

# FLTCIP Plan Comparison

**Note:** Items shown in bold indicate FLTCIP 2.0 new product features and plan changes

| Plan feature   | FLTCIP 1.0   | FLTCIP 2.0  |
|--|--|---|
| <b>Daily benefit amount (DBA)</b>                      | <ul style="list-style-type: none"> <li>▶ \$50    ▶ \$75    ▶ \$100    ▶ \$125</li> <li>▶ \$150    ▶ \$175    ▶ \$200    ▶ \$225</li> <li>▶ \$250    ▶ \$275    ▶ \$300</li> </ul> <p>DBA choices are in \$25 increments</p> <p>Weekly benefit amount (WBA) option=7 times the DBA</p>  | <ul style="list-style-type: none"> <li>▶ \$100    ▶ \$150    ▶ \$200    ▶ \$250</li> <li>▶ \$300    ▶ <b>\$350</b>    ▶ <b>\$400</b>    ▶ <b>\$450</b></li> </ul> <p>DBA choices are in <b>\$50</b> increments<br/>Current enrollees may choose their current DBA instead of one of the above selections</p> <p><b>WBA option is not available</b></p>  |
| <b>Benefit period</b>                                  | <ul style="list-style-type: none"> <li>▶ 3 years (1,095 days)    ▶ 5 years (1,825 days)</li> <li>▶ Unlimited</li> </ul>  | <ul style="list-style-type: none"> <li>▶ <b>2 years</b> (730 days)    ▶ 3 years (1,095 days)</li> <li>▶ 5 years (1,825 days)    ▶ Unlimited</li> </ul>  |
| <b>Waiting period</b>                                  | <ul style="list-style-type: none"> <li>▶ 90 service days, incurred expenses required during that time</li> <li>▶ 30 service days, incurred expenses required during that time</li> <li>▶ Only needs to be met once during your lifetime</li> </ul>   | <ul style="list-style-type: none"> <li>▶ <b>90 calendar days, no</b> incurred expenses required during that time</li> <li>▶ Same</li> </ul>   |
| <b>Coverage reimbursement levels/ covered services</b> | <p><b>Comprehensive Plan</b></p> <ul style="list-style-type: none"> <li>▶ Nursing home care and assisted living facility covered up to 100% of DBA</li> <li>▶ Home care and adult day care covered up to 75% of DBA</li> <li>▶ Informal care provided by family members covered up to 75% of DBA with a 365 day maximum lifetime benefit (MLB).</li> <li>▶ Informal caregivers can be family members who did not normally live in your home at the time you became eligible for benefits.</li> </ul> <p><b>Facilities Only Plan</b></p> <ul style="list-style-type: none"> <li>▶ Nursing home care and assisted living facility covered up to 100% of DBA</li> </ul> | <p><b>Comprehensive Plan</b></p> <ul style="list-style-type: none"> <li>▶ Same</li> <li>▶ Home care and adult day care covered up to <b>100% of DBA</b></li> <li>▶ Informal care provided by family members is covered up to <b>100%</b> of DBA with a <b>500 day MLB</b>.</li> <li>▶ Same</li> </ul> <p><b>Facilities Only Plan is not available</b></p>   |
| <b>Bed reservation</b>                                 | <ul style="list-style-type: none"> <li>▶ 30 days per calendar year</li> </ul>  | <ul style="list-style-type: none"> <li>▶ <b>60 days</b> per calendar year</li> </ul>  |
| <b>Stay-at-home benefit</b>                            | <ul style="list-style-type: none"> <li>▶ Caregiver training is covered up to 7 times the DBA.</li> <li>▶ Other stay-at-home benefits can be covered under the alternative plan of care feature (see page 4)</li> </ul>   | <p>The <b>stay-at-home benefit</b> is payable up to 30 times the DBA.</p> <p><b>Stay-at-home services include:</b></p> <ul style="list-style-type: none"> <li>▶ caregiver training, payable up to 7 times the DBA</li> <li>▶ care planning visits</li> <li>▶ home modifications</li> <li>▶ emergency medical response systems</li> <li>▶ durable medical equipment</li> <li>▶ home safety checks</li> </ul> <p>The stay-at-home benefit can be used at any time while you are meeting the benefit eligibility requirements, including during the waiting period. Any benefits paid under this provision will not reduce your MLB.</p> |

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|-------------------------------------|--|--|
| <b>Hospice care</b>                 | <p><b>Comprehensive Plan</b></p> <ul style="list-style-type: none"> <li>Care in a hospice facility covered up to 100% of daily benefit amount (DBA).</li> <li>Hospice care at home covered up to 100% of DBA</li> <li>No waiting period requirement</li> </ul> <p><b>Facilities Only Plan</b></p> <ul style="list-style-type: none"> <li>Care in a hospice facility covered up to 100% of DBA</li> </ul>   | <p><b>Comprehensive Plan</b></p> <ul style="list-style-type: none"> <li>Same</li> <li>Same</li> <li>Same</li> </ul> <p><b>Facilities Only Plan is not available</b></p>  |
| <b>Inflation protection options</b> | <p><b>Automatic Compound Inflation Option (ACIO): 5% or 4%</b></p> <ul style="list-style-type: none"> <li>On each anniversary of your original effective date (or of the effective date you switch to this option), your DBA/WBA and the remaining portion of your MLB will automatically increase at a rate of 5% compounded annually<br/><i>Or, starting October 1, 2009, enrollees may elect a 4% ACIO rate</i></li> </ul> <p><b>Future Purchase Option</b></p> <ul style="list-style-type: none"> <li>Every 2 years we will increase your DBA/WBA and the remaining portion of your MLB unless we receive a written rejection</li> <li>The increase will be based on the change in the Department of Labor's Consumer Price Index for Medical Care or another index mutually agreed upon by OPM and us</li> <li>Eligible to switch to ACIO without underwriting at each FPO offer</li> <li>Offers stop after 3 declines</li> </ul> | <p><b>Automatic Compound Inflation Option (ACIO): 5% or 4%</b></p> <ul style="list-style-type: none"> <li>Same</li> </ul> <p><b>Weekly benefit amount is not available</b></p> <p><b>Future Purchase Option</b></p> <ul style="list-style-type: none"> <li>Same</li> </ul> <p><b>Weekly benefit amount is not available</b></p> <ul style="list-style-type: none"> <li>The increase will be based on the change in the <b>Department of Labor's Consumer Price Index for All Urban Consumers (Urban CPI)</b></li> <li><b>Not eligible to switch to ACIO without evidence of insurability</b></li> <li><b>Unlimited declines</b></li> </ul> |
| <b>Benefit triggers</b>             | Dependence in 2 or more of the 6 activities of daily living (ADLs), including standby or hands-on assistance with bathing, dressing, eating, transferring, toileting, and maintaining continence due to a loss of functional capacity that is expected to continue for at least 90 days; or separate cognitive impairment trigger  | Same   |

## KEY

**ACIO** Automatic Compound Inflation Option

**CPI** Consumer Price Index

**DBA** Daily benefit amount

**FPO** Future Purchase Option

**MLB** Maximum lifetime benefit

**WBA** Weekly benefit amount

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| Plan feature                      | FLTCIP 1.0   | FLTCIP 2.0   |
|-----------------------------------|--|--|
| <b>Care coordination services</b> | <p>You can access care coordination services at any time without satisfying the waiting period requirement</p> <p>Our care coordinators are licensed health care practitioners who provide the following services at no additional charge to you:</p> <ul style="list-style-type: none"> <li>▶ provide general information about long term care services</li> <li>▶ assess and approve your need for long term care services</li> <li>▶ develop a plan for long term care services</li> <li>▶ monitor and reassess from time to time the long term care services that you receive</li> <li>▶ provide access to discounts for services, when available</li> </ul> | Same   |
| <b>Respite care</b>               | <p><b>Comprehensive Plan</b></p> <ul style="list-style-type: none"> <li>▶ Respite care in a nursing home, assisted living facility, or hospice facility</li> <li>▶ Respite care by a formal or informal caregiver at home</li> <li>▶ Respite care at an adult day care center</li> </ul> <p>Covered up to 30 times the daily benefit amount (DBA) per calendar year<br/>No waiting period requirement</p> <p><b>Facilities Only Plan</b></p> <p>Respite care in a nursing home, assisted living facility, or hospice facility covered up to 30 times the DBA per calendar year</p>   | <p><b>Comprehensive Plan</b></p> <p>Same</p> <p><b>Facilities Only Plan is not available</b></p> |
| <b>Waiver of premium</b>          | <p>You will not have to pay your premium if you are eligible for benefits and have satisfied the waiting period requirement. We will also waive your premium if you are eligible for benefits and receiving hospice care.</p>  | Same   |
| <b>Tax qualified</b>              | Yes  | Same   |
| <b>No premium guarantee</b>       | <p>Your premium will not change because you get older or your health changes or for any other reason related solely to you. Premiums are not guaranteed. We may only increase your premium if you are among a group of enrollees whose premium is determined to be inadequate. While the group policy is in effect, OPM must approve the change.</p>   | Same   |

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|-------------------------------|---|---|
| <b>Alternate plan of care</b> | An alternate plan of care can be established by mutual agreement if the care coordinator identifies alternatives to the current plan that are both appropriate for your care and cost effective. It may provide benefits for services or treatment not otherwise covered under the plan. Benefits paid reduce the maximum lifetime benefit (MLB).   | Same  |
| <b>Portability</b>            | Included  | Same  |
| <b>International benefits</b> | <ul style="list-style-type: none"> <li>▶ We will pay benefits for covered services you receive outside the United States. When you receive such services, we will pay benefits up to 80% of the benefit amounts shown on your Schedule of Benefits.</li> <li>▶ If your Schedule of Benefits shows that you have a 3 or 5 year benefit period, 80% of your MLB can be used for covered services you receive outside the United States; the remaining 20% will be available for covered services you receive in the United States.</li> <li>▶ If your Schedule of Benefits shows that you have an unlimited MLB, benefits payable for any covered services you receive outside the United States will be limited to 10 years. For such services, your MLB will be equal to 3,650 days (10 years) times 80% of your daily benefit amount. Your MLB for covered services you receive in the United States will remain unlimited.</li> </ul> | <ul style="list-style-type: none"> <li>▶ Same</li> <li>▶ Same, with the addition of a <b>2 year</b> benefit period</li> <li>▶ Same</li> </ul> |

## KEY

|             |                                     |
|-------------|-------------------------------------|
| <b>ACIO</b> | Automatic Compound Inflation Option |
| <b>CPI</b>  | Consumer Price Index                |
| <b>DBA</b>  | Daily benefit amount                |
| <b>FPO</b>  | Future Purchase Option              |
| <b>MLB</b>  | Maximum lifetime benefit            |
| <b>WBA</b>  | Weekly benefit amount               |