

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

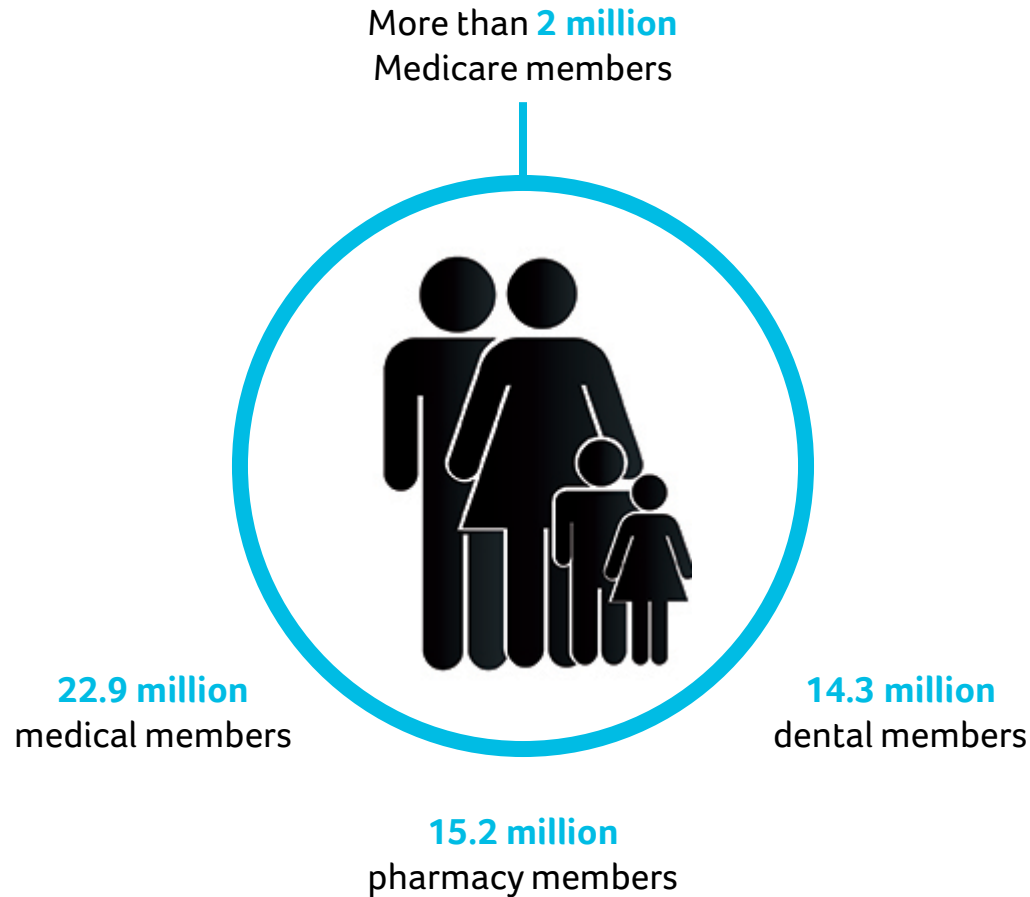
aetna®

Protection SeriesSM - Recovery Care Insurance Plans

Underwritten by Continental Life Insurance Company of Brentwood, Tennessee (CLI)



Aetna: A recognized leader in health insurance



*As of June 30, 2016

Top financial ratings – as of June 22, 2016

- Continental Life Insurance Company of Brentwood, Tennessee (CLI)



A.M. Best

“A” Excellent is the third highest rating out of sixteen possible ratings by A. M. Best Company. Founded in 1899, A.M. Best Company is the world’s oldest and most authoritative insurance rating and information source.

Aetna Senior Supplemental Insurance*

- Over 30 years specializing in the senior market
- Focused on being a distributor preferred company, supporting long term success for our valued producers
- A small company personality with big company capability
- Proven “personalized” customer service
- Products to cross sell that will help grow your business
- Attractive commissions and unique sales incentive trips
- Diverse product portfolio that meet the unique needs of your clients
- Consumer Lead Referral Program

* Includes all products underwritten by American Continental Insurance Company (ACI) and Continental Insurance Company of Brentwood, Tennessee (CLI) and Medicare Supplement products underwritten by Aetna Health and Life Insurance Company (AHLIC).

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

aetna

Protection SeriesSM –
**Recovery Care
Insurance Plans**

Security solutions.
For peace of mind
protection.

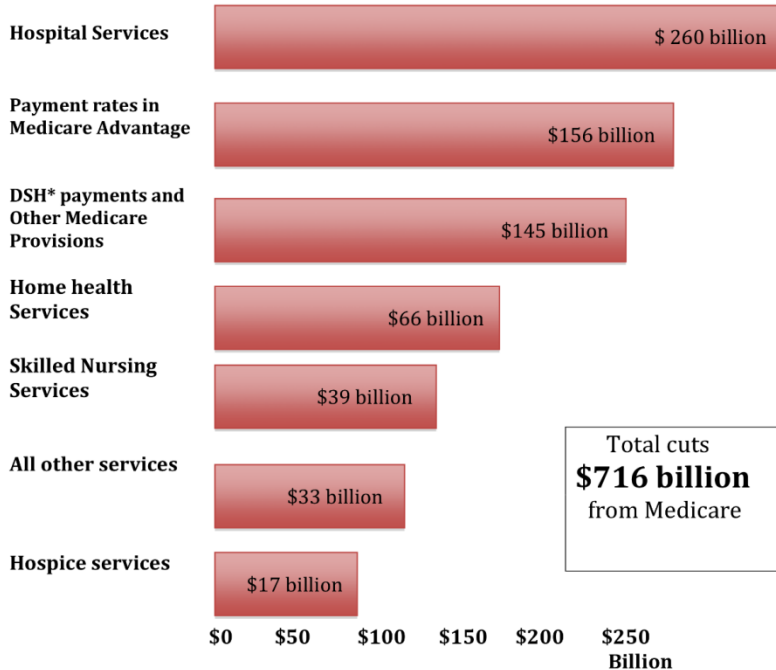
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The opportunity

Whether your clients are working or retired, it's important to consider the cost of health care and how an unexpected accident or illness could impact their finances.

A Recovery Care insurance plan gives your clients the freedom to choose how they want to recover and where. They choose the nursing facility, assisted living, the hospital or the provider (based on the plan options selected).

Cuts in Medicare- 2013-2022



Disproportionate Share Hospital, meaning payments that go to hospitals that serve a large number of low-income patients.

Source: Congressional Budget Office

Paying for hospital services

According to the Congressional Budget Office, **budget cuts** to Hospital Services, Home Health Services and Skilled Nursing Services as part of Medicare are projected to be **\$365 billion** between 2013-2022.

Inpatient versus observation stays

Did you know that staying overnight at a hospital doesn't always mean the person is listed as an inpatient?

A person only becomes an inpatient when a hospital formally admits the person as such, after a doctor orders it. Otherwise, a person could be billed for an "observation stay." This impacts how much the person pays and qualifying for skilled nursing facility care through Medicare.



Learn more by watching this video:
http://youtu.be/dpwUTK_fX2w

Sources: Medicare & You 2015 (p. 38), Centers for Medicare & Medicaid Services; NBC News, Office of the Inspector General (Dept. of Health and Human Services)

Inpatient versus observation stays



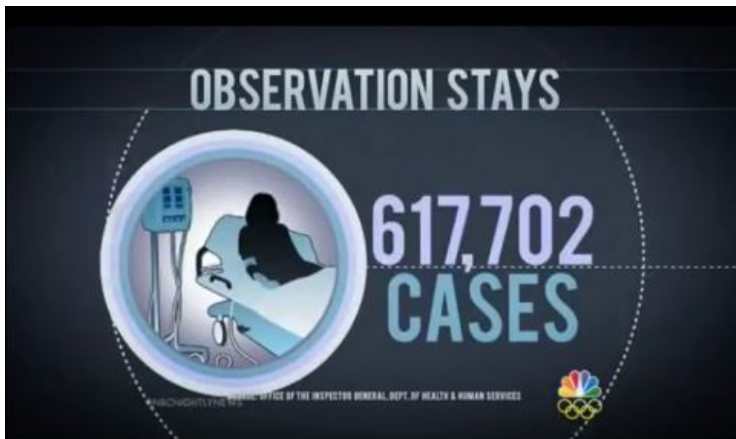
Medicare only pays for rehab for people admitted to a hospital as **inpatient** for 3 or more days, not if they were classified as **observation status**.

See the whole story here:

<https://youtu.be/sLmlpQKCXhY>

Inpatient versus observation stays

In 2015, there were more than **600,000** cases where patients were in the hospital for 3 days or more, but **not eligible for rehab coverage**.



See the whole story here:

<https://youtu.be/sLmlpQKCXhY>

Inpatient versus observation stays



That's what this patient experienced. She was under observation with a broken leg and was saddled with a \$28,350 rehab bill.

See the whole story here:

<https://youtu.be/sLmlpQKCXhY>

Inpatient versus observation stays

Hospitals are obligated to follow Medicare rules when assigning patients to their appropriate level of care.



See the whole story here:

<https://youtu.be/sLmIpQKCXhY>

Nursing Home Care ⓘ	
Semi-Private Room⁵	
Annual Cost	5-yr Annual Growth ³
\$80,300	4%
Private Room⁵	
Annual Cost	5-yr Annual Growth ³
\$91,250	4%

Home Health Care ⓘ	
Homemaker Services²	
Annual Cost	5-yr Annual Growth ³
\$44,616	2%
Home Health Aide²	
Annual Cost	5-yr Annual Growth ³
\$45,760	1%

Assisted Living Facility ⁴ ⓘ	
Annual Cost	
\$43,200	
5-yr Annual Growth ³	
2%	

¹ Based on 5 days per week by 52 weeks

² Based on 44 hours per week by 52 weeks

³ Represents the compound annual growth rate based on Genworth Cost of Care Survey

⁴ Based on 12 months of care, private, one bedroom

⁵ Based on 365 days of care

Source: Genworth 2015 Cost of Care Survey

Policyholder has the freedom to use the benefits* for:

- All levels of nursing facility care
 - Skilled
 - Intermediate
 - Custodial
- Services in an assisted living facility
- Home care (optional weekly benefit)



*Benefit availability varies by state. Product is not available in all states.

Recovery Care base benefit

- Daily nursing facility, including assisted living and bed reservation
 - Pays for a daily benefit for confinement in a nursing facility or assisted living facility, provided the policyholder cannot perform two or more Activities of Daily Living (ADLs) or has cognitive impairment
 - Up to \$300 daily maximum
 - Choice of covered days: 90, 180, 270, 360 (with a lifetime maximum equal to twice the number of covered days)
 - Waiting period: 0, 20, or 100 days
 - Issue ages: 50-89

At least one unit (\$10 per day) of Hospital Indemnity must be purchased with the Daily Nursing Facility benefit.

Product is not available in all states.



Recovery Care base benefit

- Daily hospital indemnity
 - Pays for a daily hospital benefit if the policyholder is confined in a hospital, including observation stays in a hospital
 - Up to \$300 daily maximum (for each day of confinement)
 - 20 days per period of care
 - Lifetime maximum: 365 days
 - Issue ages 50-89

At least one unit (\$10 per day) of Hospital Indemnity must be purchased with the Daily Nursing Facility benefit.



Product is not available in all states.

Home care rider (optional)

- Pays for each week the beneficiary receives three or more professional home care service visits of at least one hour per visit, provided the beneficiary cannot perform two or more Activities of Daily Living (ADLs) or you have cognitive impairment
- Up to \$1200 weekly maximum
- Choice of covered weeks: 13, 26, or 52 weeks (with a lifetime maximum equal to twice the number of covered weeks)
- Issue ages 50-89



Benefit availability varies by state. Product is not available in all states.

What is the Period of Care?

- Begins the first day of confinement in a hospital/nursing facility/assisted living facility due to a covered injury or sickness
- Ends when the insured has been out of the hospital and does not require medical care for 60 continuous days or out of the nursing facility/assisted living facility and does not require medical care for 180 continuous days

Is the policy guaranteed renewable?

- Yes

Are benefits paid directly to the policyholder?

- Yes, unless assigned to a healthcare provider

Do premiums increase because of age or health?

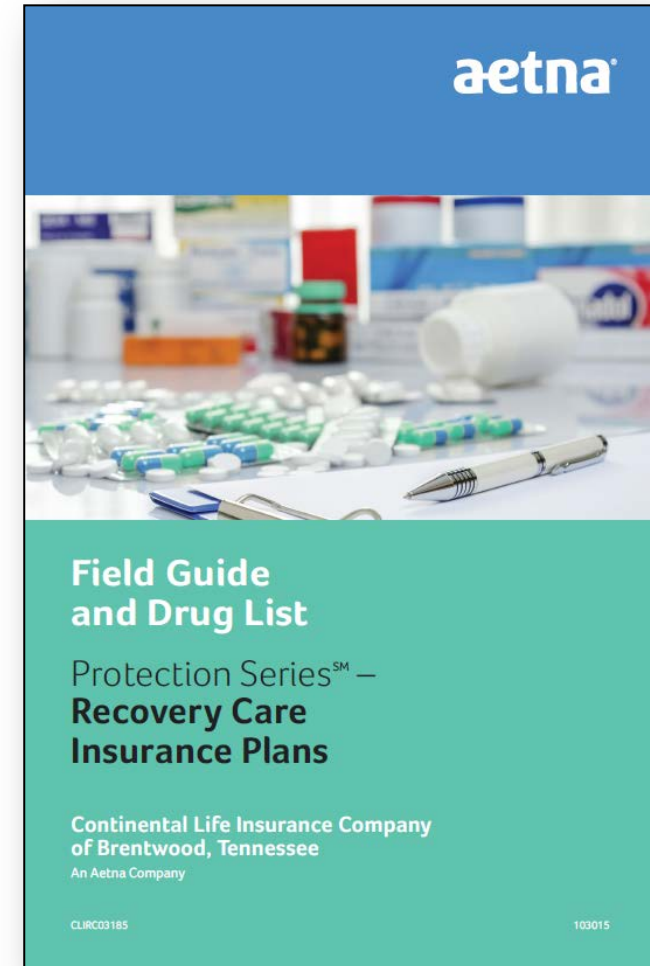
- No

Simplified Underwriting

- Yes or No application
- No phone interview required
- Prescription drug check:
Reference the Field Guide for drug list

Pre-Existing Conditions

- Policy pays for pre-existing conditions after it has been in-force for six months
- Benefits for all other covered injury or sickness begins the date the policy is issued



Field Underwriting

Agents should use caution when asking an applicant the health questions found on the application form.

- Don't rush through the health questions
- Make sure the applicant fully understands each part of the question and has enough time to carefully consider his/her response.
- If an applicant is unsure as to how to answer any of the health questions based on his/her health history, contact our underwriting department for guidance before you complete the application form.

Be careful. Responding incorrectly to a health question can result in a policy that is later rescinded.

1. Are you currently:		
A. confined to a hospital or nursing facility?	<input type="radio"/> Y	<input type="radio"/> N
B. bedridden or receiving any type of home health care?	<input type="radio"/> Y	<input type="radio"/> N
C. dependent on a walker, cane, wheelchair, or motorized mobility device?	<input type="radio"/> Y	<input type="radio"/> N
D. require assistance in performing everyday activities such as walking, eating, dressing, shopping, housekeeping, toileting, or bathing?	<input type="radio"/> Y	<input type="radio"/> N
2. Within the past 36 months have you been diagnosed or treated by a medical professional or had surgery for any of the following:		
A. congestive heart failure, kidney disease, Cirrhosis, Paget's disease, lupus or any connective tissue disorder?	<input type="radio"/> Y	<input type="radio"/> N
B. internal cancer (including breast cancer and prostate cancer), leukemia, lymphoma or melanoma?	<input type="radio"/> Y	<input type="radio"/> N
C. Alzheimer's disease, dementia, Parkinson's disease, cerebral palsy, multiple sclerosis, or any other neurological or neuromuscular disorder?	<input type="radio"/> Y	<input type="radio"/> N
D. acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="radio"/> Y	<input type="radio"/> N
3. Within the past 24 months have you:		
A. been prescribed the use of oxygen by a medical professional?	<input type="radio"/> Y	<input type="radio"/> N
B. had any type of amputation caused by disease?	<input type="radio"/> Y	<input type="radio"/> N
C. been treated for transient ischemic attack (TIA), CVA or stroke?	<input type="radio"/> Y	<input type="radio"/> N
D. been hospitalized three or more times for any reason?	<input type="radio"/> Y	<input type="radio"/> N
E. had any lung or respiratory disorder requiring the use of a nebulizer or oxygen, or 3 or more medications for lung or respiratory disorder?	<input type="radio"/> Y	<input type="radio"/> N
F. been diagnosed or treated by a medical professional for mental or nervous disorder excluding anxiety or mild depression?	<input type="radio"/> Y	<input type="radio"/> N
4. Do you have diabetes:		
A. that requires the use of 50 or more units of insulin?	<input type="radio"/> Y	<input type="radio"/> N
B. with any complications resulting from the diabetes (including neuropathy, heart or artery blockage, retinopathy)?	<input type="radio"/> Y	<input type="radio"/> N
C. Do you have insulin dependent diabetes in conjunction with a heart disorder (other than high blood pressure)?	<input type="radio"/> Y	<input type="radio"/> N
5. Within the past 12 months, have you:		
A. been advised by a medical professional to have treatment, further evaluation, diagnostic testing, or have test results pending?	<input type="radio"/> Y	<input type="radio"/> N
B. been diagnosed or treated by a medical professional for any type of seizure?	<input type="radio"/> Y	<input type="radio"/> N
6. Within the last 12 months have you been advised by a medical professional that surgery may be required within the next year for any existing health condition including joint replacement?		
	<input type="radio"/> Y	<input type="radio"/> N
7. Within the past 12 months, have you been recommended or advised by a medical professional to have treatment or counseling for alcohol or drug abuse?		
	<input type="radio"/> Y	<input type="radio"/> N

HIPAA form required

When submitting the application, be sure to include the signed HIPAA form (available in the sales kit).

Continental Life Insurance Company of Brentwood, Tennessee
An Aetna Company
800 Crescent Centre Dr.
Suite 200
Franklin, TN 37067

Health Information Authorization

From Continental Life Insurance Company of Brentwood, Tennessee

Page 1 of 1

- Print clearly and use blue or black ink.
- This is a HIPAA Compliant Authorization.

To Agent: Have applicant complete and sign home office copy to submit with application. Applicant keeps one copy.

Applicant declarations

Please read these statements carefully

I authorize the use and disclosure of health information about me as described herein.

Health Information to be Used or Disclosed: This Authorization applies to information about: my past, present, or future physical or mental health or condition; health care I receive; the past, present, or future payment for my health care; and any related diagnosis, treatment, or prognosis. This includes, but is not limited to, information about: drugs; alcoholism and mental illness; and may be in electronic or paper form. It does not include information about previously administered tests for t-cell counts, HIV antibodies, AIDS or ARC.

Who May Request or Use Information: This information may be disclosed to and used and or disclosed by: Continental Life Insurance Company of Brentwood, Tennessee; its insurance support organizations; its affiliates and reinsurers.

Who is Authorized to Disclose Information: All of the following persons or entities are authorized to disclose health information or records about me: physicians; health professionals; hospitals; clinics; the Veterans Administration; or other medical or medically related facilities; care providers or evaluators; insurance companies; reinsurers; consumer reporting agencies; insurance support organizations.

Purpose: This health information may be used or disclosed to: evaluate and underwrite my application; determine premium amounts, adjudicate claims and to support the operations of our health plans.

Statements of Understanding: I understand that: (1) I will receive a copy of this Authorization; and that a copy of it is as valid as the original; (2) this Authorization will be valid for 24 months from the date signed; (3) if I do not sign this Authorization, or revoke it by writing to Continental Life Insurance Company of Brentwood, Tennessee at its Administrative Office, the Company may decline my application; and (4) if I revoke this Authorization, my revocation is not effective for any information that might have been used or disclosed in reliance on this Authorization (5) Some of the health information obtained may be disclosed to persons or organizations that are not subject to federal health information privacy laws, resulting in the information no longer being protected under such laws. I further understand that such information may be redisclosed only in accordance with applicable laws or regulations.

Primary applicant please fill in this information

Signature of applicant

Printed name of applicant

City State Zip

Date

Other important information

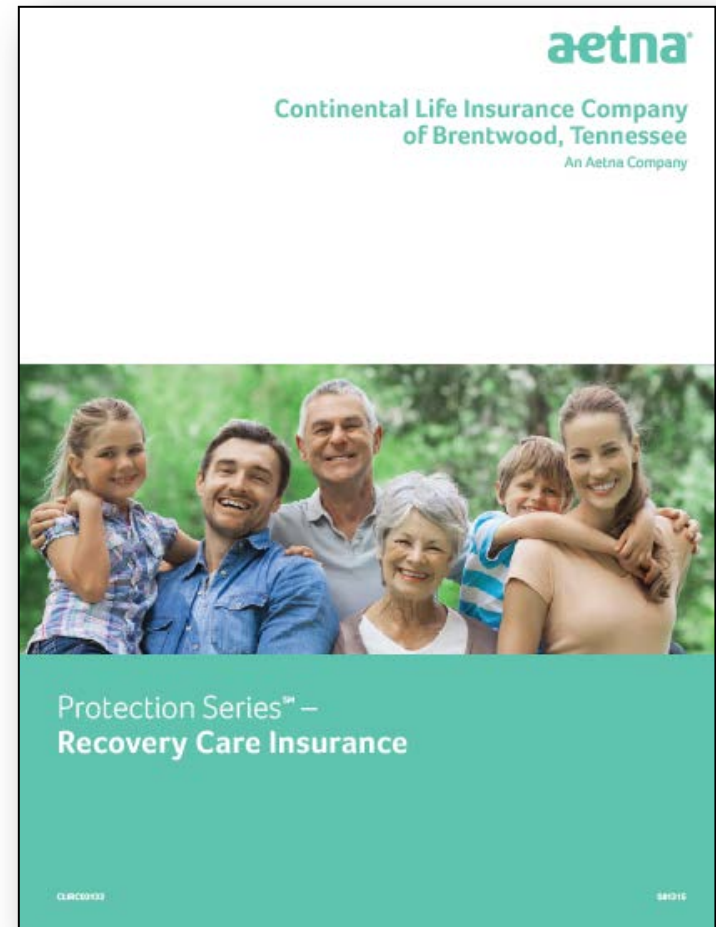
Producer Compensation

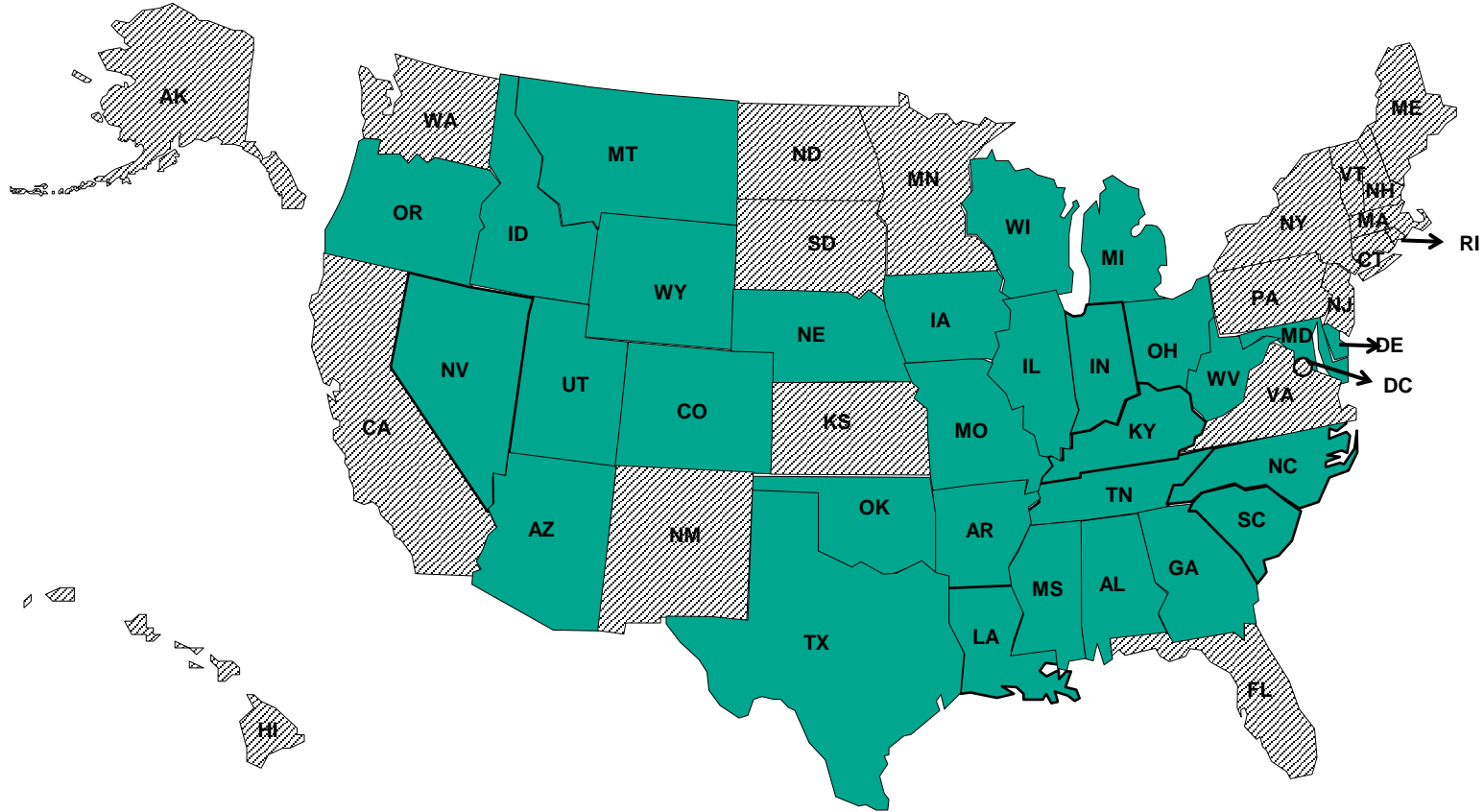
When you purchase insurance from us, we pay compensation to the licensed agent, who represents us for such limited purposes as taking your insurance application, collecting your initial premiums and delivering your policy, and to any intermediaries through which the licensed agent works. This compensation 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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Recovery Care cannot be marketed or advertised as a...

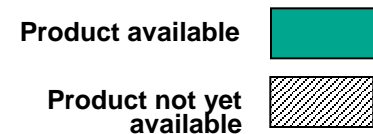
- Replacement for a Major Medical plan
- Supplement to Medicare or a Medicare Supplement plan
- “Wrap,” “gap-filler,” “supplement,” or imply that it functions as one





Product availability as of December 14, 2016

Applicant must reside in policy issue state



How to start the conversation:

- Do you have coverage for nursing care?
- Do you have funds set aside to cover either a skilled stay or home health care?



IMPORTANT:

- You need home office approval to sell before you take an application.
 - Indicate the states where you plan to sell in Section 4 of the Producer Information Form (PIF).
- Use approved marketing materials based on the policy issue state.
 - Sales kit includes all the required forms and sales materials (sales kits vary by state).
- No certification or tests are required.

Remember – as new products become available, home office approval is required. Make sure you are properly licensed AND appointed (with the appropriate underwriting company) in the state(s) where you wish to market any Aetna Senior Supplemental insurance product.

Aetna Health and Life Insurance Company
 American Continental Insurance Company
 Continental Life Insurance Company of Brentwood, Tennessee

Aetna Companies
 800 Crescent Centre Dr., Suite 200
 Franklin, TN 37067
 Tel: 800.264.4000 ext. 3, 5
 Fax: 866.618.4993
 AETSSContracting@Aetna.com

Producer Information And Appointment Form (PIF)

from Aetna Health and Life Insurance Company (AHLIC),
 American Continental Insurance Company (ACI), and
 Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Page 1 of 7

• Please print clearly completing all fields using blue or black ink, and initial any corrections.
 • If completing electronically, fill in all blue highlighted areas. When complete, sign form, and print a copy for your records and submit.

1. Initial appointment

Complete all sections 2 - 9 below. Your appointment request will be processed for all entities listed above in states where you are appropriately licensed and product is available. You are not authorized to solicit any application on behalf of the company until you receive your welcome letter and producer writing code.

2. Individual applicant appointment information

Name *First, Middle, Last, Suffix (As it appears on your Resident License)* _____

Social Security Number (SSN) _____ National Producer Number (NPN) _____

Date of birth _____ Gender Female Male

Residential address *(Not a P.O. Box)* _____

City _____ State _____ Zip _____

Business address *(P.O. Box accepted)* _____

City _____ State _____ Zip _____

Preferred phone _____ Secondary phone _____ Fax _____

Preferred mailing address *Select one* E-mail address _____

Residential Business _____

Previous names *List all other names or aliases you have used in the last 7 years* _____

Attach a separate sheet if more space is required for additional names. _____

3. Incorporated Entity, Partnership or LLC appointment information

⚠ Proceed to Section 4 if you are not Incorporated, a Partnership, or LLC. Appointment type entity *Select one*
 Partnership LLC Incorporated Entity

Entity name *As it appears on your Domicile State License* _____ Tax Identification Number (TIN) _____

Officer should complete Section 3. Entity address _____

City _____ State _____ Zip _____

Entity phone _____ Entity fax _____

Website address _____ E-mail address _____

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030915

To become approved to sell, or for product information or training, contact the **Agent Services** team at:

Phone:

800 264.4000 option 3, 1 (Sales)
8 a.m. – 4:30 p.m. CT

Fax:

855 690.0893

Email:

AetSSlinformation@aetna.com



Aetna Senior Supplemental Insurance
Home office: Franklin, Tennessee (Nashville area)

Privacy: It's Everyone's Responsibility

Customer information needs to be protected and secured at all times.

- Demographic, bank and health information
- Coverage type, policy and claims information

Data stored on laptops and other electronic and mobile devices used for business must be encrypted.

- Do not download or store customer data unless absolutely necessary
- Secure these devices when not in use.

Any loss of data, stolen/lost laptops/devices must be reported to Aetna Compliance as soon as possible.

- Notify Aetna's 24-hour corporate security hotline at 800 682.3213.

Vendors and support staff used by producers must also comply with privacy laws.

- Do not provide customer data to anyone other than what is minimally necessary to transact business.



Qualification Period:

January 1, 2016 – December 31, 2017

Destination:

Miami, Florida

Summer 2017

Qualifying Products:

Medicare Supplement 1:1 production

Final Expense 3:1 production

Complementary 3:1 production

(Cancer and Heart Attack or Stroke, Continental Care, Home Care, Home Care Plus, Hospital Indemnity, Nursing Facility Care, Recovery Care)

BONUSES:

Submit \$80,000 or more in **underwritten** Medicare Supplement business and earn an extra **\$30,000 production credit** toward qualification.

Submit 60% of qualifying business via **E-App** and earn an extra **\$20,000 production credit** towards qualification.

Requirements:

Combination of any qualifying products

MGAs

\$5,000,000 production = 1 trip

\$10,000,000 production = 1 extra trip

\$15,000,000 production = 2 extra trips

Recruiting GAs

\$1,000,000 production = 1 trip

\$4,000,000 production = 1 extra trip

Agents

\$200,000 production = 1 trip

For details and to track your progress, go to aetnaseniorproducts.com (agent side/promotions)

Another Way We Help Agents To Grow Their Business With Us!

Get FREE leads from your existing policyholders with this simple program:

- Referral cards are sent to existing policyholders through their policy (when issued) and with each EOB.
- Policyholder provides a referral and receives a FREE gift.
- Agent works the referral AND receives his/her normal commission for the sale PLUS production credit.

Registration in the program is required.

For more information contact:

Natalie Slaughter, Program Manager

SlaughterN@aetna.com

Do you know someone who would be interested in the same type of insurance coverage and excellent service as you have?

Send us their name(s) and you will receive a **FREE GIFT!**

Thank you!

Aetna Senior Supplemental Insurance:

- Aetna Health and Life Insurance Company
- Aetna Life Insurance Company
- American Continental Insurance Company
- Continental Life Insurance Company of Brentwood, Tennessee

Aetna Companies

CGFLP01546
800 264.4000
030315

My name _____ **Policy No.** _____

Please mention my name when contacting these referrals. Yes No

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____

.....

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____

.....

Name _____

Address _____

City _____ State _____ Zip _____

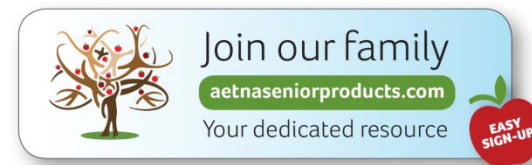
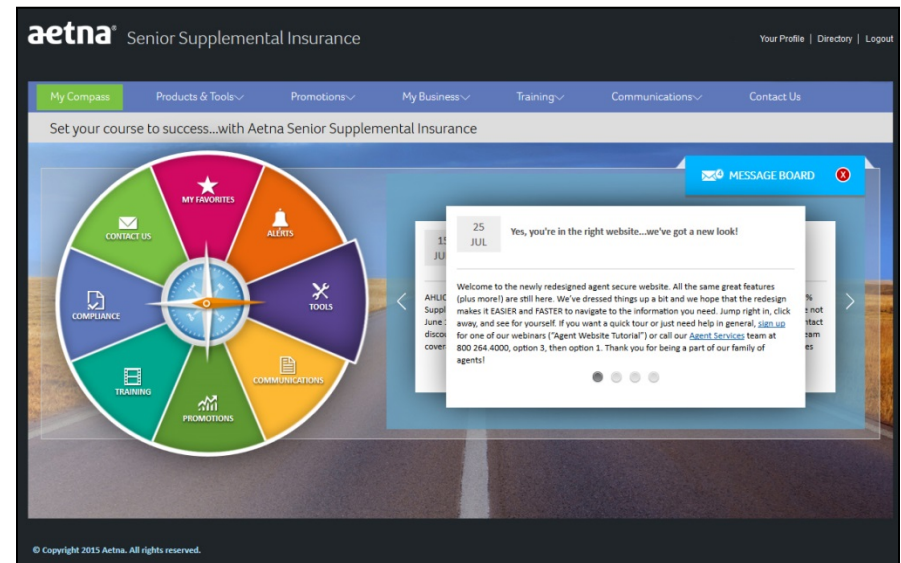
Phone _____ Age _____

ALL information for each referral must be completed in order to qualify for the free gift.

A website dedicated to supporting your business: aetnaseniorproducts.com

Information you need at your fingertips

- My Business dashboard
 - Pending new business report
 - Recently issued business
 - Potential Policy Lapse (a policy conservation report)
 - Policy termination
 - Policy search
- Agent message board, including office closings
- Alerts - important policyholder alerts
- Product and supplies
 - View, download or order materials
- Promotions (sales contests)
 - Track your progress
- Commission statements
- Policyholder secure portal



Keeping you up to date

Email blasts

- Weekly eBulletin
- Product launches
- Sales incentive announcements
- Regulatory updates
- Operational updates
- Upcoming webinars and seminars

Pacesetter newsletter

- Insights from Aetna Senior Supplemental leaders
- Product updates
- Agent recognition
- Promotions updates
- Industry trends
- Compliance Corner articles



Our focus on helping you (the agent) is what sets us apart...

- A dedicated Agent Services team with one number for all administrative questions
800 264.4000 option 3, 1
- Knowledgeable Regional Vice Presidents and Regional Sales Managers
 - Field staff that cover three geographical regions
 - Offer product training and support to help grow your business
 - Provide assistance in resolving issues or concerns

Available to answer your questions regarding:

- How to become contracted (or approved to sell new products)
- Product support or training opportunities
- Order sales materials
- New business
- Underwriting
- Commissions
- Policyholder services



Senior Supplemental Insurance
Sales Management Team

Regional Vice President
West



Tony Clark

Regional Vice President
Mid-West

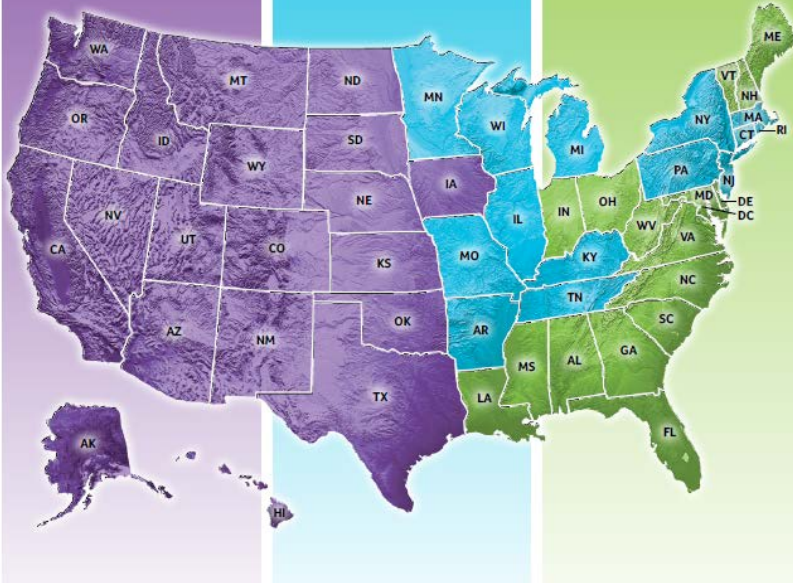


George Pelekanos

Regional Vice President
East



Johnny Matos



West

AK, AZ, CA,
CO, HI, IA, ID,
KS, MT, ND,
NE, NM, NV,
OK, OR, SD, TX,
UT, WA, WY

Regional
Vice President

Tony Clark

Tony.Clark@aetna.com
804 381.1068

Sales
Specialist

William Davis

William.Davis@aetna.com
615 807.7514

Mid-West

AR, CT, IL, KY,
MA, MI, MN,
MO, NJ, NY,
PA, RI, TN, WI

Regional
Vice President

George Pelekanos

George.Pelekanos@aetna.com
615 785.2599

Sales
Specialist

Rose Faulkner

Rose.Faulkner@aetna.com
615 807.7515

East

AL, DC, DE, FL,
GA, IN, LA,
MD, ME, MS,
NC, NH, OH,
SC, VA, VT, WV

Regional
Vice President

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MatosJA@aetna.com
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Sales
Specialist

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