

# Long-Term Care

The Long-Term Care Insurance Plan was closed to new entrants effective January 1, 2013. All existing insureds can retain their coverage under the Plan as long as they continue to pay premiums. The Long-Term Care Insurance Plan (Long-Term Care Plan Option), underwritten by MetLife, helps you pay for a wide range of care options if you or eligible family members suffer from a chronic disease or long-lasting disability.

The Long-Term Care Insurance Plan Option:

- Can help provide security for your family in the event of a chronic disease or long-lasting disability. The benefits help offset the cost of care received in a nursing facility, in an adult daycare center, or at home;
- Offers a choice of two different plan types and three daily benefit amounts. When you enrolled you chose from these different plan options, offered at different premium levels.

## Benefit Cost

The employee and eligible family members pay 100% of the cost of the Long-Term Care Insurance Plan. The cost of your coverage will depend upon the coverage and benefit options that you select.

## Coverage Options

When you or your family members enrolled in the Long Term Care Insurance Plan, you selected coverage options regarding the following:

- The types of services that will be covered: facilities only or comprehensive;
- The daily benefit amount; and
- Automatic inflation protection.\*

\* Please note that only residents of Connecticut and Wisconsin can enroll in an automatic inflation option.

### ***Covered Services: Facilities Only or Comprehensive Coverage***

When you or your eligible family members enrolled in the Long Term Care Insurance Plan, you selected either facilities only coverage or comprehensive coverage. See "Covered Services" on page 4 for additional information regarding these options. The option that you chose would determine the types of services that are covered under the Long-Term Care Insurance Plan.

## ***Benefit Limits: Daily Benefit***

When you enrolled, you selected a daily benefit amount of \$100, \$150, or \$300. Your daily benefit is the maximum amount of daily coverage available for nursing home, in-patient hospice care, assisted living facility, and respite services.

Your total lifetime benefit will be limited to a five-year duration (1,825 times daily benefit selected).

This chart shows the daily benefit for each option.

<b>Daily Benefit Option</b>	<b>Total Benefit</b>
\$100	\$182,500
\$150	\$273,750
\$300	\$547,500

## ***Protection Features: Nonforfeiture and Inflation Protection Options***

Your plan includes a nonforfeiture feature. Under the nonforfeiture feature, if you have paid premiums for at least three years and elect to stop making payments, you will be entitled to receive a reduced level of coverage, at your full daily benefit, with a total lifetime benefit based on the premiums you paid. The minimum total lifetime benefit you will receive will be at least 30 times the daily benefit.

If you reside in Connecticut or Wisconsin you may choose to purchase an automatic inflation protection option. Under the automatic inflation protection option, your benefits increase by 5% every January 1. Otherwise, you will have the optional inflation protection included in your coverage. Under this option, your premium will initially be lower than with Automatic Inflation. Every three years, as long as you remain eligible for the optional inflation offer, MetLife will mail an optional inflation offer letter to your home which will allow you to increase your coverage. You can accept the offer by contacting MetLife at 1-800-438-6388.

## **When Coverage Begins**

The original effective date of coverage under the Long Term Care Insurance Plan was the first day of the month following your acceptance into the Plan. Employees that enrolled within 60 days of their hire date were required to be actively at work and not absent due to disability, leave, or illness on their effective date in order for their coverage to become effective on that date. Otherwise, your effective date would be the first day of the month following your return to active work.

Your coverage will continue as long as sufficient premiums to maintain the coverage continue to be paid, as outlined in your Plan certificate.

## Making Changes During the Year

At any time during the year, you may request to cancel, increase, or decrease coverage under the Long Term Care Insurance Plan for yourself. Your spouse or domestic partner, your parents, parents-in-law, grandparents, or grandparents-in-law, or adult children over age 18 can make changes to their coverage by contacting MetLife directly at 1-800-438-6388.

In order to increase benefits, a Statement of Health will be required. Your request for increased coverage will be subject to MetLife's approval.

## How the Long Term Care Plan Option Works

Benefits under the Long Term Care Insurance Plan are designed to cover people of all ages who suffer from a chronic disease or long-lasting disability. Benefits may be used to offset the cost of care received in a nursing facility, at an adult daycare center, or at home.

### *Qualifying for Benefits*

Eligibility for benefits is based on the participant's inability to perform at least two of six Activities of Daily Living for at least 90 days. A participant also will be eligible for benefits if he or she requires substantial supervision to protect himself or herself due to cognitive impairment, such as Alzheimer's. To begin the benefit authorization process, contact MetLife at 1-800-438-6388. A MetLife care manager will review information provided by you, your family, your doctor, and other qualified sources. Once a MetLife care manager authorizes benefits, the participant must satisfy a Waiting Period before benefits are paid. The Waiting Period means a total of 90 days that a participant must wait from the date MetLife determines that he or she is first disabled until the date benefits for Covered Services begin to be payable, assuming the participant is chronically ill. The participant will receive benefits if the covered services received are part of a care plan developed by a licensed health care practitioner of the participant's choice.

Activities of Daily Living include the following:

- **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.
- **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Transferring:** Moving into or out of a bed, chair, or wheelchair.

- **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Continence:** Ability to maintain control of bowel and bladder functions; 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 himself/herself by getting food into the body from a receptacle, such as a plate, cup, or table, or by a feeding tube or intravenously.

### ***Payment of Benefits***

To be reimbursed for your authorized covered services, you must file a claim with MetLife within 90 days after the end of the calendar year in which you received the covered services. Please see "[Filing Claims](#)" for further information on collecting benefits.

### ***When Benefits End***

Benefit payments continue until the covered person:

- No longer needs assistance in at least two of the six Activities of Daily Living; or
- Reaches the lifetime maximum benefit amount.

The benefit period ends 180 days after the last benefit payment. If benefits under the Long Term Care Insurance Plan are required again before the benefit period ends, there is no additional waiting period before receiving further benefit payments.

### **Covered Services**

The Long Term Care Insurance Plan covers a wide range of services.

When you enrolled in the Long-Term Care Insurance Plan, you chose between facilities only coverage and comprehensive coverage. These coverage options will pay for the following services:

Facilities only coverage provides coverage for care in a nursing home, assisted living facility, and inpatient hospice facility. This option also includes an initial care advisory visit and a transition expense benefit.

- Comprehensive coverage provides coverage for care in a nursing home, assisted living facility, inpatient hospice care, home care, adult daycare, respite care, and at-home hospice care. This option also includes an initial care the care advisory visit, ongoing care advisory services, a transition expense benefit, and an alternate plan of service.

### ***Nursing Home Care***

All levels of care, from skilled to custodial, provided in a licensed nursing home or Alzheimer's facility.

### ***Inpatient Hospice Care***

Healthcare and support services provided in a licensed facility for the terminally ill.

### ***Respite Care***

Temporary care so a primary caregiver, such as a family member, can take time off.

### ***Home Care***

The independence of receiving care at home is of paramount importance to most people. You can choose care from a nurse home health aide or homemaker from a licensed home care agency. Registered nurses and licensed therapists also qualify.

### ***Assisted Living Facility***

Coverage provides nursing supervision, 24-hour personal care, and other services, such as laundry and meals.

### ***Adult Day Care***

Adult daycare is ideal if you are unable to care for yourself during the day, but you are able to live at home at night. Health support and rehabilitative services are offered.

### ***Ongoing Care Advisory Services***

A professional care advisor can arrange for services, monitor the care you are receiving, and assist you with altering your care plan as your needs change.

### ***Initial Care Advisory Visit***

Independent care advisors meet with you and your family in your home to explore care options and help you make decisions. Care advisors can also locate providers in your area. Offered at no charge, this one-time service is initiated at your request after you qualify for benefits.

## **Exclusions**

The Long Term Care Insurance Plan does NOT provide benefits for any of the following:

- Care specifically provided for detoxification or rehabilitation for alcohol or drug addiction (chemical dependency), except drug abuse sustained at the hands of, or while being treated by, a physician for an injury or sickness.
- Any service or supply received outside the United States or its territories. For example, services in a nursing home located outside of the United States would not be covered.
- Illness, treatment, or medical condition arising out of:
  - War or act of war (whether declared or undeclared);
  - Participation in a felony, riot or insurrection;
  - Service in the armed forces or auxiliary units; or
  - Attempted suicide (while sane or insane) or intentionally self-inflicted injury.
- Any care provided while in a hospital, except for confinement in a distinct part of a hospital that is licensed as a nursing home or hospice.
- Any service provided by your immediate family.
- Any service or supply to the extent that such expenses are reimbursable under Medicare, or would be reimbursable but for the application of a deductible, coinsurance, or co-payment amount. This exclusion will NOT apply in those instances where Medicare is determined to be the secondary payer under applicable law.
- Services for which no charge is normally made in the absence of insurance.

## **Other Plan Features**

### ***Optional Inflation Protection***

The Long-Term Care Plan Option may provide special protection against inflation if you select this option. This option can help you to keep pace with the rising cost of care.

Every three years, plan participants may have the option to purchase additional coverage without medical approval. You will be able to do this on a guaranteed coverage basis provided you accept one out of every two times offered. The amount of the increase is guaranteed to be at least 5%, compounded annually for the period from the effective date of any previous optional inflation increase and extending until the effective date of the new optional inflation increase. For more information regarding optional inflation increases, contact MetLife at 1-800-438-6388.

### ***Portability of Coverage***

Coverage under the Long-Term Care Insurance Plan is called portable. This means that if you are no longer an employee of Lowe's, or if the plan is discontinued, you and/or your participating eligible family members can continue coverage. In addition, your spouse or domestic partner may continue coverage in the event of your death or divorce. This continuation of coverage is available without evidence of insurability. As long as the required premiums are paid, coverage will continue. Insureds choosing continued coverage would pay premiums directly to MetLife.

### ***Guaranteed Renewability***

As long as you and your eligible family members continue to pay premiums, MetLife CANNOT cancel your coverage.

### ***Provider Discounts***

You and your eligible family members insured under the Long Term Care Insurance Plan are entitled to discounts with nursing homes, home healthcare agencies, and medical equipment providers throughout the country. These discounts can make your lifetime maximum benefit last longer.

### ***Return of Premium on Death***

If you or your eligible family member dies before age 65 while contributing to the Long Term Care Insurance Plan, a lump sum refund of all or a portion of the premium paid up to age 65, less benefits received, may be returned to the insured's estate.

Payment is reduced by 10% per year if death occurs after age 65. No payment will be made if death occurs at or after age 75. To make a return of premium claim, contact MetLife at 1-800-438-6388.

Insureds receiving nonforfeiture coverage are not eligible for this feature.

## **Filing Claims**

To file a claim for benefits under the Long Term Care Insurance Plan, follow these steps:

- Once you have been authorized to receive benefits, MetLife will provide you all claim forms needed to request benefits. See "[How the Long Term Care Insurance Plan Works](#)" for more information regarding authorization of benefits.
  
- When you have received covered services, complete the claim form and send to:

### **MetLife**

Long-Term Care Claims  
P.O. Box 14407  
Lexington, KY 40512-4407

You will receive payments from MetLife after the Waiting Period, unless you have asked on your claim form that your provider be paid directly. MetLife will answer questions about your insurance benefits and assist you in filing claims. To expedite the processing of your claim, follow carefully the form instructions. Be sure that all questions are answered fully and any required medical statements and bills are submitted with the claim form. For information regarding claims and claim payments, an explanation can be requested by calling MetLife directly at 1-800-438-6388.

When the claim has been processed you will be notified of the benefits, if any, that have been approved. After your Waiting Period has been satisfied and you submit claims, you may expect the benefit payments to be made within ten working days of the receipt of all necessary information by MetLife.

MetLife is responsible for reviewing all claims under the Long Term Care Insurance Plan and for deciding whether such claims are payable. For more information regarding claims processing, please see the *Plan Administration* section.