

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/RETIREES OF  
**ANNE ARUNDEL COUNTY PUBLIC SCHOOLS**  
(the Policyholder)

Group Master Policy/Certificate Form Number **574832**

The Health Insurance Portability and Accountability Act of 1996 granted favorable federal income tax treatment of qualified long term care policies. To the best of our knowledge, this Policy was designed to meet the requirements of the new law. This policy is intended to be a qualified Long Term Care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986. If, in the future, it is determined that this Policy does not meet these requirements, we will make every reasonable effort to amend this Policy in order to gain such favorable federal income tax treatment. You will be offered the opportunity to receive these amendments.

**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. This policy is not approved under the Maryland Partnership for Long-Term Care Program under Title 15, Subtitle 4 of the Health-General Article.

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

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

• **RENEWABILITY**

**THE POLICY IS GUARANTEED RENEWABLE.** This means you have the right, subject to the terms of the policy, to continue this coverage as long as you pay your premiums on time. Unum cannot change any of the terms of the policy on its own except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

- **WHEN COVERAGE WILL END**

Your coverage will end on the latest 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 in an eligible class,
- the date your class is no longer included for insurance,
- the date you are no longer an Active Employee with the Policyholder,
- the date you no longer work for the Policyholder, or
- the end of the period for which premiums were last paid to Unum for your coverage.

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**

If your group long term care coverage ends, for reasons other than your choice to have premium payments stopped for your coverage, you may elect continuation of coverage. This means that the same coverage you had under this plan can continue on a direct billed basis. [If you are already direct billed, your coverage will automatically transfer to continued coverage].

Election for continued coverage must be made within 60 days of the date the group coverage would otherwise end. Any premium that applies must be paid directly to Unum by you for any coverage to be continued.

- **PREMIUM WAIVER**

When benefits become payable, there will be no more cost for your coverage as long as you continue to be eligible for a monthly benefit.

If your plan includes Professional Home Care Services and you do not receive these services for a period of 30 consecutive days, premium payments will again become due.

- **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.

**4. 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 business days of its delivery to you. The certificate, together with a written request for withdrawal must be sent to the Plan Administrator. 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.

**5. 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. Neither Unum Life Insurance Company of America nor its representatives are representing Medicare, the federal government or any state government.

## 6. 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 benefit if you become disabled and you are receiving care while confined in a Long Term Care Facility. If you purchase Total Home Care or Professional Home Care Services coverage, we will pay you a benefit if you elect to receive care other than in a Long Term Care Facility. Coverage is subject to policy limitations, benefit maximums and elimination periods.

## 7. BENEFITS PROVIDED BY THE POLICY

### BENEFIT ELIGIBILITY

You will be eligible for a Monthly Benefit after:

- you become Disabled;
- you are receiving services in a Long Term Care Facility; (or Professional Home Care Services if your plan includes a Professional Home Care Services Benefit); (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 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 and safety due to Severe Cognitive Impairment. You will be required to submit a Licensed Health Care Practitioner certification every 12 months.

A Monthly Benefit will become payable once all of these requirements are met.

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

### Professional Home Care Services Benefit

We will pay you 1/30th of the Monthly Professional Home Care Services Benefit Amount for each day you receive Professional Home Care Services after:

- you become Disabled;
- you are receiving services anywhere other than a Long Term Care Facility or an acute care hospital;
- you have satisfied your Elimination Period; and
- a Licensed Health Care Practitioner has certified 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 and safety due to Severe Cognitive Impairment. You will be required to submit a Licensed Health Care Practitioner certification every 12 months.

A Monthly Benefit will become payable once all of these requirements are met.

This care can be provided at any type of facility such as an Adult Day Care Facility, a Hospice Facility, or your home by a Home Health Care Provider. The treatment and services you receive for your Disability must be pursuant to a written plan of care developed by a Licensed Health Care Practitioner.

## OPTIONAL BENEFITS AVAILABLE

### Nonforfeiture Benefit

If your plan includes the Nonforfeiture Benefit feature and your coverage should lapse after it has been in force for five years, you will be eligible for a Nonforfeiture Benefit. This means that your coverage will continue automatically with the same level of benefits, including the Monthly Benefit, Elimination Period and facility coverage except for a Shortened Benefit Period. The Shortened Benefit Period is calculated based on the following factors: your age on the date of lapse, your benefit plan in force on the date of lapse and a percentage of the amount of Earned Premium under this policy up to the date of lapse. A percentage of the Earned Premium will be applied as a net single premium to purchase coverage with the same level of benefits as those applicable prior to the date of lapse with a Shortened Benefit Period. In no event will the Maximum Benefit Amount exceed that which would have been paid had the policy remained in force. No inflation protection increase, if included in your plan, will be made under this Nonforfeiture Benefit.

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

Your Monthly Benefit Amount 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 Amount.

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

### 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 or 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 feeding type or intravenously.

If you have a loss of ADLs or Cognitive Impairment before 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.

**Disability and Disabled** means you are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or you require Substantial Supervision by another individual to protect you and others from threats to health or safety due to Severe Cognitive Impairment.

However, the definition of "Disability" and "Disabled" will not include any individual otherwise meeting the requirements of the definition unless, within the preceding 12-month period, a Licensed Health Care Practitioner has certified that the individual meets such requirements.

**Elimination Period** is the number of consecutive days, specific to your plan, that you must wait before receiving benefits.

**Lifetime Maximum Benefit 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.

**Respite Care** 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 1/30th of your home care monthly benefit for each day that you receive Respite Care.

**Severe Cognitive Impairment** means a 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.

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

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

## 8. LIMITATIONS AND 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 suicide, attempted suicide or intentionally self-inflicted injury,
- a disability caused by or resulting from the participation in a felony, riot or insurrection,
- 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), or
- a disability caused by psychological or psychiatric or mental conditions, regardless of cause, which include:
  - depression,
  - generalized anxiety disorders,
  - personality disorders,
  - schizophrenia,
  - manic depressive disorders, or
  - adjustment disorders and other conditions that are usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or similar methods of treatment.

However, Unum will make payments to you for Alzheimer's disease or similar forms of irreversible dementia.

### PRE-EXISTING CONDITIONS LIMITATION

A **Pre-Existing Condition** is any condition that exists for which you received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines during the six month period right before your coverage began.

UNUM will not make any Monthly Benefit payments to you during the first six months after your coverage begins if your eligibility for the Monthly Benefit is based on Severe Cognitive Impairment or the loss of an ADL that:

- is caused by, contributed to by, or results from a Pre-Existing Condition, and

- is present during the first six months after your coverage begins. This Pre-Existing Condition limitation will apply to all insurance that does not require evidence of insurability.

A condition will cease to be a Pre-Existing Condition six months after your coverage begins.

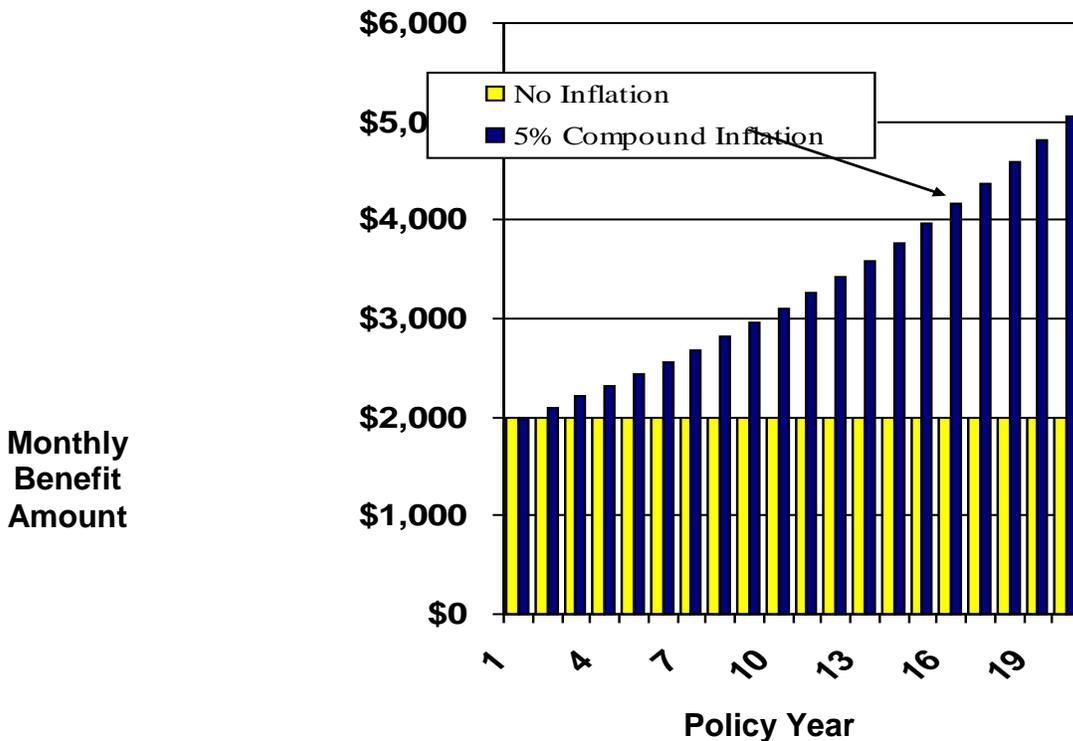
**THIS PLAN MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.**

**9. 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 one of the Inflation Protection Increase Provisions, 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.

| Year | Monthly Benefit Without<br>Compound Growth<br>Inflation Protection | Monthly Benefit With<br>Compound Growth<br>Inflation Protection |
|------|--|---|
|      | Facility & Home Care   | Facility & Home Care  |
| 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.

**10. ALZHEIMER’S DISEASE AND OTHER ORGANIC BRAIN DISORDERS**

The policy provides coverage for Cognitive Impairment. Cognitive Impairment is not related to the inability to perform ADLs. Rather, Cognitive Impairment means that you have lost the ability to reason and suffer a decrease in awareness, intuition and memory. Examples of conditions which may cause Cognitive Impairment are: Alzheimer’s disease, multi-infarct dementia, brain injury, brain tumors, and other such structural alterations of the brain.

**11. 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.

**12. ADDITIONAL FEATURES**

- Medical underwriting may be required.
- Eligibility and Participation;  
You are eligible for the plan if you are:
  - an Active Employee working 16 or more hours per week of the Policyholder and your Family Members.