

GTL

**GUARANTEE
TRUST
LIFE**

Short-Term Home Health Care Insurance



**With Cash Benefits
and Innovative Support
for Family Caregivers!**

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company
GAD15.1-23-AZ

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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.

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	\$100	\$150
Per Day	Per Day	Per Day

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

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.

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

Additional Benefits to Choose From

Accident and Sickness Hospitalization Benefit Rider

You will receive benefits of up to \$300 a day, dependent on the plan selected, should you be confined to a hospital due to an accident or sickness. You can choose a 3-day or 6-day benefit period which will restore after 60 days of no hospital confinement. Full benefits are paid for hospital stays as long as confinement was at least 24 hours.

If choosing:	HHC Plan A	HHC Plan B	HHC Plan C
Hospitalization Benefit Amount	\$100 A Day	\$100 or \$200 A Day	\$100, \$200 or \$300 A Day
Benefit Period	3 or 6 Days	3 or 6 Days	3 or 6 Days

Hospitalization Benefits restore after 60 days of no hospitalization.

Ambulance Benefit Rider

This rider will pay a \$200 benefit for ground ambulance services to or from a medical facility, up to four times a year and subject to a lifetime maximum of \$2,500. No hospitalization confinement is required.

Return of Premium Rider

This rider will return all premiums you have paid minus benefits paid in the event of your death. Refer to the outline of coverage for details.



Dental and Vision Benefit Rider

This rider will pay you an annual benefit of up to \$400, \$800 or \$1,200 for services performed by a licensed dentist, ophthalmologist or optometrist after the first year, including \$200 for prescription eye glasses or contact lenses.

Critical Accident Benefit Rider

After an Emergency Room visit, this rider will pay a lump sum benefit for the following types of accident injuries:

Covered Event	\$5,000 Plan	\$10,000 Plan
Accidental Death	\$5,000	\$10,000
Hip or Skull Fracture	\$1,250	\$2,500
Hip Dislocation	\$1,000	\$2,000
Knee Dislocation or Knee Ligament Tear	\$500	\$1,000
Fracture, Other	\$250	\$500



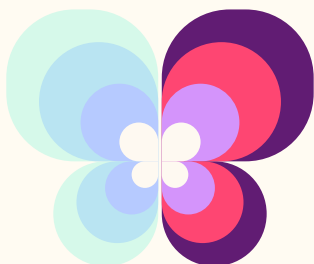
Where Short-Term Care Insurance Meets Support for Your Loved Ones

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 assessment with TCARE, **GTL will pay a \$3,500 caregiver lump sum to your loved one.** This money can help your family caregiver with out-of-pocket expenses, cover travel expenses or fuel, offset lost income due to time-off, or to recharge — the cash is for them to use as they please. The caregiver benefit can be paid directly to you or you can assign it² 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) 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 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 undecleared 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.

CRITICAL ACCIDENT BENEFIT RIDER EXCLUSIONS:

This rider does not provide benefits for:

1. Treatment, services or supplies which:
 - a. Are not prescribed by a doctor to treat an injury.
 - b. Are determined to be experimental / investigational in nature.
 - c. Are received without charge or legal obligation to pay.
 - d. Are received from persons employed or retained by any family member.
 - e. Are provided outside of an emergency room or urgent care facility.
2. Fracture of fingers, toes, ribs or coccyx.
3. Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law.
4. Injury being exposed to war or any act of war, declared or not, or participating

in or contracting with the armed forces (including coast guard) of any country or international authority.

5. Injury received while traveling or operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft including those, which are not motor-driven.
6. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
7. Dental treatment.
8. Treatment of sickness, disease or degenerative process, including degenerative joint disease and/or non-traumatic arthritis. We also will not pay benefits for any related medical treatments or diagnostic procedures.
9. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts; or accidental ingestion of contaminated substances.
10. Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
11. Injury resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the injury occurs; or being under the influence of any illegal drugs or narcotic unless administered on the advice and as directed by a doctor.
12. Injury resulting from testing cars/trucks on any racetrack or speedway.
13. Injury resulting from participation in intercollegiate sports.
14. Injury sustained while taking part in any of the following activities: as a rider in or driving in competitive motor sports, water sport races, stunt show or speed test, or while testing any vehicle on any racecourse or speedway; spelunking (exploring caves); mountaineering, scaling up or down cliffs or mountain walls; practice for or participation in a rodeo; flying in an ultralight, hang gliding, parachuting, parasailing, para kiting, or bungee cord jumping.
15. Participating in any sporting event for pay or prize money.
16. Injuries incurred and resulting from hazardous occupations such as circus workers, commercial fishermen, crop dusters, farm laborers, firefighters, lumberjacks, oil field workers, police, quarry workers, rodeo riders, security guards, underground miners, or window washers.
17. Injuries arising out of or in the course of employment and which is payable or covered under any workers' compensation or occupational disease act or law.
18. Injuries incurred more than 40 miles outside the territorial limits of the United States or Canada, unless such loss is incurred while you are on a trip of not more than 60 days.

DENTAL AND VISION RIDER EXCLUSIONS

Benefits will not be paid for dental expenses arising from or in connection with:

1. A service not furnished by a Dentist, except:
 - a. That performed by a Dental Hygienist under the supervision of a Dentist.

- b. X-rays ordered by a Dentist.
- 2. Treatment, services or supplies which are:
 - a. Not Necessary Dental Treatment, except as provided herein.
 - b. Experimental/Investigational in nature.
 - c. Conditions covered by Workers' Compensation Services.
- 3. Treatment by a Family Member.
- 4. Services or supplies for which there would be no charge in the absence of insurance.
- 5. A service furnished to You for:
 - a. Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, on pontics, posterior to the second bicuspid shall always be considered cosmetic.
 - b. Dental care of congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule.)
- 6. Implants; replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouth guards, precision or semi-precision attachments; denture duplication; or sealants.
- 7. Oral hygiene instructions; plaque control; acid etch; or prescription for take-home fluoride.
- 8. Over dentures and associated procedures.
- 9. Services not completed by the end of the month in which insurance terminates.
- 10. Orthodontic related expense, unless specifically provided.

Benefits will not be paid for vision expenses arising from or in connection with:

- 11. Treatment, services or supplies which:
 - a. Are Experimental/Investigational in nature.
 - b. Are received without charge or legal obligation to pay.
 - c. Treatment by any Family Member.
- 12. Conditions covered by Workers' Compensation Services.
- 13. Services and supplies in connection with special procedures such as: orthoptics or vision training and subnormal vision aids.
- 14. Non-prescription (plano) eyewear.
- 15. Medical or surgical treatments of the eyes, unless to correct refraction of the eyes.
- 16. Eye examinations required by an employer as a condition of employment.

ACCIDENT AND SICKNESS HOSPITALIZATION BENEFIT RIDER EXCLUSIONS:

This rider does not provide benefits for Loss as a result of:

- 1. Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law.
- 2. Injury being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including coast guard) of any country or international authority.
- 3. Injury received while traveling or operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft including those, which are not motor-driven.
- 4. Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
- 5. Injury resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the injury occurs; or being under the influence of any illegal drugs or narcotic unless administered on the advice and as directed by a doctor.
- 6. Injury to the spine, or the cervical, thoracic spinal, dorsal, sacro-iliac, or lumbar regions unless loss begins not less than 6 months after the covered person's effective date of coverage.
- 7. Repetitive motion injuries, strains, all types of hernia, tendinitis, bursitis and heat exhaustion not related to a specific injury.
- 8. Injury resulting from testing cars/trucks on any racetrack or speedway.
- 9. Injury sustained while taking part in any of the following activities: as a rider in or driving in competitive motor sports, water sport races, stunt show or speed test, or while testing any vehicle on any racecourse or speedway; spelunking (exploring caves); mountaineering, scaling up or down cliffs or mountain walls; practice for or participation in a rodeo; flying in an ultra-light, hang gliding, parachuting, parasailing, parakiting, or bungee cord jumping.

- 10. Participating in any sporting event for pay or prize money.
- 11. Injuries incurred and resulting from hazardous occupations such as circus workers, commercial fishermen, crop dusters, farm laborers, firefighters, lumberjacks, oil field workers, police, quarry workers, rodeo riders, security guards, underground miners, or window washers.
- 12. Injuries arising out of or in the course of employment and which is payable or covered under any workers' compensation or occupational disease act or law.
- 13. Injuries incurred more than forty (40) miles outside the territorial limits of the United States or Canada, unless such loss is incurred while the covered person is on a trip of not more than sixty (60) days.
- 14. Pregnancy, except for complications of pregnancy; or hospital confinement due to giving birth within the first nine (9) months after the effective date of coverage under this rider as a result of a normal pregnancy, including cesarean.

AMBULANCE SERVICE BENEFIT RIDER EXCLUSIONS

This rider does not pay benefits for:

- 1. Services which are not Medically Necessary.
- 2. Services which are received without charge or legal obligation to pay.
- 3. Services which would not routinely be paid in the absence of insurance.
- 4. Services received outside the United States.
- 5. Loss as a result of war, or any action of war, declared or undeclared; service in the armed forces of any country.
- 6. Loss to which a contributing cause was Your commission of or attempt to commit a felony or to which a contributing cause was Your being engaged in an illegal occupation.
- 7. Loss incurred as a result of suicide or intentionally self-inflicted injury while sane or insane.
- 8. 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.
- 9. Injury due to being legally intoxicated, as defined by the jurisdiction in which an accident occurs.
- 10. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.

LIMITATIONS ON CAREGIVER BENEFITS

In addition to exceptions contained within the Policy, we will not pay the Caregiver Benefit Amount under this rider for:

- 1. Services or treatments provided prior to the Effective Date of this rider;
- 2. Services or treatments provided after the termination of this rider;
- 3. Services or treatments provided outside a Period of Care;
- 4. Services or treatments provided by an individual for which benefits have been paid under your policy or any other rider attached to your Policy;
- 5. Services or treatments which are inconsistent with, or not included within, the Tailored Caregiver Plan of Care;
- 6. Services or treatments provided during Days in which you do not receive at least one (1) hour of Covered Home Health Care; or
- 7. Services or treatments which are the result of a pre-existing condition in accordance with the Policy's provisions relating to pre-existing conditions.

This is not long-term care insurance. Short-term home health care insurance, is issued on Policy Form Series G2370-AZ and Rider Form Series RG23CG-AZ, RG16ASH, RG15RPDL, RG15CA, RG16ASB-AZ, RG12DV by Guarantee Trust Life Insurance Company, Glenview, IL. This product, its features, and riders are subject to state availability and variability. The policy has exclusions, limitations, reductions of benefits and terms under which the Policy may be continued in force or discontinued. For cost and complete details of coverage, please refer to the outline of coverage. Exclusions are for the base home health care only. See policy and rider forms for specifics.



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