

SHORT-TERM CARE INDEMNITY INSURANCE

- + NURSING HOME FACILITY COVERAGE
- + ASSISTED LIVING FACILITY COVERAGE
- + HOME HEALTH CARE COVERAGE
- + 3% COMPOUND INFLATION PROTECTION RIDER



**RECOVER CASH<sup>®</sup>**  
Short-Term Care Indemnity  
Insurance

UNDERWRITTEN BY:  
Guarantee Trust Life Insurance Company  
ADH22-12-CT-R1

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)  
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(Rev. 12/17) 15B455



## WHY RECOVER CASH?

Coverage to help pay for care needed as a result of:

- Surgery
- Accident
- Sudden Illness

## DID YOU KNOW?

According to the American Health Care Association, the average length of a stay for short term care in a skilled nursing center is approximately 27 days.<sup>(1)</sup>

## + WHY SHORT-TERM CARE

### THE NEED FOR SHORT-TERM CARE MAY BE GREATER THAN YOU THINK...

Based upon the National Average Monthly Costs, a one-year stay in a double occupancy room for one person is \$80,304 or \$91,248 for single occupancy.<sup>(2)</sup>

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

## + RECOVER CASH HIGHLIGHTS

- + **Short Term Care Coverage** that provides a daily benefit for Nursing Home, Assisted Living Facility, Home Health Care, Adult Day Care, and Hospice Care with your choice of maximum benefit periods of 100, 200, or 300 days
- + **Pays Benefits Directly To You** when you need it most
- + **Receive a 10% Spousal Discount** when you and your spouse apply and both are issued coverage
- + **Optional Compound Increasing Inflation Protection Rider** can help your policy benefits keep pace with rising medical costs
- + **Choice of zero-day or 20-day Elimination Period.** A zero-day elimination period allows benefits to begin immediately (*Subject to benefit qualifications on page 2*)

(1) American Health Care Association, 2013 Quality Report, 2013

(2) SkilledNursingFacilities.org, Nursing Home Costs, 2015

## + BENEFITS AND FEATURES

NURSING HOME AND/OR ASSISTED LIVING FACILITY BENEFIT WITH HOME HEALTH CARE	
Once the one-time Elimination Period has been met under the policy, GTL will pay the Daily Benefit Amount for each day you are confined in a qualified nursing home or assisted living facility or receiving home health care.	
<b>Issue Ages</b>	<b>40 - 84 years</b>
<b>Daily Benefit (per person) Levels of Care:</b> <ol style="list-style-type: none"> <li>1. Nursing Home (skilled, intermediate or custodial care)</li> <li>2. Assisted Living Facility</li> <li>3. Hospice Care</li> <li>4. Adult Day Care</li> <li>5. Home Health Care</li> </ol>	<b>\$50 - \$300</b> <input type="radio"/> : _____ <i>(In \$10 increments)</i>
<b>Elimination Period</b> (the number of days of covered care that must be met for benefits to be payable)	<input type="radio"/> <b>0 Day</b> <input type="radio"/> <b>20 Days</b>
<b>Maximum Benefit Period Options</b>	<input type="radio"/> <b>100</b> <input type="radio"/> <b>200</b> <input type="radio"/> <b>300</b> <i>(Days)</i>
<b>To Qualify For Benefits:</b> See Qualifications Below	

## + BENEFITS QUALIFICATIONS

To qualify for benefits, you must satisfy your Elimination Period, if any, and meet the requirements shown 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
- + Contenance
- + 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.

### Compound Increasing Inflation Protection Benefit Rider

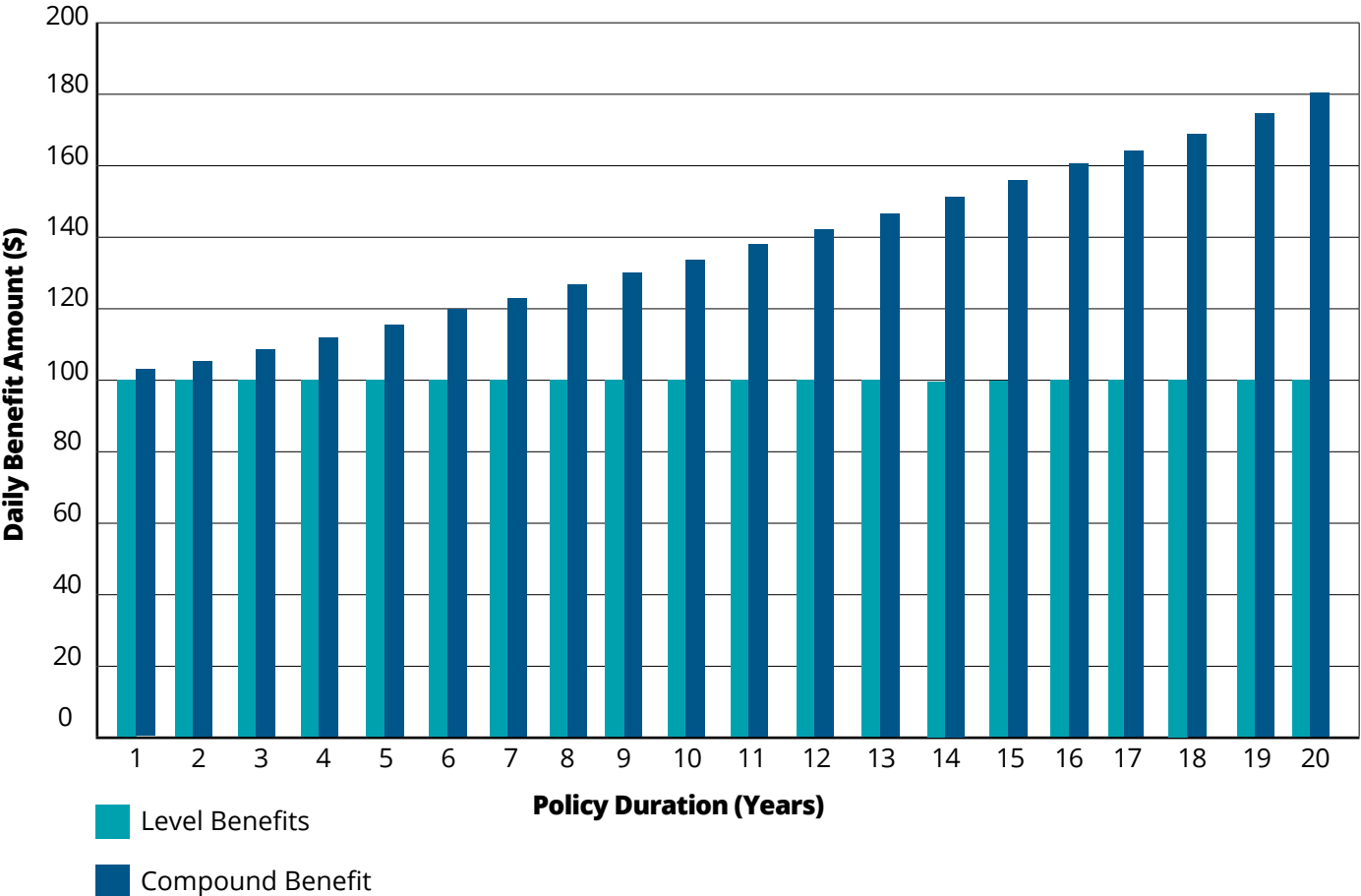
#### Daily Maximum Benefit

The Daily Maximum Benefit will automatically increase by 3% compounded annually, for the lifetime of the policy.

# COMPARISON OF DAILY BENEFIT LEVELS WITH AND WITHOUT **OPTIONAL 3% COMPOUND INFLATION PROTECTION BENEFIT RIDER**

It is important that you consider how the annual rate of inflation may impact the cost of short term care services in the future. A graphic comparison of daily benefit levels (non-increasing vs. increasing) beginning with \$100/day and extending out over a 20 year period, is reflected below. If you choose to include the optional 3% Compound Inflation Protection Benefit Rider, the annual cost of this rider will be shown in your outline of coverage.

## COMPARISON OF DAILY BENEFIT LEVELS WITH AND WITHOUT 3% COMPOUND INFLATION PROTECTION



# + PREMIUM CALCULATION WORKSHEET

**+ STEP 1: DETERMINE THE PLAN THAT SUITS YOUR CLIENT'S NEEDS:**

Recover Cash Basic Rates  Recover Cash With 3% Compound Inflation

**+ 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: \_\_\_\_\_ Enter Selected Benefit Period: \_\_\_\_\_ Enter Elimination Period: \_\_\_\_\_ **= RATE AMOUNT**  
 \$ \_\_\_\_\_ (A)

**+ 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: TO CALCULATE THE SPOUSAL DISCOUNT, MULTIPLY BOX (B) BY 0.9**

**= SUBTOTAL WITH DISCOUNT**  
 \$ \_\_\_\_\_ (C)

**+ STEP 6: ADD \$25 ANNUAL POLICY FEE**

**\$ 25.00** (D)

**+ STEP 7: ADD BOX (C) AND BOX (D)**

**= TOTAL ANNUAL PREMIUM**  
 \$ \_\_\_\_\_ (E)

**+ STEP 8: TO DETERMINE THE TOTAL MODAL PREMIUM MULTIPLY BY THE MODAL FACTOR:**

(Monthly= 0.08333    Quarterly= 0.25    Semi-Annual= 0.5)

**= TOTAL MODAL PREMIUM**  
 \$ \_\_\_\_\_ (F)

CALCULATION WORKSHEET	APPLICANT 1	
Annual Premium		
Subtotal With Discount <i>(if client has a Spouse/Domestic Partner multiply subtotal by 0.9)</i>	x	0.9
Annual Policy Fee	+	\$25
Total Annual Premium	=	
Modal Factor <i>(Monthly = 0.08333 Quarterly = 0.25, Semi-Annual = 0.5)</i>	x	
Total Modal Premium	=	

CALCULATION WORKSHEET	APPLICANT 2	
Annual Premium		
Subtotal With Discount <i>(if client has a Spouse/Domestic Partner multiply subtotal by 0.9)</i>	x	0.9
Annual Policy Fee	+	\$25
Total Annual Premium	=	
Modal Factor <i>(Monthly = 0.08333 Quarterly = 0.25, Semi-Annual = 0.5)</i>	x	
Total Modal Premium	=	

# + 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 many people will still need some medical care during their recovery. Whether that additional care takes place in a nursing home or at home, many people rely on Medicare to cover those additional out of pocket expenses. Unfortunately, many don't realize Medicare coverage is limited, and specific requirements must be met first. **Recover Cash** was developed to help during those critical times when you need to focus on your well being and not worry about the expenses associated with the care you need during your recovery.

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. <i>Medicare doesn't cover all long-term care or custodial care expenses.<sup>(3)</sup></i>	RECOVER CASH pays benefits without any prior inpatient hospital stay.
While you're in the Nursing Home	Medicare will pay as long as you are receiving skilled care on a daily basis as certified by your doctor. <i>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.<sup>(4)</sup></i>	RECOVER CASH benefits are paid for all levels of care, skilled, intermediate or custodial.
Your Benefit Limits	Medicare will stop paying when you hit the maximum benefit of 100 days. <i>At the median in 2013, Medicare-covered SNF (Skilled Nursing Facility) days made up 12 percent of total patient days.<sup>(5)</sup></i>	RECOVER CASH Daily Benefit Amounts can be paid with plan choices up to 300 days.

## Footnotes:

- (3) Centers for Medicare and Medicaid Services, Medicare and You, 2016
- (4) Centers for Medicare and Medicaid Services, Medicare and You, 2016
- (5) Medicare Payment Advisory Commission, Report to the Congress—Medicare Payment Policy, March 2015

*\*Guarantee Trust Life Insurance Company and their licensed agents are not in any manner affiliated with or sponsored by the federal government, the social security administration, the centers for Medicare and Medicaid services, or the department of health and human services.*



### WAIVER OF PREMIUM

After You have satisfied the requirements under the Qualifying for Benefits provision and have been receiving Short-Term Care Services, as defined by the policy, for thirty (30) Days and without regard to the Elimination Period being satisfied, We will waive the payment of any premium coming due thereafter. This includes the waiving of premium for any attached benefit riders. Premiums will continue to be waived during a Period of Care as long as You continue to receive Short-Term Care Services, up to the policy's Maximum Benefit Period.

### + EXCLUSIONS

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

#### **This policy does not cover:**

1. Loss that is caused by declared or undeclared war or any act thereof;
2. Loss that is caused by Mental or Nervous Disorders without demonstrable organic disease;
3. Loss that is caused by intentionally self-inflicted Injury while sane or insane;
4. Services provided by a member of the Immediate Family; or in a facility owned or operated by a member of the Immediate Family (We will not consider care to have been provided by a member of your immediate family when he or she is a regular employee of the organization that is providing the services; and the organization receives payment for the services; and the family member receives no compensation other than the usual compensation as an employee of such an organization);
5. Services and supplies not included in your Plan of Care;

6. Services for which no charge is normally made in the absence of insurance;
7. Loss that occurs while this policy is not in force;
8. Confinement or care received outside the United States or its territories;
9. Loss that is caused by participation in a felony, riot or insurrection;
10. Services for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or
11. Confinement due to alcoholism or drug addiction.

### + 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 Doctor within six (6) months prior to the Effective Date of your coverage. Any loss due to a pre-existing condition is not covered unless the loss begins more than six (6) months after the Effective Date of coverage.

**This Policy does not provide Long-term care insurance coverage and is not a Long-term care insurance policy or a Connecticut Partnership for Long-Term Care insurance policy.** It is not tax qualified and does not provide asset protection. Recover Cash®, Short-Term Care Indemnity insurance is issued on Policy Form Series G1700-CT by Guarantee Trust Life Insurance Company. Certain exclusions and limitations may apply. For cost and complete details of coverage, please refer to the outline of coverage.

# GUARANTEE TRUST LIFE INSURANCE COMPANY



**Experience You Can Trust** — With more than 80 years of experience in the insurance industry, Guarantee Trust Life Insurance Company has a proud heritage of providing excellent service and insurance products. Guarantee Trust Life is a mutual legal reserve company located in Glenview, Illinois and licensed to conduct business in 49 states and the District of Columbia.



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