

# GOLDENCARE USA - Power Zone Grid

|  | United of Omaha<br>Assured Solutions Plus  | Allianz<br>Generation Protector II  | MedAmerica Simplicity <sup>ii</sup>   | MetLife LTC-VIP2<br>Value-Ideal-Premier  | John Hancock<br>Leading Edge   | Prudential<br>LTC-3  |
|--|--|---|---|--|--|--|
| <b>AM Best Ratings</b>   | A+   | A+  | A-  | A+   | A++  | A+   |
| <b>POWER ZONE</b>  | Single AND Married Under 70  | Married Couples 65+   | Married under Age 70  | Group Simplified Issue   | Ages 40-65   | Single   |
| <b>Spousal/Household Discounts</b>                                 | 10% Household, 35% both spouses insured, 15% one spouse insured  | 10% Household, 30% both spouses insured, 15% one spouse insured   | 20% when one, 40% when both Care Partners are insured   | VIP2: 30%, 15%, & 15% Resident   | 30% both spouses insured<br>15% one spouse insured   | 30% both spouses insured<br>15% only one spouse applies  |
| <b>Market Niche</b>  | Up to 300% of MDB paid for Prof. Services.<br>ALF paid at 50%, 60%, 70%, 80% or 100%.<br><b>10 BIO Options</b><br><b>5 Year Rate Guarantee</b><br><b>Optional HHC EP Waiver</b>  | 130% HHC Option: only takes 100% from pool.<br>Optional Waiver of HHC EP: also reduces NH EP.<br>Indemnity HHC Options: offer separate money pools.<br><b>5 Year Rate Guarantee</b> | Simplicity is designed as a tax-qualified cash product. Submission of provider bills, proof of loss, or other info on benefit usage not required.             | <b>Employer Groups</b>   | CPI Inflation targets younger market at overall lower premium than standard 5% Compound.<br>CPI varies each year, increases based on Consumer Price Index. | Home Support Services: 50 x MDB lifetime.<br>Private Care Consultation: 20 x MDB per calendar year.<br>Cash Alternative: 40% of Reimbursed Amount.   |
| <b>Cash Availability</b>   | <b>CASH-FIRST</b><br>Built-In Cash Benefit<br>No Elimination Period<br>No Bills to Submit<br>Pays 10x Basic HHC Each Month   | <b>Optional Indemnity:</b><br>Full, 10%, 25% or 50%<br>or Monthly   | Monthly CASH Benefit paid prospectively - in-advance, day after satisfying EP - to spend as needed anywhere in the world.                                     | Premier Plan: Cash Payment Built-In<br>Ideal Plan: Monthly Reimbursement<br>Value Plan: Daily Reimbursement                                      | None   | Built-In Cash Alternative pays 40% of HHC Benefit.   |
| <b>Informal care provided by friends and family.</b>               | <b>CASH-FIRST</b> Benefits are payable when spouse, friends and family provide care.   | Available with Comprehensive or HHCC Monthly Indemnity Options  | Yes<br><i>Cash is King!</i>   | Incl. for "Supp. Services" Ideal Plan up to 1x MDB   | Excluded unless family member is licensed or regular employee of HHC Agency.   | Available if using the Cash Benefit Rider.<br><i>Again...Cash is King!</i>   |
| <b>Benefit Dollar Range</b>  | \$50 to \$500 MDB in \$10 increments   | \$50 to \$500 MDB in \$10 increments  | Monthly: \$1,500, \$3,000, \$4,500<br>\$6,000, \$7,500, \$9,000 or \$12,000   | \$50 to \$400 MDB in \$10 increments   | Daily: \$50 to \$500 or<br>Monthly: \$500 to \$15,000  | \$50 - \$500 MDB   |
| <b>Benefit Period or Max. \$ Benefit</b>                           | 2, 3, 4, 5, 6 or 8 Years or Unlimited  | 2, 3, 4, 5 or 8 Years or Unlimited  | \$100,000, \$200,000, \$300,000<br>\$500,000 or \$1,000,000   | 2, 3, 4, 5 or 7 Years or Unlimited.<br>Unlimited not available with Premier Plan   | 3 or 5 Years<br>or 5 Years + \$1,000,000   | 2, 3, 4, 5, 6 or 10 Years or Unlimited   |
| <b>Elimination Periods</b>   | 0, 30, 60, 90, 180 or 365 days.<br>Cumulative - EP needs to be met just once.<br>Optional HHC Waiver   | 7, 30, 60, 90, 180 or 365 days<br>EP needs to be met just once.<br>Optional Calendar Day EP<br>Waiver of HHCC EP  | 30, 60, 90 or 180 days.<br>EP are Calendar Days and need to be met just once.   | Cumulative, only needs to be satisfied once. Ideal uses service days. Premier uses calendar days.<br>Calendar day option                         | 100 Days.<br>Optional HHC EP Waiver  | 30, 60, 90, 120, 180 or 365 days beginning with date eligibility<br>Needs to be met just once.<br>Optional Calendar Day EP.  |
| <b>Home Modification</b>   | Available with Care Coordination<br>No Elimination Period<br>Pays 60% of Basic HHC   | Offered under Alternative Plan of Care Benefit  | Limited to Monthly Cash Benefit   | Ideal Plan: 15 x MDB Transition Expense Allow. Premier = Cash  | Additional stay-at-home benefit.<br>No EP. Lifetime Benefit: 30 x MDB  | Yes, 50 x MDB.   |
| <b>Inflation Options</b>   | <b>Lifetime:</b> 2.5%, 3%, 3.5%, 4%, 4.5% or 5% Comp. or 5% Simple. <b>10 or 20 Yrs:</b> 5% Comp. <b>Default:</b> Built-in GPO   | 3%, 4%, or 5% Comp/No Max, 5% Comp/Double Max, 5% Simple/No Max   | 5% Simple, 5% Double Max, 3% or 5% Comp/No Max  | 5% Comp, 5% Simple<br>Future Purchase Option   | CPI Automatic, 5% Compound, GPO  | Periodic Inflation Benefit<br>5% Simple, Comp/Double Max, 5% Comp/No Max   |
| <b>Optional Riders</b>   | Spouse Shared, Spouse Waiver/ Survivorship, (Uninsured) Spouse Security pays add'l 60% of MDB paid for insured spouse's LTC services. Add'l benefit does not count toward Lifetime Maximum.<br>Restoration of Benefits | HHCC Monthly Benefit<br>Shared Care, Spousal Waiver of Premium, Survivorship, Limited Pay, Accelerated Premium, Shortened Benefit, ROP & Full ROP<br>Restoration of Benefits        | Shared Care, Restoration of Benefits<br>Shared Waiver, Survivor Benefit, ROP, Full ROP,<br>Shortened Benefit Period<br><b>Premium Payment Options:</b> 10-Pay | Shared Care, Nonforfeiture, ROP less claims paid.<br><b>Premium Payment Options:</b> 10 Pay, Pay to 65, Double Pay First Year, Reduced Pay at 65 | Shared Care, Non-Forfeiture  | Flex Cash Monthly Benefit, Cash Benefit, Shortened Benefit Period, Restoration of Benefits, Joint Waiver of Premium, Survivor Waiver of Premium, Shared Care<br><b>Premium Payment Options:</b> 10-pay, Paid Up or Reduced Premium.<br>At Age 65 |
| <b>State Availability</b><br>Benefits & Options may vary by state. | All States except: CA, HI and NY   | All States except: CA, HI, MA and NY.   | All States except: CA, MO, MT, NC, RI and VT.   | All States   | All States   | All States except HI.  |