



## 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?** You can find a copy of the most up-to-date LTC plan document on our website at [www.weatrust.org](http://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
- 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](mailto:CustomerService@weatrust.org).

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