

CalPERS LTC4 Non-Partnership Plan Benefit Design

| Feature | Design |
|---|--|
| Nursing Home | Covers up to 100 percent of Daily Benefit Amount |
| Assisted Living/Residential Care Facility | Covers up to 100 percent of Daily Benefit Amount |
| Home and Community Care | Covers up to 100 percent of Monthly Benefit Amount |
| Daily Benefit Amounts* | \$150 - \$400 in \$10 increments |
| Benefit Period* | Choice of 3, 6, or 10 years |
| Elimination Period* | 90 calendar days with a single service day start |
| Monthly Home Care | 100 percent of Facility Care Benefit Amount, paid as pro-rated monthly benefit |
| Bed Reservation | Covers up to 100 percent of Daily Benefit Amount for up to 14 days per hospitalization |
| Hospice | Covers up to 100 percent of Daily Benefit Amount |
| Respite care | Covers up to 100 percent of the Home and Community Care Monthly Maximum |
| Alternate Plan of Care | Covers up to 100 percent of Daily Benefit Amount |
| Care Advisory Service | Pays 100 percent of covered expenses and expenses will not reduce the total coverage amount |
| Stay at Home Benefit | Pays up to 30 times Daily Benefit Amount |
| International Benefits | Pays the coverage on an indemnity basis at 50 percent for up to 365 days of care |
| Contingent Nonforfeiture Benefit | Offers to convert coverage to a paid-up policy if there is a substantial premium increase |
| Marital Discount | 25 percent if both approved; 10 percent if one approved |
| Waiver of Premium | The premium will be waived when receiving benefits, except for Respite Care or Care Advisory Services Benefit |
| OPTIONAL BENEFITS | |
| Optional Inflation Protection* | 3 percent, 5 percent simple inflation and 3 percent, 5 percent compound inflation |
| Benefit Increase Option* | Offered every 3 years; no offer if in claim. |
| Optional Nonforfeiture Benefit | Pays the greater of: (a) 90 times the daily nursing home benefit at time of lapse; or (b) the sum of premiums paid at time of lapse excluding waived premium if the policy lapses after the 10 th policy year |
| Optional Return of Premium Death Benefit | Returns full or partial premiums paid, less claims, if death occurs prior to age 75 |
| Optional Restoration of Benefits | The insured's benefit period will be totally restored if the insured recovers and is not eligible for benefits for at least 180 consecutive days. The maximum amount that can be restored over the life of the policy is equal to the original total benefit amount. |
| Optional Paid-up Survivor Benefit | The survivor's policy is paid up if both spouses have this benefit and one of the couple dies after the end of the 10 th policy year |

*Benefits where California Partnership policy differs from Non-Partnership policy.

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| Feature | Design |
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| Nursing Home | Covers up to 100 percent of Daily Benefit Amount |
| Assisted Living/Residential Care Facility | Covers up to 100 percent of Daily Benefit Amount |
| Home and Community Care | Covers up to 100 percent of Monthly Benefit Amount |
| Daily Benefit Amounts* | \$170 - \$400 in \$10 increments |
| Benefit Period* | Choice of 1 or 2 years |
| Elimination Period* | 30 calendar days with a single service day start |
| Monthly Home Care | 100 percent of Facility Care Benefit Amount, paid as pro-rated monthly benefit |
| Bed Reservation | Covers up to 100 percent of Daily Benefit Amount for up to 14 days per hospitalization |
| Hospice | Covers up to 100 percent of Daily Benefit Amount |
| Respite care | Covers up to 100 percent of the Home and Community Care Monthly Maximum |
| Alternate Plan of Care | Covers up to 100 percent of Daily Benefit Amount |
| Care Advisory Service | Pays 100 percent of covered expenses and expenses will not reduce the total coverage amount |
| Stay at Home Benefit | Pays up to 30 times Daily Benefit Amount |
| International Benefits | Pays the coverage on an indemnity <u>reimbursement</u> basis at 50 percent for up to 365 days of care |
| Contingent Non-forfeiture Benefit | Offers to convert coverage to a paid-up policy if there is a substantial premium increase |
| Marital Discount | 25 percent if both approved; 10 percent if one approved |
| Waiver of Premium | The premium will be waived when receiving benefits, except for Respite Care or Care Advisory Services Benefit |
| Inflation Protection Benefit | 5 percent compound inflation, participant can change to 5 percent simple inflation at age 70 |
| OPTIONAL BENEFITS | |
| Benefit Increase Option* | Not applicable |
| Optional Non-forfeiture Benefit | Pays the greater of: (a) 90 times the daily nursing home benefit at time of lapse; or (b) the sum of premiums paid at time of lapse excluding waived premium if the policy lapses after the 10 th policy year |
| Optional Return of Premium Death Benefit | Returns full of partial premiums paid, less claims, if death occurs prior to age 75 |
| Optional Restoration of Benefits | The insured's benefit period will be totally restored if the insured recovers and is not eligible for benefits for at least 180 consecutive days. The maximum amount that can be restored over the life of the policy is equal to the original total benefit amount |
| Optional Paid-up Survivor Benefit | The survivor's policy is paid up if both spouses have this benefit and one of the couple dies after the end of the 10 th policy year |

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