1. What is long term care insurance?

Long term care insurance is designed to help reimburse charges for the care you may need if you are chronically ill—that is, you need help with some of the everyday activities we often take for granted (like eating, bathing or dressing). It also pays for care, if you need supervision due to a cognitive impairment like Alzheimer’s disease.

People often confuse long term care insurance with long term disability insurance. Such long term disability coverage provides income protection to help you cover daily expenses such as rent, utilities, and food. It is not intended to pay for your care if you have a long term care situation.

Long term care insurance is not medical insurance. It will not cover doctor visits, hospital costs, pharmacy costs or any other cost to treat an injury or illness.

2. What does long term care insurance cover?

Long term care insurance covers care received in a nursing or residential care facility, at home, or in community settings like adult day care centers. The plan also has features that may help you stay in your own home, such as benefits that help reimburse the costs for informal care, home modifications, caregiver training and in home monitoring systems, as well as a respite care benefit.

3. Who should consider long term care insurance?

Regardless of age, anyone could suddenly be in a situation where long term care services are needed. A broken bone, a chronic disease, or a cognitive impairment such as Alzheimer’s disease could mean months or even years of on-going care. Long term care insurance is specifically designed to help pay for this kind of care.

4. Is long term care insurance affordable?

The cost of long term care insurance varies depending on your age and the options you choose. Many people find the group premiums more affordable than expected.

5. Should I wait until I am older to buy it?

Long term care insurance premiums are based on your age when you apply; so typically, the younger you are the lower your premiums will be. A second reason not to wait is that an accident or illness requiring long term care services could happen at any time. If this happens, it may not be possible to meet the underwriting requirements for coverage in the future.

6. Who is eligible to apply for coverage?

The CSU Group Long Term Care Insurance Program is available to actively at work full time employees, their spouses, domestic partners, civil union partners and other family members. Specifically, you are eligible for this program if you are:

An actively at work employee working full time at least 20 hours per week
Family members of an eligible employee who are between ages 18 and 75, including:

- Spouses, Domestic Partners, and Civil Union Partners
- Adult Children
- Siblings
- Parents, Parents-in-law, Step Parents, Step Parents-in-law
- Grandparents, Grandparents-in-law, Step Grandparents and Step Grandparents-in-law

All applicants must maintain a permanent US residence and have a valid Social Security number or Tax Identification number.

7. When may I enroll in Long Term Care Insurance?

Newly hired eligible full time employees under age 66 have 75 days to enroll in the plan from their date of hire with limited medical underwriting. Those employees between the ages of 66 and 69 can apply with streamlined medical underwriting. Those over age 69 must satisfy full medical underwriting requirements.

Spouses, domestic partners, or civil union partners of a newly hired eligible full time employee, if they are under age 66, also have 31 days to apply with streamlined medical underwriting. Spouses between ages 66 and 75 must satisfy full underwriting requirements.

All other eligible individuals, (parents, parents-in-law, grandparents, grandparents-in-law, siblings, and adult children) can apply any time, with full underwriting.

8. Can I apply for coverage any time after the initial enrollment period and if so, will I have to go through underwriting?

Yes, after the initial enrollment period, an eligible employee or a spouse, domestic partner, or civil union partner can apply at any time for coverage and will be required to go through full medical underwriting and complete a long form application. Other family members can also apply at any time by completing a long form application and undergoing medical underwriting.

9. What happens to my coverage if I leave CSU?

Your coverage is fully portable which means that it continues according to its terms as long as you pay your premium on time.

10. Do I have to apply in order for my spouse, domestic partner, civil union partners, parents, or other family members to get coverage?

No, eligible family members can apply for coverage whether or not the eligible employee applies.

11. How do I learn more about the Program?

a) Visit the Genworth Life Insurance Company website. Go to:
   - www.genworth.com/grouplte > Enter the Group Name: CSU > Enter the Access Code: groupLtc
   Note: Online you may download an application or apply or request an information kit

b) Call 800-416-3624 toll free, to speak to a Genworth program expert, or order a printed information kit that contains full details of the Program including important disclosures as well as applications you can fill out, sign and mail.
12. Can premiums go up in the future? If so, under what circumstances?

No insurance company can guarantee that premiums will *never* increase. Genworth Life Insurance Company has priced this coverage conservatively to help avoid future rate increases; however, it does retain the right to raise premiums in the future. Such an increase would have to be reviewed and approved by the Colorado Insurance Department, and it would have to be for an entire class of individuals, not for you as an individual. You cannot be singled out for a rate increase and your premiums will never be increased based on your age, claim, or health status.

13. Who is the insurance carrier offering this LTC coverage?

Genworth Life Insurance Company is a leader in the long term care insurance industry, with over 38 years of experience with this type of coverage.

Genworth Life’s experience includes:

- Being a leading provider of Long Term Care insurance with over a million policyholders
- A proven claim servicing capability, including paying out more than $9.1 billion in claims to over 180,000 claimants
- A conservative approach to pricing and reserving for claims
- A multi-year alliance with the Alzheimer’s Association
- The annual cost of care survey, which tracks the costs of long term care throughout the nation
- The Genworth Financial Annual Long Term Care Symposium, which brings together elected officials, researchers, caregivers, media observers, and business leaders to discuss the costs and challenges of long term care

14. If age 75 is the oldest age for a family member to apply for this Program, does that mean the program ends when I (or they) reach age 76?

No. This program will continue as long as you continue to pay your premiums, or when your policy lifetime maximum (Total Coverage Amount) is exhausted.

15. Will my Group Long Term Care Insurance plan pay for care provided by family members, friends, neighbors, etc.? If so, how much will it pay for?

When you become eligible to receive benefits, your plan will pay a limited amount each year for care provided by “informal caregivers” such as family members (who do not live with the insured), friends, neighbors, etc. via the Informal Care Benefit only. The Informal Care benefit will pay each year for informal care provided in accordance with your plan of care.

So for example, if you selected a $3,000 monthly benefit, the annual Informal Care benefit would be:

- $1\% \times \$3,000 = \$30
- $30 \times 30 \text{ days} = \$900 \text{ per year}

The benefit available to help pay for this type of care will be up to $900 per year.
16. **What is the procedure when an insured does not pay premiums on time?**

When an insured does not remit premium when due, the following process will be followed:

An initial period of 31 days will be granted for each premium that is unpaid on the date due. If premium has not been paid by the end of that 31-day period, Genworth Life will send a notice to the insured person explaining that a payment has been missed and that coverage is in danger of lapsing. The notice will provide an additional 35 days to pay the unpaid premium beginning on the date the notice is mailed.

If premiums are paid to Genworth Life directly and the insured person has designated an individual to be notified in case of lapse, Genworth Life will also send notice to the designee at the address provided.

Payment will allow coverage to continue in force without interruption. Failure to pay any unpaid premium by the end of the Grace Period will result in the termination of coverage as of the date the premium was initially due.

17. **What is the requirement for coverage to go into effect?**

An eligible employee must be actively at work for at least 30 days before coverage can go into effect. If an eligible new hire applies before completing at least 30 days of employment, the coverage will not become effective until after the 30 day requirement is met.

18. **How long do I need to pay my premiums?**

You will continue to pay your premiums as long as you want to keep your insurance in-force. Premium payments will stop if you lapse coverage or exhaust the benefits or “pool of money” available under the plan.

19. **Once I am receiving benefits under the plan, do I continue to pay premiums?**

No. Premium payments will be waived while you are receiving benefits under the Nursing Facility or Assisted Living Facility Benefit, Bed Reservation Benefit, Home and Community Care Benefit or Hospice Care Benefit.

20. **When will this Program pay benefits?**

Benefits become payable under this program when:

- You need help with at least two “activities of daily living” and will likely need it for at least 90 days, **OR**
- You are diagnosed with a cognitive impairment that requires supervision, **AND**
- A medically licensed healthcare professional certifies that your condition qualifies you:

The Activities of Daily Living are eating, dressing, continence, transferring, bathing, and toileting. In addition, the elimination period (also known as a “waiting period”) must be satisfied, and you must be receiving covered services under a plan of care.

21. **What is an “elimination or waiting period” and how does it work for this program?**

Once you qualify for benefits, a “waiting period” of 90 calendar days starts on the first day you receive care and continues for 90 calendar days while you remain chronically ill. You are not required to receive services during these 90 days. Once the elimination period is satisfied, benefits for covered services become payable.
22. Can I cancel my coverage at any time?

Yes, you can cancel your coverage at any time by notifying Genworth in writing.

23. How is a claim filed?

When you receive your certificate of coverage, you will receive a toll free number to contact Genworth Life claim services. Should the need for a claim arise, you or your representative should call that number. After speaking with an intake analyst, you will be contacted by a member of the Care Coordination team. The Genworth Care Coordination team can help in developing your plan of care, providing information on available long term care resources in your area, and may set up a face-to-face meeting and conduct a needs assessment.

24. How does the Group LTCI Program “Coordination of Benefits” work with other programs?

As a federally tax-qualified plan, benefits that an insured receives as reimbursement for Long Term Care expenses will not be taxed as income. If you apply for and are issued coverage from Genworth Life and have other coverages for Long Term Care services, whether health or Long Term Care insurance, Genworth Life will coordinate benefits with your other coverages. Genworth Life will consider Long Term Care coverage to be group or individual that provides nursing facility, residential care facility or home health care benefits. This applies whether those benefits are payable on an expense reimbursement, indemnity, cash payment or other basis.

Who pays first? Any of your Long Term Care Coverages that does not have a coordination of coverage provision will pay first without any reduction in its benefits. For this and all other Long Term Care Coverage, the coverage with the earliest effective date will be deemed to be first to pay, and the later coverage(s) secondary, in order of effective date, from the earliest to the latest.

25. What coverage choices do I have under this plan?

a) Visit the Genworth Life Insurance Company website. Go to:
   - www.genworth.com/groupltc
   - Enter the Group Name: CSU
   - Enter the Access Code: groupltc
   Note: Online you may download an application or apply or request an information kit

   The website has interactive tools to provide you with more information about Long Term Care Insurance, and to help you understand the coverage options that are available, OR;

b) Call 800-416-3624 toll free, to speak to a Genworth program expert, or order a printed information kit that contains full details of the Program including important disclosures as well as applications you can fill out, sign and mail.