Privileged Choice Flex Quick Reference Guide







Privileged Choice Flex QUICK REFERENCE GUIDE

Plan Description	Tax qualified, reimbursement		
Issue Ages	18-79		
Daily or Monthly Maximum	Monthly maximum of \$1,500 to \$12,000 in \$100 increments Daily maximum of \$50 to \$400 in \$5 increments		
Benefit Multiplier	Months: 24, 36, 48, 60, 72, 96, 120 or Unlimited Days: 730, 1095, 1460, 1825, 2190, 2920, 3650 or Unlimited		
Elimination Period	Service Days or Calendar Days available 30, 90, 180 and 365		
1st-Day Home Care	Available Option		
Inflation Protection	5% Compound 3% Compound 5% Equal Future Purchase Option None		
Inflation Protection Reduced by Claims Paid (claims offset)	No		
Nursing Facility	Up to 100% monthly or daily maximum included		
Home and Community Care*	Up to 100% monthly or daily maximum option Up to 50% monthly or daily maximum option		
Assisted Living Facility*	Up to 100% monthly or daily maximum option Up to 50% monthly or daily maximum option		
Hospice Care	Included		
Home Assistance Benefit	3× monthly maximum or 90× daily maximum lifetime limit Includes Equipment, Medical Response Systems and Caregiver Training		
Home Health Care Providers	We reimburse for professional and informal caregivers such as friends or neighbors		
Homemaker services independent of personal care?	Homemaker services do not have to be received in conjunction with personal care services		
Priviledged 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		

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

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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.		
Respite Care	Up to 30 days per calendar year		
Bed Reservation	Up to 60 days per calendar year for any reason		
Alternate Plan of 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.		
Shared Coverage	Available Option. A Shared Coverage Rider joins two policies and clients can access the other's benefits if needed. If one spouse/partner qualifies for Waiver of Premium, neither pays premiums. 50% of original benefit guaranteed for surviving spouse/partner.		
Survivorship	10 year with claims restrictions available, 7 year without claims restrictions available or None		
Refund of Premium Rider	Available Option. 10 Years or Graded Refund (less claims paid)		
Restoration Benefit	Available Option		
Nonforfeiture Benefit	Available Option		
Couples Discount	40% if both issued 25% if both apply and one issued		
Preferred Health Discount	20% (10% if insured also qualifies for couples discount)		
Limited Pay	10-pay and Pay to 65		
Transition Benefit	Available Option. A lump sum payment equal to 20% of the monthly maximum or five times the daily maximum.		



Genworth Life Insurance Company

LONG TERM CARE INSURANCE

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This is a partial summary of Policy Form 7052. Not all product features are shown. Features, benefits, riders and discounts may vary by state. Certain conditions and restrictions may apply. Only the applicable policy contains actual terms and conditions of coverage.

Insurance and annuity prod	ucts:	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.		

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