# Help protect your future from life's uncertainties

## Your Group Long Term Care Insurance Program

University of Delaware Voluntary benefits include group long term care insurance. Under this Voluntary Program, long term care insurance may be more affordable than you think.

### The need

Long term care insurance enhances your benefit offerings by meeting a largely unrecognized need many of us may have. It helps pay covered expenses for long term care services whether they are received at home, in the community or in a nursing facility. Here are a few points to consider:

- These expenses aren't typically covered by either disability or health insurance.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of savings.

### The cost

Today, a private room in a Delaware nursing facility is about $142,715 a year and costs are rising.[1] Since the average long term care claim lasting longer than a year is 4 years, a long term care situation could cost almost $570,860.[2]

### Newly hired employees

As a newly hired employee, you have the opportunity to get coverage, with streamlined underwriting* depending on your age, during the first 30 days after becoming benefit eligible.

### Active or Retired Employees

As an active University of Delaware employee, you and your spouse and other eligible family members can now buy this coverage at competitive group rates with full medical underwriting, depending on your age.

## For more information or to apply:

Go to:
**genworth.com/UDelaware**
or Call: **800 416.3624** to speak with a program specialist.

*Reduced underwriting offered to eligible employees only.
[1]Genworth Cost of Care Survey 2023, conducted by CareScout®, September through December 2023. CareScout® is a Genworth Company.
[2]Genworth Life Insurance Company, business operations information, 12/1974 through 12/2023.

Group Long Term Care Insurance underwritten by
Genworth Life Insurance Company

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UNIVERSITY OF DELAWARE

# What are your basic choices?

## 1 Choose a Daily Benefit

This is the maximum amount you'll be reimbursed each day for covered long term care expenses. You have the following choices.

| | Will reimburse up to this amount for covered: | | |
|---|---|---|---|
| **Daily Benefit Choices** | **Home Care** | **Assisted Living Care** | **Nursing Facility Care** |
| ☐ $100/day | $100/day | $100/day | $100/day |
| ☐ $150/day | $150/day | $150/day | $150/day |
| ☐ $200/day | $200/day | $200/day | $200/day |
| ☐ $250/day | $250/day | $250/day | $250/day |
| ☐ $300/day | $300/day | $300/day | $300/day |
| **Delaware cost of care[3]** | **$185/day** | **$244/day** | **$391/day** |

## 2 Select a Coverage Maximum

Choose from one of the Coverage Maximums that corresponds to the Daily Maximum you selected above. The Coverage Maximum is the total amount of money available to reimburse you for covered expenses for the life of your coverage. The Coverage Maximum corresponds to your Daily Benefit selection above.

| Daily Benefit Choices | Coverage Maximum Choices | |
|---|---|---|
| $100/day | ☐ $109,500 | ☐ $182,500 |
| $150/day | ☐ $164,250 | ☐ $273,750 |
| $200/day | ☐ $219,000 | ☐ $365,000 |
| $250/day | ☐ $273,750 | ☐ $456,250 |
| $300/day | ☐ $328,500 | ☐ $547,500 |



[3]Genworth Cost of Care Survey 2023, conducted by CareScout®, September through December 2023. CareScout® is a Genworth Company.

### 3 Choose a Benefit Increase Option

This program offers 3 Benefit Increase Options to help you protect against the rising cost of care:

☐ **Future Purchase Option**
You have the option to "Buy More Coverage Over Time." Every three years, you will be offered additional coverage – as long as you're not in claims status. Unless you decline the offer, both your Daily Benefit and your Total Coverage Maximum (less any claims paid) will increase by 5%, compounded annually. This feature is automatically included in your plan.

☐ **Automatic 3% Increase for Life – Compound**
Your Daily Benefit and Total Coverage Maximum (less any claims paid) will automatically increase by 3% compound every year.

☐ **Automatic 5% Increase for Life – Compound**
Your Daily Benefit and Total Coverage Maximum (less any claims paid) will automatically increase by 5% compound every year.

**A simple solution can fit your needs and budget**

It's easy to apply for coverage – and it may be more affordable than you think. You can tailor a plan to meet your individual needs and your budget. Go to the dedicated website to get a personalized quote.

| | **A sampling of additional available plans for a 45 year old.[4]** | | |
|---|---|---|---|
| Daily Benefit | $100 | $150 | $200 |
| Total Coverage | $109,500 | $164,250 | $219,000 |
| Monthly Premium | $31.08 | $46.61 | $62.15 |

# For more information or to apply:

Go to: **genworth.com/UDelaware**

or Call: **800 416.3624** to speak with a program specialist.

[4]Assumes the Future Purchase Option is included. The optional Non-Forfeiture Benefit is not included. These premiums are not guaranteed, and the insurer has the right to change rates in the future. While Genworth Life Insurance Company reserves the right to change future premiums for the Group Policy, your premiums will never increase solely due to changes in your age or your health status.

## Benefit Eligibility, Limitations and Exclusions

To understand the benefits and features available to you under this Program go to genworth.com/UDelaware or call 800 416.3624. The limitations and exclusions that apply to this coverage are listed below.

Premiums are not guaranteed and the insurer has the right to change rates in the future.

**Eligibility for Benefits:** Your Group Program can reimburse you, up to your plan limits, for the costs of covered long term care services. You qualify for reimbursement when you need assistance with 2 or more everyday activities which include bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a cognitive impairment, such as Alzheimer's disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

**Limitations and Exclusions:** As with any insurance program, certain limitations apply.
Charges that are not covered include those for services:

- for which no charge is made
- received outside of the United States, unless included in another benefit
- provided by your immediate family except as covered under the Informal Care benefit
- for which benefits are payable by a Worker's Compensation or occupational disease act or law
- provided by a Veteran's Administration or other federal government facility, unless a valid charge is made.

Charges are also not covered if they are for services that are required because of:

- war or an act of war
- attempted suicide or self-inflicted injury
- your participation in a felony, riot or insurrection
- service in the armed forces or units auxiliary thereto
- alcoholism or drug addiction.

**Pre-Existing Conditions Limitation:** Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within six months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.

**Other Limitations on Benefits:** Benefits under the Program coordinate with other group long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits will not duplicate benefits received under another insurance program such as:

- Medicare
- any state or federal worker's compensation, employer's liability, or occupational disease law
- any other federal, state or government health care or long term care program, or law except Medicaid.

This is a summary of the limitations and exclusions. State variations may apply to these exclusions and limitations. The specific language may vary or change the impact of the exclusion. For example, in Oklahoma, the reference to war or act of war is qualified as "war or act of war, while serving in the military service or any auxiliary unit attached to the service…" Check your Outline of Coverage for complete details and any state variations that apply.

Details about benefits, costs, limitations and exclusions can be found in the outline of coverage.

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This material is part of a solicitation for group long term care insurance for policy form 7053. Form numbers can vary by state, including a state specific variation. For example, in Delaware, the certificate form number may read 7053CRT.

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