

Help protect your future from life's uncertainties

GROUP LONG TERM CARE INSURANCE PROGRAM Underwritten by Genworth Life Insurance Company



*70% of people 65
or older will need
long term care
services and support
at some point.³*

Your Group Long Term Care Insurance Program

University of Nebraska benefits include Group Long Term Care Insurance for newly hired and active University of Nebraska Employees. Under this Voluntary Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think.

The need

Long term care insurance enhances University of Nebraska's 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 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 U.S. nursing facilities averages \$91,250¹ a year and costs are rising. Since the average long term care claim lasting longer than a year is 4.2 years², a long term care situation could cost almost \$383,250.

The opportunity

As a newly hired University of Nebraska Employee, you and your eligible family members have the opportunity to get coverage, with streamlined underwriting depending on your age, during the first 30 days of your employment.

As an active University of Nebraska 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.

¹ Genworth 2015 Cost of Care Survey, conducted by CareScout, 04/2015.

² Genworth Life Insurance Company, business operations information, 12/1974 through 12/2012

³ 2015 Medicare & You, National Medicare Handbook, Centers for Medicare and Medicaid services and support, revised September 2014. For copies of this publication call 1-800-MEDICARE.

What are your basic choices?

Step 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.

Daily Benefit Choices	Will Reimburse Up to This Amount For Covered:		
	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
Nebraska cost of care ⁴	\$138/day	\$119/day	\$218/day

⁴ Genworth 2015 Cost of Care Survey, conducted by CareScout, 04/2015.

Step 2: Select Your Total Coverage Amount

This is the total amount of money available to pay covered long term care expenses for the lifetime of your coverage. You have Total Coverage choices available, depending on the Daily Benefit you chose.

Daily Benefit Choices	Total Coverage Choices		
\$100/day	\$73,000	\$109,500	\$146,000
\$150/day	\$109,500	\$164,250	\$219,000
\$200/day	\$146,000	\$219,000	\$292,000

For more information or to enroll:

Go to:
www.genworth.com/groupitc.
Use Group ID: **Nebraska**
and Access Code:
groupitc

or call:
800.416.3624
To speak with a Program expert or to order an information kit.

Step 3: Choose a Benefit Increase Option

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

Buy More Coverage Over Time

Every three years, you will be offered additional coverage - as long as you're not in claims status. If you accept the offer, both your Daily Benefit and your Total Coverage Maximum 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 will automatically increase by 3% compound every year.

Automatic 5% Increase for Life - Compound

Your Daily Benefit and Total Coverage Maximum 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.

Call the toll-free number with any questions or go to the dedicated website to get a personalized quote.

With the University of Nebraska Group Long Term Care Insurance Program, a 45 year old can purchase comprehensive coverage starting at \$27.94 per month.⁵

A sampling of additional available plans for a 45 year old.

Daily Benefit	\$100	\$150	\$200
Total Coverage	\$73,000	\$109,500	\$146,000
Monthly Premium	\$27.94	\$41.91	\$55.88

⁵ Assumes the "Buy more coverage over time" benefit increase option and does not include the optional non-forfeiture benefit. 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.

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

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number 16189 issued to University of Nebraska, on policy form series 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation. For example, In Nebraska, the certificate form number may read 7053CRT NE, and in Pennsylvania, 7053CRT PA.

Benefit Eligibility, Limitations and Exclusions

To understand the benefits and features available to you under this Program go to www.genworth.com/groupltc (Group ID Nebraska and Access code groupltc) or call 800.416.3624. The limitations and exclusions that apply to this coverage are listed below.

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 • 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 twelve 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.

Other Limitations on Benefits: Benefits under the Program coordinate with other 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 war exclusion is qualified. Check your Outline of Coverage for complete details and any state variations that apply.