

OVERVIEW OF FEATURES

| FEATURES | PRIVILEGED CHOICE® | CLASSIC SELECT SM | CORNERSTONE ADVANTAGE |
|---|--|--|---|
| Issue Ages | Ages 18-79 | Ages 18-79 | Ages 18-79 |
| Benefit Maximums | Individual plans: 2, 3, 4, 5, 6, 8, 10 Years and Lifetime Shared Benefit plans: 4, 6, 8, 10, 12, 16 and 20 Years | Individual plans: 2, 3, 4, 5, 6, 8, 10 Years and Lifetime Shared Benefit plans: 4, 6, 8, 10, 12, 16 and 20 Years | \$100,000 – \$1,000,000 in \$25,000 increments |
| Daily/Monthly Maximums | \$1,500 – \$12,000 Monthly in \$100 increments | \$50 – \$400 Daily in \$5 increments | \$100 – \$400 Daily in \$10 increments |
| Deductible/Elimination Periods | Elimination Period of 30, 90, 180 days for Facility Benefits only | Elimination Period of 30, 90, 180 or 365 days for Facility and Home Care Benefits | Deductible is 50 times the current Daily Maximum |
| Payment Levels | Up to the Monthly Maximum | Up to the Daily Maximum, optional Monthly Maximum | 80% of Allowable Expenses up to the Daily Maximum |
| 0-Day Home Care Elimination Period | Included in the base plan | Added cost option | Not Available |
| Facility Coverage | Nursing Homes and Assisted Living Facilities (ALFs) covered (including room and board) | Nursing Homes and ALFs covered (including room and board) | Nursing Facilities covered; ALFs covered (excludes rent, room and board expenses) |
| Bed Reservation | 60 days per Policy Year | 30 days per Policy Year | 21 days per Calendar Year |
| Home Care Benefits | Pays for care from Formal and Informal Providers | Pays for care from Formal and Informal Providers | Pays for care from Formal Providers |
| Equipment | 2 times Monthly Maximum/Lifetime | 50 times Daily Maximum/Lifetime | Combined Lifetime Maximum of 90 times Daily Maximum |
| Caregiver Training | 20% of Monthly Maximum/ Lifetime | 5 times Daily Maximum/Lifetime | |
| Respite Care | Up to Monthly Maximum/ Policy Year | 21 Days/Policy Year | 21 Days/Policy Year |
| Waiver of Premium | While receiving Facility or Home Care Benefits (even if Elimination Period waived) | While receiving Facility or Home Care Benefits | While receiving Nursing Facility Benefits |
| Inflation/Benefit Increase Options | 5% Compound and 5% Equal both without claims off-set and none | 5% Compound with claims off-set: 5% Equal without claims off-set and none | 3% Compound, 5% simple and 5% Compound all with claims off-set and none |
| Shared Coverage Plan | Joint Owners; Split/ Conversion available upon divorce/separation | Joint Owners; Split/ Conversion available upon divorce/separation | Shared Coverage Rider joins individual policies |
| Survivorship Benefit | 10 Year in base policy 7 year as added cost option | Added cost options for 7 or 10 Year Benefits | Provided when Shared Coverage Rider is purchased |
| International Coverage | Limited Benefit included | Not Available | Not Available |
| Coordination of Benefits | Coordinates benefits with other coverage with us | Coordinates benefits with other coverage with us | Coordinates all coverages owned by your client. Will not reimburse for expenses avail- able or paid by other coverages |
| Limited Pay | 10 Year or to age 65 | 10 Year or to age 65 | 10 Year or to age 65 |
| Return of Premium | 10 Year or Graded Return upon Death prior to age 75 as added cost options for individual plans | 10 Year or Graded Return upon Death prior to age 75 as added cost options for individual plans | Built-in Graded Return upon Death prior to age 75 |
| Restoration of Benefits | Available by optional rider | Available by optional rider | Not Available |
| Couples Discount | 25% both apply—one issued 40% if both policies issued | 25% both apply—one issued 40% if both policies issued | 35% both apply— one or both issued |
| Preferred Health Discount | 20% 10% if also have Couples Discount | 20% 10% if also have Couples Discount | 15% |
| Small Business Discount | 5% net of all other discounts | 5% net of all other discounts | 5% net of all other discounts |

Not all product features are shown; significant product features are selected for comparative purposes only. Features, benefits, riders and discounts may vary; and certain conditions and restrictions may apply. Only the applicable policy contains actual terms and conditions of coverage.

Genworth Life Insurance Company
Long Term Care Insurance Division
Administrative Offices:
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Richmond, VA 23230



THE ADVANTAGE YOU NEED ...

CORNERSTONE ADVANTAGESM LONG TERM CARE INSURANCE

Underwritten by
Genworth Life Insurance Company

