

~ 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 IN, KS, MO, MT, PA, & TN
(\$20 Annual Policy Fee Included in Rates)**

	~ PLAN A ~ \$150/Day Max. Daily Benefit / 360 Days \$40/Day HHC Aide / <u>60 Days</u> (All 0 Day Elim., with \$300 Rx)	~ PLAN B ~ \$300/Day Max. Daily Benefit / 360 Days \$80/Day HHC Aide / <u>60 Days</u> (All 0 Day Elim., with \$600 Rx)	~ PLAN C ~ \$450/Day Max. Daily Benefit / 360 Days \$120/Day HHC Aide / <u>60 Days</u> (All 0 Day Elim., with \$900 Rx)
AGE	Monthly Rates w/o Rx (Riders Avail.**)	Monthly Rates w/o Rx (Riders Avail.**)	Monthly Rates w/o Rx (Riders Avail.**)
61-64	\$21.09	\$40.51	\$61.43
65-70	\$24.54	\$47.41	\$72.51
71-75	\$32.85	\$64.03	\$99.43
76-80	\$43.48	\$85.30	\$136.15
81-85	\$57.26	\$112.85	\$183.88

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

	~ PLAN A ~ \$150/Day Max. Daily Benefit / 360 Days \$40/Day HHC Aide / <u>60 Days</u> (All 0 Day Elim., with \$300 Rx)	~ PLAN B ~ \$300/Day Max. Daily Benefit / 360 Days \$80/Day HHC Aide / <u>60 Days</u> (All 0 Day Elim., with \$600 Rx)	~ PLAN C ~ \$450/Day Max. Daily Benefit / 360 Days \$120/Day HHC Aide / <u>60 Days</u> (All 0 Day Elim., with \$900 Rx)
AGE	Monthly Rates w/o Rx (Riders Avail.**)	Monthly Rates w/o Rx (Riders Avail.**)	Monthly Rates w/o Rx (Riders Avail.**)
61-64	\$19.41	\$37.16	\$56.28
65-70	\$22.57	\$43.46	\$66.40
71-75	\$30.16	\$58.65	\$91.01
76-80	\$39.89	\$78.11	\$124.58
81-85	\$52.48	\$103.30	\$168.23

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

	~ PLAN A ~ Plan A <u>NOT AVAIL.</u> in KY	~ PLAN B ~ \$300/Day Max. Daily Benefit / 360 Days \$80/Day HHC Aide / <u>60 Days</u> (All 0 Day Elim., with <u>NO Rx Benefit</u>)	~ PLAN C ~ \$450/Day Max. Daily Benefit / 360 Days \$120/Day HHC Aide / <u>60 Days</u> (All 0 Day Elim., with <u>NO Rx Benefit</u>)
AGE	Monthly Rates w/o Rx (Riders Avail.**)	Monthly Rates w/o Rx (Riders Avail.**)	Monthly Rates w/o Rx (Riders Avail.**)
61-64	N/A	\$7.33	\$11.54
65-70	N/A	\$10.05	\$16.28
71-75	N/A	\$17.57	\$29.38
76-80	N/A	\$35.67	\$60.93
81-85	N/A	\$59.79	\$102.96

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

* 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.