

# Privileged Choice® Flex 3 Quick Reference Guide



# Privileged Choice® Flex 3 QUICK REFERENCE GUIDE

## CORE 4 DECISIONS

<b>1</b> Benefit Payment Options	Monthly Maximum of \$1,500 to \$9,000 Daily Maximum of \$50 to \$300
<b>2</b> Benefit Multiplier	Months: 24, 36, 48 or 60 Days: 730, 1095, 1460 or 1825
<b>3</b> Elimination Period	Service Days or Calendar Days available: 30, 90, 180 and 365
<b>4</b> Inflation Protection	2% Compound 3% Compound 4% Compound 5% Compound 5% Simple 3% Future Purchase Option None
Inflation Protection Reduced by Claims Paid (claims offset)	Claims offset on all compound inflation options

## CARE OPTIONS

Nursing Facility	Up to 100% Monthly or Daily Maximum included
Assisted Living Facility*	Up to 100% Monthly or Daily Maximum option Up to 50% Monthly or Daily Maximum option
Home and Community Care*	Up to 100% Monthly or Daily Maximum option Up to 50% Monthly or Daily Maximum option
Home Health or Personal Care	Simple health care tasks, personal hygiene, managing medications, performing Activities of Daily Living, and supervision needed if your client has severe cognitive impairment. Must be provided by a Home Health Agency.**
Homemaker and Chore Care	Assistance with meal planning and preparation, laundry and light housecleaning, and minor household repairs related to your client's safety while they live in their home. Must be provided by a Homemaker or Home Health Agency.**
Adult Day Care	Included
Nurse and Therapist Services	Included

\* Coverage maximums for Home and Community Care and Assisted Living Facility are based on a percentage of the Nursing Facility coverage maximum.

\*\* If an agency does not provide services within 40 miles, an Independent Provider may be acceptable. An Independent Provider is a licensed healthcare practitioner who does not work for an agency. If an Independent Provider is not certified or licensed, other criteria must be met.

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## STANDARD BENEFITS

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Privileged Care® Coordination	Does not reduce lifetime benefit amount.
Caregiver Support Services	Information and care resources available to non-insured family members.
Wellness Program	Provides access to tools, services and information to help clients live long and independent lives.
Hospice Care	Included
Home Assistance Benefit	3× Monthly Maximum or 90× Daily Maximum lifetime limit. Includes Equipment, Medical Response Systems and Caregiver Training.
Bed Reservation	Up to 60 days per calendar year
Respite Care	Up to 30 days per calendar year
Alternate Care	Included
International Coverage	Pays up to 50% of the Monthly or Daily Maximum for care in an out-of-country nursing facility. Pays up to 25% of the Monthly or Daily Nursing Facility Maximum for covered care at home for a maximum of 365 days. No payments will be made more than four years after the initial payment.

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## OPTIONS

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1st-Day Home Care	Available Option
Shared Benefit	Available Option. Couples/Partners with the Shared Benefit can access the other's benefits if needed. If one spouse/partner qualifies for Waiver of Premium, neither pays premiums.  Even if one spouse/partner uses all of their shared pool of money, the surviving spouse/partner is guaranteed to have access to at least 50% of his or her original pool of money to pay for covered long term care services.
Nonforfeiture Benefit	Available Option

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## PRICING & UNDERWRITING

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Underwriting Categories	Preferred Best, Preferred, Select and Standard
Plan Description	Tax qualified, reimbursement
Issue Ages	40-75
Couples Premiums	Available
Waiver of Premium	Begins with receiving Facility or Home and Community Care Benefits after satisfying the Elimination Period. Begins immediately if the 1st-Day Home Care benefit is chosen.

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**Genworth Life Insurance Company**  
LONG TERM CARE INSURANCE

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Insurance and annuity products:	Are not deposits.	Are not guaranteed by a bank or its affiliates.
May decrease in value.	Are not insured by the FDIC or any other federal government agency.	