



Home Health Care

Protecting American Families since 1947

Home Health Care Insurance

Health, Value, Peace Of Mind.

If possible, wouldn't you rather recuperate from an injury or chronic illness in the comfort of your own home? A sudden illness, injury, or debilitating chronic condition can happen to any individual at any age.

Standard Life's Home Health Care Insurance is an affordable solution that provides both the flexibility and the financial support you need to recover at home surrounded by family and those that you love. These plans can also minimize financial stress and allow you to focus your energy and attention on your own personal recovery.

Plan Features & Benefits

Issue Ages 55 - 85

Classic

- **Guaranteed Renewable For Life**
- 30 Day "Free Look" Period to **Examine the Policy**
- 2 People Can Apply Using 1 **Application**

Premier

Home Health Care Benefits 1

Daily maximum benefit of \$150 - \$450 for the following services in your home from an Approved Home Health Care

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Practitioner, subject to the eligibility conditions:	\$150	\$300	\$450
Skilled Nursing Care (RN)	\$75	\$150	\$200
General Nursing (LPN/LVN)	\$60	\$120	\$200
Physical Therapy	\$75	\$150	\$200
Speech Pathology	\$75	\$150	\$200
Occupational Therapy	\$75	\$150	\$200
Chemotherapy Specialist	\$60	\$120	\$200
Enterostomal Therapy	\$50	\$100	\$200
Respiration Therapy	\$50	\$100	\$200
Medical Social Services	\$100	\$200	\$300

Home Health Care Aide¹

Daily benefit for each day you require services immediately following a hospital confinement for a minimum of three days.

Classic	Premier	Deluxe
\$40	\$80	\$120

Prescription Drug Benefit¹

Per prescription ben

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nefit of \$10/Generic or \$25/Brand.	Classic	Premier	Deluxe	
Fito ¹	\$300	\$600	\$600	

Restoration of Benefits

The Maximum Benefit Period for Home Health Care and Aide benefits will be restored if benefits have not been paid or required for 180 consecutive days.

Extra Benefits Rider ²

Annual Physical Examination Benefit

 This benefit is not payable if any other benefit under this Rider or the Policy (except the Prescription Drug Benefit) has been paid.

Benefit \$150

Accidental Death & Dismemberment Benefit

Benefits per the schedule below for an accidental death or an accidental bodily injury resulting in the loss of finger, toe, hand, arm, foot, leg, or sight. To be covered, death must occur within 90 days after the date the accident occurred and while this policy is in force. If an Injury results in Loss of finger, toe, hand, arm, foot, leg or sight, then the accident must be within 90 days of such Loss.

Accidental Death	
\$10,000	
Max. Dismemberment Be	nefit
Sight, both eyes	\$5,000
Hand/arm/foot/leg (multi)	\$5,000
Sight, one eye	\$2,500
Hand/arm/foot/leg (single)	\$2,500
Finger or toe (multiple)	\$500
Finger or toe (single)	\$250

Home Medical Equipment Benefit

 Benefits paid when Covered Home Medical Equipment is recommended by a Physician as a result of the condition for which the Home Health Care Benefit or the Home Health Care Aide Indemnity Benefit was payable. The purchase or rental agreement for the Covered Home Medical Equipment must be within 30 days after receiving Home Health Care and/or Home Health Care Aide.

Benefit
\$500 maximum
Home Medical Equipment Limited to
Mobility assistance
Transfer aids
Bathroom safety
Home accommodations
Personal medical equipment

Ambulance Benefit Rider ²

Benefits paid if a licensed ground Ambulance service transports you:

- To a medical facility from your residence or place of Injury
- From the medical facility to your residence or;
- From medical facility to medical facility.

Personal medical equipment
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Benefit

\$200 per trip

4 trips per year

1 per day

Max Amount	per Accident
Option 1	Option 2
\$1,250	\$2,500

Max. Dismembe	erment Be	nefit
	Option 1	Option 2
Fracture, hip or skull	\$1,250	\$2,500
Dislocation Hip	\$1,000	\$2,000
Tear, knee ligament or meniscus	\$500	\$1,000
Dislocation Knee	\$500	\$1,000
Fracture, all other	\$250	\$500

Critical Accident Benefit Rider ²

Benefits per the schedule below for the treatment of a dislocation, fracture or knee ligament/meniscus tear sustained as a direct result of a covered accident when you receive Medically Necessary services in an Emergency Room or Urgent Care Facility within 48 hours of the accident. Benefit is subject to a 30 day waiting period.



Underwritten by: Standard Life and Casualty Insurance Company 10777 Northwest Freeway, Houston, Texas 77092

Premium Calculation Worksheet

Prepared For:			(A) (B)
		(A)	(B)
Issue Age:			
Policy Selected:	Classic - Premier - Deluxe -	000	000
Extra Benefits Rider: Critical Accident Rider: Ambulance Rider:			
Payment Mode:	Annual - Semi-Annual - Quarterly - Monthly Bank Draft -		
Applicant A Monthly policy rate + Rider rate = Rate subtotal x premium factor ³ Total Mode Premium	Applicant B Monthly policy rate + Rider rate = Rate subtotal x premium factor ³ Total Mode Premium		
³ Premium Mode Factors: Monthly 1.0 Quarterly 3.0	Semi-Annual 6.0 Anr	nual	12.0

Standard Life is is owned by ManhattanLife Assurance Company of America. For over 70 years, Standard Life And Casualty Insurance Company has been helping individuals and businesses by providing innovative products and superior customer service.

Standard Life provides competitive Medical, Life, Cancer, and Supplemental Health insurance with the personal attention you've come to expect from your insurance company.

Standard Life remains faithful to the core values on which it was founded: competitive products, personal service, and prudent financial management. Our Customer Service team is friendly, knowledgeable, and ready to help you. Standard Life has protected American families since 1947.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a complete list for the Home Health Care product at Disclosure.ManhattanLife.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy Form Number: S-HHC, S-HHC-LA, S-HHC-OK (including state variations)
Policy Rider Forms: S-EBR, S-CAR, S-CAR-LA, S-ABR, S-ABR-LA, (including state variations)