

HIGHLIGHTS

Here is a summary of some features of the Long-Term Care Plan.

Plan Feature	Summary
Eligibility	If you are an eligible employee (a regular, active, full-time or part-time, represented employee with at least six months of net credited service who works for a Participating Company), you and your eligible family members are eligible for coverage.
When Coverage Begins	Generally, coverage is effective on the first day of the month following the date the Insurer (see “Important Contacts”) approves the request for coverage.
Proof of Insurability	Newly eligible employees who enroll within 90 days of their eligibility date do <i>not</i> need to provide a Statement of Health as proof of insurability. The employee must be actively at work on the effective date of coverage (see “When Coverage Begins” for exceptions). Employees who enroll later, and <i>all</i> eligible family members , however, must provide a Statement of Health.
Coverage Provided	The Long-Term Care Plan offers two types of coverage options: Nursing Home Coverage and Comprehensive Coverage. Both types cover an initial care advisory visit, nursing home care services, in-patient hospice care services, assisted living facilities and a Transition Expense Benefit. The Comprehensive Coverage also includes services such as home care, adult day care, at-home hospice care, ongoing care advisory services and respite care.
When Benefits Start	Benefits begin on the first day that daily benefits are authorized, and you are receiving covered services, and after you meet any required waiting period (see “When Benefits Are Payable”).
When Benefits Stop	Benefits stop when your condition has improved so that you are no longer eligible for benefits, when you reach the total lifetime benefit , or when your coverage stops.
Cost	You pay the full cost of insurance coverage for you and your eligible family members under the Long-Term Care Plan.