

Dental and Vision Benefit Rider* – Monthly Rates

MALE OR FEMALE			
ISSUE AGE	\$400	\$800	\$1,200
55	\$24.17	\$29.42	\$34.25
56 - 60	\$25.25	\$30.67	\$35.67
61 - 65	\$26.58	\$32.00	\$36.92
66 - 70	\$28.25	\$33.58	\$38.17
71 - 75	\$29.92	\$34.83	\$39.42
76 - 80	\$31.58	\$36.08	\$40.67
81 - 85	\$33.25	\$37.42	\$42.08

*Not available in GA, MD, and OR.

Critical Accident Benefit Rider – Monthly Rates**

ISSUE AGE	FEMALE		MALE	
	\$5,000	\$10,000	\$5,000	\$10,000
55 - 59	\$1.92	\$3.83	\$1.50	\$3.00
60 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
80 - 84	\$8.67	\$17.33	\$6.62	\$13.25
85	\$11.33	\$22.67	\$9.42	\$18.83

**Not available in MD and WY.

Ambulance Benefit Rider

ISSUE AGE	Premium
55 - 59	\$2.33
60 - 69	\$3.08
70 - 80	\$4.83

Return of Premium Rider***

AGE	Upon Death
55 - 59	0.35
60 - 64	0.45
65 - 69	0.60
70 - 75	0.80

*** Not available in GA & MD.

SHORT-TERM HOME HEALTH CARE BENEFIT EXCLUSIONS

The Policy will not pay benefits for Loss under the following circumstances:

1. For the provision of services due to Injury or Sickness arising out of war or any act of war, declared or undeclared while serving in the military services or any auxiliary unit attached thereto;
2. For the provision of services due to Injury or Sickness caused, or aggravated by, intentionally self-inflicted injuries, or attempted suicide while sane or insane;
3. For the provision of services due to participation in a felony, riot or insurrection;
4. For the provision of services due to Injury or Sickness arising out of or in the course of employment or which is compensable under any workers' compensation or occupational disease act or law; or motor vehicle no-fault law;
5. For the provision of services by a member of Your Immediate Family unless: (a) he or she is employed by the Home Health Care Agency; (b) the Home Health Care Agency receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees of the Home Health Care Agency;
6. For the provision of services not included in Your Plan of Care;
7. For the provision of services which would not routinely be paid in the absence of insurance;
8. For the provision of services received outside the United States or its possessions;
9. For the provision of services arising out of Your taking of alcohol, or Your voluntary use of any drug, narcotic or other controlled substance, unless taken as prescribed by a Doctor; or
10. For the provision of services incurred prior to the Policy Effective Date, or on or subsequent to its termination or expiration date.

Coverage is subject to a pre-existing condition limitation and some optional riders are subject to a waiting period. Refer to the outline of coverage for more details.

This is not long-term care insurance. Short-term home health care insurance, is issued on Policy Form Series G2370 and Rider Form Series RG23CG, RG16ASH, RG15RPDL, RG15CA, RG16ASB, RG12DV by Guarantee Trust Life Insurance Company, Glenview, IL. This product and its features are subject to state availability and variability, and GTL's right to increase premium on a class basis. This Policy has exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. Insurance is guaranteed renewable and will remain in force as long as premiums are paid on time. For cost and complete details of coverage, please refer to the Outline of Coverage or contact your agent.

GTL | GUARANTEE TRUST LIFE
 1275 Milwaukee Avenue, Glenview, IL 60025
 www.gtlc.com | 800-338-7452

GTL | GUARANTEE TRUST LIFE

Short-Term Home Health Care Insurance



With Cash Benefits and Innovative Support for Family Caregivers!

Please Contact:

GAD15.8-23

UNDERWRITTEN BY:
 Guarantee Trust Life Insurance Company

(Rev. 9/25) 15B652

Base Plan Monthly Rates
 (Does not include monthly \$1.67 policy fee)

Home Health Care Daily Benefit Options

ATTAINED AGE*	OPTION A	OPTION B	OPTION C
	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
55	\$12.55	\$25.10	\$38.40
56 - 60	\$14.48	\$28.97	\$44.38
61 - 64	\$19.42	\$38.84	\$59.76
65 - 70	\$22.87	\$45.74	\$70.84
71 - 75	\$31.18	\$62.36	\$97.76
76 - 80	\$41.81	\$83.63	\$134.48
81 - 85	\$55.59	\$111.18	\$182.21

*Base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are Attained Age and will increase upon the policyholders anniversary date as outlined above.

Monthly Caregiver Rates

ISSUE AGE	Monthly	ISSUE AGE	Monthly
55	\$3.11	70	\$8.62
56	\$3.30	71	\$9.26
57	\$3.50	72	\$9.95
58	\$3.72	73	\$10.66
59	\$3.95	74	\$11.40
60	\$4.21	75	\$12.13
61	\$4.51	76	\$12.89
62	\$4.81	77	\$13.63
63	\$5.16	78	\$14.36
64	\$5.53	79	\$15.09
65	\$5.94	80	\$15.59
66	\$6.39	81	\$16.23
67	\$6.88	82	\$16.83
68	\$7.42	83	\$17.40
69	\$8.01	84+	\$17.95

Caregiver rates are Issue Age and do not increase as you age.

Add Base Plan and Caregiver Rates to determine your base rate.

Monthly Rider Rates
Accident & Sickness Hospitalization Benefit Rider

ATTAINED AGE*	3 DAY	6 DAY	10 DAY
55	\$0.44	\$0.61	\$0.70
56 - 60	\$0.51	\$0.71	\$0.81
61 - 64	\$0.54	\$0.75	\$0.87
65 - 70	\$0.56	\$0.81	\$0.96
71 - 75	\$0.67	\$0.98	\$1.16*
76 - 80	\$0.85	\$1.25	N/A
81 - 85	\$1.02	\$1.52	N/A

*ASH Rider annual rates are attained age. For ages 55-74, daily benefit period available is 3, 6 or 10 days, \$100-\$450 per day. For ages 75-85, daily benefit period available is 3 or 6 days, \$100-\$300.



Short-Term Home Health Care Benefits

GTL will pay a daily benefit for each day you receive the following home health care services. Daily benefit amounts will vary by plan selected* (**Maximum Benefit Period is 360 days**). To qualify for benefits, a Licensed Health Care Practitioner must certify you as having a Cognitive Impairment or the inability to perform at least two (2) of six (6) Activities of Daily Living without substantial assistance (bathing, continence, dressing, eating, toileting and transferring).

Daily Benefit Amount Maximums

Plan A
\$150

Plan B
\$300

Plan C
\$450

	Plan A	Plan B	Plan C
Skilled nursing care, RN	\$75	\$150	\$200
General nursing care, (LPN/LVN)	\$60	\$120	\$200
Physical Therapy	\$75	\$150	\$200
Speech Pathology	\$75	\$150	\$200
Occupational Therapy	\$75	\$150	\$200
Chemotherapy Specialist	\$60	\$120	\$200
Enterostomal Therapy	\$50	\$100	\$200
Respirational Therapy	\$50	\$100	\$200
Medical Social Services	\$100	\$200	\$300
Home Health Aide	\$50	\$100	\$150

** Total benefits payable for all of the home health care services listed above are limited to a combined maximum daily benefit. The combined maximum daily benefit for Plan A is \$150, for Plan B is \$300 and for Plan C is \$450.*

Where Short-Term Care Insurance Meets Support for Your Loved Ones

Family Caregiver Benefits — Caregiver Support Plus Cash Benefits

GTL's Short-Term Home Health Care benefits include an innovative family caregiver benefit and concierge services.

After you have an approved Home Health Care claim and your family caregiver¹ has registered and gone through a caregiver assessment² with TCARE, **GTL will pay a \$3,500 caregiver lump sum to your loved one**. The caregiver benefit can be paid directly to you or you can assign it³ to your caregiver — the choice is yours.

TCARE's Family Caregiver Concierge Service is designed to support your loved ones and prevent caregiver burnout. By offering a variety of tools and targeted resources, TCARE empowers loved ones to take care of themselves while providing care and support to you!

Who is TCARE?

TCARE enables family caregivers to focus on what matters most: taking care of themselves and their loved ones.

With tailored action plans, tech-enabled insights, comprehensive resources, and family care protection products, TCARE is here to help families navigate their caregiving journey.



(1) Caregiver means a member of Your Immediate Family, or other person, who, on a day-to-day basis, provides at least one (1) hour of Covered Home Care directly to You in Your Home. A Caregiver does not include a person who qualifies as a Home Health Care Practitioner, as defined by the Short-Term Home Health Care Benefit Rider, if such rider is attached to Your Policy.

(2) The caregiver assessment means the process by which a Qualified Caregiver Support Provider, in cooperation with a Caregiver, develops a Tailored Caregiver Plan of Care that the Caregiver must comply with while performing Your Covered Home Care.

(3) Potential Tax Consequences for Benefits Paid to an Informal Caregiver: Benefits paid to an informal Caregiver under an Assignment of Benefits may have potential tax consequences for such person. Prior to requesting Your benefits hereunder be paid to an informal Caregiver, such person should be advised of the potential for tax consequences and advised to consult with a personal tax advisor. Guarantee Trust Life Insurance Company or its agents do not provide legal, financial, or tax advice.

Why Short-Term Home Health Care Insurance from GTL?


Benefits Paid Directly to You


3 Plans to Choose From


Support for Family Caregivers


Benefits for Prescription Drugs


Riders to Customize Coverage

Short-Term Home Health Care Aide Benefit*

Daily Benefit Amounts vary by selected plan. Benefits are payable should you have an inability to perform two or more Activities of Daily Living or have a Cognitive Impairment. A prior hospitalization stay is not required. The maximum benefit period is 360 days.

Plan A	Plan B	Plan C
\$50 Per Day	\$100 Per Day	\$150 Per Day

Prescription Drug Benefit

GTL will pay a benefit amount of \$10 for each generic or \$25 for each brand name prescription drug up to a policy year maximum of \$300 for Plan A, \$600 for Plan B or \$900 for Plan C.

	\$10 Generic	\$25 Brand Name
Plan A up to	\$300 Per Year	\$600 Per Year
Plan B up to	\$600 Per Year	\$900 Per Year
Plan C up to	\$900 Per Year	

Restoration of Benefits

Benefits restore if covered home health care services have not been received for 180 consecutive days AND a Licensed Health Care Practitioner has certified that you have sufficiently recovered to no longer require home health care or nursing care services.

*Home Health Care Aide Benefit is part of the combined max daily benefit.

Additional Benefits to Choose From

- Accident and Sickness Hospitalization Benefit Rider
- Dental and Vision Benefit Rider
- Critical Accident Benefit Rider
- Ambulance Benefit Rider
- Return of Premium Rider

Guarantee Trust Life Insurance Company

Founded in 1936, Guarantee Trust Life Insurance Company (GTL) has a history of ground-breaking insurance products designed to provide policyholders access to cutting-edge medical advancements and care. From claims paid quickly to customer service calls answered by our friendly staff in Glenview, Illinois, we make it easy for you when you need us most.