

Long Term Care (LTC) Plan Summary

The following is an overview of the group long term care insurance plan.

For more information and rates:

- Ask your employer for an enrollment kit
- Call CNA's Customer Service Center at: (888) 825-0686
- Visit the website at: www.ltcbenefits.com (Password: munipool)

What is Long Term Care?

Long Term Care is the extended personal care required when, because of a chronic illness, old age, or a cognitive impairment such as Alzheimer's, a person needs help with basic activities such as dressing, bathing and eating. Such care can be provided in a variety of settings such as home health care, adult day care, assisted living facilities, nursing homes and more.

Who pays (or doesn't pay) for Long Term Care?

- Medicare and private health insurance, including Medicare supplement policies, **do not pay** for custodial long term care services.
- Disability coverage replaces lost wages if you are no longer able to work, however it would not be enough to cover normal living expenses and pay for someone to take care of you. Also, disability benefits typically end when a person reaches their Social Security retirement age.
- Medicaid/Medical Assistance does provide benefits for long term care; however it is only available to persons who have become impoverished.

Why do people purchase Long Term Care insurance?

- They don't want to burden children or family.
- They want to protect their home and assets.
- They want to have access and freedom to choose quality long term care.
- They want to avoid government-approved care (Medicaid).
- For peace of mind, control, and independence.

Who is eligible to enroll?

Employees, spouses of employees, parents, parents-in-law, grandparents, grandparents-in-law of employees, retirees and their spouses are all independently eligible to apply.

Is proof of good health required?

During an employer's initial group enrollment and at the time of hire, employees qualify, with no health questions asked, as long as they are actively at work on the effective date of coverage. After the initial enrollment period, employees must complete a short form application in regards to their medical history. Spouses must complete a short form application at all times. Retirees and their spouses, parents, parents-in-law, grandparents and grandparents-in-law must complete a long form application at all times.

What happens when employment ends?

An employee may continue coverage if he/she retires or leaves employment for any reason. The policy and rates remain the same.

What is the Minnesota Tax Credit?

Minnesota residents electing coverage with the Municipal Pool Long Term Care Program may be eligible for Minnesota state tax filing credits. For more information and to obtain the appropriate tax forms, please consult your tax advisor or tax professional.

Benefits Options Available to You

When you enroll in the Municipal Pool Long Term Care Insurance Plan, you can choose one of several benefit levels. This table shows the options available to you.

	Option 1	Option 2	Option 3	Option 4
Lifetime Maximum Benefit (Choose one)				
Choice A — 730 days (minimum 2 years* of coverage)	\$87,600	\$109,500	\$146,000	\$182,500
Choice B — 1,250 days (minimum 3.4 years* of coverage)	\$150,000	\$187,500	\$250,000	\$312,500
Choice C — 1,825 days (minimum 5 years* of coverage)	\$219,000	\$273,750	\$365,000	\$456,250
Daily Nursing Home/Alternate Care Facility Benefit	\$120	\$150	\$200	\$250
Daily Assisted Living Facility Benefit**	\$96	\$120	\$160	\$200
Monthly Community Based Care Benefit	\$2,700	\$3,390	\$4,500	\$5,640
Inflation Protection: There are two choices for inflation protection available for all options.				
Choice #1: Guaranteed Benefit Increase Option (GBI)				
Choice #2: Lifetime Automatic Benefit Increase (ABI): This choice is Minnesota LTC Partnership qualified.				

Lifetime Maximum Benefit — Your Lifetime Maximum Benefit is the total amount of insurance you purchase. It is the total available pool of money you can use to pay for long term care services.

Daily Nursing Home/Alternate Care Facility Benefit — Pays the actual cost of services you receive for care in Nursing Homes, Alternate Care and Hospice Facilities, up to the amount shown in the table.

Monthly Community Based Care Benefit — Pays the actual cost of services you receive for care in your own home or an Adult Day Care facility, up to the amount shown in the table.

Inflation Protection (Standard) - Guaranteed Benefit Increase Opportunity — Every three years, CNA will offer you the chance to increase your benefits to help you keep up with inflation. Premiums for increased coverage will be based on your age on the effective date of the offer, and the benefit increase will be at least equal to a compound 5% rate of increase.

Inflation Protection (Optional) - Lifetime Compound Automatic Benefit Increase — There is an extra cost for this feature. This feature automatically increases your benefits by 5% compounded each year without increasing your premiums. (*Electing the Lifetime Compound Automatic Benefit Increase in your plan will deem your coverage as Minnesota Long Term Care Partnership qualified.*)

Benefit Account (Optional Non-Forfeiture) — There is an extra cost for this feature. If you stop paying premiums after having coverage for at least three years, Benefit Account keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily Nursing Home Benefit, whichever is higher, less any benefits paid.

World Wide Coverage — Reimbursement will be based on a fixed daily cash payment when you receive care while living or traveling outside the United States. The reimbursement will equal 75% of the maximum daily benefit shown in your Certificate Schedule.

* 2 years, 3.4 years or 5 years, depending on the plan you select is the minimum length of time your lifetime maximum benefit will last if you use the full Daily Nursing Home/ Alternate Care Facility benefit every day. Your lifetime Maximum Benefit could last longer than 2, 3.4, or 5 years if your actual expenses are less than the maximum benefit for Nursing Home/Alternate Facility Care.

** Benefits payable for assisted living facilities reduce the monthly maximum for community-based care.



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