

~ 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 NORTH CAROLINA
(\$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 / 360 Days \$50/Day HHC Aide / Full Days (All 0 Day Elim., w/ TCARE, 1x-\$3500 Family Caregiver, & \$300 Rx)	\$300/Day Max. Daily Benefit / 360 Days \$100/Day HHC Aide / Full Days (All 0 Day Elim., w/ TCARE, 1x-\$3500 Family Caregiver, & \$600 Rx)	\$450/Day Max. Daily Benefit / 360 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	\$32.39	\$57.18	\$84.38
66	\$32.84	\$57.63	\$84.83
67	\$33.34	\$58.12	\$85.32
68	\$33.88	\$58.66	\$85.86
69	\$34.46	\$59.25	\$86.45
70	\$35.07	\$59.86	\$87.06
71	\$44.10	\$77.26	\$114.92
72	\$44.78	\$77.95	\$115.61
73	\$45.50	\$78.66	\$116.32
74	\$46.24	\$79.41	\$117.07
75	\$46.97	\$80.14	\$117.80
76	\$58.62	\$102.69	\$156.27
77	\$59.37	\$103.43	\$157.01
78	\$60.10	\$104.16	\$157.74
79	\$60.82	\$104.89	\$158.47
80	\$61.32	\$105.38	\$158.97
81	\$75.70	\$133.50	\$207.36
82	\$76.30	\$134.10	\$207.95
83	\$76.87	\$134.67	\$208.52
84	\$77.42	\$135.22	\$209.08
85	\$77.42	\$135.22	\$209.08

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	\$5.37	\$10.74	\$17.02
From Ages 65-70 To Ages 71-75	\$8.38	\$16.76	\$27.22
From Ages 71-75 To Ages 76-80	\$10.90	\$21.79	\$37.72
From Ages 76-80 To Ages 81-85	\$13.74	\$27.48	\$47.75
From Ages 81-85 To Ages 86+	\$14.24	\$28.47	\$50.08

* 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.