



Genworth®  
Financial



# YOUR CHOICE FOR LONG TERM CARE PROTECTION

PRIVILEGED CHOICE®  
LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

## WHY CHOOSE GENWORTH LIFE INSURANCE COMPANY?



Selecting a long term care insurance company is an important decision. You need to find a company you can trust to help protect your assets and lifestyle as you grow older. A company that's respected and recognized as a leader in quality service and products. A company with an innovative portfolio of plans that offer comprehensive benefits, and with a proven track record of paying its claims.

*Enjoy life today.*

*Enjoy life tomorrow.*

Genworth Life Insurance Company gives you all this and more. Our Long Term Care Insurance Division helped pioneer the development of long term care insurance more than 30 years ago and we've been an industry leader ever since. Over the years we have continued to meet our customers' changing needs by improving and updating our policies and staying one step ahead in the long term care insurance industry. We believe that our experience and expertise set us apart from the rest and make us your best choice for helping to protect your future.

Genworth Life Insurance Company is a member of the Genworth Financial family of companies. You can depend on us to provide you with excellent service and quality long term care insurance plans.

Meeting the needs of our approximately 1,000,000 policyholders<sup>1</sup> is not only our priority – it's our commitment. We have paid out more than \$2.3 billion in long term care claims.<sup>1</sup> We're here for the long-term – today, tomorrow and in the years to come.

<sup>1</sup> As of 12/31/04

## PRIVILEGED CHOICE®

Privileged Choice is one of the most comprehensive long term care insurance policies available. Once you qualify for benefits, Privileged Choice pays you for covered care received in your home or your community, Assisted Care Facilities (including Alzheimer's facilities), and in Nursing Homes.

Privileged Choice provides either shared or individual coverage. The superior value and convenience of a shared policy holds great appeal for couples, while single people will appreciate the way benefits of an individual policy can meet their needs.



# HOME AND COMMUNITY CARE COVERAGE

Many people prefer to stay in the comfort of their own home when they need long term care. Privileged Choice is there for you when the covered care and services you need can come to your home – where, surrounded by friends and family, you're most comfortable.

**We will pay you for actual expenses incurred for the covered care and services below, up to 100% of a Monthly Maximum that you choose. And, these benefits are payable from day one without an Elimination Period.**

**Skilled Services** Nursing care and physical, occupational, respiratory and speech therapy from licensed professionals.

**Home Health Aides and Personal Care Attendants** Help with personal hygiene, simple health care tasks, activities of daily living and managing medications.

**Homemaker Services** Assistance with preparing meals, doing laundry and light house cleaning, such as vacuuming, mopping, and washing dishes.

**Chore Services** Help with minor household repairs, taking out the garbage and related tasks that help ensure your safety at home. These do not need to be performed by a trained individual.

**Hospice Care** Care provided to relieve your physical and emotional discomforts in your home or in a licensed or certified facility, if you become terminally ill.

**Adult Day Care** A program of social and health-related services provided during the day in a community group setting outside your home.

**Couples may purchase two individual policies or share coverage under one shared policy.**



**The expenses you incur for care and services can vary greatly from day to day. A Monthly Maximum helps you get the most value out of your policy.**

**The following benefits are also available.**

**Caregiver Training** Training for an informal, unpaid caregiver (such as a person you live with, a friend or relative) to help care for you at home. Maximum lifetime reimbursement - up to 20% of your Monthly Maximum.

**Equipment and Home Modification** Purchase and installation of items, such as a ramp, a stair lift for going between levels of your home, grab bars to assist in bathing or toileting or other supportive equipment, that enable you to stay in your home for at least 90 days. Maximum lifetime reimbursement - up to 2 times your Monthly Maximum.

Care providers can be independent and not affiliated with a home care agency. For unskilled services, even your friends and neighbors can provide some of your care.



Under our policy, the term “couples” can apply not only to spouses, but also to two people who meet our criteria for living together in a committed relationship and sharing basic living expenses.

## PRIVILEGED CARE® COORDINATION

This service provides you with a Privileged Care Coordinator who can help you find care providers and manage your care needs. These coordinators are trained professionals from a nationwide network of local experts familiar with the long term care services available in your community. Whether you choose to use a Privileged Care Coordinator or not is up to you, but when you do, we pay for the costs of their services, and your Personal Benefit Account is not reduced by those costs.



A Privileged Care Coordinator:

- Assesses your care needs and along with you, your family and personal physician, develops your Plan of Care, which outlines the care and services you need.
- Helps find providers and schedules covered care and services.
- Provides ongoing care monitoring and modifies your Plan of Care as your needs change.
- Helps you complete initial claims forms; but does not make claims decisions.

You should be comfortable with the care providers helping you, and the flexibility of Privileged Choice gives you the freedom to choose care providers that you like. After meeting with you, your Privileged Care Coordinator will identify and recommend care providers in your area matched to your particular needs. You can select the providers that you want. You may also ask your coordinator to find more providers for you to choose from. And, if you want to change providers at any time for any reason, you can do so, the same as you can with your Privileged Care Coordinator.

**We pay for the cost of Privileged Care Coordination —  
the cost is *not* deducted from your Personal Benefit Account.**

## FACILITY CARE COVERAGE

You may find that the best place to receive care is not in your home, but in a covered facility.

Once you satisfy the Elimination Period, we will pay you for expenses incurred for covered care and services in the facilities below. Privileged Choice pays you up to 100% of your selected Monthly Maximum.

- Assisted Care Facilities  
(including Alzheimer's facilities)
- Nursing Homes  
(including private duty nursing care)

**Temporary Absence Coverage** While you are receiving Facility Care Coverage, you may reserve your room or bed for any reason, such as to celebrate a holiday, visit your family, or to temporarily enter a hospital. If you do reserve your room or bed, we will continue to provide your Facility Care Coverage to help ensure that your place will still be there for you upon your return. Reimbursement up to 60 days a year, each year, for the life of your policy.



## INCLUDED FEATURES AND BENEFITS

**Alternate Care Benefit** Your policy may not specifically identify every foreseeable type of care you need. So, to cover these expenses we offer an Alternate Care Benefit. This benefit pays you for additional care, services, treatment, equipment, supplies, or other items not otherwise covered in your policy that will be helpful to you. If you, your doctor and we all agree, and the items are reflected in your Plan of Care, you will be reimbursed for their cost. Examples include, but are not limited to, in-home safety devices, home-delivered meals, and rental of emergency medical response devices.

*We'll start waiving your premiums right away, when you use a Privileged Care Coordinator for Home and Community Care Coverage benefits.*

**Respite Care** If your primary, unpaid caregiver needs to take a temporary break, we pay Facility Care and/or Home and Community Care Coverage benefits for the covered care you receive during that time. There is no Elimination Period requirement that you must satisfy, so benefits become payable immediately. Reimbursement up to your Monthly Maximum each year – for the life of your policy.

**Waiver of Premium** When you need care, the last thing you should have to worry about is paying another bill. That's why we waive your premium payments for each coverage month that begins:

- when you're receiving benefits for home care in accordance with a Privileged Care Coordinator's Plan of Care, or
- after satisfying the Elimination Period if you're receiving either Facility Care or Home and Community Care Coverage benefits without a Privileged Care Coordinator's Plan of Care.

**International Coverage** If you receive covered care and support services in a qualified nursing home that is not in the United States, you will be reimbursed for covered out-of-country nursing home care expenses, up to 75% of your Monthly Maximum for up to 48 months. However, premiums will not be waived, and no other policy benefits will apply while you are out of the country.

**Premium Stability** While we reserve the right to raise future premiums for all policyholders by class and state, your premiums will never increase due to changes in your health status or age.

**Guaranteed Renewable** Once you're insured, as long as you pay your premiums on time and your benefits have not been exhausted, your coverage is guaranteed renewable and cannot be canceled by us.

**Protection Against Policy Lapse** If your policy lapses, we will reinstate it if, within 7 months after the lapse, you received care or services that would have been covered had the policy not lapsed, provided that you pay any past due premiums. We would need to receive acceptable proof that you met the requirements to qualify for covered benefits.

**Late Payment Protection** To help assure that your policy doesn't lapse by mistake, you may designate another person for us to notify if we do not receive your premium payment on time.

**30-Day Free Look** If you are not completely satisfied with your policy, return it within 30 days of receipt for a full refund, with no questions asked.

## SHARED BENEFIT COVERAGE FOR COUPLES

### DISCOUNTS

**Preferred Health Discount** If you are eligible and in good health when you apply, you can receive a 20% discount on your premiums for the life of your policy, if you apply alone (the Preferred Health Discount is 10% if you also qualify for the Couples Discount).

#### Discounts for Couples

- If both of you are eligible, apply for, and are issued individual policies, both of you will receive a 40% premium discount.
- If both of you are eligible, and apply for individual policies, but just one of you is issued a policy, he or she will receive a 25% premium discount.
- The preferred health discount of 10% can be combined with a couples discount, which means that your total discount could be as high as 50% each (35% if only one is issued a policy).

The rates for shared benefit coverage are already discounted for couples. Each person can also qualify separately for a preferred health discount.

*With shared benefit coverage there's only one billing statement. And, if one person goes on Waiver of Premium there are no premiums to pay for either person!*

Features of shared benefit coverage include:

- **One policy** Identical coverage for both of you.
- **A shared Personal Benefit Account** Access benefits separately or together at the same time (until combined benefits paid exhaust the Personal Benefit Account). The shared Personal Benefit Account remains available after one of you dies.
- **Joint Waiver of Premium** The premium applicable for both is waived even if only one person qualifies for the waiver.
- **One billing statement** Both people are covered under one billing statement, so you only have to write one check.
- **Premiums reduced** If one person dies, premiums will be reduced for the survivor unless premiums are waived by an optional Survivorship Benefit rider.
- **Conversion option** In the event a couple's relationship terminates due to divorce or final separation, they have the opportunity to continue their shared coverage or to convert to individual coverage.

Under shared benefit coverage, the Monthly Maximum and Elimination Period apply to each person separately.

## OPTIONAL BENEFITS

The following options are available for additional premiums.

**Inflation Protection** Helps the value of your policy keep up with inflation, allowing for annual increases in your Monthly Maximum and Personal Benefit Account for as long as your policy remains in force. These increases will be credited annually on each policy anniversary depending on the inflation option you have chosen, and will not be reduced because of any claims paid.

You may choose either:

- **Compound Increases Option:** Your Monthly Maximum and Personal Benefit Account increase each year by 5% of their *previous* year's amounts (and in the calculation of those amounts, they are not reduced by claims paid, unlike some other policies).

OR

- **Equal Increases Option:** Both your Monthly Maximum and Personal Benefit Account increase each year by 5% of their *original* year's amounts. Claims payments you receive will not reduce the amount of your increases.

If your Personal Benefit Account reduces to zero it will not be replenished by either of these increase options, and your policy terminates.

**Restoration of Benefits** If you receive benefits from your Personal Benefit Account, and then recover and are no longer eligible for benefits for a period of 180 days while your policy remains in force, your Personal

Benefit Account will be completely restored to the amount that would have applied if no benefits had been paid. There is no limit to the number of times your benefits can be restored to full value in this way.

However, for shared benefit coverage, when one person dies your Personal Benefit Account will not be restored for any benefits paid for the deceased that were not previously restored.

If your Personal Benefit Account reduces to zero, it will not be restored under this Rider, and your policy will terminate.

**Nonforfeiture Benefit** Lets you keep some protection under your policy should it lapse after three years. This benefit provides you with a reduced, paid-up Personal Benefit Account equal to the total of all the premiums you've paid into your policy or your Monthly Maximum at the time your policy lapses – whichever amount is greater.

### **7 Year Survivorship Benefit**

For couples who have each had long term care coverage with 7 Year Survivorship Benefits with us for at least 7 years, when one dies, no further premiums will be required for the duration of the survivor's coverage. *And, this benefit applies even if covered benefits were paid during these years.*

# HOW TO QUALIFY FOR BENEFITS

You qualify for covered benefits when:

*Activities of Daily Living:*

1a. You need help with at least two of six Activities of Daily Living. In addition, it is expected that you will need the help for at least 90 days.

*Bathing  
Eating  
Dressing  
Toileting  
Continence  
Transferring*

OR

1b. You need help because you have a severe cognitive impairment, which generally means that you have a significant deterioration in or loss of your intellectual capacity (e.g. Alzheimer's).

-AND-

2. Your doctor, a nurse, licensed social worker, or Privileged Care Coordinator certifies from time to time that you need help as described above. In determining qualification for covered benefits, we can ask your doctor

and your care providers for information that demonstrates your need for care.

-AND-

3. Benefits are paid to you only for covered care and services you receive consistent with a Plan of Care that has been prescribed by a Privileged Care Coordinator, nurse, doctor, or licensed social worker.

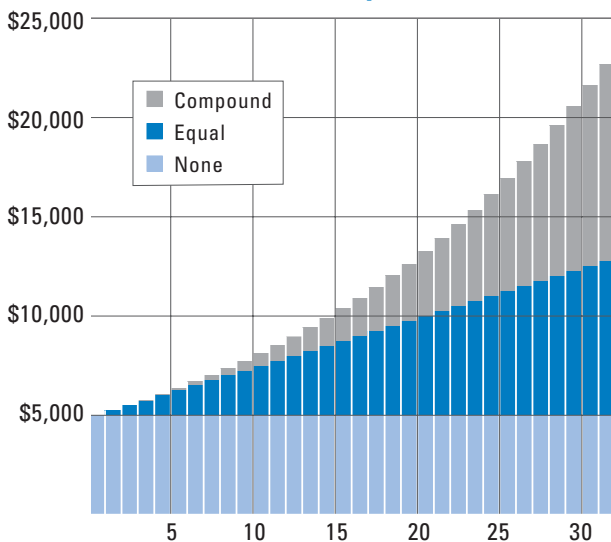
## Pre-existing Conditions

Once you are insured, there is no exclusion for pre-existing conditions disclosed to us in your application.

## Mental or Nervous Disorders

Once you are insured, there is no exclusion for mental or nervous disorders such as depression, or brain conditions such as Alzheimer's disease.

**Comparison of inflation options with a \$5,000 monthly maximum**



**Example of increasing benefit with a \$5,000 monthly maximum and a benefit multiplier of 72 (6 years)**

POLICY YEAR ANNIVERSARY	MAXIMUM MONTHLY BENEFIT		PERSONAL BENEFIT ACCOUNT	
	EQUAL	COMPOUND	EQUAL	COMPOUND
---	\$ 5,000	\$ 5,000	\$ 360,000	\$ 360,000
5th	\$ 6,250	\$ 6,380	\$ 450,000	\$ 459,360
10th	\$ 7,500	\$ 8,144	\$ 540,000	\$ 586,368
15th	\$ 8,750	\$ 10,394	\$ 630,000	\$ 748,368
20th	\$ 10,000	\$ 13,266	\$ 720,000	\$ 955,152
25th	\$ 11,250	\$ 16,932	\$ 810,000	\$ 1,219,104
30th	\$ 12,500	\$ 21,610	\$ 900,000	\$ 1,555,920

# DESIGN YOUR PRIVILEGED CHOICE PLAN



**Choose Your Monthly Maximum** This is the maximum amount of benefits you can select to have your coverage pay for expenses you incur on any one month.

In \$100 increments, select from:

- \$1,500 to \$12,000

**Choose Your Benefit Multiplier** Multiply your Monthly Maximum by your Benefit Multiplier to determine your initial Personal Benefit Account amount.

For *individual* policies, choose a multiplier of:

- 36 (3 years) • 48 (4 years) • 60 (5 years)
- 72 (6 years) • 96 (8 years) • 120 (10 years)
- Unlimited (lifetime)

For *shared* policies, choose a multiplier of:

- 72 (6 years) • 96 (8 years) • 120 (10 years)
- 144 (12 years) • 192 (16 years) • 240 (20 years)

**Personal Benefit Account** The initial amount of your Personal Benefit Account is equal to your Monthly Maximum times the Benefit Multiplier you select. The amounts

available for benefit payments in your Personal Benefit Account will decrease as benefit payments are made, and increase due to any Inflation Protection Option or Restoration of Benefits rider selected. If your Personal Benefit Account reduces to zero, it will not be replenished, and your policy terminates.

$$\text{Monthly Maximum} \times \text{Benefit Multiplier} = \text{Initial Personal Benefit Account}$$

**Choose Your Elimination Period** An Elimination Period is similar to a deductible. It is the number of days of covered care that you must pay for before your coverage begins to pay benefits. Choose an Elimination Period of either:

- 30 days • 90 days • 180 days

**There is no Elimination Period for covered Home and Community Care Coverage benefits.** Plus, when you use a Privileged Care Coordinator, your Elimination Period for Facility Care Coverage benefits is reduced by one day for each day you receive Home and Community Care Coverage benefits.

**You only have to satisfy your Elimination Period once, for the life of your coverage.**

# YOUR PERSONAL PRIVILEGED CHOICE WORKSHEET

	I N D I V I D U A L		S H A R E D
	CLIENT A Age _____	CLIENT B Age _____	CLIENT A Age _____ CLIENT B Age _____
<b>Monthly Maximum</b> Choose your benefit in \$100 increments from: \$1,500 - \$12,000 . . . . .	\$ _____ /month	\$ _____ /month	\$ _____ /month
<b>Benefit Multiplier</b> For the Individual Plan, choose: 36/3yrs.    48/4yrs.    60/5yrs.    72/6yrs. 96/8yrs.    120/10yrs.    Unlimited  For the Shared Plan, choose: 72/6yrs.    96/8yrs.    120/10yrs. 144/12yrs.    192/16yrs.    240/20yrs.	X _____	X _____	X _____
<b>Personal Benefit Account</b> (Monthly Maximum x Benefit Multiplier) . . . . .	\$ _____	\$ _____	\$ _____
<b>Elimination Period</b> Choose your number of Elimination Period days. . . . . (Applies to facility-provided care only.)	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180
<b>Optional Benefits</b> Inflation Protection 5% Compound Benefit Increases . . . . . 5% Equal Benefit Increases . . . . . None . . . . . 7 Year Survivorship Benefit . . . . . Restoration of Benefits (unavailable with Unlimited) . . . . . Nonforfeiture Benefit . . . . .	<input type="checkbox"/> 5% Compound <input type="checkbox"/> 5% Equal <input type="checkbox"/> None <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 5% Compound <input type="checkbox"/> 5% Equal <input type="checkbox"/> None <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 5% Compound <input type="checkbox"/> 5% Equal <input type="checkbox"/> None <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Discounts</b>	<input type="checkbox"/> Preferred Health <input type="checkbox"/> Couples	<input type="checkbox"/> Preferred Health <input type="checkbox"/> Couples	<input type="checkbox"/> Client A Preferred Health <input type="checkbox"/> Client B Preferred Health
<b>Annual Premium (Annual Mode)</b> ( <input type="checkbox"/> Standard <input type="checkbox"/> Pay to 65 <sup>1</sup> <input type="checkbox"/> 10 Pay <sup>1</sup> ) . . . . .	\$ _____	\$ _____	Client A: \$ _____ Client B: \$ _____ Total:    \$ _____
<b>Modes/Factors</b> <input type="checkbox"/> Annual (1.0) <input type="checkbox"/> Semi-annual (.51) <input type="checkbox"/> Quarterly (.26) <input type="checkbox"/> Monthly (.09) . . . . .	X _____	X _____	X _____
<b>Modal Premium</b> (Annual Premium x Mode Factor) . . . . .	= \$ _____	= \$ _____	= \$ _____
<b>Number of Premium Payments per Year</b> (1, 2, 4 or 12) . . . . .	X _____	X _____	X _____
<b>Annual Total of Modal Premiums</b> . . . . . <small><sup>1</sup> Not available with shared benefit coverage.</small>	= \$ _____	= \$ _____	= \$ _____

## EXCLUSIONS AND LIMITATIONS

Benefits are not payable for care, stays, or other items:

- Provided by family members (unless he or she is a regular employee of the organization providing the services, the organization receives payment for the services, and he or she receives no compensation other than the normal compensation for employees in his or her job category).
- Provided without a charge, whether by a provider, or by a Veteran's Administration or other government facility.
- Provided outside the United States, its territories and possessions (except as provided by the International Coverage).
- Resulting from alcoholism, drug or narcotic addiction, unless they occur as a result of administration of these substances under the written instruction of a doctor.
- Resulting from war or any act of war, intentionally self-inflicted injury or attempted suicide.

**Non-Duplication** We will reimburse only for covered expenses that are in excess of what Medicare or other governmental health care programs or laws (except Medicaid) pay. Deductibles and coinsurance expenses under Medicare are also excluded from coverage.

**Other Coverage with Us** If you have multiple policies with us, we will reduce benefits under this policy if the combined benefits under all policies with us exceed 100% of the expenses you actually incur for covered care.

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*Be sure to review the accompanying Outline of Coverage for definitions and more details of this policy and its features. This brochure is only a summary of coverage. Policy terms and provisions will prevail. Coverage is provided under policy form 7044FL. All applications are subject to the underwriting requirements of Genworth Life Insurance Company.*



Privileged Choice  
is underwritten by  
Genworth Life  
Insurance Company  
Long Term Care  
Insurance Division  
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INSURANCE  
MARKETPLACE  
STANDARDS  
ASSOCIATION

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