



Genworth®
Financial

HOME CARE

*Policy Form HC 96
This is a Limited Benefit or
Supplemental Policy*

AN INDEMNITY PLAN OF INSURANCE WITH
BENEFITS FOR HOSPITAL CONFINEMENT,
HOME CARE AND REGISTERED NURSE

Underwritten by
Continental Life Insurance Company
of Brentwood, Tennessee

PROTECTING THE COMFORT OF RECOVERY

This brochure is an illustration for Policy Form HC96 and is not a contract of insurance.

Have you considered what you would do if you or a loved one had an illness or accident that required limited rehabilitative care? At Continental Life Insurance Company of Brentwood, Tennessee (Continental Life), we have designed an affordable insurance plan that combines benefits for hospital stays with home care and registered nurse services. This policy provides important benefits so you may have a comfortable recovery.

Your Choice

Plan benefits can help offset the deductibles and co-pays that you may have with other insurance plans. Plan benefits can even help with expenses incurred but not covered by other insurance. Benefits are paid in addition to any other coverage, including Medicare. And, when you choose a Continental Life insurance policy, you get the first class customer service, financial stability, and security that comes from being a member of the Genworth Financial* family of companies.



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 and health care expenses.
- This policy should not be purchased as a supplement to Medicare or Medicare related plans.

OUR COMMITMENT TO YOU

Continental Life has an unwavering commitment to providing the best service possible (with quick claims payment) and quality insurance products (with solid financial backing) for our policyholders. Continental Life is a Genworth Financial Company – a leading insurance holding company, serving the lifestyle protection, retirement income, investment and mortgage insurance needs of more than 15 million customers, with operations in 24 countries. *Each Genworth Financial Company is solely responsible for its contractual commitments.

POLICY BENEFITS

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

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

Daily Hospital Indemnity

This policy will pay a daily benefit for each day you are confined in a hospital for a covered sickness or injury with a lifetime maximum of 365 days. The base policy includes a minimum \$10 daily hospital benefit. Additional coverage may be purchased in \$10 increments up to the daily maximum of \$150.

Available Daily Hospital Indemnity Benefit:
Issue Ages 50-89: \$10 to \$150

Home Care Indemnity

This policy will pay the amount you choose per week for each week you receive three or more Practitioner Visits on separate days to provide medically necessary home care, not to exceed 26 weeks during any Period of Care. There is no limit to the number of Periods of Care.

\$150/week \$300/week \$450/week \$600/week \$750/week

Registered Nurse Indemnity

In-Hospital Indemnity

When hospital confined this policy will pay \$30 per shift, maximum of two shifts per day (*up to a total of \$60*), not to exceed 30 days per Period of Care, for the services of a private duty, graduate or registered nurse. The services must be certified medically necessary by a doctor.

At-Home Indemnity

This policy will pay \$30 per shift, maximum of two shifts per day (*up to a total of \$60*), not to exceed 30 days per Period of Care, if a doctor certifies that in-home services of a private duty graduate, or registered nurse are medically necessary.



DEFINITIONS

Home Care is any usual and customary service provided by the home health care provider including physical therapy, occupational therapy, speech therapy, home health aide and medical-social services.

Practitioner Visit is personal contact in the place of residence of a covered person by a licensed home health care practitioner for the purpose of providing a service that is reasonable and medically necessary for the treatment of a covered illness or a covered injury. Place of residence does NOT include a hospital or nursing home or a place that primarily treats alcoholics, drug addicts, the mentally ill or any other institution.

Period of Care begins with the first day you require hospital confinement or medically necessary home health care because of a covered injury or covered sickness. It ends when you have been out of the hospital and do not require medically necessary home care for a period of 180 consecutive days.



Renewability

We guarantee to renew this policy during your lifetime as long as the renewal premiums are paid on time, either in advance or during the grace period. The premium rates may change. A change will apply to all contracts with the same form number, and 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 notification. Such advance notice will equal or exceed the requirements in your state. Each premium will be computed by the age as 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 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:

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.
2. Mental or emotional disorders (such as neurosis, psychoneurosis, psychopathy, psychosis, or personality disorder) without demonstrable organic disease; (Alzheimer's disease is not excluded).
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 to 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 home health care agency which has any financial relationship, other than an arrangement to provide you home health care, with any member of your family, or with your physician.

** "or condition of" not applicable in Oklahoma*

***All of Exclusion (7) not applicable in Missouri and Texas; and "or State government (except Medicaid)" not applicable in Louisiana.*

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

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Policy Fee \$20

(In MS \$6; No policy fee in KY)

*By purchasing the Home Care Indemnity Benefit, you will receive \$10 of the Daily Hospital Benefit.

HOME CARE INDEMNITY WEEKLY BENEFIT BASE RATES										
(Rate includes Registered Nurse Indemnity Benefits and the \$10 base daily hospital benefit*.)										
AGE	BSP RATE					ANNUAL RATE				
	\$150	\$300	\$450	\$600	\$750	\$150	\$300	\$450	\$600	\$750
50-59	9.62	15.95	22.28	28.62	34.95	115.38	191.38	267.38	343.38	419.38
60-64	10.92	17.75	24.59	31.42	38.25	131.05	213.05	295.05	377.05	459.05
65-69	14.50	23.67	32.84	42.00	51.17	174.05	284.05	394.05	504.05	614.05
70-74	18.27	29.77	41.27	52.77	64.27	219.20	357.20	495.20	633.20	771.20
75-79	24.87	41.12	57.37	73.62	89.87	298.40	493.40	688.40	883.40	1078.40
80-84	29.52	48.52	67.52	86.52	105.52	354.20	582.20	810.20	1038.20	1266.20
85-89	33.79	55.04	76.29	97.54	118.79	405.48	660.48	915.48	1170.48	1425.48

RATES FOR OPTIONAL BENEFIT

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.

Example: For a total \$50 daily hospital benefit for an applicant age 59, add \$7.36 (i.e., 4 additional units x \$1.84) to the base BSP premium rate.

DAILY HOSPITAL BENEFIT		
Rates per additional \$10 Daily Benefit		
AGE	BSP 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

PAYMENT MODES
Semi-Annual = Annual x .52
Quarterly = Annual x .265
Monthly (EFT) = 1/12 x Annual

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.

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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