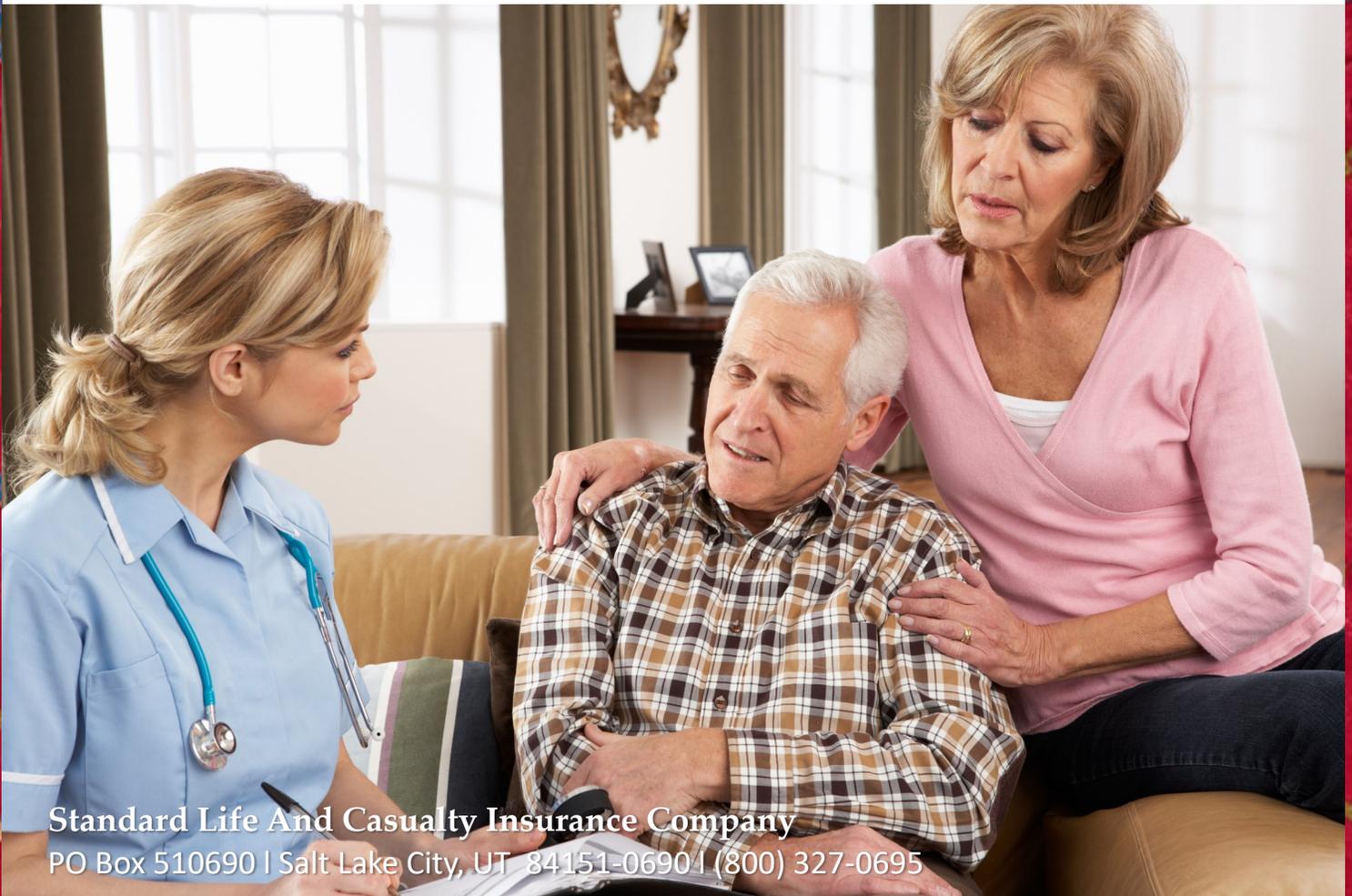




GUARDIAN CARE PLUS

**SHORT-TERM
HOME HEALTH CARE
INSURANCE**



Standard Life And Casualty Insurance Company
PO Box 510690 | Salt Lake City, UT 84151-0690 | (800) 327-0695

Protecting American Families since 1947



GUARDIAN CARE PLUS



For over 70 years, Standard Life And Casualty Insurance Company has been helping individuals and businesses by providing innovative products and superior customer service.

Standard provides competitive Medical, Life, Cancer, and Supplemental Health insurance with the personal attention you've come to expect from your insurance company.

Standard remains faithful to the core values on which it was founded: competitive products, personal service, and prudent financial management. Our Customer Service team is friendly, knowledgeable, and ready to help you. Standard truly has protected American families since 1947.

Health. Value. Peace of Mind.

If possible, wouldn't you rather recuperate from an injury or chronic illness in the comfort of your own home? A sudden illness, injury, or debilitating chronic condition can happen to any individual at any age.

Standard's **Guardian Care Plus Home Health Care Insurance** is an affordable solution that provides both the flexibility and the financial support you need to recover at home surrounded by family and those that you love. These plans can also minimize financial stress and allow you to focus your energy and attention on your own personal recovery.

Home Health Care Benefits¹

- Daily maximum benefit of up to \$150/\$300 (Classic/Deluxe) for the following services in your home from an Approved Home Health Care Practitioner, subject to the eligibility conditions:

	Classic	Deluxe
Skilled Nursing Care (RN)	\$75	\$150
General Nursing (LPN/LVN)	\$60	\$120
Physical Therapy	\$75	\$150
Speech Pathology	\$75	\$150
Occupational Therapy	\$75	\$150
Chemotherapy Specialist	\$60	\$120
Enterostomal Therapy	\$50	\$100
Respiration Therapy	\$50	\$100
Medical Social Services	\$100	\$200

- **Home Health Care Aide:**
Daily benefit of \$40/\$80 (Classic/Deluxe) for each day you require services immediately following a hospital confinement of not less than three days.
- **Prescription Drug Benefit:**
Per prescription benefit of \$10/Generic or \$25/Brand, limited to a maximum benefit of \$300/\$600 (Classic/Deluxe) per policy year.
- **Restoration of Benefits:**
The Maximum Benefit Period for Home Health Care and Aide benefits will be restored if benefits have not been paid or required for 180 consecutive days.

¹ See the Policy and/or Outline of Coverage for state-specific details.

Extra Benefits Rider²

- **Annual Physical Examination Benefit:**
Benefit of \$150 if you have a physical exam performed by a physician more than 12 months after the rider effective date. Same \$150 benefit applies in each succeeding 12-month period.
- **Accidental Death & Dismemberment Benefit:**
Benefits per the schedule below for an accidental death or an accidental bodily injury resulting in the loss of finger, toe, hand, arm, foot, leg, or sight:

Accidental Death:	\$10,000
Max. Dismemberment Benefit:	
Sight, both eyes	\$5,000
Sight, one eye	\$2,500
Hand/arm/foot/leg (multi)	\$5,000
Hand/arm/foot/leg (single)	\$2,500
Finger or toe (multiple)	\$500
Finger or toe (single)	\$250

- **Home Medical Equipment Benefit:**
Benefits of up to \$500 per Maximum Benefit Period when home medical equipment is required, specifically related to a sickness or injury for which Home Health Care benefits are paid. Covered home medical equipment limited to:
 - Mobility assistance
 - Transfer aids
 - Bathroom safety
 - Home accommodations
 - Personal medical equipment

² See the Extra Benefits Rider and/or Outline of Coverage for state-specific details.

Plan Features & Benefits¹

- **Guaranteed Renewable For Life**
- **10 Day “Free Look” Period to Examine the Policy**
- **2 People Can Apply Using 1 Application**

Premium Calculation Worksheet

Prepared For: _____ (A)
 _____ (B)

	(A)	(B)
Issue Age:		
Policy Selected:		
Classic -	<input type="checkbox"/>	<input type="checkbox"/>
Deluxe -	<input type="checkbox"/>	<input type="checkbox"/>
Extra Benefits Rider:	<input type="checkbox"/>	<input type="checkbox"/>
Payment Mode:		
Annual -	<input type="checkbox"/>	<input type="checkbox"/>
Semi-Annual -	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly -	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Bank Draft -	<input type="checkbox"/>	<input type="checkbox"/>

Applicant A

Monthly policy rate _____
 + Rider rate _____
 = Rate subtotal _____
 x premium factor³ _____
 Total Mode Premium

Applicant B

Monthly policy rate _____
 + Rider rate _____
 = Rate subtotal _____
 x premium factor³ _____
 Total Mode Premium

³ Premium Mode Factors:

Monthly	1.0
Quarterly	3.2
Semi-Annual	6.33
Annual	12.0

Limitations and Exclusions

1. Policyholder is granted a period of 10 days from the date of delivery of the Policy to examine it. If not satisfied for any reason, the Policy may be returned within said 10-day period to Standard and all premium paid will be refunded.
2. Policy is guaranteed renewable for the lifetime of the policyholder or until the Policy's lifetime maximum benefits have been reached. Standard cannot cancel, refuse to renew or change the Policy as long as premiums are paid as they become due or within the grace period. Standard can change the Policy premiums at any time and from time to time, and premiums also increase based on the policyholder's attained age. No change in premium will be effective before the first policy anniversary.
3. A "Pre-Existing Condition" means a condition: (a) for which medical advice or treatment was recommended by or received from a Physician within the six-month period prior to the Policy Effective Date; or (b) which has manifested itself to a Covered Person within the six-month period prior to the Policy Effective Date, whether the specific condition has been diagnosed or not, and causes loss within the six-month period following the Policy Effective Date.
4. The Policy is not considered to be in force nor effective for any Pre-Existing Condition until six months after the Policy Effective Date.
5. Payment of the Home Health Care/Home Health Care Aide benefits is subject to the following:
 - a. The loss must be incurred after the Policy Effective Date and while this Policy is in force.
 - b. For the Home Health Care benefit, care must be provided in the policyholder's home by an approved practitioner.
 - c. For the Home Health Care Aide benefit, care must be provided in the policyholder's home by a Home Health Care Aide.
 - d. The policyholder must be unable to perform, without the assistance of another person, two or more Activities of Daily Living; or the Covered Person must require continuous supervision and assistance due to a Cognitive Impairment. To meet this condition, the Covered Person's Physician must perform such tests as are in accordance with accepted standards of medical practice and, based on such tests, certify in writing that the Covered Person is unable to perform two or more Activities of Daily Living or that the Covered Person has a Cognitive Impairment.
6. The Policy does not cover any loss caused or contributed to by: (a) Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law; (b) simple rest care, hotel or retirement home expense or other expense which is related to Your Home; (c) services other than those of an Approved Home Health Care Practitioner or a Home Health Care Aide, except as may be provided by rider; (d) declared or undeclared war or act thereof; (e) mental or nervous disorder without demonstrable organic origin; (f) charges that a Covered Person would not be legally obligated to pay in the absence of this insurance; (g) attempted suicide or self-inflicted injury; (h) alcoholism or drug addiction; (i) a Covered Person's participation in a felony, riot or insurrection.

Read the Policy carefully! This brochure is not state-specific and only provides a very brief description of important plan features. This is not the insurance contract. Only actual Policy provisions will prevail once coverage begins. The Policy explains the essential coverage features in detail.



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Underwritten by **Standard Life And Casualty Insurance Company**

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Insurance Company
PO Box 510690
Salt Lake City, UT 84151-0690**

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Web: www.slacins.com**