

# Coverage and Eligibility

Commonwealth of Virginia Voluntary Group Long Term Care Insurance Program

April 2019



Underwritten by Genworth Life Insurance Company

Genworth Life

6620 West Broad Street, Richmond, VA 23230

# Plan Selection Summary

## Commonwealth of Virginia Employee Options

<b>Coverage Effective Date</b>	December 01, 2019
<b>Situs State</b>	Virginia
<b>Benefit Period</b>	2 Year 3 Year 4 Year
<b>Benefit Amount</b> Nursing Facility Maximum (Nursing Facilities and Assisted Living Facilities)	\$3,000 Monthly Nursing Facility Maximum \$4,500 Monthly Nursing Facility Maximum \$6,000 Monthly Nursing Facility Maximum
<b>Inflation Protection</b>	Future Purchase Option Automatic 3% Increase for Life - Compound Automatic 5% Increase for Life - Compound
<b>Coverage Maximum</b> (Total Coverage)	The Coverage Maximum is the total coverage, which is a product of the Benefit Period and the Benefit Amount. For example: A monthly benefit amount of \$6,000 x 36 months (3 Year) Period = \$216,000 Coverage Maximum.
<b>Partnership-Qualified</b>	This Group Program is Partnership-Qualified under the Virginia Partnership for Long Term Care.
<b>Nonforfeiture Benefit</b>	The optional Nonforfeiture Benefit maintains some coverage even if the Insured stops paying premiums. This Benefit may be made available to the applicant at an additional cost of 12%.

## Built-In

<b>Benefit Amount</b> Nursing Facility Maximum	100%
<b>Benefit Amount</b> Home and Community Care Maximum	50% of the Nursing Facility Maximum
<b>Elimination Period</b>	One time, 90 Calendar Days
<b>Informal Care</b>	Included

# Program & Plan Summary

## Key Program Information

<b>Tax Benefits for Employees</b>	This plan is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986. Benefits received for qualified long term care services are not taxable and premiums paid may be tax deductible, under certain conditions. The individual should consult a tax advisor for details.
<b>Participation Requirements</b>	Genworth Life does not impose a minimum participation requirement beyond the statutory requirements for group insurance.
<b>Pre-Existing Conditions Limitations</b>	There is an exclusion for pre-existing conditions.
<b>No Linkage Requirements</b>	There are no linkage requirements. The employee does not need to apply for coverage in order for any other eligible family members to apply.
<b>Fully Portable</b>	If an Insured leaves the company or sponsorship of the program ends, those who are insured are guaranteed the right to continue the same coverage as long as they continue to pay premiums when due.
<b>Payment Options</b>	Electronic Funds Transfer (EFT), Direct Billing
<b>Availability</b>	The Program is available to eligible classes, based on the situs state of the Group Policy. Some states extend their governing authority to employer group insurance sold to their residents and may require variations to the coverage. Coverage under this plan is not available to residents of Vermont.
<b>Online Enrollment</b>	The customized website allows employees, spouses and other family members to enroll online.

## Key Plan Information

<b>Guaranteed Renewable</b>	The coverage is Guaranteed Renewable, as long as premiums are paid when due.
<b>Partnership-Qualified</b>	The Partnership Program is designed to help provide asset protection for those who own long term care insurance and seek to access Medicaid benefits. Insureds with Partnership-qualified coverage may be able to qualify for Medicaid while retaining more assets than would otherwise be required under their state's Medicaid eligibility requirements. In order to qualify an insured must buy long term care insurance that has the basic benefits required by their resident state's partnership program – including inflation protection tiered to certain age ranges.
<b>Nursing Facility and Assisted Living Facility Benefit</b>	This benefit reimburses covered expenses incurred for care (including room and board) provided by a Nursing Facility or an Assisted Living Facility.

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### Home and Community Care Benefit

Most people prefer to receive care at home. This benefit reimburses expenses incurred for adult day care, nurse and therapist services, home health or personal care services, and incidental homemaker and chore care services.

These services received from an independent provider or a home health agency, can include, but are not limited to the following:

- Substantial assistance with bathing, dressing, eating, moving in or out of a bed or chair; physical, occupational, respiratory, or speech therapy; managing medications, preparation of meals, changing bedding, washing dishes, mopping, laundry, cleaning and household chores and repairs.

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## Benefits Not Subject to the Elimination Period

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### Home Assistance Benefit

This benefit reimburses the following expenses incurred (including tax, installation and labor costs):

- Home Modifications, Assistive Devices and Supportive Equipment
- Emergency Medical Response Systems
- Caregiver Training

Covered Expenses must be:

- Intended to enable the Insured to remain safely in his or her home
- Stated in, and furnished in accordance with, the Insured's Plan of Care

This benefit is not subject to the Elimination Period. Its Coverage Maximum equals 3 times the Monthly Nursing Facility Maximum. For example, the Coverage Maximum based on a \$3,000 Monthly Nursing Facility Maximum would be \$9,000.

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### Hospice Care Benefit

This benefit reimburses expenses incurred for hospice care received in a Hospice, Assisted Living, or Nursing Facility or in the Insured's home.

- Inpatient - Covered up to Nursing Facility Maximum
- Outpatient - Covered up to Home and Community Care Maximum

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### Respite Care Benefit

Many individuals who give their time and energy to help someone in need of care, eventually find they need a respite. This benefit reimburses expenses incurred for Home and Community Care, Assisted Living Facility care and Nursing Facility care when it provides temporary relief for regular, unpaid caregivers.

The calendar year maximum equals 1 x Monthly Nursing Facility Maximum.

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### Privileged Care Coordination Services

During the often difficult time when care is needed, it's an invaluable asset to have a care coordinator who can help in recognizing the types of care that are needed. Genworth's Privileged Care Coordinators are licensed health care practitioners, qualified by training and experience to assess and coordinate overall care needs. Their services are provided without charge and without reducing the amount available under the Insured's Coverage.

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## Other Important Benefits

<b>International Nursing Facility Benefit</b>	This benefit reimburses expenses incurred during confinement in an out-of-country Nursing Facility (including room and board), up to 75% of the Nursing Facility Maximum per calendar month, for up to 4 years.
<b>Bed Reservation Benefit</b>	This benefit reimburses expenses to reserve the Insured's room when receiving benefits for care in a Nursing Facility, Hospice Care Facility or Assisted Living Facility, when the Insured's confinement is interrupted by a temporary absence from the facility for any reason for up to 60 days per year.
<b>Alternate Care Benefit</b>	This benefit reimburses long term care expenses for care, services, devices, or treatments not otherwise included and allows covered expenses to be paid in a manner other than specified, upon agreement between Genworth Life, the Insured and the Insured's physician.
<b>Waiver of Premium Benefit</b>	While receiving benefits for care in a Nursing Facility, Assisted Living Facility, Home and Community Care, Hospice Care, or under the Bed Reservation Benefit, the Insured's premium will be waived.
<b>30 Day Free Look</b>	An Insured may return his or her Certificate to Genworth Life within 30 days of receipt, if dissatisfied for any reason. Any premium paid will be returned.
<b>Informal Care Benefit</b>	<p>This benefit pays for personal care and maintenance or supervision that helps the Insured to stay in his or her home and is furnished based on the Insured's Plan of Care, when received from someone who is not with a Home Health Agency or an independent provider. This care may be provided by a friend or family member (other than a person who normally resided in the Insured's home prior to the time the Insured became eligible for benefits) to help with simple health care tasks, personal hygiene, managing medications or activities of daily living.</p> <p>This benefit covers up to 1% of the Monthly Nursing Facility Maximum per day for up to 30 days per calendar year.</p>
<b>Contingent Nonforfeiture Benefit</b>	This benefit provides reduced coverage, if a substantial premium increase were to occur and cause coverage to lapse.
<b>Nonforfeiture Benefit</b>	A reduced coverage amount is provided without further premium payments, if coverage ends due to non-payment of premiums after 3 years. Employees can choose this option for an additional 12% increase to the premium.

# Eligible Participants

## Eligible Persons

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### Eligible Persons Include

All individuals associated with Commonwealth of Virginia in the manner described below. Persons must be 18 or older at the time of application, maintain a permanent U.S. residence and have a valid Social Security or Tax Identification Number from the U.S. Government. There is no maximum issue age for the eligible Employee, but eligible family members must be less than age 76.

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### Employees

- Actively at Work full-time or part-time Commonwealth of Virginia employees who work at least 20 hours per week.
  - Actively at Work full-time or part-time employees and faculty (including adjunct) of a Virginia Public Institution of higher Education who work at least 20 hours per week.
  - Actively at Work full-time, part-time, or other employees as determined and defined by any participating Virginia school division, city, county, town, or political subdivision who work at least 20 hours per week.
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- Newly hired employees who are eligible for all broadly offered employer sponsored benefits, and are Actively at Work, Full-time or Part-time and work at least 20 hours per week up to and including age 65, who apply during their initial new hire enrollment period

- Modified Guarantee Issue Comprehensive: An abbreviated health question form, Height/weight parameters.
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- During an open enrollment period mutually agreed upon by both parties, employees who are eligible for all broadly offered employer sponsored benefits and are Actively at Work, Full-time or Part-Time, and work at least 20 hours per week up to and including age 65, who apply during the initial enrollment period

- Modified Guarantee Issue Comprehensive: An abbreviated health question form, Height/weight parameters.
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- Employees who are eligible for all broadly offered employer sponsored benefits and are Actively at Work, Full-time or Part-time, and work at least 20 hours per week ages 66 and older and new hires meeting the same criteria as above

- Long Form: Full medical underwriting, a telephonic or in-person interview may be requested. In-person interviews may include a cognitive exam and the applicant will be asked to provide blood and urine samples.
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## Other Eligible Individuals

### Spouses, Surviving Spouses

Spouse: A person to whom an eligible Employee is joined by marriage. The eligible Employee and such person cannot be joined to anyone else: by (a) marriage; or (b) a relationship legally recognized under State law. A Spouse does not include a person from whom the eligible Employee is divorced or legally separated. Surviving Spouse : A person who is participating in a health benefits program or a retirement plan sponsored by the Policyholder and was a Spouse at the time of the eligible Employee's death.

### Retirees and Spouses of Retirees

Retirees and their spouses who have retired under the Commonwealth of Virginia retirement plan, satisfy the appropriate plan's age and service requirements, and are former employees of:

- The Commonwealth of Virginia
- Virginia Public Institutions of Higher Education
- Any school, division, city, county, town, or political subdivision that participates in one of the retirement plans administered by VRS
- Any school division, city, county, town, or political subdivision that does not participate in any of the retirement plans administered by VRS but has elected to participate in the Commonwealth of Virginia Group Long Term Care Insurance Program

### Parents and Grandparents of Eligible Employees, Spouses

The natural or adoptive parent, or step-parent of an eligible Employee or Spouse. The natural grandparent, adoptive grandparent or step-grandparents of an eligible Employee, or Spouse.

### Adult Children and Siblings of Eligible Employees

Children include a natural, step or adopted child who has reached full legal age, with attendant rights and responsibilities. Siblings include those related to the eligible Employee or Spouse, as a brother, sister, step-brother or step-sister.

Terminated employees of any employer participating in a retirement plan administered by the Virginia Retirement System who:

- Have five or more years of service
- Are not active employees or retirees of any local government or school system in the Commonwealth of Virginia

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- [Spouses up to and including age 75](#)
  - [All other eligible applicants ages 18-75; including late entrants into the plan](#)

- Long Form: Full medical underwriting, a telephonic or in-person interview may be requested. In-person interviews may include a cognitive exam and the applicant will be asked to provide blood and urine samples.
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Elimination Period	<p>The Elimination Period, based on calendar days, is the total number of days that the Insured remains a Chronically Ill Individual before benefits are payable. The Elimination Period begins on the first day that the Insured is both a Chronically Ill Individual and incurs covered expenses. However, the Insured is not required to continue to incur covered expenses to satisfy the Elimination Period. Elimination Period days may be accumulated before the filing of a claim if it can be established that the Insured met these requirements before the claim was filed.</p>
Policy Exclusions and Limitations	<p>We will not pay benefits for any expenses incurred for any Covered Care:</p> <ul style="list-style-type: none"> <li>• For which no charge is normally made in the absence of insurance.</li> <li>• Provided outside the fifty (50) United States, the District of Columbia and any territory or possession of the United States of America, unless specifically provided for by a Benefit,</li> <li>• Provided by an Insured's immediate family, unless a benefit specifically states that a member of an Insured's immediate family can provide Covered Care. We will not consider care to have been provided by a member of the Insured's immediate family when: <ul style="list-style-type: none"> <li>- He or she is a regular employee of the organization that is providing the services; and</li> <li>- Such organization received payment for the services; and</li> <li>- He or she receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul> </li> <li>• Provided by or in a Veteran's Administration or Federal government facility, unless a valid charge is made to an Insured or an Insured's estate;</li> <li>• Resulting from illness, treatment or medical condition arising out of any of the following: <ul style="list-style-type: none"> <li>- War or any act of war; whether declared or not;</li> <li>- Attempted suicide or an intentionally self-inflicted injury;</li> <li>- Participation in a felony; riot or insurrection;</li> </ul> </li> <li>• Provided for an Insured's alcoholism or addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).</li> </ul> <p>Note: We will pay benefits for Alzheimer's Disease, subject to the same exclusions, limitations and provisions otherwise applicable to other Covered Care.</p>
Coordination of Benefits	<p>We will reduce the amount of benefits we will pay for Covered Expenses when the total amount payable under this and all other group Long Term Care Coverage is greater than the actual Covered Expense incurred for that Covered Care. State variations may apply.</p>
Non-Duplication of Benefits	<p>Benefits will be paid only for Covered Care expenses that are in excess of the amount paid or payable under:</p> <ul style="list-style-type: none"> <li>• Medicare (including amounts that would be reimbursable, but for the application of a deductible or coinsurance amount); and</li> <li>• Any other Federal, State or other governmental health care program or long term care program or law, except Medicaid.</li> <li>• Any State or Federal workers' compensation, employer's liability or occupational disease law</li> <li>• State variations may apply. Please refer to the state specific Certificate of Coverage.</li> </ul>
Pre-Existing Conditions Limitations	<p>Genworth Life will not pay for Covered Expenses incurred for any care or confinement that is a result of a Pre-Existing Condition. A Pre-Existing condition means a condition (illness, disease, injury, or symptom) for which medical advice or treatment was recommended by, or received from, a Health Care Professional within a defined period prior to the initial Certificate Effective Date. State variations may apply.</p>