate facility or distinct part of a health care facility, which is licensed by the state, is operated pursuant to law and meets all the following criteria:

Provides continuous room and board that includes 3 meals per day; provides assistance with activities of daily living to ambulatory residents who require protected living arrangements, or coordinated supportive personal and health care services to semi-independent residents; has at least one (1) trained staff member actively on duty in the facility twenty-four (24) hours per day to provide supervision and care; has formal arrangements with a physician or nurse to furnish medical care in emergencies; and has appropriate methods and procedures to assist residents in handling and administering medications.

Services in an assisted living facility known as a residential care facility, or any other name will be considered eligible for benefits only if the facility meets all terms of this definition. A retirement community, independent living unit or an apartment will not meet these terms. If the facility is licensed for multiple purposes, only the confinement in the section, wing, ward, or unit that qualifies as an assisted living facility will be eligible for benefits.

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.

Confined/confinement

The insured is formally admitted to a nursing facility, assisted living facility, or a hospital on an inpatient basis or receives necessary and continuous observation in a hospital for at least 24 hours.

Home care services

The professional, personal care, and homemaker services the insured receives from a home care provider in the insured's home, including 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.

Nursing facility

A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home and provides continuous accommodations to persons who require daily nursing care services, and maintains records of each resident.

Period of care (daily nursing facility benefit)

The period of time that begins with the first day of nursing facility or assisted living facility confinement. It ends following a period of 180 days during all of which the insured is not confined to a nursing facility or assisted living facility, is able to perform five or more ADLs without the hands-on assistance of another person; and if the insured is cognitively impaired, the insured did not require or receive the assistance or supervision of another person.

Reference the policy for complete definitions.

Notice to buyer:

- This is not a Medicare Supplement policy.
- This is not a Major Medical policy.
- This is not a Long Term Care 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 policy form CLIRECC025 NC and is not a contract of insurance.

Underwritten by

Continental Life Insurance Company of Brentwood, Tennessee

An Aetna Company

We're here for you

For over 40 years, people have trusted us to deliver fast, reliable service when it matters most. We're proud to offer quality products and a team of friendly experts who truly care. Whether it's paying claims quickly or answering your questions with ease, everything we do is designed to make your experience smooth and stress-free - ensuring you receive the support you deserve.

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