



Group Long Term Care Plan: Frequently Asked Questions

What is Long Term Care (LTC)? Services you receive at home or in a facility, to help you:

- do basic Activities of Daily Living (ADLs).
- stay safe and health if you have a severe cognitive impairment, like Alzheimer's.

How do I qualify for benefits? There are 2 ways to qualify:

- You need a lot of help for at least 90 days or more to do 3 of 6 basic ADLs:
 - bathing,
 - dressing,
 - toileting,
 - eating,
 - getting in and out of bed or a chair (also called transferring)
 - managing bowel and bladder continence (peeing and pooping)
- You have a severe cognitive impairment (like Alzheimer's) and need constant supervision to be safe.

How do I apply for LTC benefits? Contact us immediately. You will need to complete the Application and your doctor must complete and send us:

- Provider Certification form,
- Plan of Care form, and
- medical records that support your application and their forms.

Your elimination (waiting) period can only start after your doctor signs and returns these forms and records.

How long do I have to wait before I can receive benefits? If approved, your benefits start 30 days after your doctor completes, signs, and sends to us:

- Provider Certification form,
- Plan of Care form, and
- Supporting medical records.

Does the plan cover rehabilitation such as after I have my hip replaced? Not usually. You receive benefits if you need help for 90 days or more, **not** for short term recovery or rehab after a surgery or injury.

What is the Maximum Daily Benefit (MDB)? Your Benefit Summary shows your Maximum Daily Benefit.

- We pay up to 75% of your covered charges (up to the Maximum Daily Benefit).
- You pay 25% of your charges, charges that go over the MDB, and non-covered charges.

Example: If your MDB is \$339.34 and your daily charge is \$300 ... we will pay 75% (\$225) and you pay 25% (\$75).

Example: If your MDB is \$250.00 and your daily charge is \$500 ... we pay \$250 (75% of \$500 is more than the MDB) and you pay \$250.

What is covered under the LTC Plan? Your plan covers:

- Skilled Nursing Facility (Nursing Home)
- Alternate Care Facility (Example: Assisted Living Facility)
- Adult Day Care
- Hospice
- Home Care
- Respite Care.

Can my family members be paid to take care of me? No, benefits can only pay family members for Respite Care, nothing else.

What is the Respite Care Benefit? If your primary caretaker needs a break, your plan pays another person (a friend, neighbor, adult child, etc.) to care for you temporarily. Your Benefit Summary shows your daily benefit for Respite Care.

Does Medicare pay for LTC services? Medicare payment for LTC services is **very** limited. Medicare does not pay:

- for custodial care (services to help you with your activities of daily living).
- to help you maintain your current level of functioning, no matter where you receive these services.

Does Medicaid (Medical Assistance, Title 19) pay for LTC services? Medicaid can pay for some LTC services, **but** you must spend down most (or all) of your assets (money, property, etc.) before you qualify.

Where can I get a copy of the LTC plan document? Call 800.279.4000 to have a hard copy mailed to you. Otherwise you can find it at www.weatrust.org.

Can my spouse, son, or daughter call you about my coverage and claims? Yes, but we need your permission first.

- complete a **Designation of Insurance Representative** form
- send us a copy of your **Power of Attorney** (if you have one).

What if I have an address change? What about a death or divorce of a covered member? You must call us at 800.279.4000.

Read your **Benefit Summary** and **Plan Document** for complete information about your coverage.