

CareScout Care Assurance

Fact Sheet

CareScout Care Assurance, a long-term care (LTC) insurance policy, is a simple, personalized solution that provides:

- **Choice** – Select the income tax-free¹ long-term care benefit options that align with your needs and budget.
- **Comfort** – Covers multiple care settings, including staying in your own home.
- **Care** – Access to services and support throughout the aging journey.²

Features and benefits

Issue ages and underwriting classes

Ages 40–65 (age last birthday).

- Preferred or standard underwriting classes are available, subject to medical underwriting.

Payment options

Premiums may be paid annually, semiannually, quarterly, or monthly.³

Waiver of premium

Premiums are not required while you are receiving policy benefits.⁴

Deductible period

Decide when your benefits begin. Choose from either a 90-day or a 180-day deductible period. Your deductible period is the number of days you pay for eligible care before benefits begin.⁵

Waiver of home and community care deductible period

You can waive this deductible period for home and community care once eligible by selecting the optional waiver of home and community care deductible period.

Couples premium rates

If you are married⁶ or in a domestic partnership in your state, you will receive a reduced premium. Both spouses do not need to apply to receive a discount.

The purpose of this communication is the solicitation of insurance. Contact will be made by a licensed insurance agent or insurance company.

LTC benefit options

Total benefit amount⁷

Choose the total amount of LTC benefits.

\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
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Daily benefit maximum

Choose the daily amount of LTC benefits.

\$100	\$150	\$200
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CareScout Care Assurance allows you to mix and match the total benefit amount and daily benefit maximum to meet your needs.⁸

Inflation protection

Your benefits can grow over time with optional inflation protection. Choose from:

None	1% compound	3% compound	5% compound
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¹ Reimbursement benefits for qualified long-term care services under IRC Section 7702B(b) are generally non-taxable.

² Care support includes certain information and referral services for you or your immediate family members. It does not include payment for any care received.

³ Premiums must be paid as specified in your policy to maintain coverage. If you pay your premiums more frequently than annually (e.g., monthly, quarterly, or semi-annually), there will be additional charges that apply.

⁴ The waiver of premium does not apply for home assistance or alternate plan of care.

⁵ 180-day deductible period not available in CA, CT, KS, SD, and VT.

⁶ Also applies to those who are joined by a relationship legally recognized under state law as entitled to the same rights and benefits of married persons.

⁷ The total benefit amount refers to the coverage maximum in your policy. This is the maximum total amount of benefits available.

⁸ Availability will be based on state minimum benefit requirements.

Covered Care

Receive your care where you need and want, once qualified.¹

Care options	Covers up to
Home Care (Agency)	100% of daily benefit maximum
Home Care (Independent Provider) ²	50% of daily benefit maximum
Adult Day Care/Community Care	100% of daily benefit maximum
Assisted Living	100% of daily benefit maximum
Nursing Home	100% of daily benefit maximum

Additional covered care and benefits

Home assistance

Up to 90 times your daily maximum benefit to cover services, including home modifications, medical response systems, and caregiving training designed to help you remain safely in your home.

Respite care

Short-term services to relieve your primary caregiver. You can use up to 90 times the daily maximum benefit per calendar year.

Bed reservation

Up to 90 times your daily maximum benefit per calendar year for bed reservation expenses.

Hospice care

Use your benefit to cover palliative care at home or in a hospice care facility.

Alternative care

Alternatives to covered benefits may be available if agreed to by CareScout Insurance Company, you, and a licensed healthcare practitioner.

Find care with the CareScout Quality Network³

All policyholders have access to the CareScout Quality Network, a curated nationwide network of aging care providers. Choose care you can trust while saving on costs.

Explore providers that:

- Are vetted and meet rigorous quality standards
- Offer policyholders preferred pricing
- Commit to person-centered care



Benefit Eligibility

To be eligible to receive CareScout Care Assurance benefits, a licensed health care practitioner must confirm that you are chronically ill. You are chronically ill if you are unable to perform, without substantial assistance, at least 2 of the Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting, and Transferring) for at least 90 days or if you require substantial supervision to protect yourself from threats to health and safety due to severe cognitive impairment.

¹ All policy benefits are subject to meeting eligibility and other conditions for the payment of benefits. These include, for example, that you must be chronically ill, that care and support services must be provided in accordance with a plan of care prescribed by a licensed healthcare practitioner, and that you have satisfied the applicable deductible period.

² Independent Provider refers to a person who is not employed by or affiliated with a Home Health Agency.

³ The CareScout Quality Network is currently available to CareScout Insurance Company policyholders through its affiliate, CareScout, LLC. It is not a policy benefit and can be discontinued or modified at any time. You do not have to use a provider in the CareScout Quality Network to receive policy benefits. If you use a provider in the CareScout Quality Network, CareScout, LLC may be compensated by the provider or CareScout Insurance Company. All benefits and coverage requirements are the same whether you use a provider in the CareScout Quality Network or one that is not in that network. CareScout does not provide care and providers are solely responsible for the care that they provide.

Exclusions and limitations

You are not eligible to receive benefits in the following circumstances:

- For which no charge is normally made in the absence of insurance,
- Provided outside the United States of America, its territories and possessions unless specifically provided by a benefit,
- Provided by your immediate family, unless: specifically covered by a benefit; or he or she is paid as a regular employee of the organization that provides the services to you,
- Provided by, or in, a Veteran Administration or federal government facility, unless a valid charge is made,
- Resulting from illness, treatment or medical condition arising out of any of the following:
 - War or any act of war, whether declared or not,
 - Attempted suicide or an intentionally self-inflicted injury,
- Resulting from your alcoholism or drug addiction (except for an addiction to a prescription medication when administered in accordance with the advice of a physician). In South Dakota, provided for treatment of alcoholism or drug abuse. In South Dakota, provided for treatment of alcoholism or drug abuse.

Tax information

This long-term care insurance policy is intended to meet federal tax-qualified long-term care insurance requirements. As such, it reimburses covered expenses for qualified long-term care services under IRC Section 7702B(b).

As tax-qualified long-term care insurance, your premiums may be deductible, and the benefits you receive may be considered non-taxable income. For more information specific to your situation, we recommend consulting with your attorney or tax advisor.

Additional important policy information

Guaranteed renewable

Once you are insured, you will have the right to continue your coverage for as long as you pay your premium on time. There are certain exceptions, such as when you exhaust policy benefits.

Late payment protection

To help ensure that your policy doesn't lapse because of a missed payment, you may designate an emergency contact for us to notify if we do not receive your premium payment on time and your policy is in danger of lapsing.

Grace period

We will inform you in writing at the beginning of a grace period of a payment that must be made to avoid lapse. If that payment is not made within 66 days of entering the grace period, the policy will lapse.

Continuation of coverage after policy lapse

We provide a retroactive continuation of coverage for policy lapse if, within seven months after the lapse, we receive proof that you would have otherwise been eligible for benefits before the lapse. To continue your coverage, you will need to pay all past-due premiums.



Talk with your financial professional today about adding CareScout Care Assurance to help protect the journey ahead.

Important Information

CareScout Care Assurance

Read the policy for full information about product features, benefits, and limitations. The descriptions in this material are only summaries and are not intended to substitute the policy. In the event of a conflict, policy terms and provisions will prevail.

This is a solicitation of insurance for policy form series 1110. Details about the costs, benefits, limitations, and exclusions of these long-term care insurance policies will be provided to you by a licensed insurance agent.

All benefits of the insurance policy are backed by the claims-paying ability of CareScout Insurance Company. [CareScout Insurance Company has entered into an agreement with a reinsurance company that has an overall financial strength rating of [A+] as rated by A.M. Best as of [1/25/2025]. The reinsurer's overall financial strength, which could change in the future, bears on its obligations under the reinsurance agreement to reimburse CareScout Insurance Company for benefit payments we make to policyholders under CareScout Care Assurance policies. It is not presented as a recommendation of the specific policy provisions, rates, or services associated with CareScout Care Assurance. The reinsurer will not have direct obligations to policyholders under the agreement, and the reinsurance may be modified or terminated in the future.]

While CareScout Care Assurance has been designed using conservative pricing assumptions, future long-term care claim costs may be different than we anticipate. CareScout Insurance Company has the right to increase premiums in the future, as stated in the policy. You will not be singled out for a premium increase due to changes to your own health status or age. Premiums must be paid as specified in the policy to prevent lapse of coverage.

Not a deposit
Not FDIC-insured
Not insured by any federal government agency
Not guaranteed by any bank or savings association

Please check state availability with your financial professional.

Insurance products are issued by CareScout Insurance Company, Glen Allen, VA.

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