

Table 1

SHORT TERM CARE			
	MEDICO	GTL	AETNA
	RECOVERY CARE (NOT INDEMNITY)	RECOVER CASH	RECOVERY CARE
Skilled Nursing	YES	YES	YES
Assisted Living	YES	YES	YES
Adult Day Care	YES	NO	NO
Home Care	YES	OPTIONAL	OPTIONAL
Bed Reservation	21 Days	NO	10 Days (20 Days Lifetime)
OTHER REQUIRED BENEFITS			\$50 Day hospital benefit (31 Days)
UNDERWRITING			
Look Back period	Up to 24 Months	Up to 24 Months except for 10 years on HIV/AIDS	12 - 36 Months
Accepts Insulin Dependent Diabetics	NO	NO	Up to 50 Units Per Day
INDEMNITY PLAN	NO	YES	YES
ISSUE AGE	18-79	40-84	50-89
MONTHLY PREMIUM COMPARISON 65 Years Old	\$100 Day for 360 DAYS 0 ELIMINATION	\$100 Day for 360 DAYS 0 ELIMINATION	\$100 Day for 360 DAYS 0 ELIMINATION
	\$67.90	\$47.38	\$50.04
		\$49.83 w/HHC Rider	\$55.13 with 26 week HHC Rider (\$150 Per Week)
	\$100 Day for 120 DAYS 0 ELIMINATION	\$100 Day for 90 DAYS 0 ELIMINATION	\$100 Day for 90 DAYS 0 ELIMINATION
	\$29.50	\$17.98	\$23.83
		\$20.42	\$28.92 with 26 week HHC Rider (\$150 Per Week)

Table 1

	HOME CARE	
	GTL	AETNA
BENEFIT PERIOD	360 DAYS	13 - 52 Weeks
Weekly Benefit	\$150 - \$450	\$150.00
Health Questions	3 Questions	3 Questions w/sub categories
Look Back Period	60 Days	12 Months
Rx Reimbursement	\$300 - \$600 ANNUAL MAXIMUM	NO
Benefit Restorations	Unlimited	1 Restoration
ISSUE AGE	40-85	
OTHER REQUIRED BENEFIT		\$10/Day Hospital Benefit
	MONTHLY PREMIUM COMPARISON 65 Years Old	
PLAN A (\$150/Week)	\$22.87	52 Weeks \$42.82
PLAN B (\$300/Week)	\$45.74	26 Weeks \$30.20
PLAN C (\$450/Week)	\$52.55	13 Weeks \$27.44