



Long-Term Care Planning Made Simple



National Guardian Life
Insurance Company

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Why Do I Need Long-Term Care Insurance?

Long term care insurance isn't just for the elderly — it's for anyone of any age who experiences an illness or incident that may require care for an extended period of time. It pays benefits for the chronically ill¹ needing help with basic activities like bathing, dressing and eating, or anyone needing supervision due to cognitive impairment and more.

Care can be expensive and could require constant assistance from a family member. There's a big difference between caring **about** your loved one and caring **for** your loved one.

With long-term care insurance, care can be provided in a variety of settings, such as nursing facilities, adult daycare centers or most importantly, at home.

Individuals often confuse long-term care for post-acute care, which is a healthcare service that provides medical and rehabilitative care to patients who have been discharged from the hospital but still need more care before they can go home. This is not considered long-term care since it is a more temporary care situation. For example, you need physical therapy conducted at clinic to restore full movement after a surgery, whereas long-term care helps you live independently with a chronic condition.

There are many benefits to long-term care. A few of them are:

- **Improved quality of life:** Long-term care can help you maintain your independence and improve your quality of life.
- **Peace of mind:** Long-term care can give you and your family peace of mind knowing that you will be taken care of if your health needs change.
- **Improved health:** Long-term care can help improve your overall health and well-being.²



¹By definition of your policy Chronically Ill means you require: substantial assistance from an individual to perform at least two (2) Activities of Daily Living due to the loss of functional capacity for a period expected to last at least 90 days; or substantial supervision when you have a severe cognitive impairment to protect you or others from threats to health and safety.

²Eden Senior Care, 30 July 2022. "The Differences Between Post-Acute and Long-Term Care for Seniors: What You Need to Know" <https://www.edenseniorhc.com/the-differences-between-post-acute-and-long-term-care-for-seniors-what-you-need-to-know/>

³ ACL Administration for Community Living, 18 Feb. 2020. "How Much Care Will You Need?" acl.gov/ltc/basic-needs/how-much-care-will-you-need.

Coverage Options for Long-Term Care

You have multiple options for long-term care services, from home and community care services to facilities that help care for you 24 hours a day, seven days a week. Creating a long-term care insurance plan can give you and your loved ones peace of mind that you have secured your future and the assets you worked so hard to save.

Types of Long-Term Care



Home & Community Care Services

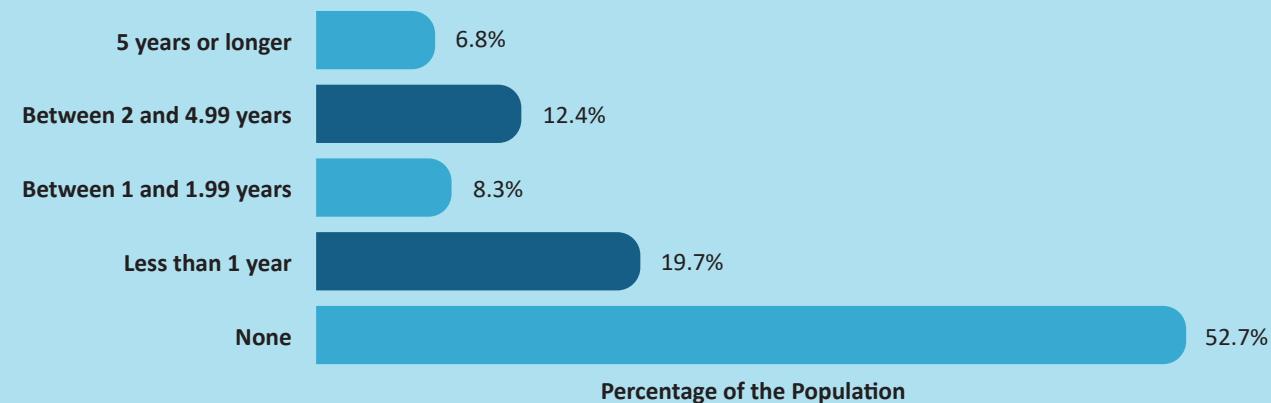
Home care services allow you to live in your own home or return to your home by helping complete daily tasks you can't manage alone.

Adult day care is an option that provides a program of therapeutic and social services in a community group setting through an adult day care center.

Facility Care Services

Facility care services include assisted living facilities, which offer on-site support for the activities of daily living, and nursing facilities that offer more intensive care related to patient supervision, therapies, rehabilitation and medication.

Projected Length of Use of Paid Long-Term Care Services: Total After Age 65



Source: American Association for Long-Term Care Insurance, July 2024 Report <https://www.aaltci.org/long-term-care-need/>

Costs of Long-Term Care

With medical and technological advances, we are living better, healthier and longer lives. It is because of this longevity that we might need someone to help take care of us later in life. Planning for a longer lifespan has become a necessity since long-term care is expensive and costs are expected to increase each year.

Average Monthly Living Expenses

Private Room in Nursing Home	\$10,645/month	\$127,750/year
Semi-Private Room in Nursing Home	\$9,277/month	\$111,325/year
Assisted Living Facilities	\$5,900/month	\$70,800/year

Average Home Health Expenses

In-Home Health Aide	\$6,482/month \$77,792/year	In-Home Homemaker Services	\$6,292/month \$75,504/year
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Source: 21 July 2025. How Much Should You Budget for Long-Term Care? <https://www.morningstar.com/retirement/how-much-should-you-budget-long-term-care>

Preserving Your Assets

Some people think they'll need less income in retirement because their children are grown, and the mortgage might be paid in full. In reality, they'll want or need to spend about as much as they always did, but now it's on different things, including long-term care costs. You've worked hard to build a comfortable life. Preparing now will help protect your assets and give you the peace of mind you deserve.

Impact on Family

The physical, financial and emotional burden placed on an unpaid caregiver — often a family member — is something to be seriously considered when determining your long-term care plans.

The unpredictable nature of caregiving for an adult is among the biggest stressors that caregivers face.

67%

of family caregivers have difficulty balancing their jobs with caregiving duties.

27%

of working caregivers have shifted from full-time to part-time work or have reduced hours, 16% have turned down a promotion.

16%

have stopped working entirely for a period of time — and 13% have changed employers — in order to meet caregiving responsibilities.

Source: 21 July 2025. How Much Should You Budget for Long-Term Care? <https://www.morningstar.com/retirement/how-much-should-you-budget-long-term-care>

Product Features

A comprehensive long-term care insurance policy provides up to 100% coverage of Facility Care Services and/or Home and Community Care Services expenses incurred up to the Maximum Monthly Benefit amount selected.

Basic Benefit Choices



Maximum Monthly Benefit

Benefit payments will be the actual monthly charges incurred for qualified long-term care services, up to the Maximum Monthly Benefit shown on the policy schedule. The choices are between \$1,500 to \$12,000 in \$300 increments.¹



Elimination Period

Similar to a deductible, the elimination period is the number of calendar days you pay out of pocket before policy benefits begin. Calendar day elimination period options can be 90 or 180 days and only have to be satisfied once in a lifetime. The Elimination Period applies to all benefits unless otherwise stated in a specific benefit provision. One (1) day of service per week qualifies as seven (7) calendar days towards the Elimination Period.



Benefit Period

You can choose between a 2-Year, 3-Year, 4-Year, 5-Year or 6-Year benefit period.



10-Year Premium Payment

Compress your premium payment period into a 10-year window. When paid in 10 years, no more premiums are due.

Optional Benefit Choices



Joint Pricing

HonestLTC gives partners² -- married or not -- the option to have joint benefits together. Our unique premium structure makes it possible to give partners a shared premium that is comparable to a premium individuals would pay on their own.



Shared Additional Policy Limit Rider

Under a joint policy, one or both individuals may need benefits beyond the benefits of their own policy limits. This rider provides a third pool of money for a partner to share in the event that one or both of them exhaust their policy benefits.

If a partner on a joint policy passes, the surviving partner can choose to keep the third pool of benefits and the premium will be reduced.

¹The lowest Maximum Monthly Benefit Amount for VT is \$2,400 and \$1,800 for WI. The 180-day elimination period is not available in VT.

² A partner is someone who resides in the same household as the insured. If related, policyholders must be of the same generation (i.e. siblings).



Compound Inflation Riders

To ensure that policy benefit amounts continue to grow guaranteed over time, you can choose optional 1%, 2%, 3%, 4% or 5% compounding inflation riders to ensure policy values grow every policy anniversary.



First Day Home and Community Care Services Benefit Rider

Under this rider, the Elimination Period required for Home and Community Care Services will be waived. If you satisfy the Payment of Benefits Provision under the Policy for Home and Community Care Services, no Elimination Period will be required and benefits will be payable on the first day you are qualified to receive benefits. Days on which Home and Community Care Services benefits are payable will also count toward the satisfaction of the Elimination Period for Facility Care Services.



Shortened Benefit Period Nonforfeiture Rider

Provides a benefit when the policy remains in force for at least 3 years and lapses due to nonpayment of premium. Coverage will continue, and benefits will be payable until the total benefits payable is equal to the greater of: (a) the total of premiums paid for the policy and all riders; or (b) one times the Maximum Monthly Benefit in effect on the date of lapse.

Premiums will vary with the choice of benefits selected. To learn more about HonestLTC's features and details, please speak with your insurance professional. Your application is subject to underwriting and a medical exam may be required to determine insurability.



Built-In Features

International Benefits

For covered services outside the United States, its territories, or Canada, benefit payments will be the actual daily charges incurred for covered care, up to the Maximum Monthly Benefit, for up to 1 Maximum Monthly Benefit per calendar year. Benefits paid will be subtracted from the Policy Limit.

Caregiver Training Benefits

Every policy provides Home and Community Care Services (HCCS). Benefits are payable for caregiver training if prescribed by your Plan of Care and provided by a person who will not be paid as a primary caregiver. The benefit is equal to one-sixth of the Maximum Monthly Benefit amount selected. Benefits paid will be subtracted from the Policy Limit.

Care Coordination Benefits

Care coordination services are available upon request. A care coordinator can identify providers of covered services in your vicinity, obtain necessary claim documentation and monitor the covered services that are being received.

Alternate Plan of Care

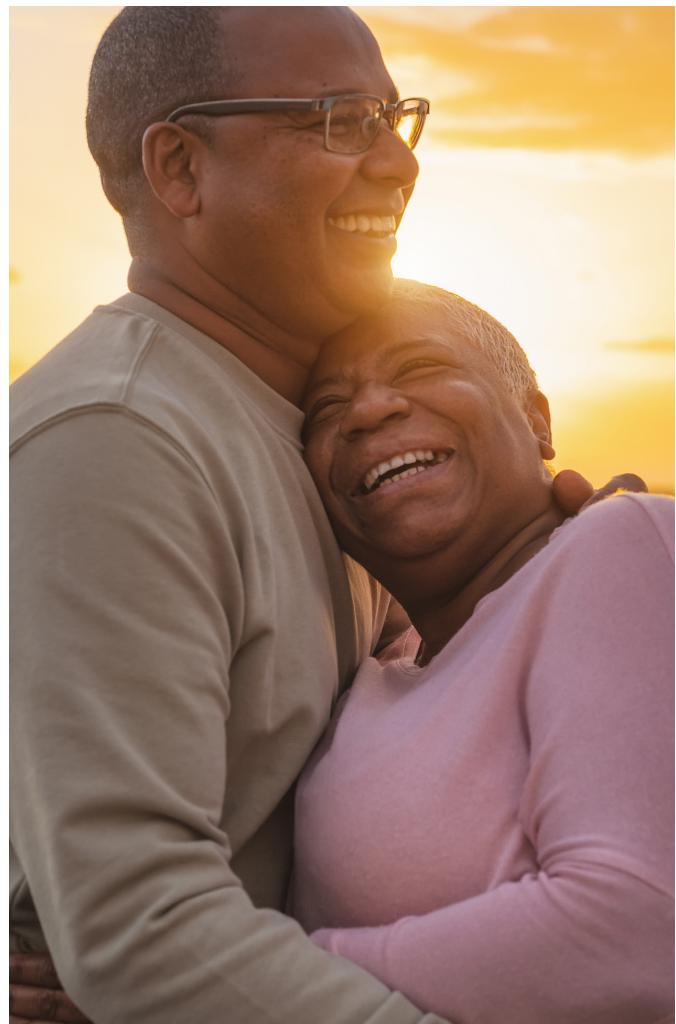
We will pay a benefit equal to the covered expenses for Alternate Plan of Care Services up to the maximum monthly limit if the Insured is receiving benefits under the policy and continues to meet Eligibility requirements. The Insured or Insured's Representative, Insured's Licensed Health Care Practitioner and we agree that the Alternate Plan of Care Services:

- Are cost-effective
- Are appropriate to the Insured's needs
- Provide the Insured with an equal or greater quality of care
- Constitute Qualified Long-Term Care Services

Waiver of Premium

Once the payment of benefits begins for Facility Care Services or Home and Community Care Services, the payment of future premiums for the policy and any attached riders will be waived. Premium payments will resume on the next policy renewal date after you are no longer receiving benefits for Facility Care Services or Home and Community Care Services.

For joint policies, entire joint premium is waived at the time of claim even if only one partner is on claim.





Respite Care Benefits

After you satisfy the conditions for Payment of Benefits, a benefit will be available to pay for each day of Respite Care Services that are received. Benefits will be paid for a maximum of one month per calendar year. This benefit is not subject to the Elimination Period. Benefits paid will be subtracted from the Policy Limit.

Facility Bed Reservation Benefits

When you incur a temporary absence from a Nursing Facility or Assisted Living Facility, the actual daily charges incurred for a bed reservation up to one Maximum Monthly Benefit per calendar year will be paid. Benefits paid will be subtracted from the Policy Limit.

Contingent Benefit Upon Lapse

If premium rates are increased resulting in a cumulative increase equal to or exceeding the percentage as set forth in the table (see policy form “Contingent Benefit Upon Lapse Endorsement”) in the policy and the policy lapses within the grace period, then the following options become available:

- the Maximum Monthly Benefit amount may be reduced (subject to availability), or
- the policy may be converted to a paid-up status with a Policy Limit equal to the total of premiums paid and no less than one Maximum Monthly Benefit amount in effect on the date of lapse.

Policy Notes

The Policy is Guaranteed Renewable for Life

To renew, pay the premium due by the premium due date or within the grace period. We cannot cancel or refuse to renew the policy. Premiums are not subject to change during the first five (5) years of the Policy Effective Date. Following five (5) years of the Policy Effective Date, we can only change the premium for the policy if we change premiums for everyone in your state with the same policy form. We will give you (owner if there is one designated under a Policy) at least 60 days written notice, at the last address shown in our records, before we change a policy's premium.

Eligibility for Payment of Benefits

While the policy is in force, you are eligible for payment of benefits if you are Chronically Ill. This means that within the previous 12 months, you have been certified by a Licensed Health Care Practitioner as: being unable to perform without Substantial Assistance, at least two Activities of Daily Living for a period expected to last at least 90 days due to loss of functional capacity; or requires Substantial Supervision due to a Severe Cognitive Impairment.

Payment of Benefits

While a policy is in force, benefits will be paid if: you satisfy Eligibility for Payment of Benefits; you satisfy any applicable Elimination Period shown on the policy schedule; you receive services covered under the policy pursuant to a Plan of Care; you are not receiving any other benefits covered under the policy; you have not been paid benefits that exceed the Policy Limit shown on the policy schedule; you satisfy the requirement under the "filing a claim" section of the policy; the claim is not subject to any Limitation or Exclusions contained in the policy.

Grace Period

Except for the first premium, there will be 31 days after each due date to pay the premium due. This policy remains in force during the grace period.

Limitations and Exclusions

No benefits will be paid and the Elimination Period will not be satisfied for any confinement, care, treatment, or service(s):

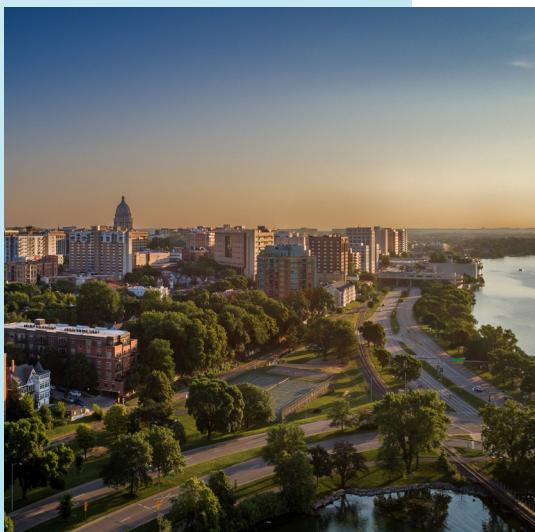
- provided to You by a person in Your Immediate Family;
- provided outside the United States or its territories, or Canada, except as described under Coverage Outside the United States in the Policy Benefits section of this Policy;
- for which You have no financial liability or that is provided at no charge in the absence of insurance;
- provided at a government or veteran's Facility, or pursuant to a government program, where You are not required to pay;
- provided as a result of alcoholism or drug addiction;
- resulting from Mental or Nervous Disorders;
- resulting from attempted suicide or intentionally self-inflicted injury;
- resulting from war, an act of war or active duty in the armed forces; or
- resulting from participation in a felony, riot or insurrection.

The policy does not contain a pre-existing condition exclusion.

Non-Duplication of Benefits

Benefits are not payable under the policy for: (a) expenses incurred to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount; or (b) any other state or federal workers' compensation plan or other governmental program (except Medicaid).

For purposes of satisfying the Elimination Period, days on which you satisfy the conditions on Eligibility for Payment of Benefits, in which you incur and pay expenses that have not been reimbursed, will count toward satisfaction of the Elimination Period.



Committed to you

National Guardian Life Insurance Company (NGL) is focused on guiding people on their financial journey and helping them face life's financial challenges with confidence, dignity and grace. This is a true reflection of who we are and the values we believe in.

Our commitment to you is our main focus. We value our policyholders, offer high-quality products and provide superior customer service.

Visit us at nglic.com to learn more.

Financial Stability

Our success reflects our focus on long-term financial security for our policyholders and business partners.



\$5.1 billion
in assets



117 years
in business



A (Excellent)
AM Best Rating*

All ratings current as of 07/18/2025. NGL reported \$4.6 billion in consolidated liabilities in 2024. Financials current as of 12/31/2024.

*This is a financial strength rating which is not an assessment or recommendation of specific policy provisions, premium rates or practices of the insurance company. A financial strength rating refers only to the overall financial status of the company and is subject to change.



A long-term care insurance policy explains a policy's coverage, limitations and exclusions, along with what a policyholder must do to keep the policy active and what might cause the policy to be discontinued. Please weigh any associated costs before purchasing. Consideration should be taken on whether this product is suitable for your long term care needs. This policy is intended to be federally tax-qualified (as defined by the Internal Revenue Code of 1986, §7702B(b)); you should consult with your attorney, accountant, or tax advisor regarding the tax implications of purchasing this Long Term Care insurance. For more information on policy costs and details of coverage, please contact your licensed insurance representative.

Please know that there is no guarantee this product will cover the entire cost of long term care as expenses will vary with each individual's needs.

All guarantees and benefits of the policy are backed by National Guardian Life Insurance Company and not by the broker/dealer selling the policy, or by any of their affiliates. This is an insurance solicitation. An insurance agent may contact you.

Please refer to the policy for details regarding limitations and exclusions and non-duplication of benefits.

Long-Term Care Policy Forms: ICC25-NLTC200P and ICC25-NLTC200P-W.

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