



## Rate Guide

### Protection Series<sup>SM</sup> — **Recovery Care Insurance**

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

An Aetna Company

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CLIRC03666AL

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Senior Supplemental  
Insurance

## Recovery Care Insurance Plans

- Helps to pay for out-of-pocket costs for medical expenses in case of an accident or illness that requires assistance and care during recovery
- Gives you the freedom to choose how you want to recover and where
- Choice of options
- Peace of mind protection
- Protect your savings
- Can offset the cost of deductibles, co-pays, and unexpected expenses not covered by your other insurance plans
- Paid in addition to any other health care coverage
- Benefits paid directly to you or a medical provider that you designate
- Commitment to personalized customer service from Continental Life Insurance Company of Brentwood, Tennessee, an Aetna company
- Member website with easy sign-up and login from [aetnaseniorproducts.com](http://aetnaseniorproducts.com)



## Daily Nursing Facility Benefit per \$10/day Annual Rates

Issue Age	90 Day Benefit Period		180 Day Benefit Period	
	Waiting Period 0 Day	Period 20 Day	Waiting Period 0 Day	Period 20 Day
50	\$8.10	\$6.95	\$13.75	\$12.60
51	\$8.35	\$7.20	\$14.20	\$13.00
52	\$8.60	\$7.40	\$14.60	\$13.40
53	\$8.85	\$7.60	\$15.00	\$13.80
54	\$9.10	\$7.85	\$15.45	\$14.20
55	\$9.40	\$8.05	\$15.85	\$14.60
56	\$9.65	\$8.30	\$16.30	\$15.00
57	\$9.90	\$8.50	\$16.70	\$15.40
58	\$11.10	\$9.30	\$18.30	\$16.85
59	\$12.30	\$10.15	\$19.95	\$18.30
60	\$13.50	\$10.95	\$21.55	\$19.70
61	\$14.70	\$11.80	\$23.20	\$21.15
62	\$15.90	\$12.60	\$24.80	\$22.60
63	\$17.30	\$14.05	\$27.60	\$25.25
64	\$18.65	\$15.50	\$30.35	\$27.90
65	\$20.05	\$17.00	\$33.15	\$30.50
66	\$21.40	\$18.45	\$35.90	\$33.15
67	\$22.80	\$19.90	\$38.70	\$35.80
68	\$25.60	\$22.25	\$43.40	\$40.15
69	\$28.35	\$24.60	\$48.05	\$44.50
70	\$31.15	\$26.90	\$52.75	\$48.90
71	\$33.90	\$29.25	\$57.40	\$53.25
72	\$36.70	\$31.60	\$62.10	\$57.60
73	\$40.30	\$34.70	\$68.35	\$63.15
74	\$43.85	\$37.85	\$74.60	\$68.70
75	\$47.45	\$40.95	\$80.80	\$74.30
76	\$51.00	\$44.10	\$87.05	\$79.85
77	\$54.60	\$47.20	\$93.30	\$85.40
78	\$59.50	\$51.50	\$101.75	\$93.35
79	\$64.45	\$55.85	\$110.20	\$101.30
80	\$69.35	\$60.15	\$118.70	\$109.20
81	\$74.30	\$64.50	\$127.15	\$117.15
82	\$79.20	\$68.80	\$135.60	\$125.10
83	\$85.25	\$73.90	\$145.70	\$134.55
84	\$91.30	\$78.95	\$155.80	\$144.00
85	\$97.40	\$84.05	\$165.90	\$153.50
86	\$103.45	\$89.10	\$176.00	\$162.95
87	\$109.50	\$94.20	\$186.10	\$172.40
88	\$115.55	\$99.30	\$196.20	\$181.85
89	\$121.60	\$104.35	\$206.30	\$191.30

## Daily Nursing Facility Benefit per \$10/day Annual Rates

Issue Age	270 Day Benefit Period		360 Day Benefit Period	
	Waiting Period 0 Day	Waiting Period 20 Day	Waiting Period 0 Day	Waiting Period 20 Day
50	\$18.80	\$17.80	\$22.90	\$21.95
51	\$19.35	\$18.35	\$23.60	\$22.60
52	\$19.90	\$18.90	\$24.30	\$23.30
53	\$20.45	\$19.45	\$25.00	\$24.00
54	\$21.00	\$20.00	\$25.70	\$24.65
55	\$21.60	\$20.50	\$26.40	\$25.35
56	\$22.15	\$21.05	\$27.10	\$26.00
57	\$22.70	\$21.60	\$27.80	\$26.70
58	\$24.90	\$23.50	\$30.40	\$29.20
59	\$27.05	\$25.35	\$33.00	\$31.70
60	\$29.25	\$27.25	\$35.60	\$34.20
61	\$31.40	\$29.10	\$38.20	\$36.70
62	\$33.60	\$31.00	\$40.80	\$39.20
63	\$37.30	\$34.75	\$45.55	\$43.80
64	\$41.00	\$38.50	\$50.30	\$48.35
65	\$44.70	\$42.20	\$55.00	\$52.95
66	\$48.40	\$45.95	\$59.75	\$57.50
67	\$52.10	\$49.70	\$64.50	\$62.10
68	\$58.45	\$55.65	\$72.25	\$69.55
69	\$64.80	\$61.60	\$80.00	\$77.00
70	\$71.20	\$67.50	\$87.80	\$84.40
71	\$77.55	\$73.45	\$95.55	\$91.85
72	\$83.90	\$79.40	\$103.30	\$99.30
73	\$92.45	\$87.35	\$113.40	\$108.95
74	\$101.00	\$95.30	\$123.55	\$118.60
75	\$109.50	\$103.30	\$133.65	\$128.20
76	\$118.05	\$111.25	\$143.80	\$137.85
77	\$126.60	\$119.20	\$153.90	\$147.50
78	\$137.25	\$129.75	\$167.95	\$160.75
79	\$147.90	\$140.30	\$182.00	\$174.00
80	\$158.60	\$150.90	\$196.10	\$187.30
81	\$169.25	\$161.45	\$210.15	\$200.55
82	\$179.90	\$172.00	\$224.20	\$213.80
83	\$194.30	\$185.80	\$241.00	\$230.15
84	\$208.65	\$199.55	\$257.75	\$246.50
85	\$223.05	\$213.35	\$274.55	\$262.90
86	\$237.40	\$227.10	\$291.30	\$279.25
87	\$251.80	\$240.90	\$308.10	\$295.60
88	\$266.20	\$254.70	\$324.90	\$311.95
89	\$280.55	\$268.45	\$341.65	\$328.30

**Daily Hospital  
Benefit**  
Annual Rates

Per \$10/day	
Issue Age	Amount
50-54	\$13.00
55-59	\$15.60
60-64	\$18.80
65-69	\$23.50
70-74	\$30.20
75-79	\$38.10
80-84	\$44.80
85-89	\$49.00

**Home Care Rider  
per \$150/week**  
Annual Rates

Benefit Period			
Issue Age	13 Weeks	26 Weeks	52 Weeks
50	\$18.40	\$32.35	\$50.50
51	\$18.95	\$33.30	\$52.05
52	\$19.50	\$34.30	\$53.60
53	\$20.05	\$35.30	\$55.15
54	\$20.60	\$36.25	\$56.70
55	\$21.20	\$37.25	\$58.20
56	\$21.75	\$38.20	\$59.75
57	\$22.30	\$39.20	\$61.30
58	\$24.00	\$42.20	\$65.80
59	\$25.70	\$45.20	\$70.25
60	\$27.40	\$48.20	\$74.75
61	\$29.10	\$51.20	\$79.20
62	\$30.80	\$54.20	\$83.70
63	\$33.60	\$58.85	\$91.10
64	\$36.45	\$63.50	\$98.50
65	\$39.25	\$68.20	\$105.90
66	\$42.10	\$72.85	\$113.30
67	\$44.90	\$77.50	\$120.70
68	\$49.10	\$84.95	\$131.40
69	\$53.35	\$92.40	\$142.15
70	\$57.55	\$99.80	\$152.85
71	\$61.80	\$107.25	\$163.60
72	\$66.00	\$114.70	\$174.30
73	\$71.75	\$123.95	\$188.00
74	\$77.50	\$133.20	\$201.70
75	\$83.30	\$142.40	\$215.40
76	\$89.05	\$151.65	\$229.10
77	\$94.80	\$160.90	\$242.80
78	\$102.50	\$175.00	\$263.05
79	\$110.20	\$189.15	\$283.30
80	\$117.90	\$203.25	\$303.60
81	\$125.60	\$217.40	\$323.85
82	\$133.30	\$231.50	\$344.10
83	\$142.10	\$245.30	\$365.60
84	\$150.90	\$259.10	\$387.10
85	\$159.70	\$272.90	\$408.60
86	\$168.50	\$286.70	\$430.10
87	\$177.30	\$300.50	\$451.60
88	\$186.10	\$314.30	\$473.10
89	\$194.90	\$328.10	\$494.60

## ▼ Calculating rates

Modal premium = (A+B+C) x modal factor  
(rounded to the nearest penny)

A = number of units of base Daily Nursing Facility benefit  
x annual premium per \$10/day

B = number of units of base Daily Hospital benefit  
x annual premium per \$10/day

C = number of units of Home Care benefit rider  
x annual premium per \$150/week

Modal factors =

Annual .....1.0

Semi-annual.....0.52

Quarterly .....0.265

Monthly .....0.08333

### **For Example:**

- Issue Age of applicant: 72
- Buying \$100 per day of Daily Nursing Facility benefit (180 day benefit period, 20 day waiting), \$50 Daily Hospital benefit, and \$750 Home Care benefit (13 weeks)
- Monthly payment mode

A = 10 units x \$57.60	= \$576.00
B = 5 units x \$30.20	= \$151.00
C = 5 units x \$66.00	= \$330.00
	<hr/>
Total	= \$1057.00 (annual premium)

Modal premium = \$1057.00 x 0.08333 (monthly) =  
\$ 88.08 (monthly premium)

## Need help?

Contact the Agent Services team at 800 264.4000,  
or go to [aetnaseniorproducts.com](http://aetnaseniorproducts.com) (agent side).

## Our commitment

Continental Life Insurance Company of Brentwood, Tennessee, an Aetna Company 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. For over 30 years, policyholders have relied on our company to be there when they need us. We take those obligations very serious and everything we do is focused on fulfilling our commitments in a timely, hassle-free manner – so you can have the best experience possible. For more information, go to [www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com).



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