

# The Clarksville-Montgomery Employees' Insurance Trust

## GROUP LONG-TERM CARE INSURANCE

### Certificate Program Overview

This group **Care Directions® Premier** tax-qualified product will provide you with security and peace of mind for all levels for long-term care services in a facility or at home:

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

For additional details please also review our Group Outline of Coverage.

*An important new benefit:  
Long-Term Care Insurance*

**CARE DIRECTIONS®** *Premier*

the  
caring  
part of your  
financial  
plan.



In addition to yourself, your family members – Spouse, Children, Parents, Grandparents, Brothers and Sisters – may also be able to apply for benefits. Eligible persons also may include retired employees and their spouses, in-laws, adopted and stepchildren and their

## Benefit Selections

### Daily Benefit Amount

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

Your Care Directions<sup>®</sup> Premier Options are:

◆ \$100

◆ \$130

### Lifetime Benefit Amount

A Lifetime Benefit Amount (“Pool of Money”) is determined by selecting Benefits Days and a Daily Benefit Amount.

*For Example: \$100 / Daily Benefit Amount*

Your Care Directions<sup>®</sup> Premier Lifetime Benefit Amount Options are:

◆ \$73,000

\$100/day x 730 Days (2 Years)

◆ \$109,500

\$100/day x 1095 Days (3 Years)

◆ \$182,500

\$100/day x 1825 Days (5 Years)

### Inflation Protection Options

Inflation Protection protects the value of the coverage you buy today to offset future increases in the costs for long-term care.

Your Care Directions<sup>®</sup> Premier Benefit Options are:

◆ No Inflation

◆ Simple Inflation

(5% annually for 20 years)

◆ Compound Inflation

(5% annually for life)

### Elimination Period

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

Your Care Directions<sup>®</sup> Premier Elimination Period Benefit is:

◆ 90 Days

### Payment Plan

Your Care Directions<sup>®</sup> Premier Payment Plan Option is:

◆ Lifetime

Underwritten and administered by MedAmerica Insurance Company

## **Features – Group Care Directions Premier**

### **Worldwide Coverage**

Coverage is provided anywhere in the world.

### **Level Premiums**

Your premium is based on your age at the time of enrollment.

### **Guaranteed Renewability**

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

### **Waiver of Premiums**

You will no longer be required to make premium payments as of the:

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

### **Caregiver Training**

We will pay a Lifetime Maximum of up to 5 times your Daily Benefit Amount for professional home care training for assistance with Activities of Daily Living (ADLs) and the use and care of supportive equipment or disposable medical aids. The Elimination Period does not apply to this benefit.

### **Family Member Assistance**

We will pay Benefits for covered care that is provided by a non-resident family member, up to 50% of your Daily Benefit Amount with no Elimination Period. The Lifetime Benefit Amount is 30 times the Daily Benefit Amount.

### **Supportive Equipment**

Coverage is provided for expenses to rent, lease or purchase Supportive Equipment with a Lifetime Benefit Amount of \$5,000 and with no Elimination Period.

### **Spousal Discount**

You and your spouse each receive a 10% premium discount when both of you are issued coverage.

### **Benefit Planning**

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

### **Alternative Care**

We may pay for alternative medically acceptable, cost effective Benefits.

### **Bed Reservation**

We will pay Benefits up to 21 days to reserve your Nursing or Assisted Living Facility bed if temporarily hospitalized.

### **Hospice Program**

Coverage is provided for Hospice Program services which may be provided in a Nursing Facility, an Assisted Living Facility or in your home. The Elimination Period does not apply to this Benefit.

**Features – Group Care Directions Premier** (Continued)

**Respite Care**

We will pay Benefits up to 30 days per calendar year for Respite Care services to provide temporary covered long-term care services for you while your regular caregiver in your home takes a brief rest. The Elimination period does not apply to this Benefit.

**Benefit Eligibility**

*To be eligible for Benefits, we must receive periodic proof from a Licensed Health Care Practitioner that You are a person who is Chronically Ill which is defined as meeting the following:*

- ◆ You need substantial assistance with 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.

**Optional Riders**

**Spousal Benefit Transfer Rider**

This Rider allows spouses to share benefits and inherit a deceased spouse's remaining benefits.

**Monthly Home Care Benefit Rider**

This rider provides for a monthly 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 the Daily Benefit Amount for services covered under this rider.

Payment of Benefit for Qualified Long-Term Care services subject to Benefit Eligibility, Terms and Conditions.  
Benefits may vary by state.



Our Customer Service Specialists are available to answer any questions you might have.

**Call 1-800-544-0327**