Group Long Term Care Insurance

Program Benefits
Life is a series of choices... where will yours lead you?

How does long term care insurance help protect what’s important to you?
Long term care insurance helps pay for care and service expenses related to a long term care event. A long term care event may happen at any age and can last for months or even years. Long term care insurance can help you maintain control over the kind of care you receive and where you receive that care.

Doesn’t my health insurance or disability insurance cover the cost of long term care?

- **Health insurance** is designed to pay for medical and surgical expenses related to an illness or injury.
- **Medicare** provides very limited short term coverage, and that only kicks in after a mandatory hospital stay.
- **Disability insurance** is designed to replace a portion of your income and is typically used to pay for basic living expenses when you can’t perform your job.
- **Long term care insurance** is specifically designed to help pay for long term care services.

Shouldn’t I wait until I am older to buy coverage?
- Premium rates are primarily based on age at the time of purchase. Typically, the older the age, the higher the premium rate.

What are the benefits of buying through a group long term care insurance program?
The group long term care insurance program offers several benefits:

- Receive group rates.
- Easier approval process than with most individual insurance policies.
- It’s portable—you take your coverage with you if you leave the group.
- Coverage features tailored for the group.

DID YOU KNOW?
Someone turning age 65 today has almost a 70% chance of needing some type of long term care in their remaining years.¹


3 KEY DECISIONS:

It’s easy to create a plan using your online enrollment site.
When selecting your benefits, there are just 3 key decisions to make.

1 Select a Monthly Maximum:
   This is the maximum benefit available each month to reimburse covered long term care expenses.

   Monthly Maximum
   - ☐ $3,000
   - ☐ $4,500
   - ☐ $6,000

2 Select a Coverage Maximum:
   Choose from one of the Coverage Maximums that corresponds to the Monthly Maximum you selected. The Coverage Maximum is the total amount of money available to reimburse you for covered expenses for the life of your coverage.

   Coverage Maximum
   - ☐ $72,000
   - ☐ $108,000
   - ☐ $144,000
   - ☐ $108,000
   - ☐ $162,000
   - ☐ $216,000
   - ☐ $144,000
   - ☐ $216,000
   - ☐ $288,000

3 Select a Benefit Increase Option:
   Benefit Increases help your coverage grow over time.

   Benefit Increase options
   - ☐ Buy More Coverage Over Time
   - ☐ 3% Compound
   - ☐ 5% Compound
   - ☐ Included
   - ☐ Don’t include

Optional Nonforfeiture
Provides a reduced benefit without further premium payments if your coverage ends due to non-payment after three years.

ELIGIBILITY

The following individuals are eligible to apply:

Employees:
- Actively-at-work full-time or part-time Commonwealth of Virginia employees who work at least 20 hours per week.
- Actively-at-work full-time and part-time employees and faculty (including adjunct) of a Virginia public institution of higher education who work at least 20 hours per week.
- Actively-at-work full-time, part-time or other employees as determined and defined by any participating school division, city, county, town or political subdivision covered under the Virginia Retirement System (VRS).

Eligible family members of employees, ages 18 through 75, include:
- Spouse and surviving spouse
- Parents, parents-in-law, step parents, step parents-in-law
- Adult children
- Grandparents, grandparents-in-law, step grandparents & step grandparents-in-law
- Siblings

Deferred members of any VRS-participating employer who have five or more years of service.

VRS retirees who satisfy the appropriate plan’s age and service requirements, and are former employees of:
- The Commonwealth of Virginia
- Virginia public institutions of higher education
- Any school division, city, county, town or political subdivision that participates in one of the retirement plans administered by VRS
- Any school division, city, county, town or political subdivision that does not participate in any of the retirement plans administered by VRS but has elected to participate in the Commonwealth of Virginia Voluntary Group Long Term Care Insurance Program.

Spouse and surviving spouse of retirees are also eligible to apply.

Learn. Quote. Apply.

Visit genworth.com/cov today! Questions? call 866 859.6060

Complete details about benefits, exclusions and limitations can be found on the website or by calling the number above.
IMPORTANT INFORMATION:

Premiums are not guaranteed and the insurer has the right to change rates in the future.

Benefit Eligibility, Limitations and Exclusions
To understand the benefits and features available to you, go to genworth.com/cov or call 866 859.6060. A brief summary of the limitations and exclusions that may apply appears below.

Eligibility for Benefits: Your coverage can reimburse you, up to your plan limits, for the costs of covered long term care services. You qualify for reimbursement when you need assistance with two or more everyday activities which include bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a cognitive impairment, such as Alzheimer’s disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

Limitations and Exclusions: As with any insurance coverage, certain limitations apply. Charges that are not covered include those for services:
• for which no charge is made
• received outside of the United States
• provided by your immediate family except as covered under the Informal Care benefit
• for which benefits are payable by a Worker’s Compensation or occupational disease act or law
• provided by a Veteran’s Administration or other federal government facility, unless a valid charge is made.

Charges are also not covered if they are for services that are required because of:
• war or an act of war
• attempted suicide or self-inflicted injury
• your participation in a felony, riot or insurrection
• service in the armed forces or units auxiliary thereto
• alcoholism or drug addiction.

Pre-Existing Conditions Limitation: Covered expenses incurred for any loss or confinement that is a result of a pre-existing condition, when the loss or confinement occurs within six months following your initial certificate effective date, will not be covered. Benefits will be paid for covered expenses incurred for any such loss or confinement that occurs after the six month period, regardless of when such loss or confinement began. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date.

Other Limitations on Benefits: Benefits under this insurance coordinate with other group long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits will not duplicate benefits received under another insurance program such as:
• Medicare
• any state or federal worker’s compensation, employer’s liability, or occupational disease law
• any other federal, state or government health care or long term care program, or law except Medicaid.

This is a summary of the limitations and exclusions. State variations may apply. The specific language may vary or change the impact of the exclusion. Check your Outline of Coverage for complete details and any state variations that apply.