



## New York State Partnership Long-Term Care Insurance Plan Overview

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### Asset Protection

A key and unique feature of a Partnership plan is that it allows *you to retain your assets when you become eligible for Medicaid Extended Coverage.*

When you have received benefits for covered services for the required Benefit Period, you become eligible to apply for Medicaid Extended Coverage without the need for impoverishment or total dependency on Medicaid.

Eligibility for Medicaid Extended Coverage is based on countable, gross income and requires contribution of income towards the cost of care according to regular Medicaid rules. The Medicaid Program then provides additional protection against the costs of extended-care situations without requiring depletion of assets.

Our tax-qualified **Care Directions<sup>®</sup> Premier New York State Partnership for Long-Term Care plan** provides protection and peace of mind. Coverage can be provided by a(n):

- Nursing Facility
- Home Health Care Agency
- Adult Day Care Center
- Assisted Living Facility
- Hospital Long-Term Care Unit
- Hospice Program

### ***The Choice is Yours — Create Your Own Long-Term Care Benefits Plan.***

### Daily Benefit Amount

This is the maximum amount per day your plan will pay for all covered benefits. If you purchase inflation protection, the Daily Benefit Amount will increase over time.

#### **Nursing Facility, Alternate Care, Respite Care, Hospice Care, Bed Reservation, and Consultation Care Management**

- \$163 minimum for 2003, (\$171 for 2004, \$180 for 2005, \$189 for 2006 and \$198 for 2007).
- \$10 increments
- No maximum

#### **Home Care, Assisted Living and Adult Day Care**

You may purchase coverage for these benefits to be paid at:

- 100% of the Nursing Facility Daily Benefit Amount, or
- 50% of the Nursing Facility Daily Benefit Amount.

## Benefit Period

The Benefit Period is the number of days in which the Benefits you select are paid for covered services. Your **Care Directions Premier** Partnership Benefit Period is 1,095 days (3 Years).

Benefits paid for covered services are deducted from the Benefit Period:

- **One day** is deducted for each day of Nursing Facility Care, Respite Care or Alternate Care, and
- **One-half day** for each day of Home Care, Assisted Living, or Adult Day Care.

Your Benefit Period is extended if the actual benefits paid are less than the Daily Benefit amounts set for covered services.

## Lifetime Elimination Periods

Your Lifetime Elimination Period is the period of time you pay out-of-pocket expenses for Policy-covered Benefits, before your Policy begins to pay for them. These days need not be consecutive. Days paid by Medicare are also credited to the Elimination Period.

Your **Care Directions Premier** Partnership options are:

- 0 days
- 30 days
- 100 days

## Inflation Protection Options

Inflation Protection protects the value of your policy by increasing coverage annually.

Your **Care Directions Premier** Partnership options are:

- Compound 5% (*Mandatory for Ages 18-79*)
- No Inflation Protection (Only available to Issue Ages 80-85)

## Payment Options

Our payment options are particularly appealing because they allow for premiums to be paid during years of highest income or for a limited period of time. Once policies are paid-in-full, your coverage cannot lapse.

Your **Care Directions Premier** Partnership options are:

- Lifetime
- 20-Year Paid-in-Full
- 10-Year Paid-in-Full

## Optional Riders

### Survivorship Benefit

This rider offers a premium waiver for the surviving spouse if both spouses had been covered for ten consecutive years.

### Return of Premium

This rider offers a partial premium refund to your estate.

### Shortened Benefit Period Nonforfeiture

This rider offers a paid-up reduced Lifetime Maximum Benefit, if, after 36 months, coverage is cancelled. This Benefit will equal no less than 30 times the Daily Benefit or the sum of premiums paid.

## **PLAN HIGHLIGHTS AND FEATURES:**

### **Worldwide Coverage**

You may receive coverage anywhere in the world.

### **Level Premiums**

The premium is based on age at the time of application.

### **Guaranteed Renewability**

The coverage continues as long as premiums are paid on time.

### **Waiver of Premiums**

The premium payments are waived on a monthly basis, starting on the:

- 1<sup>st</sup> day of policy-paid Benefits for Nursing Facility or Hospice program, or on the
- 91<sup>st</sup> day of policy-paid Benefits for Home Health Care, Assisted Living or Adult Day Care.

### **Spousal Discount**

Each policy will receive a 10% premium reduction when both spouses are issued coverage.

### **Benefit Planning**

Our expert Personal Care Advisors may assist in defining a Plan of Care and arranging for long-term care services. The use of Benefit Planning Services is optional and does not reduce your Lifetime Benefit Amount.

### **Consultation – Care Management Services**

This Benefit provides you with the option to utilize the Consultation Services of a Licensed Health Care Practitioner of your choice, in addition to the optional Benefit Planning Services provided by our Personal Care Advisors.

Consultation Services may provide you with assistance and advice in choosing and applying for long-term care services. This may include services such as providing information about coverage and potential long-term care resources. Your Elimination Period does not apply to this Benefit.

This Benefit is equal in value to two (2) covered Nursing Home days per calendar year.

### **Alternate Care**

You may receive coverage for long-term care services provided in a hospital setting while you are waiting for access to a Nursing Facility or Home Care Services.

### **Bed Reservation**

If you are temporarily hospitalized we will reserve your Nursing Facility bed for up to 20 days.

### **Hospice Program**

Hospice Program Benefits cover Hospice services provided to the terminally ill. Hospice Services may be provided in a Nursing Facility, an Assisted Living Facility or your Home. Your Elimination Period does not apply to this Benefit.

### **Respite Care**

Respite Care services provide temporary care for you while your regular caregiver in your home takes a brief rest. Your coverage for these services equal up to 14 days per calendar year.

### **Tax Qualification**

This plan is designed to provide potential tax advantages. Please consult your tax advisor for more information.

## ***BENEFIT ELIGIBILITY***

**To be eligible for Benefits provided by your policy, we must receive periodic proof from a Licensed Health Care Practitioner that You are a person who meets the following conditions:**

- You need substantial assistance from another person to perform at least two of the Activities of Daily Living (ADL) (bathing, dressing, eating, toileting, transferring, continence) for a period expected to last at least 90 days; or
- You need substantial supervision to protect you from threats to health and safety due to severe cognitive impairment.

We will work with you, your family and your physician when we need information about your condition. We will review the status of your Activities of Daily Living (ADL) and cognitive function. We will use this information to make an evaluation of your condition to determine whether you qualify or continue to qualify for Benefits under your policy. This information may be gathered by us or one of our representatives. You may contact us with any questions regarding our determination.

We must receive certification from a Licensed Health Care Practitioner at least every 12 months that you meet the above conditions.

This Plan Overview and the Outline of Coverage are designed to provide information on our long-term care benefits. Please contact your agent or our company if you have any questions concerning long-term care or long-term care insurance.

**Customer Service Phone Number 1-800-544-0327**