

SERFF Tracking Number: CNAB-128181498 State: Arkansas  
Filing Company: Continental Casualty Company State Tracking Number:  
Company Tracking Number:  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long Term Care  
Project Name/Number: /

## Filing at a Glance

Company: Continental Casualty Company

Product Name: Group Long Term Care

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: CNAB-128181498 State: Arkansas

SERFF Status: Closed-Filed

Co Tr Num:

Author: Valerie Atria

Date Submitted: 03/21/2012

State Tr Num:

State Status: Filed-Closed

Reviewer(s): Donna Lambert

Disposition Date: 04/05/2012

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date: 04/05/2012

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 04/05/2012

State Status Changed: 04/05/2012

Created By: Valerie Atria

Corresponding Filing Tracking Number:

Filing Description:

Continental Casualty Company

NAIC # 218-20443

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Advertising Filing not required in Illinois.

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Valerie Atria

New submissions:

Advertising Print Material (G-149019-A-02, et. al.)

Enrollment Website (AG-149530-A, et. al.)

Corresponding Previously Approved Policy Forms:

SPS1AA-03-TQ, et. al. ("Group Long Term Care"); Approved 06-25-1997

GLTC-3-P-AR-01, et. al. ("Independent Solutions"); Approved 08-10-2001

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Dear Commissioner:

Enclosed are Continental Casualty Company's group long term care Enrollment Website and advertising print material. These forms are new and do not replace any previously approved advertising or website. Our domicile state of Illinois does not require Long-Term Care advertising filings.

The Enrollment Website is intended to be accessed by prospective group long term care clients. Employers with a CNA Long-Term Care plan provide their employees with a group-specific password in order to access the group's website. Most forms are designed for use with either of the previously approved group long term care policies referenced above, "Group Long-Term Care" (SPS1AA-03-TQ, et. al.) and "Independent Solutions" (GLTC-3-P-AR-01, et. al.). However, some of the forms have been divided into two separate templates, one for use with "Group Long-Term Care" and the other for use with "Independent Solutions." Specifically, these forms are: Highlights of Your Plan (AG-149541-A and -B), General Information (AG- 149545-A and -B), and the Glossary (AG- 149546-A and -B).

The website provides the following information: basic background and general cost of long-term care, examples of situations that require long term care, frequently asked questions and answers, and the average nursing home costs in specific locations. The website also provides information specific to the prospective insured's employer plan, including: the particular benefits and premiums associated with that plan, a glossary of terms, eligibility requirements, and enrollment / application information. In addition, an Outline of Coverage is included in the enrollment / application section of the website that is based on the plan design chosen by the employer. The language for the Outline of Coverage is identical to what has been previously filed and approved in paper format for both policies referenced above.

Additionally, like the Enrollment Website, the enclosed advertising material was created for distribution to prospective group long term care clients. Each form is designed for use with either Group Long-Term Care or Independent Solutions. Please note that when these forms are used in practice for a particular employer group, only benefits and terminology from that employer's specific policy (ie: either Group Long Term Care or Independent Solutions) and plan design will be used. These forms include exhibits used at benefits fairs and enrollment meetings, e-mail marketing, general announcement and open enrollment flyers, and enrollment kit materials.

To assist in your review, please see the attached Filing Summary under "Supporting Documentation," which describes each form included in this advertising filing, and the corresponding form number. The document provides the following information: form numbers, actual size of documents when printed (where applicable), a description of each piece, and how each works in conjunction with one another. Please note that underlined and bracketed areas on each form represent variable text that will be filled in as applicable. The Filing Summary provides a description of those areas in each form that require further explanation.

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Additionally, please be aware that when these advertising forms are created for a particular group, the employer first chooses which features and options will be offered to the employees and other potential insureds.

We respectfully request your favorable consideration and approval of this filing, and look forward to working with you in the process.

State Narrative:

## Company and Contact

### Filing Contact Information

Valerie Atria , Senior Product Compliance Valerie.Atria@cna.com  
 Analyst  
 333 South Wabash 312-822-2975 [Phone]  
 Chicago , IL 60604

### Filing Company Information

Continental Casualty Company CoCode: 20443 State of Domicile: Illinois  
 333 South Wabash Group Code: 218 Company Type: Property and  
 Chicago , IL 60604 Group Name: CNA Insurance State ID Number:  
 Companies  
 (312) 822-4292 ext. [Phone] FEIN Number: 36-2114545  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$2,300.00  
 Retaliatory? Yes  
 Fee Explanation: Fee is \$50/form in both Illinois and Arkansas.  
 \$50 x 46 forms = \$2,300.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$2,300.00	03/21/2012	57356686

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Donna Lambert	04/05/2012	04/05/2012

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	03/26/2012	03/26/2012

#### Response Letters

Responded By	Created On	Date Submitted
Valerie Atria	04/04/2012	04/04/2012

SERFF Tracking Number: CNAB-128181498

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## Disposition

Disposition Date: 04/05/2012

Implementation Date: 04/05/2012

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	CNA Filing Summary	Filed	Yes
<b>Form</b>	Benefit Fair Exhibit	Filed	Yes
<b>Form</b>	Announcement E-Mail	Filed	Yes
<b>Form</b>	Myth Vs. Reality E-Mail	Filed	Yes
<b>Form (revised)</b>	Protecting Your Assets E-Mail	Filed	Yes
<b>Form</b>	Protecting Your Assets E-Mail	Replaced	Yes
<b>Form</b>	Final Reminder E-Mail	Filed	Yes
<b>Form</b>	Announcement Postcard	Filed	Yes
<b>Form</b>	Reasons to Consider Announcement Flyer	Filed	Yes
<b>Form</b>	Table Tent	Filed	Yes
<b>Form (revised)</b>	Do You Have a Plan (Article)	Filed	Yes
<b>Form</b>	Do You Have a Plan (Article)	Replaced	Yes
<b>Form</b>	Financial Security at Risk-(Poster)	Filed	Yes
<b>Form (revised)</b>	Quad Brochure	Filed	Yes
<b>Form</b>	Quad Brochure	Replaced	Yes
<b>Form</b>	No Place Like Home -Flyer	Filed	Yes
<b>Form</b>	Is Now Available-Announcement Flyer	Filed	Yes
<b>Form</b>	Employer letter	Filed	Yes
<b>Form</b>	Reminder Postcard	Filed	Yes
<b>Form (revised)</b>	Employee Presentation	Filed	Yes
<b>Form</b>	Employee Presentation	Replaced	Yes
<b>Form</b>	Highlights of the Plan (Independent Solutions)	Filed	Yes
<b>Form</b>	Highlights of the Plan (Group Long Term Care)	Filed	Yes
<b>Form</b>	Why You Should Consider Piece	Filed	Yes
<b>Form</b>	Payroll Deducted Rates	Filed	Yes
<b>Form</b>	Direct Bill Rates	Filed	Yes
<b>Form</b>	Kit Cover letter	Filed	Yes
<b>Form</b>	Main Log-In Page	Filed	Yes
<b>Form</b>	LTC Basics	Filed	Yes
<b>Form (revised)</b>	LTC Challenge	Filed	Yes
<b>Form</b>	LTC Challenge	Replaced	Yes
<b>Form</b>	Case Studies	Filed	Yes

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<b>Form</b>	Frequently Asked Questions	Filed	Yes
<b>Form</b>	Contact Us	Filed	Yes
<b>Form</b>	About CNA	Filed	Yes
<b>Form</b>	LTC Cost	Filed	Yes
<b>Form</b>	Privacy Statement	Filed	Yes
<b>Form</b>	Legal Disclaimers	Filed	Yes
<b>Form</b>	Compare Saving vs. Insurance (Global / Not Client Specific)	Filed	Yes
<b>Form</b>	Highlights of Your Plan - Group Long- Term Care	Filed	Yes
<b>Form</b>	Highlights of Your Plan - Independent Solutions	Filed	Yes
<b>Form</b>	Who Can Apply	Filed	Yes
<b>Form</b>	Premium Calculator Entry Page	Filed	Yes
<b>Form</b>	Premium Calculator Results - Group long- term Care	Filed	Yes
<b>Form</b>	Premium Calculator Results - Independent Solutions	Filed	Yes
<b>Form</b>	Apply Now	Filed	Yes
<b>Form</b>	General Information	Filed	Yes
<b>Form</b>	Glossary - Group Long-Term Care	Filed	Yes
<b>Form</b>	Glossary - Independent Solutions	Filed	Yes
<b>Form</b>	Order an Enrollment Kit	Filed	Yes
<b>Form</b>	Compare Saving vs. Insurance Entry Page (Client Specific)	Filed	Yes
<b>Form</b>	Compare Savings vs. Insurance Results page (Client Specific)	Filed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/26/2012  
Submitted Date 03/26/2012  
Respond By Date 04/26/2012

Dear Valerie Atria ,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Protecting Your Assets E-Mail, G-149003-A (Form)

Comment: Please identify the source for: Long-term care is the largest unfunded liability facing Americans today.

### Objection 2

- Do You Have a Plan (Article), G-149010-A (Form)

Comment: Please provide the source for: Medicaid does pay almost half of the nation's nursing home bills.

### Objection 3

- LTC Challenge, AG-149532-A (Form)

Comment: Please provide the statistics for: While it is true the government is the largest source of long-term care funding in the United States . . .

### Objection 4

- Quad Brochure, G-149012-A (Form)
- Employee Presentation , G-149554-A-AR (Form)
- Highlights of the Plan (Independent Solutions), G-149019-A (Form)
- Highlights of the Plan (Group Long Term Care), G-149019-B-AR (Form)

Comment: If the Outline of Coverage will not be available with this advertising piece, please inform the prospective applicant where and when they will have access to it. You cannot invite the consumer to see a document before it is given to them.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

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*Product Name:* Group Long Term Care

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Sincerely,  
Donna Lambert

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## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 04/04/2012  
 Submitted Date 04/04/2012

Dear Donna Lambert,

### Comments:

Thank you for your initial review of our filing. Please see our responses to your comments/ objections from March 26, 2012.

### Response 1

Comments: We have identified our source for this statistic. Please see revised form.

### Related Objection 1

Applies To:

- Protecting Your Assets E-Mail, G-149003-A (Form)

Comment:

Please identify the source for: Long-term care is the largest unfunded liability facing Americans today.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Protecting Your Assets E-Mail	G-149003-A-AR		Advertising	Initial			G-149003-A-AR Sample Rates e-mail.pdf

### Previous Version

Protecting Your Assets E-Mail	G-149003-A		Advertising	Initial			G-149003-A_112108
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Sample Rates e-mail.pdf

No Rate/Rule Schedule items changed.

## Response 2

Comments: We have identified our source for this statistic. Please see revised form.

### Related Objection 1

Applies To:

- Do You Have a Plan (Article), G-149010-A (Form)

Comment:

Please provide the source for: Medicaid does pay almost half of the nation's nursing home bills.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Do You Have a Plan (Article)	G-149010-A-AR		Advertising	Initial			G149010-A-AR_Do you have.pdf
<b>Previous Version</b> Do You Have a Plan (Article)	G-149010-A		Advertising	Initial			G149010A_Do you have.pdf

No Rate/Rule Schedule items changed.

## Response 3

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Comments: We have identified our source for this statistic. Please see revised form.

**Related Objection 1**

Applies To:

- LTC Challenge, AG-149532-A (Form)

Comment:

Please provide the statistics for: While it is true the government is the largest source of long-term care funding in the United States . . .

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
LTC Challenge	AG-149532-A		Advertising	Initial			AG-149532-A LTC CHALLENGE.pdf

**Previous Version**

LTC Challenge	AG-149532-A		Advertising	Initial			AG-149532-A LTC CHALLENGE.pdf
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No Rate/Rule Schedule items changed.

**Response 4**

Comments: The Outline of Coverage is included in the enrollment kit, which the insured themselves request from us. The following forms are also included in the enrollment kit:

- G-149019-A, Advertising, Highlights of the Plan (Independent Solutions) (Form)
- G-149019-B-AR, Advertising, Highlights of the Plan (Group Long Term Care)

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We have removed the Outline of Coverage language from the remaining two forms, as they are not presented with these pieces.

**Related Objection 1**

Applies To:

- Quad Brochure, G-149012-A (Form)
- Employee Presentation , G-149554-A-AR (Form)
- Highlights of the Plan (Independent Solutions), G-149019-A (Form)
- Highlights of the Plan (Group Long Term Care), G-149019-B-AR (Form)

Comment:

If the Outline of Coverage will not be available with this advertising piece, please inform the prospective applicant where and when they will have access to it. You cannot invite the consumer to see a document before it is given to them.

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Quad Brochure	G-149012-A		Advertising	Initial			G149012A_QuadBrochure.pdf
<b>Previous Version</b>							
Quad Brochure	G-149012-A		Advertising	Initial			G149012A_QuadBrochure_GENERIC.pdf
Employee Presentation	G-149554-A-AR		Advertising	Initial			G149026-A-AR IS Powerpoint presentation.pdf

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**Previous Version**

Employee Presentation G-149554- A-AR	Advertising	Initial	G149026- A-AR Powerpoint presentation.pdf
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No Rate/Rule Schedule items changed.

Thank you for reviewing our filing and we look forward to working with you towards its approval.

Sincerely,  
Valerie Atria

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## Form Schedule

### Lead Form Number: G-149000-A et.al (Print Material) & AG-149530-A et. al (Website)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 04/05/2012	G-149000- A-AR	Advertising	Benefit Fair Exhibit	Initial			G-149000-A-AR Benefit Fair Exhibit.pdf
Filed 03/22/2012	G-149001- A	Advertising	Announcement E-Mail	Initial			G-149001-A_112108 Announcement e-mail.pdf
Filed 03/22/2012	G-149002- A	Advertising	Myth Vs. Reality E-Mail	Initial			G-149002-A_112108 Myth vs Reality e-mail.pdf
Filed 04/05/2012	G-149003- A-AR	Advertising	Protecting Your Assets E-Mail	Initial			G-149003-A-AR Sample Rates e-mail.pdf
Filed 03/22/2012	G-149004- A	Advertising	Final Reminder E-Mail	Initial			G-149004-A_112108 Final Reminder_e-mail.pdf
Filed 03/22/2012	G-149005- A	Advertising	Announcement Postcard	Initial			G149005A_AnnouncePostcardV2.pdf
Filed 03/22/2012	G-149014- A	Advertising	Reasons to Consider Announcement Flyer	Initial			G149014A_Reason to.pdf
Filed 03/22/2012	G-149008- A	Advertising	Table Tent	Initial			G149008A_Table Tent.pdf
Filed 04/05/2012	G-149010- A-AR	Advertising	Do You Have a Plan (Article)	Initial			G149010-A-AR_Do you

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Filed	G-149011-	Advertising Financial Security at	Initial	have.pdf
03/22/2012	A	Risk-(Poster)		G149011A_P
				oster.p1.pdf
Filed	G-149012-	Advertising Quad Brochure	Initial	G149012A_Q
04/05/2012	A			uadBrochure.
				pdf
Filed	G-149013-	Advertising No Place Like Home	Initial	G149013A No
03/22/2012	A	-Flyer		Place.pdf
Filed	G-149006-	Advertising Is Now Available-	Initial	G149006A_Is
03/22/2012	A	Announcement Flyer		Now
				Available
				Flyer.pdf
Filed	G-149007-	Advertising Employer letter	Initial	G149007-A_
03/22/2012	A			Announceme
				nt
				Letter_final_0
				1-15-09.pdf
Filed	G-149016-	Advertising Reminder Postcard	Initial	G149016A_R
03/22/2012	A			eminder
				Postcard.pdf
Filed	G-149554-	Advertising Employee	Initial	G149026-A-
04/05/2012	A-AR	Presentation		AR IS
				Powerpoint
				presentation.p
				df
Filed	G-149019-	Advertising Highlights of the Plan	Initial	GLTC II
04/05/2012	A	(Independent		HOTP FORM
		Solutions)		G-149019-B-
				AR.pdf
Filed	G-149019-	Advertising Highlights of the Plan	Initial	GLTC II
04/05/2012	B-AR	(Group Long Term		HOTP FORM
		Care)		G-149019-B-
				AR.pdf
Filed	G-149024-	Advertising Why You Should	Initial	G149024A_W
03/22/2012	A	Consider Piece		hy You
				Should.pdf
Filed	G-149020-	Advertising Payroll Deducted	Initial	G-149020-
03/22/2012	A	Rates		A_05282009

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				Payroll Deducted Rates.pdf
Filed	G-149021-	Advertising Direct Bill Rates	Initial	G-149021- A_05282009 Direct Bill Rates.pdf
03/22/2012	A			
Filed	G-149025-	Advertising Kit Cover letter	Initial	G_149025_A Kit Letter 102608.pdf
03/22/2012	A			
Filed	AG-	Advertising Main Log-In Page	Initial	AG-149530-A Main Log-in Page.pdf
03/22/2012	149530-A			
Filed	AG-	Advertising LTC Basics	Initial	AG-149531-A LTC BASICS.pdf
03/22/2012	149531-A			
Filed	AG-	Advertising LTC Challenge	Initial	AG-149532-A LTC CHALLENGE. pdf
04/05/2012	149532-A			
Filed	AG-	Advertising Case Studies	Initial	AG-149534-A CASE STUDIES.pdf
03/22/2012	149534-A			
Filed	AG-	Advertising Frequently Asked Questions	Initial	AG-149535-A FAQ.pdf
03/22/2012	149535-A			
Filed	AG-	Advertising Contact Us	Initial	AG-149536-A Contact Us.pdf
03/26/2012	149536-A			
Filed	AG-	Advertising About CNA	Initial	AG-149537-A About CNA.pdf
03/26/2012	149537-A			
Filed	AG-	Advertising LTC Cost	Initial	AG-149538-A - LTC Cost.pdf
03/22/2012	149538-A			
Filed	AG-	Advertising Privacy Statement	Initial	AG-149539-A Privacy Notice.pdf
03/22/2012	149539-A			
Filed	AG-	Advertising Legal Disclaimers	Initial	AG-149540-A

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 03/22/2012 149540-A

				Legal Disclaimers.p df
Filed	AG-	Advertising Compare Saving vs.	Initial	AG-149533-A
03/22/2012	149533-A	Insurance (Global / Not Client Specific)		Cost vs. Savings Results Page - Public.pdf
Filed	AG-	Advertising Highlights of Your	Initial	AG-149541-A
03/22/2012	149541-A	Plan - Group Long- Term Care		Highlights - GLTCII.pdf
Filed	AG-	Advertising Highlights of Your	Initial	AG-149541-B
03/22/2012	149541-B	Plan - Independent Solutions		Highlights - ISII.pdf
Filed	AG-	Advertising Who Can Apply	Initial	AG-149542-A
03/22/2012	149542-A			Who Can Apply.pdf
Filed	AG-	Advertising Premium Calculator	Initial	AG-149543-A
03/22/2012	149543-A	Entry Page		Premium Calculator Entry Page.pdf
Filed	AG-	Advertising Premium Calculator	Initial	AG-149560-A
03/22/2012	149560-A	Results - Group long- term Care		Premium Calculator Results GLTCII.pdf
Filed	AG-	Advertising Premium Calculator	Initial	AG-149560-B
03/22/2012	149560-B	Results - Independent Solutions		Premium Calculator Results ISII.pdf
Filed	AG-	Advertising Apply Now	Initial	AG-149544-A
03/22/2012	149544-A			Apply Now - On-Line.pdf
Filed	AG-	Advertising General Information	Initial	AG-149545-A
03/22/2012	149545-A			General Info.pdf

<i>SERFF Tracking Number:</i>	CNAB-128181498	<i>State:</i>	Arkansas	
<i>Filing Company:</i>	Continental Casualty Company	<i>State Tracking Number:</i>		
<i>Company Tracking Number:</i>				
<i>TOI:</i>	LTC03G Group Long Term Care	<i>Sub-TOI:</i>	LTC03G.001 Qualified	
<i>Product Name:</i>	Group Long Term Care			
<i>Project Name/Number:</i>	/			
Filed	AG-	Advertising Glossary - Group	Initial	AG-149546-A
03/22/2012	149546-A	Long-Term Care		Glossary - GLTCII.pdf
Filed	AG-	Advertising Glossary -	Initial	AG-149546-B
03/22/2012	149546-B	Independent		Glossary - ISII.pdf
		Solutions		
Filed	AG-	Advertising Order an Enrollment	Initial	AG-149553-A
03/26/2012	149553-A	Kit		Order an Enrollment Kit.pdf
Filed	AG-	Advertising Compare Saving vs.	Initial	AG-149533-B
03/22/2012	149533-B	Insurance Entry		Compare Savings vs Ins - Entry Page.pdf
		Page (Client Specific)		
Filed	AG-	Advertising Compare Savings vs.	Initial	AG-149533-C
03/22/2012	149533-C	Insurance Results		Compare Savings vs Insurance - Results page.pdf
		page (Client Specific)		

**What is Long-Term Care?**

Long-term care is actually a variety of services for people who cannot care for themselves because of illness, accident or disability. For example, long-term care may be required after a car or sporting accident or because of a stroke, Multiple Sclerosis, or Alzheimer’s disease. Long-term care services range from simple help with meals or housekeeping to 24-hour monitored care.



**Why Buy Long-Term Care Insurance?**

People buy long-term care insurance for many reasons. Some want to stay independent or preserve hard-earned assets if they become chronically ill. Others do not want to rely on government programs. Many simply do not want to become a burden to their family. Whatever your reason for considering long-term care insurance, consider the following:

**Medical plans don’t cover long-term care.** They typically cover only acute or short-term medical expenses and provide little or no coverage for long-term care.

**Disability insurance is not the same thing.** Disability insurance partially replaces your pay if you can’t work. You will probably need that money for regular living expenses, and there may not be enough left to cover long-term care.

**The government doesn’t cover it.** Medicare only pays for limited care following hospitalization. Medicaid covers long-term care only if you are impoverished. That means you must exhaust most your savings before it pays. Even then, it typically only covers some nursing homes and does not pay for care in your home.

**Long-term care is not just for the elderly.** Accidents or chronic illness can strike at any time and any age. Many long-term care claimants are working age.

**Long-term care services cost a lot.** Based on CNA’s 2006 survey, the national average cost of one day in a long-term care facility is \$119, or over \$40,000 per year. And the cost can be twice that much in some areas. Do you have that type of money set aside for long-term care services?

**Why Now?**

- **[No health questions for employees.** During the special open enrollment, employees who are actively at work may enroll without any medical questions. After this open enrollment, evidence of good health is required.]
- **A simplified application for your spouse [or same-sex domestic partner].** Spouses [or same-sex domestic partners] of active employees can enroll in the long-term care plan by completing a simplified application. Coverage is not guaranteed.

**Premiums.** Premiums are based on your age when coverage begins. They do not automatically increase as you grow older.\* The following table shows an example of the possible cost of waiting to enroll:

**Example - \$180 Daily Benefit for 3 years**

Age	Monthly Premium	Total Available
<u>25</u>	<u>\$16.11</u>	<u>\$197,100</u>
<u>35</u>	<u>\$22.78</u>	<u>\$197,100</u>
<u>45</u>	<u>\$37.79</u>	<u>\$197,100</u>
<u>55</u>	<u>\$69.81</u>	<u>\$197,100</u>
<u>65</u>	<u>\$132.83</u>	<u>\$197,100</u>

**Want to Know More?**

Call CNA toll-free at 1-800-266-2904 [or visit our website www.ltcbenefits.com (password: trycnaflt)]



Continental Casualty Company

# [CNA][Independent Solutions<sup>®</sup>] Group Long-Term Care Insurance

Employer Name

FEATURES AND BENEFITS				
	Option 1	Option 2	Option 3	Option 4
<b>Daily Maximum Benefit (DMB)</b> – The maximum amount of benefits you may receive on a single day. Individual features have their own limits, but this is the maximum amount available under the plan for any combination of benefits	\$xxx	\$xxx	\$xxx	\$xxx
<b>(Indemnity) [Daily [Facility Care][Nursing Home] Benefit</b> – The plan pays your entire Daily Maximum Benefit each day you receive paid services in one of the following facilities: •Nursing Homes •Assisted Living Facilities •Hospice Facilities]				
<b>(Expense reimbursement) [Daily [Facility Care][Nursing Home] Benefit</b> – The plan reimburses the actual cost of services you receive, up to your Daily Maximum Benefit, for care in the following facilities: •Nursing Homes •Assisted Living Facilities •Hospice Facilities]	\$xxx	\$xxx	\$xxx	\$xxx
<b>(Flexible Care (disability income) version) [Daily [Home-][Community-]Based Care Benefit</b> – The plan reimburses your full benefit amount each day you are chronically ill and not receiving [Facility Care][Nursing Home Care].				
<b>(Indemnity) [Daily [Home-][Community-]Based Care Benefit</b> – The plan pays your full benefit amount each day you receive paid services in your home or an adult day care facility.]	\$xxx	\$xxx	\$xxx	\$xxx
<b>(Expense reimbursement) [Daily [Home-][Community-]Based Care Benefit</b> – Reimburses the actual cost of services you receive each day, <u>up to the amount shown in the table on the right</u> , for care you receive in your own home or an adult day care facility.]				
<b>Lifetime Maximum Benefit</b> – The total amount of insurance you purchase. It is the total pool of money available for reimbursement for long-term care services. <i>Unless noted, all benefits you receive reduce your Lifetime Maximum Benefit.</i>	\$xxx,xxx \$xxx,xxx	\$xxx,xxx \$xxx,xxx	\$xxx,xxx \$xxx,xxx	\$xxx,xxx \$xxx,xxx
<b>[(Calendar day) [Waiting Period</b> – After you become chronically ill, you will need to satisfy a <u>90</u> calendar day waiting period before you receive benefits. [You must only satisfy this waiting period once in your lifetime.] You do not need to incur any paid long-term care services during this time.]	√	√	√	√
<b>(Service day) [Waiting Period</b> – After you become chronically ill, you will need to satisfy a waiting period before you receive benefits. For [Facility][Nursing Home] Care: <u>60</u> days of service For [Home-][Community-]Based Care: <u>15</u> days of service [You must only satisfy the waiting period once in your lifetime.]]	√	√	√	√
<b>[Bed Reservation][Temporary Bed Holding]</b> – Reimburses costs you incur to hold your place in a nursing home or other facility if you need to be away temporarily. This feature reimburses up to your Daily Maximum Benefit, for as many as [14][21] days per year.]	\$xxx	\$xxx	\$xxx	\$xxx



Continental Casualty Company

# [CNA][Independent Solutions<sup>®</sup>] Group Long-Term Care Insurance

Employer Name

FEATURES AND BENEFITS				
	Option 1	Option 2	Option 3	Option 4
<b>[Caregiver Benefit</b> – Pays ten times your Daily Maximum Benefit each year to help offset costs associated with informal care. Proof of paid services or other charges is not required, and this benefit pays in addition to your [Home-][Community-]Based Care benefit. [No waiting period applies to this feature.]	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>
<b>[Caregiver Training</b> – Reimburses up to three times your Daily [Home-][Community-]Based Care Benefit for charges you incur to train an informal caregiver [or independent provider] to care for you at home. [It also covers training required to license or certify an independent provider, if required.] No waiting period applies to this feature.]	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>
<b>[Emergency Alert System Benefit</b> – Reimburses for a communication system, other than regular telephone service or a home security system, in your home used to summon medical attention in case of a medical emergency. The monthly amount available under this benefit is equal to one day’s Community-Based Care Benefit.]	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>
<b>[Flexible Care Benefit</b> – To give you maximum flexibility, this benefit pays your full Home-Based Care Benefit each day you are chronically ill and not receiving Facility Care. No proof of long-term care services is required.]	√	√	√	√
<b>[[Future Benefit Guarantee][Benefit Account] (Nonforfeiture)</b> – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily Maximum Benefit, whichever is higher.]	√	√	√	√



Continental Casualty Company

# [CNA][Independent Solutions®] Group Long-Term Care Insurance

Employer Name

FEATURES AND BENEFITS						Option 1	Option 2	Option 3	Option 4																																																																		
<p><b>[[Future Benefit Guarantee][Benefit Account] Plus (Nonforfeiture)</b> – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, <u>30</u> times your Daily Maximum Benefit, or the amount shown in the table below, whichever is higher.</p> <table border="1"> <thead> <tr> <th>Years of Coverage</th> <th>Percentage of Lifetime Maximum</th> <th>Years of Coverage</th> <th>Percentage of Lifetime Maximum</th> <th>Years of Coverage</th> <th>Percentage of Lifetime Maximum</th> </tr> </thead> <tbody> <tr><td><u>1</u></td><td><u>0%</u></td><td><u>11</u></td><td><u>5.5%</u></td><td><u>21</u></td><td><u>11%</u></td></tr> <tr><td><u>2</u></td><td><u>0%</u></td><td><u>12</u></td><td><u>6.0%</u></td><td><u>22</u></td><td><u>12%</u></td></tr> <tr><td><u>3</u></td><td><u>0%</u></td><td><u>13</u></td><td><u>6.5%</u></td><td><u>23</u></td><td><u>13%</u></td></tr> <tr><td><u>4</u></td><td><u>2.0%</u></td><td><u>14</u></td><td><u>7.0%</u></td><td><u>24</u></td><td><u>14%</u></td></tr> <tr><td><u>5</u></td><td><u>2.5%</u></td><td><u>15</u></td><td><u>7.5%</u></td><td><u>25</u></td><td><u>15%</u></td></tr> <tr><td><u>6</u></td><td><u>3.0%</u></td><td><u>16</u></td><td><u>8.0%</u></td><td><u>26</u></td><td><u>16%</u></td></tr> <tr><td><u>7</u></td><td><u>3.5%</u></td><td><u>17</u></td><td><u>8.5%</u></td><td><u>27</u></td><td><u>17%</u></td></tr> <tr><td><u>8</u></td><td><u>4.0%</u></td><td><u>18</u></td><td><u>9.0%</u></td><td><u>28</u></td><td><u>18%</u></td></tr> <tr><td><u>9</u></td><td><u>4.5%</u></td><td><u>19</u></td><td><u>9.5%</u></td><td><u>29</u></td><td><u>19%</u></td></tr> <tr><td><u>10</u></td><td><u>5%</u></td><td><u>20</u></td><td><u>10%</u></td><td><u>30+</u></td><td><u>20%</u></td></tr> </tbody> </table>						Years of Coverage	Percentage of Lifetime Maximum	Years of Coverage	Percentage of Lifetime Maximum	Years of Coverage	Percentage of Lifetime Maximum	<u>1</u>	<u>0%</u>	<u>11</u>	<u>5.5%</u>	<u>21</u>	<u>11%</u>	<u>2</u>	<u>0%</u>	<u>12</u>	<u>6.0%</u>	<u>22</u>	<u>12%</u>	<u>3</u>	<u>0%</u>	<u>13</u>	<u>6.5%</u>	<u>23</u>	<u>13%</u>	<u>4</u>	<u>2.0%</u>	<u>14</u>	<u>7.0%</u>	<u>24</u>	<u>14%</u>	<u>5</u>	<u>2.5%</u>	<u>15</u>	<u>7.5%</u>	<u>25</u>	<u>15%</u>	<u>6</u>	<u>3.0%</u>	<u>16</u>	<u>8.0%</u>	<u>26</u>	<u>16%</u>	<u>7</u>	<u>3.5%</u>	<u>17</u>	<u>8.5%</u>	<u>27</u>	<u>17%</u>	<u>8</u>	<u>4.0%</u>	<u>18</u>	<u>9.0%</u>	<u>28</u>	<u>18%</u>	<u>9</u>	<u>4.5%</u>	<u>19</u>	<u>9.5%</u>	<u>29</u>	<u>19%</u>	<u>10</u>	<u>5%</u>	<u>20</u>	<u>10%</u>	<u>30+</u>	<u>20%</u>				
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<p><b>[Home Medical Technology</b> – Reimburses up to \$1,000 per calendar year to help cover the actual cost of assistive devices, medication compliance equipment, or emergency response systems used in your residence. It also reimburses the cost of home modifications necessary to accommodate this kind of equipment or as needed to allow you to remain at home. No waiting period applies to this feature.]</p>						√	√	√	√																																																																		
<p><b>[Hospice</b> – If you become terminally ill, this feature reimburses up to either your Daily [Facility Care][Nursing Home] or [Home-][Community-]Based Care benefit amount, depending on where you receive hospice care. [The waiting period does not apply to this benefit.]</p>						√	√	√	√																																																																		
<p><b>[[Guaranteed Benefit Increase][Future Purchase Option]</b> – On the [second][third] anniversary of your effective date, and no less than every [two][three] years thereafter, CNA will offer you the chance to increase your benefits to help you keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or <u>same-sex</u> domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].]</p>						√	√	√	√																																																																		



Continental Casualty Company

# [CNA][Independent Solutions®] Group Long-Term Care Insurance

Employer Name

FEATURES AND BENEFITS				
	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
<b>[Deferred Compound Automatic Benefit Increase</b> – Prior to age 65, every <u>three</u> years, CNA will offer you periodic opportunities to increase your benefits to help keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or <u>same-sex</u> domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than <u>two</u> offers]. Beginning at age 65, your Daily Maximum Benefit, remaining Lifetime Maximum Benefit, and any other benefits indexed to them automatically start increasing by 5% compounded each year. Increases continue, even if you are on claim, unless premium payments stop.]	√	√	√	√
<b>[Emergency Alert System Benefit</b> – Reimburses for a communication system, other than regular telephone service or a home security system, in your home used to summon medical attention in case of a medical emergency. The monthly amount available under this benefit is equal to one day’s Community-Based Care Benefit.]	√	√	√	√
<b>[Lifetime Compound Automatic Benefit Increase (inflation protection)</b> – This feature automatically increases your Daily Maximum Benefit, remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% compounded each year without automatically increasing your premiums. Increases continue for life, unless premium payments stop for any reason except waiver of premium.]	<u>Optional</u>	<u>Optional</u>	<u>Optional</u>	<u>Optional</u>
<b>[20-Year Simple Interest Automatic Benefit Increase (inflation protection)</b> – This feature automatically increases your Daily [Facility][Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% each year (simple interest) without automatically increasing your premiums. Increases continue for 20 years, unless premium payments stop for any reason except waiver of premium. After 20 years, benefit increases cease.	<u>Optional</u>	<u>Optional</u>	<u>Optional</u>	<u>Optional</u>
<b>[Informal Caregiver Benefit</b> – This feature pays up to 25% of the Daily [Facility Care][Nursing Home] benefit each day you receive informal care at home. You may also receive paid services under the [Home-][Community-]Based Care benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed the Daily [Home-][Community-]Based Care Benefit.]	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>
<b>[Respite Care</b> – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The Respite Care benefit reimburses up to either the Daily Facility Care Benefit or Daily Home-Based Care Benefit, as many as [21][14]days per year, depending on where benefits are used. No waiting period applies to this feature.]	√	√	√	√
<b>[Additional Respite Care</b> – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The Additional Respite Care benefit reimburses up to the Daily Maximum Benefit, as many as [21][14]days per year, regardless of whether you receive home or facility based services for your respite care. No waiting period applies to this feature.	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>
<b>[[Family][Respite Care][Care Assist]</b> – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so that they can take needed time off. Whether you choose Facility, [Home-][Community-]Based, or Informal Care for respite services, the plan reimburses up to your Daily Maximum Benefit, as many as [21][14] days per year. No waiting period applies to this feature.]	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>	<u>\$xxx</u>



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# [CNA][Independent Solutions®] Group Long-Term Care Insurance

Employer Name

FEATURES AND BENEFITS				
	Option 1	Option 2	Option 3	Option 4
<b>[Restoration of the Lifetime Maximum Benefit</b> – This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for five consecutive years for a condition requiring long-term care services.]	√	√	√	√
<b>[Return of Premium at Death</b> – Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 65.]	√	√	√	√
<b>[Return of Premium at Death or Lapse</b> – After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]	√	√	√	√
<b>[Shared Lifetime Maximum Benefit</b> – Provides an additional, shared, pool of benefits to married couples [or same-sex domestic partners] that each purchase identical coverage. If either (or both) become chronically ill and reach the lifetime maximum of their own coverage, they may access any of the shared lifetime maximum benefit remaining. The shared lifetime maximum benefit is equal to the individual lifetime maximum benefits purchased by the couple. For example, couples who each purchase a \$XXX,XXX lifetime maximum benefit receive an additional \$XXX,XXX shared lifetime maximum benefit.]	√	√	√	√
<b>[Terminal Illness Benefit</b> – If you are diagnosed with a terminal illness, the plan reimburses up to ten times your Daily Maximum Benefit for long-term care expenses without a waiting period. <i>Benefits received do not reduce the Lifetime Maximum Benefit.</i>	\$xxx	\$xxx	\$xxx	\$xxx
<b>[Transition Benefit</b> – This feature reimburses up to five times your Daily Maximum Benefit for long-term care expenses you incur during your waiting period. <i>Benefits received do not reduce your Lifetime Maximum Benefit.</i>	\$xxx	\$xxx	\$xxx	\$xxx
<b>[World Wide Coverage</b> – If you are living or traveling outside the United States and qualify for benefits, we will make a cash payment equal to your [Home-][Community-]Based Care Benefit, but not more than 75% of the [Facility Care][Nursing Home] benefit, each day you receive long-term care services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will issue all benefits in United States currency.]	\$xxx	\$xxx	\$xxx	\$xxx

## Limitations and Exclusions

**(Extended Wait) [Limitation on Pre-Existing Conditions** – Your plan does not cover long-term care that results from conditions that existed up to six months before your coverage effective date until coverage has been in force for six months. After coverage has been in effect for six months, the policy’s waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

**(Staggered Care) [Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care that results from a pre-existing condition is



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considered to be continuing without interruption until you no longer require long-term care services for the condition. At this point, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

**(Standard) [Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care is considered to be continuing without interruption until at least six months pass during which you require no assistance with activities of daily living or supervision due to severe cognitive impairment. Once this six-month period passes, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

**Other Exclusions** – The plan will not pay benefits for the following:

1. [Long-term care resulting from war or an act of war whether declared or undeclared; ]
2. **[(Expense Reimbursement)** Long-term care payable under Worker's Compensation or the Occupational Disease Act or Law;]
3. **[(Indemnity)** Long-term care covered by Worker's Compensation or the Occupational Disease Act or Law;]
4. [Long-term care which would be provided without charge in the absence of insurance;]
5. [Long-term care received in a facility or section of a facility which operates primarily for the treatment of substance abuse;]
6. [Long-term care received outside the United States and its possessions (unless World Wide Coverage is purchased);]
7. [Long-term care to the extent that benefits are payable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.]

*\* Premiums may increase in the future, but only if CNA raises rates for all policies in the same class in your state.*

*Continental Casualty Company provides the products and/or services described. The information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions, and exclusions for an insured. All Products and services may not be available in all states and may be subject to change without notice. CNA is a registered trademark of CNA Financial Corporation © 2009 CNA All rights reserved.*

*Continental Casualty Company Policy [SPS1AA-03-TQ, et. al.][ GLTC-3-P-AR-01, et. al.]*



**Continental Casualty Company**

**Re: Act Now! Special employee benefit opportunity**

[From DATE through DATE, the EMPLOYER group long-term care program is offering a special open enrollment. Employees may enroll in the plan with no medical underwriting.]

[Good news! The special open enrollment for EMPLOYER's group long-term care program has been extended to DATE. Until then, employees may enroll in the plan with no medical underwriting.]

Long-term care insurance helps pay for the care people need when they are unable to take care of themselves because of an injury, chronic illness, or for any other reason. Covered services range from basic assistance at home with activities like bathing or dressing to full-time care in an assisted living center, nursing home or other facility. Medical plans and other employee benefits typically do not pay for long-term care services.

To find out more about the long-term care plan or to enroll[, click on the link below or] call CNA toll-free at 1-877-777-9072.

[\[\(Insert Link\)\]](#)

[(If you have a problem connecting by clicking this link, copy it into your browser's address field.)]

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**G-149001-A**

**Continental Casualty Company Policy [SPS1AA-03-TQ, et. al.][ GLTC-3-P-AR-01, et. al.]**

**Re:** Think you're covered for long-term care? Think again!

Many people believe their health insurance, disability insurance, or the government will cover long-term care. Many people are wrong.

**MYTH: The government will pay for my long-term care.**

*REALITY:* Medicaid only pays for long-term care if you are impoverished. In other words, you must exhaust most of your savings before Medicaid pays. Even then, Medicaid only pays for nursing homes of their choice and typically does not cover home care. The other major government health program, Medicare, generally only pays for limited long-term care related to treatment following hospitalization.

**MYTH: My health insurance will cover it.**

*REALITY:* Medical plans typically cover only limited long-term care services specifically related to acute health care treatment.

**MYTH: My disability insurance will help.**

*REALITY:* Disability insurance is intended to help replace your pay if you are unable to work. You will probably need that money for regular living expenses, and there may be very little left to cover long-term care.

**MYTH: I'll pay for it myself.**

*REALITY:* Long-term care can eat through savings quickly. According to recent studies, skilled nursing facilities average more than \$66,000 per year.<sup>1</sup>

**MYTH: I probably won't need it, at least not until I'm older.**

*REALITY:* An accident or chronic illness could strike at any time and any age. Many people needing long-term care are working age adults. According to 2009 CNA claim data, over one third of all of those needing long-term care services are individuals ages 24 through 65.

To find out more about the long-term care plan or to enroll, [click on the link below or] call CNA toll-free at [\[1-877-777-9072\]](tel:1-877-777-9072).

[\[Insert Link\]](#)

[(If you have a problem connecting by clicking this link, copy it into your browser's address field.)]

1. A Shopper's Guide to Long-Term Care Insurance, 2008. National Association of Insurance Commissioners.

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**G-149002-A**

**Continental Casualty Company Policy [SPS1AA-03-TQ, et. al.][ GLTC-3-P-AR-01, et. al.]**

**Re:** Protecting your assets costs less than you think!

Long-term care is the largest unfunded liability facing Americans today.<sup>1</sup> Think health care is expensive? Just look at the cost of long-term care.

- Nursing home costs range from \$43,000 to \$103,000 annually. The nationwide average is \$66,000 per year.<sup>2</sup>
- 2008 annual costs for care in an Assisted Living Facility averages \$36,000.<sup>3</sup>
- 53% of those needing Long-term care services will require it for at least a year.<sup>4</sup>

With the EMPLOYER group long-term care insurance plan, you can protect your hard-earned assets for surprisingly little cost. The plan offers a variety of coverage levels to fit your needs and budget. Listed below is the cost of a plan that provides \$219,000 of protection, payable up to \$200 per day.

<u>Age</u>	<u>Monthly Cost</u>
<u>40</u>	<u>\$35.14</u>
<u>45</u>	<u>\$46.22</u>
<u>50</u>	<u>\$62.19</u>
<u>55</u>	<u>\$84.00</u>
<u>60</u>	<u>\$119.51</u>

As you can see, the younger you are when you buy long-term care insurance, the lower your premium. Premiums are based on your age at the time your insurance takes effect and on the coverage level you select. They do not automatically increase as you get older. Premiums may increase in the future, but only if CNA raises rates for all policies in the same class in your state.

[From DATE through DATE, the EMPLOYER group long-term care program is offering a special open enrollment. Employees may enroll in the plan with no medical underwriting.]

[The special open enrollment for EMPLOYER's group long-term care program has been extended to DATE. Until then, employees may enroll in the plan with no medical underwriting.]

To find out more about the long-term care plan or to enroll[, click on the link below or] call CNA toll-free at 1-877-777-9072.

[\[\(Insert Link\)\]](#)

(If you have a problem connecting by clicking this link, copy it into your browser's address field.)

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**G-149003-A-AR**

**Continental Casualty Company Policy [SPS1AA-03-TQ, et. al.][ GLTC-3-P-AR-01, et. al.]**

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<sup>1</sup> Lee, Jolie, "Long-term care insurance is 'greatest unfunded liability,'" Federal News Radio, <http://www.federalnewsradio.com/?nid=179&sid=2608358>.

<sup>2</sup> U.S. Department of Health and Human Services National Clearinghouse for Long Term Care Information, 12/09/08.

<sup>3</sup> 2006 CNA Cost of Care Survey

<sup>4</sup> 2006 CNA Cost of Care Survey

**Re:** Urgent! Last day to act on your long-term care insurance opportunity

If you have been putting off enrolling in the EMPLOYER group long-term care insurance plan, your time is almost up! Tomorrow, DATE, the special open enrollment for group long-term care insurance closes. If you act before the deadline, you may qualify for enrollment without any medical underwriting. After DATE, underwriting will be required and acceptance into the program is not guaranteed. Spouses[or same-sex domestic partners][ and other eligible family members] may also apply with medical underwriting.

**Remember...** long-term care services are costly, insuring against them is not.

**Remember...** your medical and disability plans do not typically cover most long-term care costs, and the government only pays for it under very limited circumstances or if you have exhausted most your savings.

**Remember...** long-term care insurance is not just for the elderly. A disabling illness or injury can strike at any age.

**Remember...** long-term care insurance protects your financial future and the financial future of your loved ones by helping to provide for your long-term care needs.

To find out more about the long-term care plan or to enroll[, click on the link below or] call CNA toll-free at 1-877-777-9072.

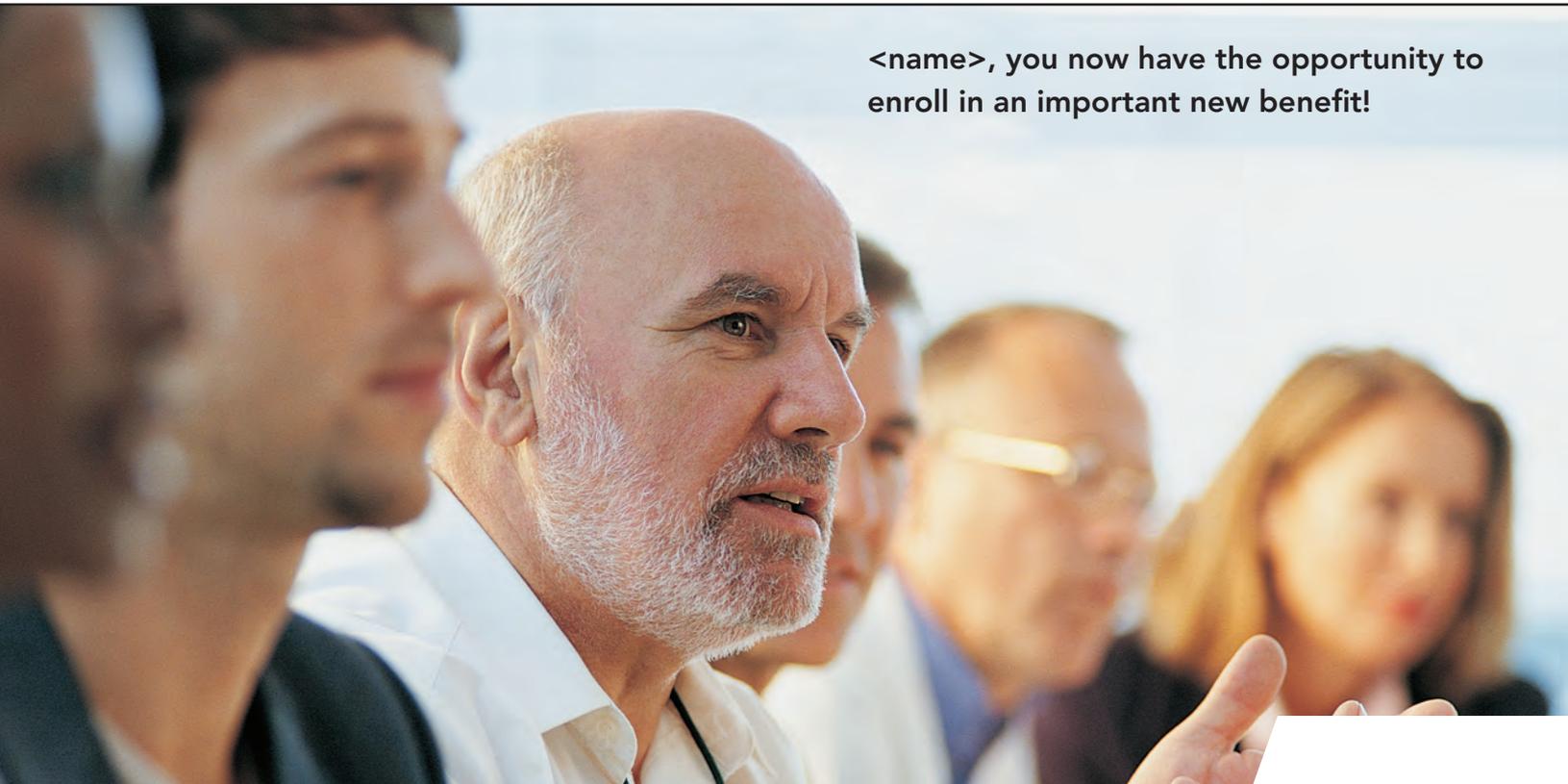
[(Insert Link)]

(If you have a problem connecting by clicking this link, copy it into your browser's address field.)]

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<name>, you now have the opportunity to enroll in an important new benefit!

Group Long-Term Care

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ABC



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### You're Never Too Young For Long-Term Care

Some people believe that long-term care is only for the elderly. But the need for long-term care services may come at any age, due to an accident, injury or a chronic illness such as Parkinson's or Multiple Sclerosis.

### Your Financial Security May Depend On It

The cost of long-term care can range from \$40,000 to well over \$100,000 per year\*, and those costs are typically not paid by other insurance. Medical insurance typically only pays for short-term acute care, not long-term care. Disability insurance usually pays a percentage of your regular salary while you are unable to work, but probably not enough for long-term care expenses. For most of us, it won't take long to deplete our life savings if we must pay for long-term care out of our own pocket.

### Don't Miss Your Opportunity — Call Now

As an employee, you can enroll during this initial enrollment period without answering any medical questions; your acceptance for coverage is guaranteed. (Spouses, [Domestic Partners] parents, parents-in-law, grandparents, and grandparents-in-law also may apply, although their acceptance is subject to medical eligibility.) We urge you to think about how this new benefit can help take care of you, your family and your future.

### Call [Phone #] to learn more or order an enrollment kit.

\*2009 CNA Cost of Nursing Home Care study (room and board costs only).

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G-149005-A



333 S. Wabash Ave.  
Chicago, IL 60604



# Reasons to consider group long-term care insurance

## Why Should I Consider Long-Term Care Insurance Now?

Disabling accidental injuries can strike at any age. Some common disabling illnesses and injuries include:

- Multiple Sclerosis
- Parkinson's Disease
- Stroke
- Head Trauma

A disabling illness or injury might mean you need help with basic activities, such as bathing and dressing. In other words, you might need long-term care.

## Long-Term Care Is Expensive

The cost of long-term care can add up quickly. Costs vary by locality, but here are some averages:

- Three visits per week from a nurse for skilled care costs about \$370 per week.<sup>1</sup>
- Three visits from a home health aide to give you personal care costs an additional \$200 per week.<sup>1</sup>
- If you needed home health services, they might cost \$36,000 per year.<sup>1</sup>
- If you needed facility care, it costs \$30,000 to \$110,000 per year, depending on the state.<sup>2</sup>



## You're Not Covered

If you receive treatment in a hospital for an injury and you have a typical health insurance plan, it will pay benefits for your treatment and hospitalization. However, your health insurance probably will not pay anything for long-term care services, such as visits from a nurse or a home health aide.

If you have long-term disability insurance you may think that you are covered for long-term care. Unfortunately, that's a misperception. Disability insurance pays you a percentage of your regular weekly or monthly salary while you are disabled and not receiving a paycheck. It can help you pay your normal living expenses, such as rent, car payment and food bills, but you probably won't have much left over to pay for long-term care services.

Only long-term care insurance is specifically designed to help you pay the costs of long-term care. Without long-term care insurance, you might be forced to use money earmarked for savings to pay for the long-term care services you would need if you have a disabling injury or disease. Enrolling now in your employer's group long-term care program is an excellent way to help make the future more secure for you and your family.

Coverage underwritten by Continental Casualty Company

G-149014-A  
Continental Casualty Company Policy [SPS1AA-TQ, et. al.][GLTC-3-P-01, et. al.]



# Reasons to consider group long-term care insurance

## Benefits of Enrolling Now

### Why Buy Now? — The Cost of Putting Off Your Decision

The younger you are when you buy long-term care insurance, the lower your premium rate will be. The premium is based on your age on the effective date of your coverage and the type of coverage you select. Because of that, the total amount you pay over the years may be less than if you buy at an older age, even though you pay for more years. The example that follows compares premiums paid by a 40-year-old with those paid by a 60-year-old. Not only did the 40-year-old pay a lower rate per month, he also paid 35% less in total premiums than the 60-year old who put off his decision to buy.

### 60% [Home] [Community Based] Care Benefit

Age	Monthly Rate*	Years Paid	Total Paid to Age 75
40	\$32.13	35	\$13,495
50	\$57.18	25	\$17,154
60	\$107.86	16	\$20,709

### Can I Keep the Coverage If I Leave My Current Employer?

Even if you leave your employer or retire, you can take your long-term care plan with you, as long as you keep paying the premiums. Your rates and plan design will not change just because your employment does. You will be billed directly for the premiums.

1 Source: U.S. Department of Health and Human Services. National Clearinghouse for Long-Term Care Information <[http://longtermcare.gov/ltc/Main\\_Site/Paying\\_ltc/cost\\_of\\_care.aspx](http://longtermcare.gov/ltc/Main_Site/Paying_ltc/cost_of_care.aspx)>. Accessed Dec. 23, 2008.

2 Source: 2006 CNA Cost of Nursing Care Study, room and board costs only.

\* Premiums shown are based on a \$164,250 lifetime maximum benefit and a \$150 daily Facility Care Benefit.

\*\* Premiums may increase in the future, but only if CNA raises rates for all policies in the same class in your state.

These rates are for illustration purposes only and are not actual premiums for your plan. For your premium amounts, please refer to the Rate Sheet, which is included in this enrollment kit.

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G-149014-A

## Are There Any Tax Benefits For Group Long-Term Care Insurance?

Because CNA [Independent Solutions®] [Group Long-Term Care] is a tax qualified plan, benefits received may not be taxable, and some of the premiums you pay may be included in your medical expense deduction if you itemize. Many states also offer tax incentives for long-term care insurance. Call your tax advisor to see how this may help you.

## Affordable, Stable Premiums

The CNA [Independent Solutions] [Group Long-Term Care] insurance program has been designed to offer surprisingly affordable premiums that do not automatically increase over time, unless you add to your coverage. In fact, CNA has not increased premiums for any of its group long-term care plans since the product was introduced in 1988.\*\*

## How Can I Find Out More?

For detailed information about your Group Long-Term Care plan, please refer to the Outline of Coverage, which is included in this enrollment kit.

**Call 1-800-266-2904 to learn more or to enroll. [You can also visit the Group Long-Term Care website at Add URL. Password: \_\_\_\_\_].**

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Look for more information about meeting dates and times or call CNA toll-free at [Phone #].

Group long-term care insurance is affordable,  
comprehensive and payroll deducted.

Look for more information about meeting dates and times or call CNA toll-free at [Phone #].



Coverage underwritten by  
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# Do you have a plan for your long-term care?

Many people think they have coverage for long-term care expenses under their medical or disability insurance, but it's typically not true.

[Independent Solutions®] [CNA Group Long-Term Care] provides comprehensive, flexible coverage at an affordable price.

## Basic facts

Long-term care insurance helps pay for the care people need when they are unable to take care of themselves. This need for care could be the result of an injury from an accident or due to a chronic illness such as Multiple Sclerosis. Services can range from assistance with daily activities like bathing or dressing at home to skilled care in a nursing home.

## What are the estimated costs?

- The national cost of nursing home care is \$56,000 per year<sup>1</sup>
- The national average cost of part-time basic home care is \$16,000 per year<sup>1</sup>

**To learn more or order an enrollment kit, call [Phone #] [or visit the Group Long-Term Care Web site at: Add Web site URL Password: \_\_\_\_\_].**

## Common misconceptions

It is easy to confuse long-term care insurance with long-term disability insurance. They're both great to have, but they have very different uses. Long-term disability insurance helps replace your income if you become disabled. No medical or health care expenses are specifically covered. Similarly, your health insurance covers acute medical expenses but typically little in the way of long-term care.

## The myth of government help

Many people assume that government programs will pay for long-term care. In fact, Medicare generally only pays for limited care following hospitalization. Medicaid does pay almost half of the nation's nursing home bills. But to qualify, you must first meet strict eligibility guidelines, which usually means spending away much of your savings. Also, some nursing homes do not accept Medicaid-only patients.

The quality of your long-term care remains in your control with long-term care insurance because you select the facilities and caregivers. And, features designed to help you remain at home such as the [Home Medical Technology Benefit] [Emergency Alert Benefit] and Caregiver Training are not available under government programs.

## Protect your financial future

With long-term care insurance, you can protect both your income and your assets. Review your current financial plan and see if [Independent Solutions] Group Long-Term Care insurance makes sense for you.

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<sup>1</sup> A *Shoppers Guide to Long Term Care Insurance*, 2008. National Association of Insurance Commissioners.  
2Rovner, Julie. "More Realize They Face Pricey Long-Term Care," 9/29/2011, NPR.



# Your Financial Security Could Be At Risk

## Long-Term Care is Expensive

- The national average cost of part-time basic home care is \$16,000 per year.<sup>1</sup>
- The monthly cost for an assisted living facility averages \$1,873 per month including rent and most other fees.<sup>2</sup>
- The national cost of nursing home care is \$56,000 per year.<sup>3</sup>



Don't miss the opportunity to find out more about the [Independent Solutions®] [Group Long-Term Care] plan.

[Phone #]  
[Add Web site URL.  
Password: \_\_\_\_\_]

**CNA**

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1-3 A Shoppers Guide to Long Term Care Insurance, 2008. National Association of Insurance Commissioners.

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CNA [Independent Solutions®] [Group Long-Term Care]

**What is long-term care?**

People need long-term care when they cannot perform basic activities of daily living without help due to a severe injury or chronic illness like Multiple Sclerosis or Alzheimer's Disease. And long-term care doesn't just affect the elderly. According to the Agency for Healthcare Research and Quality, an estimated 9.4 million adults, ages 18 and over, receive hands-on assistance with instrumental activities of daily living like shopping or housework, or with more basic activities of daily living like bathing or dressing.

**Why should I consider long-term care insurance now?**

Disabling illness or accidental injuries can strike at any age. Some common disabling illnesses and injuries include:

- Multiple Sclerosis
- Parkinson's Disease
- Stroke
- Head Trauma

A disabling illness or injury could mean you need help with basic activities like bathing and dressing. In other words, you might need long-term care.



G-149012-A

**Coverage you can trust because it's from CNA**

CNA has been meeting customers' insurance needs for over 100 years. Since the 1960's, Continental Casualty Company, CNA's underwriting company for group long-term care insurance, has been a pioneer in the long-term care insurance arena.

With CNA's stability, commitment to quality insurance products and experience, you can be confident you will receive the help you need when you need it.

**Call [Phone #] now to talk to a long-term care representative who will answer your questions.**



- 1-2 A Shoppers Guide to Long Term Care Insurance, 2008. National Association of Insurance Commissioners.
- 3 2006 CNA Cost of Nursing Care Study, room and board costs only.

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Continental Casualty Company Policy  
[SPS1AA-XX-TQ, et. al.][GLTC-3-P-XX-01, et. al.]

**Your Solution to Long-Term Care Insurance.**



G-149012-A



CNA [Independent Solutions®] [Group Long-Term Care]



**Your financial security could be at risk.**

Myth	Reality
<b>The government will pay for long-term care.</b>	Medicare typically only pays for limited care following hospitalization. Medicaid is generally designed for people with limited income who meet certain eligibility requirements. Among other things, this usually means "spending down" your income or assets to a relatively low level.
<b>My health insurance will cover it.</b>	Health insurance typically covers very limited long-term care services related only to acute health care treatment.
<b>My disability insurance will help.</b>	Disability insurance is designed to replace part of your pay if you cannot work. Most people need that money for regular living expenses and may not have enough left over to cover long-term care.
<b>I'll pay for it myself.</b>	Long-term care can eat through savings quickly. Part-time, basic home care costs as much as \$16,000 a year, with skilled nursing services costing even more. Care in an assisted living facility averages over \$22,400 per year, and nursing home care averages \$56,000 a year. <sup>3</sup>
<b>I probably won't need it, at least not until I'm older.</b>	An accident or chronic illness could strike at any time, at any age. 40% of Americans using long-term care services today are between the ages of 18 and 65. <sup>4</sup>

G-149012-A

### Who can apply?

- Actively at work, benefit eligible employees\*
  - Spouses and same or opposite sex Domestic Partners of Employees.
  - Parents, Grandparents and related in-laws of eligible employees and their domestic partners.
- Retirees and their spouses or domestic partners.

\*New employees who enroll within xx days of becoming benefits eligible are guaranteed acceptance into the plan, provided they are actively at work on the date coverage begins. Other employees who enroll during the special open enrollment, from m/d/y to m/d/y, are also guaranteed acceptance.

### How do you qualify for long-term care benefits?

To qualify for benefits under the policy, you must be unable to perform any two of the six "Activities of Daily Living" (bathing, continence, dressing, eating, toileting or transferring) or you must be cognitively impaired (e.g., Alzheimer's Disease).

### Why buy now? – The cost of putting off your decision

The younger you are when you buy long-term care insurance, the lower your premium rate will be. Premiums are based on your age on the coverage effective date and the specific coverage you select. Because of that, the total amount you pay over the years may be less if you purchase now than if you buy at an older age, even though you pay for more years.

### What is the estimated cost?

The cost of long-term care can add up quickly. Costs vary by locality and by the type of service used, but here are some averages:

- The average cost of part-time, basic home care ranges from \$12,000 to \$16,000 per year.<sup>1</sup>
- Assisted living facilities cost an average of \$1,873 per month, or \$22,476 per year, including rent and most other fees.<sup>2</sup>
- Facility care costs about \$40,000 to about \$110,000 per year, depending on the state.<sup>3</sup>

## Want to find out how [Independent Solutions®] group long-term care insurance from CNA can benefit you?

1. Visit the CNA web site for plan information and rates at [www.ltcbenefits.com](http://www.ltcbenefits.com) (password: xxxxx);
2. Obtain enrollment information from your Human Resources Department;
3. Call our toll-free number to speak with one of our customer service representatives at [Phone #].



### Plan Features

With the [Independent Solutions®] [Group Long-Term Care] plan from CNA, you choose a plan that's right for your needs. Not everyone needs the same amount of coverage, so you determine how high or low your daily benefit amount will be. Your daily facility care benefit amount is the maximum daily amount you can receive in benefits. Listed below are just some of the features available. **\*Except as noted, all benefits you receive reduce your Lifetime Maximum Benefit.**

**Daily Maximum Benefit (DMB)** — The maximum amount of benefits you may receive on a single day. Individual features have their own limits, but this is the maximum amount available under the plan for any combination of benefits.

**Daily [Facility Care] [Nursing Home Care] Benefit** — You choose a daily facility care benefit of [\$XXX, \$XXX or \$XXX.]

**[Indemnity Daily [Facility Care][Nursing Home] Benefit** — The plan pays your entire Daily Maximum Benefit each day you receive paid services in one of the following facilities:

- Nursing Homes
- Assisted Living Facilities
- Hospice Facilities]

**(Expense reimbursement) [Daily [Facility Care][Nursing Home] Benefit** — The plan reimburses the actual cost of services you receive, up to your Daily Maximum Benefit, for care in the following facilities:

- Nursing Homes
- Assisted Living Facilities
- Hospice Facilities]

**(Flexible Care (disability income) version) [Daily [Home-] [Community-]Based Care Benefit** — The plan reimburses your full benefit amount each day you are chronically ill and not receiving [Facility Care][Nursing Home Care].]

**(Indemnity) [Daily [Home-][Community-]Based Care Benefit** — The plan pays your full benefit amount each day you receive paid services in your home or an adult day care facility.]

**(Expense reimbursement) [Daily [Home-][Community-]Based Care Benefit** — Reimburses the actual cost of services you receive each day, up to the amount shown in the table on page one, for care you receive in your own home or an adult day care facility.]

**Lifetime Maximum Benefit** — The total amount of insurance you purchase. It represents the pool of money available to you for reimbursement for long-term care services. Unless noted, all benefits you receive reduce your Lifetime Maximum Benefit.

**[Future Benefit Guarantee][Benefit Account] Plus (Nonforfeiture)** — There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times your Daily Maximum Benefit, or the amount shown in the table below, whichever is higher.]

	% of Current Lifetime Maximum		% of Current Lifetime Maximum		% of Current Lifetime Maximum
Year 1	0.00%	Year 11	5.50%	Year 21	11.00%
2	0.00%	12	6.00%	22	12.00%
3	0.00%	13	6.50%	23	13.00%
4	2.00%	14	7.00%	24	14.00%
5	2.50%	15	7.50%	25	15.00%
6	3.00%	16	8.00%	26	16.00%
7	3.50%	17	8.50%	27	17.00%
8	4.00%	18	9.00%	28	18.00%
9	4.50%	19	9.50%	29	19.00%
10	5.00%	20	10.00%	30+	20.00%

**[Home Medical Technology** — Reimburses up to \$1,000 per calendar year to help cover the actual cost of assistive devices, medication compliance equipment, or emergency response systems used in your residence. It also reimburses the cost of home modifications necessary to accommodate this kind of equipment or as needed to allow you to remain at home. No waiting period applies to this feature.]

**[Hospice** — If you become terminally ill, this feature reimburses up to either your Daily [Facility Care][Nursing Home] or [Home-] [Community-]Based Care benefit amount, depending on where you receive hospice care. [The waiting period does not apply to this benefit.]

**[Coordination of Benefits** — This means you will not receive double payments for the same long-term care services under more than one program (e.g., a Group Health plan or Medicare). Your long-term care plan may work together with other plans so that each pays for part of your care, or the long-term care plan may cover services excluded by other programs.] [MN: Not allowed]

**[Alternate Plan of Care** — Allows CNA to consider emerging or non-traditional long-term care services not covered elsewhere under the policy. When such services are appropriate of Care that specifies benefits provided and the dollar amount available for each benefit. You and your physician must approve the plan, and benefits will not exceed your Daily Maximum Benefit.]

**[Bed Reservation][Temporary Bed Holding]** — Reimburses costs you incur to hold your place in a nursing home or other facility if you need to be away temporarily. This feature reimburses up to your Daily Maximum Benefit, for as many as 21 days per year.]

**[Caregiver Benefit]** — Pays ten times your Daily Maximum Benefit each year to help offset costs associated with informal care. Proof of paid services or other charges is not required, and this benefit pays in addition to your [Home-][Community-]Based Care benefit. [No waiting period applies to this feature.]

**[Caregiver Training]** — Reimburses up to three times your Daily [Home-][Community-]Based Care Benefit for charges you incur to train an informal caregiver [or independent provider] to care for you at home. [It also covers training required to license or certify an independent provider, if required.] No waiting period applies to this feature.]

**[Contingent Nonforfeiture]** — If you do not choose the [Future Benefit Guarantee][Benefit Account][Plus], and if your premiums increase more than a specified amount, this feature allows you to modify your coverage to avoid paying the increased premiums.]

**[Emergency Alert System Benefit]** — Reimburses for a communication system, other than regular telephone service or a home security system, in your home used to summon medical attention in case of a medical emergency. The monthly amount available under this benefit is equal to one day's Community-Based Care Benefit.]

**[Flexible Care Benefit]** — To give you maximum flexibility, this benefit pays your full Home-Based Care Benefit each day you are chronically ill and not receiving Facility Care. No proof of long-term care services is required.]

**[Future Benefit Guarantee][Benefit Account] (Nonforfeiture)** — There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily Maximum Benefit, whichever is higher.]

### **Inflation Protection**

**[Deferred Compound Automatic Benefit Increase]** — Prior to age 65, CNA will offer you periodic opportunities to increase your benefits to help keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers]. Beginning at age 65, your Daily Maximum Benefit, remaining Lifetime Maximum Benefit, and any other benefits indexed to them

automatically start increasing by 5% compounded each year. Increases continue, even if you are on claim, unless premium payments stop.]

**[Guaranteed Benefit Increase][Nonforfeiture Benefit]** — Periodically, CNA will offer you the chance to increase your benefits to help you keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].

**[Lifetime Compound Automatic Benefit Increase (inflation protection)]** — This feature automatically increases your Daily Maximum Benefit, remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% compounded each year without automatically increasing your premiums. Increases continue for life, unless premium payments stop for any reason except waiver of premium.]

**[20-Year] Simple Interest Automatic Benefit Increase (inflation protection)** — This feature automatically increases your Daily [Facility][Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% each year (simple interest) without automatically increasing your premiums. Increases continue for [20 years], unless premium payments stop for any reason except waiver of premium.] [After 20 years, benefit increases cease.]

**[Informal Caregiver Benefit]** — This feature pays up to 25% of the Daily [Facility Care][Nursing Home] benefit each day you receive informal care at home. You may also receive paid services under the [Home-][Community-]Based Care benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed the Daily [Home-][Community-]Based Care Benefit.]

**[Respite Care]** — Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so that they can take needed time off. The Respite Care benefit reimburses up to either the Daily Facility Care Benefit or Daily Home-Based Care Benefit, as many as 14 days per year, depending on where benefits are used. No waiting period applies to this feature.]

**(If standard) [Additional][Extended]Respite Care** — Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The [Additional] [Extended] Respite Care benefit reimburses up to the Daily Maximum Benefit, as many as 14 days per year, regardless of whether you receive home or facility based services for your respite care. No waiting period applies to this feature.]

**(If standard) [Family][Respite Care][Care Assist]** — Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so that they can take needed time off. Whether you choose Facility, [Home-][Community-]Based, or Informal Care for respite services, the plan reimburses up to your Daily Maximum Benefit, as many as 14 days per year. No waiting period applies to this feature.]

**(If optional) [[Additional][Extended] Respite Care]** — This option extends the policy's standard Respite Care benefit so that it reimburses up to your Daily Maximum Benefit, XX days per year, regardless of whether you receive home or facility-based services for your respite care. (See the Standard Plan Features section for a description of the plan's standard Respite Care Benefit.)

**(If optional) [Family][Respite Care][Care Assist]** — This option extends the policy's standard Respite Care benefit so that it reimburses up to your Daily Maximum Benefit, up to XX days per year. You can choose formal (paid) care, informal care, or any combination of the two for your respite care. (See the Standard Plan Features section for a description of the plan's standard Respite Care Benefit.)

### **Pre-Existing Conditions**

**(Extended Wait) [Limitation on Pre-Existing Conditions]** — Your plan does not cover long-term care that results from conditions that existed up to six months before your coverage effective date until coverage has been in force for six months. After coverage has been in effect for six months, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

**(Staggered Care) [Limitation on Pre-Existing Conditions]** — Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care that results from a pre-existing condition is considered to be continuing without interruption until you no longer require long-term care services for the condition. At this point, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with long or short form application.]

**(Standard) Limitation on Pre-Existing Conditions** — Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care is considered to be continuing without interruption until at least six months pass during which you require no assistance with activities of daily living or supervision due to severe cognitive impairment. Once this six-month period passes, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short-form application.]

**[Restoration of the Lifetime Maximum Benefit]** — This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for five consecutive years for a condition requiring long-term care services.]

**[Return of Premium at Death]** — Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 65.]

**[Return of Premium at Death or Lapse** — After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]

**[Shared Lifetime Maximum Benefit** — Provides an additional, shared, pool of benefits to married couples [or same-sex domestic partners] that each purchase identical coverage. If either (or both) become chronically ill and reach the lifetime maximum of their own coverage, they may access any of the shared lifetime maximum benefit remaining. The shared lifetime maximum benefit is equal to the individual lifetime maximum benefits purchased by the couple. For example, couples who each purchase a \$100,000 lifetime maximum benefit receive an additional \$100,000 shared lifetime maximum benefit.]

**[Terminal Illness Benefit** — If you are diagnosed with a terminal illness, the plan reimburses up to ten times your Daily Maximum Benefit for long-term care expenses without a waiting period. Benefits received do not reduce the Lifetime Maximum Benefit.]

**[Transition Benefit** — This feature reimburses up to five times your Daily Maximum Benefit for long-term care expenses you incur during your waiting period. Benefits received do not reduce your Lifetime Maximum Benefit.]

**(Calendar day) [Waiting Period** — After you become chronically ill, you will need to satisfy a 90 calendar day waiting period before you receive benefits. [You must only satisfy this waiting period once in your lifetime.] You do not need to incur any paid long-term care services during this time.]

**(Service day) [Waiting Period** — After you become chronically ill, you will need to satisfy a waiting period before you receive benefits.  
For [Facility][Nursing Home] Care: 60 days of service  
For [Home-][Community-]Based Care: 15 days of service  
[You must only satisfy the waiting period once in your lifetime.]

**(Calendar day) [Waiver of Premium** — After you satisfy the waiting period, your premiums will be waived while you receive benefits.]

**(Service day) [Waiver of Premium** — After you satisfy the waiting period and receive long-term care services for 60 days, your premiums will be waived.]

**[World Wide Coverage** — If you are living or traveling outside the United States and qualify for benefits, we will make a cash payment equal to your [Home-][Community-]Based Care Benefit[, but not more than 75% of your Daily Maximum Benefit,] each day you receive paid long-term care services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will issue all benefits in United States currency.]

**[Exclusions:**  
We will not pay benefits for the following:

1. [Long-term care resulting from war or an act of war whether declared or undeclared, **whether declared or undeclared, while serving in the military service or any auxiliary unit attached thereto.**
2. [(Expense Reimbursement) Long-term care payable under Worker's Compensation or the Occupational Disease Act or Law;]
3. [(Indemnity) Long-term care covered by Worker's Compensation or the Occupational Disease Act or Law;]
4. [Long-term care which would be provided without charge in the absence of insurance;]
5. [Long-term care received in a facility or section of a facility which operates primarily for the treatment of substance abuse;]
6. [Long-term care received outside the United States and its possessions (unless World Wide Coverage is purchased);]
7. [Long-term care to the extent that benefits are payable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.]

# There's no place like home for long-term care.



Today, an increasing amount of long-term care is delivered right in the home — the most comfortable place for most people. CNA [Independent Solutions®] [Group Long-Term Care] offers flexible long-term care solutions to make staying at home an option.

## [Independent Solutions] [Group Long-Term Care] — flexible long-term care insurance

Long-term care insurance helps pay for the care people need when they are unable to take care of themselves. This need can occur at any age as the result of an injury or because of chronic illness like multiple sclerosis. In fact, 37% of those needing long-term care services today are working-age adults.<sup>1</sup> Long-term care services range from meal preparation to assistance at home with daily activities like bathing or dressing, to skilled care in a nursing home.

**For more information please call [Phone #] or you can visit the group long-term care Web site at: Add Web site URL**

**[Password: \_\_\_\_\_].**

Coverage underwritten by  
Continental Casualty Company



## Home based care

Generally, people would rather receive long-term care at home, and [Independent Solutions] [Group Long-Term Care] covers a wide range home care, including:

- Nursing care performed by a Registered or Licensed Practical Nurse
- Personal care and housekeeper services
- Home delivered meals

[Independent Solutions] [Group Long-Term Care] also covers the services of an independent provider — someone who has the proper training to care for you, but does not have a formal affiliation with a home health agency. Independent provider care is typically less expensive than care provided by a home health care agency.

With the flexibility of [Independent Solutions] [Group Long-Term Care], you can get the care you need to help you remain at home.

## The costs of long-term care

- Assisted living facilities can cost more than \$23,000 a year plus rent and additional fees<sup>2</sup>
- The cost of a one year stay in a nursing home averages over \$50,000 and can exceed \$110,000 per year<sup>3</sup>

Keep in mind that medical plans and other types of insurance pay little, if anything, for long-term care services, and government programs like Medicare and Medicaid typically provide limited coverage. They also have eligibility requirements that many people often either fail to meet or find very unattractive.

## [Independent Solutions] [Group Long-Term Care] — comprehensive, flexible coverage at an affordable price

[Independent Solutions] [Group Long-Term Care] helps protect income and assets for you and your family. If you need long-term care, our Care Coordinators will work with you to design the plan of care that's best for you. We will even help you find the best values in your area. Our goal is to give you the resources to remain as independent as possible. Because, as we all know, there's no place like home.

1 CNA Claim Data as of January 1, 2009.

2 A Shoppers Guide to Long Term Care Insurance, 2008. National Association of Insurance Commissioners.

3 2006 CNA Cost of Nursing Home Care Survey.

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# Group long-term care insurance is now available

Nobody likes to think about the possibility of developing a chronic illness, and few prepare for it. However, almost half of all Americans will require long-term care,<sup>1</sup> and other insurance typically does not cover the cost of that care.

Long-term care insurance is becoming increasingly important for you and your family. Being part of a group plan makes it possible for employees to get quality coverage at affordable rates without the inconvenience of medical underwriting.



We are pleased to announce a special open enrollment opportunity for employees for our [Independent Solutions®] Group Long-Term Care plan. Employees who are actively at work may enroll without any medical screening [for selected benefit amounts] during the open enrollment. Once the enrollment period ends, however, medical underwriting will be required and coverage is not guaranteed.

The CNA [Independent Solutions] Group Long-Term Care plan pays for a wide range of services that provide assistance with daily activities like eating, bathing and dressing. The plan covers services at home, where most people would prefer to receive care, or in residential settings such as assisted living and skilled nursing facilities. As part of the plan, a Care Coordinator is available to help arrange the care you require, based on your personal preferences and health needs.

The plan is also available for family members, including spouses, domestic partners, parents, parents-in-law, grandparents and grandparents-in-law. They may apply for coverage even if you do not enroll. Their acceptance is subject to medical underwriting and coverage is not guaranteed.

Group long-term care coverage is portable so you can continue it if you change employers or retire. The premiums are surprisingly affordable.

With long-term care insurance, you can provide for your future care and protect your financial assets against depletion from paying for care out of pocket.

**To learn more or order an enrollment kit, call [Phone #] [or you can visit the group long-term care Web site at: Add Web site URL Password: \_\_\_\_\_].**

Coverage underwritten by  
Continental Casualty Company

<sup>1</sup> A Shoppers Guide to Long Term Care Insurance, 2008. National Association of Insurance Commissioners.



G-149006-A  
Continental Casualty Company Policy [SPS1AA-TQ, et. al.][GLTC-3-P-01, et. al.]

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XX-XXXXXX-X (XX/XX Printed in USA)

# [Employer Letterhead]

[Date]

Dear Colleague:

[Employer Name] is pleased to announce an important change to our employee benefits: CNA [Independent Solutions® ] Group Long-Term Care insurance. Between [date] and [date], you will have the opportunity to enroll in this program. [ If you are an actively-at-work employee, you will not be asked any medical questions, and your acceptance is guaranteed.]

People need long-term care when they cannot perform basic activities of daily living without help due severe injury or chronic illness like Multiple Sclerosis or Alzheimer's Disease. Contrary to popular belief, long-term care doesn't just affect the elderly. A review of over 3,000 claims paid by CNA between 1993 and 2008 shows that 37% were working age adults between 24 and 65 years old at the start of their long-term care claim.

Why is long-term care insurance so important?

- Long-term care services are expensive! They could consume your income or the assets you have earmarked for retirement or other purposes. Depending on location, nursing facility care ranges from \$30,000 to \$110,000 per year.\*
- Long-term care costs are usually not covered by other employee benefits, such as health insurance or long-term disability insurance.

We worked with CNA to customize the [Independent Solutions] group long-term care plan for our employees. It is affordable, and it provides valuable protection for your income and your assets. It covers a wide range of home care services in addition to facility care, so it also helps protect your independence if you need long-term care.

Premiums for the long-term care plan are based on your age when coverage begins and they do not automatically increase from year to year as you age or file a claim. Generally, the younger you are when you enroll, the lower your premiums. Here are some sample monthly rates for selected ages and plan options available in the Employer Name plan.

<b>Lifetime Maximum Benefit</b>	<b>[\$XXX,XXX (X Years)**]</b>	<b>[\$XXX,XXX (X Years)**]</b>
<b><u>Daily Facility Care</u></b>	<b><u>[\$XXX/Day]</u></b>	<b><u>[\$XXX/Day]</u></b>
Age 40	<u>[\$XX.XX]</u>	<u>[\$XX.XX]</u>
Age 50	<u>[\$XX.XX]</u>	<u>[\$XX.XX]</u>
Age 60	<u>[\$XX.XX]</u>	<u>[\$XX.XX]</u>

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\* Source: 2006 CNA Cost of Nursing Care Study.

\*\* Two or five years, depending on the plan you select, is the minimum length of time your lifetime maximum benefit will last if you use the full Daily Facility Care Benefit every day. Your lifetime maximum benefit can last longer than 2 or 5 years if your actual expenses are less than the maximum benefit for Facility Care.]

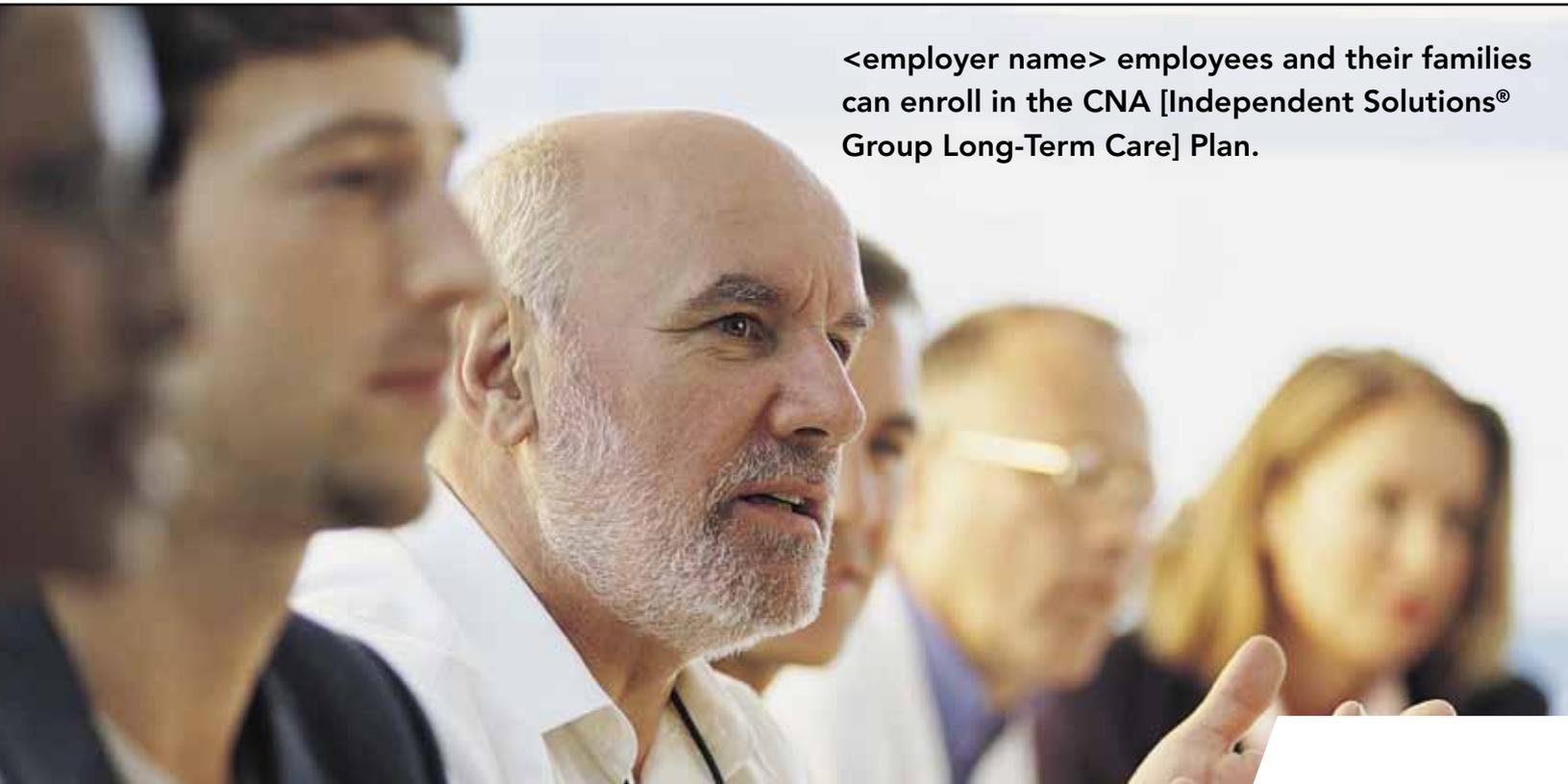
CNA [Independent Solutions] Group Long-Term Care insurance may be underwritten on form [SPS1AA-03-TQ, et. al.] [ GLTC-3-P-AR-01, et. al.]by Continental Casualty Company a CNA Company.

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We encourage you to consider enrolling in the CNA [Independent Solutions] Group Long-Term Care plan. [Remember, if you are an actively-at-work employee and you enroll before [end date of enrollment], you are guaranteed coverage.] Your [spouse or domestic partner], [parents], [parents-in-law], [grandparents and grandparents-in-law] may also apply for coverage, although their acceptance is subject to medical underwriting.

**Call [phone number] or visit [website URL (Password)] for more information or to request an enrollment kit.**

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<employer name> employees and their families can enroll in the CNA [Independent Solutions® Group Long-Term Care] Plan.

[Independent Solutions®] [Group Long-Term Car

Coverage underwritten by  
Continental Casualty Company

ABC

**CNA**

G-149016-A  
Continental Casualty Company Policy [SPS1AA-TQ, et. al.][GLTC-3-P-01, et. al.]

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333 S. Wabash Ave.  
Chicago, IL 60604



Remember, open enrollment for the group long-term care plan ends soon. As an employee eligible for this benefit, you are guaranteed acceptance if you enroll before the end of the open enrollment period and are actively at work on the coverage effective date.

Group long-term care insurance is a significant part of your benefits package. The following are just a few reasons to seriously consider the plan:

- Rates are based on your age at the time coverage begins and do not automatically increase over time.\* Your premiums will probably be higher if you enroll at an older age.
- One-third of individuals using Long-Term Care Services are between the ages of 25 and 64.<sup>1</sup>
- The cost of one year's stay in a nursing home averages \$52,000.<sup>2</sup>

**[Call [Phone #] for more information [or visit the group long-term care web site at: Add URL. Password: \_\_\_\_\_].]**

1 CNA Claim Data as of January 1, 2009.

2 A Shoppers Guide to Long Term Care Insurance, 2008. National Association of Insurance Commissioners.

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G-149016-A

XX-XXXXXX-X (XX/XX Printed in USA)

\*Premiums may increase in the future, but only if CNA raises rates for all policies in the same class as your state.



# Long Term Care Information Meeting

[Client Name]



G-149554-A-AR

Continental Casualty Company Policy [SPS1AA-03-TQ][GLTC-3-C-AR-01-TQ]



## Who is CNA?

- CNA, headquartered in Chicago, is an insurance organization with a 100+ year legacy built on financial strength, market stability, and commitment to its business partners and customers. Through its key business units, CNA offers a broad range of products and services, including group long-term care insurance.
- On the service side, CNA offers claim services, loss control, information services and cost management programs to its major commercial clients. These products and services are marketed through multiple distribution channels including agencies, brokers, managing general agents and direct sales.
- Group long-term care insurance from CNA is one of the products sold by CNA Group Benefits, a business unit of CNA. The CNA company that underwrites group long-term care insurance is Continental Casualty Company.





## CNA's Financial Strength

- CNA is a leading insurance organization known for its commitment to customers, agents and business partners and is among the largest insurance organizations in the United States. CNA is a registered service mark of CNA Financial Corporation. As of (December 31, 2008, annual revenues were approximately \$8 billion, and our assets at year-end 2008 exceeded \$52 billion).





## What is Long Term Care LTC?

- Long-Term Care is a variety of services provided to those unable to take care of themselves.
- Services can range from simple help with meal preparation, to assistance with daily living activities, to 24-hour monitored care.
- We are all at risk for needing LTC and most of us aren't covered.





## Where Is Long Term Care Provided?

- Nursing Homes
- Assisted Living Facilities
- At Home
- Adult Day Care Facilities
- Adult Foster Care Facilities
- Hospice Care Facilities





## What is Long-Term Care Insurance?

**It pays for the costs of long-term care services**

- It is not health insurance --  
does not pay hospital or doctor bills
- It is not disability insurance --  
does not replace lost income





## LTC Facts

- Facility Care cost can average from \$30,000 to \$110,000 dollars per year<sup>1</sup>
- Home Health Services can cost up to \$36,000 per year.<sup>2</sup>
- Medicare generally only pays for limited care following hospitalization.<sup>3</sup>
- LTC is not just for the elderly.
- Almost 40% of all people needing long – term care services are working age adults<sup>4</sup>
- Many financial planners today recommend a LTC policy as part of a sound financial plan.

1. 2006 CNA Nursing Home Cost Survey

2. A Shopper's Guide to Long-Term Care Insurance, 2008. National Association of Insurance Commissioners.

3. U.S. Department of Health and Human Services, National Clearinghouse for Long-Term Care Information. 2008

4. CNA Claim Data as of January 1, 2009.





## Why should you consider this coverage?

### **Preservation of independence!**

- Changes and mobility in family structures and demographics

### **Protection of personal assets!**

- Other funding/planning mechanisms not intended to pay for LTC
  - Do you want your savings to go for LTC, or towards retirement?
  - Do you want to borrow to pay for the costs of LTC?

### **Choice of care services!**

- Choice of facility or home care professional

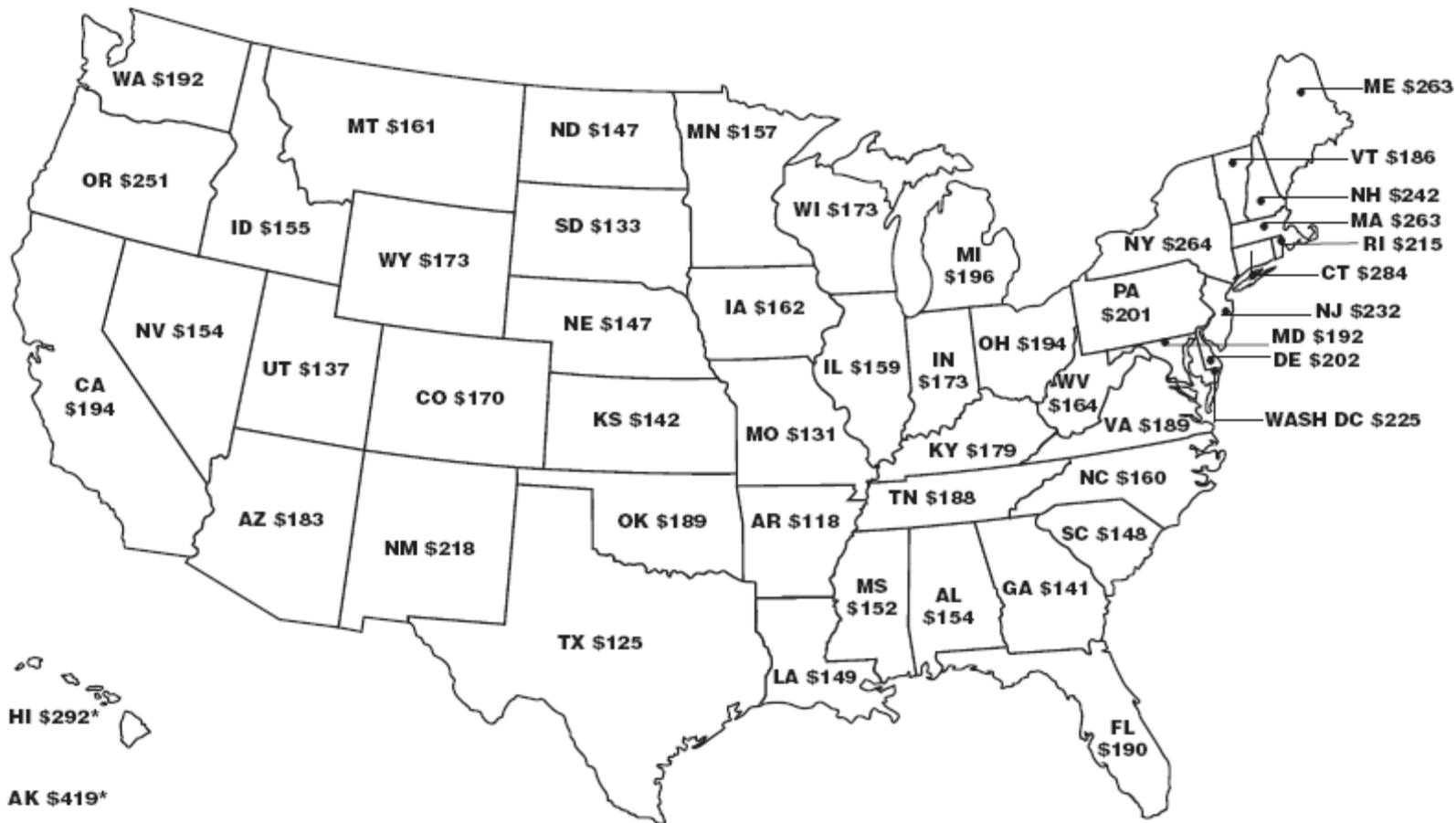
### **Peace of mind!**



# [Client Name] LTC Plan



## Average Cost Per Day For Nursing Home Care



2006 CNA Nursing Home Cost Survey





## Who's Eligible

- [All actively-at-work employees based upon [client] definition of Benefits Eligible]
- [Spouses] [Domestic partners]
- [Parents (Parents-In-Law)]
- [Grandparents (Grandparents-In-Law)]
- [Retirees (and Spouses)]
- [Eligible applicants can participate at any time but if you enroll during the open enrollment, you are guaranteed acceptance as long as you are actively at work]





## What's in the plan?

- **[\$XXX] Daily Maximum / Lifetime Maximum: [\$XXX,XXX]**
  - **[\$XXX] Daily Maximum / Lifetime Maximum: [\$XXX,XXX]**
  - **[\$XXX] Daily Maximum / Lifetime Maximum: [\$XXX,XXX]**
- 
- The Daily Maximum is the maximum daily benefit payable for care in a {nursing home} {facility}.
  - The Lifetime maximum equals a period of time if the benefits are used at the maximum daily rate. There is a XX year lifetime maximum and a XX Lifetime Maximum
  - The daily maximum for {Community-Based Care}{Home Care} is [XX%] of the maximum for {nursing home} {facility} care





## What's in the plan?

- **[Alternate Plan of Care** – Allows CNA to consider emerging or non-traditional long-term care services not covered elsewhere under the policy. When such services are appropriate and cost effective, CNA will propose a written Alternate Plan of Care that specifies benefits provided and levels of payment for each benefit. You and your physician must approve the plan, and benefits paid will not exceed your Daily [Facility Care][Nursing Home] Benefit.]
- **[Bed Reservation][Temporary Bed Holding]** – Pays up to the Daily [Facility Care][Nursing Home] Benefit, 21 days per year, to hold your place in a nursing home or other facility if you need to be away temporarily.]
- **[Caregiver Benefit** – Makes a cash payment equal to ten times your Daily [Facility Care][Nursing Home] Benefit each year to help offset costs associated with informal care. This benefit is payable in addition to the [Home-][Community-]Based Care benefit. [No waiting period applies to this feature.]]
- **[Caregiver Training** – Pays up to three times your Daily [Home-][Community-]Based Care Benefit to train an informal caregiver [or an independent provider] to care for you at home. [It also pays for training required to license or certify an independent provider, if required.] No waiting period applies to this feature.]
- **[Contingent Nonforfeiture** – If you do not choose the [Future Benefit Guarantee][Benefit Account] Plus, and if your premiums increase more than a specified amount, this feature allows you to modify your coverage to avoid paying the increased premiums.]





## What's in the plan?

- **[Coordination of Benefits]** – This means you will not receive double payments for the same long-term care services under more than one program (e.g., a Group Health plan or Medicare). Your long-term care plan may work together with other plans so that each pays for part of your care, or the long-term care plan may cover services excluded by other programs.]
- **[Emergency Alert System Benefit]** – Pays for a communication system, other than regular telephone service or a home security system, in your home used to summon medical attention in case of a medical emergency. The monthly amount paid equals one day's Community-Based Care Benefit.]
- **[Flexible Care Benefit]** – To give you maximum flexibility, this benefit pays your full Home-Based Care Benefit in cash each day you qualify for benefits. No proof of long-term care services is required.]
- **[[Future Benefit Guarantee][Benefit Account] (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily [Facility Care][Nursing Home] Benefit, whichever is higher.]





## What's in the plan?

- **[[Future Benefit Guarantee][Benefit Account] Plus (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times the Daily [Facility Care][Nursing Home] Benefit, or the amount shown in the table below, whichever is higher.

Year	% of Current Lifetime Max	Year	% of Current Lifetime Max	Year	% of Current Lifetime Max
<u>1</u>	<u>0.00%</u>	<u>11</u>	<u>5.50%</u>	<u>21</u>	<u>11.00%</u>
<u>2</u>	<u>0.00%</u>	<u>12</u>	<u>6.00%</u>	<u>22</u>	<u>12.00%</u>
<u>3</u>	<u>0.00%</u>	<u>13</u>	<u>6.50%</u>	<u>23</u>	<u>13.00%</u>
<u>4</u>	<u>2.00%</u>	<u>14</u>	<u>7.00%</u>	<u>24</u>	<u>14.00%</u>
<u>5</u>	<u>2.50%</u>	<u>15</u>	<u>7.50%</u>	<u>25</u>	<u>15.00%</u>
<u>6</u>	<u>3.00%</u>	<u>16</u>	<u>8.00%</u>	<u>26</u>	<u>16.00%</u>
<u>7</u>	<u>3.50%</u>	<u>17</u>	<u>8.50%</u>	<u>27</u>	<u>17.00%</u>
<u>8</u>	<u>4.00%</u>	<u>18</u>	<u>9.00%</u>	<u>28</u>	<u>18.00%</u>
<u>9</u>	<u>4.50%</u>	<u>19</u>	<u>9.50%</u>	<u>29</u>	<u>19.00%</u>
<u>10</u>	<u>5.00%</u>	<u>20</u>	<u>10.00%</u>	<u>30+</u>	<u>20.00%</u>





## What's in the plan?

- **[Home Medical Technology]** – Pays up to \$1,000 each year for assistive devices, medical monitoring or communications technology, medication compliance equipment, and emergency response systems used in your residence. It also covers home modifications necessary to accommodate this kind of equipment or as needed to allow you to remain at home. No waiting period applies to this feature.]
- **[Hospice]** – If you become terminally ill, this feature pays up to either your Daily [Facility Care][Nursing Home] or [Home-][Community-]Based Care benefit amount, depending on where you receive hospice care. [The waiting period does not apply to this benefit.]



## What's in the plan?

### ***Inflation Protection***

- **[Deferred Compound Automatic Benefit Increase]** – Prior to age 65, CNA will offer you periodic opportunities to increase your benefits to help keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].
- Beginning at age 65, your Daily [Facility][Nursing Home] Care benefit amounts, remaining Lifetime Maximum Benefit, and any other benefits indexed to them automatically start increasing by 5% compounded each year. Increases continue, even if you are on claim, unless premium payments stop.]
- **[[Guaranteed Benefit Increase][Future Purchase Option]** – Periodically, CNA will offer you the chance to increase your benefits to help you keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].]
- **[Lifetime Compound Automatic Benefit Increase (inflation protection)]** – This feature automatically increases your Daily [Facility][Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% compounded each year without automatically increasing your premiums. Increases continue for life, unless premium payments stop for any reason except waiver of premium.]
- **[20-Year Simple Interest Automatic Benefit Increase (inflation protection)]** – This feature automatically increases your Daily [Facility][Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% each year (simple interest) without automatically increasing your premiums. Increases continue for 20 years, unless premium payments stop for any reason except waiver of premium.]



## What's in the plan?

- **[Informal Caregiver Benefit]** – This feature pays up to 25% of the Daily [Facility Care][Nursing Home] benefit each day you receive informal care at home. You may also receive paid services under the [Home-][Community-]Based Care benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed the Daily [Home-][Community-]Based Care Benefit.
- **[(Standard IS)Respite Care]** – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The Respite Care benefit pays up to either the Daily [Facility Care][Nursing Home] Benefit or Daily [Home-][Community-]Based Care Benefit, as many as 14 days per year, depending on where benefits are used. No waiting period applies to this feature.]



## What's in the plan?

- **[[Additional Respite Care** – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The [Additional][Extended] Respite Care benefit pays up to the Daily [Facility Care][Nursing Home] Benefit, as many as 14 days per year, regardless of whether you receive home or facility based services for your respite care. No waiting period applies to this feature.]
- **[(Use when employee option)Additional Respite Care** – This option extends the policy's standard Respite Care benefit so that it pays up to your daily maximum for [Facility][Nursing Home] Care, XX days per year, regardless of whether you receive home or facility-based services for your respite care. (See the Standard Plan Features section for a description of the plan's standard Respite Care Benefit.)
- **[(Use when employee option)Family][Respite Care][Care Assist]** – This option extends the policy's standard Respite Care benefit so that it pays up to your daily maximum for [Facility][Nursing Home] Care, up to XX days per year. You can choose formal (paid) care, informal care, or any combination of the two for your respite care. (See the Standard Plan Features section for a description of the plan's standard Respite Care Benefit.)
- **[[Family][Respite Care][Care Assist]** – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so that they can take needed time off. Whether you choose Facility, [Home-][Community-]Based, or Informal Care for respite services, we pay the Daily [Facility Care][Nursing Home] Benefit, as many as 14 days per year. No waiting period applies to this feature.]





## What's in the plan?

### ***Pre-Existing Conditions***

- **[(Extended Wait)Limitation on Pre-Existing Conditions** – Your plan does not cover long-term care that results from conditions that existed up to six months before your coverage effective date until coverage has been in force for six months. After coverage has been in effect for six months, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]
- **[(Staggered Care)Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care that results from a pre-existing condition is considered to be continuing without interruption until you no longer require long-term care services for the condition. At this point, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]
- **[(Standard)Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care is considered to be continuing without interruption until at least six months pass during which you require no assistance with activities of daily living or supervision due to severe cognitive impairment. Once this six-month period passes, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

# [Client Name] LTC Plan



## What's in the plan?

- **[Restoration of the Lifetime Maximum Benefit** – This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for five consecutive years for a condition requiring long-term care services.]
- **[Return of Premium at Death** – Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 65.]
- **[Return of Premium at Death or Lapse** – After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]
- **[Shared Lifetime Maximum Benefit** – Provides an additional, shared, pool of benefits to married couples [or same-sex domestic partners] that each purchase identical coverage. If either (or both) become chronically ill and reach the lifetime maximum of their own coverage, they may access any of the shared lifetime maximum benefit remaining. The shared lifetime maximum benefit is equal to the individual lifetime maximum benefits purchased by the couple. For example, couples who each purchase a \$100,000 lifetime maximum benefit receive an additional \$100,000 shared lifetime maximum benefit.]
- **[Terminal Illness Benefit** – If you are diagnosed with a terminal illness, we will pay up to ten times your Daily [Facility Care][Nursing Home] Benefit for long-term care expenses without a waiting period. Benefits received will not reduce the Lifetime Maximum Benefit.]
- **[Transition Benefit** – This feature pays up to five times your Daily [Facility Care][Nursing Home] Benefit for long-term care expenses incurred during your waiting period. Benefits received do not reduce your Lifetime Maximum Benefit.]





## What's in the plan?

- **[(Calendar day)Waiting Period** – After you qualify for benefits, you will need to satisfy a 90 calendar day waiting period before benefits can be paid. [You must only satisfy this waiting period once in your lifetime.] You do not need to incur any paid services during this time.]
- **[(Service day)Waiting Period** – After you qualify for benefits, you will need to satisfy a waiting period before benefits can be paid.
  - For [Facility][Nursing Home] Care: 60 days of service]
  - For [Home-][Community-]Based Care: 15 days of service
  - [You must only satisfy the waiting period once in your lifetime.]]
- **[(Calendar day)Waiver of Premium** – After you satisfy the waiting period, your premiums will be waived while you receive benefits. ]
- **[(Service day)Waiver of Premium** – Your premiums will be waived after you receive long-term care services for 60 days.]
- **[World Wide Coverage** – If you are living or traveling outside the United States and qualify for benefits, we will make a cash payment equal to your [Home-][Community-]Based Care Benefit[, but not more than 75% of the [Facility Care][Nursing Home] Benefit],] each day you receive services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will pay all benefits in United States currency.]





## Limitations and Exclusions

- [Pre-existing Conditions]
- [Long-term care resulting from war or an act of war whether declared or undeclared; ]
- **[(Expense Reimbursement)** Long-term care payable under Worker's Compensation or the Occupational Disease Act or Law;]
- **[(Indemnity)** Long-term care covered by Worker's Compensation or the Occupational Disease Act or Law;]
- [Long-term care which would be provided without charge in the absence of insurance;]
- [Long-term care received in a facility or section of a facility which operates primarily for the treatment of substance abuse;]
- [Long-term care received outside the United States and its possessions (unless World Wide Coverage is purchased);]
- [Long-term care to the extent that benefits are payable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.]



## How do you qualify for coverage?

- One of two ways to receive benefits.
  - Certification as “chronically ill” by a licensed health care practitioner. Must be unable to perform 2 of the 6 activities of daily living (eating, dressing ,toileting, bathing, continence, transferring).
  - Have a cognitive impairment such as Alzheimer’s.
- Must incur expenses for LTC services.
- Must satisfy the waiting period.



## Enrollment

- Newly Hires Employees are Guaranteed Issuance if they enroll during the first [xx] days of hire.
- [Late-entrant Employees and Spouses {Domestic Partners} can apply at Anytime by Completing a Short Form Application.]
- [Parents} {Grandparents}, and {Retirees} can apply at Anytime by Completing a Long Form Enrollment Application.]
- Enrollment Kit will provide everything that you need!



# [Client Name] LTC Plan



## How to pay for premiums.

### Employee/Spouse/[Domestic Partner] premiums

[Payroll Deduction ] [Directly billed to their homes]

### [Parents/ Grandparents premiums]

Directly billed to their homes.

Several modes of premium can be established.

Several premium collection methods.

### Retirees premiums]

Directly billed to their homes.

Several modes of premium can be established.

Several premium collection methods.

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# Highlights of the Plan

## The Amount of Insurance You Can Purchase

When you enroll in Employer's group long-term care insurance plan you can choose one of several benefit levels. The table below shows the options available to you. Other features of the plan are described in greater detail below.



[Plan for Employees:

	<b>Employer-Paid Core</b>	<b>Additional "Buy-Up" Paid By Employee</b>			
		<b>\$100</b>	<b>\$150</b>	<b>\$200</b>	<b>\$250</b>
<b>Lifetime Maximum Benefit (Choose one)</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 1*</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 2*</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Daily Maximum Benefit (DMB)</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Total Daily Nursing Home Benefit (Core + Buy-Up)</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Daily Community-Based Care Benefit (Choose one)</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 1*</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 2*</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx

[\*If you select a plan with this benefit level, coverage is subject to CNA's approval of your application.]]

[Plan for Other Eligible Individuals:

	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan D</b>
<b>Lifetime Maximum Benefit (Choose one)</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 1*</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 2*</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Daily Maximum Benefit (DMB)</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Daily Nursing Home Benefit</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Daily Community-Based Care Benefit (Choose one)</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 1*</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 2*</b>	\$xxx	\$xxx	\$xxx	\$xxx

[\*If you select a plan with this benefit level, coverage is subject to CNA's approval of your application.]]



Coverage underwritten by Continental Casualty Company

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# Highlights of the Plan

## Who is Eligible for the Plan

- Employees – [full time] employees who are actively at work at least 25 hours per week on the day coverage takes effect. [Part time employees who are actively at work at least 15 hours per week on the day coverage takes effect.]
- [Spouses or same-sex domestic partners of employees.]
- [Adult children of employees or their spouses or same-sex domestic partners.]
- [Parents, parents-in-law, grandparents, grandparents-in-law or their same-sex domestic partners.]
- [Retirees and their spouses or same-sex domestic partners.]

## Qualifying for Benefits

To receive benefits, you must be *chronically ill*. This means a licensed healthcare practitioner certified that either of the following conditions exists and is likely to last more than 90 days:

1. You are unable to perform two of the following six activities of daily living (ADLs): Bathing, dressing, eating, maintaining continence, transferring, and toileting.  
OR
2. You have a cognitive impairment (confusion, memory or orientation problems, lack of reasoning or judgment) that causes safety concerns for you or another person.

## Standard Plan Features

**Lifetime Maximum Benefit** – The total amount of insurance you purchase. It represents the pool of money available to you under the plan.

**Daily Maximum Benefit (DMB)** – The maximum amount of benefits you can receive on a single day.

**[(Indemnity) Daily Nursing Home Benefit** – The plan pays your entire Daily Maximum Benefit each day you receive paid services in one of the following facilities:

- Nursing Homes
- Assisted Living Facilities (in CA, Change to Residential Care Facility)
- Hospice Facilities]

**[(Expense reimbursement) Daily Nursing Home Benefit** – The plan reimburses the actual cost of services you receive, up to your Daily Maximum Benefit, for care in the following facilities:

- Nursing Homes
- Assisted Living Facilities (in CA, Change to Residential Care Facility)
- Hospice Facilities]

**[(Flexible Care version.) Daily Community-Based Care Benefit** – The plan pays your full benefit amount each day you are chronically ill and not receiving [Facility Care][Nursing Home Care].]

**[(Indemnity.) Daily Community-Based Care Benefit** – The plan pays your full benefit amount each day you receive paid services in your home or an adult day care facility.]

**[(Expense reimbursement. ) Daily Community-Based Care Benefit** – Reimburses the actual cost of services you receive in your home or an adult day care facility.]

**[Alternate Plan of Care** – Allows CNA to consider emerging or non-traditional long-term care services not covered elsewhere under the policy. When such services are appropriate and cost effective, CNA will propose a written Alternate Plan of Care that specifies the benefits provided and levels of payment for each benefit. You and your physician must approve the plan, and benefits paid will not exceed your Daily [Facility Care][Nursing Home] Benefit.]



# Highlights of the Plan

**[Temporary Bed Holding]** – Reimburses costs you incur to hold your place in a nursing home or other facility if you need to be away temporarily. This feature reimburses up to your Daily Maximum Benefit, for as many as 21 days per year.]

**[Caregiver Benefit]** – Pays ten times your Daily Maximum Benefit each year to help offset costs associated with informal care. Proof of paid services or other charges is not required, and this benefit pays in addition to your [Home-][Community-]Based Care benefit. [No waiting period applies to this feature.]

**[Caregiver Training]** – Reimburses up to three times your Daily [Home-][Community-]Based Care Benefit for charges you incur to train an informal caregiver [or independent provider] to care for you at home. [It also covers training required to license or certify an independent provider, if required.] No waiting period applies to this feature.]

**[(Used when there is no other nonforfeiture benefit.) Contingent Nonforfeiture]** – If premiums increase more than a specified amount, this feature allows you to modify your coverage to avoid paying the increased premiums. See the Outline of Coverage for full details.]

**[(Used when Future Benefit Guarantee is an option.) Contingent Nonforfeiture]** – If you do not choose the [Benefit Account] Plus, and if your premiums increase more than a specified amount, this feature allows you to modify your coverage to avoid paying the increased premiums. See the Outline of Coverage for details.]

**[Emergency Alert System Benefit]** – Reimburses for a communication system, other than regular telephone service or a home security system, in your home used to summon medical attention in case of a medical emergency. The monthly amount this benefit pays is equal to one day’s Community-Based Care Benefit.]

**[Flexible Care Benefit]** To give you maximum flexibility, this benefit pays your full Home-Based Care Benefit each day you are chronically ill and not receiving Facility Care. No proof of long-term care services is required.]

**[Benefit Account] (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily Nursing Home Benefit, whichever is higher.]

**[Benefit Account] Plus (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times the Daily [Facility Care][Nursing Home] Benefit, or the amount shown in the table below, whichever is higher.

Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum
1	0.00%	11	5.50%	21	11.00%
2	0.00%	12	6.00%	22	12.00%
3	0.00%	13	6.50%	23	13.00%
4	2.00%	14	7.00%	24	14.00%
5	2.50%	15	7.50%	25	15.00%
6	3.00%	16	8.00%	26	16.00%
7	3.50%	17	8.50%	27	17.00%
8	4.00%	18	9.00%	28	18.00%



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## Highlights of the Plan

<u>9</u>	<u>4.50%</u>	<u>19</u>	<u>9.50%</u>	<u>29</u>	<u>19.00%</u>
<u>10</u>	<u>5.00%</u>	<u>20</u>	<u>10.00%</u>	<u>30+</u>	<u>20.00%</u>

]

**[Home Medical Technology** – Provides up to \$1,000 each year to help cover the cost of assistive devices, medication compliance equipment, or emergency response systems used in your residence. It also reimburses the cost of home modifications necessary to accommodate this kind of equipment or as needed to allow you to remain at home. No waiting period applies to this feature.]

**[Informal Caregiver Benefit** – This feature pays up to 25% of the Daily Nursing Home] benefit each day you receive informal care at home. You may also receive paid services under the Community-Based Care benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed the Daily Community-Based Care Benefit.]

**[Respite Care** – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The Respite Care benefit pays up to either the Daily Nursing Home Benefit or Daily Community-Based Care Benefit, as many as 14/21 days per year, depending on where benefits are used. No waiting period applies to this feature..]

**[Care Assist]** – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so that they can take needed time off. Whether you choose Facility, [Home-][Community-]Based, or Informal Care for respite services, we pay the Daily [Facility Care][Nursing Home] Benefit, as many as 14/21 days per year. No waiting period applies to this feature.]

**[Restoration of the Lifetime Maximum Benefit** – This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for five consecutive years for a condition requiring long-term care services]

**[Return of Premium at Death** – Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 65.]

**[Return of Premium at Death or Lapse** – After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]

**[Terminal Illness Benefit** – If you are diagnosed with a terminal illness, we will pay up to ten times your Daily Nursing Home Benefit for long-term care expenses without a waiting period. Benefits received will not reduce the Lifetime Maximum Benefit..]

**[Transition Benefit** – This feature pays up to five times your Daily Maximum Benefit for long-term care expenses you incur during your waiting period. Benefits received do not reduce your Lifetime Maximum Benefit.]

**[(Calendar day)Waiting Period** – After you become chronically ill, you will need to satisfy a 90 calendar day waiting period before you receive benefits. [You must only satisfy this waiting period once in your lifetime.] You do not need to incur any paid long-term care services during this time.]

**[(Service day)Waiting Period** – After you qualify for benefits, you will need to satisfy a waiting period before benefits can be paid.

For Nursing Home Care: 60 days of service]

For Community Based Care: 15 days of service

[You must only satisfy the waiting period once in your lifetime.]]



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# Highlights of the Plan

**[(Calendar day)Waiver of Premium** – After you satisfy the waiting period, your premiums will be waived while you receive benefits.]

**[(Service day)Waiver of Premium** – After you satisfy the waiting period and receive long-term care services for 60 days, your premiums will be waived.]

**[World Wide Coverage** – If you are living or traveling outside the United States and qualify for benefits, we will make a payment equal to your [Home-][Community-]Based Care Benefit[, but not more than 75% of your Daily Maximum Benefit,] each day you receive paid long-term care services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will issue all benefits in United States currency.]

## [Optional Features]

[You may choose to purchase features below at additional cost. They allow you to customize your plan even further.]

**[Caregiver Benefit** – Pays ten times your Daily Maximum Benefit each year to help offset costs associated with informal care. Proof of paid services or other charges is not required, and this benefit pays in addition to your Community-Based Care benefit. [No waiting period applies to this feature.]]

**[Flexible Care Benefit** – To give you maximum flexibility, this benefit pays your full Home-Based Care Benefit each day you are chronically ill and not receiving Facility Care. No proof of long-term care services is required.]

**[Benefit Account] (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily [Facility Care][Nursing Home] Benefit, whichever is higher.]

**[Benefit Account] Plus (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times the Daily [Facility Care][Nursing Home] Benefit, or the amount shown in the table below, whichever is higher.

Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum
<u>1</u>	<u>0.00%</u>	<u>11</u>	<u>5.50%</u>	<u>21</u>	<u>11.00%</u>
<u>2</u>	<u>0.00%</u>	<u>12</u>	<u>6.00%</u>	<u>22</u>	<u>12.00%</u>
<u>3</u>	<u>0.00%</u>	<u>13</u>	<u>6.50%</u>	<u>23</u>	<u>13.00%</u>
<u>4</u>	<u>2.00%</u>	<u>14</u>	<u>7.00%</u>	<u>24</u>	<u>14.00%</u>
<u>5</u>	<u>2.50%</u>	<u>15</u>	<u>7.50%</u>	<u>25</u>	<u>15.00%</u>
<u>6</u>	<u>3.00%</u>	<u>16</u>	<u>8.00%</u>	<u>26</u>	<u>16.00%</u>
<u>7</u>	<u>3.50%</u>	<u>17</u>	<u>8.50%</u>	<u>27</u>	<u>17.00%</u>
<u>8</u>	<u>4.00%</u>	<u>18</u>	<u>9.00%</u>	<u>28</u>	<u>18.00%</u>
<u>9</u>	<u>4.50%</u>	<u>19</u>	<u>9.50%</u>	<u>29</u>	<u>19.00%</u>
<u>10</u>	<u>5.00%</u>	<u>20</u>	<u>10.00%</u>	<u>30+</u>	<u>20.00%</u>

]



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## Highlights of the Plan

**[Informal Caregiver Benefit]** – This feature pays up to 25% of the Daily [Facility Care][Nursing Home] benefit each day you receive informal care at home. You may also receive paid services under the [Community-]Based Care benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed the Daily Community -Based Care Benefit.]

**[Care Assist]** – This option extends the policy's standard Respite Care benefit so that it pays up to your daily maximum for [Facility][Nursing Home] Care, up to XX days per year. You can choose formal (paid) care, informal care, or any combination of the two for your respite care. (See the *Standard Plan Features* section for a description of the plan's standard Respite Care Benefit.)]

**[Restoration of the Lifetime Maximum Benefit]** – This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for five consecutive years for a condition requiring long-term care services.]

**[Return of Premium at Death]** – Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 65.]

**[Return of Premium at Death or Lapse]** – After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]

**[Shared Lifetime Maximum Benefit]** –Provides an additional, shared, pool of benefits to married couples [or same-sex domestic partners] that each purchase identical coverage. If either (or both) become chronically ill and reach the lifetime maximum of their own coverage, they may access any of the shared lifetime maximum benefit remaining. The shared lifetime maximum benefit is equal to the individual lifetime maximum benefits purchased by the couple. For example, couples who each purchase a \$XXX,XXX lifetime maximum benefit receive an additional \$XXX,XXX shared lifetime maximum benefit.]

**[Terminal Illness Benefit]** – If you are diagnosed with a terminal illness, the plan reimburses up to ten times your Daily Maximum Benefit for long-term care expenses without a waiting period. Benefits received do not reduce the Lifetime Maximum Benefit.

**[Transition Benefit]** – This feature reimburses up to five times your Daily Maximum Benefit for long-term care expenses you incur during your waiting period. Benefits received do not reduce your Lifetime Maximum Benefit.]

**[World Wide Coverage]** – If you are living or traveling outside the United States and qualify for benefits, we will make a payment equal to your Community-Based Care Benefit[, but not more than 75% of your Daily Maximum Benefit,] each day you receive paid long-term care services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will issue all benefits in United States currency.]

### Inflation Protection

Inflation protection helps your coverage keep up with the rising cost of long-term care as time goes by. [We will include [Guaranteed Benefit Increase][Future Purchase Option] in your plan at no additional charge unless you optional, enhanced coverage as described below.]

**[Deferred Compound Automatic Benefit Increase]** – Prior to age 65, CNA will offer you periodic opportunities to increase your benefits to help keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we



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offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].

Beginning at age 65, your Daily Nursing Home Care benefit amounts, remaining Lifetime Maximum Benefit, and any other benefits indexed to them automatically start increasing by 5% compounded each year. Increases continue, even if you are on claim, unless premium payments stop.]

**[[Guaranteed Benefit Increase][Future Purchase Option]** – Periodically, CNA will offer you the chance to increase your benefits to help you keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].]

**[Lifetime Compound Automatic Benefit Increase** – This feature automatically increases your Daily [Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% compounded each year without automatically increasing your premiums. Increases continue for life, unless premium payments stop for any reason except waiver of premium.]

**[20-Year Simple Interest Automatic Benefit Increase (inflation protection)** – This feature automatically increases your Daily [Facility][Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% each year (simple interest) without automatically increasing your premiums. Increases continue for 20 years, unless premium payments stop for any reason except waiver of premium.]

### Other Important Elements of Your Plan

**Exclusions** – Long-term care insurance protects against catastrophic losses. Exclusions help keep the cost of the plan affordable. Your plan will not pay benefits for the following:

- 1) [Long-term care that results from war. ]
- 2) [(Expense Reimbursement)Long-term care covered by Worker’s Compensation or other group insurance.]
- 3) [(Indemnity)Long-term care covered by Worker’s Compensation.]
- 4) [Long-term care normally provided without charge.]
- 5) [Long-term care received outside the United States.]
- 6) [Services covered by Medicare (or covered except for application of a deductible or coinsurance).]

**[Coordination of Benefits** – You will not receive double reimbursement for the same long-term care services under more than one program (e.g., a Group Health plan or Medicare). Your long-term care plan may work together with other plans so that each pays for part of your care, or the long-term care plan may cover services excluded by other programs.]

**[(Extended Wait)Limitation on Pre-Existing Conditions** – Your plan does not cover long-term care that results from conditions that existed up to six months before your coverage effective date until coverage has been in force for six months. After coverage has been in effect for six months, the policy’s waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

**[(Standard. Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months



## Highlights of the Plan

after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care is considered to be continuing without interruption until at least six months pass during which you require no assistance with activities of daily living or supervision due to severe cognitive impairment. Once this six-month period passes, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

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# Highlights of the Plan

## The Amount of Insurance You Can Purchase

When you enroll in Employer's group long-term care insurance plan you can choose one of several benefit levels. The table below shows the options available to you. Other features of the plan are described in greater detail below.



[Plan for Employees:

	<b>Employer-Paid Core</b>	<b>Additional "Buy-Up" Paid By Employee</b>			
		<b>\$100</b>	<b>\$150</b>	<b>\$200</b>	<b>\$250</b>
<b>Lifetime Maximum Benefit (Choose one)</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 1*</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 2*</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Daily Maximum Benefit (DMB)</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Total Daily Nursing Home Benefit (Core + Buy-Up)</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Daily Community-Based Care Benefit (Choose one)</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 1*</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 2*</b>	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx

[\*If you select a plan with this benefit level, coverage is subject to CNA's approval of your application.]]

[Plan for Other Eligible Individuals:

	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan D</b>
<b>Lifetime Maximum Benefit (Choose one)</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 1*</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 2*</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Daily Maximum Benefit (DMB)</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Daily Nursing Home Benefit</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Daily Community-Based Care Benefit (Choose one)</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 1*</b>	\$xxx	\$xxx	\$xxx	\$xxx
<b>Option 2*</b>	\$xxx	\$xxx	\$xxx	\$xxx

[\*If you select a plan with this benefit level, coverage is subject to CNA's approval of your application.]]



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# Highlights of the Plan

## Who is Eligible for the Plan

- Employees – [full time] employees who are actively at work at least 25 hours per week on the day coverage takes effect. [Part time employees who are actively at work at least 15 hours per week on the day coverage takes effect.]
- [Spouses or same-sex domestic partners of employees.]
- [Adult children of employees or their spouses or same-sex domestic partners.]
- [Parents, parents-in-law, grandparents, grandparents-in-law or their same-sex domestic partners.]
- [Retirees and their spouses or same-sex domestic partners.]

## Qualifying for Benefits

To receive benefits, you must be *chronically ill*. This means a licensed healthcare practitioner certified that either of the following conditions exists and is likely to last more than 90 days:

1. You are unable to perform two of the following six activities of daily living (ADLs): Bathing, dressing, eating, maintaining continence, transferring, and toileting.  
OR
2. You have a cognitive impairment (confusion, memory or orientation problems, lack of reasoning or judgment) that causes safety concerns for you or another person.

## Standard Plan Features

**Lifetime Maximum Benefit** – The total amount of insurance you purchase. It represents the pool of money available to you under the plan.

**Daily Maximum Benefit (DMB)** – The maximum amount of benefits you can receive on a single day.

**[(Indemnity) Daily Nursing Home Benefit** – The plan pays your entire Daily Maximum Benefit each day you receive paid services in one of the following facilities:

- Nursing Homes
- Assisted Living Facilities (in CA, Change to Residential Care Facility)
- Hospice Facilities]

**[(Expense reimbursement) Daily Nursing Home Benefit** – The plan reimburses the actual cost of services you receive, up to your Daily Maximum Benefit, for care in the following facilities:

- Nursing Homes
- Assisted Living Facilities (in CA, Change to Residential Care Facility)
- Hospice Facilities]

**[(Flexible Care version.) Daily Community-Based Care Benefit** – The plan pays your full benefit amount each day you are chronically ill and not receiving [Facility Care][Nursing Home Care].]

**[(Indemnity.) Daily Community-Based Care Benefit** – The plan pays your full benefit amount each day you receive paid services in your home or an adult day care facility.]

**[(Expense reimbursement. ) Daily Community-Based Care Benefit** – Reimburses the actual cost of services you receive in your home or an adult day care facility.]

**[Alternate Plan of Care** – Allows CNA to consider emerging or non-traditional long-term care services not covered elsewhere under the policy. When such services are appropriate and cost effective, CNA will propose a written Alternate Plan of Care that specifies the benefits provided and levels of payment for each benefit. You and your physician must approve the plan, and benefits paid will not exceed your Daily [Facility Care][Nursing Home] Benefit.]



# Highlights of the Plan

**[Temporary Bed Holding]** – Reimburses costs you incur to hold your place in a nursing home or other facility if you need to be away temporarily. This feature reimburses up to your Daily Maximum Benefit, for as many as 21 days per year.]

**[Caregiver Benefit]** – Pays ten times your Daily Maximum Benefit each year to help offset costs associated with informal care. Proof of paid services or other charges is not required, and this benefit pays in addition to your [Home-][Community-]Based Care benefit. [No waiting period applies to this feature.]

**[Caregiver Training]** – Reimburses up to three times your Daily [Home-][Community-]Based Care Benefit for charges you incur to train an informal caregiver [or independent provider] to care for you at home. [It also covers training required to license or certify an independent provider, if required.] No waiting period applies to this feature.]

**[(Used when there is no other nonforfeiture benefit.) Contingent Nonforfeiture]** – If premiums increase more than a specified amount, this feature allows you to modify your coverage to avoid paying the increased premiums. See the Outline of Coverage for full details.]

**[(Used when Future Benefit Guarantee is an option.) Contingent Nonforfeiture]** – If you do not choose the [Benefit Account] Plus, and if your premiums increase more than a specified amount, this feature allows you to modify your coverage to avoid paying the increased premiums. See the Outline of Coverage for details.]

**[Emergency Alert System Benefit]** – Reimburses for a communication system, other than regular telephone service or a home security system, in your home used to summon medical attention in case of a medical emergency. The monthly amount this benefit pays is equal to one day’s Community-Based Care Benefit.]

**[Flexible Care Benefit]** To give you maximum flexibility, this benefit pays your full Home-Based Care Benefit each day you are chronically ill and not receiving Facility Care. No proof of long-term care services is required.]

**[Benefit Account] (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily Nursing Home Benefit, whichever is higher.]

**[Benefit Account] Plus (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times the Daily [Facility Care][Nursing Home] Benefit, or the amount shown in the table below, whichever is higher.

Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum
1	0.00%	11	5.50%	21	11.00%
2	0.00%	12	6.00%	22	12.00%
3	0.00%	13	6.50%	23	13.00%
4	2.00%	14	7.00%	24	14.00%
5	2.50%	15	7.50%	25	15.00%
6	3.00%	16	8.00%	26	16.00%
7	3.50%	17	8.50%	27	17.00%
8	4.00%	18	9.00%	28	18.00%



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# Highlights of the Plan

<u>9</u>	<u>4.50%</u>	<u>19</u>	<u>9.50%</u>	<u>29</u>	<u>19.00%</u>
<u>10</u>	<u>5.00%</u>	<u>20</u>	<u>10.00%</u>	<u>30+</u>	<u>20.00%</u>

]

**[Home Medical Technology** – Provides up to \$1,000 each year to help cover the cost of assistive devices, medication compliance equipment, or emergency response systems used in your residence. It also reimburses the cost of home modifications necessary to accommodate this kind of equipment or as needed to allow you to remain at home. No waiting period applies to this feature.]

**[Informal Caregiver Benefit** – This feature pays up to 25% of the Daily Nursing Home] benefit each day you receive informal care at home. You may also receive paid services under the Community-Based Care benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed the Daily Community-Based Care Benefit.]

**[Respite Care** – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The Respite Care benefit pays up to either the Daily Nursing Home Benefit or Daily Community-Based Care Benefit, as many as 14/21 days per year, depending on where benefits are used. No waiting period applies to this feature..]

**[Care Assist]** – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so that they can take needed time off. Whether you choose Facility, [Home-][Community-]Based, or Informal Care for respite services, we pay the Daily [Facility Care][Nursing Home] Benefit, as many as 14/21 days per year. No waiting period applies to this feature.]

**[Restoration of the Lifetime Maximum Benefit** – This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for five consecutive years for a condition requiring long-term care services]

**[Return of Premium at Death** – Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 65.]

**[Return of Premium at Death or Lapse** – After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]

**[Terminal Illness Benefit** – If you are diagnosed with a terminal illness, we will pay up to ten times your Daily Nursing Home Benefit for long-term care expenses without a waiting period. Benefits received will not reduce the Lifetime Maximum Benefit..]

**[Transition Benefit** – This feature pays up to five times your Daily Maximum Benefit for long-term care expenses you incur during your waiting period. Benefits received do not reduce your Lifetime Maximum Benefit.]

**[(Calendar day)Waiting Period** – After you become chronically ill, you will need to satisfy a 90 calendar day waiting period before you receive benefits. [You must only satisfy this waiting period once in your lifetime.] You do not need to incur any paid long-term care services during this time.]

**[(Service day)Waiting Period** – After you qualify for benefits, you will need to satisfy a waiting period before benefits can be paid.

For Nursing Home Care: 60 days of service]

For Community Based Care: 15 days of service

[You must only satisfy the waiting period once in your lifetime.]]



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**[(Calendar day)Waiver of Premium** – After you satisfy the waiting period, your premiums will be waived while you receive benefits.]

**[(Service day)Waiver of Premium** – After you satisfy the waiting period and receive long-term care services for 60 days, your premiums will be waived.]

**[World Wide Coverage** – If you are living or traveling outside the United States and qualify for benefits, we will make a payment equal to your [Home-][Community-]Based Care Benefit[, but not more than 75% of your Daily Maximum Benefit,] each day you receive paid long-term care services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will issue all benefits in United States currency.]

### [Optional Features]

[You may choose to purchase features below at additional cost. They allow you to customize your plan even further.]

**[Caregiver Benefit** – Pays ten times your Daily Maximum Benefit each year to help offset costs associated with informal care. Proof of paid services or other charges is not required, and this benefit pays in addition to your Community-Based Care benefit. [No waiting period applies to this feature.]]

**[Flexible Care Benefit** – To give you maximum flexibility, this benefit pays your full Home-Based Care Benefit each day you are chronically ill and not receiving Facility Care. No proof of long-term care services is required.]

**[Benefit Account] (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily [Facility Care][Nursing Home] Benefit, whichever is higher.]

**[Benefit Account] Plus (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times the Daily [Facility Care][Nursing Home] Benefit, or the amount shown in the table below, whichever is higher.

Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum
<u>1</u>	<u>0.00%</u>	<u>11</u>	<u>5.50%</u>	<u>21</u>	<u>11.00%</u>
<u>2</u>	<u>0.00%</u>	<u>12</u>	<u>6.00%</u>	<u>22</u>	<u>12.00%</u>
<u>3</u>	<u>0.00%</u>	<u>13</u>	<u>6.50%</u>	<u>23</u>	<u>13.00%</u>
<u>4</u>	<u>2.00%</u>	<u>14</u>	<u>7.00%</u>	<u>24</u>	<u>14.00%</u>
<u>5</u>	<u>2.50%</u>	<u>15</u>	<u>7.50%</u>	<u>25</u>	<u>15.00%</u>
<u>6</u>	<u>3.00%</u>	<u>16</u>	<u>8.00%</u>	<u>26</u>	<u>16.00%</u>
<u>7</u>	<u>3.50%</u>	<u>17</u>	<u>8.50%</u>	<u>27</u>	<u>17.00%</u>
<u>8</u>	<u>4.00%</u>	<u>18</u>	<u>9.00%</u>	<u>28</u>	<u>18.00%</u>
<u>9</u>	<u>4.50%</u>	<u>19</u>	<u>9.50%</u>	<u>29</u>	<u>19.00%</u>
<u>10</u>	<u>5.00%</u>	<u>20</u>	<u>10.00%</u>	<u>30+</u>	<u>20.00%</u>

]



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## Highlights of the Plan

**[Informal Caregiver Benefit]** – This feature pays up to 25% of the Daily [Facility Care][Nursing Home] benefit each day you receive informal care at home. You may also receive paid services under the [Community-]Based Care benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed the Daily Community -Based Care Benefit.]

**[Care Assist]** – This option extends the policy's standard Respite Care benefit so that it pays up to your daily maximum for [Facility][Nursing Home] Care, up to XX days per year. You can choose formal (paid) care, informal care, or any combination of the two for your respite care. (See the *Standard Plan Features* section for a description of the plan's standard Respite Care Benefit.)]

**[Restoration of the Lifetime Maximum Benefit]** – This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for five consecutive years for a condition requiring long-term care services.]

**[Return of Premium at Death]** – Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 65.]

**[Return of Premium at Death or Lapse]** – After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]

**[Shared Lifetime Maximum Benefit]** –Provides an additional, shared, pool of benefits to married couples [or same-sex domestic partners] that each purchase identical coverage. If either (or both) become chronically ill and reach the lifetime maximum of their own coverage, they may access any of the shared lifetime maximum benefit remaining. The shared lifetime maximum benefit is equal to the individual lifetime maximum benefits purchased by the couple. For example, couples who each purchase a \$XXX,XXX lifetime maximum benefit receive an additional \$XXX,XXX shared lifetime maximum benefit.]

**[Terminal Illness Benefit]** – If you are diagnosed with a terminal illness, the plan reimburses up to ten times your Daily Maximum Benefit for long-term care expenses without a waiting period. Benefits received do not reduce the Lifetime Maximum Benefit.

**[Transition Benefit]** – This feature reimburses up to five times your Daily Maximum Benefit for long-term care expenses you incur during your waiting period. Benefits received do not reduce your Lifetime Maximum Benefit.]

**[World Wide Coverage]** – If you are living or traveling outside the United States and qualify for benefits, we will make a payment equal to your Community-Based Care Benefit[, but not more than 75% of your Daily Maximum Benefit,] each day you receive paid long-term care services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will issue all benefits in United States currency.]

### Inflation Protection

Inflation protection helps your coverage keep up with the rising cost of long-term care as time goes by. [We will include [Guaranteed Benefit Increase][Future Purchase Option] in your plan at no additional charge unless you optional, enhanced coverage as described below.]

**[Deferred Compound Automatic Benefit Increase]** – Prior to age 65, CNA will offer you periodic opportunities to increase your benefits to help keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we



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AG-123456-A

## Highlights of the Plan

offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].

Beginning at age 65, your Daily Nursing Home Care benefit amounts, remaining Lifetime Maximum Benefit, and any other benefits indexed to them automatically start increasing by 5% compounded each year. Increases continue, even if you are on claim, unless premium payments stop.]

**[[Guaranteed Benefit Increase][Future Purchase Option]** – Periodically, CNA will offer you the chance to increase your benefits to help you keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].]

**[Lifetime Compound Automatic Benefit Increase** – This feature automatically increases your Daily [Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% compounded each year without automatically increasing your premiums. Increases continue for life, unless premium payments stop for any reason except waiver of premium.]

**[20-Year Simple Interest Automatic Benefit Increase (inflation protection)** – This feature automatically increases your Daily [Facility][Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% each year (simple interest) without automatically increasing your premiums. Increases continue for 20 years, unless premium payments stop for any reason except waiver of premium.]

### Other Important Elements of Your Plan

**Exclusions** – Long-term care insurance protects against catastrophic losses. Exclusions help keep the cost of the plan affordable. Your plan will not pay benefits for the following:

- 1) [Long-term care that results from war. ]
- 2) [(Expense Reimbursement)Long-term care covered by Worker’s Compensation or other group insurance.]
- 3) [(Indemnity)Long-term care covered by Worker’s Compensation.]
- 4) [Long-term care normally provided without charge.]
- 5) [Long-term care received outside the United States.]
- 6) [Services covered by Medicare (or covered except for application of a deductible or coinsurance).]

**[Coordination of Benefits** – You will not receive double reimbursement for the same long-term care services under more than one program (e.g., a Group Health plan or Medicare). Your long-term care plan may work together with other plans so that each pays for part of your care, or the long-term care plan may cover services excluded by other programs.]

**[(Extended Wait)Limitation on Pre-Existing Conditions** – Your plan does not cover long-term care that results from conditions that existed up to six months before your coverage effective date until coverage has been in force for six months. After coverage has been in effect for six months, the policy’s waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

**[(Standard. Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months



## Highlights of the Plan

after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care is considered to be continuing without interruption until at least six months pass during which you require no assistance with activities of daily living or supervision due to severe cognitive impairment. Once this six-month period passes, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

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# Why you should consider group long-term care insurance

## Preserving Your Independence Takes Planning

"Independence" means having control over your situation, something most of us want throughout our lives. But remaining in control in the future may depend on having the financial resources to pay for health challenges that occur.

Injuries, illness like arthritis or Multiple Sclerosis, or the effects of aging may bring the need for long-term care. The number of people needing long-term care will probably increase dramatically as the number of elderly Americans grows. U.S. Census Bureau projections estimate the number of Americans over age 65 will grow from 38 million in 2009 to more than 73 million in 2030.<sup>1</sup>

But, not all of the people who need long-term care are elderly. More than a third of those needing long-term care are working age adults between the ages of 25 and 64.<sup>2</sup>

## Long-Term Care, Even at Home, Is Expensive

- If it is provided in a nursing facility, long-term care costs average \$52,000 per year.<sup>3</sup>
- If you remain at home, you might need paid care-givers — nurses, nurses' aides or housekeepers — to help care for you. That kind of part-time care can cost \$16,000 per year or more.<sup>3</sup>



## Who Will Pay for Your Long-Term Care?

Getting the quality care you need in the setting you prefer depends on your ability to pay for it. Resources may not be as available as you think. For example, many people believe their long-term care expenses will be paid by health, disability or other insurance, or by the government. But consider these facts:

- **Medical Insurance** — Most health insurance plans will pay for your care only while you are in the hospital or a skilled nursing facility to receive treatment. When you need assistance with activities of daily living, medical insurance usually does not pay.
- **Disability Insurance** — Disability insurance generally protects income that is lost when you cannot work because of a disability. Usually, it pays enough to cover ordinary living expenses such as mortgage payments or rent, but not enough to cover the additional costs of long-term care.
- **Medicaid** — Medicaid is generally designed for people with limited income who meet certain eligibility requirements. Among other things, this usually means "spending down" your income or assets to a relatively low level before Medicaid pays for any long-term care.
- **Savings** — Three years of limited care at home could easily cost more than \$100,000<sup>3</sup>. Many people find that their savings is not enough to cover all of the expenses of long-term care.

# Why you should consider group long-term care insurance



## The Solution: [CNA Independent Solutions®] [Group Long-Term Care from CNA]

Long-term care insurance is the only type of insurance specifically designed to protect your income and assets in the event you need long-term care.

With [Independent Solutions®] [Group Long-Term Care from CNA] you:

- Get a comprehensive long-term care plan designed to meet your needs. You get benefits for long-term care services, whether you receive them at home, in assisted living or adult day care facilities, or in a nursing home. Hospice and respite care are also covered.
- Get a range of choices of daily and lifetime coverage levels. This means you can select a coverage amount appropriate for your budget, your needs and your locale.
- Have a plan with outstanding flexibility and benefit features that help you remain at home as long as possible. One of these features is [coverage for Independent Provider Care, which allows benefits for services from a wider range of home care providers. The plan also includes] a [Home Technology] [Emergency Alert] Benefit to pay for devices like emergency response [or medication reminder] systems in your home.
- Receive caring support if you ever need to file a claim. Our streamlined claims process makes access to your benefits easier and faster. Our care coordinators help find and coordinate quality services for your needs.

### Seize the Opportunity: Sign Up During the Special Open Enrollment Period

During the enrollment period, employees can join the plan without answering any medical questions, as long as you are actively-at-work on the coverage effective date. As a pioneer in group long-term care insurance, CNA insures more than 200,000 employees and their families.

**Call [Phone #] to talk to one of our long-term care experts [or visit the Group Long-Term Care web site at: Add URL. Password: \_\_\_\_\_].**

1 Projections of the Resident Population by Age, Sex, Race, and Hispanic Origin: Released 2008. Population Projections Program, Population Division, U.S. Census Bureau.

2 Based on 2008 CNA Claim Data as of January 1, 2009.

3 A Shoppers Guide to Long Term Care Insurance, 2008. National Association of Insurance Commissioners.

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# [Independent Solutions®][Group Long-Term Care] Plan Rates

Rates

## Plan A Monthly Rates

Premiums shown are monthly amounts. For payroll deduction, the actual amount deducted from your paycheck may vary if you are paid on a different schedule. Premiums are per person, based on each individual's age on the effective date of coverage. [Please contact CNA for rates if you are older than age 80 and wish to apply for coverage.]

Age	\$XXX Daily Benefit	\$XXX Daily Benefit	\$XXX Daily Benefit	\$XXX Daily Benefit
<25	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
25	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
26	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
27	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
28	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
29	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
30	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
31	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
32	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
33	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
34	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
35	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
36	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
37	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
38	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
39	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
40	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
41	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
42	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
43	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
44	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
45	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
46	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
47	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
48	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
49	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
50	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
51	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
52	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx

Age	\$XXX Daily Benefit	\$XXX Daily Benefit	\$XXX Daily Benefit	\$XXX Daily Benefit
53	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
54	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
55	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
56	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
57	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
58	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
59	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
60	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
61	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
62	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
63	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
64	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
65	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
66	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
67	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
68	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
69	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
70	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
71	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
72	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
73	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
74	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
75	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
76	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
77	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
78	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
79	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
80	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx

If you have other long-term care insurance with CNA or another carrier, CNA may be required to limit the total amount of coverage you receive under this plan.

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Continental Casualty Company Policy [SPS1AA-03-TQ, et.al.] [GLTC-3-C-AR-01-TQ, et.al.]



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# **[Retirees, ][Parents, ][Parents-in-law] and [Grandparents-in-law] -- Quarterly Rates**

Discounted semi-annual and annual rates are also available by calling CNA at 1-800-XXX-XXXX

## **Plan A**

<b>Age</b>	<b>\$XXX Daily Benefit</b>	<b>\$XXX Daily Benefit</b>	<b>\$XXX Daily Benefit</b>	<b>\$XXX Daily Benefit</b>
40	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
41	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
42	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
43	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
44	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
45	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
46	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
47	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
48	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
49	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
50	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
51	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
52	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
53	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
54	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
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56	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
57	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
58	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
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64	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
65	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
66	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
67	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
68	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
69	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
70	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
71	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
72	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
73	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
74	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
75	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
76	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
77	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
78	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
79	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
80	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
81	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
82	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
83	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
84	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
85	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
86	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
87	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
88	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
89	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx
90	\$xx.xx	\$xx.xx	\$xx.xx	\$xx.xx

Premiums shown are quarterly amounts. Premiums are per person, based on each individual's age on the effective date of coverage. If you have other long-term care insurance with CNA or another carrier, CNA may be required to limit the total amount of coverage you receive under this plan.

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# {Insert Letterhead}

Congratulations! You have taken the first step toward protecting your independence and your assets by requesting this enrollment kit for the Client Name group long-term care insurance plan, which is offered through CNA and underwritten by Continental Casualty Company.

If you are an eligible employee, you may enroll for coverage without any medical underwriting if you act during your initial period of benefit eligibility as a new hire or during a special open enrollment authorized by Client Name and CNA. You may apply at any other time, but you will need to provide evidence of good health and coverage is not guaranteed.

You may also apply for coverage if you are the spouse [or domestic partner], [parent], [parent-in-law], [grandparent], or [grandparent-in-law] of an eligible employee[, or if you are a retiree of Client Name] or the spouse or domestic partner of a retiree]. To apply, you must provide evidence of good health, and coverage is not guaranteed. Relatives of eligible employees may apply even if the employee does not participate.

The material in this packet will help you understand the [Independent Solutions<sup>®</sup>] group long-term care plan and apply for coverage if you wish. Inside, you will find the following items. Please be sure to review them carefully:

- **Reasons to Consider CNA [Independent Solutions<sup>®</sup>] Group Long-Term Care Insurance –** A short discussion of some reasons you should consider enrolling in the CNA [Independent Solutions] Group Long-Term Care Plan.
- **Highlights of Your Plan –** A summary of the plan's features and benefits.
- **Your [Group Long-Term Care Plan] [Independent Solutions] Rates –** Premiums for each age at entry into the plan.
- **Outline of Coverage –** A detailed description of the important features of the CNA [Independent Solutions] Group Long-Term Care Plan.
- **[Employee Enrollment Form –** For use by eligible employees enrolling in the plan without medical underwriting.]
- **Short Form Application –** A simplified application for [the spouses or domestic partners of employees or for] employees applying after their initial period of benefit eligibility.
- **Long Form Application –** For use by [retirees][ and their spouses or domestic partners][ as well as ]all other eligible relatives of employees.
- **Shopper's Guide to Long-Term Care Insurance –** An overview and guide to long-term care insurance prepared by the National Association of Insurance Commissioners.
- Additional forms and disclosures.

If you have any questions about the information in this packet, or about group long-term care insurance in general, please do not hesitate to call CNA toll-free at 1-877-777-9072.

Thank you for considering group long-term care insurance coverage!

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## Information and Enrollment: Your Solution to Long-Term Care

Use the links below to learn about long-term care insurance - including why you might need it.

If your employer offers a CNA group long-term care plan, log in to access extra information about the options available and the cost of coverage for you and your eligible relatives. Once you've made up your mind, you can even enroll online.

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Login to get started!

### GROUP LONG-TERM CARE ANSWER CENTER

- [Long-Term Care Basics](#)
- [The Long-Term Care Challenge](#)
- [Compare Saving vs. Insurance](#)
- [Case Studies](#)
- [Frequently Asked Questions](#)

[Contact Us](#)  
[About CNA](#)





View the cost of long-term care  
in your area.

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## Information and Enrollment: Your Solution to Long-Term Care

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View the cost of long-term care in your area.

## LONG-TERM CARE BASICS

Long-term care is really a variety of different personal and household services for people who cannot care for themselves. These services range from basic help with daily activities at home like bathing or dressing to care in a nursing home or assisted living facility. The need for care could be the result of injury from an accident, or it could relate to a chronic illness like Multiple Sclerosis or Alzheimer's Disease — it may surprise you to know that almost [37%](#) of CNA insureds receiving long-term care benefits are working-age adults 65 or younger.<sup>1</sup>

**Long-term care insurance is specially designed to help cover the costs of long-term care. It gives you the peace of mind that comes with knowing you are prepared for the future.**

### How much does long term care cost?

You might be amazed by how much even a little assistance from a professional caregiver costs. Consider the following:

- [The national cost of nursing home care is \\$56,000 per year.](#)<sup>2</sup>
- [The national average cost of part-time basic home care is \\$16,000 per year.](#)<sup>2</sup>

For more information on the cost of nursing home care in your area, click the map icon in the left-hand margin of this page.

### Aren't I already covered?

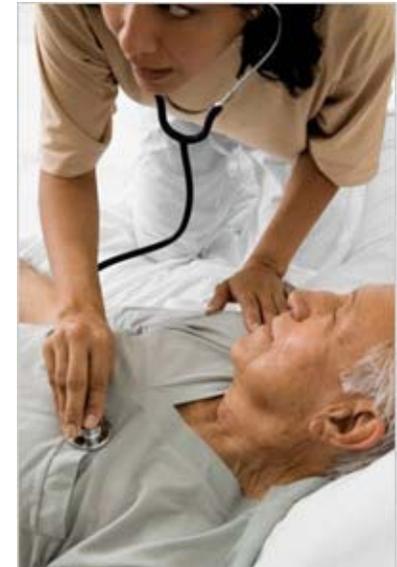
Probably not. It's a mistake to believe government programs or other insurance plans will cover the costs of long-term care. The fact is, most of these were not designed to cover custodial long-term care, and they provide minimal, if any, coverage under very limited conditions. Medicaid, the one government program that does cover substantial long-term care costs, is available only to certain low-income individuals and families who fit specific eligibility groups. Qualifying for Medicaid typically means "spending down" most of your hard-earned assets.

### Why Group Long-Term Care Insurance?

Group long-term care insurance is long-term care coverage designed by CNA in collaboration with your employer as a valuable employee benefit. It is tailored specifically for the employees in your organization and their families, so it offers comprehensive coverage at affordable rates. And because it is a group plan, employees may enroll with limited or no medical underwriting. To find out more about your employer's plan or enroll for coverage, please log in.

<sup>1</sup> Based on [3,024](#) long-term care claims paid by CNA between [1993 and 2008](#).

<sup>2</sup> A Shopper's Guide to Long-Term Care Insurance, [2008](#). National Association of Insurance Commissioners.



[PRIVACY](#) | [LEGAL DISCLAIMERS](#)

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# Information and Enrollment: Your Solution to Long-Term Care

Login to get started!

## GROUP LONG-TERM CARE ANSWER CENTER

- [Long-Term Care Basics](#)
- [The Long-Term Care Challenge](#)
- [Compare Saving vs. Insurance](#)
- [Case Studies](#)
- [Frequently Asked Questions](#)

[Contact Us](#)  
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View the cost of long-term care in your area.

## THE LONG-TERM CARE CHALLENGE

1. Medical or long-term disability insurance is an alternative way of covering extended long-term care.

- True
- False

The correct answer is: **FALSE**

Medical insurance typically covers only limited long-term care services related to acute health-care treatment. Most health plans do not cover the kind of ongoing chronic illness that results in the need for long-term care. Disability insurance is designed to replace part of your pay if you cannot work. Most people need that money for regular living expenses and may not have enough left over to cover long-term care. Also, most disability insurance coverage ends at age 65 or retirement.

2. Government programs pay for long-term care.

- True
- False

The correct answer is: **TRUE... BUT...**

While it is true the government is the largest source of long-term care funding in the United States<sup>1</sup>, it's a mistake to think the government will simply pick up the charges if you need long-term care. Medicare pays only for limited care following hospitalization, and it is not available to most people under the age of 65. Medicaid, a government program that does cover substantial long-term care costs, is available only to certain low-income individuals and families who fit specific eligibility groups. Qualifying for Medicaid typically means "spending down" most of your hard-earned assets.

<sup>1</sup> Brown, Jeffrey. "A Solution in Search of a Problem," November 24, 2009. Center for Business & Public Policy. <http://businesspublicpolicy.com/?tag=health-insurance-health-care-reform>.

3. The average cost of a CNA long-term care plan is about \$1,800 per year.

- True

False

CHECK ANSWER

The correct answer is: **FALSE**

The average cost of group long-term care coverage issued by CNA is about \$650 per year\*. Your premiums will vary based on the terms of your plan, the coverage you choose and your age when coverage takes effect, but long-term care insurance is more affordable than many people expect.

\*Based on new group long-term care coverage issued between 2004 and 2008.

**4. The cost of long-term care is approximately the same regardless of where you live.**

True

False

CHECK ANSWER

The correct answer is: **FALSE**

The cost of long-term care is largely dependent on where you receive care. For example, similar services are likely to cost less in a small Midwestern town or rural area than in Beverly Hills, CA or New York City. Want more information? Learn more about the cost of long-term care in your area by clicking on the cost of care map on the left side of this page.

**5. What percentage of long-term care claims are made by working age adults?**

10% or less

About one third (33%)

50% or more

CHECK ANSWER

The correct answer is: **ABOUT ONE THIRD (33%)**

In a review of over 3,000 long-term care claims paid by CNA between 1993 and 2008, more than one third (37%) of claimants were aged 65 or younger when their claim started.

The need for long-term care can strike at any time or any age, so consider purchasing long-term care coverage now. The younger you are, the lower your premiums will be — and premiums do not automatically increase as you get older or your health status changes. Premiums may increase in the future, but only if CNA raises rates for all policies in the same class in your state.

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## CASE STUDIES

The need for long-term care knows no age and no gender. By planning now, you're preparing for what many families face — the unexpected.



### Younger Workers

Why would a healthy 31-year-old need long-term care insurance?



### Middle-Aged Workers

They diligently saved for retirement until an unexpected stroke put everything at risk.



### The 21st Century Family

As a family's medical needs increase, long-term care coverage helps everyone stay independent and happy.



### Retirees and Spouses

When Medicare and Medicaid didn't offer enough protection and security, Frank and Elizabeth were glad they'd purchased long-term care insurance.

### Consider these facts:

- About 70% of people over age 65 will require at least some type of long-term care services during their lifetime.<sup>1</sup>
- More than one third of CNA insureds receiving long-term care benefits are age 65 or younger.<sup>2</sup>
- About 21% of the U.S. population provides unpaid care to adult friends or family.<sup>3</sup>

## Younger Workers

Until last month, Sue was on the go all day long and well into the evening. But now, after a serious accident, she'll need care for at least a year.

Sue had been skeptical when her employer first offered group long-term care insurance. What did a healthy 31-year-old need with something for the elderly? She already had long-term disability insurance through her employer.

Sue read the material her employer provided and learned that disability insurance, which is often confused with long-term care insurance, is intended to replace lost income if one becomes disabled and cannot work. Most of that money is needed for rent, utilities and food. After that, there is usually not much left to pay for long-term care.

Sue also read that long-term care means much more than just care in a nursing home. It also includes care right at home. The price was reasonable, and it seemed like a good idea to buy it. Her choice was certainly the right one.



### Things to consider ...

- More than [one third](#) of the claims we pay go to working-age adults.<sup>2</sup>
- Long-term care insurance helps safeguard your savings and protect your income if you need expensive long-term care. It helps maintain your ability to provide for your children or other family members.
- The younger you are when coverage begins, the lower your premiums for the duration of your participation in the plan. Once you have coverage, your premiums will not increase just because you grow older or file a claim. Premiums may increase in the future, but only if CNA raises rates for all policies in the same class in your state.

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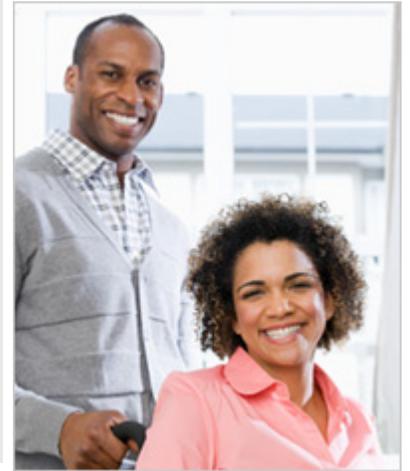
## Middle-Aged Workers

At age 45, Don and Elaine Smith started serious financial planning. They always saved what they could, but with retirement less than 20 years off, it was time to take action.

They maxed out their 401Ks, spent wisely and bought long-term care insurance — something they hadn't considered until Don's company offered a group policy. Don and Elaine talked to a financial advisor and agreed that the coverage could be an important element in their financial plan.

The decision to purchase long-term care insurance seemed smarter and smarter as they watched several of their friends struggle to care for elderly relatives and parents. They didn't want to burden their own children, and they didn't want to spend a lifetime's worth of savings on long-term care. Also, they discovered that Medicare and medical insurance don't pay as much as they thought.

The importance of their decision really hit home when Elaine suffered a stroke. It wasn't completely debilitating, but the doctors all agreed she needed intense therapy to get back on her feet. With the policy's Home-Based Care feature, Elaine was able to remain at home while she recuperated, and she got the care she needed. These days, Elaine isn't running any marathons, but just walking around the block with Don is a step in the right direction.



### Things to consider:

- You work hard and look forward to retirement. What impact would an accident or illness such as multiple sclerosis have on your retirement planning and your finances?
- If your spouse became disabled, could you provide care and keep up with your other responsibilities? If your spouse has long-term care coverage, you'll have protection against the staggering costs of long-term care.
- As a parent, you're probably saving for college or other big expenses. You and your spouse may be relying on dual incomes to meet your obligations and achieve your financial goals. Are you prepared to divert those savings to pay for care? Can your spouse stay home to help if you become disabled? Long-term care insurance helps safeguard your savings and protects your income if you need expensive long-term care.
- Your parents may still be working, or they may be enjoying their golden years, but what if they needed full-time help with day-to-day activities? Of course, you want them to get the care they need, but can you provide it on your own? What if you don't live near them? Unless they have long-term care insurance, you might have to provide or pay for the care they need.

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## The 21st Century Family

Jack knew the time had come for his dad, Bill, to make some tough choices. Bill is 72 and lives alone since his wife died four years ago. He and Jack are close, but live in different cities. The house Jack grew up in is just too large for Bill to take care of by himself.

Lately, Bill has been slowing down. He's fallen a couple of times, and Jack increasingly worries about his father living alone. So Jack and his wife, Anne, talked it over with their kids and decided to ask Bill to live with them. No one — especially Bill — was thrilled with this solution, but it was the best they could think of. It would mean some changes around the house. Some days Jack and Anne would have to choose between taking care of Bill and taking care of their children. Driving Bill back and forth to his appointments would mean time off work and missed ball games for the rest of the family.

Then Bill got out the long-term care plan he purchased at work years before and started making some calls. Bill got in touch with a CNA Care Coordinator who came up with the perfect solution — an assisted living facility in Bill's own town.

Now Bill has round-the-clock help that gives him the independence everyone hoped he could maintain. He didn't have to move to a new community, and Jack is happy to know his dad is in good hands.



### Things to consider ...

- The 21st century family tends to be mobile and can live anywhere in the country — no matter where they grew up. Would your spouse and your children be able to care for you and handle all the other family responsibilities if you became disabled? Long-term care coverage gives you independence in the event of a disabling accident or illness.
- If your spouse became disabled, could you provide care and keep up with your other responsibilities? If your spouse has long-term care coverage, you'll have protection against the staggering costs of long-term care.
- As a parent, you're probably saving for college or other big expenses. You and your spouse may be relying on dual incomes to meet your obligations and achieve your financial goals. Are you prepared to divert those savings to pay for care? Can your spouse stay home to help if you become disabled? Long-term care insurance helps safeguard your savings and protects your income if you need expensive long-term care.
- Your parents may still be working, or they may be enjoying their golden years, but what if they needed full-time help with day-to-day activities? Of course, you want them to get the care they need, but can you provide it on your own? What if you don't live near them? Unless they have long-term care insurance, you might have to provide or pay for the care they need.
- The younger you are when coverage begins, the lower your premiums for the duration of your participation in the plan. Once you have coverage, your premiums will not increase just because you grow older or file a claim. Premiums may increase in the future, but only if CNA raises rates for all policies in the same class in your state.

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## Retirees and Spouses

Elizabeth, a retired school teacher, started forgetting simple things. At first, the problems were small — misplaced glasses and keys. But soon, those small, simple things grew into bigger problems. The diagnosis was Alzheimer's disease. Clearly, Elizabeth could no longer take care of herself — but even though she needed round-the-clock care, she and her husband, Frank, were adamant that she stay at home.

Each had purchased a group long-term care policy before Frank retired. They read up on Medicare and realized it didn't offer the protection and security they wanted. Fortunately, her long-term care policy provides Elizabeth the assistance and care she needs, and her CNA Care Coordinator worked with both of them to develop a plan of care that suits everyone.

Elizabeth participates in an adult day care program three days a week. Frank drops her off and picks her up but still has time to himself during the day for errands, shopping and even an occasional game of golf. On the days Elizabeth is home, a home health aide gives Frank a respite from his chores.

Having Elizabeth at home means the world to Frank, and having benefits from their long-term care plan means Elizabeth receives the excellent care she deserves.



### Things to consider ...

- Nationally, the average cost of part-time, basic home care is [\\$16,000](#) per year.<sup>4</sup>
- Medicare covers some long-term care costs for a limited time, but only if you need skilled care after a hospital stay. Someone with Parkinson's disease or another chronic illness might need assistance with everyday activities for an extended period of time.
- If your spouse became disabled, could you provide care and keep up with your other responsibilities? If your spouse has long-term care coverage, you'll have protection against the staggering costs of long-term care.
- Depending on where they live, your children might not be able to act as your caregiver – and would you want to ask them for financial help to cover your long-term care? Long-term care insurance helps you maintain your independence.

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<sup>1</sup>U.S. Department of Health and Human Services. National Clearinghouse for Long-Term Care Information [http://www.longtermcare.gov/LTC/Main\\_Site/Understnading\\_Lont\\_Term\\_Care/Basics/Basics.aspx](http://www.longtermcare.gov/LTC/Main_Site/Understnading_Lont_Term_Care/Basics/Basics.aspx). Accessed Sept. 13 2011.

<sup>2</sup>Based on [3,024](#) long-term care claims paid by CNA between [1993 and 2008](#).

<sup>3</sup>Pandya, Sheel M., "Caregiving in the United States." AARP Public Policy Institute, April, 2008. [www.aarp.org/ppi](http://www.aarp.org/ppi).

<sup>4</sup>A Shopper's Guide to Long-Term Care Insurance, [2008](#). National Association of Insurance Commissioners.

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## FREQUENTLY ASKED QUESTIONS

Here in Frequently Asked Questions, we've compiled a list of the most common questions we hear about long-term care and long-term care insurance. If your question isn't listed, feel free to [Contact Us](#) using the link on the left of this page.

### Long Term Care

- [What is long-term care?](#)
- [What is the likelihood that I or someone I love will need long-term care services?](#)
- [What long-term care facilities and services are available?](#)
- [Why do nursing homes offer different levels of care?](#)
- [What is inflation protection and why do I need it?](#)

### Your Employer's Plan

- [Why did my employer choose a CNA group long-term care plan for our long-term care benefit?](#)
- [What happens if I leave employment or my employer ends the group policy?](#)

### The Cost of Long-Term Care Services

- [What is the average cost of a nursing home stay?](#)
- [What about home healthcare? What does that cost?](#)

### Funding Long Term Care Costs

- [I have healthcare and long-term disability coverage. Won't that cover long-term care services if I need them?](#)
- [Doesn't Medicare cover long-term care?](#)
- [What about Medicaid?](#)
- [Couldn't I just invest a certain amount each month to accumulate the money I might need to cover extended long-term care expenses?](#)

### What is long-term care?

Long-term care is really a variety of personal and household services for people who are unable to care for themselves. These services range from basic help with daily activities at home like bathing or dressing to care in a nursing home or assisted living facility. People need care because of injury or accident, or due to chronic illness like Multiple Sclerosis or Alzheimer's Disease. Long-term care services are available in a variety of settings, including at home or in our own community.

### What is the likelihood that I or someone I love will need long-term care services?

[It's higher than you may think. In fact, more than 25.7 million disabling injuries occur every year. That's one every 1.2](#)

[seconds](#).<sup>1</sup> Many of these people will need long-term care. In addition to accidents, people who have strokes, heart conditions, Alzheimer's disease, Parkinson's disease and other illnesses often need some type of long-term care.

The need for long-term care knows no age and no gender — a disabling accident or illness can strike anyone, at any time. [Approximately 70% of people over age 65 will require at least some type of long-term care services during their lifetime](#)<sup>2</sup>, and younger individuals are not immune. More than [one third](#) of CNA insureds receiving long-term care benefits are age 65 or younger<sup>3</sup>.

### **What long-term care facilities and services are available?**

There are two basic settings for receiving long-term care: in a facility or at home. When independent living is no longer an option, facility care may be necessary. Facilities vary by the level of care they offer and the services they provide. They include nursing homes, assisted living facilities, and hospice facilities, among others.

Home or community-based care includes care in your residence provided by a home health agency that sends a qualified home healthcare provider to provide nursing care, personal care, nutritional services, meal preparation, housekeeping or physical therapy. Depending on your policy, care might also be provided by an independent provider, a qualified professional caregiver not affiliated with a licensed home healthcare agency.

Adult day care is another option. Adult Day Care centers offer a protective setting for those who are unable to stay alone. They are not residential facilities but offer services for up to 12 hours a day.

### **Why do nursing homes offer different levels of care?**

Some people need round-the-clock monitoring while others only need limited help with personal care or other activities. Nursing homes that are skilled care facilities offer the highest level of care, with skilled professionals available 24 hours a day. Custodial nursing home care, the lowest level of nursing home care, is for those who do not need the continuous attention of trained medical professionals. Intermediate care facilities offer less than skilled care but more than custodial care.

### **What is inflation protection and why do I need it?**

We hope it will be a long time before you ever use your long-term care plan's benefits. The fact is, if you need long-term care services 20 years from the time you apply, costs will probably have increased significantly. That's why your plan includes a feature that gives you periodic opportunities to purchase additional coverage to help protect yourself against rising costs. Your plan may also offer additional, optional inflation protection features that automatically increase your coverage at regular intervals and amounts.

## **Your Employer's Plan**

[TOP](#)

### **Why did my employer choose a CNA group long-term care plan for our long-term care benefit?**

Before making a decision, your employer carefully reviewed the group long-term care plans available and decided the

plan offered by CNA was best suited for the needs of the company's employees and their families. The CNA plan offers flexible coverage at an affordable price.

**What happens if I leave employment or my employer ends the group policy?**

Your coverage is completely portable. That means you can continue it with no change in rates or benefits if you, or the person through whom you obtained coverage, terminates employment for any reason. In most cases, CNA will bill you directly if you had been paying by payroll deduction. Similarly, if your employer ever ends the group plan, the continuation of coverage feature allows you keep your coverage with no changes.

To find out more about your employer's plan, please log in at the top left of this page using your employer's password. When you are logged in, you can find out who is eligible for coverage and what features are in your employer's plan. You can also calculate your premium and apply online.

**The Cost of Long-Term Care Service**

[TOP](#)

**What is the average cost of a nursing home stay?**

Nationwide, the average cost of a nursing home in [2007](#) was [\\$181](#) per day ([\\$66,000](#) per year) for a semi-private room. This does not include items such as therapies and medications, which could make costs much higher.<sup>4</sup>

**What about home healthcare? What does that cost?**

Home healthcare can range from a few hours of housekeeping assistance a week to intensive, skilled services from a nurse or other caregiver. Of course, cost depends on the type of long-term care services needed. In 2007, the national average cost of part-time basic home care (home health aide three times a week) was \$16,000 per year. Skilled care provided by a nurse is more expensive than care provided by a home health aide, and costs will also vary based on the number days per week the caregiver visits. <sup>4</sup>

**Funding Long Term Care Costs**

[TOP](#)

**I have healthcare and long-term disability coverage. Won't that cover long-term care services if I need them?**

Medical plans usually provide limited or no coverage for long-term care services. Disability income coverage is really meant to replace lost wages when you can no longer work. Most people need disability income benefits to cover normal living expenses like food and housing; typically, not much remains to pay for someone to care for you. Also, most long-term disability plans end at age 65 or when you retire.

**Doesn't Medicare cover long-term care?**

Medicare is a federal government program designed to cover health care for people age 65 and older and people under age 65 with certain disabilities or conditions. It only covers medically necessary care and focuses on acute care (doctor visits and hospital stays) or short-term services for conditions expected to improve.

Generally, Medicare does not pay for most long-term care. Medicare does not pay for personal or custodial care (help with activities of daily living), which is the greatest part of long-term care services. Medicare will help pay for a limited skilled nursing facility stay, hospice care or home health care, but only if you meet certain conditions, which are described below.

Medicare will pay for care in a skilled nursing home when:

- you have had a recent prior hospital stay of at least three days,
- you are admitted to a Medicare-certified nursing facility within 30 days of your prior hospital stay, and
- you need skilled care such as skilled nursing services and/or physical or other types of therapy.
- If all these conditions are met, Medicare pays a portion of your costs for up to 100 days.<sup>5</sup>

**What about Medicaid?**

Medicaid does provide benefits for long-term care, but it is available only to certain low-income individuals and families who fit specific eligibility groups. Qualifying for Medicaid typically means "spending down" most of your hard-earned assets. Also, under Medicaid, care choices may be limited because not all long-term care providers accept Medicaid payments.

**Couldn't I just invest a certain amount each month to accumulate the money I might need to cover extended long-term care expenses?**

That could be difficult. Depending on the plan option you choose, your lifetime maximum benefit could be as high as \$365,000 or more. Though many people have a retirement or other savings plan, those funds are usually earmarked for some future need like the children's education or retirement. Even if you started saving \$20 a month for possible long-term care costs, it would take years to come up with the amount of protection your plan provides from day one. What if you had an accident or became ill before you accumulated this amount? For most people, funding long-term care services with savings just isn't very realistic.

<sup>1</sup>[Highlights from Injury Facts, 2008 Edition." National Safety Council.](#)

<sup>2</sup>U.S. Department of Health and Human Services. National Clearinghouse for Long-Term Care Information. [Accessed Sept. 13, 2011.](#)

<sup>3</sup>Based on [3,024](#) long-term care claims paid by CNA between [1993 and 2008.](#)

<sup>4</sup>"A Shopper's Guide to Long-Term Care Insurance, [2008.](#)" National Association of Insurance Commissioners.

<sup>5</sup>U.S. Department of Health and Human Services. National Clearinghouse for Long-Term Care Information. [Accessed Sept. 13, 2011.](#)

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## CONTACT CNA GROUP LONG-TERM CARE

If you have questions about long-term care or are looking for information that you could not find on this website, feel free to contact us by e-mail using the form below or by calling our Customer Service Department toll-free at (877) 777-9072.

### Type of Response Desired

- Phone
- Mail
- E-Mail

### Please provide details in appropriate fields based on your selection

Employer

(Enter the name of the employer through whom you purchased, or wish to purchase, group long-term care insurance.)

Name

Address1

Address2

City

State

< Select One > ▼

Zip Code

Daytime Phone

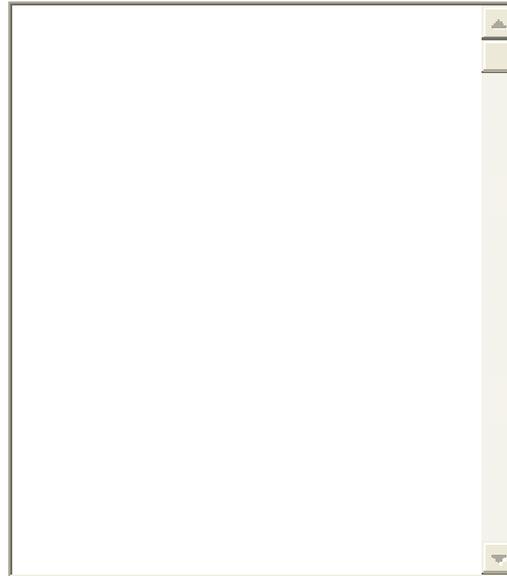
(10 digit US phone number, e.g., XXX-XXX-XXXX)

Alternative Phone

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## ABOUT CNA

CNA is a leading insurance organization known for its commitment to customers, agents and business partners. It is among the largest insurance organizations in the United States. CNA is a registered service mark of Continental Casualty Company, a publicly traded corporation [with revenues approximately 8,000 employees and invested assets of \\$43.4 billion as of June 30, 2011.](#)

### CNA Company Ratings (confirmed as of 6/30/11)

CNA group long-term care products are underwritten by Continental Casualty Company, one of CNA's companies.

Continental Casualty Co.	A.M. Best	S&P	Moody's
	<a href="#">A</a>	<a href="#">A-</a>	<a href="#">A3</a>

### Philosophy

CNA was founded more than [100](#) years ago and is headquartered in Chicago, Illinois. CNA is an insurance organization with a legacy of financial strength, market stability, and commitment to its business partners and customers.

### Group Long-Term Care Insurance

CNA has been a leader in the long-term care industry since issuing our first long-term care insurance policy in 1964. Since that time long-term care has been a major component of CNA's business strategy, with emphasis on continual innovation and service improvement. The Group Long-Term Care business unit combines knowledge gained from more than [45](#) years in the long-term care marketplace with an extensive knowledge of group benefits products.

Today, Group Long-Term Care at CNA is comprised of over [50](#) individuals dedicated to group long-term care. Group Long-Term Care has its own claims, underwriting, and customer service specialists housed in our Customer Service Center in [Maitland, Florida](#). [Marketing, account management, information systems, and senior management run the Group Long-Term Care business unit from our home office in Chicago, Illinois.](#)

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- Apply now
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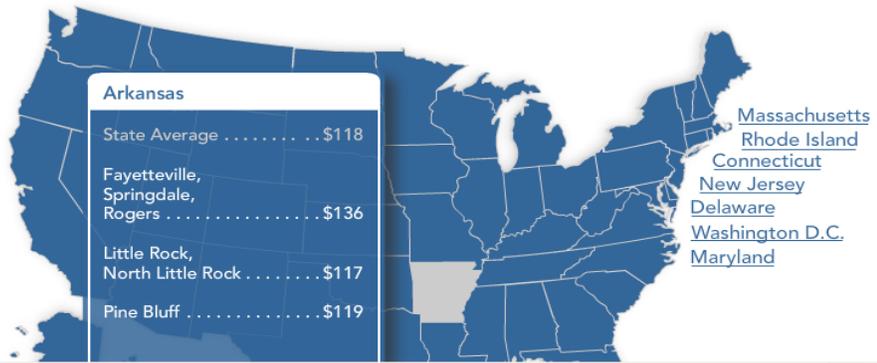
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### LONG-TERM CARE COST

The map below shows the average daily cost of nursing home care across the United States. Simply hover your mouse over any state and you will see the average cost per day of nursing home care in that state. You may also see the average daily cost of nursing home care for selected metropolitan areas within that state. Keep in mind that all costs shown are averages — actual costs vary widely among individual facilities.



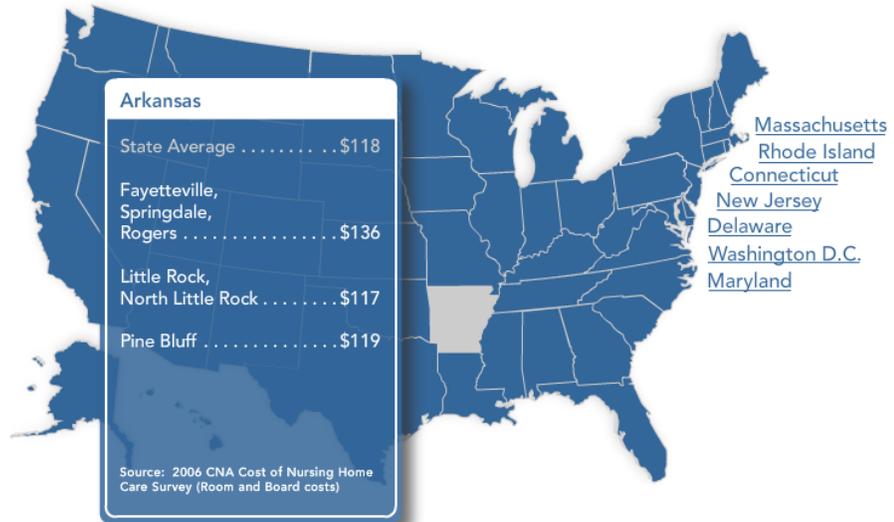
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View the cost of long-term care in your area.



Source: 2006 CNA Cost of Nursing Home Care Survey (Room and Board costs)

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For more complete descriptions of the terms, conditions and exclusions of insurance coverages or other products or services, please contact your independent agent or refer to the particular policy or contract. Please remember that only an insurance policy or contract can provide actual terms, coverages, amounts, conditions, limitations and exclusions.

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## Information and Enrollment: Your Solution to Long-Term Care

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## COMPARE SAVING VS. INSURANCE

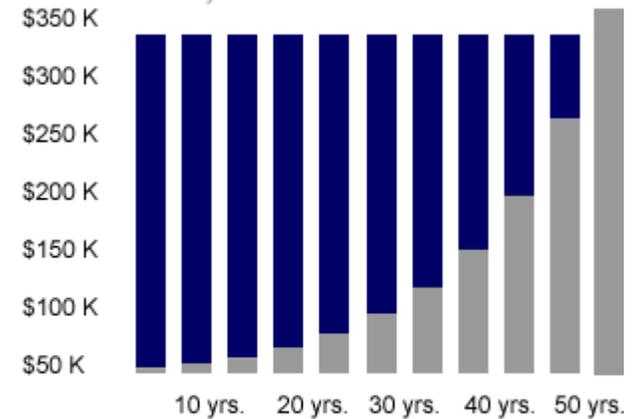
What if you started a savings account for long-term care expenses rather than purchasing long-term care insurance? How much of your own money would it take? Would you be better off? Consider the following example:

If you are 45 years old, the cost of a policy that provides \$365,000 in total benefits and up to \$200 per day might be about \$50 a month. **You have the full \$365,000 benefit beginning the day your insurance takes effect.** (Your actual premium may vary significantly based on your age, the features in your employer's plan and the options you select.)

If you are 45 years old and decide to save that same \$50 a month, **it will take you 53.9 years to accumulate \$365,000 dollars, assuming an interest rate of 7%.**

To see an interactive version of this comparison using your actual long-term care premiums, the specific plan your employer provides, and the interest rate of your choice, please log in to the site with your employer's password.

Benefit / Amount you would have to save



- Your lifetime maximum benefit with LTC.
- The amount you have saving \$50/month at 7% interest.

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## Information and Enrollment: Your Solution to Long-Term Care

### ABC CORPORATION PLAN

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## HIGHLIGHTS OF YOUR PLAN [TEMPLATE – GLTC II]

*Continental Casualty Policy SPS1AA-03-TQ, et. al.*

Click here for [general information](#) about the plan, such as a description of how the Lifetime Maximum Benefit works, care coordination available from CNA, and premiums. The chart below illustrates the benefits of your plan and the benefit amounts available. Benefits marked "Optional" are available to you as add-ons to the basic plan at an additional cost. To find out how much any plan options costs, click the [Premium Calculator](#) link at the left of this screen.

There are certain things the plan does not cover, as well as requirements for receiving benefits under the plan. Please read the [Limitations](#) section of this page carefully.

	Option 1	Option 2	Option 3
<b>Daily Maximum Benefit</b> The maximum amount of benefits you may receive on a single day. Individual features may have their own limits, but this is the maximum amount available under the plan for any combination of benefits.	[\$50 - \$350 in \$50 increments]	[\$50 - \$350 in \$50 increments]	[\$50 - \$350 in \$50 increments]
<b>Lifetime Maximum Benefit</b> The total amount of insurance you purchase. It is the total pool of money available to you to pay for long-term care services. <i>Unless noted, all benefits you receive reduce your Lifetime Maximum Benefit.</i>			
	<u>[2][3][5]-year ([730][1,095][1,825] Days)</u>		
		<u>[2][3][5]-year ([730][1,095][1,825] Days)</u>	
<b>[(Indemnity)Daily Nursing Home Benefit]</b> The plan pays your entire Daily Maximum Benefit each day you receive paid services in a nursing home, residential care facility, or hospice facility.	\$X,XXX	\$X,XXX	\$X,XXX
<b>[(Expense reimbursement)Daily Nursing Home Benefit]</b> The plan reimburses the actual cost of services you receive, up to your Daily Maximum Benefit, for care in a nursing home, residential care facility, or hospice facility.	\$XXX	\$XXX	\$XXX

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View the cost of long-term care in your area.

<p><b>[(Indemnity)Daily Community-Based Care Benefit</b>  The plan pays the full benefit shown in the table to the right for each day you received paid services in your home or an adult day care facility.</p>	\$XXX	\$XXX	\$XXX]
<p><b>[(Expense reimbursement)Daily Community-Based Care Benefit</b>  The plan reimburses the actual cost of services you receive each day, up to the amount shown in the table to the right, for care in your home or an adult day care facility.</p>	\$XXX	\$XXX	\$XXX]
<p><b>[Care Assist</b>  Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so that they can take needed time off. Whether you choose Facility-Based, Community-Based, or Informal Care for respite services, we reimburse up to the Daily Maximum Benefit, as many as <u>14-100</u> days per year. No waiting period applies to this feature.</p>	\$XXX	\$XXX	\$XXX]
<p><b>[Caregiver Benefit [Optional]</b>  Pays 25% of your Daily Maximum Benefit, up to 30 days each year to help offset costs associated with informal care. Proof of paid services or other charges is not required, and this benefit pays in addition to your Community-Based Care benefit. [No waiting period applies to this feature.]</p>	\$XXX	\$XXX	\$XXX]
<p><b>[Caregiver Training Benefit</b>  Reimburses up to [three][five] times your [Daily Community-Based Care Benefit][Nursing Home Care Benefit] for charges you incur to train an informal caregiver [or independent provider] to care for you at home. [It also covers training required to license or certify an independent provider, if required.] No waiting period applies to this feature.</p>	\$XXX	\$XXX	\$XXX]
<p><b>[Emergency Alert System Benefit</b>  Reimburses for a communication system, other than regular telephone service or a home security system, in your home used to summon medical attention in case of a medical emergency. The monthly amount available under this benefit is equal to one day's Community-Based Care Benefit.</p>	\$XXX	\$XXX	\$XXX]

<p><b>[Temporary Bed Holding]</b> Reimburses costs you incur to hold your place in a nursing home or other facility if you need to be away temporarily. This feature reimburses up to your Daily Maximum Benefit, for as many as [14][21] days per year.</p>	\$XXX	\$XXX	\$XXX]
<p><b>Alternate Plan of Care</b> Allows CNA to consider emerging or non-traditional long-term care services not covered elsewhere under the policy. When such services are appropriate and cost effective, CNA will propose a written Alternate Plan of Care that specifies benefits provided and levels of payment for each benefit. You and your physician must approve the plan, and benefits paid will not exceed your Daily Maximum Benefit.</p>			
<p><b>[Benefit Account (Nonforfeiture) [(Optional)]</b> There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily Nursing Home Benefit, whichever is higher.]</p>			

**[Benefit Account Plus (Nonforfeiture) [(Optional)] [LOW SCALE]**

There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times the Daily Nursing Home Benefit, or the amount shown in the table below, whichever is higher.

Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum
1	0.00%	11	5.50%	21	11.00%
2	0.00%	12	6.00%	22	12.00%
3	0.00%	13	6.50%	23	13.00%
4	2.00%	14	7.00%	24	14.00%
5	2.50%	15	7.50%	25	15.00%
6	3.00%	16	8.00%	26	16.00%
7	3.50%	17	8.50%	27	17.00%
8	4.00%	18	9.00%	28	18.00%
9	4.50%	19	9.50%	29	19.00%
10	5.00%	20	10.00%	30+	20.00%

**[Benefit Account Plus (Nonforfeiture) [(Optional)] [MEDIUM SCALE]**

There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times the Daily Nursing Home Benefit, or the amount shown in the table below, whichever is higher.

Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum
1	0.00%	11	7.50%	21	20.00%
2	0.00%	12	8.00%	22	22.00%
3	0.00%	13	8.50%	23	24.00%
4	0.00%	14	9.00%	24	26.00%
5	0.00%	15	10.00%	25	28.00%
6	5.00%	16	11.00%	26+	30.00%
7	5.50%	17	12.00%		
8	6.00%	18	14.00%		
9	6.50%	19	16.00%		
10	7.00%	20	18.00%		

**[Benefit Account Plus (Nonforfeiture) [(Optional)] [HIGH SCALE]**

There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times the Daily Nursing Home Benefit, or the amount shown in the table below, whichever is higher.

Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum
0-5	0.00%	15	23.50%	25	38.50%
6	10.00%	16	25.00%	26+	40.00%
7	11.5%	17	26.50%		
8	13.00%	18	28.00%		
9	14.50%	19	29.50%		
10	16.00%	20	31.00%		
11	17.50%	21	32.50%		
12	19.00%	22	34.00%		
13	20.50%	23	35.50%		
14	22.00%	24	37.00%		

SGF10C] (high scale)

**(Use if no nonforfeiture in plan)[Contingent Nonforfeiture**

If premiums increase more than a specified amount, this feature allows you to modify your coverage to avoid paying the increased premiums. See the [Outline of Coverage](#) for details.]

**(Use when the plan has a nonforfeiture option)[Contingent Nonforfeiture**

If you do not choose the [Benefit Account [Plus]], and if your premiums increase more than a specified amount, this feature allows you to modify your coverage to avoid paying the increased premiums. See the [Outline of Coverage](#) for details.]

**Hospice**

If you become terminally ill, benefits for hospice care pay up to either your Daily Nursing Home or Community-Based Care benefit amount, depending on where you receive hospice care. The waiting period does not apply to this benefit.

**Inflation Protection**

**[Deferred Compound Automatic Benefit Increase [(Optional)]]**

Prior to age 65, CNA will offer you periodic opportunities to increase your benefits to help keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or [same-sex](#) domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than [two][three] offers].

Beginning at age 65, your Daily Maximum Benefit, remaining Lifetime Maximum Benefit, and any other benefits indexed to them automatically start increasing by 5% compounded each year. Increases continue, even if you are receiving benefits, unless premium payments stop.]

**[[Guaranteed Benefit Increase][Future Purchase Option]**

Periodically, CNA will offer you the chance to increase your benefits to help you keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or [same-sex](#) domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers] [reject no more than [two][three] offers].]

**[Lifetime Compound Automatic Benefit Increase [(Optional)]]**

This feature automatically increases your Daily Maximum Benefit, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% compounded each year without automatically increasing your premiums. Increases continue for life, unless premium payments stop for any reason except waiver of premium.]

**[20-Year Simple Interest Automatic Benefit Increase [(Optional)]]**

This feature automatically increases your Daily Maximum Benefit, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% each year (simple interest) without automatically increasing your premiums. Increases continue for [life][20 years], unless premium payments stop for any reason except waiver of premium.]

**[Informal Caregiver Benefit [(Optional)]]**

This feature reimburses up to 25% of the Daily Maximum Benefit each day you receive informal care at home. You may also receive paid services under the Community-Based Care benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed your Daily Community-Based Care Benefit.]

**[Restoration of the Lifetime Maximum Benefit [(Optional)]]**

This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for [two][three][five] consecutive years for a condition requiring long-term care services.]

**[Return of Premium at Death [(Optional)]**

Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 66.]

**[Return of Premium at Death or Lapse [(Optional)]**

After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]

**[Terminal Illness Benefit [(Optional)]**

If you are diagnosed with a terminal illness, the plan reimburses up to ten times your Daily Maximum Benefit for long-term care expenses without a waiting period. *Benefits received will not reduce the Lifetime Maximum Benefit.*]

**[Transition Benefit [(Optional)]**

This feature reimburses up to five times your Daily Maximum Benefit for long-term care expenses incurred during the waiting period. *Benefits received do not reduce your Lifetime Maximum Benefit.*

**[(Calendar Day)Waiver of Premium**

After you satisfy the waiting period, your premiums will be waived while you receive benefits.]

**[(Service day)Waiver of Premium**

Your premiums will be waived after you receive long-term care services for [Service Day NH waiting period ] days.]

**[World Wide Coverage**

If you are living or traveling outside the United States and qualify for benefits, we will make a cash payment equal to your Community-Based Care Benefit[, but not more than 75% of the Daily Maximum Benefit,] each day you receive services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will pay all benefits in United States currency.]

**Tax Qualified Plan Design**

This is a qualified long-term care plan as defined by the Internal Revenue Code Section 7702(9b). As such, premiums and payments for this plan may qualify for tax deductibility. Please consult a qualified tax advisor for additional information.

**Accessing Benefits**

In order to receive benefits under the plan, a Licensed Healthcare Practitioner must certify that a claimant is expected to be unable to perform (for at least 90 days) at least two activities of daily living (bathing, continence, dressing, eating, toileting and transferring) or has a cognitive impairment that requires substantial supervision by another person.

**Limitations and Exclusions**

**[Coordination of Benefits** – This means you will not receive double payments for the same long-term care services under more than one program (e.g., a Group Health plan or Medicare). Your long-term care plan may work together with other plans so that each pays for part of your care, or the long-term care plan may cover services excluded by other programs.]

**Exclusions**

Long-term care insurance protects against catastrophic losses. Exclusions help keep the cost of the plan affordable. Your plan will not pay benefits for the following:

- 1) [Long-term care that results from war.]
- 2) **[(Expense Reimbursement)** Long-term care covered by Worker’s Compensation or other group insurance.]
- 3) **[(Indemnity)** Long-term care covered by Worker’s Compensation.]
- 4) [Long-term care normally provided without charge.]
- 5) [Care in a facility that primarily treats substance abuse or mental illness.]
- 6) **[(Delete when offering worldwide coverage)** Long-term care received outside the United States.]
- 7) [Services covered by Medicare (or covered except for application of a deductible or coinsurance).]
- 8) [Treatment of mental disorder not of organic origin.]

**[Limitation on Pre-Existing Conditions** – Once you are accepted for coverage, there are no limitations on coverage for medical conditions you may have had prior to the time your insurance takes effect.]

**[(Extended Wait) Limitation on Pre-Existing Conditions** – Your plan does not cover long-term care that results from conditions that existed up to six months before your coverage effective date until coverage has been in force for six months. After coverage has been in effect for six months, the policy’s waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long- or short-form application.]

**[(Standard) Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care is considered to be continuing without interruption until at least six months pass during which you require no assistance with activities of daily living or supervision due to severe cognitive impairment. Once this six-month period passes, the policy’s waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long- or short-form application.]

**[(Calendar day) Waiting Period**

After you qualify for benefits, you will need to satisfy a [60][90] calendar day waiting period before benefits can be paid. You must only satisfy this waiting period once in your lifetime. You do not need to incur any paid services during this time.]

**[(Service day)Waiting Period**

After you qualify for benefits, you will need to satisfy a waiting period before benefits can be paid.

For Nursing Home: [60][90] days of service.

For Community-Based Care: 15 days of service.

You must only satisfy the waiting period once in your lifetime.]

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## HIGHLIGHTS OF YOUR PLAN [TEMPLATE – INDEPENDENT SOLUTIONS]

*Continental Casualty Policy GLTC-3-P-XX-01, et. al.*

Click here for [general information](#) about the plan, such as a description of how the Lifetime Maximum Benefit works, care coordination available from CNA, and premiums. The chart below illustrates the benefits of your plan and the benefit amounts available. Benefits marked "Optional" are available to you as add-ons to the basic plan at an additional cost. To find out how much any plan options costs, click the [Premium Calculator](#) link at the left of this screen.

There are certain things the plan does not cover, as well as requirements for receiving benefits under the plan. Please read the [Limitations](#) section of this page carefully.

	Option 1	Option 2	Option 3
<b>Daily Maximum Benefit</b> The maximum amount of benefits you may receive on a single day. Individual features may have their own limits, but this is the maximum amount available for any combination of benefits.	[\$50 - \$350 in \$50 increments]	[\$50 - \$350 in \$50 increments]	[\$50 - \$350 in \$50 increments]
<b>Lifetime Maximum Benefit</b> The total amount of insurance you purchase. It represents the pool of money available to you under the plan. Unless noted, all benefits you receive reduce your Lifetime Maximum Benefit.			
<b>[2][3][5]-year ([730][1,095][1,825] Days)</b>	\$XXX	\$XXX	\$XXX
<b>[2][3][5]-year ([730][1,095][1,825] Days)</b>	\$XXX	\$XXX	\$XXX
<b>[(Indemnity)Daily Facility Care Benefit]</b> The plan pays your entire Daily Maximum Benefit each day you receive paid services in a nursing home, residential care facility, or hospice facility	\$XXX	\$XXX	\$XXX]
<b>[(Expense reimbursement)Daily Facility Care Benefit]</b> The plan reimburses the actual cost of services you receive, up to your Daily Maximum Benefit, for care in a nursing home, residential care facility, or hospice facility.	\$XXX	\$XXX	\$XXX]

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<p><b>[(Flexible Care version)Daily Home-Based Care Benefit]</b>  The plan reimburses the full benefit shown in the table to the right for each day you choose for each day you are chronically ill and not receiving Facility Care.</p>	\$XXX	\$XXX	\$XXX]
<p><b>[(Indemnity)Daily Home-Based Care Benefit]</b>  The plan pays the full benefit shown in the table to the right for each day you receive paid services in your home or an adult day care facility.</p>	\$XXX	\$XXX	\$XXX]
<p><b>[(Expense reimbursement)Daily Home-Based Care Benefit]</b>  The plan reimburses the actual cost of services you receive each day, up to the amount shown in the table to the right, for care in your home or an adult day care facility.</p>	\$XXX	\$XXX	\$XXX]
<p><b>[Bed Reservation Benefit]</b>  Reimburses costs you incur to hold your place in a nursing home or other facility if you need to be away temporarily. This feature reimburses up to your Daily Maximum Benefit, for as many as [14][21] days per year.</p>	\$XXX	\$XXX	\$XXX]
<p><b>[Caregiver Benefit [(Optional)]]</b>  Pays up to ten times your Daily Maximum Benefit each year to help offset costs associated with informal care. This benefit is payable in addition to the Home-Based Care Benefit. [No waiting period applies to this feature.]</p>	\$XXX	\$XXX	\$XXX]
<p><b>[Caregiver Training Benefit]</b>  Reimburses up to [three][five] times your [Daily Home-Based] [Daily Facility Care Benefit to train an informal caregiver or an independent provider to care for you at home. It also reimburses for training required to license or certify an independent provider, if required. No waiting period applies to this feature.]</p>	\$XXX	\$XXX	\$XXX]
<p><b>[(Standard Independent Solutions)Respite Care]</b>  Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The Respite Care benefit reimburses up to either the Daily Facility Care Benefit or Daily Home-Based Care Benefit, as many as [14][21] days per year, depending on where benefits are used. No waiting period applies to this feature.</p>	\$XXX	\$XXX	\$XXX]

**[Additional Respite Care [(Optional)]]**

This option extends the policy's standard Respite Care benefit, described above so that it reimburses up to your Daily Maximum Benefit, [14][21] days per year, regardless of whether you receive home or facility-based services for your respite care.]

**[Family Respite Care [(Optional)]]**

This option extends the policy's standard Respite Care benefit so that it reimburses up to your Daily Maximum Benefit, up to [14][21] days per year. You can choose formal (paid) care, informal care, or any combination of the two for your respite care.]

**Alternate Plan of Care**

Allows CNA to consider emerging or non-traditional long-term care services not covered elsewhere under the policy. When such services are appropriate and cost effective, CNA will propose a written Alternate Plan of Care that specifies benefits provided and levels of payment for each benefit. You and your physician must approve the plan, and benefits paid will not exceed your Daily Maximum Benefit.

**(No nonforfeiture in plan)[Contingent Nonforfeiture**

If premiums increase more than a specified amount, this feature allows you to reduce your coverage to avoid paying the increased premiums. See the [Outline of Coverage](#) for details.]

**(Optional nonforfeiture in plan)[Contingent Nonforfeiture**

If you do not choose the [Benefit Account [Plus]], and if your premiums increase more than a specified amount, this feature allows you to reduce your coverage to avoid paying the increased premiums or convert to a long-term care program with a reduced Lifetime Maximum Benefit and no further premiums due. See the [Outline of Coverage](#) for details.]

**[Flexible Care Benefit [(Optional)]]**

To give you maximum flexibility, this benefit pays your full Home-Based Care Benefit in cash each day you qualify for benefits. No proof of long-term care services is required.]

**[Future Benefit Guarantee (Nonforfeiture) [(Optional)]]**

There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily Maximum Benefit, whichever is higher.

**[Future Benefit Guarantee Scheduled Benefit (Nonforfeiture) [(Optional)]**

There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times the Daily Maximum Benefit, or the amount shown in the table below, whichever is higher.

<b>Year</b>	<b>% of Current Lifetime Maximum</b>	<b>Year</b>	<b>% of Current Lifetime Maximum</b>	<b>Year</b>	<b>% of Current Lifetime Maximum</b>
<u>1</u>	<u>0.00%</u>	<u>11</u>	<u>5.50%</u>	<u>21</u>	<u>11.00%</u>
<u>2</u>	<u>0.00%</u>	<u>12</u>	<u>6.00%</u>	<u>22</u>	<u>12.00%</u>
<u>3</u>	<u>0.00%</u>	<u>13</u>	<u>6.50%</u>	<u>23</u>	<u>13.00%</u>
<u>4</u>	<u>2.00%</u>	<u>14</u>	<u>7.00%</u>	<u>24</u>	<u>14.00%</u>
<u>5</u>	<u>2.50%</u>	<u>15</u>	<u>7.50%</u>	<u>25</u>	<u>15.00%</u>
<u>6</u>	<u>3.00%</u>	<u>16</u>	<u>8.00%</u>	<u>26</u>	<u>16.00%</u>
<u>7</u>	<u>3.50%</u>	<u>17</u>	<u>8.50%</u>	<u>27</u>	<u>17.00%</u>
<u>8</u>	<u>4.00%</u>	<u>18</u>	<u>9.00%</u>	<u>28</u>	<u>18.00%</u>
<u>9</u>	<u>4.50%</u>	<u>19</u>	<u>9.50%</u>	<u>29</u>	<u>19.00%</u>
<u>10</u>	<u>5.00%</u>	<u>20</u>	<u>10.00%</u>	<u>30+</u>	<u>20.00%</u>

]

**[Home Medical Technology**

Reimburses up to \$1,000 each year for assistive devices, medical monitoring or communications technology, medication compliance equipment, and emergency response systems used in your residence. It also covers home modifications necessary to accommodate this kind of equipment or as needed to allow you to remain at home. No waiting period applies to this feature.]

**Hospice**

If you become terminally ill, this feature reimburse up to either your Daily Facility Care or Home-Based Care benefit amount, depending on where you receive hospice care. The waiting period does not apply to this benefit.

**Inflation Protection**

**[Deferred Compound Automatic Benefit Increase [(Optional)]]**

Prior to age 65, CNA will offer you periodic opportunities to increase your benefits to help keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they continue to accept offers.

Beginning at age 65, your Daily Maximum Benefit, remaining Lifetime Maximum Benefit, and any other benefits indexed to them automatically start increasing by 5% compounded each year. Increases continue, even if you are receiving benefits, unless premium payments stop.]

**[Guaranteed Benefit Increase**

Periodically, CNA will offer you the chance to increase your benefits to help you keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they continue to accept offers.]

**[Lifetime Compound Automatic Benefit Increase [(Optional)]]**

This feature automatically increases your Daily Maximum Benefit, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% compounded each year without automatically increasing your premiums. Increases continue for life, unless premium payments stop for any reason except waiver of premium.]

**[20-Year Simple Interest Automatic Benefit Increase [(Optional)]]**

This feature automatically increases your Daily Maximum Benefit, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% each year (simple interest) without automatically increasing your premiums. Increases continue for 20 years, unless premium payments stop for any reason except waiver of premium.]

**[Informal Caregiver Benefit [(Optional)]]**

This feature reimburses up to 25% of the Daily Maximum Benefit each day you receive informal care at home. You may also receive paid services under the Home-Based Care Benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed your Daily Home-Based Care Benefit.]

**[Restoration of the Lifetime Maximum Benefit [(Optional)]]**

This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for [two][three][five] consecutive years for a condition requiring long-term care services.]

**[Return of Premium at Death [(Optional)]**

Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 66.]

**[Return of Premium at Death or Lapse [(Optional)]**

After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]

**[Shared Lifetime Maximum Benefit [(Optional)]**

Provides an additional, shared, pool of benefits to married couples [or same-sex domestic partners] that each purchase identical coverage. If either (or both) become chronically ill and reach the lifetime maximum of their own coverage, they may access any of the shared lifetime maximum benefit remaining. The shared lifetime maximum benefit is equal to the individual lifetime maximum benefits purchased by the couple. For example, couples who each purchase a \$XXX,XXX lifetime maximum benefit receive an additional \$XXX,XXX shared lifetime maximum benefit.]

**[Terminal Illness Benefit [(Optional)]**

If you are diagnosed with a terminal illness, we will reimburse up to ten times your Daily Maximum Benefit for long-term care expenses without a waiting period. *Benefits received will not reduce the Lifetime Maximum Benefit.*]

**[Transition Benefit [(Optional)]**

This feature reimburses up to five times your Daily Maximum Benefit for long-term care expenses incurred during your waiting period. *Benefits received do not reduce your Lifetime Maximum Benefit.*]

**[(Calendar Day)Waiver of Premium**

After you satisfy the waiting period, your premiums will be waived while you receive benefits.]

**[(Service day)Waiver of Premium**

Your premiums will be waived after you receive long-term care services for [Service Day Facility Care waiting period] days.]

**[World Wide Coverage**

If you are living or traveling outside the United States and qualify for benefits, we will make a cash payment equal to your Home-Based Care Benefit[, but not more than 75% of the Daily Maximum Benefit,] each day you receive services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will pay all benefits in United States currency.]

**Tax-Qualified Plan Design**

This is a qualified long-term care plan as defined by the Internal Revenue Code Section 7702(9b). As such, premiums and payments for this plan may qualify for tax deductibility. Please consult a qualified tax advisor for additional information.

### Accessing Benefits

In order to receive benefits under the plan, a Licensed Healthcare Practitioner must certify that a claimant is expected to be unable to perform (for at least 90 days) at least two activities of daily living (bathing, continence, dressing, eating, toileting and transferring) or has a cognitive impairment that requires substantial supervision by another person.

### Limitations and Exclusions

**[Coordination of Benefits** – This means you will not receive double payments for the same long-term care services under more than one program (e.g., a Group Health plan or Medicare). Your long-term care plan may work together with other plans so that each pays for part of your care, or the long-term care plan may cover services excluded by other programs.]

#### Exclusions

Long-term care insurance protects against catastrophic losses. Exclusions help keep the cost of the plan affordable. Your plan will not pay benefits for the following:

- 1) [Long-term care that results from war.]
- 2) **[(Expense Reimbursement)** Long-term care covered by Worker's Compensation or other group insurance.]
- 3) **[(Indemnity)** Long-term care covered by Worker's Compensation.]
- 4) [Long-term care normally provided without charge.]
- 5) [Care in a facility that primarily treats substance abuse or mental illness.]
- 6) **[(Delete when offering worldwide coverage)** Long-term care received outside the United States.]
- 7) [Services covered by Medicare (or covered subject to application of a deductible or coinsurance).]
- 8) [Treatment for mental disorder not of organic origin.]

**[Limitation on Pre-Existing Conditions** – Once you are accepted for coverage, there are no limitations on coverage for medical conditions you may have had prior to the time your insurance takes effect.]

**[(Extended Wait)Limitation on Pre-Existing Conditions** – Your plan does not cover long-term care that results from conditions that existed up to six months before your coverage effective date until coverage has been in force for six months. After coverage has been in effect for six months, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long- or short-form application].

**[(Staggered Care)Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care that results from a pre-existing condition is considered to be continuing without interruption until you no longer require long-term care services for the condition. At this point, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long- or short-form application.]

**[(Standard)Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care is considered to be continuing without interruption until at least six months pass during which you require no assistance with activities of daily living or supervision due to severe cognitive impairment. Once this six-month period passes, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long- or short-form application.]

**[(Calendar day)Waiting Period**

After you qualify for benefits, you will need to satisfy a [60][90] calendar day waiting period before benefits can be paid. [You must only satisfy this waiting period once in your lifetime.] You do not need to incur any paid services during this time.]

**[(Service day)Waiting Period**

After you qualify for benefits, you will need to satisfy a waiting period before benefits can be paid.

For Facility Care: [60][90] days of service.

For Home-Based Care: 15 days of service.

[You must only satisfy the waiting period once in your lifetime.]]

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## WHO CAN APPLY

### Who Can Apply?

It's easy to apply for the group long-term care insurance program[, and coverage is available to select members of your family at the same group rates that are available to you]. If you act right away, you might also qualify for coverage with simplified or no medical underwriting! Read on to see who is eligible for the plan.

#### Employees\*\*

***[During the special enrollment period of XXXXX XX, 20XX through XXXXX XX, 20XX, all actively-at-work employees can enroll with guarantee acceptance. That means no medical questions. If you choose to wait to apply at a later date, coverage is not guaranteed, and you must submit evidence of good health prior to being accepted into the plan.]***

**[NOTE: Individuals insured under the current group long-term care plan may convert to the new plan, however YOU SHOULD NOT APPLY VIA THIS WEBSITE. You will receive rates that reflect credit for the premiums you paid for your existing coverage. Please contact CNA for application and rate information using the Contact Us link on this page.]**

Employees enrolling within [30][31][45][90] days of their date of hire are guaranteed acceptance, provided you are actively-at-work on the coverage effective date. If you choose to enroll at a later date, coverage is not guaranteed and you must submit evidence of good health prior to being accepted into the plan.

#### **[Spouses/[Domestic Partners][Same-Sex Domestic Partners] of Eligible Employees\*\***

Spouses/[Domestic Partners][Same-Sex Domestic Partners] of Eligible Employees may also apply for coverage subject to CNA underwriting approval. Approved coverage will be effective on the first of the month depending on date of approval. All approved coverage will be payroll deducted from the employee unless other wise directed.]

#### **[Parents [and Grandparents] [under age 90]\*\***

Parents [, Parents-in-law][, Grandparents][, or Grandparents-in-law] [under age 90] of eligible employees may apply for coverage at any time subject to CNA underwriting approval. Coverage is not guaranteed. All premium invoices will be mailed directly to you at home.]

[NOTE: "In-law " also includes the parents and grandparents of a [Same-Sex] Domestic Partner.]

#### **[Adult Children [over age 25]**

The adult children (over age 25) of eligible employees may apply for coverage at any time subject to CNA underwriting approval. Coverage is not guaranteed. All premium invoices will be mailed directly to you at home.]

#### **\*\*IMPORTANT NOTES**

In order to receive coverage, you or the employee through whom you are eligible for coverage must be an eligible employee of COMPANY NAME who is actively at work on the coverage effective date. Eligible employee means a full-time employee



who works XX hours or more per week. Employees become eligible on their date of hire. Part-time, temporary, and seasonal employees are not eligible.

Actively at work means the employee is physically at his or her usual place of business performing the regular duties of his or her work, and is expected to continue to perform such duties for a period of at least 90 days except for reasonable, non-medical paid or unpaid absence, such as scheduled vacation, jury duty, sabbatical or legal holiday.

[Domestic partner means the partner of an eligible employee who is sharing a long-term committed relationship of indefinite duration with the following characteristics:

- age 18 or over;
- have been cohabiting at least six months;
- are not blood relatives;
- are not married or with another domestic partner; and
- can demonstrate joint responsibility for each other's common welfare and financial obligations by the existence of three of the following conditions:
  - joint mortgage, lease, or ownership of real property
  - designation as life insurance beneficiary for at least one year
  - assignment of a durable power of attorney
  - joint ownership of motor vehicle
  - joint checking account
  - joint ownership of investments
  - joint responsibility for debts]

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## PREMIUM CALCULATOR

Calculate premiums for yourself or your eligible relatives by entering some basic information below and choosing options you would like in your plan. Premiums are based on your age on the effective date of coverage. For purposes of calculating your rate today, the following effective date of coverage will be used: **XX/XX/XXXX**. This may vary from your actual coverage effective date if you apply.

All fields with a red asterisk (\*) are required.

\* Date of Birth (mm/dd/yyyy) ?

? Enter your date of birth to calculate your premium rate.

\* Select your desired Payroll Frequency ?

? Indicates how often you are paid, and how often premiums will be deducted from your paycheck. If you do not use payroll deduction, CNA will bill you directly each quarter.

\* Daily Maximum Benefit ?

? The total amount of eligible expenses to be reimbursed per day for the cost of services you receive.

\* Lifetime Maximum Benefit ?

? The total amount of insurance you purchase to pay for all eligible long-term care services.

\* Inflation Protection Options



Guaranteed Benefit Option ?

? Periodically offers the option of purchasing additional coverage for an additional premium.



Lifetime Compound Automatic Benefit Increase ?

? Automatically increases Daily and Lifetime Maximum Benefits, and all benefits indexed to them, by 5% compounded each year without automatically increasing premiums.



Deferred Automatic Benefit Increase ?

? Until age 65, periodically offers the option of purchasing additional coverage for an additional premium. Beginning at age 65, automatically increases your Daily and Lifetime Maximum Benefits, and all benefits indexed to them, by 5% compounded each year without automatically increasing your premiums.



[20-Year Simple Interest Automatic Benefit Increase ?

? Automatically increases Daily and Lifetime Maximum Benefits, and all benefits indexed to them, by 5% (simple interest) each year without automatically increasing premiums.

Increases continue for 20 years, unless premium payments stop for any reason except waiver of premium.

[CALCULATE PREMIUM](#)

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## PREMIUM CALCULATOR: RESULTS [TEMPLATE – GLTC II]

Estimated Premium		
Your <u>XXXXXX</u> premium at age <u>39</u>	\$	\$\$
Coverage Maximums		
Daily Nursing Home Care Benefit	\$	<u>[\$50-\$350 in \$50 and \$25 increments]</u>
Daily Community-Based Care Benefit	\$	\$
Lifetime Maximum Benefit	\$	\$\$
Inflation Protection		
Guaranteed Benefit Increase		✔
[Deferred Compound Automatic Benefit Increase [(Optional)]]		
[Lifetime Compound Automatic Benefit Increase [(Optional)]]		
[20-Year Simple Interest Automatic Benefit Increase [(Optional)]]		
Other Coverage		
Alternate Plan of Care		✔
[Benefit Account]		✔
[Benefit Account Plus]		✔
[Care Assist]		✔
[Caregiver Benefit [(Optional)]]		✔
Caregiver Training Benefit		✔



View the cost of long-term care in your area.

Emergency Alert System Benefit	✓
Hospice	✓
[Informal Caregiver Benefit [(Optional)]]	✓
[Restoration of the Lifetime Maximum Benefit [(Optional)]]	✓
[Return of Premium at Death [(Optional)]]	✓
[Return of Premium at Death or Lapse [(Optional)]]	✓
[Shared Lifetime Maximum Benefit [(Optional)]]	✓
Temporary Bed Holding	✓
[Terminal Illness Benefit [(Optional)]]	✓
[Transition Benefit [(Optional)]]	✓
[World Wide Coverage]	✓

### Other Features of Your Plan

Unlimited Care Coordination	✓
[Waiting Period[ - applies only once in your lifetime]]	[[30][60][90][120][180]Calendar Days]
[Waiting Period[ - applies only once in your lifetime]]	[XX] Facility Care Service Days/ XX Home-Based Care Service Days]
Waiver of Premium	✓

Premiums are based on your age on the effective date of coverage. The premium quoted above assumes a coverage effective date of ~~XX/XX/XXXX~~. This may vary from your actual coverage effective date if you apply. Premiums do not automatically increase as you age. They can change, but only if we change them for all policies in the same class as yours in the state governing your certificate when it was issued.

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## PREMIUM CALCULATOR: RESULTS [TEMPLATE – INDEPENDENT SOLUTIONS]

Estimated Premium		
Your <u>XXXXXX</u> premium at age <u>39</u>	\$	\$
Coverage Maximums		
Daily Facility Care Benefit	\$	<u>[\$50-\$350 in \$50 or \$25 increments]</u>
Daily Home-Based Care Benefit	\$	\$
Lifetime Maximum Benefit	\$	
Inflation Protection		
[Guaranteed Benefit Increase]		✔
[Deferred Compound Automatic Benefit Increase (Optional)]		✔
[Lifetime Compound Automatic Benefit Increase (Optional)]		✔
[20-Year Simple Interest Automatic Benefit Increase (Optional)]		✔
Other Coverage		
Alternate Plan of Care		✔
[Additional Respite [Optional]]		✔
Bed Reservation Benefit		✔
[Caregiver Benefit [(Optional)]]		✔
[Caregiver Training Benefit]		✔
[Family Respite [(Optional)]]		✔



View the cost of long-term care in your area.

[Flexible Care Benefit (Optional)]	✔
[Future Benefit Guarantee [(Optional)]]	✔
Home Medical Technology	✔
Hospice	✔
[Informal Caregiver [(Optional)]]	✔
[Restoration of the Lifetime Maximum Benefit [(Optional)]]	✔
[Return of Premium at Death [(Optional)]]	✔
[Return of Premium at Death or Lapse [(Optional)]]	✔
[Shared Lifetime Maximum Benefit (Optional)]	✔
[Terminal Illness Benefit [(Optional)]]	✔
[Transition Benefit [(Optional)]]	✔
[World Wide Coverage]	✔

### Other Features of Your Plan

Unlimited Care Coordination	✔
[Waiting Period[ - applies only once in your lifetime]]	[30][60][90][120][180] calendar days
[Waiting Period[ - applies only once in your lifetime]]	[XX] Facility Care Service Days/ [XX] Home-Based Care Service Days
Waiver of Premium	✔

Premiums are based on your age on the effective date of coverage. The premium quoted above assumes a coverage effective date of XX/XX/XXXX. This may vary from your actual coverage effective date if you apply. Premiums do not automatically increase as you age. They can change, but only if we change them for all policies in the same class as yours in the state governing your certificate when it was issued.

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View the cost of long-term care in your area.

## APPLY NOW

### Before You Begin

All fields with red asterisk (\*) are required.

Thank you for your interest in group long-term care coverage.

**Please note that you will be asked to enter your six-digit Employee ID as you go through the on-line enrollment process. If you do not know Your Employee ID it can be found in the upper left hand corner of your pay stub.**

If you are not an employee, make sure you have the Employee ID of the employee through whom you are eligible to apply for this coverage, as well as the employee's date of hire and payroll frequency. In addition to Employee ID, you will need information about any other long-term care insurance you currently own. You will be asked for this during the application process.

In order to receive coverage, you or the employee through whom you are eligible for coverage must be an eligible employee who is actively at work on the coverage effective date or a retiree.

Choose the category below that applies to you. If you have any questions about eligibility for coverage, read the Who Can Apply page.

\*Your eligibility group

\*Select your state of residence

*If you live outside the United States or in one of its territories, choose Other - Foreign.*

How do you want to apply for coverage?



Apply online



Download paper forms for mailing

### Required Forms and Information

Review the following information, which we are legally required to provide to you. These documents will give you important information about Long-Term Care insurance.

- [Things You Should Know Before You Buy Long-Term Care Insurance](#)

- Outline of Coverage
- Shopper's Guide to Long-Term Care Insurance

\* I have reviewed and understand the documents listed above

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View the cost of long-term care in your area.

## APPLY NOW

### Establish Electronic Signature Format

All fields with a red asterisk (\*) are required.

At certain points during this online application process, you will be asked to electronically sign a document. Below we ask you to establish your electronic signature format, and then to consent to use electronic signatures. At any point, however, if you are not willing to sign a document electronically, you may cancel this application and opt to apply in non-electronic format.

To establish your electronic signature format, please type your name in the box below as if you were physically signing a document by hand. This name will be displayed and included as part of your electronic signature whenever you agree to electronically sign an online document during this application process.

### ELECTRONIC SIGNATURE FORMAT

\*Type your name exactly as you normally sign documents

### CONSENT TO USE ELECTRONIC SIGNATURES

*I certify that I am the individual specified in the "Electronic Signature Format" field above.*

*I consent to provide an electronic signature using the Electronic Signature Format above, rather than a handwritten signature, whenever I sign documents on this website.*

*I understand that whenever I sign a document on this website using an electronic signature, it will be binding as though I had physically signed the document by hand. I agree that a printout of this authorization may be accepted with the same authority as the original.*

*I understand that by checking the "I Confirm" box and clicking on the "Sign" button below, I am electronically signing this Consent. I also understand that when I am asked to sign other documents in connection with my application on this website, I will use the same process to electronically sign such documents.*

I confirm my intent and agreement to the foregoing Consent to Use Electronic Signatures

**Test Enrollment**

Oct 17, 2011 01:21 PM

Applicant's Signature

**SIGN**

**BACK**

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View the cost of long-term care in your area.

## APPLY NOW

### Download Forms

Thank you for your interest in group long-term care coverage. From this page, you may print an application for group long-term care insurance. Please select the proper application from the list below, fill it out completely and mail it directly to CNA at the following address:

**CNA Insurance**  
**P.O. Box 946760**  
**Maitland, FL 32794-6760**

If you have any questions, feel free to contact CNA Customer Service by e-mail or by telephone toll-free. Just click on the Contact Us link in the left-hand margin of this page.

## EMPLOYEES

New employees of Client Name who work at least 30 hours per week and apply during their initial period of eligibility (i.e., within 31 days of hire) may enroll in the group long-term care plan with no medical underwriting by completing the Enrollment Form. That means they do not have to answer any medical questions and will not be turned down based on health status.

Other employees may apply at any time with simplified underwriting by completing the Short Form Application. In that case, coverage is subject to our review of the information provided and is not guaranteed.

To obtain an Enrollment Form or Short Form Application, click on the link below that corresponds to your state of residence.

### Download Forms

- [Connecticut](#)
- [Delaware](#)
- [Kansas](#)
- [Vermont](#)
- [All Others](#)

## SPOUSES [OR [SAME-SEX] DOMESTIC PARTNERS] OF EMPLOYEES

Spouses [or [same-sex domestic partners] of eligible employees may apply at any time with simplified (short form) underwriting. Coverage is subject to our review of the information provided and is not guaranteed.

To obtain Short Form Application, click on the link below that corresponds to your state of residence.

**Download Forms**

- [Connecticut](#)
- [Delaware](#)
- [Kansas](#)
- [All Others](#)

## **PARENTS(IN-LAW), GRANDPARENTS(IN-LAW), [RETIREES, AND SPOUSES [OR [SAME-SEX]] DOMESTIC PARTNER] OF RETIREES]**

Parents, parents-in-law, grandparents, grandparents-in-law, [retirees and spouses [or [same-sex] domestic partners]] may apply at any time with medical underwriting. Coverage is subject to our review of the information provided and is not guaranteed.

To obtain an application, click on the link below.

[Print Application](#)

## **IMPORTANT NOTES**

In order to receive coverage, you or the person through whom you are eligible for coverage must be an eligible employee who is actively at work on your coverage effective date [or a retiree]. For a definition all eligible classes, consult "Who Can Apply" by clicking on the link in the left-hand margin of this page.

Make sure you have the following information available as you complete this application. You will be asked to provide it as part of the application process.

**Everyone:**

- Your Social Security Number [or Employee ID] and date of hire if you are an employee [or retiree]. Otherwise, you will need this information for the employee through whom you are eligible to apply for coverage.
- If you currently have long-term care insurance coverage, you will need the company name, address and policy number.

**Applicants Using the Long Form Application**

- A list of all prescription medications you currently take, and the dosage of each.
- The names, addresses and telephone numbers of all doctors or other medical providers you have seen in the past five years.
- A list of any medical conditions or events, such as hospitalization, that occurred in the past five years.
- The name and type of any power of attorney you currently use.

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**FINISH**

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## GENERAL INFORMATION

Employer-sponsored group long-term care coverage makes it possible for you to obtain flexible coverage at affordable premiums. Here's some general information about your plan.

### Care Coordination

Care coordination is a feature of your CNA long-term care plan. There are a wide variety of long-term care options available so you might find it useful to have a qualified professional help you and your family understand your choices. Care coordinators are ready to help maximize benefits while accommodating individual differences, needs and personal preferences. After an initial assessment, we design an individual plan of care specifically for your needs. If you wish, your care coordinator will identify and help select appropriate care providers, negotiate charges, and monitor the care plan.

### [Coordination of Benefits

Most CNA group long-term care plans coordinate with benefits payable for long-term care under group health plans, government programs, or government agency programs other than Medicaid. This means that, in most cases, the plan will not duplicate payments available under other programs.]

### Free Look

If you are not satisfied with your coverage for any reason, you have the right to return your certificate within 30 days. We will return all paid premium to you.

### Inflation Protection

CNA group long-term care plans are designed to help you keep up with the rising cost of long-term care. All our plans have inflation protection features that give you periodic opportunities to increase your coverage, often without medical underwriting. Some plans have optional features you can opt to purchase that offer automatic inflation protection. If you choose one of these, your coverage will increase automatically each year by a specified amount.

### Lifetime Maximum Benefit

Your Lifetime Maximum Benefit is the total amount you can receive in benefits. It is the total pool of money available to you to pay for long-term care services.

Many people receiving long-term care benefits get services in a home-based setting rather than in a facility, so their daily charges may be lower than the Daily Maximum Benefit. Unused daily benefits remain available for another day, so your coverage lasts as long as you need it, until you reach your plan's Lifetime Maximum Benefit.

### No Cancellation for Any Reason

As long as you keep paying premiums and you haven't reached your Lifetime Maximum Benefit, your coverage cannot be canceled. Even if you leave your employer or their plan ceases, you may keep your coverage — it is fully portable.

**Portable Coverage**

Your plan goes where you go. Even if you change employers, you can retain your long-term care coverage with no change to your premium. That means you will have the protection you need as long as you continue to pay premiums.

**Premiums**

The premium you pay is based on the coverage you choose and your age on the effective date of that coverage. Generally, the younger you are, the lower your premium, so the benefits of purchasing long-term care insurance early can be significant. Once you have coverage, your premiums will not increase just because you grow older or file a claim. Premiums may increase in the future, but only if CNA raises rates for all policies in the same class in your state.

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## GENERAL INFORMATION [GROUP LONG TERM CARE]

This glossary of terms is a general list, and not all of the benefits and features described may be included in the long-term care plan offered to you. Check the [Highlights of Your Plan](#) section for a description of the specific features and options available for you.

### A

- Actively at work
- Activities of daily living
- Adult day care
- Alternate plan of care
- Assisted living facility care

### C

- Care Coordination
- Care Coordinator
- Caregiver Training Benefit
- Chronically ill
- Community-based care
- Community-Based Care Benefit

### D

- Daily Maximum Benefit
- Daily Nursing Home Care Benefit

### E

- Emergency Alert System Benefit

### F

- Free look provision

### H

- Home care
- Hospice care

### I

- Inflation protection

### L

- Lifetime maximum
- Long-term care
- Long-term care insurance

### N

- Nursing home

### P

- Plan of care
- Portability

### R

- Residential care facility

### S

- Skilled nursing facility

### T

- Transferring

### W

- Waiting period
- Waiver of premium

**Actively at work**

In order to receive coverage for themselves or eligible family members, employees must be actively at work on the coverage effective date. See the [Who Can Apply?](#) section for information on who can apply for coverage and what the requirements are.

**Activities of daily living**

These are activities you need to perform to take care of yourself on a day-to-day basis. They include bathing, continence, dressing, eating, toileting and transferring. To receive benefits under the plan, a licensed healthcare practitioner must certify that you are expected to be unable to perform (for at least 90 days) two or more activities of daily living or that you have a cognitive impairment that requires substantial supervision or assistance from another person.

**Adult day care**

A care option for people who cannot stay alone, need a protective setting and like to be with people. Adult day care centers are not residential facilities but offer services for up to 12 hours a day. Services include personal care, socialization, group activities and, in some cases, medical care such as medication supervision.

**Alternate plan of care**

Some of the treatment we take for granted today was unknown 20 years ago. This feature allows CNA to consider emerging or non-traditional long-term care services not specifically covered by other benefits of the plan. When such services are appropriate and cost effective, CNA will propose a written Alternate Plan of Care specifying benefits provided and levels of payment for each benefit. You and your physician must approve the plan, and benefits paid will not exceed your Daily Facility Care or Nursing Home Benefit.

**Assisted living facility care**

Long Term Care Services provided by a living arrangement in a facility for individuals whose condition precludes total independent living, but which does not require the level of care available in a Nursing Home or similar setting.

**Care coordination**

Care coordination is a feature of your CNA long-term care plan. There are a wide variety of long-term care options available so you might find it useful to have a qualified professional help you and your family understand your choices. Care coordinators are ready to help maximize benefits while accommodating individual differences, needs and personal preferences. After an initial assessment, we design an individual plan of care specifically for your needs. If you wish, your care coordinator will identify and help select appropriate care providers, negotiate charges, and monitor the care plan.

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**Care coordinator**

A qualified healthcare professional who can help you and your family maximize long-term care benefits and explore

alternative care options. (see the definition of Care Coordination above)

**Caregiver Training Benefit**

Pays benefits for training an unpaid caregiver. For example, a physical therapist might teach your caregiver how to lift and transfer you safely.

**Chronically ill**

To receive benefits from your group long-term care plan, you must be chronically ill. That means you are certified by a licensed healthcare practitioner as being unable to perform (without substantial assistance from another individual) at least two activities of daily living for a period of 90 days or to need substantial supervision to protect you from threats to health and safety due to a cognitive impairment. Cognitive impairment is deterioration in your ability to remember, think or reason that has been diagnosed by a licensed healthcare practitioner and necessitates that you must have substantial supervision because your behavior could pose a health or safety hazard to yourself or to others.

**Community-based care**

Long-term care services delivered outside of a nursing home such as home care, home hospice care, adult day care, or caregiver training.

**Community-Based Care Benefit**

This refers to the maximum daily, weekly, or monthly amount paid for home-based care such as home care, adult day care, and home hospice care.

**Daily Maximum Benefit**

The maximum amount of benefits you may receive on a single day. Individual features of your plan may have their own limits, but this is the maximum amount available under the plan for any combination of benefits.

**Daily Nursing Home Care Benefit**

Refers to the daily amount your plan will pay for services in a nursing home or similar facility. It is the maximum amount your plan will pay on a single day. Other benefits in your plan may have their own limits based on a percentage of the Daily Nursing Home Benefit.

**Emergency Alert System Benefit**

A feature that pays for medical monitoring equipment used to summon help in case of an emergency.

**Free look provision**

If you are not satisfied with your coverage for any reason, you have the right to return your certificate within 30 days. We will return all paid premium to you.

**Home care**

Home care includes:

- Occupational, physical, respiratory or speech therapy,
- nursing care performed by a Registered Nurse, Licensed Practical Nurse,
- personal care or housekeeper services,
- home delivered meals,
- nutrition services.

A qualified home care provider, as specified in the plan, must provide home care services, and they must be provided in your home.

**Hospice care**

Hospice care offers relief and support for the terminally ill and their families. Hospice care facilities are often more home-like than hospitals or nursing homes, but offer medical care and attention. Hospice care can also be provided in your home.

**Inflation protection**

The Daily Maximum Benefit you elect today may not cover the cost of long-term care many years from now when you need it. That is why every plan has a way to help keep up with inflation. You'll be given future opportunities to purchase additional coverage to protect yourself against rising costs. In some plans, you may have other options that automatically increase your coverage each year.

**Lifetime maximum**

Your Lifetime Maximum Benefit is the total amount you can receive in benefits. It is the total pool of money available to you to pay for long-term care services.

Many people receiving long-term care benefits get services in a home-based setting rather than in a facility, so their daily charges may be lower than the Daily Maximum Benefit. Unused daily benefits remain available for another day, so your coverage lasts as long as you need it, until you reach your plan's Lifetime Maximum Benefit.

**Long-term care**

Services for people unable to care for themselves; may include assistance in the home or adult day care center with nursing or personal care activities or confinement in an assisted-living facility or nursing home. Most providers of long-term care services must be licensed or certified by the state.

**Long-term care insurance**

Insurance specifically designed to help cover costs of long-term care.

**Nursing home**

These state licensed residential facilities offer a wide range of services, including care from licensed health professionals that are matched to residents' needs.

**Plan of care**

A program of treatment or care designed with your input by a licensed healthcare practitioner. By law, a plan of care must be in place for you to receive benefits from your group long-term care plan.

**Portability**

Your plan goes where you go. Even if you change employers, you can retain your long-term care coverage with no change to your premium. That means you will have the protection you need as long as you continue to pay premiums.

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**Residential care facility**

A residential care facility is a facility licensed as a Residential Care Facility for the Elderly as defined in California Health and Safety Code § 1569 or under an equivalent licensing requirement in the state in which it is located. If you reside outside of California, the Residential Care Facility benefit will be paid for residents in an Adult Foster Home which is a residential alternative to a Nursing Home for people whose condition is such that they cannot live alone, but whose needs can be met in a private home. An Adult Foster Home must be certified or licensed by the state in which it is located.

**Skilled nursing facility**

This facility provides the highest level of medical care from licensed health professionals. Emphasis is placed on patients' medical care, but other care is available, including physical and occupational therapy. These facilities must be licensed by the state.

**Temporary Bed Holding Benefit**

Sometimes it is difficult for a nursing home to hold a bed if, for instance, you have to go to into the hospital for treatment. This benefit covers holding your bed in the nursing home or assisted living facility during your absence.

**Transferring**

Moving into or out of a bed, chair or wheelchair.

**Waiting period**

The period of time you must wait before benefits begin. The waiting period is based on either calendar or service days. If you have a calendar day waiting period, your waiting period is a specified number of days beginning at the point you become chronically ill. You do not have to receive long-term care services in order for a day to count. If you have a service day

waiting period, you must receive long-term care services for a specified number of days before benefits begin.

**Waiver of premium**

This means that you will not have to pay premiums while you are receiving benefits from the plan. You never have to pay those premiums back.

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## GLOSSARY [INDEPENDENT SOLUTIONS]

This glossary of terms is a general list, and not all of the benefits and features described may be included in the long-term care plan offered to you. Check the [Highlights of Your Plan](#) section for a description of the specific features and options available for you.

### A

- Actively at work
- Activities of daily living
- Adult day care
- Alternate plan of care
- Assisted living facility care

### B

- Bed Reservation Benefit

### C

- Care coordination
- Care coordinator
- Caregiver Training Benefit
- Chronically ill

### D

- Daily Facility Care Benefit
- Daily Maximum Benefit

### F

- Facility Care
- Free look provision

### H

- Home care
- Home Medical Technology
- Home-based care
- Home-Based Care Benefit
- Hospice care

### I

- Inflation protection

### L

- Lifetime Maximum Benefit
- Long-term care
- Long-term care insurance

### N

- Nursing home

### P

- Plan of care
- Portability

### R

- Residential care facility

### S

- Skilled nursing facility

### T

- Transferring

### W

- Waiting period
- Waiver of premium

**Actively at work**

In order to receive coverage for themselves or eligible family members, employees must be actively at work on the coverage effective date. See the [Who Can Apply?](#) section for information on who can apply for coverage and what the requirements are.

**Activities of daily living**

These are activities you need to perform to take care of yourself on a day-to-day basis. They include bathing, continence, dressing, eating, toileting and transferring. To receive benefits under the plan, a licensed healthcare practitioner must certify that you are expected to be unable to perform (for at least 90 days) two or more activities of daily living or that you have a cognitive impairment that requires substantial supervision or assistance from another person.

**Adult day care**

A care option for people who cannot stay alone, need a protective setting and like to be with people. Adult day care centers are not residential facilities but offer services for up to 12 hours a day. Services include personal care, socialization, group activities and, in some cases, medical care such as medication supervision.

**Alternate plan of care**

Some of the treatment we take for granted today was unknown 20 years ago. This feature allows CNA to consider emerging or non-traditional long-term care services not specifically covered by other benefits of the plan. When such services are appropriate and cost effective, CNA will propose a written Alternate Plan of Care specifying benefits provided and levels of payment for each benefit. You and your physician must approve the plan, and benefits paid will not exceed your Daily Facility Care or Nursing Home Benefit.

**Assisted living facility care**

Assisted Living Facility Care is a combination of housing, personalized supportive services, and health care designed to meet the needs -- both scheduled and unscheduled -- of those who need help with Activities of Daily Living or supervision due to Severe Cognitive Impairment. Assisted Living Facility Care includes care on an intermittent basis in a facility that accepts only individuals who are impaired. These facilities may be called Adult Foster Care or Board and Care homes.

**Bed Reservation Benefit**

Sometimes it is difficult for a nursing home to hold a bed if, for instance, you have to go to into the hospital for treatment. This benefit covers holding your bed in the nursing home or assisted living facility during your absence.

**Care coordination**

Care coordination is a feature of your CNA long-term care plan. There are a wide variety of long-term care options available so you might find it useful to have a qualified professional help you and your family understand your choices. Care

coordinators are ready to help maximize benefits while accommodating individual differences, needs and personal preferences. After an initial assessment, we design an individual plan of care specifically for your needs. If you wish, your care coordinator will identify and help select appropriate care providers, negotiate charges, and monitor the care plan.

**Care coordinator**

A qualified healthcare professional who can help you and your family maximize long-term care benefits and explore alternative care options. (see the definition of Care Coordination above)

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**Caregiver Training Benefit**

Reimburses for training an unpaid caregiver or independent provider. For example, a physical therapist might teach your caregiver how to lift and transfer you safely.

**Chronically ill**

To receive benefits from your group long-term care plan, you must be chronically ill. That means you are certified by a licensed healthcare practitioner as being unable to perform (without substantial assistance from another individual) at least two activities of daily living for a period of 90 days or to need substantial supervision to protect you from threats to health and safety due to a cognitive impairment. Cognitive impairment is deterioration in your ability to remember, think or reason that has been diagnosed by a licensed healthcare practitioner and necessitates that you must have substantial supervision because your behavior could pose a health or safety hazard to yourself or to others.

**Daily Facility Care Benefit**

Refers to the daily amount your plan will pay for services in a nursing home or similar facility. It is the maximum amount your plan will pay on a single day. Other benefits in your plan may have their own limits based on a percentage of the Daily Facility Care Benefit.

**Daily Maximum Benefit**

The maximum amount of benefits you may receive on a single day. Individual features of your plan may have their own limits, but this is the maximum amount available under the plan for any combination of benefits.

**Facility Care**

In addition to nursing homes, the plan covers care provided in Assisted Living Facilities, Hospice Care Facilities, and includes a Bed Reservation Benefit to hold your place in a facility if you have to leave temporarily for a hospital stay or other event.

**Free look provision**

If you are not satisfied with your coverage for any reason, you have the right to return your certificate within 30 days. We will

return all paid premium to you.

### **Home care**

Home care includes:

- occupational, physical, respiratory or speech therapy,
- nursing care performed by a Registered Nurse, Licensed Practical Nurse,
- personal care or housekeeper services,
- home delivered meals,
- nutrition services.

A qualified home care provider, as specified in the plan, must provide home care services, and they must be provided in your home.

### **Home medical technology**

Technology you need to remain independent in your home. Monitoring equipment, home modifications and emergency response systems are all included.

### **Home-based care**

Long-term care services delivered outside of a nursing home such as home care, home hospice care, adult day care, or caregiver training.

### **Home-based care benefit**

This refers to the maximum daily, weekly, or monthly amount paid for home-based care such as home care, adult day care, and home hospice care.

### **Hospice care**

Hospice care offers relief and support for the terminally ill and their families. Hospice care facilities are often more home-like than hospitals or nursing homes, but offer medical care and attention. Hospice care can also be provided in your home.

### **Inflation protection**

The Daily Maximum Benefit you elect today may not cover the cost of long-term care many years from now when you need it. That is why every plan has a way to help keep up with inflation. You'll be given future opportunities to purchase additional coverage to protect yourself against rising costs. In some plans, you may have other options that automatically increase your coverage each year.

**Lifetime Maximum Benefit**

Your Lifetime Maximum Benefit is the total amount you can receive in benefits. It is the total pool of money available to you to pay for long-term care services.

Many people receiving long-term care benefits get services in a home-based setting rather than in a facility, so their daily charges may be lower than the Daily Maximum Benefit. Unused daily benefits remain available for another day, so your coverage lasts as long as you need it, until you reach your plan's Lifetime Maximum Benefit.

**Long-term care**

Services for people unable to care for themselves; may include assistance in the home or adult day care center with nursing or personal care activities, or confinement in an assisted-living facility or nursing home. Most providers of long-term care services must be licensed or certified by the state.

**Long-term care insurance**

Insurance specifically designed to help cover costs of long-term care.

**Nursing home**

These state licensed residential facilities offer a wide range of services, including care from licensed health professionals that are matched to residents' needs.

**Plan of care**

A program of treatment or care designed with your input by a licensed healthcare practitioner. By law, a plan of care must be in place for you to receive benefits from your group long-term care plan.

**Portability**

Your plan goes where you go. Even if you change employers, you can retain your long-term care coverage with no change to your premium. That means you will have the protection you need as long as you continue to pay premiums.

**Residential care facility**

A residential care facility is a facility licensed as a Residential Care Facility for the Elderly as defined in California Health and Safety Code § 1569 or under an equivalent licensing requirement in the state in which it is located. If you reside outside of California, the Residential Care Facility benefit will be paid for residents in an Adult Foster Home which is a residential alternative to a Nursing Home for people whose condition is such that they cannot live alone, but whose needs can be met in a private home. An Adult Foster Home must be certified or licensed by the state in which it is located.

**Skilled nursing facility**

This facility provides the highest level of medical care from licensed health professionals. Emphasis is placed on patients'

medical care, but other care is available, including physical and occupational therapy. These facilities must be licensed by the state.

**Transferring**

Moving into or out of a bed, chair or wheelchair.

**Waiting period**

The period of time you must wait before benefits begin. The waiting period is based on either calendar or service days. If you have a calendar day waiting period, your waiting period is a specified number of days beginning at the point you become chronically ill. You do not have to receive long-term care services in order for a day to count. If you have a service day waiting period, you must receive long-term care services for a specified number of days before benefits begin.

**Waiver of premium**

This means that you will not have to pay premiums while you are receiving benefits from the plan. You never have to pay those premiums back.

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*AG-149546-B*

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### ORDER AN ENROLLMENT KIT

The quickest way to enroll for group long-term care coverage is to click the Apply Now link on the left-hand side of this page and enroll online or print an application.

You can also provide your address below and we will send you an enrollment kit by mail. The enrollment kit contains much of the same information on this site, as well as the forms you need to apply for coverage. **Please allow seven to ten days for mailing.**

All fields with a red asterisk (\*) are required.

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*	Name	<input type="text"/>
*	Address1	<input type="text"/>
	Address2	<input type="text"/>
*	City	<input type="text"/>
*	State	<input type="text" value=" &lt; Select One &gt;"/>
*	Zip Code	<input type="text"/>

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## COMPARE SAVING VS. INSURANCE

**What if you started a savings account for long-term care expenses rather than purchasing long-term care insurance? How much of your own money would it take?**

To answer this question, enter your date of birth, desired coverage, and the amount you might set aside every month if you were saving to pay for long-term care expenses.

**Click "Submit," and we'll tell you two important things:**

1. How long it would take you to save an amount equal to the coverage available from your group long-term care plan; and,
2. The amount you would have to save each month to equal the lifetime maximum of an insurance plan.

All fields with a red asterisk (\*) are required.

\*Date of Birth (mm/dd/yyyy) ?

? Enter your date of birth to calculate your premium rate



\*Payroll Frequency ?

? Indicates how often you are paid, and how often premiums will be deducted from your paycheck. If you do not use payroll deduction, CNA will bill you directly each quarter.

\*Daily Maximum Benefit ?

? The total amount of eligible expenses to be reimbursed per day for the cost of services you receive.

\*Lifetime Maximum Benefit ?

? The total amount of insurance you purchase to pay for all eligible long-term care services.

\*Inflation Protection



Guaranteed Benefit Increase ?

? Periodically offers the option of purchasing additional coverage for an additional premium.



Lifetime Compound Automatic Benefit Increase ?

? Automatically increases Daily and Lifetime Maximum Benefits, and all benefits indexed to them, by 5% compounded each year without automatically increasing premiums.



Deferred Automatic Benefit Increase ?

? Until age 65, periodically offers the option of purchasing additional coverage for an

additional premium. Beginning at age 65, automatically increases your Daily and Lifetime Maximum Benefits, and all benefits indexed to them, by 5% compounded each year without automatically increasing your premiums.

[20-Year Simple Interest Automatic Benefit Increase ?

? Automatically increases Daily and Lifetime Maximum Benefits, and all benefits indexed to them, by 5% (simple interest) each year without automatically increasing premiums. Increases continue for 20 years, unless premium payments stop for any reason except waiver of premium.

XXXXXXXX

< Select One > 

SUBMIT

#### Optional Feature

? \*Monthly savings for long-term care ?  
? Enter an amount, up to \$1000, that you plan to saving each month for long-term care expenses.

\*Please select an interest rate:

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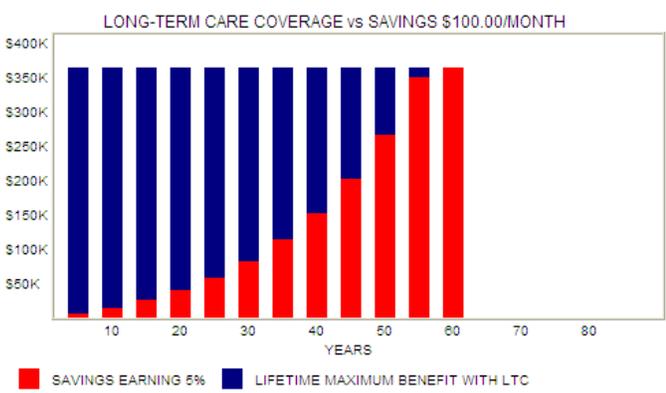


COMPARE SAVING VS. INSURANCE

You have chosen a lifetime maximum benefit of \$365,000.00

Assuming an annual interest rate of 5%, it would take 55.7 years to reach the life maximum benefit of \$365,000.00 (Saving at a rate of \$100.00/month).

The graph shows how long it would take you to save an amount of money that equals the lifetime maximum benefit available from your plan



The table to the right shows the amount you would need to save on a monthly basis to reach your lifetime maximum by ages 60, 65, and 70

	60	65	70
	\$14,432.09	\$3,622.95	\$1,847.32

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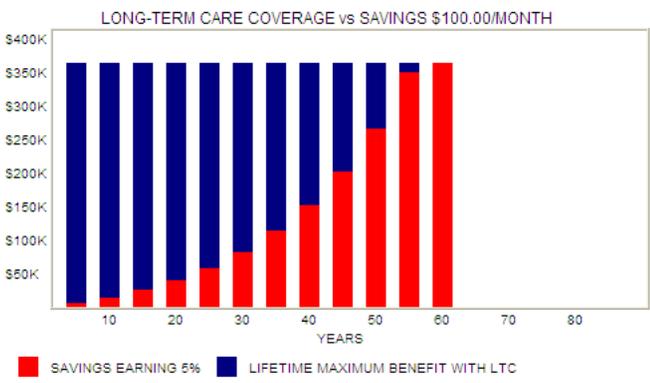
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View the cost of long-term care in your area.

The graph shows how long it would take you to save an amount of money that equals the lifetime maximum benefit available from your plan



The table to the right shows the amount you would need to save on a monthly basis to reach your lifetime maximum by ages 60, 65, and 70 (assuming an annual interest rate of 5%).

	60	65	70
Amount	\$14,432.09	\$3,622.95	\$1,847.32

**Your estimated Semi-Monthly premium is: \$54.59**

AG-149533-C

SERFF Tracking Number: CNAB-128181498

State: Arkansas

Filing Company: Continental Casualty Company

State Tracking Number:

Company Tracking Number:

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Product Name: Group Long Term Care

Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> CNA Filing Summary	Filed	<b>Date:</b> 04/05/2012

**Comments:**

Please see attached filing summary, which lists each form number, a description of its use, and an explanation of variability for each form.

**Attachment:**

CNA Filing Summary.xls.pdf

**Continental Casualty Company**

**G-149000-A et.al (Print Material) & AG-149530-A et. al (Website) Filing Summary**

All forms apply to Policy Number SPS1AA-02-TQ, et.al (Approved 06-25-1997) and GLTC -3-P-AR-01, et. al. (Approved 08-10-2001), unless otherwise noted. "XX-XXXXX-X (XX/XX Printed in USA) refers to CNA's internal group account numbers, as well as the date material was printed.

Filed: March 21, 2012

Form Number	Piece Title	Actual Size When Printed	Description / Detail	Explanation of Variability
	<u>Benefit Fairs - Print Material</u>			
G-149000-A-AR	Benefit Fair Exhibit	8.5" x 11"	Used as a discussion guide for conversation with employees at employer benefit fairs or other meetings. It summarizes the issues associated with long-term care and the features of the employer's plan. It directs individuals to contact the company (CNA) for enrollment or additional information. This piece does not contain full rates or applications; it is intended to generate interest in the long-term care offering. Please see Highlights of the Plan below for variability explanations and specific numerical values.	On page 1, CNA's 2006 survey information is underlined so that we can implement newer statistics as they become available. The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. The password is specific to each group policyholder. The underlined and bracketed portions of the Features and Benefits section include amounts and numerical values that have been previously approved by the department. The "checkmarks" under some benefits in the Features and Benefits section indicate that a dollar amount is not applicable. Please be aware that employers select the various options that are available to their employees and dependants. Only those options that are chosen by the employer are included on this exhibit.
	<u>E-Mail Marketing - Print Material</u>			
			All items in this section (forms G-149001-A through G-149004-A) are sent to employees or other potential applicants via e-mail. They are intended to generate interest in the long-term care program and direct individuals to CNA for more information and enrollment material.	
G-149001-A	Announcement E-Mail	N/A	G-149001-A is PDF of an e-mail sent to employees or other eligible individuals, either by the employer or by CNA in support of an open enrollment or other marketing activities.	The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. The password is specific to each group policyholder.
G-149002-A	Myth Vs. Reality E-Mail	N/A	G-149002-A is PDF of an e-mail sent to employees or other eligible individuals, either by the employer or by CNA in support of an open enrollment or other marketing activities.	The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. The password is specific to each group policyholder.
G-149003-A	Protecting Your Assets E-Mail	N/A	G-149003-A is PDF of an e-mail sent to employees or other eligible individuals, either by the employer or by CNA in support of an open enrollment or other marketing activities.	This piece includes sample rates for a plan with a particular daily maximum benefit and lifetime maximum. The underlined portions will be based on the particular employer plan's premium rates. The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. The password is specific to each group policyholder.
G-149004-A	Final Reminder E-Mail	N/A	G-149004-A is PDF of an e-mail sent to employees or other eligible individuals, either by the employer or by CNA in support of an open enrollment or other marketing activities.	The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. The password is specific to each group policyholder.
	<u>Announcement Material - Print Material</u>			
			Items in this section (forms G-149005-A and G149014-A) are mailed to employees or other eligible individuals to announce the implementation or open enrollment of a group long-term care plan.	
G-149005-A	Announcement Postcard	9" x 6"	G149005-A is a postcard that gives information on an upcoming Open Enrollment and directs those interested to contact CNA for additional information or enrollment.	The underlined portion of this piece allows for variability regarding dependants' eligibility. Statistics are unable to be underlined for purposes of filing, due to system restraints, but please be assured that these statistics will be updated with current data as it becomes available.
G-149014-A	Reasons to Consider Announcement Flyer	8.5" x 11"	G-149014-A is a two-sided flyer mailed or given to employees or other eligible individuals. It provides basic information on the employer plan and directs interested individuals to contact CNA for further information or enrollment.	Page 1 of the flyer includes a comparison of premiums between various ages. The home / community based care benefit percentage is underlined so that it can vary by plan design. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. The password is specific to each group policyholder.
	<u>Open enrollment marketing - Print Material</u>			
			All items in this section (G-149008-A, G-149010-A, G-149011-A, G-149012-A, G-149013-A, G-149006-A, G-149007-A, and G-149016-A) are ancillary marketing pieces designed to create interest in enrolling in an employer's group long-term care program. They provide varying levels of detail, but are primarily intended to complement other marketing material and encourage those interested in applying to contact CNA for further information.	
G-149008-A	Table Tent	7" x 15" (Folded in half)	G149008-A is used to announce enrollment dates and provide contact information for meeting times. Intended as a table decoration for employee break rooms, cafeteria, etc.	The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups.
G-149010-A	Do You Have a Plan (Article)	8.5" x 11"	G149010-A is an ancillary educational piece for eligible individuals. Manner of distribution varies. It may be mailed or handed out on an ad hoc basis.	The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. Statistics are unable to be underlined for purposes of filing, due to system restraints, but please be assured that these statistics will be updated with current data as it becomes available.
G-149011-A	Financial Security at Risk (Poster)	11" x 17"	G140011-A is a poster that provides minimal educational information, but directs interested individuals to contact CNA information to enroll.	The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. Statistics are unable to be underlined for purposes of filing, due to system restraints, but please be assured that these statistics will be updated with current data as it becomes available.
G-149012-A	Quad Brochure	16" x 9" (Folded to 4 pages)	G149012-A contains plan-specific information and general educational information. It directs interested individuals to contact CNA for enrollment information.	The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. Some statistics are unable to be underlined for purposes of filing, due to system restraints, but please be assured that these statistics will be updated with current data as it becomes available.
G-149013-A	No Place Like Home -Flyer	8.5" x 11"	G149013-A is an informational flyer that provides general long-term care information and directs interested parties to contact CNA for information and application. Manner of distribution varies; may be mailed or handed out on an ad hoc basis.	"Who Can Apply" section: The number of days specified here varies based on the policyholder's requirements. Common values for the days that must pass before employees can become eligible include, but are not limited to, 30, 31, 45 or 90 days. The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. Statistics are unable to be underlined for purposes of filing, due to system restraints, but please be assured that these statistics will be updated with current data as it becomes available.
G-149006-A	Is Now Available-Announcement Flyer	8.5" x 11"	G149006-A is a flyer that provides general long-term care information, but is primarily intended to announce the implementation of a group plan or an upcoming open enrollment. Manner of distribution varies; typically mailed to eligible individuals, but may be handed out on an ad hoc basis.	The underlined portion of this piece allows for variability regarding dependants' eligibility. The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website.
G-149007-A	Employer letter	8.5" x 11"	Employer letter announcing a change in benefits / explanation letter to prospective Employer Group.	The underlined portion of this piece allows for variability regarding dependants' eligibility. This piece also provides for variability in the following areas: Premium mode, Lifetime Maximum amount options, and daily benefit maximum options. The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. All statistics, facts, and citations are marked as variable text to allow for updated data as it becomes available. Please see Highlights of the Plan for description of variability and numerical values.
G-149016-A	Reminder Postcard	9" x 6"	G-149016-A is a postcard reminder mailed to eligible individuals to re-state open enrollment dates and direct them to CNA for more information and application.	The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website.
G-149554-A-AR	Employee Presentation	N/A	G-149026-A is a Power Point presentation used for employee presentations and education sessions.	This form provides for variability in the following areas: dependants' eligibility, employee guarantee issue enrollment, Daily Benefit Maximum options, Lifetime Maximum Options, and optional and standard plan benefits. See Highlights of the Plan description for specific numerical values. All statistics, facts, and citations are marked as variable text to allow for updated data as it becomes available.
	<u>Enrollment Kit - Print Material</u>			
			The enrollment kit is the complete plan information package supplied to all applicants or enrollees. Items in this section are always provided together in a single package, the enrollment kit. In addition to items in this section, the enrollment kit contains applications and all other legally required disclosures and forms. Presented together, these forms create a single Invitation to Contract.	
G-149019-A	Highlights of the Plan (Independent Solutions)	8.5" x 11"	HOTP is a detailed description of the benefits included in the group's plan. It describes those that are a standard part of the plan, as well as optional benefits. In practice, HOTP is edited to display only those benefits offered in a specific employer plan. It is typically less than 4 printed pages after it is edited.	<b>Lifetime Maximum Benefit:</b> Varies based the lifetime maximum amount selected by the group policyholder. Lifetime Maximum Benefits currently available in our rate manual include the following:  730 times (2-years) <b>Daily Community-Based Care Benefit:</b> Varies based on the Community Based Care percentage selected by the group policyholder. Most common percentages are 50%, 60%, 75%, and 100%.

Form Number	Piece Title	Actual Size When Printed	Description / Detail	Explanation of Variability
				<p><b>Shared Lifetime Maximum Benefit</b> (Optional) - "\$XXX,XXX" refers to an example of one the lifetime maximums available under the employer's plan.</p> <p><b>Future Benefit Guarantee:</b> Scale underlined to reflect differences in scale, determined by the employer policyholder.</p> <p><b>Waiting Period</b></p> <p>Calendar day Waiting Period: Varies by policy. Options currently available in our rate manual include: 30, 60, 90, 120, and 180 days.</p> <p>Service day Waiting Period: Varies by policy. Options currently in our rate manual include 30/15, 30/30, 60/15, 60/60, 90/15, 90/90, 120/120, and 180/180.</p> <p>Waiting day periods noted within templates are common values.</p>
				<p><b>Daily Maximum Benefit (DMB):</b> Our lowest DMB offered is generally \$100, with a Community-Based Care Benefit of 50% of the DMB. Our highest Daily Benefit offered is typically \$350, although this offer may be higher in high cost areas. Each individual employer's plan defines the number of DMB options to offer. Usually three or four different DMB's are offered. Some options are in \$25 increments.</p> <p>Employer-Paid Core - Very few plans include this. However, we included this column in the HOTP form in the rare event that an employer group chooses to offer this Employer-Paid Core. As demonstrated on the HOTP form, the layout of page 1 changes if the employer elects to include this option.</p> <p>Options Requiring Underwriting - Options with an asterisks mean that, if selected, Continental Casualty Company must approve the application. The decision as to whether we require underwriting (designated with an asterisk) is based on our group underwriting guidelines.</p>
				<p>Standard vs. Optional Benefits - "Standard" Plan Features refer to those benefits that the employer has chosen to make a standard, built-in part of the plan. In other words, the feature is not something the employee can choose. Instead, it automatically part of their plan. However, "Optional" Plan Features refer to those benefits that, per the employer's decision, the eligible individuals may choose whether or not to have (for an additional premium). So, most benefits may fall under either category. For example, an employer may choose to include Refund of Premium as a standard part of the plan offered to the eligible individuals, in which case this benefit would be automatically included in every insured's plan. Other employers may decide to allow the employee to choose whether they want to include Refund of Premium in their plan, at an additional premium. The form is designed to reflect the different scenarios that may occur for each benefit.</p>
G-149019-B-AR	Highlights of the Plan (Group Long Term Care)	8.5" x 11"	HOTP is a detailed description of the benefits included in the group's plan. It describes those that are a standard part of the plan, as well as optional benefits. In practice, HOTP is edited to display only those benefits offered in a specific employer plan. It is typically less than 4 printed pages after it is edited.	<p><b>Daily Maximum Benefit (DMB):</b> Our lowest DMB offered is generally \$100, with a Community-Based Care Benefit of 50% of the DMB. Our highest Daily Benefit offered is typically \$350, although this offer may be higher in high cost areas. Each individual employer's plan defines the number of DMB options to offer. Usually three or four different DMB's are offered. Options range from \$50 to \$350 in \$50 increments. Some options are in \$25 increments.</p> <p><b>Lifetime Maximum Benefit:</b> Varies based the lifetime maximum amount selected by the group policyholder. Lifetime Maximum Benefits currently available in our rate manual include the following:</p> <p>730 times (2-years) 1,095 times (3-years) 1,460 times (4-years) 1,500 times (4.1 years) 1,825 times (5-years) 2,000 times (5.5 years) 2,190 times (6-years) 2,555 times (7-years) 3,000 times (8.2-years) 3,650 times (10-years) 4,000 times (11-years) 5,000 times (13.7-years) Unlimited</p> <p>2,3, and 5 year are the most common.</p> <p><b>Daily Home-Based Care Benefit:</b> Varies based on the Community Based Care percentage selected by the policyholder. Most common percentages are 50%, 60%, 75%, and 100%.</p> <p><b>Waiting Period</b></p> <p>Calendar day Waiting Period: Varies by policy. Options currently available in our rate manual include: 30, 60, 90, 120, and 180 days.</p> <p>Service day Waiting Period: Varies by policy. Options currently in our rate manual include 30/15, 30/30, 60/15, 60/60, 90/15, 90/90, 120/120, and 180/180.</p> <p>Waiting day periods noted within templates are common values.</p> <p>Employer-Paid Core - Very few plans include this. However, we included this column in the HOTP form in the rare event that an employer group chooses to offer this Employer-Paid Core. As demonstrated on the HOTP form, the layout of page 1 changes if the employer elects to include this option.</p> <p>Options Requiring Underwriting - Options with an asterisks mean that, if selected, Continental Casualty Company must approve the application. The decision as to whether we require underwriting (designated with an asterisk) is based on our group underwriting guidelines.</p>
				<p>Standard vs. Optional Benefits - "Standard" Plan Features refer to those benefits that the employer has chosen to make a standard, built-in part of the plan. In other words, the feature is not something the employee can choose. Instead, it automatically part of their plan. However, "Optional" Plan Features refer to those benefits that, per the employer's decision, the eligible individuals may choose whether or not to have (for an additional premium). So, most benefits may fall under either category. For example, an employer may choose to include Refund of Premium as a standard part of the plan offered to the eligible individuals, in which case this benefit would be automatically included in every insured's plan. Other employers may decide to allow the employee to choose whether they want to include Refund of Premium in their plan, at an additional premium. The form is designed to reflect the different scenarios that may occur for each benefit.</p>
G-149024-A	Why You Should Consider Piece	8.5" x 11"	G-149024 is a summary communication piece to introduce the enrollment kit and provide certain basic information about long-term care and the employer's plan that is not included in other pieces of the kit.	<p>The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website. This piece also includes a variability section that may or may not be included depending on whether employees can enroll on a guarantee issue basis. Statistics are unable to be underlined for purposes of filing, due to system restraints, but please be assured that these statistics will be updated with current data as it becomes available.</p>
G-149020-A	Payroll Deducted Rates	8.5" x 11"	This form describes the rates associated with the various benefits and options that are listed in HOTP. The tables within the Plan Rates form show the premium rates by age and plan design.	<p>"Plan A" refers to a specific plan design offered by the employer to the potential insureds. Each specific plan design includes a particular Lifetime Maximum amount and may include an optional benefit. The premium rates listed as "xx.xx" then correspond to that particular plan design. The amount of plan designs from which insured may choose varies depending on the options offered by the employer.</p> <p>(xxx) xxx-xxxx refers to the particular Customer Service number assigned to a particular employer group.</p> <p>Daily Maximum Benefit (DMB): Our lowest DMB offered is generally \$100, with a Community-Based Care Benefit of 50% of the DMB. Our highest Daily Benefit offered is typically \$350, although this offer may be higher in high cost areas. Each individual employer's plan defines the number of DMB options to offer. Usually three or four different DMB's are offered. Options range from \$50 to \$350 in \$50 increments. Some options are in \$25 increments.</p>
G-149021-A	Direct Bill Rates	8.5" x 11"	G-149021 is a table that shows the premium rates by age and plan design. It is an optional component, included in the enrollment kit only if coverage is offered to non-employee classes on a direct billed basis.	<p>"Plan A" refers to a specific plan design offered by the employer to the potential insureds. Each specific plan design includes a particular Lifetime Maximum amount and may include an optional benefit. The premium rates listed then correspond to that particular plan design. The amount of plan designs from which insured may choose varies depending on the options offered by the employer.</p>
G-149025-A	Kit Cover letter	8.5" x 11"	Letter of acknowledgement of enrollment kit request	<p>The underlined portion of this piece allows for variability regarding dependants' eligibility. This piece also provides for variability in the following areas: Premium mode, Lifetime Maximum amount options, and daily benefit maximum options. The toll-free number is underlined to allow for the group's particular 1-800 number, as it varies between groups. The website information is also underlined and bracketed so that it applies only if a group has a CNA long-term care website.</p>

Form Number	Piece Title	Actual Size When Printed	Description / Detail	Explanation of Variability
	<b>WEBSITE - Public Pages</b>		These pages do not require a password and do not have employer-specific plan information.	
AG-149530-A	<b>Main Log-In Page</b>	N/A	This is the first page that potential insureds will see when they visit the LTC enrollment website. From this page, potential insureds have the option of entering their password and visiting the "password protected" pages, which provide plan-specific benefit information. They also have the option of visiting "public pages" that do not require an employee password and which provide basic information regarding long-term care in general.	N/A
AG-149531-A	<b>LTC Basics</b>	N/A	This page provides basic information about long-term care, including average cost, the benefit of group long-term care, and services it generally covers.	All statistics, facts, and citations are marked as variable text to allow for updated data as it becomes available.
AG-149532-A	<b>LTC Challenge</b>	N/A	The Long-Term Care Challenge is a quiz that tests potential insured's knowledge about the long-term care industry and attempts to clarify any assumptions and myths about the long-term care.	All statistics, facts, and citations are marked as variable text to allow for updated data as it becomes available.
AG-149534-A	<b>Case Studies</b>	N/A	The purpose of this page is to provide the potential insured with real-life scenarios at any age that may necessitate long-term care. It also provides industry statistics and facts to consider.	All statistics, facts, and citations are marked as variable text to allow for updated data as it becomes available. Statistics under "Consider These Facts" are unable to be underlined for purposes of filing, due to system restraints, but please be assured that these statistics will be updated with current data as it becomes available.
AG-149535-A	<b>Frequently Asked Questions</b>	N/A	Provides answers to frequent questions about various topics, including, but not limited to, the types of services available, inflation protection, continuing coverage, cost, and Medicare / Medicaid coverage.	All statistics, facts, and citations are marked as variable text to allow for updated data as it becomes available.
AG-149536-A	<b>Contact Us</b>	N/A	This form allows the potential insured to call CNA's toll-free number with further questions and gives them a choice as to how they would like CNA to respond.	N/A
AG-149537-A	<b>About CNA</b>	N/A	This page provides more information regarding Continental Casualty company, including market ratings, financial strength, and our philosophy, as well as the history of group long-term care at CNA.	The following data is marked as variable text to allow for changes within the CNA corporation and updates as needed: number of employees, amount of assets, ratings, years in the marketplace, and location of our customer service center.
AG-149538-A	<b>LTC Cost</b>	N/A	This page provides information to the potential insured regarding the average daily cost of nursing home care in any particular state. Many of the states also break down the cost by metropolitan area.	N/A
AG-149539-A	<b>Privacy Statement</b>	N/A	This page informs the potential insured of our privacy policy.	N/A
AG-149540-A	<b>Legal Disclaimers</b>	N/A	This disclaimer reminds the potential insured to reference the policy for specific terms and conditions and that benefits may be limited by state law. It states that some links may be maintained by a third-party, and explains that the website is not intended to be a binding contract.	N/A
AG-149533-A	<b>Compare Saving vs. Insurance (Global / Not Client Specific)</b>	N/A	This page compares a potential insured's long-term care savings versus the lifetime maximum benefit that comes with a long-term care policy. This graph is based on the example provided, but informs the potential insured that they can create an interactive chart using their employer plan information by logging into the website.	N/A
	<b>WEBSITE - PASSWORD PROTECTED / EMPLOYER PLAN-SPECIFIC PAGES</b>		These pages require a password to be entered by the insured wishing to enroll. Each employer group receives their own password by CNA. These pages provide plan-specific information to the potential insured, rather than general information regarding long-term care.	
AG-149541-A	<b>Highlights of Your Plan - Group Long-Term Care</b>	N/A	(see Highlights of the Plan description above, under "Enrollment Materials")	<b>Daily Maximum Benefit (DMB):</b> Our lowest DMB offered is generally \$100, with a Community-Based Care Benefit of 50% of the DMB. Our highest Daily Benefit offered is typically \$350, although this offer may be higher in high cost areas. Each individual employer's plan defines the number of DMB options to offer. Usually three or four different DMB's are offered. Options range from \$50 to \$350 in \$50 increments. Some options are in \$25 increments. <b>Lifetime Maximum Benefit:</b> Varies based the lifetime maximum amount selected by the group policyholder. Lifetime Maximum Benefits currently available in our rate manual include the following: 730 times (2-years) 1,095 times (3-years) 1,460 times (4-years) 1,500 times (4.1 years) 1,825 times (5-years) 2,000 times (5.5 years) 2,190 times (6-years) 2,555 times (7-years) 3,000 times (8.2-years) 3,650 times (10-years) 4,000 times (11-years) 5,000 times (13.7-years) Unlimited 2,3, and 5 year are the most common.
				<b>Daily Home-Based Care Benefit:</b> Varies based on the Community Based Care percentage selected by the policyholder. Most common percentages are 50%, 60%, 75%, and 100%.
				<b>Waiting Period</b>  Calendar day Waiting Period: Varies by policy. Options currently available in our rate manual include: 30, 60, 90, 120, and 180 days.  Service day Waiting Period: Varies by policy. Options currently in our rate manual include 30/15, 30/30, 60/15, 60/60, 90/15, 90/90, 120/120, and 180/180.  Waiting day periods noted within templates are common values.
AG-149541-B	<b>Highlights of Your Plan - Independent Solutions</b>	N/A	(see Highlights of the Plan description above, under "Enrollment Materials")	<b>Daily Maximum Benefit (DMB):</b> Our lowest DMB offered is generally \$100, with a Community-Based Care Benefit of 50% of the DMB. Our highest Daily Benefit offered is typically \$350, although this offer may be higher in high cost areas. Each individual employer's plan defines the number of DMB options to offer. Usually three or four different DMB's are offered. Some options are in \$25 increments. <b>Lifetime Maximum Benefit:</b> Varies based the lifetime maximum amount selected by the group policyholder. Lifetime Maximum Benefits currently available in our rate manual include the following: 730 times (2-years) 1,095 times (3-years) 1,460 times (4-years) 1,500 times (4.1 years) 1,825 times (5-years) 2,000 times (5.5 years) 2,190 times (6-years) 2,555 times (7-years) 3,000 times (8.2-years) 3,650 times (10-years) 4,000 times (11-years) 5,000 times (13.7-years) Unlimited 2,3, and 5 year are the most common.
				<b>Daily Community-Based Care Benefit:</b> Varies based on the Community Based Care percentage selected by the group policyholder. Most common percentages are 50%, 60%, 75%, and 100%.
				<b>Shared Lifetime Maximum Benefit (Optional)</b> - "\$XXX,XXX" refers to an example of one the lifetime maximums available under the employer's plan.
				<b>Future Benefit Guarantee:</b> Scale underlined to reflect differences in scale, determined by the employer policyholder.
				<b>Waiting Period</b>  Calendar day Waiting Period: Varies by policy. Options currently available in our rate manual include: 30, 60, 90, 120, and 180 days.  Service day Waiting Period: Varies by policy. Options currently in our rate manual include 30/15, 30/30, 60/15, 60/60, 90/15, 90/90, 120/120, and 180/180.  Waiting day periods noted within templates are common values.

Form Number	Piece Title	Actual Size When Printed	Description / Detail	Explanation of Variability
AG-149542-A	Who Can Apply	N/A	This page explains eligibility requirements for employees and other applicable dependants (i.e.: spouses, domestic partners, and retirees)	<p>The term "Employee" or "Eligible Employee" is the default term used throughout the web site. However, the policyholder's preferred term is substituted as needed. Common alternatives include, but are not limited to, Associate, Partner, Professor, or Assistant Professor.</p> <p>"Who Can Apply? Employees": The number of days specified here varies based on the policyholder's requirements. Common values include, but are not limited to, 30, 31, 45 or 90 days.</p> <p>The definitions of "Eligible Employee" and "Actively at Work" presented here are the default definitions used. However, on rare occasions they may be modified to correspond with the definition used by the policyholder for other health and welfare benefits.</p> <p>The definition of "Domestic Partner" presented here is the default definition used. However, the definition may vary based upon the policyholder's requirements or as required by law.</p>
AG-149543-A	Premium Calculator Entry Page	N/A	This calculator allows the potential insured to determine their premiums by entering in their date of birth, payroll frequency, Daily Maximum Benefit, lifetime maximum, and any applicable inflation protection option.	<p>"Payroll Frequencies" selections include: Weekly, Bi-Weekly, Monthly, Semi-Monthly, Monthly, Quarterly, Semi-Annual, 10 pay per year, 20 pay per year, and Annual.</p> <p>"Daily Maximum Benefit" selections include \$50-350 in \$50 dollar increments. \$25 dollar increments may also be used.</p> <p>Lifetime Maximum Benefit" selections include:</p> <p>730 times (2-years) 1,095 times (3-years) 1,460 times (4-years) 1,500 times (4.1 years) 1,825 times (5-years) 2,000 times (5.5 years) 2,190 times (6-years) 2,555 times (7-years) 3,000 times (8.2-years) 3,650 times (10-years) 4,000 times (11-years) 5,000 times (13.7-years) Unlimited</p> <p>2,3, and 5 year are the most common.</p> <p>"Interest Rate" selections include: 2,5,7,10, and 12%</p> <p>The Inflation Protection options shown are the most common. Other Inflation Protection</p>
AG-149560-A	Premium Calculator Results - Group long-term Care		Provides estimated premium amount results from the page above.	<p>"XXXXX" premium refers to the mode the user has chosen for displaying rates. Options include: Weekly, Bi-Weekly, Monthly, Semi-Monthly, Monthly, Quarterly, Semi-Annual, 10 pay per year, 20 pay per year, and Annual.</p> <p>"Daily Facility / Nursing Home Care Benefit" varies based on the daily benefits selected by the policyholder. Options range from \$50 to \$350 in \$50 dollar increments. \$25 dollar increments may also be used.</p> <p>"Daily Home-Based / Community-Based Benefit" varies based on the percentage selected by the policyholder. Options are 50%,60%,75%, and 100%.</p>
				<p>"Lifetime Maximum Benefit" options include:</p> <p>730 times (2-years) 1,095 times (3-years) 1,460 times (4-years) 1,500 times (4.1 years) 1,825 times (5-years) 2,000 times (5.5 years) 2,190 times (6-years) 2,555 times (7-years) 3,000 times (8.2-years) 3,650 times (10-years) 4,000 times (11-years) 5,000 times (13.7-years) Unlimited</p> <p>2,3, and 5 year are the most common.</p>
				<p><b>Waiting Period</b></p> <p>Calendar day Waiting Period: Varies by policy. Options currently available in our rate manual include: 30, 60, 90, 120, and 180 days.</p> <p>Service day Waiting Period: Varies by policy. Options currently in our rate manual include 30/15, 30/30, 60/15, 60/60, 90/15, 90/90, 120/120, and 180/180.</p> <p>Waiting day periods noted within templates are common values.</p> <p>Waiver of Premium: "XX/XX/XXXX" indicates the effective date of coverage assumed on the page above.</p>
AG-149560-B	Premium Calculator Results - Independent Solutions		Provides estimated premium amount results from the page above.	<p>"XXXXX" premium refers to the mode the user has chosen for displaying rates. Options include: Weekly, Bi-Weekly, Monthly, Semi-Monthly, Monthly, Quarterly, Semi-Annual, 10 pay per year, 20 pay per year, and Annual.</p> <p>"Daily Facility / Nursing Home Care Benefit" varies based on the daily benefits selected by the policyholder. Options range from \$50 to \$350 in \$50 dollar increments. \$25 dollar increments may also be used.</p> <p>"Daily Home-Based / Community-Based Benefit" varies based on the percentage selected by the policyholder. Options are 50%,60%,75%, and 100%.</p>
				<p>"Lifetime Maximum Benefit" options include:</p> <p>730 times (2-years) 1,095 times (3-years) 1,460 times (4-years) 1,500 times (4.1 years) 1,825 times (5-years) 2,000 times (5.5 years) 2,190 times (6-years) 2,555 times (7-years) 3,000 times (8.2-years)</p>
				<p><b>Waiting Period</b></p> <p>Calendar day Waiting Period: Varies by policy. Options currently available in our rate manual include: 30, 60, 90, 120, and 180 days.</p> <p>Service day Waiting Period: Varies by policy. Options currently in our rate manual include 30/15, 30/30, 60/15, 60/60, 90/15, 90/90, 120/120, and 180/180.</p> <p>Waiting day periods noted within templates are common values.</p> <p>Waiver of Premium: "XX/XX/XXXX" indicates the effective date of coverage assumed on the page above.</p>
AG-149544-A	Apply Now	N/A	This page is the vehicle by which potential insured's can enroll in CNA's group long-term care plan. It serves the same purpose as the enrollment kit listed above. Like the enrollment kit, this page includes legally required disclosure forms, including the Shopper's Guide to Long-Term Care Insurance, the corresponding Outline of Coverage, "Things You should know" form, and personal worksheet/ suitability form where required.	<p>The term "Employee" or "Eligible Employee" is the default term used throughout the web site. However, the policyholder's preferred term is substituted as needed. Common alternatives include, but are not limited to, Associate, Partner, Professor, or Assistant Professor.</p> <p>The number of days from Employee's date of hire that are specified here vary based on the policyholder's requirements. Common values include, but are not limited to, 30, 31, 45 or 90.</p> <p>"Your Eligibility Group" options vary by policyholder and regulatory requirements, including, but not limited to: Employees, Spouses, Same-sex Domestic Partners, Domestic Partners, Parents / Parent-in-laws, Grandparents, Grandparent-in-laws, Retirees, Spouses of Retirees, Domestic Partners of Retirees, Same-Sex Domestic Partners of Retirees, and Adult Children.</p>
AG-149545-A	General Information		This page provides information specific to the potential insured's employer's plan, including care coordination, coordination of benefits (if applicable), free look period, available inflation protection, and lifetime maximum benefit.	N/A
AG-149546-A	Glossary - Group Long-Term Care	N/A	The glossary provides a general list of definitions and explanations of important features noted within the website. It references the Highlights of Your Plan section for further plan-specific information. The terms used on this page are specific to the "Group Long-Term Care" policy.	N/A

<u>Form Number</u>	<u>Piece Title</u>	<u>Actual Size When Printed</u>	<u>Description / Detail</u>	<u>Explanation of Variability</u>
AG-149546-B	<b>Glossary - Independent Solutions</b>	N/A	See description above. The terms used on this page are specific to the "Independent Solutions" policy.	N/A
AG-149553-A	<b>Order an Enrollment Kit</b>	N/A	This page allows a potential insured to order an enrollment kit by mail. It also reminds them they can enroll online by clicking the Apply Now link.	N/A
AG-149533-B	<b>Compare Saving vs. Insurance Entry Page (Client Specific)</b>	N/A	This page compares a potential insured's long-term care savings versus the lifetime maximum benefit that comes with a long-term care policy. This graph is based on the example provided, but informs the potential insured that they can create an interactive chart using their employer plan information by logging into the website.	<p>"Payroll Frequencies" selections include: Weekly, Bi-Weekly, Monthly, Semi-Monthly, Monthly, Quarterly, Semi-Annual, 10 pay per year, 20 pay per year, and Annual.</p> <p>"Daily Maximum Benefit" selections include \$50-350 in \$50 dollar increments. \$25 dollar increments may also be used.</p> <p>"Lifetime Maximum Benefit" selections include:</p> <ul style="list-style-type: none"> <li>730 times (2-years)</li> <li>1,095 times (3-years)</li> <li>1,460 times (4-years)</li> <li>1,500 times (4.1 years)</li> <li>1,825 times (5-years)</li> <li>2,000 times (5.5 years)</li> <li>2,190 times (6-years)</li> <li>2,555 times (7-years)</li> <li>3,000 times (8.2-years)</li> <li>3,650 times (10-years)</li> <li>4,000 times (11-years)</li> <li>5,000 times (13.7-years)</li> <li>Unlimited</li> </ul> <p>2,3, and 5 year are the most common.</p> <p>"Interest Rate" selections include: 2,5,7,10, and 12%</p>
AG-149533-C	<b>Compare Savings vs. Insurance Results page (Client Specific)</b>		Provides the results of the client specific "Compare Savings vs. Insurance" page above.	<p>Results will vary depending on the insured's Date of Birth, payroll frequency, Daily Maximum Benefit chosen, Lifetime Maximum Chosen, Inflation projection choice, monthly savings, and interest rate.</p> <p>The example in the template shows results based on the following values:</p> <ul style="list-style-type: none"> <li>DOB: 4/8/1953</li> <li>Payroll Frequency: Semi-Monthly</li> <li>Daily Benefit: \$200</li> <li>Lifetime Maximum: \$365,000</li> <li>Inflation Protection: Guaranteed Benefit Increase</li> <li>Monthly Savings: \$100</li> <li>Interest Rate: 5%</li> </ul>

SERFF Tracking Number: CNAB-128181498 State: Arkansas  
 Filing Company: Continental Casualty Company State Tracking Number:  
 Company Tracking Number:  
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
 Product Name: Group Long Term Care  
 Project Name/Number: /

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/19/2012	Form	Employee Presentation	04/04/2012	G149026-A-AR Powerpoint presentation.pdf (Superseded)
03/19/2012	Form	LTC Challenge	04/04/2012	AG-149532-A LTC CHALLENGE.pdf (Superseded)
03/19/2012	Form	Protecting Your Assets E-Mail	04/04/2012	G-149003-A_112108 Sample Rates e-mail.pdf (Superseded)
03/19/2012	Form	Do You Have a Plan (Article)	04/04/2012	G149010A_Do you have.pdf (Superseded)
03/19/2012	Form	Quad Brochure	04/04/2012	G149012A_QuadBrochure_G ENERIC.pdf (Superseded)



# Long Term Care Information Meeting

[Client Name]



G-149554-A

Continental Casualty Company Policy [SPS1AA-03-TQ][GLTC-3-  
C-AR-01-TQ]



## Who is CNA?

- CNA, headquartered in Chicago, is an insurance organization with a 100+ year legacy built on financial strength, market stability, and commitment to its business partners and customers. Through its key business units, CNA offers a broad range of products and services, including group long-term care insurance.
- On the service side, CNA offers claim services, loss control, information services and cost management programs to its major commercial clients. These products and services are marketed through multiple distribution channels including agencies, brokers, managing general agents and direct sales.
- Group long-term care insurance from CNA is one of the products sold by CNA Group Benefits, a business unit of CNA. The CNA company that underwrites group long-term care insurance is Continental Casualty Company.





## CNA's Financial Strength

- CNA is a leading insurance organization known for its commitment to customers, agents and business partners and is among the largest insurance organizations in the United States. CNA is a registered service mark of CNA Financial Corporation. As of (December 31, 2008, annual revenues were approximately \$8 billion, and our assets at year-end 2008 exceeded \$52 billion).





## What is Long Term Care LTC?

- Long-Term Care is a variety of services provided to those unable to take care of themselves.
- Services can range from simple help with meal preparation, to assistance with daily living activities, to 24-hour monitored care.
- We are all at risk for needing LTC and most of us aren't covered.





## Where Is Long Term Care Provided?

- Nursing Homes
- Assisted Living Facilities
- At Home
- Adult Day Care Facilities
- Adult Foster Care Facilities
- Hospice Care Facilities



## What is Long-Term Care Insurance?

**It pays for the costs of long-term care services**

- It is not health insurance --  
does not pay hospital or doctor bills
- It is not disability insurance --  
does not replace lost income





## LTC Facts

- Facility Care cost can average from \$30,000 to \$110,000 dollars per year<sup>1</sup>
- Home Health Services can cost up to \$36,000 per year.<sup>2</sup>
- Medicare generally only pays for limited care following hospitalization.<sup>3</sup>
- LTC is not just for the elderly.
- Almost 40% of all people needing long – term care services are working age adults<sup>4</sup>
- Many financial planners today recommend a LTC policy as part of a sound financial plan.

1. 2006 CNA Nursing Home Cost Survey

2. A Shopper's Guide to Long-Term Care Insurance, 2008. National Association of Insurance Commissioners.

3. U.S. Department of Health and Human Services, National Clearinghouse for Long-Term Care Information. 2008

4. CNA Claim Data as of January 1, 2009.





## Why should you consider this coverage?

### **Preservation of independence!**

- Changes and mobility in family structures and demographics

### **Protection of personal assets!**

- Other funding/planning mechanisms not intended to pay for LTC
  - Do you want your savings to go for LTC, or towards retirement?
  - Do you want to borrow to pay for the costs of LTC?

### **Choice of care services!**

- Choice of facility or home care professional

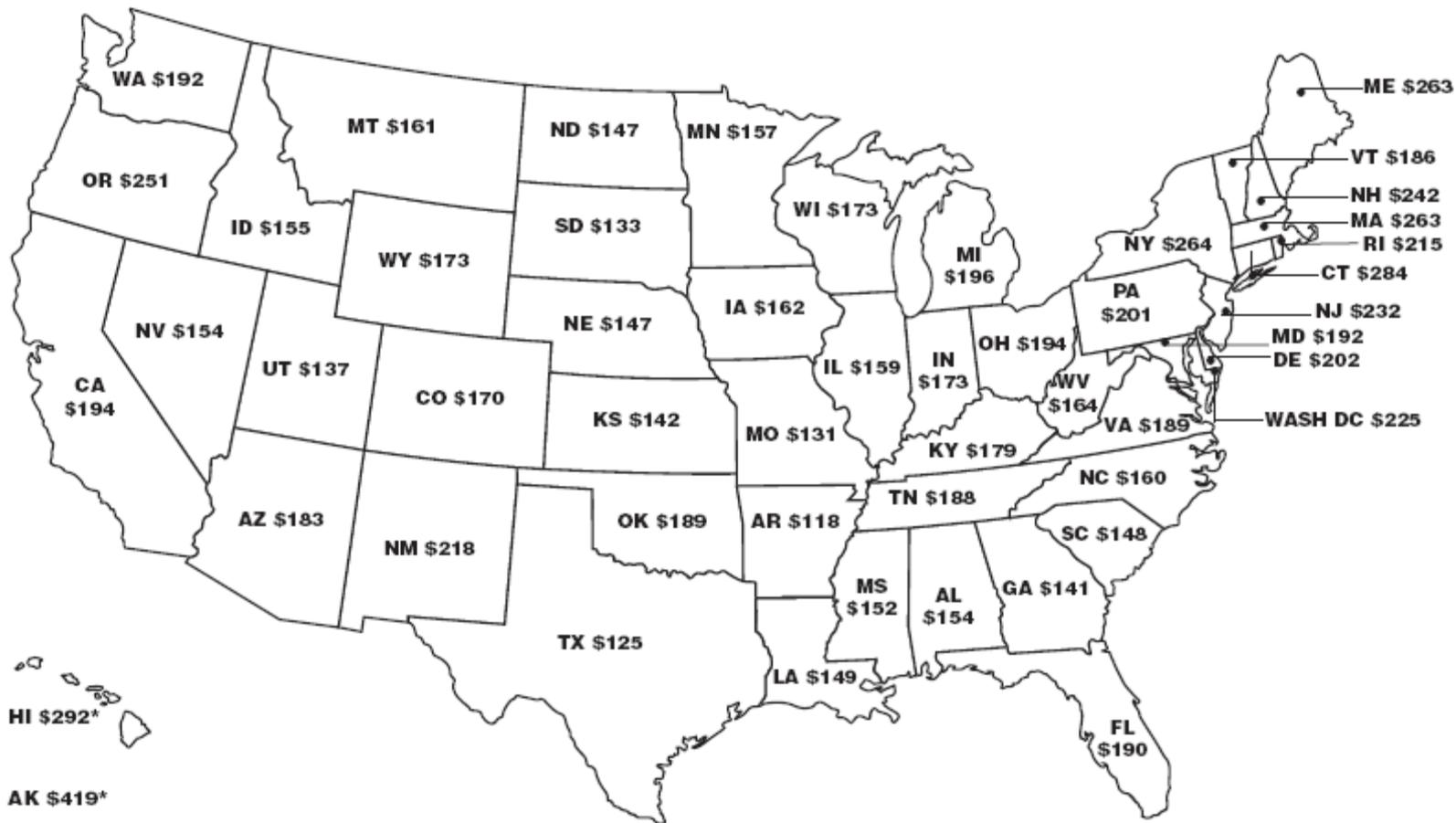
### **Peace of mind!**



# [Client Name] LTC Plan



## Average Cost Per Day For Nursing Home Care



2006 CNA Nursing Home Cost Survey





## Who's Eligible

- [All actively-at-work employees based upon [client] definition of Benefits Eligible]
- [Spouses] [Domestic partners]
- [Parents (Parents-In-Law)]
- [Grandparents (Grandparents-In-Law)]
- [Retirees (and Spouses)]
- [Eligible applicants can participate at any time but if you enroll during the open enrollment, you are guaranteed acceptance as long as you are actively at work]





## What's in the plan?

- **[\$XXX] Daily Maximum / Lifetime Maximum: [\$XXX,XXX]**
  - **[\$XXX] Daily Maximum / Lifetime Maximum: [\$XXX,XXX]**
  - **[\$XXX] Daily Maximum / Lifetime Maximum: [\$XXX,XXX]**
- 
- The Daily Maximum is the maximum daily benefit payable for care in a {nursing home} {facility}.
  - The Lifetime maximum equals a period of time if the benefits are used at the maximum daily rate. There is a XX year lifetime maximum and a XX Lifetime Maximum
  - The daily maximum for {Community-Based Care}{Home Care} is [XX%] of the maximum for {nursing home} {facility} care





## What's in the plan?

- **[Alternate Plan of Care** – Allows CNA to consider emerging or non-traditional long-term care services not covered elsewhere under the policy. When such services are appropriate and cost effective, CNA will propose a written Alternate Plan of Care that specifies benefits provided and levels of payment for each benefit. You and your physician must approve the plan, and benefits paid will not exceed your Daily [Facility Care][Nursing Home] Benefit.]
- **[Bed Reservation][Temporary Bed Holding]** – Pays up to the Daily [Facility Care][Nursing Home] Benefit, 21 days per year, to hold your place in a nursing home or other facility if you need to be away temporarily.]
- **[Caregiver Benefit** – Makes a cash payment equal to ten times your Daily [Facility Care][Nursing Home] Benefit each year to help offset costs associated with informal care. This benefit is payable in addition to the [Home-][Community-]Based Care benefit. [No waiting period applies to this feature.]]
- **[Caregiver Training** – Pays up to three times your Daily [Home-][Community-]Based Care Benefit to train an informal caregiver [or an independent provider] to care for you at home. [It also pays for training required to license or certify an independent provider, if required.] No waiting period applies to this feature.]
- **[Contingent Nonforfeiture** – If you do not choose the [Future Benefit Guarantee][Benefit Account] Plus, and if your premiums increase more than a specified amount, this feature allows you to modify your coverage to avoid paying the increased premiums. See the Outline of Coverage for details.]





## What's in the plan?

- **[Coordination of Benefits]** – This means you will not receive double payments for the same long-term care services under more than one program (e.g., a Group Health plan or Medicare). Your long-term care plan may work together with other plans so that each pays for part of your care, or the long-term care plan may cover services excluded by other programs.]
- **[Emergency Alert System Benefit]** – Pays for a communication system, other than regular telephone service or a home security system, in your home used to summon medical attention in case of a medical emergency. The monthly amount paid equals one day's Community-Based Care Benefit.]
- **[Flexible Care Benefit]** – To give you maximum flexibility, this benefit pays your full Home-Based Care Benefit in cash each day you qualify for benefits. No proof of long-term care services is required.]
- **[[Future Benefit Guarantee][Benefit Account] (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily [Facility Care][Nursing Home] Benefit, whichever is higher.]





## What's in the plan?

- **[[Future Benefit Guarantee][Benefit Account] Plus (Nonforfeiture)** – There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times the Daily [Facility Care][Nursing Home] Benefit, or the amount shown in the table below, whichever is higher.

Year	% of Current Lifetime Max	Year	% of Current Lifetime Max	Year	% of Current Lifetime Max
<u>1</u>	<u>0.00%</u>	<u>11</u>	<u>5.50%</u>	<u>21</u>	<u>11.00%</u>
<u>2</u>	<u>0.00%</u>	<u>12</u>	<u>6.00%</u>	<u>22</u>	<u>12.00%</u>
<u>3</u>	<u>0.00%</u>	<u>13</u>	<u>6.50%</u>	<u>23</u>	<u>13.00%</u>
<u>4</u>	<u>2.00%</u>	<u>14</u>	<u>7.00%</u>	<u>24</u>	<u>14.00%</u>
<u>5</u>	<u>2.50%</u>	<u>15</u>	<u>7.50%</u>	<u>25</u>	<u>15.00%</u>
<u>6</u>	<u>3.00%</u>	<u>16</u>	<u>8.00%</u>	<u>26</u>	<u>16.00%</u>
<u>7</u>	<u>3.50%</u>	<u>17</u>	<u>8.50%</u>	<u>27</u>	<u>17.00%</u>
<u>8</u>	<u>4.00%</u>	<u>18</u>	<u>9.00%</u>	<u>28</u>	<u>18.00%</u>
<u>9</u>	<u>4.50%</u>	<u>19</u>	<u>9.50%</u>	<u>29</u>	<u>19.00%</u>
<u>10</u>	<u>5.00%</u>	<u>20</u>	<u>10.00%</u>	<u>30+</u>	<u>20.00%</u>





## What's in the plan?

- **[Home Medical Technology]** – Pays up to \$1,000 each year for assistive devices, medical monitoring or communications technology, medication compliance equipment, and emergency response systems used in your residence. It also covers home modifications necessary to accommodate this kind of equipment or as needed to allow you to remain at home. No waiting period applies to this feature.]
- **[Hospice]** – If you become terminally ill, this feature pays up to either your Daily [Facility Care][Nursing Home] or [Home-][Community-]Based Care benefit amount, depending on where you receive hospice care. [The waiting period does not apply to this benefit.]



## What's in the plan?

### ***Inflation Protection***

- **[Deferred Compound Automatic Benefit Increase]** – Prior to age 65, CNA will offer you periodic opportunities to increase your benefits to help keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].
- Beginning at age 65, your Daily [Facility][Nursing Home] Care benefit amounts, remaining Lifetime Maximum Benefit, and any other benefits indexed to them automatically start increasing by 5% compounded each year. Increases continue, even if you are on claim, unless premium payments stop.]
- **[[Guaranteed Benefit Increase][Future Purchase Option]** – Periodically, CNA will offer you the chance to increase your benefits to help you keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].]
- **[Lifetime Compound Automatic Benefit Increase (inflation protection)]** – This feature automatically increases your Daily [Facility][Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% compounded each year without automatically increasing your premiums. Increases continue for life, unless premium payments stop for any reason except waiver of premium.]
- **[20-Year Simple Interest Automatic Benefit Increase (inflation protection)]** – This feature automatically increases your Daily [Facility][Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% each year (simple interest) without automatically increasing your premiums. Increases continue for 20 years, unless premium payments stop for any reason except waiver of premium.]





## What's in the plan?

- **[Informal Caregiver Benefit]** – This feature pays up to 25% of the Daily [Facility Care][Nursing Home] benefit each day you receive informal care at home. You may also receive paid services under the [Home-][Community-]Based Care benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed the Daily [Home-][Community-]Based Care Benefit.
- **[(Standard IS)Respite Care]** – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The Respite Care benefit pays up to either the Daily [Facility Care][Nursing Home] Benefit or Daily [Home-][Community-]Based Care Benefit, as many as 14 days per year, depending on where benefits are used. No waiting period applies to this feature.]



## What's in the plan?

- **[[Additional Respite Care** – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The [Additional][Extended] Respite Care benefit pays up to the Daily [Facility Care][Nursing Home] Benefit, as many as 14 days per year, regardless of whether you receive home or facility based services for your respite care. No waiting period applies to this feature.]
- **[(Use when employee option)Additional Respite Care** – This option extends the policy's standard Respite Care benefit so that it pays up to your daily maximum for [Facility][Nursing Home] Care, XX days per year, regardless of whether you receive home or facility-based services for your respite care. (See the Standard Plan Features section for a description of the plan's standard Respite Care Benefit.)
- **[(Use when employee option)Family][Respite Care][Care Assist]** – This option extends the policy's standard Respite Care benefit so that it pays up to your daily maximum for [Facility][Nursing Home] Care, up to XX days per year. You can choose formal (paid) care, informal care, or any combination of the two for your respite care. (See the Standard Plan Features section for a description of the plan's standard Respite Care Benefit.)
- **[[Family][Respite Care][Care Assist]** – Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so that they can take needed time off. Whether you choose Facility, [Home-][Community-]Based, or Informal Care for respite services, we pay the Daily [Facility Care][Nursing Home] Benefit, as many as 14 days per year. No waiting period applies to this feature.]





## What's in the plan?

### ***Pre-Existing Conditions***

- **[(Extended Wait)Limitation on Pre-Existing Conditions** – Your plan does not cover long-term care that results from conditions that existed up to six months before your coverage effective date until coverage has been in force for six months. After coverage has been in effect for six months, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]
- **[(Staggered Care)Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care that results from a pre-existing condition is considered to be continuing without interruption until you no longer require long-term care services for the condition. At this point, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]
- **[(Standard)Limitation on Pre-Existing Conditions** - Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care is considered to be continuing without interruption until at least six months pass during which you require no assistance with activities of daily living or supervision due to severe cognitive impairment. Once this six-month period passes, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

# [Client Name] LTC Plan



## What's in the plan?

- **[Restoration of the Lifetime Maximum Benefit** – This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for five consecutive years for a condition requiring long-term care services.]
- **[Return of Premium at Death** – Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 65.]
- **[Return of Premium at Death or Lapse** – After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]
- **[Shared Lifetime Maximum Benefit** – Provides an additional, shared, pool of benefits to married couples [or same-sex domestic partners] that each purchase identical coverage. If either (or both) become chronically ill and reach the lifetime maximum of their own coverage, they may access any of the shared lifetime maximum benefit remaining. The shared lifetime maximum benefit is equal to the individual lifetime maximum benefits purchased by the couple. For example, couples who each purchase a \$100,000 lifetime maximum benefit receive an additional \$100,000 shared lifetime maximum benefit.]
- **[Terminal Illness Benefit** – If you are diagnosed with a terminal illness, we will pay up to ten times your Daily [Facility Care][Nursing Home] Benefit for long-term care expenses without a waiting period. Benefits received will not reduce the Lifetime Maximum Benefit.]
- **[Transition Benefit** – This feature pays up to five times your Daily [Facility Care][Nursing Home] Benefit for long-term care expenses incurred during your waiting period. Benefits received do not reduce your Lifetime Maximum Benefit.]





## What's in the plan?

- **[(Calendar day)Waiting Period** – After you qualify for benefits, you will need to satisfy a 90 calendar day waiting period before benefits can be paid. [You must only satisfy this waiting period once in your lifetime.] You do not need to incur any paid services during this time.]
- **[(Service day)Waiting Period** – After you qualify for benefits, you will need to satisfy a waiting period before benefits can be paid.
  - For [Facility][Nursing Home] Care: 60 days of service]
  - For [Home-][Community-]Based Care: 15 days of service
  - [You must only satisfy the waiting period once in your lifetime.]]
- **[(Calendar day)Waiver of Premium** – After you satisfy the waiting period, your premiums will be waived while you receive benefits. ]
- **[(Service day)Waiver of Premium** – Your premiums will be waived after you receive long-term care services for 60 days.]
- **[World Wide Coverage** – If you are living or traveling outside the United States and qualify for benefits, we will make a cash payment equal to your [Home-][Community-]Based Care Benefit[, but not more than 75% of the [Facility Care][Nursing Home] Benefit],] each day you receive services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will pay all benefits in United States currency.]





## Limitations and Exclusions

- [Pre-existing Conditions]
- [Long-term care resulting from war or an act of war whether declared or undeclared; ]
- **[(Expense Reimbursement)** Long-term care payable under Worker's Compensation or the Occupational Disease Act or Law;]
- **[(Indemnity)** Long-term care covered by Worker's Compensation or the Occupational Disease Act or Law;]
- [Long-term care which would be provided without charge in the absence of insurance;]
- [Long-term care received in a facility or section of a facility which operates primarily for the treatment of substance abuse;]
- [Long-term care received outside the United States and its possessions (unless World Wide Coverage is purchased);]
- [Long-term care to the extent that benefits are payable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.]



## How do you qualify for coverage?

- One of two ways to receive benefits.
  - Certification as “chronically ill” by a licensed health care practitioner. Must be unable to perform 2 of the 6 activities of daily living (eating, dressing ,toileting, bathing, continence, transferring).
  - Have a cognitive impairment such as Alzheimer’s.
- Must incur expenses for LTC services.
- Must satisfy the waiting period.



## Enrollment

- Newly Hires Employees are Guaranteed Issuance if they enroll during the first [xx] days of hire.
- [Late-entrant Employees and Spouses {Domestic Partners} can apply at Anytime by Completing a Short Form Application.]
- [Parents} {Grandparents}, and {Retirees} can apply at Anytime by Completing a Long Form Enrollment Application.]
- Enrollment Kit will provide everything that you need!



# [Client Name] LTC Plan



## How to pay for premiums.

### Employee/Spouse/[Domestic Partner] premiums

[Payroll Deduction ] [Directly billed to their homes]

### [Parents/ Grandparents premiums]

Directly billed to their homes.

Several modes of premium can be established.

Several premium collection methods.

### Retirees premiums]

Directly billed to their homes.

Several modes of premium can be established.

Several premium collection methods.

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# Information and Enrollment: Your Solution to Long-Term Care

Login to get started!

## GROUP LONG-TERM CARE ANSWER CENTER

- [Long-Term Care Basics](#)
- [The Long-Term Care Challenge](#)
- [Compare Saving vs. Insurance](#)
- [Case Studies](#)
- [Frequently Asked Questions](#)

[Contact Us](#)  
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[View the cost of long-term care in your area.](#)

## THE LONG-TERM CARE CHALLENGE

1. Medical or long-term disability insurance is an alternative way of covering extended long-term care.

- True
- False

The correct answer is: **FALSE**

Medical insurance typically covers only limited long-term care services related to acute health-care treatment. Most health plans do not cover the kind of ongoing chronic illness that results in the need for long-term care. Disability insurance is designed to replace part of your pay if you cannot work. Most people need that money for regular living expenses and may not have enough left over to cover long-term care. Also, most disability insurance coverage ends at age 65 or retirement.

2. Government programs pay for long-term care.

- True
- False

The correct answer is: **TRUE... BUT...**

While it is true the government is the largest source of long-term care funding in the United States, it's a mistake to think the government will simply pick up the charges if you need long-term care. Medicare pays only for limited care following hospitalization, and it is not available to most people under the age of 65. Medicaid, a government program that does cover substantial long-term care costs, is available only to certain low-income individuals and families who fit specific eligibility groups. Qualifying for Medicaid typically means "spending down" most of your hard-earned assets.

3. The average cost of a CNA long-term care plan is about \$1,800 per year.

- True
- False

CHECK ANSWER

The correct answer is: **FALSE**

The average cost of group long-term care coverage issued by CNA is about \$650 per year\*. Your premiums will vary based on the terms of your plan, the coverage you choose and your age when coverage takes effect, but long-term care insurance is more affordable than many people expect.

\*Based on new group long-term care coverage issued between 2004 and 2008.

**4. The cost of long-term care is approximately the same regardless of where you live.**

True

False

CHECK ANSWER

The correct answer is: **FALSE**

The cost of long-term care is largely dependent on where you receive care. For example, similar services are likely to cost less in a small Midwestern town or rural area than in Beverly Hills, CA or New York City. Want more information? Learn more about the cost of long-term care in your area by clicking on the cost of care map on the left side of this page.

**5. What percentage of long-term care claims are made by working age adults?**

10% or less

About one third (33%)

50% or more

CHECK ANSWER

The correct answer is: **ABOUT ONE THIRD (33%)**

In a review of over 3,000 long-term care claims paid by CNA between 1993 and 2008, more than one third (37%) of claimants were aged 65 or younger when their claim started.

The need for long-term care can strike at any time or any age, so consider purchasing long-term care coverage now. The younger you are, the lower your premiums will be — and premiums do not automatically increase as you get older or your health status changes. Premiums may increase in the future, but only if CNA raises rates for all policies in the same class in your state.

AG-149532-A

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**Re:** Protecting your assets costs less than you think!

Long-term care is the largest unfunded liability facing Americans today. Think health care is expensive? Just look at the cost of long-term care.

- Nursing home costs range from \$43,000 to \$103,000 annually. The nationwide average is \$66,000 per year.<sup>1</sup>
- 2008 annual costs for care in an Assisted Living Facility averages \$36,000.<sup>2</sup>
- 53% of those needing Long-term care services will require it for at least a year.<sup>3</sup>

With the EMPLOYER group long-term care insurance plan, you can protect your hard-earned assets for surprisingly little cost. The plan offers a variety of coverage levels to fit your needs and budget. Listed below is the cost of a plan that provides \$219,000 of protection, payable up to \$200 per day.

<u>Age</u>	<u>Monthly Cost</u>
<u>40</u>	<u>\$35.14</u>
<u>45</u>	<u>\$46.22</u>
<u>50</u>	<u>\$62.19</u>
<u>55</u>	<u>\$84.00</u>
<u>60</u>	<u>\$119.51</u>

As you can see, the younger you are when you buy long-term care insurance, the lower your premium. Premiums are based on your age at the time your insurance takes effect and on the coverage level you select. They do not automatically increase as you get older. Premiums may increase in the future, but only if CNA raises rates for all policies in the same class in your state.

[From DATE through DATE, the EMPLOYER group long-term care program is offering a special open enrollment. Employees may enroll in the plan with no medical underwriting.]

[The special open enrollment for EMPLOYER's group long-term care program has been extended to DATE. Until then, employees may enroll in the plan with no medical underwriting.]

To find out more about the long-term care plan or to enroll[, click on the link below or] call CNA toll-free at 1-877-777-9072.

[\[\(Insert Link\)\]](#)

(If you have a problem connecting by clicking this link, copy it into your browser's address field.)

1. U.S. Department of Health and Human Services National Clearinghouse for Long Term Care Information, 12/09/08.  
2-3. 2006 CNA Cost of Care Survey

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**G-149003-A**

**Continental Casualty Company Policy [SPS1AA-03-TQ, et. al.][ GLTC-3-P-AR-01, et. al.]**

# Do you have a plan for your long-term care?

Many people think they have coverage for long-term care expenses under their medical or disability insurance, but it's typically not true.

[Independent Solutions®] [CNA Group Long-Term Care] provides comprehensive, flexible coverage at an affordable price.

## Basic facts

Long-term care insurance helps pay for the care people need when they are unable to take care of themselves. This need for care could be the result of an injury from an accident or due to a chronic illness such as Multiple Sclerosis. Services can range from assistance with daily activities like bathing or dressing at home to skilled care in a nursing home.

## What are the estimated costs?

- The national cost of nursing home care is \$56,000 per year<sup>1</sup>
- The national average cost of part-time basic home care is \$16,000 per year<sup>1</sup>

**To learn more or order an enrollment kit, call [Phone #] [or visit the Group Long-Term Care Web site at: Add Web site URL Password: \_\_\_\_\_].**

## Common misconceptions

It is easy to confuse long-term care insurance with long-term disability insurance. They're both great to have, but they have very different uses. Long-term disability insurance helps replace your income if you become disabled. No medical or health care expenses are specifically covered. Similarly, your health insurance covers acute medical expenses but typically little in the way of long-term care.

## The myth of government help

Many people assume that government programs will pay for long-term care. In fact, Medicare generally only pays for limited care following hospitalization. Medicaid does pay almost half of the nation's nursing home bills. But to qualify, you must first meet strict eligibility guidelines, which usually means spending away much of your savings. Also, some nursing homes do not accept Medicaid-only patients.

The quality of your long-term care remains in your control with long-term care insurance because you select the facilities and caregivers. And, features designed to help you remain at home such as the [Home Medical Technology Benefit] [Emergency Alert Benefit] and Caregiver Training are not available under government programs.

## Protect your financial future

With long-term care insurance, you can protect both your income and your assets. Review your current financial plan and see if [Independent Solutions] Group Long-Term Care insurance makes sense for you.

Coverage underwritten by  
Continental Casualty Company

<sup>1</sup> A Shoppers Guide to Long Term Care Insurance, 2008. National Association of Insurance Commissioners.



**What is long-term care?**

People need long-term care when they cannot perform basic activities of daily living without help due to a severe injury or chronic illness like Multiple Sclerosis or Alzheimer's Disease. And long-term care doesn't just affect the elderly. According to the Agency for Healthcare Research and Quality, an estimated 9.4 million adults, ages 18 and over, receive hands-on assistance with instrumental activities of daily living like shopping or housework, or with more basic activities of daily living like bathing or dressing.

**Why should I consider long-term care insurance now?**

Disabling illness or accidental injuries can strike at any age. Some common disabling illnesses and injuries include:

- Multiple Sclerosis
- Parkinson's Disease
- Stroke
- Head Trauma

A disabling illness or injury could mean you need help with basic activities like bathing and dressing. In other words, you might need long-term care.



G-149012-A

**Coverage you can trust because it's from CNA**

CNA has been meeting customers' insurance needs for over 100 years. Since the 1960's, Continental Casualty Company, CNA's underwriting company for group long-term care insurance, has been a pioneer in the long-term care insurance arena.

With CNA's stability, commitment to quality insurance products and experience, you can be confident you will receive the help you need when you need it.

**Call [Phone #] now to talk to a long-term care representative who will answer your questions.**



- 1-2 A Shoppers Guide to Long Term Care Insurance, 2008. National Association of Insurance Commissioners.
- 3 2006 CNA Cost of Nursing Care Study, room and board costs only.

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G-149012-A XX-XXXXXX-X (XX/XX Printed in USA)  
Continental Casualty Company Policy  
[SPS1AA-XX-TQ, et. al.][GLTC-3-P-XX-01, et. al.]

**Your Solution to Long-Term Care Insurance.**



G-149012-A



CNA [Independent Solutions®] [Group Long-Term Care]



**Your financial security could be at risk.**

Myth	Reality
<b>The government will pay for long-term care.</b>	Medicare typically only pays for limited care following hospitalization. Medicaid is generally designed for people with limited income who meet certain eligibility requirements. Among other things, this usually means "spending down" your income or assets to a relatively low level.
<b>My health insurance will cover it.</b>	Health insurance typically covers very limited long-term care services related only to acute health care treatment.
<b>My disability insurance will help.</b>	Disability insurance is designed to replace part of your pay if you cannot work. Most people need that money for regular living expenses and may not have enough left over to cover long-term care.
<b>I'll pay for it myself.</b>	Long-term care can eat through savings quickly. Part-time, basic home care costs as much as \$16,000 a year, with skilled nursing services costing even more. Care in an assisted living facility averages over \$22,400 per year, and nursing home care averages \$56,000 a year. <sup>3</sup>
<b>I probably won't need it, at least not until I'm older.</b>	An accident or chronic illness could strike at any time, at any age. 40% of Americans using long-term care services today are between the ages of 18 and 65. <sup>4</sup>

G-149012-A

**Who can apply?**

- Actively at work, benefit eligible employees\*
- Spouses and Domestic Partners of Employees;
- Parents, Grandparents and related in-laws of eligible employees and their domestic partners.
- Retirees and their spouses or domestic partners.

\*New employees who enroll within xx days of becoming benefits eligible are guaranteed acceptance into the plan, provided they are actively at work on the date coverage begins. Other employees who enroll during the special open enrollment, from m/d/y to m/d/y, are also guaranteed acceptance.

**How do you qualify for long-term care benefits?**

To qualify for benefits under the policy, you must be unable to perform any two of the six “Activities of Daily Living” (bathing, continence, dressing, eating, toileting or transferring) or you must be cognitively impaired (e.g., Alzheimer’s Disease).

**Why buy now? – The cost of putting off your decision**

The younger you are when you buy long-term care insurance, the lower your premium rate will be. Premiums are based on your age on the coverage effective date and the specific coverage you select. Because of that, the total amount you pay over the years may be less if you purchase now than if you buy at an older age, even though you pay for more years.

**What is the estimated cost?**

The cost of long-term care can add up quickly. Costs vary by locality and by the type of service used, but here are some averages:

- The average cost of part-time, basic home care ranges from \$12,000 to \$16,000 per year.<sup>1</sup>
- Assisted living facilities cost an average of \$1,873 per month, or \$22,476 per year, including rent and most other fees.<sup>2</sup>
- Facility care costs about \$40,000 to about \$110,000 per year, depending on the state.<sup>3</sup>

Want to find out how [Independent Solutions®] group long-term care insurance from CNA can benefit you?

1. Visit the CNA web site for plan information and rates at [www.ltcbenefits.com](http://www.ltcbenefits.com) (password: xxxxx);
2. Obtain enrollment information from your Human Resources Department;
3. Call our toll-free number to speak with one of our customer service representatives at [Phone #].



**Plan Features**

With the [Independent Solutions®] [Group Long-Term Care] plan from CNA, you choose a plan that’s right for your needs. Not everyone needs the same amount of coverage, so you determine how high or low your daily benefit amount will be. Your daily facility care benefit amount is the maximum daily amount you can receive in benefits. Listed below are just some of the features available. **\*Except as noted, all benefits you receive reduce your Lifetime Maximum Benefit.**

**Daily Maximum Benefit (DMB)** — The maximum amount of benefits you may receive on a single day. Individual features have their own limits, but this is the maximum amount available under the plan for any combination of benefits.

**Daily [Facility Care] [Nursing Home Care] Benefit** — You choose a daily facility care benefit of [\$XXX, \$XXX or \$XXX.]

**[Indemnity Daily [Facility Care][Nursing Home] Benefit** — The plan pays your entire Daily Maximum Benefit each day you receive paid services in one of the following facilities:

- Nursing Homes
- Assisted Living Facilities
- Hospice Facilities]

**[Expense reimbursement) [Daily [Facility Care][Nursing Home] Benefit** — The plan reimburses the actual cost of services you receive, up to your Daily Maximum Benefit, for care in the following facilities:

- Nursing Homes
- Assisted Living Facilities
- Hospice Facilities]

**[Flexible Care (disability income) version) [Daily [Home-] [Community-]Based Care Benefit** — The plan reimburses your full benefit amount each day you are chronically ill and not receiving [Facility Care][Nursing Home Care].]

**[Indemnity) [Daily [Home-][Community-]Based Care Benefit** — The plan pays your full benefit amount each day you receive paid services in your home or an adult day care facility.]

**[Expense reimbursement) [Daily [Home-][Community-]Based Care Benefit** — Reimburses the actual cost of services you receive each day, up to the amount shown in the table on page one, for care you receive in your own home or an adult day care facility.]

**Lifetime Maximum Benefit** — The total amount of insurance you purchase. It represents the pool of money available to you for reimbursement for long-term care services. Unless noted, all benefits you receive reduce your Lifetime Maximum Benefit.

**[Future Benefit Guarantee][Benefit Account] Plus (Nonforfeiture)** — There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid, 30 times your Daily Maximum Benefit, or the amount shown in the table below, whichever is higher.]

Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum	Year	% of Current Lifetime Maximum
1	0.00%	11	5.50%	21	11.00%
2	0.00%	12	6.00%	22	12.00%
3	0.00%	13	6.50%	23	13.00%
4	2.00%	14	7.00%	24	14.00%
5	2.50%	15	7.50%	25	15.00%
6	3.00%	16	8.00%	26	16.00%
7	3.50%	17	8.50%	27	17.00%
8	4.00%	18	9.00%	28	18.00%
9	4.50%	19	9.50%	29	19.00%
10	5.00%	20	10.00%	30+	20.00%

**[Home Medical Technology** — Reimburses up to \$1,000 per calendar year to help cover the actual cost of assistive devices, medication compliance equipment, or emergency response systems used in your residence. It also reimburses the cost of home modifications necessary to accommodate this kind of equipment or as needed to allow you to remain at home. [No waiting period applies to this feature.]

**[Hospice** — If you become terminally ill, this feature reimburses up to either your Daily [Facility Care][Nursing Home] or [Home-] [Community-]Based Care benefit amount, depending on where you receive hospice care. [The waiting period does not apply to this benefit.]

**[Coordination of Benefits** — This means you will not receive double payments for the same long-term care services under more than one program (e.g., a Group Health plan or Medicare). Your long-term care plan may work together with other plans so that each pays for part of your care, or the long-term care plan may cover services excluded by other programs.] [MN: Not allowed]

**[Alternate Plan of Care** — Allows CNA to consider emerging or non-traditional long-term care services not covered elsewhere under the policy. When such services are appropriate of Care that specifies benefits provided and the dollar amount available for each benefit. You and your physician must approve the plan, and benefits will not exceed your Daily Maximum Benefit.]

**[Bed Reservation][Temporary Bed Holding]** — Reimburses costs you incur to hold your place in a nursing home or other facility if you need to be away temporarily. This feature reimburses up to your Daily Maximum Benefit, for as many as 21 days per year.]

**[Caregiver Benefit]** — Pays ten times your Daily Maximum Benefit each year to help offset costs associated with informal care. Proof of paid services or other charges is not required, and this benefit pays in addition to your [Home-][Community-]Based Care benefit. [No waiting period applies to this feature.]

**[Caregiver Training]** — Reimburses up to three times your Daily [Home-][Community-]Based Care Benefit for charges you incur to train an informal caregiver [or independent provider] to care for you at home. [It also covers training required to license or certify an independent provider, if required.] No waiting period applies to this feature.]

**[Contingent Nonforfeiture]** — If you do not choose the [Future Benefit Guarantee][Benefit Account][Plus], and if your premiums increase more than a specified amount, this feature allows you to modify your coverage to avoid paying the increased premiums. See the Outline of Coverage for details.]

**[Emergency Alert System Benefit]** — Reimburses for a communication system, other than regular telephone service or a home security system, in your home used to summon medical attention in case of a medical emergency. The monthly amount available under this benefit is equal to one day's Community-Based Care Benefit.]

**[Flexible Care Benefit]** — To give you maximum flexibility, this benefit pays your full Home-Based Care Benefit each day you are chronically ill and not receiving Facility Care. No proof of long-term care services is required.]

**[Future Benefit Guarantee][Benefit Account] (Nonforfeiture)** — There may come a time when you cannot, or no longer want to, continue paying premiums. If you stop paying premiums after at least three years of coverage, this feature keeps your daily benefits the same but reduces your Lifetime Maximum Benefit. Your reduced Lifetime Maximum Benefit equals the total premiums paid or 30 times your Daily Maximum Benefit, whichever is higher.]

### **Inflation Protection**

**[Deferred Compound Automatic Benefit Increase]** — Prior to age 65, CNA will offer you periodic opportunities to increase your benefits to help keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers]. Beginning at age 65, your Daily Maximum Benefit, remaining Lifetime Maximum Benefit, and any other benefits indexed to them

automatically start increasing by 5% compounded each year. Increases continue, even if you are on claim, unless premium payments stop.]

**[Guaranteed Benefit Increase][Nonforfeiture Benefit]** — Periodically, CNA will offer you the chance to increase your benefits to help you keep up with inflation. We base premiums for any increased coverage you purchase on your age on the effective date of that coverage. The amount we offer you will equal at least 5% compounded annually since your last offer. We guarantee acceptance for actively-at-work employees and their spouses [or same-sex domestic partners] regardless of whether they rejected previous offers. We guarantee acceptance for all others as long as they [continue to accept offers][reject no more than two offers].

**[Lifetime Compound Automatic Benefit Increase (inflation protection)]** — This feature automatically increases your Daily Maximum Benefit, remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% compounded each year without automatically increasing your premiums. Increases continue for life, unless premium payments stop for any reason except waiver of premium.]

**[20-Year] Simple Interest Automatic Benefit Increase (inflation protection)** — This feature automatically increases your Daily [Facility][Nursing Home] Care benefit amount, any remaining Lifetime Maximum Benefit, and any other benefits indexed to them by 5% each year (simple interest) without automatically increasing your premiums. Increases continue for [20 years], unless premium payments stop for any reason except waiver of premium.] [After 20 years, benefit increases cease.]

**[Informal Caregiver Benefit]** — This feature pays up to 25% of the Daily [Facility Care][Nursing Home] benefit each day you receive informal care at home. You may also receive paid services under the [Home-][Community-]Based Care benefit at the same time you receive payment under this feature, but the combined amount of the benefits you receive may not exceed the Daily [Home-][Community-]Based Care Benefit.]

**[Respite Care]** — Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so that they can take needed time off. The Respite Care benefit reimburses up to either the Daily Facility Care Benefit or Daily Home-Based Care Benefit, as many as 14 days per year, depending on where benefits are used. No waiting period applies to this feature.]

**(If standard) [Additional][Extended] Respite Care** — Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so they can take needed time off. The [Additional] [Extended] Respite Care benefit reimburses up to the Daily Maximum Benefit, as many as 14 days per year, regardless of whether you receive home or facility based services for your respite care. No waiting period applies to this feature.]

**(If standard) [Family][Respite Care][Care Assist]** — Respite Care is the temporary use of paid long-term care services to relieve family members and other informal caregivers of their duties so that they can take needed time off. Whether you choose Facility, [Home-][Community-]Based, or Informal Care for respite services, the plan reimburses up to your Daily Maximum Benefit, as many as 14 days per year. No waiting period applies to this feature.]

**(If optional) [[Additional][Extended] Respite Care]** — This option extends the policy's standard Respite Care benefit so that it reimburses up to your Daily Maximum Benefit, XX days per year, regardless of whether you receive home or facility-based services for your respite care. (See the Standard Plan Features section for a description of the plan's standard Respite Care Benefit.)

**(If optional) [Family][Respite Care][Care Assist]** — This option extends the policy's standard Respite Care benefit so that it reimburses up to your Daily Maximum Benefit, up to XX days per year. You can choose formal (paid) care, informal care, or any combination of the two for your respite care. (See the Standard Plan Features section for a description of the plan's standard Respite Care Benefit.)

### **Pre-Existing Conditions**

**(Extended Wait) [Limitation on Pre-Existing Conditions]** — Your plan does not cover long-term care that results from conditions that existed up to six months before your coverage effective date until coverage has been in force for six months. After coverage has been in effect for six months, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short form application.]

**(Staggered Care) [Limitation on Pre-Existing Conditions]** — Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care that results from a pre-existing condition is considered to be continuing without interruption until you no longer require long-term care services for the condition. At this point, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with long or short form application.]

**(Standard) Limitation on Pre-Existing Conditions** — Pre-existing conditions are medical conditions that existed up to six months before your coverage effective date. Your plan does not cover long-term care that results from pre-existing conditions unless that long-term care begins more than six months after your coverage goes into effect. If you need long-term care within the first six months of coverage, and that long-term care is the result of a pre-existing condition, the plan will not cover it as long as it continues without interruption. Long-term care is considered to be continuing without interruption until at least six months pass during which you require no assistance with activities of daily living or supervision due to severe cognitive impairment. Once this six-month period passes, the policy's waiting period may begin. This limitation on pre-existing conditions does not apply to individuals that apply for coverage with a long or short-form application.]

**[Restoration of the Lifetime Maximum Benefit]** — This feature restores your Lifetime Maximum Benefit if you have not received medical care or treatment for five consecutive years for a condition requiring long-term care services.]

**[Return of Premium at Death]** — Refunds all or part of the premiums you paid if you die before age 75. The amount refunded is a percentage of the premiums you paid, less any benefits you received. It decreases by 10% each year beginning at age 65.]

**[Return of Premium at Death or Lapse** — After five years of continuous coverage, if you die or terminate your insurance, you or your estate may request a refund of the premiums you paid. The amount refunded begins at 20% of premiums paid, less any benefits received, and increases with every year of coverage to 100% after 25 years.]

**[Shared Lifetime Maximum Benefit** — Provides an additional, shared, pool of benefits to married couples [or same-sex domestic partners] that each purchase identical coverage. If either (or both) become chronically ill and reach the lifetime maximum of their own coverage, they may access any of the shared lifetime maximum benefit remaining. The shared lifetime maximum benefit is equal to the individual lifetime maximum benefits purchased by the couple. For example, couples who each purchase a \$100,000 lifetime maximum benefit receive an additional \$100,000 shared lifetime maximum benefit.]

**[Terminal Illness Benefit** — If you are diagnosed with a terminal illness, the plan reimburses up to ten times your Daily Maximum Benefit for long-term care expenses without a waiting period. Benefits received do not reduce the Lifetime Maximum Benefit.]

**[Transition Benefit** — This feature reimburses up to five times your Daily Maximum Benefit for long-term care expenses you incur during your waiting period. Benefits received do not reduce your Lifetime Maximum Benefit.]

**(Calendar day) [Waiting Period** — After you become chronically ill, you will need to satisfy a 90 calendar day waiting period before you receive benefits. [You must only satisfy this waiting period once in your lifetime.] You do not need to incur any paid long-term care services during this time.]

**(Service day) [Waiting Period** — After you become chronically ill, you will need to satisfy a waiting period before you receive benefits.  
For [Facility][Nursing Home] Care: 60 days of service  
For [Home-][Community-]Based Care: 15 days of service  
[You must only satisfy the waiting period once in your lifetime.]

**(Calendar day) [Waiver of Premium** — After you satisfy the waiting period, your premiums will be waived while you receive benefits.]

**(Service day) [Waiver of Premium** — After you satisfy the waiting period and receive long-term care services for 60 days, your premiums will be waived.]

**World Wide Coverage** — If you are living or traveling outside the United States and qualify for benefits, we will make a cash payment equal to your [Home-][Community-]Based Care Benefit[, but not more than 75% of your Daily Maximum Benefit,] each day you receive paid long-term care services. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by the country you are in) must certify that you are chronically ill and have a plan of care. We will issue all benefits in United States currency.]

- [Exclusions:**  
We will not pay benefits for the following:
1. [Long-term care resulting from war or an act of war whether declared or undeclared;]
  2. [(Expense Reimbursement) Long-term care payable under Worker's Compensation or the Occupational Disease Act or Law;]
  3. [(Indemnity) Long-term care covered by Worker's Compensation or the Occupational Disease Act or Law;]
  4. [Long-term care which would be provided without charge in the absence of insurance;]
  5. [Long-term care received in a facility or section of a facility which operates primarily for the treatment of substance abuse;]
  6. [Long-term care received outside the United States and its possessions (unless World Wide Coverage is purchased);]
  7. [Long-term care to the extent that benefits are payable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.]