## **ROPES & GRAY LLP** PLAN HIGHLIGHTS / SCHEDULE OF BENEFITS

Your Long Term Care (LTC) insurance plan information 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 Employees, Associates or Partners –** Once eligible for the plan, you will have the opportunity to sign up for Guarantee Issue coverage. Please see your employer for enrollment dates.

All Active Employees, Associates or Partners – Who enroll after the Guarantee Issue enrollment period, their new hire enrollment period, or choose benefits over the Guarantee Issue limits will be required to fill out a medical questionnaire.

**Medical Underwriting Effective Date –** The effective date for those applicants passing medical underwriting is based on the 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.

**Medical Underwriting for Employees, Associates, Partners and Family:** (Completion of the <u>Benefit Election Form</u> is required for enrollment.) As an **Employee, Associate or Partner** you are eligible for benefit amounts on a Guarantee Issue basis of up to and including \$7,000 and a Facility Benefit Duration of 3 or 6 years. 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 question or if you choose to buy \$8,000 or the Unlimited Duration coverage. **Spouses, Domestic Partners, Retirees** and all **Family Members** must complete the Long Term Care Insurance Application (medical questionnaire) and must be approved for coverage in order to enroll in the Long Term Care plan. <u>All</u> Medical Questionnaires must accompany a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit.

Benefit Duration	3 Years	6 Years	Unlimited
			Duration
Facility Benefit Amount	\$1,000	\$1,000	\$1,000
Per \$1,000 Increments	to \$8,000	to \$8,000	to \$8,000
Assisted Living Facility Percent	100%	100%	100%
Professional Home & Community Care Services	100%	100%	100%
Inflation Protection - Option	5%	5%	5%
	Compound	Compound	Compound
	Uncapped	Uncapped	Uncapped
Accelerated Payment - Option	Greater of	Greater of	Greater of
	15 Yr/To	15 Yr/To	15 Yr/To
	Age 65	Age 65	Age 65

**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.

**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 LTC Solutions' toll-free number at 1-877-286-2852 or email <u>info@ltc-solutions.com</u> with questions regarding your Long Term Care Insurance.