

DCPS UNUM LONG-TERM CARE PROTECTION

Eligibility Requirements

Long-Term Care is available to:

- active employees and/or their spouses
- parents
- natural, adoptive or step-parents
- grandparents of an active employee or spouse.

Plan Description

You may choose one of the following plans based on your needs:

Base Plan - Includes each of the following coverages:

- a) Facility Care - provides a monthly benefit which will be paid if you receive care in a nursing facility, or 60 percent of the nursing facility benefit for care in an assisted living facility.
- b) Professional Home Care - this pays you a 50 percent monthly benefit of the nursing facility benefit if you receive care at home from a licensed professional (through a Home Health Care Agency).

Optional Benefits

- Total Home Care - This pays you a flat 50 percent (per month) of the nursing facility benefit you selected for the Base Plan when you receive care at home. Care does not have to be provided by a licensed health care worker. Subject to the lifetime maximum, benefits may be payable up to six years.
- Inflation Protection - This option helps protect your Long-Term Care benefit from the impact of inflation.

Your Monthly Benefit Amount will automatically increase each year on January 1 by 5 percent of the original Monthly Benefit, regardless of your health and whether or not you are disabled. Your remaining Lifetime Maximum Benefit Amount will also increase. Your premium will not increase as a result of these automatic increases to your Monthly Benefit. In no event will the total Monthly Benefit Amount be more than 200 percent of your original Monthly Benefit Amount.

Ask your Enrollment Counselor for details on how to purchase these options.

Your Coverage Levels

- Base Plan - Select either \$1,000 or \$3,000 monthly facility benefit with either a three year or six year benefit duration. The Base Plan provides the monthly benefit you select when you are in a nursing facility or 60 percent of the facility benefit when you are in an assisted living facility. For Professional Home Care you receive up to 50 percent of the facility benefit you selected (1/30th of that amount for each day of care).

Plan Features

- You may receive benefits after 60 consecutive days of continuous loss of functional capacity.
- This benefit is portable — If you leave the School Board, you may take it with you at the same group rate.
- You are not required to pay premiums while receiving Long-Term Care benefits.

Note: You must complete a separate enrollment application to enroll in this benefit.

What's Not Covered?

This plan will not pay benefits for:

- a chronic illness caused by any act of declared or undeclared war
- a chronic illness caused by self-destruction or attempted suicide (while sane or insane)
- a chronic illness caused by a commission of a crime for which you have been convicted under state or federal law or attempting to commit a crime under state or federal law
- chronic illnesses or confinements during which you are outside the United States, its territories or possessions for longer than 30 days
- a chronic illness caused by alcoholism and alcohol abuse
- a chronic illness caused by voluntary use of any controlled substance (as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and all amendments)
- any days over fifteen days in each calendar year during which you are confined in any facility for acute care (acute care is medical care obtained as a result of an injury or a sickness requiring immediate medical intervention)
- a chronic illness caused by psychological, psychiatric or mental conditions, which include depression, generalized anxiety disorders, personality disorders, schizophrenia, manic depressive disorders whether treated by drugs, counseling or other forms of therapy. However, Unum will make payments to you for conditions that are not psychological or psychiatric in nature, including Alzheimer's disease, multi-infarct dementia, or Parkinson's disease.
- a chronic illness caused by pre-existing conditions.

Pre-existing Conditions

Pre-existing conditions are those for which an employee received medical treatment, consultation, care or services including diagnostic measures, or had taken prescribed drugs or medicines during the six months before coverage began.

Where a pre-existing condition exists and chronic illness due to that condition begins before the employee has been insured for six months, such chronic illness will NOT be covered.

Note: Even though you may not have to complete an Evidence of Insurability form for Long-Term Care Insurance, a pre-existing condition exclusion may apply to you.

Loss of Functional Capacity Defined

After the effective date of this coverage, benefits are payable upon loss of two or more Activities of Daily Living (ADLs) or if you suffer a Cognitive Impairment (i.e. Alzheimer's). The six ADLs are: bathing, dressing, transferring, toileting, continence, and eating.

Rates

Rates are based on your age at the time of purchase and do not increase with age. Ask your Enrollment Counselor for specific rate information.

Plan Provider

Unum Life Insurance Company of America underwrites this plan. A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies, rates Unum "A-" Excellent.

For use with Policy series TQB.LTC

Your Long-Term Care (LTC) insurance plan is listed below.

Elimination Period: 60 days

Guarantee Issue: The LTC plan is being offered on a Guaranteed Issue basis if you apply or increase your coverage during this enrollment. You only need to complete the Benefit Election Form, unless you have been previously declined for LTC coverage by Unum. In this case, you must also complete Unum's Long Term Care Application (medical questionnaire/proof of good health). Spouses, parents, parents-in-law, grandparents and grandparents-in-law always require proof of good health.

Lifetime Maximum: The Lifetime Maximum is the maximum benefit dollar amount Unum will pay over the life of your coverage. This dollar amount is based on the Facility Benefit Amount and Benefit Duration.

Insurance Age: Insurance Age is used to determine the cost of your coverage. Insurance Age is your age on the effective date if you enroll for coverage prior to the plan effective date. If you enroll for coverage after the plan effective date, Insurance Age is your age on the date you sign the application for coverage.

Facility Benefit Amount	\$1,000	\$3,000
Benefit Duration Choice	3 years or 6 years	3 years or 6 years
Assisted Living Facility Percent	60%	60%
Lifetime Maximum	\$36,000 (3 year plan) or \$72,000 (6 year plan)	\$108,000 (3 year plan) or \$216,000 (6 year plan)
Professional Home Care	50%	50%
Total Home Care-optional	50%	50%
Inflation Protection - optional	simple capped	simple capped