

































**ATTACHMENT A  
Long Term Care Benefits/Provisions/Exclusions**

<b>Tennessee Sponsored Voluntary Group Long Term Care Insurance Plan (LTCIP)</b>	
<b>Benefit/Provision</b>	<b>Description</b>
<b>Plan Policy Requirements</b>	The LTCIP must be based on a group plan platform issued to the State of Tennessee. The provisions of LTCIP are intended to be consistent with the policies providing Qualified Long Term Care Insurance as defined by the Internal Revenue Code Section 770B(b).
<b>Plan Payment Model</b>	Reimbursement of incurred expenses for qualified long term care services with payment not to exceed the associated Daily Benefit Amount (DBA). If the DBA exceeds actual incurred expenses, the balance shall be pooled for future use by the Insured.
<b>Eligibility Criteria</b>	
<b>1. Eligibility Status</b>	<p><b>STATE</b></p> <ul style="list-style-type: none"> <li>• <i>Employee</i> – An individual who: 1) is regularly scheduled to work not less than thirty (30) hours per week; or 2) is a seasonal or part-time employee with 24 months of service, and is certified by an appointing authority to work at least 1,450 hours per fiscal year.</li> <li>• <i>Retiree</i> – An individual who: 1) has left active employment; and 2) receives a benefit from the Tennessee Consolidated Retirement System (TCRS), or is a member of one of the Higher Education Optional Retirement Plan(s) (ORP).</li> </ul> <p><b>LOCAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>• <i>Employee</i> - 1) A teacher as defined in Tennessee Code Annotated, Section 8-34-101-(46) 2) An interim teacher whose salary is based on the local school system's schedule 3) Employees not defined above who are regularly scheduled to work at least 30 hours per week in a non-seasonal, non-temporary position 4) A non-certified employee who has completed 24 months of employment with a local education agency that participates in the plan and works a minimum of 25 hours per week [a resolution passed by the school system's governing body authorizing the expanded 25 hour rule for the local education agency must be sent to Benefits Administration before enrollment] 5) School board members 6) All other individuals cited in state statute or approved as an exception by the Local Education Insurance Committee</li> <li>• <i>Retiree</i> – 1) An individual who: a) has retired from the employer; and b) receives a benefit from the Tennessee Consolidated Retirement System (TCRS) or participated in an optional retirement plan; or 2) a school board member who a) has retired from the school board, and b) has at least 20 years of service as a member of the same school board from which he retired.</li> </ul> <p><b>LOCAL GOVERNMENT</b></p> <ul style="list-style-type: none"> <li>• <i>Employee</i> - An individual who: 1) is scheduled to work at least 30 hours per week in a non-seasonal, non-temporary position 2) Any member of the chief legislative body of the county or municipal government (defined as only those elected officials who have the authority to pass local legislation) 3) Utility board members appointed or elected pursuant to TCA 7-82-307, but only during their term of service 4) County officials as defined in TCA 8-34-101(9) (A) and (B), regardless of whether the agency participates in the plan, pursuant to TCA 8-27-207(i) 5) All other individuals cited in state statute or approved as an exception by the Local Government Insurance Committee</li> <li>• <i>Retiree</i> – 1) An individual who: a) has retired from the employer; and b) receives a benefit from the Tennessee Consolidated Retirement System (TCRS) or participated in an optional retirement plan; or 2) a utility board member who a) has retired from the utility board, and b) has at least 20 years of service as a member of the same utility district from which he retired.</li> </ul> <p><b>STATE, LOCAL EDUCATION, LOCAL GOVERNMENT</b></p> <ul style="list-style-type: none"> <li>• <i>Dependent</i> – An individual who is: 1) a legally married (as defined by the State of Tennessee Constitution) spouse of an employee or retiree of a State of Tennessee agency, Local Education participating agency, or Local Government participating agency; or 2) an individual who is a natural or adopted child of an eligible employee or retiree; a stepchild of an eligible employee or retiree; or a child for whom an eligible employee or retiree is the legal guardian; or 3) the survivor of an eligible employee or retiree.</li> <li>• Parents of eligible active employees and retirees</li> <li>• Parents-in-law of eligible active employees and retirees.</li> </ul>
<b>2. Age Minimum/Maximum</b>	The minimum age for enrollment in the LTCIP for any individual is 18 years of age. The maximum age for dependent child enrollment is 26 years. There is no age maximum for continued participation.
<b>3. Participation Requirements</b>	None. Employee, Retiree, or Dependent Survivor participation is not required for participation of eligible Dependents.
<b>Underwriting Criteria</b>	
<b>Guaranteed Issuance</b>	Employees who apply for coverage during the initial offering period and new Employees who apply for coverage within 90 days of their hire date. The Employee must meet the LTCIP's "Positive Pay Status



<b>Fully Underwritten</b>	<p><b>Requirement</b>". To meet the LTCIP's Actively at Work Requirement the Employee must, on the day coverage is to begin, be at the employer's place of business or at a location to which the employer's business requires the Employee to travel and be able to fully perform the duties of the position for that Employee's normal workday. It includes any day on which the Employee is on vacation or on authorized leave provided such absence is not due to illness or injury or Leave Without Pay. Employees on disability will be eligible to enroll for this coverage when returning to active employment status. <b>An Eligible Employee shall mean any person who meets the eligibility requirements for participation in the State Health Insurance Plan.</b></p> <ol style="list-style-type: none"><li>1) Any Employee who does not meet the LTCIP's Actively at Work Requirement;</li><li>2) Employees who choose to apply for coverage after the initial offering and new Employees who choose to apply for coverage more than 90 days after their hire date;</li><li>3) An Employee's eligible Dependent(s); and</li><li>4) Retirees, spouses and Dependent(s).</li><li>5) Parents and Parents-in-law.</li></ol>
<b>Daily Benefit Amounts/Lifetime Maximum Amounts</b>	<p>There shall be three (3) Nursing Home Care and Assisted Living DBAs offered - \$100/day, \$150/day or \$200/day. The Applicant may choose coverage periods of 3 years or 5 years.</p> <p>The DBA for Adult Care, Home Health Care, Homemaker, and Hospice Care and Respite Care (limited to 21 days per year) benefits shall be set at 60% of the selected Nursing Home DBA option.</p>

# LTC-TN

## State of Tennessee

Employee and Retiree Long-Term Care Insurance Program

### LONG-TERM CARE INSURANCE:

#### The Caring Part of Your Financial Plan

Group CareDirections® Premier is a tax-qualified long-term care insurance policy designed to help provide you with security and peace of mind that you will have help paying for long-term care services should the need arise. This policy provides benefits for all levels of long-term care services in a facility or at home.

Covered care settings include:

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



## GROUP LONG-TERM CARE INSURANCE

Certificate Program Overview

### Enrollment Eligibility:

In addition to yourself, your family members may also be able to apply for benefits through this program. Eligible family members include:

- Spouse
- Parents (including in-laws)
- Dependent Children (including adopted & step) through age 26
- Dependent Survivor

GRP11-363-MA-TN-811

For use with policy form TGR11-342-MA-TN-601.

**MEDAmerica**  
INSURANCE COMPANY  
An Excellus Company Home Office: Pittsburgh, PA

# Benefit Selections

## Daily Benefit Amount

This is the maximum benefit amount the policy will pay per day for covered services. Actual charges for nursing facility, assisted living facility, bed reservation and respite care are paid at 100% of your daily benefit amount. Home care, adult day care, and hospice program benefits are paid at 60% of your daily benefit amount. Options include:

- \$100/\$60
- \$150/\$90
- \$200/\$120

## Benefit Period

This is the number of days for which daily benefits are payable. Choose from 1,095 Days (3 years) or 1,825 Days (5 years).

## Lifetime Benefit Amount

The lifetime benefit amount, also called a “pool of money,” is the total amount of money available for benefits. It is determined by multiplying the daily benefit amount by the benefit period.

### Lifetime Benefit Amount Calculation Example:

<b>Benefit Period</b>	1,095 Days (3 years)	1,825 Days (5 years)
<b>x Daily Benefit</b>	\$100/Day	\$100/Day
<b>= Lifetime Benefit Amount</b>	<b>\$109,500</b>	<b>\$182,500</b>

## Inflation Protection

Inflation protection protects the value of the coverage you buy today to offset future increases in the costs for long-term care. Your CareDirections® Premier inflation protection options are:

- Compound Inflation 5% Annually
- No Inflation

## Lifetime 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. It begins on the 1st day you are certified as meeting benefit eligibility. Your CareDirections® Premier lifetime elimination period is 90 calendar days.

## Premium Payment

Your CareDirections® Premier payment plan is lifetime. Premiums will be waived during any period you are receiving benefits.

### LTC-TN qualifies for the Tennessee Long-Term Care Partnership plan.\*

This means that every dollar the policy pays in benefits equals a dollar of assets that will be protected if you ever need to apply for the Medicaid long-term care benefit. Without a partnership-certified policy, Medicaid (TennCare in Tennessee) will pay benefits only after you have spent down most of your assets to financially qualify. Keep in mind, every dollar not paid by Medicaid (TennCare in Tennessee) is a dollar that can stay in the state budget for education, public works and to fund jobs for public employees.

\* You must select the 5% compound inflation rider in order for your policy to be partnership-certified.

# CARE DIRECTIONS<sup>®</sup> Premier

# Features

## Features — LTC-TN CareDirections<sup>®</sup> Premier

*Premier Protection — security and peace of mind for all levels of long-term care services.*

### Portability

Coverage anywhere in the United States and its possessions.

### Level Premiums

Your premium is based on your age at the time of enrollment and cannot be increased in the future based on age or health. Your premium could possibly increase if the premium is increased for everyone enrolled in the group.

### Guaranteed Renewability

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

### Premium Waiver

Your premium payments will be waived on a monthly basis, starting on the 1st day you are certified as meeting benefit eligibility, have satisfied the lifetime elimination period and have been approved for benefits. The premium waiver ends when you are no longer benefit eligible for a period of 90 calendar days.

### Spousal Discount

10% premium reduction for each spouse when both spouses 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.

### Alternate Care

We may pay for alternate qualified long-term care services that are medically acceptable, cost effective, and agreed to by you and us.

### Bed Reservation

We will pay benefits up to 21 days per calendar year to reserve a nursing facility, assisted living facility or hospice facility bed if you are temporarily hospitalized.

### Hospice Program

Coverage is provided for hospice program services if you are terminally ill. These services may be provided in a nursing facility, assisted living facility or in your home. The elimination period does not apply to this benefit.

### Respite Care

We will pay benefits up to 21 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.

### Tax Qualification

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

For additional details, please review the *LTC-TN Group Outline of Coverage* included in your enrollment booklet.



## Benefit Eligibility

To be eligible for benefits, we must receive periodic proof from a licensed health care practitioner that:

- You need substantial assistance with at least two of the six 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 your health and safety due to severe cognitive impairment.

Payment of benefits for qualified long-term care services are subject to benefit eligibility, terms and conditions.

Our customer service specialists are available to answer any questions you might have.

## GROUP LONG-TERM CARE INSURANCE

Certificate Program Overview





# TENNESSEE Long Term Care PARTNERSHIP PROGRAM

*Encouraging You to Plan  
for Your LTC Needs*



## Tennessee Long Term Care Partnership Program

The Long Term Care Partnership (LTCP) Program is a joint effort between the federal Medicaid Program and Long Term Care (LTC) insurers. The Long Term Care Partnership was developed to encourage people to plan for their future LTC needs, such as residing in a nursing facility or assisted living facility, or receiving LTC services in a home or community-based setting.

TennCare is Tennessee's name for the federal Medicaid program. In order to participate in TennCare's LTCP program, a person must have purchased and received the benefits of a qualified Partnership policy.

A person who requests TennCare payment of LTC services after exhausting some or all benefits of a qualified LTCP policy may have certain assets "disregarded" equal to the benefits paid by the qualified LTCP policy at the time the person is determined eligible for TennCare. These assets are not counted when the person's TennCare eligibility is determined and will not be recovered during estate recovery when the person dies. *This means that with the Partnership's dollar-for-dollar asset protection, Tennesseans can protect personal assets if there is a need to apply for TennCare.*

## How the LTCP Program and TennCare Work Together

- 1) A LTCP participant in Tennessee is someone who either:
  - Requests TennCare payment of LTC services after exhausting all benefits of a qualified LTCP policy, OR
  - Exhausts all benefits of a LTCP policy while receiving TennCare payment of LTC services, OR
  - Receives TennCare payment of LTC services and dies before the LTCP policy benefits are exhausted.
- 2) When determining TennCare eligibility, the Department of Human Services (DHS) shall disregard an individual's assets in an amount equal to the amount of payments made by the individual's qualifying LTC policy for services covered under the policy.

It is the responsibility of the LTCP policyholder to inform the DHS eligibility worker that he or she has a Partnership policy. A TennCare applicant will also be required to submit written proof of benefits paid from his or her LTCP policy.

- 3) A LTCP participant receives the following benefits during his or her lifetime:
  - Assets may be designated for disregard in an amount equal to the benefits paid out by the qualified LTCP policy as of the date of application for Medicaid eligibility.
  - Designated assets are not counted toward the TennCare asset limit for eligibility purposes.
  - The designated assets may be transferred to any other person without penalty.
  - Additional benefits paid by the qualified LTCP policy after application for Medicaid eligibility shall not be disregarded in future review and/or determination of Medicaid eligibility.
- 4) After the LTCP participant is deceased:
  - Assets which were disregarded for purposes of Medicaid eligibility determination during the person's lifetime are also protected from estate recovery.
  - When the amount of assets disregarded during the person's lifetime was less than total benefits paid by the LTCP policy, additional assets may be protected in the estate recovery process up to the amount of payments made by the individual's qualifying LTC policy for services covered under the policy
  - If no assets were disregarded during the person's lifetime, the personal representative may designate assets to protect from estate recovery up to the lesser of the two options specified above - even if LTCP policy benefits were not completely exhausted.

- 5) When should an individual apply for TennCare?
- If the LTCP policyholder exhausts the benefits of his or her LTCP policy.
  - When the Partnership policyholder/spouse/family/friend feels that the policyholder can no longer afford to pay for the cost of care.
- 6) Does a LTCP policy guarantee access to TennCare?  
NO! Owning a LTCP policy does NOT guarantee access to TennCare – even if the policyholder exhausts his or her benefits. Individuals still must meet all other TennCare eligibility requirements in order to be eligible.

**REMEMBER: Only DHS can determine whether a person will qualify for TennCare.**

## General Criteria for TennCare LTC Eligibility

To be eligible for TennCare, a person must qualify in one of the eligibility groups that are covered under the TennCare Medicaid program and meet specific requirements relating to residency, citizenship, income and resources. To be eligible for TennCare payment of LTC services, a person must meet all of the following criteria:

- a) Have a Pre-Admission Evaluation (PAE) that determines a need for a level of care provided in one of these settings:
  - 1) Nursing facility
  - 2) Intermediate Care Facility for people with Mental Retardation (ICF-MR)

A person who meets the level of care and eligibility requirements for care in a nursing facility or ICF-MR may then be able to choose to receive LTC services in an alternative home- and community-based setting, such as an HCBS Waiver program.

- b) Reside in a TennCare-certified Long Term Care facility or receive TennCare home-and community-based LTC services under a federally approved waiver program.
- c) Meet income and resource guidelines.
- d) Disclose an interest in an annuity for self and spouse, if married. The state must be named as remainder beneficiary of annuities owned by the person or spouse.
- e) Not be in a penalty period for an uncompensated transfer of income or assets. During a penalty period, TennCare will not pay the cost of LTC services.
- f) Have home equity of \$500,000 or less unless a spouse, child under the age of 21, or blind or disabled child is lawfully residing in the home.

## How to Apply for TennCare

In Tennessee, the Department of Human Services (DHS) accepts applications for TennCare through the county DHS offices. To locate local DHS offices, call DHS's Family Assistance Service Center at 1-866-311-4287 or visit the DHS website at [http://www.tennessee.gov/humanserv/st\\_map.htm](http://www.tennessee.gov/humanserv/st_map.htm).

Those interested in applying do not need an appointment at the county office to receive an application. One can be picked up at their county DHS office or they can have one mailed to them or they can apply online. To request an application, call the county office or the Family Assistance Service Center. Individuals can also apply online by visiting TennCare's website: <http://tennessee.gov/tenncare/mem-apply.html>.

If the person does not apply online, the application must be returned to the county DHS office for processing, by mail, fax or personal delivery. DHS recommends scheduling an intake appointment with a county DHS worker once the individual has completed the application. A face-to-face interview is not required but applicants should be sure to mention that they are in need of LTC services.

### Disclaimers

- *This document is solely intended to provide a general overview of how the Long Term Care Partnership Program works in Tennessee. It is **not** an endorsement of a particular long term care insurer or long term care insurance policy.*
- *Information in this document is up-to-date as of February 10, 2009.*

## APPENDIX K

### LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM NOTICE

#### IMPORTANT CONSUMER INFORMATION REGARDING THE TENNESSEE LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM

Some long-term care insurance policies sold in Tennessee may qualify for the Tennessee Long-Term Care Insurance Partnership Program (the Partnership Program). The Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning their long-term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may protect the policyholder's assets through a feature known as "Asset Disregard" under TennCare, Tennessee's Medicaid program.

**Asset Disregard** means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply and special rules may apply to persons whose home equity exceeds \$500,000. Asset Disregard is not available under a long-term care insurance policy that is not a Partnership Policy. Therefore, you should consider if Asset Disregard is important to you, and whether a Partnership Policy meets your needs. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

**What are the Requirements for a Partnership Policy?** In order for a policy to qualify as a Partnership Policy, it must, among other requirements:

- be issued to an individual on or after February 8, 2006;
- cover an individual who was a Tennessee resident when coverage first becomes effective under the policy;
- be a tax-qualified policy under § 7702(B)(b) of the Internal Revenue Code of 1986;
- meet stringent consumer protection standards; and
- meet the following inflation requirements:
  - For ages 60 or younger - provides compound **annual** inflation protection
  - For ages 61 to 75 - provides some level of inflation protection
  - For ages 76 and older - no purchase of inflation protection is required

If you apply and are approved for long-term care insurance coverage, MedAmerica Insurance Company will provide you with written documentation as to whether or not your policy qualifies as a Partnership Policy.

**What Could Disqualify a Policy as a Partnership Policy.** Certain types of changes to a Partnership Policy could affect whether or not such policy continues to be a Partnership Policy. If you purchase a Partnership Policy and later decide to make *any* changes, you should first consult with MedAmerica Insurance Company to determine the effect of a proposed change. In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that state. The information contained in this disclosure is based on current Tennessee and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Tennessee's Medicaid program.

**Additional Information.** If you have questions regarding long-term care insurance policies please contact MedAmerica Insurance Company. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Bureau of TennCare.

## **FREQUENTLY ASKED QUESTIONS ABOUT ESTATE RECOVERY**

### **➤ WHAT IS TENNCARE (MEDICAID) ESTATE RECOVERY?**

The state of Tennessee is required by federal and state law\* to recover for any funds expended by TennCare (Medicaid), up to the total amount paid by TennCare (Medicaid), on behalf of individuals age 55 and older.

### **➤ WHOSE ESTATE IS SUBJECT TO TENNCARE (MEDICAID) RECOVERY?**

Any person age 55 and older for whom TennCare has paid for nursing facility services or care received from Home and Community Based Services. If the estate is not being probated, you do not have to provide the probate court information but you must obtain a release of TennCare's claim prior to disbursement of funds and/or assets.

### **➤ HOW DO I FIND OUT IF THE ESTATE OWES MONEY TO TENNCARE (MEDICAID)?**

The Bureau of TennCare requires that you complete a Request for Release Form and provide all requested documentation. If it is determined that no money is owed to the Bureau of TennCare, or that the estate of the deceased TennCare (Medicaid) enrollee is not subject to estate recovery, a release will be provided. However, if it is determined that the estate is subject to estate recovery, a TennCare (Medicaid) claim will be filed against the estate of the deceased TennCare (Medicaid) enrollee to inform the estate representative/attorney of the amount owed to TennCare (Medicaid) for nursing home facility services and/or Home and Community Based Services. The TennCare (Medicaid) claim must then be satisfied to obtain a release.

### **➤ WHAT ARE THE EXEMPTIONS FROM ESTATE RECOVERY?**

If there is a surviving spouse, TennCare will not recover from the estate until the time of the surviving spouse's death if:

1. The surviving spouse requests an exemption; and
2. The surviving spouse provides documentation of proof of marriage.

If there is a minor child under the age of 18, TennCare will not recover from the estate until the minor child reaches the age of 18 if:

1. The child or the child's representative requests an exemption to recovery; and
2. The child or the child's representative provides a copy of the child's birth certificate as proof of relationship.

If there is a disabled child who became disabled prior to the age of 18, TennCare will not recover from the estate until the death of the disabled child if:

1. The disabled child or the disabled child's representative requests an exemption; and
2. The disabled child or the disabled child's representative provides a copy of the social security disability determination proving disability and onset prior to the age of 18; and
3. The disabled child or the disabled child's representative provides a copy of a birth certificate proving relationship.

### **➤ WHERE DO I OBTAIN MORE INFORMATION?**

Contact: Bureau of TennCare  
Estate Recovery Unit  
310 Great Circle Road  
Nashville, TN 37243  
Telephone: 1-866-389-8444  
Fax: (615) 532-7509

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“REQUEST FOR RELEASE” forms may be received upon written request by mail or fax or a copy may be obtained from your local Probate Clerk or from the following internet site:

<http://tennessee.gov/tenncare/members/estaterecovery1.htm>

\*Estate recovery was enacted by 42 U.S.C. § 1396p, effective October, 1 1993, by T.C.A. § 71-5-116 in 1968, and by the “Old Age Assistance Act” in 1937.

# Some Facts About Social Security

## About Social Security and Medicare...

Social Security pays retirement, disability, family and survivors benefits. Medicare, a separate program run by the Centers for Medicare & Medicaid Services, helps pay for inpatient hospital care, nursing care, doctors' fees, drugs, and other medical services and supplies to people age 65 and older, as well as to people who have been receiving Social Security disability benefits for two years or more. **Medicare does not pay for long-term care, so you may want to consider options for private insurance.** Your Social Security covered earnings qualify you for both programs. For more information about Medicare, visit [www.medicare.gov](http://www.medicare.gov) or call **1-800-633-4227** (TTY **1-877-486-2048** if you are deaf or hard of hearing).

**Retirement** — If you were born before 1938, your full retirement age is 65. Because of a 1983 change in the law, the full retirement age will increase gradually to 67 for people born in 1960 and later.

Some people retire before their full retirement age. You can retire as early as 62 and take benefits at a reduced rate. If you work after your full retirement age, you can receive higher benefits because of additional earnings and credits for delayed retirement.

**Disability** — If you become disabled before full retirement age, you can receive disability benefits after six months if you have:

- enough credits from earnings (depending on your age, you must have earned six to 20 of your credits in the three to 10 years before you became disabled); and
- a physical or mental impairment that's expected to prevent you from doing "substantial" work for a year or more *or* result in death.

If you are filing for disability benefits, please let us know if you are on active military duty or are a recently discharged veteran, so that we can handle your claim more quickly.

**Family** — If you're eligible for disability or retirement benefits, your current or divorced spouse, minor children or adult children disabled before age 22 also may receive benefits. Each may qualify for up to about 50 percent of your benefit amount.

**Survivors** — When you die, certain members of your family may be eligible for benefits:

- your spouse age 60 or older (50 or older if disabled, or any age if caring for your children younger than age 16); and
- your children if unmarried and younger than age 18, still in school and younger than 19 years old, or adult children disabled before age 22.

If you are divorced, your ex-spouse could be eligible for a widow's or widower's benefit on your record when you die.

**Extra Help with Medicare** — If you know someone who is on Medicare and has limited income and resources, extra help is available for prescription drug costs. The extra help can help pay the monthly premiums, annual deductibles and prescription co-payments. To learn more or to apply, visit [www.socialsecurity.gov](http://www.socialsecurity.gov) or call **1-800-772-1213** (TTY **1-800-325-0778**).

## Receive benefits and still work...

You can work and still get retirement or survivors benefits. If you're younger than your full retirement age, there are limits on how much you can earn without affecting your benefit amount. When you apply for benefits, we'll tell you what the limits are and whether work would affect your monthly benefits. When you reach full retirement age, the earnings limits no longer apply.

## Before you decide to retire...

Carefully consider the advantages and disadvantages of early retirement. If you choose to receive benefits before you reach full retirement age, your monthly benefits will be permanently reduced.

To help you decide the best time to retire, we offer a free booklet, *Social Security — Retirement Benefits* (Publication No. 05-10035), that provides specific information about retirement. You can calculate future retirement benefits on our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) by using the *Social Security Benefit Calculators*.

Other helpful free publications include:

- *Understanding The Benefits* (No. 05-10024)
- *Your Retirement Benefit: How It Is Figured* (No. 05-10070)
- *Windfall Elimination Provision* (No. 05-10045)
- *Government Pension Offset* (No. 05-10007)
- *Identity Theft And Your Social Security Number* (No. 05-10064)

We also have other leaflets and fact sheets with information about specific topics such as military service, self-employment or foreign employment. You can request Social Security publications at our website, [www.socialsecurity.gov](http://www.socialsecurity.gov), or by calling us at **1-800-772-1213**. Our website has a list of frequently asked questions that may answer questions you have. We have easy-to-use online applications for benefits that can save you a telephone call or a trip to a field office.

You may also qualify for government benefits outside of Social Security. For more information on these benefits, visit [www.govbenefits.gov](http://www.govbenefits.gov).

**If you need more information**—Visit [www.socialsecurity.gov/mystatement](http://www.socialsecurity.gov/mystatement) on the Internet, contact any Social Security office, call **1-800-772-1213** or write to Social Security Administration, Office of Earnings Operations, P.O. Box 33026, Baltimore, MD 21290-3026. If you're deaf or hard of hearing, call TTY **1-800-325-0778**. If you have questions about your personal information, you must provide your complete Social Security number. If your address is incorrect on this *Statement*, ask the Internal Revenue Service to send you a Form 8822. We don't keep your address if you're not receiving Social Security benefits.

**Para solicitar una Declaración en español, llame al 1-800-772-1213**

**Daily Benefit Amount: \$100**

For Nursing Facility, Assisted Living Facility, Bed Reservation, and Respite Care  
\$60 For Home Care, Adult Day Care, and Hospice

**Monthly Group Rates - 90 Day Elimination Period**

Benefit Period	3 Years		5 Years	
Inflation	None	Compound	None	Compound
Issue Age				
18	\$3.07	\$23.43	\$4.07	\$33.03
19	\$3.19	\$24.14	\$4.21	\$34.03
20	\$3.30	\$24.91	\$4.38	\$35.10
21	\$3.45	\$25.74	\$4.56	\$36.26
22	\$3.60	\$26.61	\$4.77	\$37.48
23	\$3.77	\$27.53	\$5.01	\$38.78
24	\$3.95	\$28.51	\$5.27	\$40.16
25	\$4.16	\$29.55	\$5.55	\$41.61
26	\$4.38	\$30.63	\$5.86	\$43.13
27	\$4.64	\$31.77	\$6.20	\$44.75
28	\$4.91	\$32.98	\$6.58	\$46.44
29	\$5.21	\$34.23	\$6.99	\$48.20
30	\$5.54	\$35.56	\$7.44	\$50.06
31	\$5.89	\$36.93	\$7.93	\$52.01
32	\$6.28	\$38.38	\$8.46	\$54.04
33	\$6.70	\$39.88	\$9.05	\$56.17
34	\$7.16	\$41.47	\$9.69	\$58.41
35	\$7.67	\$43.13	\$10.37	\$60.75
36	\$8.22	\$44.88	\$11.13	\$63.21
37	\$8.80	\$46.70	\$11.95	\$65.77
38	\$9.45	\$48.59	\$12.83	\$68.46
39	\$10.14	\$50.58	\$13.78	\$71.25
40	\$10.88	\$52.66	\$14.78	\$74.15
41	\$11.73	\$54.87	\$15.94	\$77.27
42	\$12.64	\$57.19	\$17.17	\$80.54
43	\$13.61	\$59.62	\$18.53	\$83.97
44	\$14.65	\$62.14	\$19.96	\$87.54
45	\$15.74	\$64.75	\$21.49	\$91.29
46	\$16.81	\$67.38	\$22.96	\$94.97
47	\$18.01	\$70.17	\$24.60	\$98.90
48	\$19.32	\$73.14	\$26.39	\$103.06
49	\$20.75	\$76.26	\$28.35	\$107.47
50	\$22.31	\$79.57	\$30.50	\$112.13
51	\$24.02	\$83.08	\$32.84	\$117.08
52	\$25.90	\$86.81	\$35.43	\$122.33
53	\$27.98	\$90.81	\$38.27	\$127.95
54	\$30.21	\$94.99	\$41.34	\$133.85
55	\$32.68	\$99.48	\$44.72	\$140.17
56	\$35.40	\$104.25	\$48.41	\$146.86

\* Annual rates available at a discount of approximately 8%

Spousal Discount: x 0.9

See rates for \$150 and \$200 daily benefit at [www.LTC-TN.com](http://www.LTC-TN.com) or in enrollment kit.

**Daily Benefit Amount: \$100**

For Nursing Facility, Assisted Living Facility, Bed Reservation, and Respite Care  
\$60 For Home Care, Adult Day Care, and Hospice

Monthly Group Rates - 90 Day Elimination Period

Benefit Period	3 Years		5 Years		
	Inflation	None	Compound	None	Compound
Issue Age					
57		\$38.34	\$109.29	\$52.44	\$153.96
58		\$41.54	\$114.66	\$56.81	\$161.50
59		\$45.02	\$120.35	\$61.57	\$169.51
60		\$48.95	\$126.87	\$66.91	\$178.66
61		\$52.99	\$133.22	\$72.42	\$187.56
62		\$57.38	\$139.97	\$78.39	\$197.02
63		\$62.13	\$147.12	\$84.83	\$207.03
64		\$67.22	\$154.66	\$91.75	\$217.57
65		\$73.46	\$164.32	\$100.17	\$230.96
66		\$79.64	\$173.07	\$108.56	\$243.22
67		\$86.28	\$182.29	\$117.60	\$256.14
68		\$93.42	\$192.01	\$127.28	\$269.75
69		\$101.06	\$202.23	\$137.68	\$284.06
70		\$109.34	\$213.24	\$148.95	\$299.53
71		\$118.70	\$225.24	\$161.73	\$316.43
72		\$128.75	\$237.89	\$175.47	\$334.28
73		\$139.48	\$251.17	\$190.16	\$353.05
74		\$150.85	\$265.06	\$205.71	\$372.65
75		\$164.32	\$280.98	\$223.61	\$394.54
76		\$179.30	\$298.79	\$244.17	\$419.84
77		\$195.55	\$317.94	\$266.47	\$447.06
78		\$213.21	\$338.59	\$290.76	\$476.44
79		\$232.51	\$360.96	\$317.29	\$508.34
80		\$253.79	\$385.72	\$346.65	\$543.75
81		\$276.51	\$411.72	\$377.98	\$580.97
82		\$300.91	\$439.50	\$411.63	\$620.75
83		\$326.92	\$469.00	\$447.51	\$663.04
84		\$354.69	\$500.41	\$485.82	\$708.07
85		\$384.07	\$533.62	\$526.32	\$755.64
86		\$405.54	\$555.14	\$555.23	\$785.42
87		\$425.30	\$574.20	\$581.41	\$811.08
88		\$442.21	\$589.51	\$603.12	\$830.64
89		\$458.94	\$604.23	\$624.40	\$849.08
90		\$475.24	\$618.05	\$644.88	\$866.02
91		\$490.66	\$630.50	\$663.91	\$880.74
92		\$504.61	\$640.98	\$680.68	\$892.33
93		\$516.09	\$648.65	\$693.77	\$899.60
94		\$528.27	\$657.28	\$707.66	\$908.08
95+		\$569.19	\$690.46	\$754.08	\$942.32

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**A-1 ENROLLEE INFORMATION**

Name (First) _____ (Middle Initial) _____ (Last) _____			Social Security Number: _____		
Address _____					
City _____		County _____		State _____	Zip _____
Home Phone: ( ) _____		Work Phone: ( ) _____		Best Time to be Reached: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Date of Birth Month/Day/Year ____/____/____	Age _____	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Height _____
				Weight _____	
Check ONE, if applicable <input type="checkbox"/> Spouse is enrolling at this time. (Please submit enrollment forms together) <input type="checkbox"/> Spouse is a current certificateholder			Spouse's Social Security Number (Required if Spouse is applying or a certificateholder) _____		

**B BENEFIT SELECTIONS (Please Complete Sections 1 & 2)**

<b>1) Benefit Period:</b> <input type="checkbox"/> 1095 days (3 Years) <input type="checkbox"/> 1825 days (5 Years)	<b>2) Daily Benefit Amount:</b> Nursing Facility, Assisted Living Facility, Bed Reservation and Respite Care: <input type="checkbox"/> \$100 (*\$60) <input type="checkbox"/> \$150 (*\$90) <input type="checkbox"/> \$200 (*\$120) (*Home Care, Adult Day Care, and Hospice)	<b>3) Lifetime Elimination Period:</b>  90 Days
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**C OPTIONAL BENEFIT (Choose ONE)**

**Inflation Protection Option**     Compound Inflation (5% for Life)     No Inflation Benefit

**D PAYMENT TERM:**

Lifetime

**E PAYMENT METHOD (Choose ONE of the following three options )**

<b>1) <input type="checkbox"/> Direct Bill</b>  <b>Payment Frequency (Choose One)</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<b>2) <input type="checkbox"/> Bank Account Draft OR <input type="checkbox"/> Credit Card</b> <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <b>Payment Frequency (Choose ONE)</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <b>Account Type</b> <input type="checkbox"/> Checking <input type="checkbox"/> Credit Card (Account withdrawal is the 5th of the month.)  _____ Bank Name                      Bank Account # Attach Voided Check  _____ Credit Card #                      _____ Expiration Date  I authorize my financial institution or credit card company to automatically make payments to MedAmerica Insurance Company for my insurance. This authorization shall remain in force until I give notification of termination to my financial institution or credit card company and MedAmerica Insurance Company in writing.  X _____ Signature of Account Holder  X _____ Signature of Joint Account Holder	<b>3) <input type="checkbox"/> Payroll/Retirement Deduction</b>  I authorize my employer/retirement system to deduct the applicable premium from my salary/retirement. I authorize MedAmerica Insurance Company to adjust these deductions based on rate changes or changes in coverage as provided by the Group Policy.  I may revoke this authorization at any time by written notice to my employer/retirement system and to MedAmerica Insurance Company.  X _____ Employee/Retiree Signature  Employer/Retirement Budget Code: _____
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Include Employer Name Here

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## Tennessee State Employee & Retiree Long-Term Care Insurance Plan Seminar Evaluation

*We hope that today's seminar will help you make decisions regarding your opportunity to purchase long-term care benefits. To help us better plan for future seminars, please answer the following questions. You will not be contacted by telephone unless requested. Your feedback is appreciated!*

**Seminar Location** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**If Applicable, Your Agency Name** \_\_\_\_\_

**Worksite County** \_\_\_\_\_ **Email** \_\_\_\_\_

***This Section is Optional:***

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Your Age Range     18-30         31-55         56-64         65+

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**Today's seminar was:**

Very Informative         Somewhat Informative         Not at all Informative

**Was the information presented easy to understand?**

Very Understandable         Somewhat Understandable         Not at all Understandable

**How interested are you in the benefits offered?**

Very Interested         Somewhat Interested         Not at all Interested

**Which benefits are most important to you?** \_\_\_\_\_

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**Are you planning to enroll?**

Yes         No

**If no, why?**

- Cost                       Inadequate Benefits                       Think I won't qualify  
 Too Confusing                       Already have LTC insurance                       Other (*please explain*)

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**You may sign up for a personal no-obligation tele-consultation with a licensed non-commissioned agent at [www.gotltci.com/ltcconsultations/LTC-TN](http://www.gotltci.com/ltcconsultations/LTC-TN) or for simple questions, you may complete the form below:**

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I have additional questions, as indicated below.

Please email me at \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ or call me at this number:  
\_\_\_\_\_  Home  Work

The best time to call is: \_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_  
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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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***If you would like to take this form with you to complete, PLEASE MAIL, E-MAIL OR FAX TO:***

***LTC Consultants  
108 Rhoades Lane  
Hendersonville, TN 37075  
info@LTC Consultants  
FAX: 615-590-0307***