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Inforce Coverage: Determining Your Premium Increase

Overview

Unum designed a website specifically for your group policy.

This site provides an interactive cost calculator that will assist you in determining your increased premium as of the effective date of the current rate increase.

Instructions

| Step | Action |
|------|--|
| 1 | Click on the title 'Calculator' on the top right of the page. This will display an interactive list of |
| | LTC plan designs and options. |
| 2 | For State , choose from the drop-down menu by selecting your state of residency at time of |
| | your initial purchase. If State is not an option, skip to Step 3 . |
| 3 | For Age , choose from the drop-down menu by selecting your <u>age</u> as of the effective date |
| | shown on your Schedule of Benefits or Confirmation of Coverage statement. |
| 4 | For Duration , choose from the drop-down menu by selecting how long you initially chose to |
| | receive monthly benefit payments, as shown on your Schedule of Benefits or Confirmation of |
| | Coverage statement. |
| 5 | For Amount , choose from the drop-down menu by selecting the monthly benefit payment you |
| | initially chose, as shown on your Schedule of Benefits or Confirmation of Coverage statement. |
| 6 | For Plan , choose from the drop-down menu by selecting the plan design you initially chose, as |
| | shown on your Schedule of Benefits or Confirmation of Coverage statement. Options available |
| | for each plan design are listed to the right of the drop-down box. For each plan design, a green |
| | 'checkmark' indicates the option is included in the plan design you selected, and a red 'X' |
| | indicates the option is not available in the selected plan design. |
| 7 | Note your new calculated premium. Pay frequency will be indicated in the top right corner on |
| | this page. |
| 8 | If you elect to make a change to your coverage options, please see Long Term Care Informational |
| | Website Instructions – Inforce Coverage: Exploring Coverage Change Options. |

^{*}For more information about cost of long term care specific to your area, please see the following website: https://longtermcare.acl.gov/costs-how-to-pay/costs-of-care.html

Inforce Coverage: Exploring Coverage Change Options

Overview

Unum designed a website specifically for your group policy.

This site provides an interactive cost calculator that may assist you in comparing coverage change options and pricing that may be available to you.

Instructions

| Step | Action |
|------|--|
| 1 | On the Home page, you will see Long Term Care cost estimates based on national averages for |
| | care. These cost estimates are provided as information to you as you review your coverage |
| | options.* |
| 2 | Click on the title 'Calculator' on the top right of the page. This will display an interactive list of |
| | LTC plan designs and options. |
| 3 | For State , choose from the drop-down menu by selecting your state of residency at time of |
| _ | your initial purchase. If State is not an option, skip to Step 4 . |
| 4 | For Age , choose from the drop-down menu by selecting your <u>age</u> as of the effective date |
| | shown on your Schedule of Benefits or Confirmation of Coverage statement. |
| 5 | For Duration , choose from the drop-down menu by selecting how long you would like to |
| | receive monthly benefit payments. |
| 6 | For Amount , choose from the drop-down menu by selecting how much you would like each |
| | monthly benefit payment to be. |
| 7 | For Plan , choose from the drop-down menu by selecting a plan design. Options available for |
| | each plan design are listed to the right of the drop-down box. For each plan design, a green |
| | 'checkmark' indicates the option is included in the plan design you selected, and a red 'X' |
| | indicates the option is not available in the selected plan design. |
| 8 | Note the calculated premium. Repeat Steps 5-7 to compare different coverage change |
| | options, if desired. |
| 9 | If you elect to <u>decrease</u> your coverage, you must complete a Request to Change Coverage |
| | form. To obtain this form on the website, click on Enrollment on the top right of the page. |
| | Review the statement on this page and click 'NEXT' to advance to the Enrollment page. The |
| | link to Request to Change Coverage will appear under the Employee, Spouse or Family |
| | Enrollment sections. Please print this form and complete all applicable fields. Instructions on |
| | how to return your completed form to Unum are located directly on the form. |
| | If you elect to increase your coverage, you must complete an Enrollment Form and LTC |
| | Insurance Application. These forms can be found on the Enrollment page under Employee, |
| | Spouse or Family Enrollment. Note: All applications to increase coverage are contingent on |
| | approval by Medical Underwriting. |

^{*}For more information about cost of long term care specific to your area, please see the following website: https://longtermcare.acl.gov/costs-how-to-pay/costs-of-care.html

New Enrollee Coverage

Overview

Unum designed a website specifically for your group policy.

This site provides helpful information on the benefits of Long Term Care coverage, and an interactive cost calculator that can assist you in comparing coverage options and pricing available to you.

Instructions

| Step | Action |
|------|---|
| 1 | On the Home page, carefully review detailed information on Long Term Care coverage, and |
| | Long Term Care cost estimates based on national averages for care. These cost estimates are |
| | provided as information to you as you review your coverage options.* Click 'Next' at the |
| | bottom of the page to review additional information on the benefits of Long Term Care. |
| 2 | Click on the title Calculator on the top right of the page. This will display an interactive list of |
| | LTC plan designs and options. |
| 3 | For State , choose from the drop-down menu by selecting your state of residency as of the effective date of your coverage. If State is not an option, skip to Step 4 . |
| 4 | For Age , choose from the drop-down menu by selecting your <u>age</u> as of the effective date of |
| | your coverage. |
| 5 | For Duration , choose from the drop-down menu by selecting how long you would like to |
| | receive monthly benefit payments. |
| 6 | For Amount , choose from the drop-down menu by selecting how much you would like each |
| | monthly benefit payment to be. |
| 7 | For Plan , choose from the drop-down menu by selecting a plan design. Options available for |
| | each plan design are listed to the right of the drop-down box. For each plan design, a green |
| | 'checkmark' indicates the option is included in the plan design you selected, and a red 'X' |
| | indicates the option is not available in the selected plan design. |
| 8 | Note the calculated premium. Repeat Steps 5-7 to compare different coverage options, if |
| | desired. |
| 9 | To elect coverage, click on Enrollment on the top right of the page. Review the statement on |
| | this page and click 'NEXT' to advance to the enrollment page. Then choose the Employee |
| | Enrollment, Spouse Enrollment and/or Family Enrollment section(s) for necessary enrollment |
| | forms. |

^{*}For more information about cost of long term care specific to your area, please see the following website: https://longtermcare.acl.gov/costs-how-to-pay/costs-of-care.html