



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 protect your health if you have a severe cognitive impairment, like Alzheimer's disease

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

- You need substantial help for at least 90 days or more to do 3 of 6 basic ADLs:
 - **Bathing** – washing oneself or getting into or out of the tub or shower
 - **Continence** – ability to maintain control of bowel and bladder function
 - **Dressing** – putting on and taking off items of clothing, braces, fasteners or artificial limbs
 - **Eating** – feeding (not preparing) oneself by getting food into the body
 - **Toileting** – getting to and from and on and off the toilet, and performing personal hygiene
 - **Transferring** - getting in and out of a bed, chair, or wheelchair
- You have a severe cognitive impairment (such as Alzheimer's disease) and need constant supervision to be safe.

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

- LTC Provider Certification form, and
- Medical records that support the information on your application and the Provider Certification form.

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

- LTC Provider Certification form, and
- Supporting medical records such as recent office notes, discharge summaries, and therapy notes

Your elimination (waiting) period will start after your doctor signs and returns this information.

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 rehabilitation after 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 services are covered under the LTC Plan? The LTC Plan provides coverage for the following types of care:

- Skilled nursing facility (nursing home)
- Alternate care facility (example: assisted living facility)
- Adult day care
- Hospice care
- Home care
- Respite care

How am I reimbursed for covered LTC services?

Benefits are paid after you receive covered services and provide proof that you have incurred a covered loss; we never pay benefits in advance of receiving a service. We always reimburse you, not the provider.

Can my family members be paid to take care of me? No, benefits can only pay family members for Respite Care.

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 coverage for LTC services is **very** limited. Medicare does not pay:

- For custodial care (services to help you with your activities of daily living), or
- 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 may 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? You can find a copy of the most up-to-date LTC plan document on our website at www.weatrust.org under Long Term Care. If you need assistance locating the document on the website, please call us.

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, or
- 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 or send an email to CustomerService@weatrust.org with the updated information.

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