

~ Guarantee Trust Life (GTL) Short-Term HHC Quick Glance MONTHLY* Rates ~

NOTES: See Applicable Per Service Daily Payments Further Below. These are Unisex / Single or Married rates and DO include any applicable ongoing, non-commissionable, per insured policy fees.

**Rates Directly Below Valid* as of 03/01/2024 for IDAHO
(\$20 Annual Policy Fee Included in Rates)**

AGE	~ PLAN A ~	~ PLAN B ~	~ PLAN C ~
	Monthly Rates w/o Rx (Riders Avail.**)	Monthly Rates w/o Rx (Riders Avail.**)	Monthly Rates w/o Rx (Riders Avail.**)
	\$150/Day Max. Daily Benefit / 280 Days \$50/Day HHC Aide / Full Days (All 0 Day Elim., w/ TCARE, 1x-\$3500 Family Caregiver, & \$300 Rx)	\$300/Day Max. Daily Benefit / 280 Days \$100/Day HHC Aide / Full Days (All 0 Day Elim., w/ TCARE, 1x-\$3500 Family Caregiver, & \$600 Rx)	\$450/Day Max. Daily Benefit / 280 Days \$150/Day HHC Aide / Full Days (All 0 Day Elim., w/ TCARE, 1x-\$3500 Family Caregiver, & \$900 Rx)
61	\$25.59	\$45.01	\$65.93
62	\$25.90	\$45.32	\$66.24
63	\$26.25	\$45.67	\$66.59
64	\$26.61	\$46.03	\$66.95
65	\$30.47	\$53.34	\$78.44
66	\$30.92	\$53.79	\$78.89
67	\$31.42	\$54.29	\$79.39
68	\$31.96	\$54.83	\$79.93
69	\$32.54	\$55.41	\$80.51
70	\$33.16	\$56.03	\$81.12
71	\$42.10	\$73.28	\$108.68
72	\$42.79	\$73.97	\$109.37
73	\$43.50	\$74.68	\$110.08
74	\$44.25	\$75.43	\$110.83
75	\$44.98	\$76.16	\$111.56
76	\$56.37	\$98.19	\$149.03
77	\$57.12	\$98.93	\$149.78
78	\$57.85	\$99.66	\$150.51
79	\$58.58	\$100.39	\$151.24
80	\$59.07	\$100.89	\$151.73
81	\$73.49	\$129.08	\$200.11
82	\$74.09	\$129.68	\$200.70
83	\$74.66	\$130.25	\$201.27
84	\$75.21	\$130.80	\$201.83
85	\$75.21	\$121.25	\$201.83

DAILY INDEMNITY PAID FOR TYPES OF INDIVIDUAL SERVICE	PLAN A (\$150 Max.)	PLAN B (\$300 Max.)	PLAN C (\$450 Max.)
Skilled Nursing Care (RN); Physical &/or Occupational Therapy; Speech Pathology	\$75	\$150	\$200
General Nursing Care (LPN/LVN); Chemotherapy Specialist	\$60	\$120	\$200
Enterostomal &/or Respirational Therapy	\$50	\$100	\$200
Medical Social Services	\$100	\$200	\$300
Home Health Aide	\$50	\$100	\$150

***NOTE: This is an Attained Age Plan for BASE Portion & Some Riders (TCARE Portion is Level Premium at Issue Age). Age Band Premium Increases for BASE Portion Shown (One Increase per Age Band).**

Premium Increases for Ages From 1st Column to Second Column Shown	PLAN A (Monthly)	PLAN B (Monthly)	PLAN C (Monthly)
From Ages 61-64 To Ages 65-70	\$3.45	\$6.90	\$11.08
From Ages 65-70 To Ages 71-75	\$8.31	\$16.62	\$26.92
From Ages 71-75 To Ages 76-80	\$10.64	\$21.28	\$36.72
From Ages 76-80 To Ages 81-85	\$13.78	\$27.55	\$47.74
From Ages 81-85 To Ages 86+	\$16.45	\$32.89	\$57.33

* FOR AGENT USE ONLY. Rates may be off by a couple cents due to rounding. For Annual Rates, Multiply by 12.

** Attained age rates with changes at ages 61, 65, 71, 76, 81 and 86. Additional Riders available in most states. Benefit details and availability may vary by state. See Brochure/Outline of Coverage for full Details on all benefits & riders.