

HSTA VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION TRUST 536134-002
SCHEDULE OF BENEFITS / PLAN HIGHLIGHTS

Your Long Term Care (LTC) insurance plan is listed below.

Elimination Period: Your plan’s Elimination Period of 90 consecutive days is the amount of time you must wait before benefits become payable. This time period must be satisfied only once during the life of your plan.

New Active Trust Participants – The Base Plan the **HSTA VEBA Trust** is providing is automatic. The effective date will be the first of the month of or after your HSTA VEBA Trust enrollment date or effective date, whichever is later. You will then have 60 days from your base plan eligibility date to apply for Guaranteed Issue additional coverage, which means you do not have to fill out the Evidence of Insurability Form.

Medical Underwriting Effective Date – The effective date for those applicants passing medical underwriting is the first of the month following their date of approval.

Medical Underwriting means that you must answer all questions on a medical questionnaire. In some cases, an interview may also be necessary.

Medical Underwriting for Members and Family: (Completion of the Benefit Election Form is required for enrollment) As a Member you are eligible for benefit amounts on a Guarantee Issue basis of up to and including \$8,000 and a Facility Benefit Duration of 3, 4 or 6 years. This does not require completion of the Long Term Care Insurance Application (medical questionnaire) if you apply during your initial eligibility period. The Long Term Care Insurance Application (medical questionnaire) is required if enrolling after your initial eligibility period. All **Family Members** must complete the Long Term Care Insurance Application (medical questionnaire) and must be approved for coverage in order to enroll in the Long Term Care plan. **All** Medical Questionnaires must accompany a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit.

Benefit Duration	3 Years	4 Years	6 Years
Facility Benefit Amount Per \$500 Increments	\$1,000 to \$8,000	\$1,000 to \$8,000	\$1,000 to \$8,000
Assisted Living Facility Percent	60%	60%	60%
Professional Home Care	50%	50%	50%
Total Home Care (Plans 2, 5, 6 and 8)	50%	50%	50%
Inflation Protection * (Plans 3, 5, 7 and 8)	Simple Uncapped	Simple Uncapped	Simple Uncapped
Non Forfeiture (Plans 4, 6, 7 and 8)	Shortened Benefit Period	Shortened Benefit Period	Shortened Benefit Period

** If you selected an inflation option, and you terminate that inflation option at a future date, you can purchase the inflated coverage amount at your original age.*

Lifetime Maximum: The Lifetime Maximum is the maximum benefit dollar amount Unum will pay over the life of your coverage. This dollar amount is based on the Facility Benefit Amount and Benefit Duration. *For Example: If you choose \$3,000 Facility Monthly Benefit Amount & 3 Year Duration, your Lifetime Maximum is calculated as follows, \$3,000 per Month X 12 Months X 3 Years = \$108,000 Lifetime Maximum.*

Insurance Age: Insurance Age is used to determine the cost of your coverage. Insurance Age is your age on the plan effective date if you enroll for coverage prior to the plan effective date. If you enroll for coverage on or after the plan effective date, insurance age is your age on the date you sign the enrollment form.

Questions: Please call HSTA-VEBA Trust at 1-808-440-6940 or Unum at 800-227-4165 with questions regarding your Long Term Care Insurance.