

## UNIVERSITY OF PITTSBURGH PLAN HIGHLIGHTS / SCHEDULE OF BENEFITS

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.

**Newly Hired Full-Time Faculty, Post Doctoral Associates, Tenured/Tenure Stream Part-Time Faculty, Full-time Research Associate, Regular Full-Time and Regular Part-Time Staff working 50% effort or greater** – Please check with your employer for your effective date.

**All Applicants under the Guarantee Issue Category (Active Full-Time Faculty, Post Doctoral Associates, Tenured/Tenure Stream Part-Time Faculty, Full-time Research Associate, Regular Full-Time and Regular Part-Time Staff working 50% effort or greater)** – if you enroll after the Guarantee Issue enrollment period or choose benefits over the Guarantee Issue limits you will be required to fill out a medical questionnaire. Please check with your Benefits Department for your effective date.

**All Applicants under the Non Guarantee Issue Category (Non-Tenured Part-Time Faculty, Part-Time Research Associate, and Regular Part-Time Staff working less than 50% effort, Retirees and Post Doctoral Scholars (1099/W2) and any other Applicant (including Spouse, Domestic Partner) who is NOT Faculty or Staff)** – must complete a Benefit Election Form and the Long Term Care Application (medical questionnaire) for any selection.

**Medical Underwriting Effective Date** – The effective date for those applicants passing medical underwriting between the 1<sup>st</sup> and 15<sup>th</sup> of the month is the first of the month following their date of approval. For those approved between the 16<sup>th</sup> and the end of the month, their effective date is the first of the second month following their date of approval.

*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.

**Guarantee Issue:** (Completion of the Benefit Election Form is required for enrollment). As an Active and Newly Hired Full-Time Faculty, Post Doctoral Associate, Tenured/Tenure Stream Part-Time Faculty, Full-time Research Associate, Regular Full-Time and Regular Part-Time Staff working 50% effort or greater, you are eligible for benefits on a Guarantee Issue basis. 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 the Unlimited Duration coverage.

**Medical Underwriting:** Non-Tenured Part-Time Faculty, Part-Time Research Associate, and Regular Part-Time Staff working less than 50% effort, Retirees, Post Doctoral Scholars and any other Applicant (including Spouse, Domestic Partner) who is NOT Faculty or Staff must complete the Long Term Care Insurance Application (medical questionnaire). The Benefit Election Form must also be completed and approved in order to enroll in this Long Term Care Plan. **All** Medical Questionnaires must accompany a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit.

## Summary of Benefits

Benefit Duration	3 Years Facility*	6 Years Facility*	Unlimited Duration
Facility Benefit Amount <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%
Total Home Care - <b>Option</b> (Includes Professional Home Care)	50%	50%	50%
Inflation Protection** - <b>Option</b>	Compound Uncapped	Compound Uncapped	Compound Uncapped

**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.* Your Lifetime Maximum Amount is based on the level of coverage and benefit duration you select.

**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.