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RECOVER CASH

A Short-Term Care Solution

Nursing Home Facility Coverage
Assisted Living Facility Coverage
Home Health Care Rider
Choice of Inflation Protection Riders

Why Short-Term Nursing Home Care



WHY RECOVER CASH



Coverage to pay for care needed as a result of:

- Surgery
- Accident
- Sudden Illness



DID YOU KNOW



According to the American Association for Long Term Care Insurance, 42.8% of all patients admitted to nursing care facilities stay for less than a year.⁽¹⁾

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The Need For Short-Term Care May Be Greater Than You Think...

Depending on where you live, a one-year stay in a nursing home care facility could range from \$36,850 to \$112,400.⁽¹⁾

No matter what type of insurance you have, Guarantee Trust Life Insurance Company's Recover Cash plan can help protect you from out-of-pocket medical expenses. You can focus on what really matters—your recovery.

RECOVER CASH Highlights

- Pays Cash Benefits Directly To You when you need it the most
- Nursing Home & Assisted Living Facility Coverage provides benefit levels for Custodial Care, Intermediate Care and Skilled Care, with plan choices up to 360 days
- Receive a 10% Spousal Discount when you and your spouse apply for coverage
- Optional Home Health Care Rider gives you the option to recover at home with assistance
- Optional Simple or Compound Increasing Inflation Protection Rider can help your policy benefit keep pace with rising medical expenses
- Zero-Day Elimination Period allows benefits to begin immediately (Subject to benefit qualifications on page 2)
- Benefits will restore once during the life of the policy when, for six consecutive months, you no longer need any covered care or services (See your policy for complete details)

Benefits & Features

Nursing Home And/Or Assisted Living Facility Benefit

Once the one-time Elimination Period has been met under the policy, GTL will pay the Daily Maximum Benefit Amount for each day you are confined in a qualified nursing home or assisted living facility.

| | Issue Ages | 40-84 years old |
|--|---|--|
| | Daily Benefit (per person) Levels of Care: 1. Custodial Care 2. Intermediate Care 3. Skilled Care | \$50- \$300 : (In \$10 increments) |
| | Elimination Period (the number of days of covered care that must be met for benefits to be payable) | O day 20 days |
| | Benefit Period Options (Lifetime Maximum Benefit equals 2 times the Benefit Period) | 30 90 45 180 60 360 (days) |
| | | |

To Qualify For Benefits: See Qualifications Below

Home Health Care Rider

The Home Health Care Rider will pay the Home Health Care Daily Benefit Amount per visit up to the maximum number of days selected, when you receive qualified care at home.

| Issue Ages | 40-84 years old |
|---|-------------------------------------|
| Home Healthcare Benefit Amount (per person), for care from a Licensed Home Health Care Practitioner. | \$25 \$50 \$75 (per visit) |
| Elimination Period (the number of days of covered care that must be met for benefits to be payable) | O day 20 days |
| Benefit Period Options | 90 180 (visits) |
| | |

To Qualify For Benefits: See Qualifications Below

Benefit Qualifications:

To qualify for benefits, you must satisfy your Elimination Period, if any, and follow the guidelines below, which are detailed in your policy.

Benefits will be paid when you have been certified by a Licensed Health Care Practitioner as needing help due to:

- 1. The inability to perform at least two (2) Activities of Daily Living without human assistance or supervision, such as:
 - Bathing
- Eating
- Continence
- Toileting
- Dressing
- Transferring

OR

2. You have suffered a Cognitive Impairment and require substantial supervision.

| Optional Inflation Rider | | | |
|--|--|--|--|
| The Inflation Protection Rider was designed to | help protect you from increasing health care costs. | | |
| Simple Inflation Daily Maximum Benefit 5% | For each year your policy is in force, your Daily Maximum Benefit Amount will be increased automatically by 5% of the original amount. | | |
| Compound Inflation Daily Maximum Benefit | The Daily Maximum Benefit will automatically increase by 5% compounded annually, for the lifetime of the policy. | | |

Premium Calculation Worksheet

| Step 1. Determine the plan that suits your client's needs: | | |
|--|-----------------|-----|
| ☐ Recover Cash Basic Rates ☐ Recover Cash With Simple Inflation: ☐ Recover Cash With Com | pound Inflation | 1 |
| Step 2. Determine if your client is a tobacco user: | | |
| □ Non-Tobacco □ Tobacco | | |
| Step 3. Using the appropriate rate sheet, determine your Rate Amount: | | |
| Applicant Age: Choose Benefit Period: Choose Elimination Period: | | |
| = Rate Amount | \$ (| Α) |
| Step 4. Choose a Daily Benefit Amount between \$50 and \$300 (in \$10 Increments): | | |
| divide by 10 = (Daily Benefit Amount Factor) | | |
| (Use the Rate Amount from Box (A) and multiply by the Daily Benefit Amount Factor) = Annual Premium | \$ (| B) |
| Step 5. (Optional) Determine The Home Health Care Rider Premium | | |
| Choose Home Health Care Benefit amount (\$25, \$50, \$75 per visit): | | |
| Choose Elimination Period (0 or 20 Days): | | _ |
| Choose Benefit Period (90 or 180 visits): Home Health Care Rider | \$ (| (C) |
| (Add box B and C) = Subtotal | \$ (| D) |
| Step 6. To determine the Spousal Discount Rate multiply box (D) by .09 = Spousal Discount Rate | S (| (E) |
| | | |
| Step 7. To determine the subtotal with discount subtract box (E) from (D) = Subtotal with Discount | \$ (| (F) |
| Step 8. To determine the Total Annual Premium add the \$25 Annual Policy Fee = Total Annual Premium | \$ (| G) |
| Step 9. To determine the Total Modal Premium multiply by the Modal Factor: | | _ |
| (Monthly= 0.084 ● Quarterly= 0.26 ● Semi-Annual= 0.515) = Total Modal Premium | \$ (| H) |
| | | |

| Calculation Worksheet | | Applic | ant 1 |
|---|---|--------|---------|
| Annual Premium | | | |
| (Optional) Home Health Care Rider | + | | _ |
| Subtotal | = | | |
| Spousal Discount (if client has a Spouse/Domestic Partner multiply subtotal by 0.9) | X | 0.09 | = |
| Spousal Discount Rate | - | | |
| Subtotal With Discount | = | | |
| Annual Policy Fee | + | | \$25.00 |
| Total Annual Premium | = | \$ | |
| Modal Factor (Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515) | X | | |
| Total Modal Premium | = | | \$ |

| Calculation Worksheet | | Applica | ant 2 |
|---|-----|---------|---------|
| Annual Premium | | | |
| (Optional) Home Health Care Rider | + | | _ |
| Subtotal | = | | |
| Spousal Discount (if client has a Spouse/Domestic Partner multiply subtotal by 0.9) | X | 0.09 | |
| Spousal Discount Rate | - | | |
| Subtotal With Discount | = | | |
| Annual Policy Fee | + | | \$25.00 |
| Total Annual Premium | = | \$ | |
| Modal Factor (Monthly= 0.084 | X | | |
| Quarterly= 0.26, Semi-Annual= 0.515) | - • | | |
| Total Modal Premium | = | | \$ |

Product Features, Riders, and Policy Fee May Vary By State

RECOVER CASH Pays Benefits Directly To You

GOOD NEWS! Due to medical advancements, more procedures are being performed on an outpatient basis. Hospital stays are shorter and recovery times may be quicker, but most people will still need some medical care during their recovery. Whether that additional care takes place in a nursing home or at home, most people rely on Medicare to cover those additional out of pocket expenses. Unfortunately, many don't realize Medicare coverage is limited and is often hard to meet specific requirements. Recover Cash was developed to help during those critical times when you need to focus on your well being and not worry about exhausting your life savings.

| What You Can Expect | *From Medicare | From RECOVER CASH | |
|-------------------------------------|--|--|--|
| When you go to the Nursing Home | Medicare will pay for the first 20 days if you have been an inpatient in the hospital for at least 3 days. | RECOVER CASH pays benefits right away. No prior hospital stay is required. | |
| | Medicare doesn't cover long-term care or custodial care. ⁽²⁾ | (Subject to meeting all the benefit qualifications described in your policy) | |
| | Medicare will pay as long as you are receiving skilled care on a daily basis. | RECOVER CASH benefits are paid for all levels of care. | |
| While you're in the Nursing Home | Medicare does not pay the largest part of long-term care services or personal care—such as help with bathing, or for supervision often called custodial. ⁽³⁾ | | |
| Your Ponofit Limits | Medicare will stop paying when you no longer require skilled care, stop showing improvement or hit the maximum benefit of 100 days. (Which ever comes first) | RECOVER CASH benefits can be paid with plan choices up to 360 days. | |
| Your Benefit Limits | At the median in 2010, Medicare-covered SNF (Skilled Nursing Facility) days made up 12 percent of total patient days. ⁽⁴⁾ | | |

*This is not a Medicare Supplement Policy nor a Long Term Care Insurance Policy. This is a Short-Term Nursing Home Care Indemnity Insurance Policy.

Footnotes:

⁽¹⁾ Insurance Information Institute, www.iii.org/individuals/longtermcare/LTC_cost/ (March 15, 2007)

 $⁽²⁾ Medicare\ and\ You\ -2012\ page\ 35\ -\ http://www.medicare.gov/publications/pubs/pdf/10050.pdf$

⁽³⁾National Clearinghouse For Long Term Care Information - http://www.longtermcare.gov/LTC/Main_Site/Paying/Public_Programs/Medicare.aspx

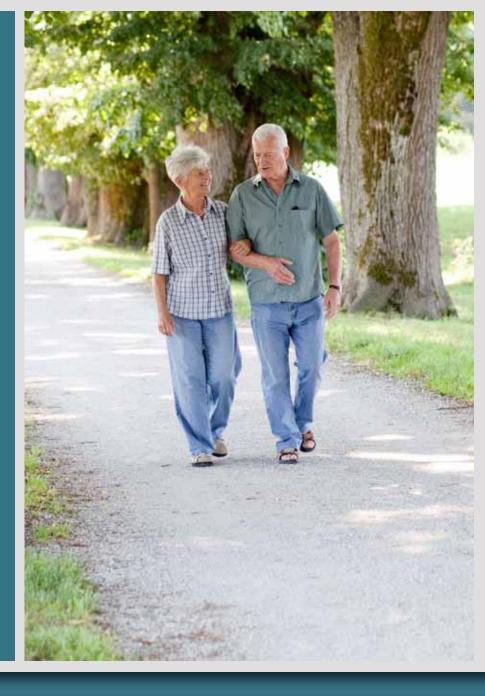
⁽⁴⁾MedPac - Report to the Congress: Medicare Payment Policy, March 2012 - http://www.medpac.gov/documents/Mar12_EntireReport.pdf

Exclusions

PLEASE SEE YOUR INSURANCE CONTRACT FOR SPECIFIC DETAILS. THE EXCLUSIONS AND LIMITATIONS LISTED BELOW ARE TYPICAL, BUT YOUR STATE MAY HAVE SLIGHT DIFFERENCES.

This policy won't pay for treatment, care, services or supplies which are:

- 1. Due to war or act of war whether declared or not;
- 2. Due to intentionally self-inflicted Injury while sane or insane;
- For services or supplies provided by a member of the Immediate Family; an individual who normally resides with you on a regular basis; or in a facility owned or operated by a member of the Immediate Family;
- 4. For services and supplies not included in your Plan of Care;
- 5. For which no charge is customarily made in the absence of insurance
- 6. For personal, comfort or convenience items furnished at the Insured's request, such as television, radio, or telephone;
- 7. For care received outside the United States or its territories; or
- 8. For alcoholism, drug addiction, or chemical dependency, unless as a result of a medication prescribed by a Doctor.



PRE-EXISTING CONDITIONS LIMITATION

Pre-existing conditions are those medical conditions disclosed or not disclosed on the application for which medical advice or treatment was recommended or received from a Licensed Healthcare Practitioner within 6 months prior to the Effective Date of your coverage. Any loss due to a pre-existing condition isn't covered unless the loss begins more than 6 months after the Effective Date of coverage.

Insurance Underwritten by Guarantee Trust Life Insurance Company: Policy Series G1181 with Rider Series, RG11HHC, RG11IPB, RG11IPG

The material provided in this brochure is for informational purposes only, and is not a contract. It is intended to present a general overview for illustrative purposes. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. You should also note that the availability of described coverages and other products and services may be limited by state or other applicable laws and by Guarantee Trust Life Insurance Company's underwriting criteria.



GUARANTEE TRUST LIFE INSURANCE COMPANY

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With more than seventy-five years of experience in the insurance industry, Guarantee Trust Life Insurance Company has a proud heritage of providing excellent service and superior insurance products. Guarantee Trust Life Insurance is a mutual legal reserve company located in Glenview, IL, licensed to conduct business in 49 states and the District of Columbia.