

Unum Life Insurance Company of America  
2211 Congress Street  
Portland, Maine 04122  
(207) 575-2211

**LONG TERM CARE INSURANCE  
OUTLINE OF COVERAGE  
FOR THE EMPLOYEES OF  
UNIVERSITY OF PITTSBURGH  
(the Policyholder)**

Group Master Policy/Certificate Form Number **215087**

**Caution:** If you must complete an Application for Long Term Care Insurance which includes evidence of insurability, the issuance of a long term care insurance certificate will be based on your response to the questions in your application. A copy of your Application for Long Term Care Insurance was retained by you when you applied. If your answers are incorrect or untrue, Unum may have the right to deny benefits or rescind your coverage. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact Unum at this address: Unum Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122.

**NOTICE TO BUYER:** This plan may not cover all of the costs associated with long term care which you may incur during the period of coverage. You are advised to review carefully all coverage limitations.

1. The policy is a group policy of insurance which was issued in **PENNSYLVANIA**.

**2. PURPOSE OF OUTLINE OF COVERAGE**

This outline of coverage provides a brief description of the important features of the plan. You should compare this outline of coverage to outlines of coverage for other plans available to you.

This is not an insurance contract, but only a summary of coverage. Only the Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both you and Unum. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR CERTIFICATE CAREFULLY!**

3. **This Policy is intended to be a qualified Long Term Care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986.**

4. **TERMS UNDER WHICH THE GROUP COVERAGE THROUGH THE PLAN MAY BE CONTINUED IN FORCE OR DISCONTINUED**

• **WHEN COVERAGE WILL END**

Your Group Coverage will end on the earliest of these dates;

- the date your total benefit payments equal your Lifetime Maximum Amount;
- the date the Policy ends;
- the date you are no longer an Active Employee with the Policyholder;
- the date you no longer work for the Policyholder;
- the end of the period for which premiums were last paid to Unum for your coverage; or
- the date you die.

If you are absent from work at the Policyholder for any reason, you will continue to be covered for group coverage if the Policyholder continues to pay premiums to Unum.

• **CONTINUATION OF COVERAGE/ CONVERTED COVERAGE**

If your group coverage ends for any reason other than your choice to cancel your coverage, or you choose to stop the payment of premiums, you may elect continuation of coverage. If your group policy terminates, you may elect converted coverage, which means an individual long term care policy providing benefits identical to or benefits substantially equivalent to or in excess of those provided under the group policy from which conversion is made.

Election for continued or converted coverage must be made within 31 days of the date your coverage ends. You must pay premium directly to Unum for your coverage to be continued or converted.

• **PREMIUM WAIVER**

Once benefits become payable, there will be no more cost for your coverage as long as you are Disabled. If benefits are no longer payable, you must resume premium payments to continue your coverage.

Premiums are not waived while you are receiving a payment for Respite Care.

- **RIGHT TO CHANGE PREMIUMS**

The rate will not increase because you grow older or because of your use of the benefits. However, the rate schedule may change in the future depending on the overall use of the benefits of all covered persons or changes in the benefit levels, plan design or other risk factors. Any such change will be made on a class basis according to Unum's underwriting risk studies under this type of insurance.

**5. TERMS UNDER WHICH THE CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED**

- You have a 30 day right to examine the certificate. If, after examining the certificate, you are not satisfied for any reason, you may withdraw your enrollment in the plan by returning your certificate within 30 days of its delivery to you. The certificate, together with a written request for withdrawal must be sent to the Plan Administrator or Unum. Upon receipt, your insurance will be deemed void from its effective date and any premium contribution(s) paid will be returned to you within 30 days after receipt of your withdrawal.
- Premiums for additional, increased or terminated insurance may cause a pro-rata adjustment on the next premium due date.
- If Unum is notified of your death, Unum will refund to your estate, on a pro-rata basis, any part of the premium you paid which applies to the period after death.

**6. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE**

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Unum. You may obtain a copy of the Guide by calling 1-800-227-4165. Unum Life Insurance Company of America is not representing Medicare, the federal government or any state government.

**7. LONG TERM CARE COVERAGE**

Plans of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventative, therapeutic, rehabilitative, maintenance or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

This plan provides coverage in the form of a fixed dollar indemnity monthly benefit if you become Disabled and you are receiving care while confined in a Long Term Care Facility or Assisted Living Facility. If you purchase Total Home Care coverage, we will pay you a benefit if you elect to receive care other than in a Long Term Care Facility or Assisted Living Facility.

Coverage is subject to policy limitations, benefit maximums and elimination periods.

## 8. BENEFITS PROVIDED BY THE POLICY

You are eligible for a monthly benefit after:

- you become Disabled;
- you are receiving services in a Long Term Care Facility, an Assisted Living Facility, or Total Home Care if your plan includes a Total Home Care benefit;
- you have satisfied your Elimination Period; and
- a Licensed Health Care Practitioner has certified, within the previous 12 months, that you are unable to perform, without Substantial Assistance from another individual, two or more ADLs for a period of at least 90 days, or that you require Substantial Supervision by another individual to protect you and others from threats to health or safety due to Severe Cognitive Impairment. You will be required to submit a Licensed Health Care Practitioner certification every 12 months.

**NOTE:** The 90 day period is not an additional Waiting Period or Elimination Period.

The treatment and services you receive for your Disability must be provided pursuant to a written plan of care developed by a Licensed Health Care Practitioner.

If you have an existing loss of ADLs or Severe Cognitive Impairment on your effective date of coverage, that loss or impairment will only be eligible for coverage if you recover from that loss or impairment. We must receive acceptable proof of your ADL or cognitive recovery, such as a physician's statement or an assessment.

A monthly benefit will become payable once all of these requirements are met. Unum will pay you:

- the Long Term Care Facility Benefit Amount if you receive care while confined in a Long Term Care Facility, or
- the Assisted Living Facility Benefit Amount if you receive care while confined in an Assisted Living Facility. The Assisted Living Facility Benefit Amount will be 60% of the Long Term Care Facility Benefit Amount or the Total Home Care Benefit Amount shown on the Summary of Benefits, whichever is greater; or
- the Total Home Care Amount shown on the Summary of Benefits if you choose to receive care anywhere other than a Long Term Care Facility or Assisted Living Facility.

**“Total Home Care” means: (Includes Professional Home Care)**

- visits to your residence by a Home Health Care Provider to provide skilled nursing care; physical, respiratory, occupational, dietary or speech therapy; and homemaker services; or
- Adult Day Care; or
- Hospice Care; or
- care provided by an informal caregiver, such as your friends or relatives.

The treatment and services you receive must be provided pursuant to a written plan of care developed by a Licensed Health Care Practitioner.

**"Professional Home Care Services" means:**

- visits to your residence by a Home Health Care Provider to provide skilled nursing care; physical, respiratory, occupational, dietary or speech therapy; and homemaker services. Each one hour or more per day of a Home Health Care Provider's services will be considered one visit; or
- Adult Day Care; or
- Hospice Care.

The treatment and services you receive must be provided pursuant to a written plan of care developed by a Licensed Health Care Practitioner. Professional Home Care Services do not include services performed by your spouse, daughter, son, parent, sister, brother, grandparent or grandchild through a Home Health Care Provider or an Adult Day Care Facility.

- The Total Home Care Amount shown on the Summary of Benefits if you choose to receive care anywhere other than a Long Term Care Facility or Assisted Living Facility.

**Bed Reservation Benefit** means if you are receiving a Long Term Care Facility or Assisted Living Facility monthly benefit and your stay in the Facility is interrupted because you are hospitalized, we will continue to pay the monthly benefit if a charge is made to reserve your accommodations in the Facility.

If your stay is interrupted because you are hospitalized while you are completing your Elimination Period, such days will be used to help satisfy this period.

Bed Reservation days will be limited to 15 days per calendar year.

A Monthly Benefit payable for less than one month will be paid at the rate of 1/30<sup>th</sup> of the Monthly Benefit Amount for each day you are eligible for a Monthly Benefit.

**Respite Care Benefits** means formal care provided to you for a short period of time to allow your informal caregiver a break from their caregiving responsibilities. If you are eligible for a home care monthly benefit but benefits have not yet become payable, payments will be made to you for each day you receive respite care for up to 15 days each calendar year. The amount of your payment will equal 1/30<sup>th</sup> of your home care monthly benefit for each day that you receive respite care.

## **ADDITIONAL BENEFITS**

### **Inflation Protection Provision - 5% Compound Inflation With No Cap**

Your Monthly Benefit will increase each year on January 1st by 5% of the Monthly Benefit in effect on that January 1st. Your remaining Lifetime Maximum Benefit Amount will also increase. Increases will be automatic and will occur regardless of your health and whether or not you are Disabled. Your premium will not increase due to automatic increases in your Monthly Benefit.

**The benefit paid is subject to the Lifetime Maximum Benefit Amount. Benefits are not paid during the Elimination Period.**

**A chart showing a graphic comparison for plans with and without Inflation can be found on page 10 of this Outline of Coverage.**

## **IMPORTANT TERMS YOU SHOULD KNOW:**

**"Activities of Daily Living" (ADLs) are:**

- **BATHING** - washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower with or without equipment or adaptive devices.
- **DRESSING** - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **TOILETING** - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **TRANSFERRING** - moving into and out of a bed, chair or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- **CONTINENCE** - the ability to maintain control of bowel or bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **EATING** - feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

**“Adult Day Care”** means a community-based program offering health, social and related support services to impaired adults. Adult Day Care can be provided by a Home Health Care Provider; or an Adult Day Care Facility.

**“Adult Day Care Facility”** means a facility that operates under applicable state licensing laws and any other laws that apply, or meets the following tests:

- operates a minimum of 5 days a week;
- remains open for at least 6 hours a day;
- is not an overnight facility;
- maintains a written record of care on each patient;
- includes a plan of care and record of services provided;
- has a staff that includes a full-time director and at least one registered nurse who are there during operating hours for at least 4 hours a day;
- has established procedures for obtaining appropriate aid in the event of a medical emergency; and
- provides a range of physical and social support services to adults.

**“Disability” and “Disabled”** mean:

- you are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living; or
- you require Substantial Supervision by another individual to protect you from threats to health and safety due to Severe Cognitive Impairment.

**“Elimination Period”** is the number of consecutive days, during which you must be disabled and under the regular care of a physician before benefits become payable.

**“Lifetime Maximum Amount”** is the total dollar amount of benefits that will be paid under the policy. Your Lifetime Maximum Amount is based on the level of coverage and benefit duration you select.

**“Severe Cognitive Impairment”** means a severe deterioration or loss in intellectual capacity, as reliably measured by clinical evidence and standardized tests in:

- short or long term memory;
- orientation to people, places or time; and
- deductive or abstract reasoning.

Such deterioration or loss requires Substantial Supervision by another individual for the purpose of protecting you from harming yourself or others. The loss can result from a Disability, Alzheimer’s disease, or similar forms of dementia.

**“Substantial Assistance”** means stand-by or hands-on assistance by another person without which you would not be able to safely and completely perform the ADL.

**“Substantial Supervision”** means the presence of another individual for the purpose of protecting you from harming yourself or others.

## **9. LIMITATIONS AND EXCLUSIONS**

### **Plan Exclusions**

Unum will not make long term care payments to you for:

- a Disability caused by war (whether declared or not) or any act of war,
- a Disability caused by attempted suicide (while sane or insane) or self-destruction,
- a Disability caused by a commission of a crime for which you have been convicted under state or federal law or attempting to commit a crime under state or federal law,
- Disabilities or confinements during which you are outside the United States, its territories or possessions for longer than 30 days,
- a Disability caused by alcoholism or drug addiction,
- a period in which you are confined in a hospital other than if you are confined in a nursing facility that is a distinctly separate part of a hospital (this exclusion does not apply to those periods covered under the Bed Reservation Benefit),
- a Disability caused by a mental, nervous or emotional disorder without demonstrable organic origin, such as neurosis, psychoneurosis, psychopathy or psychosis, or

However, Unum will make payments to you for conditions that are physical in nature, such as Parkinson’s disease, Alzheimer’s disease, multi-infarct dementia, brain injury, brain tumors or other conditions not listed that are involving structural alterations of the brain.

Any benefits payable shall be in excess of and not in duplication of any first party benefits payable under the Pennsylvania Motor Vehicle Financial Responsibility Law.

**THIS PLAN MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.**

**10. RELATIONSHIP OF COST OF CARE AND BENEFITS.** Because the costs of long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted.

- **COST**

The premium rate paid for your coverage over the duration of your initial coverage or for any increases is based on your insurance age.

- **ELECTION TO INCREASE COVERAGE**

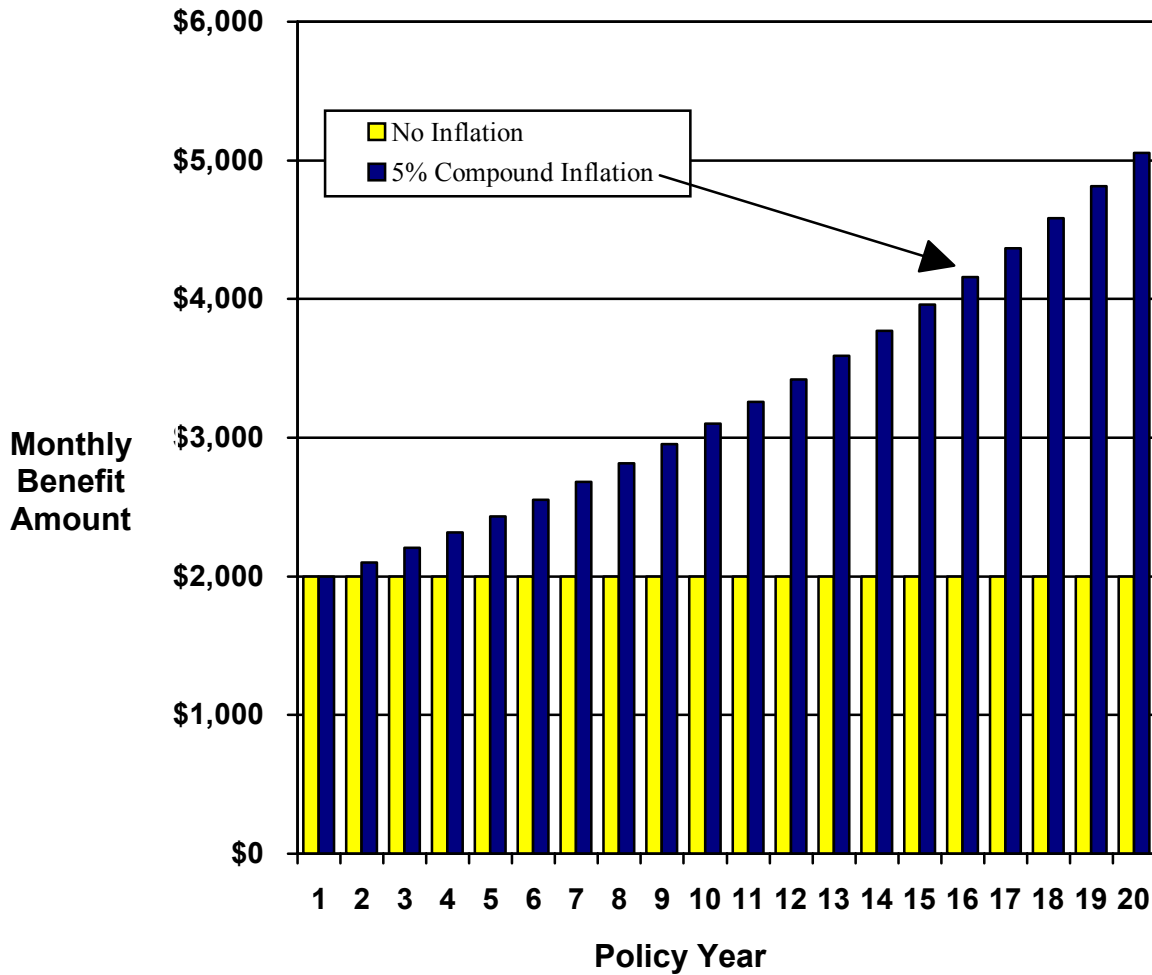
You can apply at any time to increase coverage by filling out a new Benefit Election Form and a Long Term Care/Evidence of Insurability Application.

- **INFLATION INCREASES (5% Uncapped Compound Growth)**

If your plan includes the Inflation Protection Increase Provision, your Monthly Benefit Amount will increase each January 1st by 5%. Increases will be automatic and will occur regardless of your health and whether or not you have suffered a disability. Your premium will not increase due to the automatic increases in your Monthly Benefit Amount.

The following charts show a comparison, over a period of 20 years, of a \$2,000 benefit with and without the Uncapped Compound Growth Inflation option.

### GRAPHIC COMPARISON OF MONTHLY BENEFIT WITH AND WITHOUT INFLATION PROTECTION



NOTE: This example is based on a \$2,000 monthly benefit and is for illustrative purposes only.

	<b>Monthly Benefit Without Compound Growth Inflation Protection</b>	<b>Monthly Benefit With Compound Growth Inflation Protection</b>
<b>Year</b>	<b>Facility &amp; Home Care</b>	<b>Facility &amp; Home Care</b>
1	\$2,000	\$2,000
2	\$2,000	\$2,100
3	\$2,000	\$2,205
4	\$2,000	\$2,315
5	\$2,000	\$2,431
6	\$2,000	\$2,553
7	\$2,000	\$2,680
8	\$2,000	\$2,814
9	\$2,000	\$2,955
10	\$2,000	\$3,103
11	\$2,000	\$3,258
12	\$2,000	\$3,421
13	\$2,000	\$3,592
14	\$2,000	\$3,771
15	\$2,000	\$3,960
16	\$2,000	\$4,158
17	\$2,000	\$4,366
18	\$2,000	\$4,584
19	\$2,000	\$4,813
20	\$2,000	\$5,054

NOTE: This example is based on a \$2,000 monthly benefit and is for illustrative purposes only.

## **11. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS**

The policy provides coverage for Severe Cognitive Impairment. Severe Cognitive Impairment means a severe deterioration or loss in intellectual capacity, as reliably measured by clinical evidence and standardized tests in:

- short or long term memory;
- orientation to people, places or time; and
- deductive or abstract reasoning.

Such deterioration or loss requires Substantial Supervision by another individual for the purpose of protecting you from harming yourself or others. The loss can result from a Disability, Alzheimer's disease, or similar forms of dementia.

## 12. PREMIUM

The initial premium charges will be figured at the premium rates as shown on the attached pages. Unum may change the premium rates when the terms of the policy are changed.

## 13. ADDITIONAL FEATURES

- Medical underwriting may be required
- Eligibility and Participation

You are eligible for the plan if you are:

- an Active and 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
  - Non-Tenured Part-Time Faculty, Part-Time Research Associate, Regular Part-Time Staff working less than 50% effort, Retirees and Post Doctoral Scholars
  - any other Applicant (including Spouse) who is NOT Faculty or Staff
- Your policy has a Contingent Non-forfeiture Benefit. This means that if there is a substantial increase to your premium rate, you may choose to do one of the following:
    - (1) continue to pay the required premium;
    - (2) lower your premium by decreasing your coverage;
    - (3) elect to convert your coverage within 120 days of the premium increase effective date to a paid-up status with the Contingent Non-forfeiture Benefit;  
or
    - (4) terminate your policy within 120 days of the premium increase effective date and be automatically converted to the Contingent Non-forfeiture Benefit.

## 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%
Lifetime Maximum <b>Per \$1,000 Increments</b>	\$36,000	\$72,000	Unlimited
Total Home Care - <b>Option</b> (Includes Professional Home Care)	50%	50%	50%
Inflation Protection** - <b>Option</b>	Compound Uncapped	Compound Uncapped	Compound Uncapped

\* *Since the Home Care Monthly Benefit Amount is 50% of the Facility Monthly Benefit Amount, policy benefits may actually last longer than this duration if you are receiving benefits for Total Home Care."*

\*\* *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 & 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.