## HSTA VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION TRUST LONG TERM CARE INSURANCE

Policy: 536134-004 SCHEDULE OF BENEFITS/PLAN HIGHLIGHTS

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

**Elimination Period:** Your plan's Elimination Period of 90 consecutive 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.

**Medical Underwriting Effective Date –** The effective date will be 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.

**Medical Underwriting for HSTA Retirees:** The <u>Long Term Care Application</u> must be completed in its entirety and approved in order to enroll in the Long Term Care coverage. All Family members must complete the <u>Long Term Care Application</u> in its entirety. <u>All</u> Medical Questionnaires must accompany a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit.

## Plan Options: See Benefit Election Form for More Details:

Benefit Duration	2 Years	3 Years	5 Years
Facility Benefit Amount Per \$500 Increments	\$1,000 to \$8,000	\$1,000 to \$8,000	\$1,000 to \$8,000
Assisted Living Facility Percent	60%	60%	60%
Professional Home Care	50%	50%	50%
Total Home Care (Plans 2, 5, 6 and 8)	50%	50%	50%
Inflation Protection*	Simple	Simple	Simple
(Plans 3, 5, 7 and 8)	Uncapped	Uncapped	Uncapped
Non Forfeiture Benefit (Plans 4, 6, 7 and 8)	Shortened Benefit Period	Shortened Benefit Period	Shortened Benefit Period

<sup>\*</sup> If you selected an inflation option, and you terminate that inflation option at a future date, you can purchase the inflated coverage amount at your original age.

**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 & 2 Year Duration, your Lifetime Maximum is calculated as follows, \$3,000 per Month X 12 Months X 2 Years = \$72,000 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 HSTA-VEBA Trust (808)-440-6940 or Unum at 800-227-4165 with questions regarding your Long Term Care Insurance.