

# 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**

**GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**  
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**15B644**

# 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
<b>\$50</b>	<b>\$100</b>	<b>\$150</b>
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.



# 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.*

\*In PA: This Rider includes a \$15 Daily Benefit for the remainder of the 31 day Maximum Benefit Period.

## 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. (Not available in: GA, MD, PA & TN.)

## 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.

(Not available in: CO, GA, MD, MO, OR & TN.)

## 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

(Not available in: CO, MD, MT, TN & WY.)





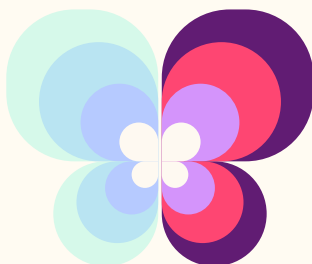
# Where Short-Term Care Insurance Meets Support for Your Loved Ones

## 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 caregiver<sup>1</sup> 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 it<sup>2</sup> 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 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.

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, 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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## 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.