

BENEFITS AND FEATURES

GENWORTH LIFE INSURANCE COMPANY GROUP LONG TERM CARE INSURANCE

BASIC PLAN DESIGN

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| Coverage Effective Date | Employer Choice |
| Eligible Persons | <ul style="list-style-type: none"> • Regular full-time employees actively at work • Spouse or domestic partner of eligible employee • Retirees and spouses of retirees • Surviving spouses • Parents and grandparents of eligible employee or spouse/domestic partner |
| Employee Size Minimums | 500 — Voluntary; employee-paid 150 — Employer-paid |
| Underwriting¹ | <ul style="list-style-type: none"> • Guaranteed/Modified Issue for Eligible employees and new hires during initial enrollment. • Simplified underwriting for spouses during initial enrollment. • Full underwriting for all other applicants and for eligible employees and spouses outside of initial enrollment. |
| Pre-Existing Condition Restrictions | None |
| Rate Guarantee Period | 3 or 5 years from the Group Policy Effective Date |
| Tax-Qualified | Intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 |
| Guaranteed Renewable | Insured's coverage is guaranteed renewable as long as premium continues to be paid when due. |
| Portability | If insured leaves the company, or the employer ends coverage, employees are guaranteed the right to continue the same coverage as long as they continue to pay premiums when due. |
| Couples, Spousal Discount | 10% if both apply. Available to all eligible couples, including parents and grandparents. |

KEY PLAN CHOICES

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| Facility Care Maximums (Nursing Home and Assisted Living Facility) | Daily benefit maximums from \$100-\$400 in \$25 increments. Monthly benefit maximums from \$3,000-\$12,000 in \$750 increments. |
| Home & Community Care Maximums | 50%, 60%, 75% or 100% of Facility Care Maximum depending on plan package chosen (see below) |
| Pre-Selected Plan Packages | <p>Essential Plan</p> <ul style="list-style-type: none"> • 3-year Benefit Period • 50% Home Health Care <p>Select Plan</p> <ul style="list-style-type: none"> • 5-year Benefit Period • 60% Home Health Care <p>Preferred Plan</p> <ul style="list-style-type: none"> • 5-year Benefit Period • 75% Home Health Care • Informal care included <p>Premium Plan</p> <ul style="list-style-type: none"> • 10-year Benefit Period • 100% Home Health Care • Informal care included |
| Informal Home Health Care | 25% of Facility Care Maximum for up to 30 days per calendar year. "Built-in" to Preferred and Premium plans. |
| Inflation Protection – Employee Choice | <ul style="list-style-type: none"> • Automatic annual benefit increases to age 70 – Compound 5% • Automatic annual benefit increases for Life – Compound 5% • Future Purchase Options (FPO) |
| Lifetime Maximums | Benefit Period in days (if daily benefit) x Daily Facility Care Maximum or Benefit Period in months (if monthly benefit) x Monthly Facility Care Maximum |

BENEFITS NOT SUBJECT TO ELIMINATION PERIOD

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| Home Assistance Benefit | <p>Pays for the following expenses incurred (including tax, installation and labor costs):</p> <ul style="list-style-type: none"> • Home modifications, assistive devices and supportive equipment • Emergency medical response systems • Caregiver training. <p>Covered expenses must be:</p> <ul style="list-style-type: none"> • Intended to enable the insured to remain in their home • Stated in, and furnished in accordance with the insured's Plan of Care. <p>Lifetime maximum equals 50 times the Daily Facility Care Maximum or 2 times the Monthly Facility Care Benefit</p> |
| Hospice Care Benefit | <ul style="list-style-type: none"> • Inpatient – Covered by Facility Care Maximum • Outpatient – Covered up to Home & Community Care Maximum |
| Respite Care Benefit | Annual maximum equals 30 x Daily Facility Care Maximum or 1 x Monthly Facility Care Maximum per calendar year |

OTHER IMPORTANT BENEFITS

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| Care Coordination Services | Unlimited services, provided to claimant without charge, to develop Plan of Care and help access care resources; does not reduce the lifetime maximum benefit. |
| International Coverage | Pays for out-of-country nursing facilities – up to 75% of the Daily Facility Care Maximum per calendar day or 75% of the Monthly Facility Care Maximum per calendar month for up to 4 years. |
| Bed Reservation Benefit | Pays up to 60 days per calendar year, if absent from nursing facility for any reason. |
| Alternate Care Benefit | Subject to our prior approval, covers expenses the insured incurs for care, services, devices or treatments not otherwise payable under the group policy, or benefits otherwise covered may be paid in a different manner than specified. |
| Waiver of Premium Benefit | Premiums will be waived beginning on the first Premium Due Date following the date benefits become payable; waiver will continue as long as benefits are payable. |
| Return of Premium Option | Employer option only. Returns part of premiums paid less claims, upon death of insured prior to age 75. |
| Non-Forfeiture Option | Maintains some coverage even if insured stops paying premiums |
| Contingent Non-Forfeiture | Included in base plan |

QUALIFYING FOR BENEFITS

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| Elimination Period | Standard is 90 days with employer's choice of service or calendar days ² |
| Benefit Trigger | Hands-on or stand-by assistance with 2 of 6 ADLs or severe cognitive impairment |

This brief product description offers significant, select, but not all product features. Certain limitations and exclusions apply.

Insurance described in this material is on policy form series 7046POL and 7046CERT.

¹ Eligible employees and spouses over age 65 will be subject to full underwriting

² This is our standard benefit offering – other options may be available. Please discuss with your group Genworth Life Insurance Company Representative.