

**STATE OF MONTANA / HELENA SCHOOL DISTRICT  
MONTANA UNIVERSITY SYSTEM  
PLAN HIGHLIGHTS**

Your Long Term Care (LTC) Insurance Plan is listed below.

**Elimination Period:** Your plan's Elimination Period of 90 days is the amount of time you must wait before benefits become payable. This time period must be satisfied only once during the life of your plan.

**Newly Hired Employees** – once eligible for the plan, will have 30 days to sign up for Guarantee Issue coverage. Please check with your employer for your effective date.

**All Active Employees & Newly Hired Employees** – who enroll after the Guarantee Issue enrollment period or choose benefits over the Guarantee Issue limits will be required to fill out a medical questionnaire.

**Medical Underwriting Effective Date** – The effective date for all those needing medical underwriting is the first of the month following approval into the plan.

*Medical Underwriting means that you must answer all questions on a medical questionnaire. In some cases, an interview may also be necessary.*

**Delayed Effective Date** – If you are absent from work because you are injured, sick, temporarily laid off or on a leave of absence, your coverage will not begin on your otherwise expected effective date.

**Medical Underwriting for Employees and Family:** (Completion of the Benefit Election Form is required for enrollment.) As an **Employee**, you are eligible for benefit amounts on a Guarantee Issue basis of up to and including \$4,000 and a Facility Benefit Duration of 3 or 6 years. This does not require completion of the Long Term Care Insurance Application (medical questionnaire) if you apply during your initial eligibility period. The Long Term Care Insurance Application (medical questionnaire) is required if enrolling after your initial eligibility period or if you choose to buy \$5,000, \$6,000 or the Unlimited Duration coverage. **Retirees** and all **Family Members** must complete the Long Term Care Insurance Application (medical questionnaire) and must be approved for coverage in order to enroll in the Long Term Care plan. **All** Medical Questionnaires must accompany a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit.

| <b>RATE PAGE ONE BENEFITS</b>   |                             |                             |                             |
|---|-----------------------------|-----------------------------|-----------------------------|
|   | <b>PLAN A1</b>              | <b>PLAN B1</b>              | <b>PLAN C1</b>              |
| Benefit Duration  | 3 Years, 6 Years, Unlimited | 3 Years, 6 Years, Unlimited | 3 Years, 6 Years, Unlimited |
| Facility Benefit Amount<br><b>Per \$1,000 Increments</b>                | \$1,000<br>to \$6,000       | \$1,000<br>to \$6,000       | \$1,000<br>to \$6,000       |
| Assisted Living Facility Percent  | 60%                         | 60%                         | 60%                         |
| Non Forfeiture  | Shortened<br>Benefit Period | Shortened Benefit<br>Period | Shortened Benefit<br>Period |
| Professional Home Care -<br><b>Option</b>                               | N/A                         | 50%                         | 50%                         |
| Total Home Care - <b>Option</b><br>(Includes Professional Home<br>Care) | N/A                         | N/A                         | 50%                         |

| RATE PAGE TWO BENEFITS   |                             |                             |                             |
|--|-----------------------------|-----------------------------|-----------------------------|
|  | PLAN A2                     | PLAN B2                     | PLAN C2                     |
| Benefit Duration   | 3 Years, 6 Years, Unlimited | 3 Years, 6 Years, Unlimited | 3 Years, 6 Years, Unlimited |
| Facility Benefit Amount<br><b>Per \$1,000 Increments</b>             | \$1,000 to \$6,000          | \$1,000 to \$6,000          | \$1,000 to \$6,000          |
| Assisted Living Facility Percent                                     | 60%                         | 60%                         | 60%                         |
| Non Forfeiture   | Shortened Benefit Period    | Shortened Benefit Period    | Shortened Benefit Period    |
| Inflation Protection   | Compound Uncapped           | Compound Uncapped           | Compound Uncapped           |
| Professional Home Care - <b>Option</b>                               | N/A                         | 50%                         | 50%                         |
| Total Home Care - <b>Option</b><br>(Includes Professional Home Care) | N/A                         | N/A                         | 50%                         |

**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. *For Example: If you choose \$3,000 Facility Monthly Benefit Amount & 3 Year Duration, your Lifetime Maximum is calculated as follows, \$3,000 per Month X 12 Months X 3 Years = \$108,000 Lifetime Maximum.*

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

**Questions:** Please call 1-800-227-4165 with questions regarding your Long Term Care Insurance.