

**Long-Term Care Insurance  
Plan Overview – Tax-Qualified Multiple Care Setting**

*This is a brief overview of the Connecticut Partnership-Approved product,  
please refer to the Outline of Coverage for more detailed information.*

This individual Care Directions® Premier tax-qualified plan will provide you with security and peace of mind for all levels of long-term care services in a facility or at home. For example:

- ❖ Nursing Facility
- ❖ Assisted Living Facility
- ❖ Adult Day Care
- ❖ Home Health Care Agency
- ❖ Hospice Program

**MEDICAID ASSET PROTECTION**

The Connecticut Partnership for Long-Term Care is a joint effort by state government and private industry to establish product design standards and consumer protection features that enable you to meet your long-term care needs without depleting your assets. Purchasing a Partnership-approved Long-Term Care Insurance Policy allows you to protect an amount of your assets equal to the actual amount of benefits paid by the Policy on your behalf. Protected assets will be disregarded or ignored if you need to apply to Connecticut's Medicaid Program to help pay for your long-term care. Residency Requirement: Please note that you must be a Connecticut resident to purchase a Connecticut Partnership policy and you must reside in Connecticut and apply to Connecticut's Medicaid Program to take advantage of the Medicaid Asset Protection feature.

Be sure to consult your Outline of Coverage for more complete information about this Plan.

*When selecting a plan, you have decisions to make. You can create your own long-term care benefits design.*

**Benefit Selections**

**Lifetime Benefit Amount**

*You can select the Lifetime Benefit Amount ("pool of money") you want for your covered services. Our Long-Term Care Specialist can assist you to make an informed decision. There are five choices. For example, using a \$150 Daily Benefit Amount, your "pool of money" would total one of the following:*

- ❖ \$109,500  
(\$150/day x 730 days)
- ❖ \$164,250  
(\$150/day x 1095 days)
- ❖ \$219,000  
(\$150/day x 1460 days)
- ❖ \$273,750  
(\$150/day x 1825 days)
- ❖ Unlimited  
(\$150/day for life)

**Daily Benefit Amount**

*This is the maximum benefit amount per day your plan will pay for all covered services.*

- ❖ \$140 Partnership Minimum
- ❖ Multiples of \$10
- ❖ No Maximum

**Lifetime Elimination Period**

*This once-in-a-lifetime Elimination Period is similar to a deductible; the longer the Elimination Period, the lower the premium. It is the period of time you must pay for covered services before we begin to pay benefits.*

- ❖ 0 days
- ❖ 20 days
- ❖ 60 days
- ❖ 90 days

**Inflation Protection**

- ❖ Compound Inflation 5% annually Daily and Lifetime Benefit Increase –(Required for ages 18-65)
- ❖ Compound Inflation 5% Annually Daily Benefit Increase Only –(Option for ages 66-85)

**Payment Options**

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

See Reverse Side for Features →

Our Customer Service Specialists are available to answer your questions.  
Call 1-800-544-0327.

**Care Directions Premier**  
Visit our web site [www.MedAmericaLTC.com](http://www.MedAmericaLTC.com)

<b>Features - Care Directions Premier</b> - Premier Protection – security and peace of mind for all levels of long-term care services.	
<b>Worldwide Coverage</b>	◆ Coverage anywhere in the world.
<b>Level Premiums</b>	◆ Premium based on age at time of application.
<b>Guaranteed Renewability</b>	◆ Coverage continues as long as premiums are paid on time.
<b>Waiver of Premiums</b>	◆ Premium payments waived on a monthly basis, starting on the: <ul style="list-style-type: none"> <li>◆ 1<sup>st</sup> day of policy-paid Benefits for Nursing Facility, Assisted Living Facility or Hospice program.</li> <li>◆ 91<sup>st</sup> day of policy-paid Benefits for Home Health Care or Adult Day Care.</li> </ul>
<b>Caregiver Training</b>	◆ Professional home-care training for assistance with Activities of Daily Living (ADLs) and use and care of supportive equipment or disposable medical aids. ◆ Lifetime Benefit Amount: 5x Daily Benefit Amount. ◆ No Elimination Period.
	◆
<b>Supportive Equipment</b>	◆ Expenses to rent, lease or purchase Supportive Equipment. ◆ Lifetime Benefit Amount: \$5,000. ◆ No Elimination Period.
<b>Spousal Discount</b>	◆ 10% premium reduction for each spouse when both spouses are issued coverage.
<b>Benefit Planning</b>	◆ Our expert Personal Care Advisors may assist in defining a Plan of Care and arranging for services.
<b>Alternative Care</b>	◆ We may pay for alternative medically acceptable, cost-effective Benefits.
<b>Bed Reservation</b>	◆ Up to 21 days per calendar year to reserve your Nursing or Assisted Living Facility bed.
<b>Hospice Program</b>	◆ Hospice Program services. ◆ No Elimination Period.
<b>Respite Care</b>	◆ Up to 30 days per calendar year. ◆ No Elimination Period.
<b>Tax Qualification</b>	◆ This plan is designed to provide potential tax advantages. Please consult your tax advisor for more information.
<b>Benefit Eligibility</b> - To be eligible for Benefits, we must receive periodic proof from a Licensed Health Care Practitioner that:	
	◆ You need substantial assistance from another person to perform at least two of the Activities of Daily Living 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.
<b>Optional Riders</b> - You may choose from these optional riders to enhance your benefits.	
<b>Shortened Benefit Period Nonforfeiture</b>	◆ A paid-up reduced Lifetime Maximum Benefit, if, after 36 months, coverage is cancelled for non-payment. Benefit equals no less than 30 times the Daily Benefit or the sum of premiums paid.
<b>Return of Premium</b>	◆ Provides a partial refund of premium to your estate.
<b>Enhanced Return of Premium</b>	◆ Allows for a full refund to your estate of all premiums paid, less any benefits paid or payable.
<b>Restoration of Benefits</b>	◆ Lifetime Benefit Amount restored if no longer eligible for Benefits for 180 consecutive days.
<b>Spousal Benefit Transfer</b>	◆ Spouses may share Benefits and inherit the deceased spouse's remaining Benefits.
<b>Monthly Home Health Care Benefit</b>	◆ Provides for a <b>monthly</b> maximum benefit amount for Home Care and Adult Day Care services and enhances the Premium Waiver to begin after we have paid an amount equal to 30 times your Daily Benefit Amount for services covered under this rider.
<b>Survivorship Benefit</b>	◆ Premium waiver for surviving spouse if both spouses were covered for ten consecutive years.

Payment of Benefits for Qualified Long-Term Care Services subject to Benefit Eligibility, Terms and Conditions.