

~ 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 SOUTH DAKOTA
(\$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	\$23.92	\$41.66	\$60.78
62	\$24.22	\$41.97	\$61.09
63	\$24.57	\$42.32	\$61.44
64	\$24.94	\$42.68	\$61.80
65	\$28.50	\$49.40	\$72.33
66	\$28.95	\$49.85	\$72.78
67	\$29.45	\$50.34	\$73.28
68	\$29.99	\$50.88	\$73.82
69	\$30.57	\$51.47	\$74.40
70	\$31.18	\$52.08	\$75.01
71	\$39.42	\$67.91	\$100.27
72	\$40.10	\$68.60	\$100.95
73	\$40.82	\$69.31	\$101.67
74	\$41.56	\$70.05	\$102.41
75	\$42.29	\$70.78	\$103.14
76	\$52.78	\$90.99	\$137.47
77	\$53.52	\$91.74	\$138.21
78	\$54.25	\$92.47	\$138.94
79	\$54.98	\$93.20	\$139.67
80	\$55.47	\$93.69	\$140.17
81	\$68.71	\$119.53	\$184.45
82	\$69.31	\$120.12	\$185.05
83	\$69.88	\$120.69	\$185.62
84	\$70.43	\$121.25	\$186.17
85	\$70.43	\$121.25	\$186.17

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	\$3.15	\$6.31	\$10.12
From Ages 65-70 To Ages 71-75	\$7.60	\$15.19	\$24.61
From Ages 71-75 To Ages 76-80	\$9.73	\$19.45	\$33.57
From Ages 76-80 To Ages 81-85	\$12.60	\$25.19	\$43.65
From Ages 81-85 To Ages 86+	\$15.04	\$30.08	\$52.42

*** 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.