

Guardian Care Plus: Home Health Care Indemnity Policy



EXECUTIVE MARKETING GROUP, INC.
Presented to you by: Richard Haberstroh Jr.

Home Health Care Benefits



- **Daily Maximum Benefit of up to \$150/\$300 (Classic/Deluxe) for the following services in your home from an Approved Home Health Care Practitioner, subject to the eligibility conditions:**

	Classic	Deluxe
Skilled Nursing Care (RN)	\$75	\$150
General Nursing (LPN/LVN)	\$60	\$120
Physical Therapy	\$75	\$150
Speech Pathology	\$75	\$150
Occupational Therapy	\$75	\$150
Chemotherapy Specialist	\$60	\$120
Enterostomal Therapy	\$50	\$100
Respiration Therapy	\$50	\$100
Medical Social Services	\$100	\$200

- **Home Health Care Aide:**
Daily benefit of \$40/\$80 (Classic/Deluxe) for each day you require services immediately following a hospital confinement of not less than three days.
- **Prescription Drug Benefit:**
Per prescription benefit of \$10/Generic or \$25/Brand, limited to a maximum benefit of \$300/\$600 (Classic/Deluxe) per policy year.
- **Restoration of Benefits:**
The Maximum Benefit Period for Home Health Care and Aide benefits will be restored if the benefits have not been paid or required for 180 consecutive days.

Optional Benefits

- Annual Physical Examination Benefit: \$150
- Accidental Death & Dismemberment:

Accidental Death	\$10,000.00
Maximum Dismemberment Benefit, for losses shown below:	
Sight, both eyes	\$5,000.00
Sight, one eye	\$2,500.00
Hand, arm, foot or leg (multiple)	\$5,000.00
Hand, arm, foot or leg (single)	\$2,500.00
Finger or toe (multiple)	\$1,000.00
Finger or toe (single)	\$500.00

- Home Medical Equipment Benefit: Up to \$500

Covered Home Medical Equipment:

Mobility Assistance: Wheelchairs, walkers, rollators, canes, crutches (similar walking aids)

Transfer Aids: Gait/transfer belts, transfer benches, transfer boards, transfer mats

Bathroom Safety: Shower chairs, elevated toilet seats, commode chairs

Home Accommodations: Hospital beds, patient lifts, trapezes

Personal Medical Equipment: Braces (arm, leg, back and neck)

HOW DOES IT COMPARE?

Home Health Care Benefits

	KEMPER HHC	GUARDIAN CARE PLUS
Skilled Nursing Care (RN)	\$75	\$75/\$150
General Nursing (LPN/LVN)	\$60	\$60/\$120
Physical Therapy	\$75	\$75/\$150
Speech Pathology	\$75	\$75/\$150
Occupational Therapy	\$75	\$75/\$150
Chemotherapy Specialist	\$60	\$60/\$120
Enterostomal Therapy	\$50	\$50/\$100
Respiration Therapy	\$50	\$50/\$100
Medical Social Services	\$100	\$100/\$200
Prescription Drug Benefit	\$300 20% Deductible	\$300/\$600 No Deductible

Optional Benefits

	KEMPER	GUARDIAN
Accidental Death		X
Annual Physical Examination Benefit	X	X
Dismemberment		X
Vision/Hearing	X	
Ambulance	X	
Home Medical Equipment Benefit		X

OTHER NOTABLE FEATURES/GUARDIAN CARE PLUS

- Guaranteed Renewable For Life
- 10 Day “Free Look” Period to Examine the Policy
- 2 People Can Apply Using 1 Application

