

Comparison of Long-Term Care Insurance Plans

The Aetna Disability Tax Qualified Long-Term Care (LTC) Plan and The Prudential Insurance Company of America (Prudential) Long Term Care Solid SolutionsSM Insurance Plan

Plan Features	Aetna Long-Term Care Plan	Prudential LTC Insurance Plan
Plan Model	Disability Model – Automatic cash benefit payment upon meeting the Benefit Eligibility definition. The amount paid depends on place of residence.	Service Reimbursement – Pays a benefit equal to the lesser of the qualified expenses incurred or the applicable Facility Daily Benefit (FDB).
Eligible Participants	Not applicable, as the plan is closed to new enrollments.	Full-Time and Part-Time Employees working at least 20 hours per week, their spouse, parents/parents-in-law, grandparents/grandparents-in-law, sibling, adult child(ren) and adult child(ren)'s spouse.
Age Range to Apply	Not applicable, as the plan is closed to new enrollments.	18 to 84 Current Insureds over age 84 receiving this offer may transfer if they are currently insured.
Benefit Eligibility	You are eligible for benefits when a Licensed Health Care Practitioner (LHCP) certifies that you are unable to perform two of five Activities of Daily Living that is expected to last at least 90 days or have a Severe Cognitive Impairment, such as Alzheimer's disease. Activities of Daily Living are Continence, Dressing, Eating, Toileting, Transferring.	You are eligible to receive benefits if you are assessed by a Licensed Health Care Practitioner and confirmed as having a Chronic Illness or Disability. A Chronic Illness or Disability is one in which there is 1) A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living. This loss must be expected to continue for 90 days. Activities of Daily Living are Bathing, Continence, Dressing, Eating, Toileting, and Transferring. Or 2) A severe Cognitive Impairment which requires Substantial Supervision to protect you from threats to health or safety.
Benefit Waiting/Elimination Period	Long-Term Care insurance benefits are payable once you are eligible for benefits and have met the Waiting/Deductible Period. You do not need to receive formal long-term care services to satisfy the Deductible Period. Only one 90-day Deductible Period needs to be met, regardless of how often and for what reason you become eligible for benefits.	A 90 Day Benefit Waiting/Elimination Period must be met once during your lifetime before benefits are payable. This Plan has one combined Benefit Waiting/Elimination Period for all covered services to which it applies. This is a period, counted in calendar days, which begins on the date you are assessed, if that assessment results in eligibility for benefits, and continues as long as you have a Chronic Illness or Disability. You do not need to incur charges to satisfy the Benefit Waiting/Elimination Period. The Benefit Waiting/Elimination Period can be satisfied over multiple periods of Chronic Illness or Disability.

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Facility Daily Benefit Amount (FDB)	Your Daily Benefit Amount (DBA) is the maximum dollar amount the plan will pay in any single day for covered expenses.	Your Facility Daily Benefit (FDB) is the maximum dollar amount the plan will pay for any single day's covered expenses. Current insureds may retain his/her current Facility Daily Benefit Maximum Amount upon transfer to the new insurance plan.
Lifetime Maximum	You have a Lifetime Maximum based on three or five years for your plan. Calculate your "pool-of-money" by multiplying your DBA by the number of years and then multiply this amount by 365.	The Lifetime Maximum is equal to the Facility Daily Benefit Maximum for Nursing Home Care times 365 days times the number of years for your plan. The number of years will be the same as under the Aetna plan, which is 3 or 5 years.
Benefit Payout: • Nursing Home (NH) • Assisted Living Facility/Residential Care Facility • Home Care and Adult Day Care	<ul style="list-style-type: none"> • 100% of DBA • 80% of DBA • 50% of DBA <p>You must satisfy the Waiting/Deductible Period before benefits are payable.</p>	Covered Expenses up to: <ul style="list-style-type: none"> • 100% of FDB • 80% of FDB • 50% of FDB <p>You must satisfy the Benefit Waiting/Elimination Period before benefits are payable.</p>
Cash Alternative Benefit	Not Applicable	Under this provision, at your option, your Coverage will pay a monthly fixed benefit to you in lieu of reimbursement for Eligible Charges for Home Care as stated above. The Cash Alternative Daily Benefit is payable for each day in the month in which you have a Chronic Illness or Disability, after you satisfy the Benefit Waiting/ Elimination Period. The Cash Alternative Daily Benefit is equal to 50% of your Facility Daily Benefit Maximum for Home Care. The Cash Alternative Daily Benefit is subject to the following: 1) You must meet the Benefit Eligibility Criteria. 2) You can only elect this benefit on a monthly basis. 3) It is in lieu of any other Institutional Care or Home Care benefits payable for that month. These benefits are subject to the Benefit Waiting/ Elimination Period and reduce your Lifetime Maximum.
Bed Reservation	While you are receiving benefits in a covered facility and your stay is interrupted for any reason, the plan continues benefit payments if you are incurring charges to reserve a bed in such facility, up to 21 days per calendar year. You must satisfy the Waiting/Deductible Period before benefits are payable.	While you are receiving Long-Term Care services in a Nursing Home or an Assisted Living Facility, you may incur charges for Bed Reservation by that institution to retain your bed while you are confined in an acute care facility for 24 hours or more. Benefits for Eligible Charges will be paid up to 60 days per calendar year. You must satisfy the Benefit Waiting/ Elimination Period before benefits are payable.

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Hospice Care	<p>Not specifically defined – Cash Benefit of 50% of DBA can be used.</p> <p>You must satisfy the Waiting/Deductible Period before benefits are payable.</p>	<p>Provides coverage for Hospice Care. Benefits for Eligible Charges will be paid up to 100% of the Facility Daily Benefit Maximum for institutional and non-institutional care.</p> <p>The Benefit Waiting/Elimination Period does not apply to Hospice Care benefits.</p>
Respite Care	<p>Not specifically defined Cash Benefit of 50% of NH DBA can be used.</p> <p>You must satisfy the Waiting/Deductible Period before benefits are payable.</p>	<p>Provides relief for the primary caregiver. Pays up to 30 days per calendar year. Will pay up to the Facility Daily Benefit Maximum from a licensed provider and informal care provider.</p> <p>The Benefit Waiting/Elimination Period does not apply to Respite Care.</p>
Private Care Consultant	<p>Not specifically defined Cash Benefit of 50% of NH DBA can be used.</p> <p>You must satisfy the Waiting/Deductible Period before benefits are payable.</p>	<p>Provides coverage for a Private Care Consultant to provide information, resources or to coordinate your Long-Term Care. You must first meet the Benefit Eligibility Criteria in order to use this benefit. Benefits for Eligible Charges will be paid up to 20 times the Facility Daily Benefit Maximum per calendar year. The Benefit Waiting/Elimination Period does not apply to Private Care Consultant benefits. Benefits do NOT reduce the lifetime maximum.</p>
Home Support Benefit	<p>Not specifically defined Cash Benefit of 50% of NH DBA can be used.</p> <p>You must satisfy the Waiting/Deductible Period before benefits are payable.</p>	<p>The Home Support Benefit allows the insured to be reimbursed for expenses for assistive devices or technology, caregiver training, durable medical equipment, emergency medical response system, home modifications and transportation services, which will enable the insured to remain independent at home. Benefits for eligible charges will be paid up to 60 times the Facility Daily Benefit Maximum.</p> <p>The Benefit Waiting/Elimination Period does not apply to Home Support Benefits.</p>
Alternate Plan Benefit	<p>All benefits paid as a cash benefit upon meeting the Benefit Eligibility definition. The benefit amount paid depends on where you reside (see above).</p> <p>You must satisfy the Waiting/Deductible Period before benefits are payable.</p>	<p>Due to emerging trends on the delivery of long-term care, this plan takes into account the current institutional and Home Care settings that are available.</p> <p>Prudential will consider a claim for benefits for care received in an alternate setting or non-institutional services designed to help an eligible person remain independent in his or her home.</p> <p>You must satisfy the Benefit Waiting/Elimination Period before benefits are payable.</p>
Benefits Paid During Waiting/Deductible Period	None	Home Support Benefit, Respite Care, Private Care Consultant, and Hospice.

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Restoration of Benefits	Restores your Lifetime Maximum Benefit or “pool-of-money” by the amount paid out in benefits when you recover from being eligible for benefits and begin making premium payments again. The Restoration of benefits is contingent on being out of claim for 90 days.	All benefits paid under this Coverage are deducted from your Lifetime Maximum (unless otherwise indicated). However, your Lifetime Maximum benefit may be restored. If as a result of a reassessment, you have returned to normal activities (no limitations performing an Activity of Daily Living or a Cognitive Impairment) for at least six (6) consecutive months. Your Lifetime Maximum benefit will be restored to the level then in effect as if you had never made a claim or received benefits under this Coverage.
Future Purchase Inflation Protection	Gives you the opportunity to increase your DBA every two years on a 5% compound basis, of your individual DBA, without answering questions about your health. You will not be made an offer if you are in claim and have previously rejected the offer; or premium is not being paid.	Prudential will increase your coverage amounts by 5% compounded annually every three (3) years without providing proof of good health. Premium rates for the additional coverage amounts will be based on your then current age at the then current premium rates in effect. You have the right to convert to Automatic Inflation protection one time during the lifetime of the insurance plan. Premium rates for the Automatic Inflation protection will be based on your then current age at the then current premium rates in effect.
Premium Waiver	Allows you to stop making premium payment after you are eligible for benefits and have met the Waiting/Deductible Period. Payments resume 90 days after you are no longer eligible for benefits.	After you meet the Benefit Eligibility Criteria and satisfy the required Benefit Waiting/Elimination Period, the premiums for your Coverage will be waived. Premiums will be waived beginning the first day of the month following the date you satisfy the Benefit Waiting/ Elimination Period. Premiums will again become due as of the first day of the month following the month in which you no longer meet the Benefit Eligibility Criteria.
Coordination of Benefits	Not applicable	The purpose of this Long-Term Care Coverage is to help you pay for covered expenses, but not to pay for more than you actually incur. To do this, Prudential coordinates its payments with certain other coverages you may have that provide benefits for the same services covered by this Long-Term Care Coverage. Other coverages include other Group LTC coverage, government programs, group medical.

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<p>Non-Forfeiture Benefit</p>	<p>Included for all eligible</p> <p>Extended Term – This option allows for a specific period of extended coverage with no reduction in the applicable Daily Benefit Amount</p> <p>Or</p> <p>Reduced Paid-Up – This option will provide for permanent Long-Term Care coverage based on a reduced Daily Benefit Amount and Reduced Lifetime Maximum Benefit.</p>	<p>If you stop paying premiums on or after the third anniversary of your Effective Date, you may be entitled to receive benefits under this provision. No benefits will be paid if either of the following apply. a) Your insurance ended prior to your third anniversary. b) You have already received benefits that equal or exceed the total amount of premiums paid for your Coverage. If you are entitled to a benefit, this benefit will be equal to the greater of the following:</p> <ol style="list-style-type: none"> 1) 30 times the Facility Daily Benefit Maximum for Nursing Home Care at the time of lapse, up to your remaining Lifetime Maximum. 2) The total amount of premiums paid for your Coverage, less the sum of all benefits paid on your behalf while you were covered by this insurance. <p>For this purpose, only the period of time that Prudential coverage is in effect will be taken into consideration.</p>												
<p>Premium Refund Available at Death</p>	<p>Included for all eligible</p> <p>If you die while paying premiums, your named beneficiary will receive up to 100% of premiums you have paid for LTC coverage. However, the following rule applies:</p> <p>– The amount of the return/refund is reduced by 10% annually starting the later of age 65 and retirement for employees and starting at age 65 for all other insured members</p> <p>No Return of Contributions is paid if you have stopped paying premium for any reason.</p>	<p>If you die before the age of 74, a portion of the premiums may be refunded to your spouse, if applicable, otherwise to your estate.</p> <p>The percentage of premiums to be refunded is based on your age at death.</p> <p>The refund will be the total premiums you paid (including any premiums paid on your behalf by your employer) times the percentage below and then reduced by any benefits paid by Prudential.</p> <p>Age and Percent of Premium:</p> <table border="0"> <tr> <td>Age 64 and Under: 100%,</td> <td></td> </tr> <tr> <td>65 – 90%</td> <td>70 – 40%</td> </tr> <tr> <td>66 – 80%</td> <td>71 – 30%</td> </tr> <tr> <td>67 – 70%</td> <td>72 – 20%</td> </tr> <tr> <td>68 – 60%</td> <td>73 – 10%</td> </tr> <tr> <td>69 – 50%</td> <td>74 – 0%</td> </tr> </table> <p>Only premiums paid under Prudential coverage will be taken into account in determining the benefit payable.</p>	Age 64 and Under: 100%,		65 – 90%	70 – 40%	66 – 80%	71 – 30%	67 – 70%	72 – 20%	68 – 60%	73 – 10%	69 – 50%	74 – 0%
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International Benefit	Not available	Benefits for Eligible Charges for care you receive outside the United States will be paid up to 75% of your Facility Daily Benefit Maximum for Nursing Home Care or 75% of the Home Care Daily Maximum for Home Care, according to the services you use. Payment of International Coverage benefits is limited to 365 days during which Eligible Charges are incurred over the lifetime of the Coverage. Benefits will be paid in U.S. currency. You must satisfy the Benefit Waiting/Elimination Period before benefits are payable
Spousal/Marital Discount	Not available	10% discount for any insured that is married
Direct Bill Modal Premium Discounts	Not applicable	5% for Annual Mode 1.67% for Semi Annual Mode
Portability	Allows you to continue your coverage at the same group rates if you retire or leave the company	Allows you to continue your coverage at the same premium rate if you retire, leave your job or the Group Contract Holder withdraws sponsorship of the Group Contract and does not replace it within 31 days of the date the coverage would otherwise end. This applies as long as you have not exhausted your Lifetime Maximum Benefits.

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Exclusions	<p>Coverage under this group Long-Term Care insurance policy has exclusions, limitations, reductions of benefits and terms under which the coverage may be continued in force or discontinued. This plan does not provide benefits for any of the following:</p> <ul style="list-style-type: none"> • a loss which is caused by war or any act of war; • a loss which is caused by a suicide attempt, while sane or insane, or intentionally self-inflicted injury; • any day that a covered Member is confined in a Hospital, except as otherwise provided under the Bed Reservation Benefit; • Any day on which a Covered Family Member who is outside of the United States of America, its territories, or Canada, suffers a Loss of Functional Capacity; but only as to that Covered Family Member; • Any day of a confinement in a government institution; unless a charge is made which the Covered Family Member is obligated to pay; • Any day on which benefits for the charges of a Nursing Care Facility, Assisted Living Facility or a Home Care Unit are provided or required because of the past or present service of any person in the armed forces of a government; • Any day on which benefits for the charges of a Nursing Care Facility, Assisted Living Facility or a Home Care Unit are provided or required under any law, for example, a governmental program or any automobile reparations (no-fault) law. (this does not include a medical plan established by a government for its own employees or their dependents, Medicare or Medicaid.) 	<p>Charges in connection with the following are not covered:</p> <ol style="list-style-type: none"> 1) A charge covered by a workers' compensation law, occupational disease law or similar law. 2) A charge for a service or supply a) furnished by or for the United States government or any other government, unless payment of the charge is required by law. Or b) to the extent that the service or supply, or any benefit for the charge, is provided by any law or governmental plan under which the patient is or could be covered. This (b) does not apply to a state plan under Medicaid or to any law or plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program. When this (b) applies to Medicare, the benefits provided by Medicare will be deemed to include any amount that would have been payable by Medicare in the absence of a deductible or coinsurance requirement under that program. 3) Charges for a condition due to war or any act of war while you are insured or due to your participation in an act of felony, riot or insurrection. "War" means declared or undeclared war and includes resistance to armed aggression. "Riot" means a wild, violent, public disturbance of the peace. 4) Charges in connection with the treatment of chronic alcoholism or chemical dependency. 5) Charges arising from intentionally self-inflicted injury or attempted suicide, while sane or suffering from inorganic based insanity. 6) Charges for services or supplies outside of the United States and its possessions. (except as described in the International Coverage Benefit) 7) Charges when no charge would be made in the absence of Insurance.
Rate Guarantee	Not applicable	Ending on 6/30/2015

This is an offer for Long-term care insurance.

Aetna's Plan information obtained from Aetna as of July 2010.

Prudential Long Term Care Solid SolutionsSM Insurance is underwritten by **The Prudential Insurance Company of America**, a Prudential Financial Company, 751 Broad Street, Newark, NJ 07102 (800) 732-0416. The insurance coverage offered under Prudential Long Term CareSM Insurance contains benefits, exclusions, Limitations, terms and provisions eligibility requirements and specific terms and conditions under which the insurance coverage may be continued inforce or discontinued. (Contract Series 83500.) The Prudential Insurance Company of America is a Prudential Financial Company. Prudential and the Rock logo are service marks of The Prudential Insurance Company of America, Newark, NJ, USA.

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