

Privileged Choice® Flex

Long Term Care Insurance



What Is Long Term Care?

Long term care (LTC) is the assistance or supervision you may need when you are not able to do some of the basic activities of daily living (ADL) – bathing, dressing, eating, continence, toileting and transferring. Others may need help because of mental deterioration called severe cognitive impairment that can be caused by Alzheimer's Disease, other mental illness or brain disorders.

A need for long term care may result from:

- Accidents
- Illness
- Advanced aging
- Strokes
- Other chronic conditions

Long term care can be received at home, in the community or in a Nursing or Residential Care Facility. You may qualify for long term care insurance benefits if you can't perform two ADLs by yourself for at least 90 days or require substantial supervision if you suffer from a severe cognitive impairment.



Why Consider Long Term Care Insurance?

Have you thought about the consequences a long term care event could have on you and your family? If you aren't protected, how would that affect your retirement plans and your family?

Long Term Care Insurance Can Help You Gain Control

Long term care insurance can be a practical and more affordable way to help pay the high costs of long term care services. It may also help you:

- Maintain your independence.
- Maintain control over how you spend your savings.
- Have more choice in who provides your care and where you receive it.

Privileged Choice® **Flex**

Put the power of choice in your hands with Privileged Choice Flex from Genworth Life. This Comprehensive Long Term Care Insurance Policy allows you to customize a policy that fits your wants, needs and a range of budgets.

Throughout this brochure, you will find the Flex icon.

It indicates places where options are available to

customize your insurance plan.



Choice Is a Wonderful Thing

Privileged Choice Flex gives you options to customize your care with home, community and facility options.



Being able to make decisions about where you receive care is important. If you need care, you may feel most comfortable right at home, near loved ones and familiar surroundings. You may prefer a more social environment, such as an adult day care program. Or you may require the

advanced care provided in Nursing or Residential Care Facilities (including dedicated Alzheimer's facilities).

Privileged Choice Flex gives you the power of choice to decide.

Home and Community Care

Comprehensive Long Term Care Insurance Coverage is provided for covered services received at home and in the community.

Home and Community Care Benefit

This benefit can help reimburse you for a variety of long term care services up to the monthly or daily maximum you choose.

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

Nurse and Therapist Services are health care services provided in your home by a Nurse, or a licensed physical, occupational, respiratory or speech therapist.

Home Health Care Services is skilled nursing or other services in your home such as home health aide service, physical therapy, occupational therapy, speech therapy, audiology services, and medical social services by a social worker.

Homemaker Services provide assistance with activities necessary to or consistent with your ability to remain in your home and can be provided by a skilled or unskilled person.

Personal Care Services are services provided by a skilled or unskilled person whose primary function is to provide you with assistance with Activities of Daily Living.

HOME AND COMMUNITY CARE BENEFIT OPTIONS

- 100% coverage
- 50% coverage

These coverage percentages are based on coverage up to your monthly or daily maximum.⁴



Home Assistance Benefit

This benefit provides a maximum lifetime reimbursement up to three times the monthly maximum or 90 times the daily maximum for the following services:

Caregiver Training Train an informal, unpaid caregiver (such as a friend or relative) to help care for you at home.

Emergency Medical Response Systems

Covers the installation and ongoing monitoring fees for any type of medical alert system.

Home Modifications, Assistive Devices and Supportive Equipment

May cover the purchase or rental and installation of items such as a ramp, a stair lift, grab bars or other supportive equipment.

⁴ The daily and monthly maximums relate to the corresponding Nursing Facility Maximum you select.

Facility Care

If the best place to receive care is not in your home, we offer options for facility care.

Privileged Choice Flex will reimburse for covered expenses incurred for room and board and care services in these facilities:

Nursing Facility A Nursing Facility is a licensed facility engaged in continual nursing care.

Privileged Choice Flex provides Nursing Facility coverage up to 100% of the monthly or daily maximum you select.

Residential Care Facility A facility licensed as a "Residential Care Facility for the Elderly" or a "Residential Care Facility" as defined in the California Health and Safety Code.

Bed Reservation This benefit reimburses expenses to reserve your room or bed for any reason while you are temporarily absent from your stay in a covered facility. This can include time spent celebrating a holiday, visiting your family or temporarily entering a hospital. If you are charged a fee to reserve your accommodations in the facility, we will reimburse you for up to 60 days per calendar year for the life of your policy.



RESIDENTIAL CARE FACILITY BENEFIT OPTIONS

- 100% coverage
- 75% coverage

These coverage percentages are based on coverage up to your monthly or daily maximum.



We Care

We strive to give customers the individual attention they deserve. We are there when people need us most. Our personal touch accentuates everything we do.

Privileged Care® Coordination

Helping You

Privileged Care Coordination Services can assist you in planning your long term care services when you require covered care. You can work with a Privileged Care Coordination Team that includes a licensed health care practitioner.

The Privileged Care Coordination Team Can:

- Conduct assessments of your functional and cognitive capabilities and personal need for care and services.
- Work with you to identify the specific services and care providers required to meet your needs.
- Develop and suggest initial and subsequent Plans of Care to assist you in meeting your needs.
- Provide initial and ongoing eligibility certifications.
- Assist you in completing initial claim forms.
- Monitor your care needs on an ongoing basis to help you receive appropriate care while you are chronically ill.

Whether you choose to use this service or not is up to you. Genworth Life pays for the costs of these services, and your available benefits are not reduced by these payments.

The final choice of care providers is up to you. If you want to change covered providers at any time, for any reason, you may do so.

Everyone approaches caregiving a bit differently, and each care situation is unique.

We offer you access to care support professionals who can help ease your mind in a time of stress and uncertainty.



Caregiver Support Services

Helping Your Family

CareScout® provides **information and referral services** that help you find and coordinate high-quality, cost-effective in-home or facility care for your loved ones even if they do not have long term care coverage.⁵

Conveniently research options online with a national database of more than 90,000 care providers or work with your own dedicated Care Advocate over the phone.

You have access to a dedicated Care Advocate who will evaluate your loved one's situation over the phone and research the capabilities, availability and rates of local care providers – which may save you time and money.

An in-person evaluation by a Registered Nurse is also available for an additional fee.



We have joined forces with Mayo Clinic, one of the most trusted brands in health care, to offer Live+WellSM, a wellness program available to new long term care insurance policyholders.⁶ Through Live+Well, we are committed to helping you live a long and independent life.

Participating in the Live+Well program will provide you access to:

- A wide range of Mayo Clinic's premier educational information.
- Tools and services that can help foster your lifelong health and wellness.
- Personalized health resources.
- A confidential, secure interactive online experience.

Should you need more comprehensive support, you'll also have access to health coaching programs to help you meet your ongoing health and wellness goals, as well as a 24-hour nurse line for more immediate needs.

⁵ CareScout is a Genworth business that provides professional elder care related support activities.

⁶ Live+Well is a wellness program. It is not an insurance benefit. In California, Live+Well is available at no additional premium, it is not part of the policy, and may be discontinued at any time.

Core 4SM

Now that you have learned how Privileged Choice Flex can give you more control over where and how you receive care, let's look at four core decisions needed to start customizing your plan.

1 Benefit Reimbursement

Determine the benefit amount you want for covered long term care expenses. You can choose to have benefits reimbursed for monthly or daily long term care expenses. Benefit Reimbursement limits are referred to as monthly or daily maximums.

2 Benefit Multiplier

Select a Benefit Multiplier. The Benefit Multiplier is a factor based on time (months or days) used to calculate your initial coverage maximum.

Example

\$6,000	×	48 Months	=	\$288,000
Monthly Maximum		Benefit Multiplier		Coverage Maximum

In this example, the policyholder has **\$288,000** available to be used for covered long term care expenses.⁷

If benefit payments are less than your monthly or daily maximum, benefits will last until your coverage maximum is exhausted.

3 Elimination Period

Choose an Elimination Period. An Elimination Period is similar to a deductible. When you need long term care, it is the time period during which you must pay for your own care without being reimbursed under the policy.

BENEFIT REIMBURSEMENT OPTIONS

- **Monthly Maximum** The maximum benefit available to reimburse for covered services received in a month.
Range: \$1,500 to \$9,000
- **Daily Maximum** The maximum benefit available to reimburse for covered services received in a day.
Range: \$50 to \$300

BENEFIT MULTIPLIER OPTIONS

- **Months** 24, 36, 48 or 60
- **Days** 730, 1095, 1460 or 1825

ELIMINATION PERIOD OPTIONS

- **Service Day Elimination Period** is based on days you receive covered long term care services. You can choose from **30 or 90** days.
- **Calendar Day Elimination Period** begins with the first day you receive a covered long term care service and counts each day thereafter. You can choose from **30 or 90** days.
- **1st-Day Home Care**⁸ You can choose a Waiver of Home Care Elimination Period so that reimbursement for covered Home and Community Care services can start immediately.

⁷ Assumes policy is in force.

⁸ If you choose this option, the days you receive Home and Community Care benefits will also count toward satisfying your Elimination Period for Facility Care.

4 Benefit Increases

Decide if you want benefit increases. Benefit increases help the value of your coverage keep up with the rising cost of care, allowing for annual increases in your monthly or daily maximum and coverage maximum for as long as your coverage remains in force.

Compound or Simple increases will be applied annually on each anniversary of your coverage effective date, depending on the benefit increase option you have chosen and **will not be reduced because of any claims reimbursed.**

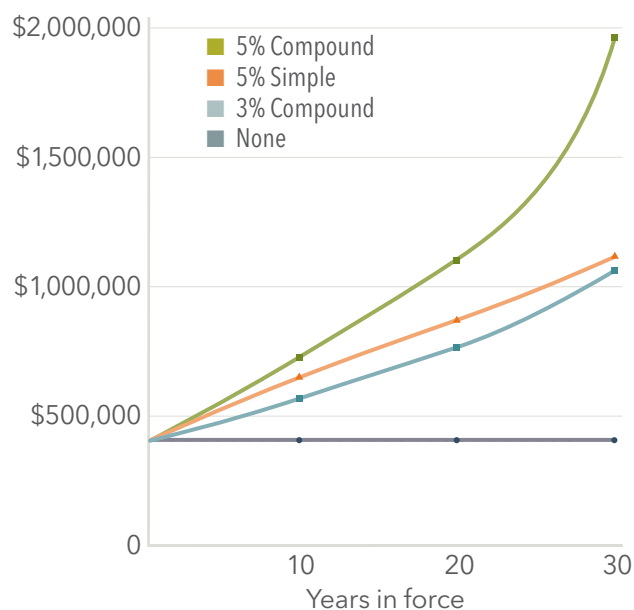


BENEFIT INCREASE OPTIONS

- Compound Inflation Option** Your monthly or daily maximum and coverage maximum will increase each year by 3% or 5% of the previous year's amount.
- Simple Inflation Option** Your monthly or daily maximum and coverage maximum will increase each year by 5% of the original amount.
- Future Purchase Option (FPO)**
 The FPO provides an opportunity to increase your monthly or daily maximum and coverage maximum by 3% annualized on every 3rd anniversary of your coverage without medical underwriting, as long as you have not declined three consecutive offers.

 Increases with the FPO option will not be available if you are chronically ill, on claim, or otherwise eligible for benefits.
- No Benefit Increase(s) Option**

Coverage Maximum



COVERAGE MAXIMUM	INITIAL COVERAGE	POLICY ANNIVERSARY		
		10th	20th	30th
5% Compound	432,000	703,700	1,146,200	1,867,000
5% Simple	432,000	648,000	864,000	1,080,000
3% Compound	432,000	580,600	780,000	1,048,600
None	432,000	432,000	432,000	432,000

The above charts are based on a \$6,000 monthly maximum, a 3 year benefit multiplier, and assumes the policy is in force and that no claims have been paid over the period illustrated. The charts show the effect of the benefit increase options on your coverage maximum. If you choose the Future Purchase Option, and accept each increase offer, your monthly or daily maximum and total coverage maximum will increase similar to the 3% compound option. Any time you decline an offer, these benefit amounts will not increase. Illustrations assume premiums are paid when due even if there is an increase in premiums.

Benefits for Couples

Shared Coverage The Shared Coverage Rider allows you and your spouse/partner to combine your individual benefits to create a shared Coverage Maximum for covered long term care expenses.

In addition, with the Shared Coverage, as long as one of you qualifies for waiver of premium, neither of you will have to make premium payments to keep both policies in force.

When this optional rider is purchased and both you and your spouse or partner apply for and are issued identical policies, both can share each other's Coverage Maximum. If you use all of your Coverage Maximum, you can access your spouse/partner's policy to continue receiving benefits.

Couple's Premiums & Discount Our rates are especially designed with couples in mind. If both you and your spouse or partner apply for and are issued coverage, each of you will receive lower rates than if you apply as an individual. If you apply together, but only one is issued a policy, he or she will receive a discount on their individual policy.

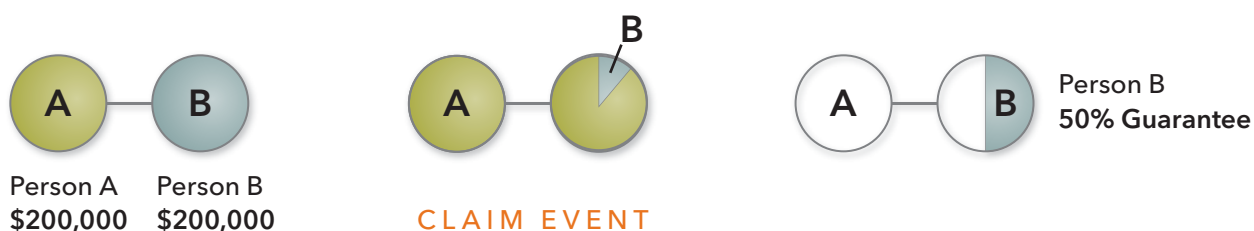
If you reduce your coverage amount any time after starting your policy, the guaranteed benefit will be based on the new reduced amount.

How Shared Coverage Works

\$400,000 total shared coverage maximum at time of initial purchase

Person A uses all but **\$20,000** of both coverage maximums for covered long term care expenses.

Person B is guaranteed to have **\$100,000** for covered long term care expenses.



Even though **Person A** needed a majority of their shared coverage maximum, **Person B** is guaranteed to have access to at least **50%** of his or her original coverage maximum to reimburse covered long term care services. This example assumes **Person B** has not incurred a claim.

Additional Features and Benefits

Benefits

Alternative Care Reimburses for additional care, services, equipment or other items that are not otherwise covered under another benefit. If you, your doctor and Genworth Life all agree, and the items are reflected in your Plan of Care, you will be reimbursed for their cost, up to a mutually agreed upon amount.

Hospice Care Provides palliative care to alleviate the physical, emotional, social and spiritual discomforts, and is available in your home or in a licensed or certified facility if you become terminally ill. You do not need to satisfy an Elimination Period to receive this benefit.

Respite Care Give your primary unpaid caregiver in the home a temporary break. Home and Community Care and/or Facility Care expenses are reimbursed for the covered care you receive during this time. There is no Elimination Period requirement. Benefits become eligible for reimbursement as of the first day you qualify.

Reimbursement is available for up to 30 days per calendar year.

International Coverage If you receive covered care and support services in an Out-of-Country Nursing Facility, not located in the United States as defined in the policy, you will be reimbursed for those expenses, up to 50% of your monthly or daily maximum. In addition, the benefit includes covered care at home for up to 25% of your monthly or daily maximum each month for a maximum of 365 days.

International Coverage benefits will not be payable after four years from the onset of your first expense under this benefit. Premiums will not be waived, and no other policy benefits will apply while you are out of the country. If you return to the United States, the remainder of your coverage maximum will be available.

Waiver of Premium Benefit We will waive premium payments for each coverage month that begins while you are receiving benefits for care in a Nursing Facility, Residential Care Facility, or at home after the Elimination Period has been satisfied:

- If you qualify for home care benefits without the need to satisfy the Elimination Period, this waiver applies on the first day you receive home care benefits in accordance with a Privileged Care Coordinator's Plan of Care or
- When any other Licensed Health Care Practitioner's Plan of Care is used, after you have received covered Nursing Facility, Residential Care Facility and home care for the number of days equal to your Elimination Period.

Contingent Nonforfeiture This benefit gives you the right to reduce coverage or convert to limited paid-up benefits in the event of a substantial premium increase.

Additional Features and Benefits CONTINUED

Features

Late Payment Protection To help ensure 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.

Protection Against Lapse Due to Impairment

If your policy lapses, we will provide a retroactive continuation of coverage if, within seven months after the lapse, we receive proof (acceptable to us) that you would have otherwise been eligible for benefits prior to lapse. In order to continue your coverage, you need to pay all past-due premiums.

Nonforfeiture Benefit This benefit is available for an additional premium. It provides limited protection if your policy lapses after this benefit has been in force for three consecutive years. This benefit provides you with a reduced, paid-up coverage maximum equal to the total of all the premiums you've paid for your coverage or an amount equal to:

- **One month (30 days)** of your Nursing Facility benefit if the policy has been in force for three consecutive years or
- **Three months (90 days)** if the policy has been in force for 10 consecutive years - whichever amount is greater.

Payment Options

To fit your budget and retirement insurance plans, all plans offer flexible payment options. You can pay your premiums monthly, quarterly, semi-annually or annually.⁹

⁹ Although premiums are calculated on an annual basis, premiums may be shown on a monthly, quarterly or semi-annual basis. Annual premiums may be paid in advance at the beginning of each coverage year. However, your premiums may be paid on a more frequent basis throughout your coverage year. If you pay your premiums more frequently than annually (e.g., monthly, quarterly or semi-annually), there will be additional charges that apply. The more frequent the premium payment mode, the more charges you will incur. For example, the total annual premium paid on a monthly basis will be more than the total annual premium paid on a quarterly basis. As a result, the total annual premiums paid will be higher for Monthly, Quarterly or Semi-Annual payment modes than if you paid premiums on an Annual mode. For more information, please refer to the Modal Premium Disclosure in your Policy or Certificate.



We Want You To Know

This is not Medicare supplement insurance. Discuss with your insurance agent how long term care insurance would work relative to other coverage you may currently have.

You should not purchase any long term care insurance if:

- You currently receive or may soon receive Medi-Cal benefits.
- You have limited assets and can't afford the premiums.
- Your only source of income is a social security benefit or supplemental security income.

Tax-qualified Long Term Care Insurance

Privileged Choice Flex is intended to meet the requirements for federally tax-qualified long term care insurance. As such, it reimburses covered expenses for qualified long term care services under IRC Section 7702B(b). You should consult your tax advisor to determine whether or not your premiums are tax deductible.

Medical Records As part of the underwriting process, we may obtain copies of medical records from your doctor. Delays in receiving the necessary information may cause the underwriting process to be extended beyond the usual 30 to 45 days.

Guaranteed Renewability Once you're insured, as long as you pay your premiums on time and do not exhaust your benefits, your coverage is guaranteed renewable and cannot be canceled except as may be provided by the Misstatement/Incontestability Provision.

Premiums While we have the right to increase premiums in the future, as stated in the policy, premiums may not be increased due to changes to your health status or age.

30-Day Free Look This gives you the opportunity to review your policy and, if you are not completely satisfied, return it within 30 days for a full refund.

Exclusions and Limitations After you qualify for benefits and satisfy the Elimination Period, charges for the care and services you receive are covered if they are consistent with your Plan of Care and received while your coverage is in effect. However, no benefits are reimbursed for expenses incurred for:

- Care provided by a member of your immediate family (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).
- Care for which no charge is normally made in the absence of insurance.
- Care that is provided by a Veterans Administration or Federal government facility, unless a valid charge is made to you or your estate.
- Care that is provided outside the United States, as defined in the policy unless specifically provided for by a benefit.
- Care needed as a result of illness, treatment or medical condition arising from:
 - War or any act of war, whether declared or not.
 - Attempted suicide or an intentionally self-inflicted injury.
- Alcoholism or an addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a physician).

Non-Duplication Benefits will be reimbursed only for covered expenses that are in excess of the amount reimbursed or reimbursable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount).
- Except for Medi-Cal, any other Federal, state or other governmental health or long term care program.

This non-duplication provision will not disqualify a covered expense from being used to satisfy any Elimination Period requirement.

Other Coverage¹⁰ If you have other coverage that pays for long term care expenses, benefits that are otherwise reimbursable to you will be reduced so that the combined benefits under all coverage do not exceed 100% of your actual expenses for covered care. Review the Outline of Coverage, and your policy, for state-specific details of the exclusions and limitations.

¹⁰This does not include coverage that is provided in the form of an acceleration of life insurance or annuity benefit payments.

Why Genworth Life Insurance Company?

Choosing a long term care insurance company is an important decision. After all, your family's future may be affected by your selection. You need a reputable company with a range of insurance products. That company is Genworth Life Insurance Company (Genworth Life).

Long Term Care Insurance Experience and Expertise

- Genworth Life helped pioneer long term care insurance in **1974**.
- Today we insure more than **1,200,000¹¹** people who benefit from our knowledge and expertise.
- For over **40 years**, we have been servicing long term care insurance policies.
- We provide extensive information on the costs of long term care. To access information for the cost of care in your area, visit **genworth.com/costofcare**.



¹¹ 2014 LIMRA Individual Long Term Care Report. Based on Genworth companies' share of in force lives.



Genworth Life Insurance Company

LONG TERM CARE INSURANCE

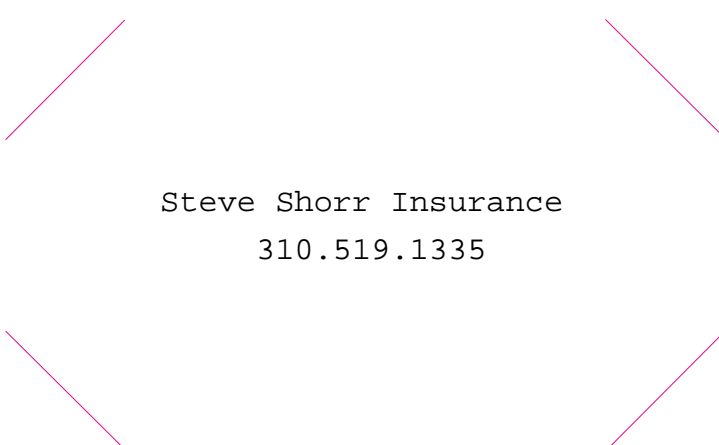
6620 West Broad Street

Richmond, VA 23230

Be sure to carefully review the policy for definitions and more details of its coverage and its features. The descriptions contained in this brochure are not intended to be a substitute for the policy. Policy terms and provisions will prevail.

This solicitation of insurance is for individual policy form series 7052 CA REV and 7052-1 CA REV. An insurance agent/producer will contact you. Details about the benefits, costs, limitations and exclusions of these long term care insurance policies will be provided to you by a licensed insurance agent/producer.

All applications are subject to the underwriting requirements of Genworth Life Insurance Company. All guarantees are based on the claims paying ability of the issuing insurance company.



Steve Shorr Insurance

310.519.1335

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 a bank or its affiliates.