

Flex

Long Term Care Insurance



Facilities Only

Tax-Qualified Policy

MEDAmerica

An Excellus Company

If you understand the need for long term care insurance but find the premiums too expensive, the FlexCare facilities only option from MedAmerica Insurance Company may be right for you!

The facilities only option is a tax-qualified, long term care insurance policy that provides valuable protection at a price that is much more affordable than traditional comprehensive coverage.

While each person's needs are unique, many long term care situations can be resolved in an assisted living facility or nursing home.

FlexCare offers a Facilities Only Policy when receiving care at home may not be the best option.

The best time to purchase this coverage may be today, while you are younger and generally in better health.

Facilities Only Coverage includes:

Assisted Living

Benefit pays for care in any facility that meets the definition of an assisted living facility as stated in the policy.

Nursing Home Care

Benefit pays for care in a nursing home.

CareDirections Family Advice and Advocacy Program®

An added benefit offered to you and your family, this program is staffed by Personal Care Advisors, who are health care professionals whose profession and training include experience or expertise in managing and arranging for long term care services. The CareDirections and Family Advice and Advocacy Program provides essential

advice and support to help loved ones cope with the stresses of long term care and find the care, services, and support they seek.

Worldwide Coverage

FlexCare covers qualified long term care services provided to you **anywhere in the world**.

Additional Options to Enhance Your FlexCare Policy Benefits

Extended Benefit Rider

(Additional Premium Required) Individuals applying for coverage may add an additional pool of benefits to be used if they exhaust their original benefits.



NOTE Individuals purchase the amount of coverage they think meets their needs and add the Extended Benefit Pool, thereby providing a safety net in the event their care needs exceed expectations.

By not applying inflation increases to the Extended Benefit Pool, it is a great way to add coverage in a cost effective manner.

Restoration of Benefits

Once you have not been benefit eligible for six consecutive months, FlexCare will restore your policy's maximum lifetime benefit amount to the original amount.¹

¹ One time only provided the policyholder has not received greater than 180 days of policy-paid services.

Benefits for Couples

Discounts

When couples² apply together for coverage and are issued coverage, each of them receives a 30% discount. When only one applies or is issued coverage they will receive a 15% discount.

Shared Waiver

(Additional Premium Required) Whenever the premium is waived for one insured, FlexCare will also waive the premium for the other insured.³

Survivor Benefit

(Additional Premium Required) Upon the death of one insured, if both insureds have purchased the rider, and both policies have been in force at least 10 years, the surviving insured's premium is waived for the life of the policy.

Shared Extended Benefit Rider

(Additional Premium Required) This option allows couples to share an **additional extended pool of benefits** in the case that one or both exhaust their benefits.⁴

Ex: Each insured purchases 1,825 days (5 years) of benefits. They also purchase an additional 730 days (2 years) of benefits that one or both can use if their individual benefits have been exhausted. If one insured dies, the extended pool becomes accessible to the survivor should they exhaust their original benefits, as long as they continue to pay for the rider.

IMPORTANT: The shared extended benefit pool also increases if the original pool has an inflation option.

² Couples are spouses or domestic partners.

³ Both insureds must have purchased identical coverage with effective dates within six months of each other, and each policyholder must have paid premium for at least two years.

Inflation Protection Options

(Additional Premium Required) The rising cost of long term care services has become a major concern for many. To help eliminate this concern, FlexCare provides great flexibility by offering a variety of inflation options to help you meet your needs, not only now, but in the future.

Simple Inflation – Increases your original maximum daily benefit and maximum lifetime benefit annually by 3% or 5%.

Compound Inflation – Increases your current maximum daily benefit and maximum lifetime benefit annually by 3% or 5%.

Compound Inflation 2x Max – Increases your current maximum daily benefit and current maximum lifetime benefit annually by 5% until the maximum daily benefit equals twice the original amount.

Guaranteed Purchase Option – Every two years until age 85 or until you have declined the option two times, you may purchase additional benefits equal to 10% of your current maximum daily benefit.

NEW Inflation Riders Designed with Premium Savings in Mind*

Combination Benefit Increase – This cutting edge inflation rider increases your current daily maximum benefit and lifetime maximum benefit annually by 5% compound through age 60. From age 61 and through age 74 your benefits increase annually by 5% of your total benefits based on age 60.

Daily Benefit Increase – Increases only your maximum daily benefit annually by 5% compound with no maximum.

*Both of these riders are great **Cost Effective** inflation options and are **Partnership qualified!**

⁴ Both insureds must have purchased identical policies, including identical Extended Benefit Pool amounts, and have the same policy issue date.

Design a Plan That is Right for You!⁵

1. Maximum Daily Benefit.

Nursing Home Care.....\$ _____ per day
(\$50-\$500) multiples of \$10

2. Benefit Period (Days).

- 365 Days 730 Days 1,095 Days
 1,460 Days 1,825 Days 2,190 Days
 2,555 Days 2,920 Days 3,650 Days

3. Maximum Lifetime Benefit⁶ (Pool of Dollars).

\$ _____

4. Elimination Period⁷ (Days).

- 30 Days 60 Days 100 Days
 180 Days 365 Days

5. Benefit Increase Option.

- 5% Combination Benefit 3% Compound
 5% Simple Daily Benefit Increase
 3% Simple Guaranteed Purchase
 5% Compound Option
 5% Compound 2x Max None

6. Standard Benefits.

- Nursing Home Care Hospice Care
 Assisted Living Facility Care Bed Reservation
 Personal Care Advisor Worldwide Coverage
 Waiver of Premium

7. Optional Benefits.

- Extended Benefit Pool
 Restoration of Benefits
 Return of Premium to Age 80
 Graded Return of Premium
 Limited Premium Payment Period:
 10 Years 20 Years
 Nonforfeiture Shortened Benefit Period

8. Optional Benefits for Couples.

- Shared Extended Benefit Pool
 Shared Waiver of Premium
 Survivor Benefit

No Pre-Existing Condition Limitations

There is no exclusion for pre-existing conditions.

We will not cover expenses for the following under this policy:

1. Substance abuse treatment for alcohol or drug addiction.
2. Treatment for illness or medical condition arising out of war or any act of war, declared or undeclared.
3. Services for intentionally self-inflicted injury.
4. Treatment provided in a government facility except treatment provided to a Medicaid recipient or as otherwise required by state or federal law.
5. Services provided by an unlicensed caregiver who is a member of your immediate family, except for caregiver training benefits included in the benefits section of this policy.
6. Services for which no charge is normally made in the absence of insurance.
7. Expenses for medications, whether prescription or non-prescription.

The exclusion regarding your your immediate family will not apply to:

1. A spouse/domestic partner or immediate family member who is a licensed healthcare practitioner or employed by a home health care agency.

We will provide coverage in accordance with the terms of this policy for mental conditions, including Alzheimer's Disease, Parkinson's Disease, and senile dementia.

⁵ Some options are not available in all states. See Outline of Coverage.

⁶ Nursing Home Maximum Daily Benefit times the number of days chosen.

⁷ The number of calendar days you must wait before your policy begins to pay benefits.

How Do You Qualify for Benefits Under the Policy?

To be eligible for benefits provided under the policy, we must receive a plan of care that specifies what care is needed. The care must be needed because you have been certified within the last 12 months by a licensed health care practitioner as:

1. requiring the presence of another person due to the inability to perform at least two Activities of Daily Living (eating, dressing, bathing, transferring, toileting, continence) for a period expected to last at least 90 days. The other person must be present within arm's reach in order to assist, supervise, or prevent injury by physical intervention; or
2. requiring continual supervision, which may include cueing by verbal prompting, gestures, or other demonstrations, by another person to protect the insured person from threats to his or her health or safety due to a severe cognitive impairment.

If you meet the benefit eligibility requirements shown above, you will have met the requirements under federal law to be considered a chronically ill individual. Meeting these requirements is necessary in order for the policy to qualify for favorable tax treatment under federal law.

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